

**BROOKLYN UNITED
METHODIST CHURCH
HOME**

**PANDEMIC
EMERGENCY PLAN
ANNEX
2020**

<i>Policy Name:</i>	Pandemic Emergency Plan		
<i>Issue Date:</i>	09-15-2020	<i>Revision Date:</i>	09-15-2020
<i>Reference:</i>			

Promulgation document

This *Pandemic Emergency Plan* (PEP) has been reviewed and endorsed for use at Brooklyn United Methodist Church Home.

By their signatures below, senior facility leadership establishes their commitment to, and accountability for, this emergency management program, including all aspects of planning, implementation, effectiveness, and performance improvement.

[Original signatures on file]

Victor Orriola
CEO/Administrator

Sandra Pitterson-Cohen
CFO

Rizwanna Sakkari, RN
Director of Nursing

Ramsey Joudeh, MD
Medical Director

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Facility Profile

Facility Name	The Brooklyn United Methodist Church Home
Facility Address	1485 Dumont Ave, Brooklyn, NY 11208
Facility Location (Cross streets, Landmarks, Longitude and Latitude Coordinates)	Entrance on Forbell St, Dumont Ave & Blake Ave 40.671434, -73.862473
Facility Telephone #	(718) 827-4500
Facility Fax #	(718) 827-7719
Facility Email	info@bumch.org
Facility Web Address	www.bumch.org
Administrator/Phone #	Victor Orriola
Emergency Contact Person/Phone #	
Maintenance Coordinator/Phone #	
Insurance Agent/Phone #	
Owner/Phone #	Brooklyn United Methodist Church Home (718) 827-4500
Attorney/Phone #	
Year Facility Built	1976
Fire Alarm System/Contact #	
Security Alarm System/Contact #	
# of Licensed Beds	120
Average # of Staff – Days	
Average # of Staff – Nights	
Emergency Power Generator Type	
Emergency Power Generator Fuel	

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Emergency Contacts

<i>Type</i>	<i>Telephone No. / Email Address</i>	<i>Contact Name (if known)</i>
EMERGENCY FIRE / POLICE / EMS	Call 911	
New York Police Department (local precinct)	(718) 827-3511	75 th Precinct
New York City Fire Department	911	
Emergency Medical Services (Station 39)	(718) 385-7345	
New York City Department of Health and Mental Hygiene (NYCDOHMH)	311	
New York City Emergency Management	(212) 639-9675	
NYSDOH Regional Office (8:00AM-5:00PM)	(212) 417-6197	
NYSDOH Duty Officer	(866) 881-2809	
New York State Watch Center (Warning Point)	(518) 292-2200	
Ambulance Company #1		
Ambulance Company #2		
Paratransit or Other Transportation		
Con Edison (Electric Company)	(800) 752-6633	
National Grid (Gas Company)	(718) 643-4050	
Telephone Company		
Water System	(212) 639-9675 or 311	DEP
Sewer System	(212) 639-9675 or 311	DEP
Fire Alarm System		
Fire Protection – Sprinkler System		
Security Alarm System		
Emergency Water Supply		
Emergency Food Supply		

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Record of Changes

The contents of this manual are subject to change without prior notice. Should revisions become necessary, written updates will be distributed to each department and department head for inclusion in the manual. Department heads are responsible for updating the Emergency Operations Plan manuals within their areas of responsibility, keeping them current, and being familiar with their content. Department heads and supervisory personnel shall ensure that all staff members are updated and current on the Emergency Operations Plan.

When inserting revisions to this manual, the person revising the document shall complete and *initial* the table below.

Revision #	Date	Section/Page(s)	Change	Revised By
1.0	09/15/20	All	Initial publication	V.Orriola

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1.0 Mission Statement:

The mission of the Brooklyn United Methodist Church Home Pandemic Emergency Plan is to:

- Establish policy and procedures for effective, efficient response to Infectious disease/Pandemic events
- This Annex in conjunction with the CEMP will utilize an all-hazards approach to emergency management that is applicable to any type of situation or event, whether pre-identified or not
- Incorporate our emergency management activities into the facility's routine operations and overall quality management process, including a review, and revision cycle
- Facilitate community emergency management, integrating the facility's activities with emergency management programs across the region, thereby fostering the coordination of medical planning, preparedness, response, information sharing, and recovery throughout the region.

The facility will review and maintain this Pandemic Emergency Plan (PEP) and will adhere to New York State Executive Orders, NYSDOH, CMS and CDC guidelines.

2.0 Introduction

The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics and pandemics. The facility must plan effective strategies for responding to all types of infectious diseases, including those that rise to the higher level of pandemic.

The following Infectious Disease/Pandemic Emergency Plan outlines the hazard-specific preparedness, response, and recovery activities the facility should plan for that are unique to an incident involving infectious disease as well as those incidents that rise to the occasion of a pandemic emergency.

The Local Health Department (LHD) of each New York State county, maintains prevention agenda priorities compiled from community health assessments. The items noted in this Annex include the identified LHD priorities and focus areas. BUMCH will use this information in conjunction with an internal risk assessment to create our plan and to set priorities, policies and procedures.

The facility's Pandemic Emergency Plan (PEP) contains all elements required for inclusion, as specified within the new subsection 12 of Section 2803, Chapter 114 of the Laws of 2020, for infectious disease events that rise to the level of a pandemic.

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A summary of the key components of the PEP requirements for pandemic situations is as follows:

- o development of a Communication Plan,
- o development of protection plans against infection for staff, residents, and families, including the maintenance of a 2-month (60 day) supply of infection control personal protective equipment and supplies (including consideration of space for storage), and
- o A plan for preserving a resident's place in and/or being readmitted to a residential health care facility or alternate care site if such resident is hospitalized, in accordance with all applicable laws and regulations.

Finally, any appendices and documents, such as regulations, executive orders, guidance, lists, contracts, etc. that the facility creates that pertain to the tasks in this Annex, and/or refers to in this Annex, should be attached to the corresponding Appendix of the Annex rather than attached here, so that this Annex remains a succinct plan of action.

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3.0 Preparedness Tasks for all Infectious Disease Events

3.1 Provide staff education on infectious diseases:

Infection Preventionist/Designee provides education on infectious diseases, exposure risks, symptoms, prevention, and infection control, including correct use of personal protective equipment upon hire, as necessary and at least annually.

*Refer to Infection Control Manual

3.2 Infection prevention, control, and reporting policies:

BUMCH shall develop, review and enforce infection prevention, control and reporting policies that adhere to state, local, federal and CDC guidelines. BUMCH shall review and revise those policies as necessary, but in any case no less frequent than annually. BUMCH will in-service said policies to all staff upon hiring, as necessary and no less than annually.

3.3 Staff access to communicable disease reporting tools:

BUMCH has identified and in-serviced at least 3 staff members who are responsible for HERDS and NHSN surveys and NORA reporting. These users have access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA) and HERDS surveys.

3.4 Internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary:

BUMCH in conjunction with the Medical Director, DNS and Infection Preventionist have developed protocols that address stocking medications and established an MOU (Memorandum of Understanding) with the pharmacy vendor that will provide 6 weeks of medications in the event of a infectious disease/pandemic emergency.

BUMCH has also established in conjunction with the Medical Director, the DNS, the Infection Preventionist, the HR Dept and Environmental Services policies that address the stocking of environmental cleaning agents and PPE. Currently the facility maintains a 60 day supply of PPE and Environmental cleaning agents.

The above policies shall be reviewed and revised as necessary and in any case at least annually.

3.5 Environmental controls (e.g., areas for contaminated waste):

BUMCH has established policies that adhere to NYSDOH requirements for managing contaminated waste including handling, storing, labeling and proper disposal of contaminated waste. Staff that handle contaminated waste are provided with the requisite PPE and are in-serviced on the elements of contaminated waste management.

The policies are reviewed and revised as necessary and at least yearly.

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3.6 Facility plan to ensure that residents are isolated/cohorted:

- BUMCH developed policies to isolate/cohort residents according to their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance.
- The facility will dedicate a unit or portion of unit (i.e. rooms located at end of unit) to cohort residents with same pandemic infectious disease. This area will be clearly marked as an isolation area.
- Physical barrier(s) will be used to separate a cohorted unit
- Discontinue any sharing of a bathroom with residents outside the cohort
- Dedicated workers assigned to work only on the cohorted care unit when it is in use.
- Signs will be placed at the entrance to the cohorted care unit that instructs caregivers to wear proper protection (e.g., eye protection, N95 mask, Gown, gloves) while on the unit.
- Caregivers and staff will receive reeducation on infection prevention measures, including the donning and doffing of personal protective equipment (PPE).

Cohorting plans may/will be revised based on prevailing city, state or federal guidelines.

4.0 **Additional Preparedness Planning Tasks for Pandemic Events**

4.1 Pandemic Communication Plan:

The Social Services Dept, the Nursing Dept, the Activities Dept, the Technology Dept and Administration have jointly developed a Pandemic Communication Plan in order to provide daily and or weekly updates to authorized family members or guardians of pandemic-related infections and or deaths.

BUMCH has developed protocols aimed at notifying family members or guardians. To accomplish this, BUMCH will maintain a comprehensive list of authorized resident family members and/or guardians, which includes a secondary backup contact list. The protocol calls for the provision of daily updates to authorized family members or guardians of residents that experience a change in condition. Further the protocol calls for once a week updates to authorized family or guardians of the number of pandemic-related infections and deaths, including residents with pandemic related infection who pass away for other reasons other than such infection.

All updates will be sent electronically or by such means as selected by authorized family or guardian. All residents will be provided at no cost, access to remote videoconference or equivalent communication with family or guardian.

The policy will be reviewed as necessary and at least annually.

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4.2 Plans for protection of staff, residents and families against infection:

The Nursing Dept, Social Services Dept and Medical Director have developed protocols for the protection of staff, residents and families that incorporates education to residents, staff and families related to infectious disease, appropriate hand hygiene and donning/doffing of PPE. In addition, BUMCH screens all employees and residents for symptoms of an infectious disease, posts signs throughout the facility related to infectious disease, implements visitor restrictions in accordance with local, state or federal guidelines and cohorts residents on a unit with dedicated staff.

5.0 **Response Tasks for all Infectious Disease Events:**

5.1 Reporting requirements:

The facility will meet all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19.

BUMCH has identified the staff responsible to carry out all the reporting requirements for a communicable disease as enumerated in Appendix A and has in-serviced said staff.

5.2 Reporting requirements of the Health Commerce System:

The facility will meet all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting

BUMCH has identified the staff responsible to carry out all the reporting requirements of the Health Commerce System, e.g. HERDS and has in-serviced said staff of the requirements to report and how.

5.3 Provide residents, relatives, and friends with education about the disease and facility's response strategy:

BUMCH will use SMS Text, e-mail, phone calls or its website to provide education to relatives and friends related to the disease and the facility's response strategy. BUMCH will go to all residents individually to educate about the disease and response strategy.

5.4 Closing the facility to new admissions, limiting visitors:

Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits in order to reduce exposure risk to residents and staff.

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If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures: close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection:

If necessary BUMCH will restrict visitors according to New York State Executive Orders and/or NYSDOH guidance by communicating with vendors and visitors, via phone calls and follow up correspondence related to the current restriction(s) in place (i.e., Restrictions may limit vendor access and visitation altogether). If visits are permissible, all visitors will be screened according to facility protocol. Staff will be in-serviced related to the pertinent restrictions and shall carry out the guidance as set forth by the Executive Orders and/or NYSDOH guidelines.

6.0 Additional Response Tasks for Pandemic Events:

6.1 Procedures to post a copy of the facility's PEP on the facility website:

In accordance with PEP requirements, BUMCH will post a copy of the facility's PEP, in a form acceptable to the commissioner, on the facility's public website <http://www.bumch.org>, and make available immediately upon request no later than September 15, 2020

6.2 Update authorized family members and guardians of infected residents:

BUMCH will update authorized family members or guardians of pandemic infected residents at least once per day and upon a change in a resident's condition via SMS Text, Email or Phone by the Social Services Dept.

6.3 All residents and authorized families and guardians are updated at least once a week:

BUMCH will update authorized families or guardians at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection via SMS Text, Email or Phone by the Social Services Dept.

Residents individually will receive weekly updates by either the Social Services Dept or Activities Departments.

6.4 Daily access to remote videoconference or equivalent communication:

BUMCH will provide free use of videoconferencing or similar with authorized family or guardian which will be arranged by appointment through our Activities Department. All methods of communication between Resident and Family or Guardian have been selected according to resident's family preference.

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6.5 Admission or Readmission of Hospitalized Residents:

In accordance with PEP requirements, BUMCH will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e):

BUMCH will admit/readmit a resident to the facility upon discharge from the hospital provided the facility can clinically care for the resident.

The DNS or designee will review admissions/hospital records (PRI) to determine if BUMCH's ability to provide clinical care and treatment meet the needs of the resident.

This process may include placing the resident in a single occupancy room and or cohorting.

6.6 Preserving a Hospitalized Resident's Place:

In accordance with PEP requirements, BUMCH will implement the following process to preserve a resident's place in a residential health care facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e):

BUMCH will readmit a resident to the facility upon discharge from the hospital provided the facility can clinically care for the resident.

The DNS or designee will review discharge records (PRI) to determine if BUMCH's ability to provide clinical care and treatment meet the needs of the resident.

This process may include placing the resident in a single occupancy room and or cohorting.

6.7 (60-day) supply of personal protective equipment:

BUMCH has established par levels for at least 60 days of PPE (See Appendix H of CEMP) and will maintain such levels until NYSDOH establishes updated guidelines.

Par levels are established based on using the CDC PPE burn rate calculator.

Par levels will be maintained by the Director of Environmental Services with guidance from the Administrator, Director of Nursing and Assistant Director of Nursing.

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7.0 Recovery for all Infectious Disease Events

- 7.1 BUMCH Administration will maintain an on-going review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when or which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.
- 7.2 BUMCH will communicate via phone, SMS text or email any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.

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Appendix A: Infectious Disease

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi. The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary by multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality.

The facility follows effective strategies for preventing infectious diseases. Each county Local Health Department-(LHD) has prevention agenda priorities compiled from community health assessments that can be reviewed and utilized by the facility in fully developing your CEMP Annex E, planning and response checklist for infectious disease and pandemic situations. The information within this Annex includes the identified priorities and focus areas.

Under the Pandemic Emergency Plan (PEP) requirements of Chapter 114 of the Laws of 2020, special focus is required for pandemics. Please use the template's Appendix E and this Hazard Annex, with prompts for the PEP requirements, to ensure that the plans developed meet all requirements.

Chapter 114 of the Laws of 2020 (full text):

Section 2803 of the public health law is amended by adding a new subdivision 12 to read as follows:

12. (a) each residential health care facility shall, no later than Ninety days after the effective date of this subdivision and annually thereafter, or more frequently as may be directed by the commissioner, prepare and make available to the public on the facility's website, and immediately upon request, in a form acceptable to the commissioner, a pandemic emergency plan which shall include but not be limited to:

(i) a communication plan:

(a) to update authorized family members and guardians of infected residents at least once per day and upon a change in a resident's condition and at least once a week to update all residents and authorized families and guardians on the number of infections and deaths at the facility, by electronic or such other means as may be selected by each authorized family member or guardian; and

(b) that includes a method to provide all residents with daily access,

At no cost, to remote videoconference or equivalent communication methods with family members and guardians; and

(ii) protection plans against infection for staff, residents and families, including:

(a) a plan for hospitalized residents to be readmitted to such residential health care facility after treatment, in accordance with all applicable laws and regulations; and

(b) a plan for such residential health care facility to maintain or contract to have at least a two-month supply of personal protective equipment; and

(iii) a plan for preserving a resident's place in a residential healthcare facility if such resident is hospitalized, in accordance with all applicable laws and regulations.

(b) the residential health care facility shall prepare and comply with the pandemic emergency plan. Failure to do so shall be a violation of this subdivision and may be subject to civil penalties pursuant to section twelve and twelve-b of this chapter.

The commissioner shall review each residential healthcare facility for compliance with its plan and the applicable

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regulations in accordance with paragraphs (a) and (b) of subdivision one of this section.

(c) within thirty days after the residential health care facility's receipt of written notice of noncompliance such residential healthcare facility shall submit a plan of correction in such form and manner as specified by the commissioner for achieving compliance with its plan and with the applicable regulations. The commissioner shall ensure each such residential healthcare facility complies with its plan of correction and the applicable regulations.

(d) the commissioner shall promulgate any rules and regulations necessary to implement the provisions of this subdivision.

§ 2. This act shall take effect immediately.

1. Communicable Disease Reporting:

1.1. Importance of Reporting

- NYSDOH is charged with the responsibility of protecting public health and ensuring the safety of health care facilities.
- Reporting is required to detect intra-facility outbreaks, geographic trends, and identify emerging infectious diseases.
- The collection of outbreak data enables the NYSDOH to inform health care facilities of potential risks and preventive actions.
- Reporting facilities can obtain consultation, laboratory support and on-site assistance in outbreak investigations, as needed.

1.2. What must be reported?

NYSDOH Regulated Article 28 nursing homes:

- Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.¹
- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be reported to NYSDOH. This can be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, facilities may fax an [Infection Control Nosocomial Report Form \(DOH 4018\)](#) on the DOH public website.
 - Facilities are expected to conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Healthcare associated infection outbreaks may also be reported to the LHD.

A single case of a [reportable communicable disease](#) or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious

¹ A list of diseases and information on properly reporting them can be found below.

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agent or microbial toxin) must be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it must also be reported to the NYSDOH. This can be done electronically via the NORA, or, by faxing an [Infection Control Nosocomial Report Form \(DOH 4018\)](#).

- Reports must be made to the local health department in the county in which the facility is located (as the resident's place of residence) and need to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.
- Categories and examples of reportable healthcare-associated infections include:
 - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
 - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
 - Foodborne outbreaks.
 - Infections associated with contaminated medications, replacement fluids, or commercial products.
 - Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
 - A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
 - Clusters of tuberculin skin test conversions.
 - A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
 - Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
 - Closure of a unit or service due to infections.
- Additional information for making a communicable disease report:
 - Facilities should contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here: https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.
 - Call your local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.
 - For facilities in New York City:
 - Call 1 (866) NYC-DOH1 (1-866-692-3641) for additional information.
 - Use the [downloadable Universal Reporting Form \(PD-16\)](#); those belonging to NYC MED can [complete and submit the form online](#).

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2.0. PEP Communication Requirements

As per the requirements of the PEP, a facility must develop external notification procedures directed toward authorized family members and guardians of residents.

To adequately address this requirement, the facility will need to develop a record of all authorized family members and guardians, which should include secondary (back-up) authorized contacts, as applicable.

Under the PEP, facilities must include plans and/or procedures that would enable them to (1) provide a daily update to authorized family members and guardians and upon a change in a resident's condition; and (2) update all residents and authorized families and guardians at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19).

Such updates must be provided electronically or by such other means as may be selected by each authorized family member or guardian. This includes a method to provide all residents with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians.

3.0 PEP Infection Control Requirements

In addition to communication-related PEP requirements address above, the facility must develop pandemic infection control plans for staff, residents, and families, including plans for (1) developing supply stores and specific plans to maintain, or contract to maintain, at least a two-month (60 day) supply of personal protective equipment based on facility census, including consideration of space for storage; and (2) hospitalized residents to be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80. .

Additional infection control planning and response efforts and that should be addressed include:

- Incorporating lessons learned from previous pandemic responses into planning efforts to assist with the development of policies and procedures related to such elements as the management of supplies and PPE, as well as implementation of infection control protocols to assist with proper use and conservation of PPE.
- All personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents. COVID-specific guidance on optimizing PPE and other supply strategies is available on CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. Supplies to be maintained include, but are not limited to:
 - N95 respirators;
 - Face shield;
 - Eye protection;
 - Gowns/isolation gowns;
 - gloves;
 - masks; and
 - sanitizers and disinfectants ([EPA Guidance for Cleaning and Disinfecting](#)):

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Other considerations to be included in a facility's plans to reduce transmission regard when there are only one or a few residents with the pandemic disease in a facility:

- Plans for cohorting, including:
 - Use of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, such as at the end of a hallway.
 - Discontinue any sharing of a bathroom with residents outside the cohort
- Proper identification of the area for residents with COVID-19, including demarcating reminders for healthcare personnel; and
- Procedures for preventing other residents from entering the area.

4.0 Other PEP Requirements

PEP further requires that facilities include a plan for preserving a resident's place at the facility when the resident is hospitalized. Such plan must comply with all applicable State and federal laws and regulations, including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).