



**Department  
of Health**

# **Queens Boulevard Extended Care Facility Comprehensive Emergency Management Plan**

**2020**

Queens Boulevard Extended Care Facility  
61-11 Queens Boulevard  
Woodside, NY 11377  
[www.qbecf.com](http://www.qbecf.com)



# Emergency Contacts

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The following table lists contact information for public safety and public health representatives for quick reference during an emergency.

**Table 1: Emergency Contact Information**

Organization	Phone Number(s)
Local Fire Department	718-999-2000
Local Police Department	718-476-9311
Emergency Medical Services	718-430-9700
Fire Marshal	518-474-6746
Local Office of Emergency Management	212-639-9675
NYSDOH Regional Office (Business Hours) <sup>1</sup>	212-417-5550
NYSDOH Duty Officer (Business Hours)	866-881-2809
New York State Watch Center (Warning Point) (Non-Business Hours)	518-292-2200

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<sup>1</sup> During normal business hours (non-holiday weekdays from 8:00 am – 5:00 pm), contact the NYSDOH Regional Office for your region or the NYSDOH Duty Officer. Outside of normal business hours (e.g., evenings, weekends, or holidays), contact the New York State Watch Center (Warning Point).

# Approval and Implementation

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This Comprehensive Emergency Management Plan (CEMP) has been approved for implementation by:

/s/ Jonathan Mawere

Jonathan Mawere, LNHA, MHL, DPT, MD  
Administrator & COO  
Queens Boulevard Extended Care Facility

09/15/20

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Medical Director  
Queens Boulevard Extended Care Facility

09/15/20

# Table of Contents

<b>EMERGENCY CONTACTS</b>	<b>1</b>
<b>APPROVAL AND IMPLEMENTATION</b>	<b>2</b>
<b>1 BACKGROUND</b>	<b>6</b>
1.1 Introduction	6
1.2 Purpose	6
1.3 Scope	7
1.4 Situation	8
1.4.1 Risk Assessment	8
1.4.2 Mitigation Overview	9
1.5 Planning Assumptions	9
<b>2 CONCEPT OF OPERATIONS</b>	<b>11</b>
2.1 Notification and Activation	11
2.1.1 Hazard Identification	11
2.1.2 Activation	11
2.1.3 Staff Notification	12
2.1.4 External Notification	12
2.2 Mobilization	14
2.2.1 Incident Management Team	14
2.2.2 Command Center	16
2.3 Response	16
2.3.1 Assessment	16
2.3.2 Protective Actions	16
2.3.3 Staffing	16
2.4 Recovery	17
2.4.1 Recovery Services	17
2.4.2 Demobilization	18
2.4.3 Infrastructure Restoration	18
2.4.4 Resumption of Full Services	19
2.4.5 Resource Inventory and Accountability	19
<b>3 INFORMATION MANAGEMENT</b>	<b>20</b>
3.1 Critical Facility Records	20
3.2 Resident Tracking and Information-Sharing	20
3.2.1 Tracking Evacuated Residents	20
3.3 Staff Tracking and Accountability	21
3.3.1 Tracking Facility Personnel	21
3.3.2 Staff Accountability	21

3.3.3	<i>Non-Facility Personnel</i>	21
<b>4</b>	<b>COMMUNICATIONS</b>	<b>22</b>
<b>4.1</b>	<b>Facility Communications</b>	<b>22</b>
4.1.1	<i>Communications Review and Approval</i>	22
<b>4.2</b>	<b>Internal Communications</b>	<b>23</b>
4.2.1	<i>Staff Communication</i>	23
4.2.2	<i>Staff Reception Area</i>	23
4.2.3	<i>Resident Communication</i>	23
<b>4.3</b>	<b>External Communications</b>	<b>24</b>
4.3.1	<i>Corporate/Parent Organization</i>	24
4.3.2	<i>Authorized Family and Guardians</i>	24
4.3.3	<i>Media and General Public</i>	25
<b>5</b>	<b>ADMINISTRATION, FINANCE, LOGISTICS</b>	<b>26</b>
<b>5.1</b>	<b>Administration</b>	<b>26</b>
5.1.1	<i>Preparedness</i>	26
<b>5.2</b>	<b>Finance</b>	<b>26</b>
5.2.1	<i>Preparedness</i>	26
<b>5.3</b>	<b>Logistics</b>	<b>27</b>
5.3.1	<i>Preparedness</i>	27
5.3.2	<i>Incident Response</i>	27
<b>6</b>	<b>PLAN DEVELOPMENT AND MAINTENANCE</b>	<b>28</b>
<b>7</b>	<b>AUTHORITIES AND REFERENCES</b>	<b>29</b>
<b>ANNEX A:</b>	<b>PROTECTIVE ACTIONS</b>	<b>31</b>
<b>ANNEX B:</b>	<b>RESOURCE MANAGEMENT</b>	<b>33</b>
<b>1.</b>	<b>Preparedness</b>	<b>33</b>
<b>2.</b>	<b>Resource Distribution and Replenishment</b>	<b>33</b>
<b>3.</b>	<b>Resource Sharing</b>	<b>34</b>
<b>4.</b>	<b>Emergency Staffing</b>	<b>34</b>
<b>ANNEX C:</b>	<b>EMERGENCY POWER SYSTEMS</b>	<b>37</b>
<b>1.</b>	<b>Capabilities</b>	<b>37</b>
<b>2.</b>	<b>Resilience and Vulnerabilities</b>	<b>37</b>
<b>ANNEX D:</b>	<b>TRAINING AND EXERCISES</b>	<b>38</b>
<b>1.</b>	<b>Training</b>	<b>38</b>
<b>2.</b>	<b>Exercises</b>	<b>39</b>
<b>3.</b>	<b>Documentation</b>	<b>39</b>
<b>3.1.</b>	<b>Participation Records</b>	<b>39</b>

<b>3.2. After Action Reports</b>	<b>39</b>
<b><u>ANNEX E: INFECTIOUS DISEASE/PANDEMIC EMERGENCY</u></b>	<b><u>40</u></b>
<b><u>EXHIBIT 1 HAZARD VULNERABILITY ANALYSIS</u></b>	<b><u>48</u></b>
<b><u>EXHIBIT 2 EMERGENCY PROCEDURES FOR EMERGING VIRUSES: EBOLA, ZIKA, VIRUSES INCLUDING INFLUENZA, SARS-COV-2</u></b>	<b><u>50</u></b>
<b><u>EXHIBIT 3 HAND HYGIENE POLICY AND PROCEDURE</u></b>	<b><u>55</u></b>
<b><u>EXHIBIT 4 INFECTION PREVENTION/CONTROL PLAN</u></b>	<b><u>59</u></b>
<b><u>EXHIBIT 5 COVID-19 STAFF TESTING PLAN</u></b>	<b><u>62</u></b>
<b><u>EXHIBIT 6 PPE (PERSONAL PROTECTIVE EQUIPMENT)</u></b>	<b><u>65</u></b>
<b><u>EXHIBIT 7 VISITATION PLAN AND POLICY</u></b>	<b><u>67</u></b>
<b><u>EXHIBIT 8 RESIDENT ROOM PLACEMENT AND COHORTING</u></b>	<b><u>69</u></b>
<b><u>EXHIBIT 9 PANDEMIC COMMUNICATION PLAN</u></b>	<b><u>70</u></b>
<b><u>EXHIBIT 10 PROTECTION OF STAFF, RESIDENTS AND FAMILIES AGAINST INFECTION</u></b>	<b><u>73</u></b>
<b><u>EXHIBIT 11 RESPIRATORY PROTECTION PROGRAM</u></b>	<b><u>75</u></b>
<b><u>EXHIBIT 12 BED RESERVATION (BED HOLD) POLICY AND PROCEDURES</u></b>	<b><u>82</u></b>

# 1 Background

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## 1.1 Introduction

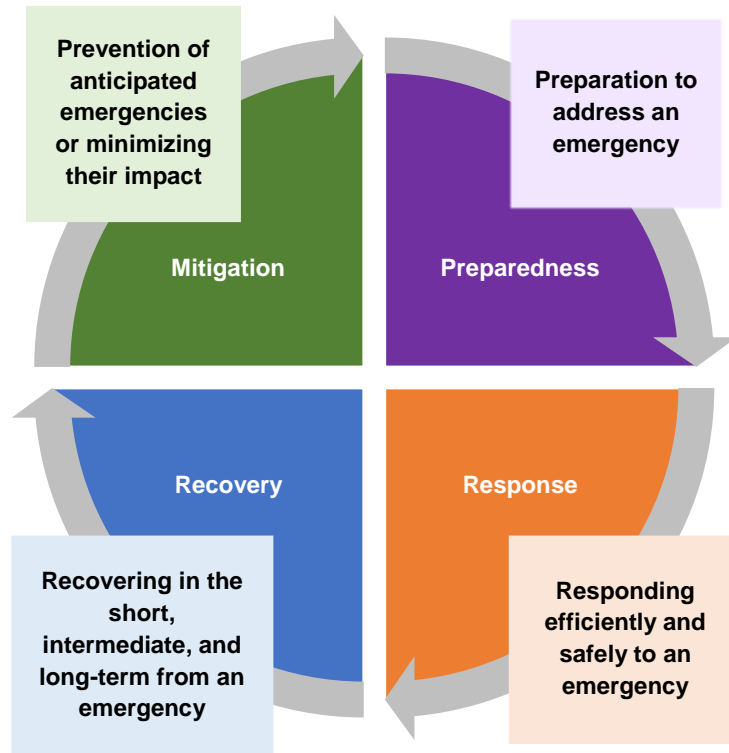
To protect the well-being of residents, staff, and visitors, the following all-hazards Comprehensive Emergency Management Plan (CEMP) has been developed and includes considerations necessary to satisfy the requirements for a Pandemic Emergency Plan (PEP). Appendix K of the CEMP has been adjusted to meet the needs of the PEP and will also provide facilities a form to post for the public on the facility's website, and to provide immediately upon request. The CEMP is informed by the conduct of facility-based and community-based risk assessments and pre-disaster collaboration with NYC Office of Emergency Management, FDNY, NYPD, NYCDOHMH and SENIOR CARE AMBULANCE and other mutual aid partners.

This CEMP is a living document that will be reviewed annually, at a minimum, in accordance with *Section 7: Plan Development and Maintenance*.

## 1.2 Purpose

The purpose of this plan is to describe the facility's approach to mitigating the effects of, preparing for, responding to, and recovering from natural disasters, man-made incidents, and/or facility emergencies.

**Figure 1: Four Phases of Emergency Management**



## 1.3 Scope

The scope of this plan extends to any event that disrupts, or has the potential to significantly disrupt, the provision of normal standards of care and/or continuity of operations, regardless of the cause of the incident (i.e., man-made or natural disaster).

The plan provides the facility with a framework for the facility's emergency preparedness program and utilizes an all-hazards approach to develop facility capabilities and capacities to address anticipated events.

This plan will work in conjunction with all other facility management plans like safety, Security, Hazardous Materials, fire and life safety as well as utility system management plans.



## 1.4 Situation

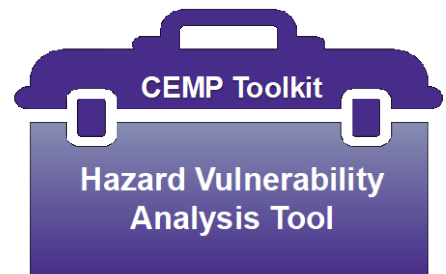
### 1.4.1 Risk Assessment<sup>2</sup>

The facility conducts an annual risk assessment to identify which natural and man-made hazards pose the greatest risk to the facility (i.e., human and economic losses based on the vulnerability of people, buildings, and infrastructure).

The facility conducted a facility-specific risk assessment on September 9, 2020 and determined the following hazards may affect the facility's ability to maintain operations before, during, and after an incident:

- See Exhibit 1

This risk information serves as the foundation for the plan—including associated policies, procedures, and preparedness activities.



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<sup>2</sup> The Hazard Vulnerability Analysis (HVA) is the industry standard for assessing risk to healthcare facilities. Facilities may rely on a community-based risk assessment developed by public health agencies, emergency management agencies, and Health Emergency Preparedness Coalition or in conjunction with conducting its own facility-based assessment. If this approach is used, facilities are expected to have a copy of the community-based risk assessment and to work with the entity that developed it to ensure that the facility's emergency plan is in alignment.

## 1.4.2 Mitigation Overview

The primary focus of the facility's pre-disaster mitigation efforts is to identify the facility's level of vulnerability to various hazards and mitigate those vulnerabilities to ensure continuity of service delivery and business operations despite potential or actual hazardous conditions.

To minimize impacts to service delivery and business operations during an emergency, the facility has completed the following mitigation activities:

- Development and maintenance of a CEMP;
- Procurement of emergency supplies and resources;
- Establishment and maintenance of mutual aid and vendor agreements to provide supplementary emergency assistance;
- Regular instruction to staff on plans, policies, and procedures; and
- Validation of plans, policies, and procedures through exercises.<sup>3</sup>

For more information about the facility's fire prevention efforts (e.g., drills), safety inspections, and equipment testing, please refer to the Queens Boulevard Extended Care Facility's Fire and Life Safety Plan.

## 1.5 Planning Assumptions

This plan is guided by the following planning assumptions:

- Emergencies and disasters can occur without notice, any day, and on any shift.
- Emergencies and disasters may be facility-specific, local, regional, or state-wide.
- Local and/or state authorities may declare an emergency.
- The facility may receive requests from other facilities for resource support (supplies, equipment, staffing, or to serve as a receiving facility).
- Facility security may be compromised during an emergency.
- The emergency may exceed the facility's capabilities and external emergency resources may be unavailable. The facility is expected to be able to function without an influx of outside supplies or assistance for 72 hours.
- Power systems (including emergency generators) could fail.
- During an emergency, it may be difficult for some staff to get to the facility, or alternately, they may need to stay in the facility for a prolonged period of time.
- Emergencies can result from inclement weather like hurricanes, tornadoes

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<sup>3</sup> Refer to the "Training and Exercises" section of this plan for additional information about pre-incident trainings and exercises.

- Emergencies can result from an earthquake
- Emergencies can be a mass casualty event like plane crash
- Emergencies can involve an active shooter

## 2 Concept of Operations

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### 2.1 Notification and Activation

#### 2.1.1 Hazard Identification

The facility may receive advance warning about an impending natural disaster (e.g., hurricane forecast) or man-made threat (e.g., law enforcement report), which will be used to determine initial response activities and the movement of personnel, equipment, and supplies. For no-notice incidents (e.g., active shooter, tornado), facilities will not receive advance warning about the disaster, and will need to determine response activities based on the impact of the disaster.

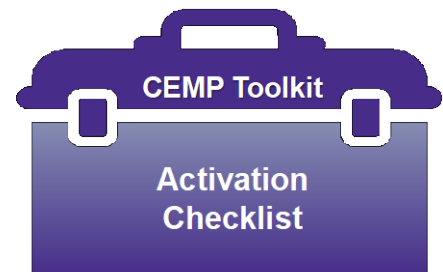
The Incident Commander may designate a staff member to monitor evolving conditions, typically through television news, reports from government authorities, and weather forecasts.

All staff have a responsibility to report potential or actual hazards or threats to their direct supervisor.

#### 2.1.2 Activation

Upon notification of hazard or threat—from staff, residents, or external organizations—the senior-most on-site facility official will determine whether to activate the plan based on one or more of the triggers below:

- The provision of normal standards of care and/or continuity of operations is threatened and could potentially cause harm.
- The facility has determined to implement a protective action.
- The facility is serving as a receiving facility.
- The facility is testing the plan during internal and external exercises (e.g., fire drills).
- The building structure is compromised impacting resident and employee safety



If one or more activation criteria are met and the plan is activated, the senior-most on-site facility official—or the most appropriate official based on the incident—will assume the role of “Incident Commander” and operations proceed as outlined in this document.

### 2.1.3 Staff Notification

Once a hazard or threat report has been made, an initial notification message will be disseminated to staff in accordance with the facility's communication plan.

Department Managers or their designees will contact on-duty personnel to provide additional instructions and solicit relevant incident information from personnel (e.g., status of residents, status of equipment).

Once on-duty personnel have been notified, Department Managers will notify off-duty personnel if necessary and provide additional guidance/instruction (e.g., request to report to facility).

Department personnel are to follow instructions from Department Managers, keep lines of communication open, and provide status updates in a timely manner.

### 2.1.4 External Notification

Depending on the type and severity of the incident, the facility may also notify external parties (e.g., local office of emergency management, resource vendors, relatives and responsible parties) utilizing local notification procedures to request assistance (e.g., guidance, information, resources) or to provide situational awareness.

The NYSDOH Regional Office is a mandatory notification recipient regardless of hazard type, while other notifications may be hazard-specific. **Table 4** provides a comprehensive list of mandatory and recommended external notification recipients based on hazard type.

**Table 2: Notification by Hazard Type**

**C** = Mandatory  
**R** = Recommended

Notification Recipient	Example Hazard	Active Threat <sup>4</sup>	Blizzard/Ice Storm	Coastal Storm	Dam Failure	Water Disruption	Earthquake	Extreme Cold	Extreme Heat	Fire	Flood	CBRNE <sup>5</sup>	Infectious Disease / Pandemic	Landslide	IT/Comms Failure	Power Outage	Tornado	Wildfire
	NYSDOH Regional Office <sup>6</sup>	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
	Facility Senior Leader	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
	Local Emergency Management	R	M	R	R	R	M	R	R	R	M	M	M	M	R	R	M	M
	Local Law Enforcement		M	R	R	R	R	R	R	M	R	M	R	R	R	R	R	R
	Local Fire/EMS		M	M	M	M	R	M	R	M	M	M	M	M	R	R	M	M
	Local Health Department	R	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
	Off Duty Staff		M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
	Relatives and Responsible Parties		M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
	Resource Vendors		M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
	Authority Having Jurisdiction		M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
	Regional Healthcare Facility Evacuation Center		M	R	M	M	R	M	R	M	M	M	R	M	R	R	M	M
	Department Directors		M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M

<sup>4</sup> “Active threat” is defined as an individual or group of individuals actively engaged in killing or attempting to kill people in a populated area. Example attack methods may include bombs, firearms, and fire as a weapon.

<sup>5</sup> “CBRNE” refers to “Chemical, Biological, Radiological, Nuclear, or Explosive”

<sup>6</sup> To notify NYSDOH of an emergency during business hours (non-holiday weekdays from 8:00 am – 5:00 pm), the Incident Commander will contact the NYSDOH Regional Office 212-417-5550. Outside of normal business hours (e.g., evenings, weekends, or holidays), the Incident Commander will contact the New York State Watch Center (Warning Point) at 518-292-2200. The Watch Command will return the call and will ask for the type of emergency and the type of facility (e.g. hospital, nursing home, adult home) involved. The Watch Command will then route the call to the Administrator on Duty, who will assist the facility with response to the situation.

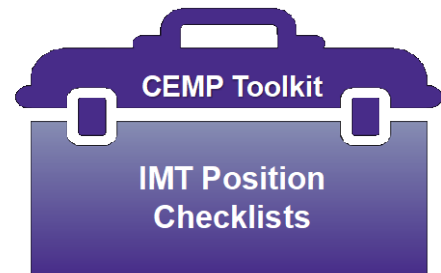
## 2.2 Mobilization

### 2.2.1 Incident Management Team

Upon plan activation, the Incident Commander will activate some or all positions of the Incident Management Team, which is comprised of pre-designated personnel who are trained and assigned to plan and execute response and recovery operations.

Incident Management Team activation is designed to be flexible and scalable depending on the type, scope, and complexity of the incident. As a result, the Incident Commander will decide to activate the entire team or select positions based on the extent of the emergency.

**Table 5** outlines suggested facility positions to fill each of the Incident Management Team positions. The most appropriate individual given the event/incident may fill different roles as needed.



**Table 3: Incident Management Team - Facility Position Crosswalk**

Incident Position	Facility Position Title	Description
<b>Incident Commander</b>	Dr Jonathan Mawere Administrator & COO	Leads the response and activates and manages other Incident Management Team positions.
<b>Public Information Officer</b>	Dr Jonathan Mawere Administrator & COO	Provides information and updates to visitors, relatives and responsible parties, media, and external organizations.
<b>Safety Officer</b>	Al Castro Director of Maintenance	Ensures safety of staff, residents, and visitors; monitors and addresses hazardous conditions; empowered to halt any activity that poses an immediate threat to health and safety.
<b>Operations Section Chief</b>	Joyzelle Theogene Director of Nursing	Manages tactical operations executed by staff (e.g., continuity of resident services, administration of first aid).
<b>Planning Section Chief</b>	Emma Al-Ebbinni Director of MDS	Collects and evaluates information to support decision-making and maintains

Incident Position	Facility Position Title	Description
		incident documentation, including staffing plans.
<b>Logistics Section Chief</b>	Kevin Kui Director of IT	Locates, distributes, and stores resources, arranges transportation, and makes alternate shelter arrangements with receiving facilities.
<b>Finance/Admin Section Chief</b>	Joseph Malone Chief Financial Officer	Monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.

If the primary designee for an Incident Management Team position is unavailable, **Table 6** identifies primary, secondary, and tertiary facility personnel that will staff Incident Management Team positions.

While assignments are dependent upon the requirements of the incident, available resources, and available personnel, this table provides initial options for succession planning, including shift changes.

**Table 4: Orders of Succession**

Incident Position	Primary	Successor 1	Successor 2
<b>Incident Commander</b>	Administrator & COO	Director of Nursing	Medical Director
<b>Public Information Officer</b>	Administrator & COO	Medical Director	Director of Nursing
<b>Safety Officer</b>	Director of Maintenance	Director of Facilities Management	Director of IT
<b>Operations Section Chief</b>	Director of Nursing	Assistant Director of Nursing	Nursing Supervisor
<b>Planning Section Chief</b>	Emma Al-Ebbinni	Director of OT/PT	Director of Dietary
<b>Logistics Section Chief</b>	Director of IT	Director of Social Services	Director of Recreation
<b>Finance/Admin Section Chief</b>	Director of Finance	Director of Human Resources	Executive Assistant



## 2.2.2 Command Center

The Incident Commander will designate a space, e.g., facility conference room or other large gathering space, on the facility premises to serve as the centralized location for incident management and coordination activities, also known as the “Command Center.”

The designated location for the Command Center is Administrator’s Office and the secondary/back-up location is Adult Day Care, unless circumstances of the emergency dictate the specification of a different location upon activation of the CEMP, in which case staff will be notified of the change at time of activation.

## 2.3 Response

### 2.3.1 Assessment

The Incident Commander will convene activated Incident Management Team members in the Command Center and assign staff to assess designated areas of the facility to account for residents and identify potential or actual risks, including the following:

- Number of residents injured or affected;
- Status of resident care and support services;
- Extent or impact of the problem (e.g., hazards, life safety concerns);
- Current and projected staffing levels (clinical, support, and supervisory/managerial);
- Status of facility plant, utilities, and environment of care;
- Projected impact on normal facility operations;
- Facility resident occupancy and bed availability;
- Need for protective action; and
- Resource needs.

### 2.3.2 Protective Actions

Refer to **Annex A: Protective Actions** for more information.

### 2.3.3 Staffing

Based on the outcomes of the assessment, the Planning Section Chief will develop a staffing plan for the operational period (e.g., remainder of shift). The Operation Section Chief will execute the staffing plan by overseeing staff execution of response activities. The Finance/Administration Section Chief will manage the storage and processing of timekeeping and related documentation to track staff hours.

## 2.4 Recovery

### 2.4.1 Recovery Services

Recovery services focus on the needs of residents and staff and help to restore the facility's pre-disaster physical, mental, social, and economic conditions.

Recovery services may include coordination with government, non-profit, and private sector organizations to identify community resources and services (e.g., employee assistance programs, state and federal disaster assistance programs, if eligible). Pre-existing facility- and community-based services and pre-established points of contact are provided in **Table 8**.

**Table 5: Pre-Identified Recovery Services**

Service	Description of Service	Point(s) of Contact
<b>FEMA</b>	Provides financial and logistical assistance with disaster recovery	<a href="http://www.fema.gov">www.fema.gov</a>
<b>NYC Office Emergency Management</b>	Provides material and logistical assistance with disaster recovery	<a href="https://www1.nyc.gov/site/em/index.page">https://www1.nyc.gov/site/em/index.page</a>
<b>NYC Department of Health</b>	Provides guidance and assistance with health-related disasters	<a href="https://www1.nyc.gov/site/doh/index.page">https://www1.nyc.gov/site/doh/index.page</a>
<b>CDC (Centers for Disease Control and Prevention)</b>	Provides guidance and other assistance with health-related disasters	<a href="http://www.cdc.gov">www.cdc.gov</a>
<b>Health Human Services and CMS (The Centers for Medicare &amp; Medicaid Services)</b>	Provides operation guidance on facility operations in emergency situations	<a href="http://www.cms.gov">www.cms.gov</a>

Ongoing recovery activities, limited staff resources, as well as the incident's physical and mental health impact on staff members may delay facility staff from returning to normal job duties, responsibilities, and scheduling.

Resuming pre-incident staff scheduling will require a planned transition of staff resources, accounting for the following considerations:

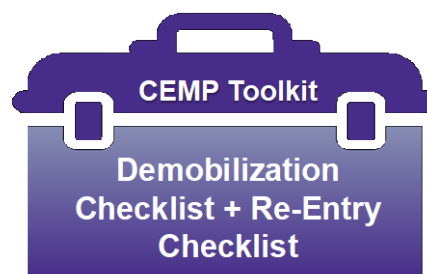
- Priority staffing of critical functions and services (e.g., resident care services, maintenance, dining services).

- Personal staff needs (e.g., restore private residence, care for relatives, attend memorial services, mental/behavioral health services).
- Continued use or release of surge staffing, if activated during incident.

## 2.4.2 Demobilization

As the incident evolves, the Incident Commander will begin to develop a demobilization plan that includes the following elements:

- Activation of re-entry/repatriation process if evacuation occurred;<sup>7</sup>
- Deactivation of surge staffing;
- Replenishment of emergency resources;
- Reactivation of normal services and operations; and
- Compilation of documentation for recordkeeping purposes.



## 2.4.3 Infrastructure Restoration

Once the Incident Commander has directed the transition from incident response operations to demobilization, the facility will focus on restoring normal services and operations to provide continuity of care and preserve the safety and security of residents.

**Table 9** outlines entities responsible for performing infrastructure restoration activities and related contracts/agreements.

**Table 6: Infrastructure Restoration Activities**

Activity	Responsible Entity	Contracts/Agreements
<b>Internal assessment of electrical power.</b>	Salvatore Campisi and Sons	Electrical service agreement
<b>Clean-up of facility grounds (e.g., general housekeeping, removing debris and damaged materials).</b>	Vue Services Corp.	Cleaning and recovery services
<b>Internal damage assessments (e.g., structural, environmental, operational).</b>	Antonucci Engineers and Associates	Structural engineering service agreement

<sup>7</sup> Refer to the *NYSDOH Evacuation Plan Template* for more information about repatriation.

Activity	Responsible Entity	Contracts/Agreements
<b>Clinical systems and equipment inspection.</b>	GDC Medical	Biomedical equipment maintenance agreement
<b>Strengthen infrastructure for future disasters (if repair/restoration activities are needed).</b>	Antonucci Engineers and Associates	Structural engineering agreement
<b>Communication and transparency of restoration efforts to staff and residents.</b>	QBECF Social Services and Human Resources Department	Social Services will communicate with residents and families and Human Resources will communicate with employees and their families as appropriate
<b>Recurring inspection of restored structures.</b>	Ridgefield Associates	Building and Environmental Services Agreement

#### 2.4.4 Resumption of Full Services

Department Managers will conduct an internal assessment of the status of resident care services and advise the Incident Commander and/or facility leadership on the prioritization and timeline of recovery activities.

Special consideration will be given to services that may require extensive inspection due to safety concerns surrounding equipment/supplies and interruption of utilities support and resident care services that directly impact the resumption of services (e.g., food service, laundry).

Staff, residents, and relatives/responsible parties will be notified of any services or resident care services that are not available, and as possible, provided updates on timeframes for resumption. The Planning Section Chief will develop a phased plan for resumption of pre-incident staff scheduling to help transition the facility from surge staffing back to regular staffing levels.

#### 2.4.5 Resource Inventory and Accountability

Full resumption of services involves a timely detailed inventory assessment and inspection of all equipment, devices, and supplies to determine the state of resources post-disaster and identify those that need repair or replacement.

All resources, especially resident care equipment, devices, and supplies, will be assessed for health and safety risks. Questions on resource damage or potential health and safety risks will be directed to the original manufacturer for additional guidance.

# 3 Information Management

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## 3.1 Critical Facility Records

Critical facility records that require protection and/or transfer during an incident include:

- Resident data including advance directives, medication lists, relative or responsible party information, staff information including licensure and certification information.

**Queens Boulevard Extended Care Facility uses SigmaCare by Matrixcare EMR system** to maintain electronic records both on off-site and onsite servers. In addition, certain paper records are backed up on the EMR System and are also stored offsite in durable containers in locations designated as least vulnerable).

If computer systems are interrupted or non-functional, the facility will utilize paper-based recordkeeping in accordance with internal facility procedures.

## 3.2 Resident Tracking and Information-Sharing

### 3.2.1 Tracking Evacuated Residents

The facility will use the New York State Evacuation of Facilities in Disasters System (“eFINDS”)<sup>8</sup> and the Resident Evacuation Critical Information and Tracking Form<sup>9</sup> to track evacuated residents and ensure resident care is maintained.

#### Resident Confidentiality

The facility will ensure resident confidentiality throughout the evacuation process in accordance with the Health Insurance Portability and Accountability Act Privacy Rule (Privacy Rule), as well as with any other applicable privacy laws. Under the Privacy Rule, covered health care providers are permitted to disclose protected health information to public health authorities authorized by law to collect protected health information to control disease, injury, or disability, as well as to public or private entities authorized by law or charter to assist in disaster relief efforts. The Privacy Rule also permits disclosure

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<sup>8</sup> eFINDS is a secure, confidential system intended to provide authorized users with real-time access to the location of residents evacuated during an emergency event. The system is to be used to log and track residents during an urgent or non-emergent evacuation. See Appendix K of the *NYSDOH Evacuation Plan Template* for further information and procedures on eFINDS.

<sup>9</sup> The Resident Evacuation Critical Information and Tracking Form is a standardized form utilized to provide pertinent individual resident information to receiving facilities and provide redundant tracking during the evacuation process, including repatriation. See Appendix L of the *NYSDOH Evacuation Plan Template* for the complete form.

<sup>10</sup> see HIPAA privacy rule information in CEMP toolkit, Annex K) or:  
<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/hipaa-privacy-emergency-situations.pdf>

of protected health information in other circumstances. Private counsel should be consulted where there are specific questions about resident confidentiality.

## 3.3 Staff Tracking and Accountability

### 3.3.1 Tracking Facility Personnel

The facility will use the New York State Evacuation of Facilities in Disasters System (“eFINDS”)<sup>10</sup> and the Resident Evacuation Critical Information and Tracking Form<sup>11</sup> to track staff.

### 3.3.2 Staff Accountability

Staff accountability enhances site safety by allowing the facility to track staff locations and assignments during an emergency. Staff accountability procedures will be implemented as soon as the plan is activated.

The facility will utilize facility-specific system such as sign-in/out sheets to track the arrival and departure times of staff. During every operational period (e.g., shift change), Department Managers or designees will conduct an accountability check to ensure all on-site staff are accounted for.

If an individual becomes injured or incapacitated during response operations, Department Managers or designees will notify the Incident Commander to ensure the staff member’s status change is reflected in facility-specific system such as sign-in/out sheets.

### 3.3.3 Non-Facility Personnel

The Incident Commander—or Logistics Section Chief, if activated—will ensure that appropriate credentialing and verification processes are followed. Throughout the response, the Incident Commander—or Planning Section Chief, if activated—will track non-facility personnel providing surge support along with their respective duties and the number of hours worked.



<sup>10</sup> eFINDS is a secure, confidential system intended to provide authorized users with real-time access to the location of residents evacuated during an emergency event. The system is to be used to log and track residents during an urgent or non-emergent evacuation. See Appendix K of the *NYSDOH Evacuation Plan Template* for further information and procedures on eFINDS.

<sup>11</sup> The Resident Evacuation Critical Information and Tracking Form is a standardized form utilized to provide pertinent individual resident information to receiving facilities and provide redundant tracking during the evacuation process, including repatriation. See Appendix L of the *NYSDOH Evacuation Plan Template* for the complete form.

# 4 Communications

## 4.1 Facility Communications

As part of CEMP development, the facility conducted a communications assessment to identify existing facility communications systems, tools, and resources that can be leveraged during an incident and to determine where additional resources or policies may be needed.



Primary (the best and intended option) and alternate (secondary back-up option) methods of communication are outlined in **Table 9**.

**Table 7: Methods of Communication**

Mechanism	Primary Method of Communication	Alternate Method of Communication
Landline telephone		x
Cell Phone	x	<input type="checkbox"/>
Voice over Internet Protocol (VOIP)	x	<input type="checkbox"/>
Text Messages	<input type="checkbox"/>	x
Email	<input type="checkbox"/>	x
News Media	<input type="checkbox"/>	x
Radio Broadcasts	<input type="checkbox"/>	x
Social Media	<input type="checkbox"/>	x
Runners	<input type="checkbox"/>	x
Weather Radio	<input type="checkbox"/>	x
Emergency Notification Systems <sup>12</sup>	<input type="checkbox"/>	x
Facility Website		x
Direct Messaging Line (718 205 3281)	<input type="checkbox"/>	x

### 4.1.1 Communications Review and Approval

All external communication from Queens Boulevard Extended Care Facility will be approved by the facility's administrator and chief operating officer or designee.

<sup>12</sup> An emergency notification system is a one-way broadcast, sometimes coordinated by a third-party vendor, and is not required by NYSDOH.

Upon plan activation, the Incident Commander may designate a staff member as the Public Information Officer to serve as the single point of contact for the development, refinement, and dissemination of internal and external communications.

Key Public Information Officer functions include:

- Develops and establishes mechanisms to rapidly receive and transmit information to local emergency management;
- Develops situational reports/updates for internal audiences (staff and residents) and external audiences;
- Develops coordinated, timely, consistent, and reliable messaging and/or tailor pre-scripted messaging;
- Conducts direct resident and relative/responsible party outreach, as appropriate; and
- Addresses rumors and misinformation.

## **4.2 Internal Communications**

### **4.2.1 Staff Communication**

The facility maintains a directory of employees that lists all staff members, including emergency contact information, that is located in the Emergency Preparedness Manual in all departments and on the network drive in the facility. To prepare for impacts to communication systems, the facility also maintains redundant forms of communication with on-site and off-site staff. The facility will ensure that all staff are familiar with internal communication equipment, policies, and procedures.

### **4.2.2 Staff Reception Area**

Depending on the nature of the incident, the facility may choose to establish a staff reception area (e.g., in a break room or near the time clock) to coordinate and check-in staff members as they arrive to the facility to support incident operations.

The staff reception area also provides a central location where staff can receive job assignments, checklists, situational updates, and briefings each time they report for their shift. Implementing a sign-in/sign-out system at the staff reception area will ensure full staff accountability. The staff reception area also provides the Incident Commander with a central location for staffing updates and inquiries.

### **4.2.3 Resident Communication**

Upon admission, annually, and prior to any recognized threat, the facility will educate residents and responsible parties on the CEMP efforts. At Queens Boulevard Extended Care Facility,



resident communication on emergency preparedness is done in various ways including the admission packet information, Resident Council meetings, resident group meetings, Family Council meetings, etc.).

During and after an incident, the Incident Commander—or Public Information Officer, if activated—will establish a regular location and frequency for delivering information to staff, residents, and on-site responsible parties (e.g., set times throughout the day), recognizing that message accuracy is a key component influencing resident trust in the facility and in perceptions of the response and recovery efforts.

Communication will be adapted, as needed, to meet population-specific needs, including memory-care residents, individuals with vision and/or hearing impairments, and individuals with other access and functional needs.

## 4.3 External Communications

Under no circumstances will protected health information be released over publicly-accessible communications or media outlets. All communications with external entities shall be in plain language, without the use of codes or ambiguous language.



### 4.3.1 Corporate/Parent Organization

The facility will coordinate all messaging with Queens Boulevard Extended Care Facility to ensure external communications are in alignment with corporate policies, procedures, and brand standards. Prior to an incident, the facility will coordinate with Queens Boulevard Extended Care Facility to ensure an on-site facility staff member(s) has authorization and approval to disseminate messages.

### 4.3.2 Authorized Family and Guardians

The facility maintains a family contact list of all identified authorized family member's and guardian's (responsible parties') contact information, including phone numbers and email addresses in the social work office as well as on the facility's computer network. Such individuals will receive information about the facility's preparedness efforts upon admission.

During an incident, the facility will notify responsible parties about the incident, status of the resident, and status of the facility by telephone, letter and email regarding a specific hazard. Additional updates may be provided on a regular basis to keep residents relatives/responsible parties apprised of the incident and the response.

The initial notification message to residents' primary point of contact (e.g., relative) will include the following information:

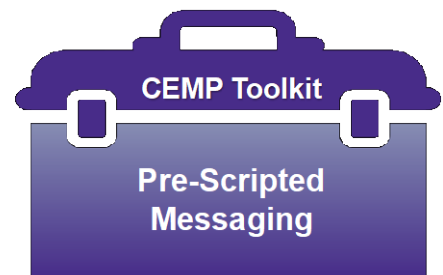
- Nature of the incident;
- Status of resident;
- Restrictions on visitation; and
- Estimated duration of protective actions
- Means of contacting the facility and any designated point of contact for the family

When incident conditions do not allow the facility to contact residents' relatives/responsible parties in a timely manner, or if primary methods of communication are unavailable, the facility will utilize local or state health officials, the facility website, and/or a recorded outgoing message on voicemail, among other methods, to provide information to families on the status and location of residents.

### 4.3.3 Media and General Public

During an emergency, the facility will utilize traditional media (e.g., television, newspaper, radio) and social media (e.g., Facebook, Twitter) to keep relatives and responsible parties aware of the situation and the facility's response posture.

The Incident Commander—or Public Information Officer, if activated—may assign a staff member to monitor the facility's social media pages and email account to respond to inquiries and address any misinformation.



# 5 Administration, Finance, Logistics

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## 5.1 Administration

### 5.1.1 Preparedness

As part of the facility's preparedness efforts, the facility conducts the following tasks:

- Identify and develop roles, responsibilities, and delegations of authority for key decisions and actions including the approval of the CEMP;
- Ensure key processes are documented in the CEMP;
- Coordinate annual CEMP review, including the Annexes for all hazards;
- Ensure CEMP is in compliance with local, state, and federal regulations; and
- Educate all staff regarding emergency preparedness

## 5.2 Finance

### 5.2.1 Preparedness

Facility has procured emergency preparedness supplies for stockpiling and has reserved funds to cover the costs of emergent disasters. For COVID-19 the facility has procured supplies to cover 60 days of PPE needs.

#### *Incident Response*

Financial functions during an incident include tracking of personnel time and related costs, initiating contracts, arranging for personnel-related payments and Workers' Compensation, tracking of response and recovery costs, and payment of invoices.

The director of finance or designee will account for all direct and indirect incident-related costs from the outset of the response, including:

- Personnel (especially overtime and supplementary staffing)
- Event-related resident care and clinical support activities
- Incident-related resources
- Equipment repair and replacement
- Costs for event-related facility operations
- Vendor services
- Personnel illness, injury, or property damage claims
- Loss of revenue-generating activities
- Cleanup, repair, replacement, and/or rebuild expenses
- Costs of new regulatory requirements

## 5.3 Logistics

### 5.3.1 Preparedness

Logistics functions prior to an incident include identifying and monitoring emergency resource levels, and executing mutual aid agreements, resource service contracts, and memorandums of understanding. These functions will be carried out pre-incident by the Administrator or their designee.

### 5.3.2 Incident Response

To assess the facility's logistical needs during an incident, the Logistics Section Chief or designee will complete the following:

- Regularly monitor supply levels and anticipate resource needs during an incident;
- Identify multiple providers of services and resources to have alternate options in case of resource or service shortages; and
- Coordinate with the Finance Section Chief to ensure all resource and service costs are being tracked.
- Restock supplies to pre-incident preparedness levels,
- Coordinate distribution of supplies to service areas,
- Assure that communication systems remain effective,
- Assure availability of transportation for all critical staff.

## 6 Plan Development and Maintenance

To ensure plans, policies, and procedures reflect facility-specific needs and capabilities, the facility will conduct the following activities:

**Table 8: Plans, Policies, and Procedures**

Activity	Led By	Frequency
Review and update the facility's risk assessment.	Administrator & COO	Annually
Review and update contact information for response partners, vendors, and receiving facilities.	Director of Finance	Annually or as response partners, vendors, and host facilities provide updated information.
Review and update contact information for staff members and residents' emergency contacts.	Director of Human Resources	Annually or as staff members provide updated information.
Review and update contact information for residents' point(s) of contact (i.e., relatives/responsible parties).	Director of Social Services	At admission/readmission, at each Care Plan Meeting, and as residents, relatives, and responsible parties provide updated information.
Post clear and visible facility maps outlining emergency resources at all nurses' stations, staff areas, hallways, and at the front desk.	Executive Assistant	Annually
Maintain electronic versions of the CEMP in folders/drives that are accessible by others.	Executive Assistant	Annually
Revise CEMP to address any identified gaps.	Administrator & COO	Upon completion of an exercise or real-world incident.
Inventory emergency supplies (e.g., potable water, food, resident care supplies, communication devices, batteries, flashlights,	Director of Facility's Management	Quarterly

# 7 Authorities and References

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This plan may be informed by the following authorities and references:

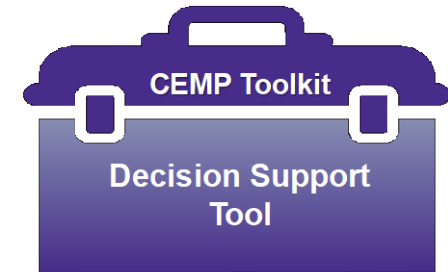
- Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended, 42 U.S.C. 5121-5207)
- Title 44 of the Code of Federal Regulations, Emergency Management and Assistance
- Homeland Security Act (Public Law 107-296, as amended, 6 U.S.C. §§ 101 et seq.)
- Homeland Security Presidential Directive 5, 2003
- Post-Katrina Emergency Management Reform Act of 2006, 2006
- National Response Framework, January 2016
- National Disaster Recovery Framework, Second Edition, 2016
- National Incident Management System, 2017
- Presidential Policy Directive 8: National Preparedness, 2011
- CFR Title 42, Chapter IV, Subchapter G, Part 483, Subpart B, Section 483.73, 2016
- Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006
- March 2018 DRAFT Nursing Home Emergency Operations Plan – Evacuation
- NYSDOH Healthcare Facility Evacuation Center Manual
- Nursing Home Incident Command System (NHICS) Guidebook, 2017
- Health Insurance Portability and Accountability Act (HIPAA) of 1996, Privacy Rule
- NYSDOH Healthcare Facility Evacuation Center Metropolitan Area Regional Office Region Facility Guidance Document for the 2017 Coastal Storm Season
- NFPA 99 – Health Care Facilities Code, 2012 edition and Tentative Interim Amendments 12-2, 12-3, 12-5, and 12-6
- NFPA 101 – Life Safety Code, 2012 edition and Tentative Interim Amendments 12-1, 12-2, 12-3, and 12-4
- NFPA 110 – Standard for Emergency and Standby Power Systems, 2010 edition and Tentative Interim Amendments to Chapter 7
- 10 NYCRR Parts 400 and 415
- NYS Exec. Law, Article 2-B
- Public Health Service Act (codified at 42 USC §§ 243, 247d, 247d-6b, 300hh-10(c)(3)(b), 311, 319)
- Cybersecurity Information Sharing Act of 2015 (Pub. L. No. 114-113, codified at 6 U.S.C. §§ 1501 et seq.)
- Chapter 114 of the Laws of New York 2020.

The background of the page is a grayscale photograph of a laboratory. Several people in white lab coats are visible, some standing and some working at equipment. A large, solid purple rectangle is overlaid on the left side of the image, partially obscuring the lab scene. The word "Annexes" is written in white, bold, sans-serif font on the purple background.

# Annexes

# Annex A: Protective Actions

The Incident Commander may decide to implement protective actions for an entire facility or specific populations within a facility. A brief overview of protective action options is outlined in **Table 11**. For more information, refer to the *NYSDOH Evacuation Plan Template*, *NYSDOH Healthcare Facility Evacuation Center Metropolitan Area Regional Office Region Facility Guidance Document for the 2018 Coastal Storm Season*, and the *NYSDOH Healthcare Facility Evacuation Center Manual*.



**Table 9: Protective Actions**

Protective Action		Potential Triggers	Authorization
Defend-in-Place	<b>Defend-in-Place</b> is the ability of a facility to safely retain all residents during an incident-related hazard (e.g., flood, severe weather, wildfire).	<ul style="list-style-type: none"> <li>Unforeseen disaster impacts cause facility to shelter residents in order to achieve protection.</li> </ul>	<ul style="list-style-type: none"> <li>May be initiated by the Incident Commander <b>ONLY</b> in the absence of a mandatory evacuation order.</li> <li>Does not required NYSDOH approval.</li> </ul>
Shelter-in-Place	<b>Shelter-in-Place</b> is keeping a small number of residents in their present location when the risks of relocation or evacuation exceed the risks of remaining in current location.	<ul style="list-style-type: none"> <li>Disaster forecast predicts low impact on facility.</li> <li>Facility is structurally sound to withstand current conditions.</li> <li>Interruptions to clinical services would cause significant risk to resident health and safety.</li> </ul>	<ul style="list-style-type: none"> <li>Can only be done for coastal storms.</li> <li>Requires <u>pre-approval</u> from NYSDOH prior to each hurricane season and <u>re-authorization</u> at time of the incident.</li> </ul>



Protective Action		Potential Triggers	Authorization
Internal Relocation	<b>Internal Relocation</b> is the movement of residents away from threat within a facility.	<ul style="list-style-type: none"> <li>Need to consolidate staffing resources.</li> <li>Consolidation of mass care operations (e.g., clinical services, dining).</li> <li>Minor flooding.</li> <li>Structural damage.</li> <li>Internal emergency (e.g., fire).</li> <li>Temperature presents life safety issue.</li> </ul>	<ul style="list-style-type: none"> <li>Determined by facility based on safety factors.</li> <li>If this protective action is selected, the NYSDOH Regional Office must be notified.</li> </ul>
Evacuation	<b>Evacuation</b> is the movement of residents to an external location (e.g., a receiving facility) due to actual or anticipated unsafe conditions.	<ul style="list-style-type: none"> <li>Mandatory or advised order from authorities.</li> <li>Predicted hazard impact threatens facility capacity to provide safe and secure shelter conditions.</li> <li>Structural damage.</li> <li>Emergency and standby power systems failure resulting in facility inability to maintain suitable temperature.</li> </ul>	<ul style="list-style-type: none"> <li>Refer to the <i>NYSDOH Evacuation Plan Template</i>.</li> </ul>
Lockdown	<b>Lockdown</b> is a temporary sheltering technique used to limit exposure of building occupants to an imminent hazard or threat. When “locking down,” building occupants will shelter inside a room and prevent access from the outside.	<ul style="list-style-type: none"> <li>Presence of an active threat (e.g., active shooter, bomb threat, suspicious package).</li> <li>Direction from law enforcement.</li> </ul>	<ul style="list-style-type: none"> <li>Determined by facility based on the notification of an active threat on or near the facility premises.</li> </ul>

Revised: September 15, 2020

This Pandemic Emergency Plan is an evergreen document that is subject to revisions anytime premised on real world conditions in real time.

# Annex B: Resource Management

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## 1. Preparedness

Additionally, the facility maintains an inventory of emergency resources and corresponding suppliers/vendors, for supplies that would be needed under all hazards, including:

- Generators
- Fuel for generators and vehicles
- Food and water for a minimum of 72 hours for staff and residents
- Disposable dining supplies and food preparation equipment and supplies
- Medical and over-the-counter pharmaceutical supplies
- Personal protective equipment (PPE), as determined by the specific needs for each hazard
- Emergency lighting, cooling, heating, and communications equipment
- Resident movement equipment (e.g., stair chairs, bed sleds, lifts)
- Durable medical equipment (e.g., walkers, wheelchairs, oxygen, beds)
- Linens, gowns, privacy plans
- Housekeeping supplies, disinfectants, detergents
- Resident specific supplies (e.g., identification, medical risk information, medical records, physician orders, Medication Administration Records, Treatment Administration Records, Contact Information Sheet, last 72 hours of labs, x-rays, nurses' notes, psychiatric notes, doctor's progress notes, Activities of Daily Living (ADL) notes, most recent History and Physical (H&P), clothing, footwear, and hygiene supplies)
- Administrative supplies

The facility's resource inventory will be updated annually to ensure that adequate resource levels are maintained, and supplier/vendor contact information is current.

## 2. Resource Distribution and Replenishment

During an incident, the Incident Commander—or Logistics Section Chief, if activated—will release emergency resources to support operations. The Incident Commander—or Operations Section Chief, if activated—will ensure the provision of subsistence needs.

The Incident Commander—or Planning Section Chief, if activated—will track the status of resources used during the incident. When defined resource replenishment thresholds are met, the Planning Section Chief will coordinate with appropriate staff to replenish resources, including:

- Procurement from alternate or nontraditional vendors
- Procurement from communities outside the affected region
- Resource substitution

- Resource sharing arrangements with mutual aid partners
- Request for external stockpile support from healthcare associations, local emergency management.

### 3. Resource Sharing

In the event of a large-scale or regional emergency, the facility may need to share resources with mutual aid partners or healthcare facilities in the community, contiguous geographic area, or across a larger region of the state and contiguous states as indicated.

### 4. Emergency Staffing

#### 4.1. Off-Duty Personnel

If off-duty personnel are needed to support incident operations, the facility will conduct the following activities in accordance with facility-specific employee agreements:

**Table 10: Off-Duty Personnel Mobilization Checklist**

Off-Duty Personnel Mobilization Checklist	
<input type="checkbox"/>	The senior most on-site facility official will confirm that mobilization of off-duty personnel is permissible (e.g., overtime pay).
<input type="checkbox"/>	Once approved, Department Managers will be notified of the need to mobilize off-duty personnel.
<input type="checkbox"/>	Off-duty personnel will be notified of the request and provided with instructions including: <ul style="list-style-type: none"> <li>■ Time and location to report</li> <li>■ Assigned duties</li> <li>■ Safety information</li> <li>■ Resources to support self-sufficiency (e.g., water, flashlight)</li> </ul>
<input type="checkbox"/>	Once mobilized, off-duty staff will report for duty as directed.
<input type="checkbox"/>	If staff are not needed immediately, staff will be requested to remain available by phone.
<input type="checkbox"/>	To mobilize additional off-duty staff, the facility may need to provide additional staff support services (e.g., childcare, respite care, pet care). These services help to incentivize staff to remain on site during the incident, but also need to be carefully managed (e.g., reduce liability, manage expectations).



## 4.2. Other Job Functions

In accordance with employment contracts, collective bargaining agreements, etc., an employee may be called upon to aid with work outside of job-prescribed duties, work in departments or carry out functions other than those normally assigned, and/or work hours in excess of (or different from) their normal schedule. Unless temporarily permitted by an Executive Order issued by the Governor under section 29-a of Executive Law, employees may not be asked to function out-of-scope of certified or licensed job responsibilities.

The Incident Management Team will request periodic updates on staffing levels (available and assigned). In addition to deploying clinical staff as needed for resident care activities, non-medical assignments from the labor pool may include:

- Security augmentation
- Runners / messengers
- Switchboard support
- Clerical or ancillary support
- Transportation
- Resident information, monitoring, and one-on-ones, as needed
- Preparing and/or serving meals, snacks, and hydration for residents, staff, visitors, and volunteers
- Cleaning and disinfecting areas, as needed
- Laundry services
- Recreational or entertainment activities
- Providing information, escorts, assistance, or other services to relatives and visitors
- Other tasks or assignments as needed within their skill set, training, and licensure/certification.

In accordance with employment contracts, collective bargaining agreements, etc., and at the determination of the Incident Commander, all or some staff members may be changed to 12-hour emergency shifts to maximize staffing. These shifts may be scheduled as around regular work hours, in six or 12-hour shifts, or as needed to meet facility emergency objectives.

### 4.3. Surge Staffing

If surge staffing is required—for example, staff has become overwhelmed—it may be necessary to implement surge staffing (e.g., staffing agencies).

The facility may coordinate with pre-established credentialed volunteers included in the facility roster or credentialed volunteers associated with programs such as Community Emergency Response Team (CERT), Medical Reserve Corps (MRC), and ServNY.

The facility will utilize emergency staffing as needed and as identified and allowed under executive orders issued during a given hazard/emergency.

# Annex C: Emergency Power Systems

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## 1. Capabilities

In the event of an electrical power disruption causing partial or complete loss of the facility's primary power source, the facility is responsible for providing alternate sources of energy for staff and residents (e.g., generator).

In accordance with the facility's plans, policies, and procedures,<sup>13</sup> the facility will ensure provision of the following subsistence needs through the activation, operation, and maintenance of permanently attached onsite generators:

- Maintain temperatures to protect resident health and safety and for the safe and sanitary storage of provisions;
- Emergency lighting;
- Fire detection and extinguishing, and alarm systems; and
- Sewage and waste disposal.

## 2. Resilience and Vulnerabilities

Onsite generators and associated equipment and supplies are located, installed, inspected, tested, and maintained in accordance with the National Fire Protection Association's (NFPA) codes and standards.

In extreme circumstances, incident-related damages may limit generator and fuel source accessibility, operability, or render them completely inoperable. In these instances, an urgent or planned evacuation will be considered if a replacement generator cannot be obtained in a timely manner.

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<sup>13</sup> CMS requires healthcare facilities to accommodate any additional electrical loads the facility determines to be necessary to meet all subsistence needs required by emergency preparedness plans, policies, and procedures. It is up to each facility to make emergency power system decisions based on its risk assessment and emergency plan.

# Annex D: Training and Exercises

## 1. Training

To empower facility personnel and external stakeholders (e.g., emergency personnel) to implement plans, policies, and procedures during an incident, the facility will conduct the following training activities:

**Table 11: Training**

Activity	Led By	Frequency
<b>Conduct comprehensive orientation to familiarize new staff members with the CEMP, including PEP specific plans, the facility layout, and emergency resources.</b>	Assistant Director of Nursing	Orientation held within one to three days of employment.
<b>Incorporate into annual educational update training schedule to ensure that all staff are trained on the use of the CEMP, including PEP specific plans, and core preparedness concepts.</b>	Assistant Director of Nursing	Upon hire and annually.
<b>Maintain records of staff completion of training.</b>	Assistant Director of Nursing	Upon Hire and annually.
<b>Ensure that residents are aware appropriately of the CEMP, including PEP specific plans, including what to expect of the facility before, during, and after an incident.</b>	Director of Social Services	Upon the resident's admission and annually.
<b>Identify specific training requirements for individuals serving in Incident Management Team positions.</b>	Administrator	As needed and at least annually.

## 2. Exercises

To validate plans, policies, procedures, and trainings, the facility will conduct the following exercise activities:

**Table 12: Exercises**

Activity	Led By	Frequency
Conduct one operations-based exercise (e.g., full-scale or functional exercise). <sup>14</sup>	Administrator	Annually.
Conduct one discussion-based exercise (e.g., tabletop exercise).	Administrator & COO	Annually.

## 3. Documentation

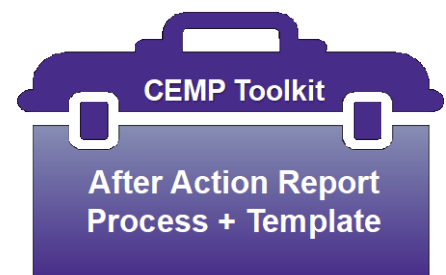
### 3.1. Participation Records

In alignment with industry best practices for emergency preparedness, the facility will maintain documentation and evidence of course completion through sign-in sheets, feedback forms, or printed or digital certificates of completion.

### 3.2. After Action Reports

The facility will develop After Action Reports to document lessons learned from tabletop and full-scale exercises and real-world emergencies and to demonstrate that the facility has incorporated any necessary improvements or corrective actions.

After Action Reports will document what was supposed to happen; what occurred; what went well; what the facility can do differently or improve upon; and corrective action/improvement plan and associated timelines.



<sup>14</sup> If a facility activates its CEMP due to a disaster, the facility is exempt from the operational exercise for the year ending November 15. A facility is only exempt if the event is fully documented, a post-incident after action review is conducted and documented, and the response strengths, areas for improvement, and corrective actions are documented and maintained for three (3) years. However, the secondary requirement for a tabletop exercise still applies.



# Annex E: Infectious Disease/Pandemic Emergency

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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 Checklist 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 facility should indicate for each checklist item, how they plan to address that task.

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

This checklist also includes all elements required for inclusion in the facility's Pandemic Emergency Plan (PEP), 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.

To assure an effective, comprehensive and compliant plan, the facility should refer to information in Annex K of the CEMP Toolkit, to fully understand elements in the checklist including the detailed requirements for the PEP.

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

development of a Communication Plan,

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 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 Annex K of the CEMP Toolkit rather than attached here, so that this Annex remains a succinct plan of action.

Infectious Disease/Pandemic Emergency Checklist	
Preparedness Tasks for <u>all Infectious Disease Events</u>	
x Required	Provide staff education on infectious diseases (e.g., reporting requirements (see Annex K of the CEMP toolkit), exposure risks, symptoms, prevention, and infection control, correct use of personal protective equipment, regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); 42 CFR 483.15(e) and 42 CFR § 483.80), and Federal and State guidance/requirements; <b>Queens Boulevard Extended Care Facility educates all staff regarding any emergent infectious diseases covering all topics as aforementioned. See Exhibit 2 and Exhibit 3.</b>
x Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies. <b>Queens Boulevard Extended Care Facility has completed the process of developing, reviewing, revising and continues to enforce existing infection prevention, control and reporting to assure full alignment with federal, NYS and NYC regulations. See Exhibit 2 and 4.</b>
x Recommended	Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those rates. This will allow for immediate identification when rates increase above these usual baseline levels. <b>Queens Boulevard Extended Care Facility has an established infectious disease process to detect trends and patterns within the facility and externally through ongoing disease surveillance. For COVID-19, the facility conducts testing for staff and residents premised on clinical needs. The facility also tests all asymptomatic residents and staff using a PCR test on a weekly basis and has access to rapid antigen testing that is deployed as clinically indicated. The facility has agreements with Northwell Core and Livingston Med laboratory services who conducts testing for residents and staff respectively. See Exhibit 2 and 4.</b>
x Recommended	Develop/Review/Revise plan for staff testing/laboratory services. <b>Queens Boulevard Extended Care Facility conducts testing on a weekly basis and has a service agreement with Livingston Med lab to conduct resident testing. See Exhibit 5.</b>
x Required	Review and assure that there is, adequate facility staff access to communicable disease reporting tools and other outbreak specific reporting requirements on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA), HERDS surveys. <b>Queens Boulevard Extended Care Facility has granted access to the Health Commerce System for all pertinent staff involved in communicable disease reporting and outbreak reporting like NORA, HERDS and CDC surveys through the NHSN network. See Exhibit 2 and Exhibit 4.</b>
x Required	Develop/Review/Revise internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary. (Include facility's medical director, Director of Nursing, Infection Control Practitioner, safety officer, human resource director, local and state public health authorities, and others as

	appropriate in the process). <b>Queens Boulevard Extended Care Facility has developed/reviewed/revised internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary and for COVID-19, the facility has stocked up and will maintain on an ongoing basis a surge proof supply of 60 days in all categories of needs as aforementioned. Furthermore, the facility's medical director, Director of Nursing, Infection Control Coordinator, safety officer, human resource director, CDC, NYCDOHMH, NYSDOH and NYCOEM are privy to the stock supplies of the facility. See Exhibit 2, Exhibit 4 and Exhibit 6.</b>
x Recommended	Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave). <b>See Queens Boulevard Extended Care Facility policies. Exhibit 2, Exhibit 4 , Exhibit 5 and Exhibit 7.</b>
x Required	Develop/Review/Revise environmental controls (e.g., areas for contaminated waste) <b>Queens Boulevard Extended Care Facility has developed environmental controls for all areas of contaminated waste including appropriate handling and disposal of biohazardous waste and proper disinfection and terminal cleaning protocols to prevent the infections. See Exhibit 2 and Exhibit 4.</b>
x Required	Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. <b>Queens Boulevard Extended Care Facility has developed/reviewed/revised vendor supply plans for re-supply of food, water, medications, other supplies, and sanitizing agents to assure adequate resource supply to meet the needs of residents and staff including during surge conditions. The facility keeps onsite a 5-day supply of food and water, a week supply of medications for each resident and a 60-day supply of sanitizing agents. In addition, the facility has agreements with the following: Bitchum for Food Supply, a water supply vendor, ChemRX Pharmacy for Medication Supply, Vue services and Sterling Sanitary for sanitizing agents.</b>
x Required	Develop/Review/Revise facility plan to ensure that residents are isolated/cohorted and or transferred based on their infection status in accordance with applicable NYSDOH and Centers for Disease Control and Prevention (CDC) guidance. <b>Queens Boulevard Extended Care Facility has developed isolation and cohorting policies in accordance with CDC, NYCDOHMH, CMS and NYSDOH. Exhibit 2, Exhibit 4 and Exhibit 8.</b>
x Recommended	Develop plans for cohorting, including using of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, and discontinuing any sharing of a bathroom with residents outside the cohort. <b>Queens Boulevard Extended Care Facility has developed isolation and cohorting policies in accordance with CDC, NYCDOHMH, CMS and NYSDOH.</b>
X Recommended	Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated. <b>Queens Boulevard Extended Care Facility has developed social distancing measures including floor markings for cues to residents and staff, elimination of communal dining and congregate activities in accordance with NYSDOH, CDC, CMS and NYCDOHMH recommendations.</b>

X Recommended	Develop/Review/Revise a plan to recover/return to normal operations when, and as specified by, State and CDC guidance at the time of each specific infectious disease or pandemic event e.g., regarding how, when, which activities /procedures /restrictions may be eliminated, restored and the timing of when those changes may be executed. <b>Queens Boulevard Extended Care Facility has complied with and will continue to abide by all NYSDOH, CDC, NYCDOHMH regulations, guidance and the Governor's orders regarding implementation of restrictions, the resumption of visitation and other return to normal operations as such changes are executed.</b>
<input type="checkbox"/>	
<input type="checkbox"/>	

#### Additional Preparedness Planning Tasks for Pandemic Events

x Required	<b><i>In accordance with PEP requirements,</i></b> Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP. <b>Queens Boulevard Extended Care Facility has complied and will continue to adhere to the quintessential communication plan covering all elements including notification of residents and their families and the frequency of notification, staff and their families and designated representatives, notification of the NYSDOH, CDC, NYCDOHMH. All department directors and resident council were involved. Exhibit 2, Exhibit 4 and Exhibit 9</b>
x Required	<b><i>In accordance with PEP requirements,</i></b> Development/Review/Revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP. <b>Queens Boulevard Extended Care Facility has developed/reviewed/revised plans for protection of staff, residents and families against infection that includes all required elements of the PEP in accordance with regulatory mandates including protocol for resident readmission post hospitalization, screening of employees and essential and other visitors upon facility entry, signage posting throughout the facility on handwashing and cough etiquette etc., PPE use, Respiratory Protection program, excluding symptomatic employees from working, remote working, conference call versus in person meeting, infection control training of staff, visitation restriction, suspension of visitation, group activities and communal dining. Assure ample supply of PPE for at least 60-days. See Exhibit 5, Exhibit 10 and exhibit 11</b>
<input type="checkbox"/>	
<input type="checkbox"/>	

#### Response Tasks for all Infectious Disease Events:

x Recommended	The facility will implement the following procedures to obtain and maintain current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease: <b>Queens Boulevard Extended Care Facility has and will remain attentive to all current guidance, signage, advisories from the NYSDOH and the U.S. Centers for Disease</b>
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	<b>Control and Prevention (CDC) on disease-specific response actions, e.g., including management of residents and staff suspected or confirmed to have disease. In the case of COVID-19 the facility has complied with all guidance and advisories upon the promulgation of the same and posted signage at strategic locations throughout the building. See Exhibit 2 and Exhibit 4.</b>
x Required	The facility will assure it meets 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. (see Annex K of the CEMP toolkit for reporting requirements). <b>Queens Boulevard Extended Care Facility has and will continue to comply with 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. Such cases are reported in a manner consistent with all regulatory mandates. See Exhibit 2 and Exhibit 4.</b>
x Required	The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting. <b>Queens Boulevard Extended Care Facility has been and remains compliant with the daily, weekly and impromptu reporting obligations as required the Health Commerce System. See Exhibit 2 and Exhibit 4.</b>
x Recommended	The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks, if practical. <b>In the Case of COVID-19, Queens Boulevard Extended Care Facility has posted signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas and provided hand sanitizer and face/nose masks. See Exhibit 2 and Exhibit 4.</b>
x Recommended	The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies. <b>Queens Boulevard Extended Care Facility has strict isolation protocols to keep infected and non-infected persons segregated through use of discrete isolation floors or units as well as isolation rooms removed from non-infected residents. See Exhibit 2, Exhibit 4 and Exhibit 8.</b>
x Recommended	The facility will implement the following procedures to ensure that as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies: <b>Queens Boulevard Extended Care Facility designates staff only to provide care to infected patients in isolation and such staff are not required to work with non-infected residents. See Exhibit 2, Exhibit 4 and Exhibit 8.</b>
x Recommended	The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms. <b>Queens Boulevard Extended Care Facility conducts cleaning/decontamination in accordance with applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms. Isolation rooms are terminally cleaned after each resident use. See Exhibit 2 and Exhibit 4.</b>
x	The facility will implement the following procedures to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level

Required	appropriate to their interests and need for information. <b>Queens Boulevard Extended Care Facility has provided education to residents, relatives and friends on the COVID-19 disease through comprehensive care planning, conferences with staff, weekly letters and emails to residents and families as well as recordings on a direct messaging line. See Exhibit 2 and Exhibit 4.</b>
x Recommended	The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents. <b>Queens Boulevard Extended Care Facility provide information regarding facility-maintained list of external stakeholders to be contacted and mechanisms for sharing this information. The facility has educated all vendors regarding work avoidance while symptomatic and the required weekly staff testing and compliance with the staff screening process upon entering the facility. See Exhibit 2, Exhibit 4, Exhibit 9 and Exhibit 10.</b>
x Required	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 to reduce exposure risk to residents and staff. <b>Queens Boulevard Extended Care Facility implemented temporary prohibition of visitation except for those medically necessary visits for residents on hospice to reduce exposure risk to residents and staff. See Exhibit 7</b>
<input type="checkbox"/>	
<input type="checkbox"/>	
<b>Additional Response Tasks for <u>Pandemic Events</u>:</b>	
x Recommended	Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures). <b>Queens Boulevard Extended Care Facility has trained all staff on when, why and how to use PPE including disposal of same after use. All staff were fit tested on N-95 respirators and medically evaluated to verify their safe use of the respirators. See attached respiratory protection program. See Exhibit 2 and Exhibit 11</b>
x Required	<b><i>In accordance with PEP requirements</i></b> , the facility will follow the following procedures to post a copy of the facility's PEP, in a form acceptable to the commissioner, on the facility's public website, and make available immediately upon request: In accordance with the requirements from the NYSDOH, <b>Queens Boulevard Extended Care Facility has posted this PEP on September 15, 2020 at <a href="http://www.QBECF.com">www.QBECF.com</a> and the same is available upon request.</b>
x Required	<b>In accordance with PEP requirements</b> , the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition: <b>Queens Boulevard Extended Care Facility is in conformance with the PEP requirements for communication updates with resident's family members. Residents infected by a pandemic related infection and their family members are notified at least once per day and immediately upon a change in the resident's condition via a telephone call from facility's clinical staff. See Exhibit 9 and Exhibit</b>



	<b>10.</b>
x Required	<i>In accordance with PEP requirements</i> , the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated 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: <b>Queens Boulevard Extended Care Facility has implemented and will continue to utilize a combination of a direct messaging line 718 205 3281 and a weekly letter to residents and their family members that is hand delivered and emailed to residents that provides information 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.</b> Also see Exhibit 9 and Exhibit 10.
x Required	<i>In accordance with PEP requirements</i> , the facility will implement the following mechanisms to provide all residents with no cost daily access to remote videoconference or equivalent communication methods with family members and guardians: <b>Queens Boulevard Extended Care Facility has acquired 50 iPads and 15 android devices to provide all residents with no cost daily access to remote videoconference or virtual visits through zoom, skype, go-to-meeting and other communication methods with family members and guardians. Also See Exhibit 9 and Exhibit 10.</b>
x Required	<i>In accordance with PEP requirements</i> , the facility 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): <b>Queens Boulevard Extended Care Facility has implemented the following process/procedures to assure hospitalized residents will be admitted or readmitted to the facility 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). New admissions and readmitted residents must have a confirmed pandemic pathogen free test and should be initially confined to a designated isolation unit separate from the facility's pandemic free residents for at least 14 days while on contact and droplet precautions. These new and readmissions are tested upon admission for the pandemic causing pathogen. Staff working exclusively on the unit where these patients/ residents are placed must wear full PPE. See Exhibit 12.</b>
x Required	<i>In accordance with PEP requirements</i> , the facility 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): <b>Queens Boulevard Extended Care Facility will honor the Bed Reservation (Bed Hold) Policy. Please see Exhibit 12.</b>
x Required	<i>In accordance with PEP requirements</i> , the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) <u>or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic.</u> As a minimum, all types of PPE found to be necessary in the

	<p>COVID pandemic should be included in the 60-day stockpile. This includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>– N95 respirators</li> <li>– Face shield</li> <li>– Eye protection</li> <li>– Gowns/isolation gowns</li> <li>– Gloves</li> <li>– Masks</li> <li>– Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)</li> </ul> <p><b>Queens Boulevard Extended Care Facility has stocked up a PPE reserve onsite sufficient to supply the facility for 60-days and has agreements with vendors namely Medline to supply the facility with needed PPE in the event of an emergency. The stockpile of PPE is stored appropriately in central supply and storage rooms on the 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> floor. Also see Exhibit 6.</b></p>
<input type="checkbox"/>	
<input type="checkbox"/>	
<b>Recovery for <u>all Infectious Disease Events</u></b>	
<p>x Required</p>	<p>The facility will maintain 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, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed. <b>Queens Boulevard Extended Care Facility will abide by all NYSDOH, CDC, NYCDOHMH regulations, guidance and the Governor's orders regarding implementation of restrictions, the resumption of visitation and other return to normal operations as such changes are executed. See Exhibit 2 and Exhibit 4</b></p>
<p>x Required</p>	<p>The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders. <b>Queens Boulevard Extended Care Facility will keep its staff, residents and other stakeholders abreast of recovery or return to normal operations plans through interval and as needed written letters and direct messaging line with daily updates. See Exhibit 2, Exhibit 4 and Exhibit 7.</b></p>
<input type="checkbox"/>	
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## **Exhibit 1**

### Queens Boulevard Extended Care Facility

### **Emergency Preparedness Plan**

#### Hazard Vulnerability Analysis

#### **Policy:**

- I. A Hazard Vulnerability Analysis is performed in order to identify areas of vulnerability so that steps may be taken to lessen the severity and/or impact of an emergency.
- II. The Hazard Vulnerability Analysis has identified the following as potential emergencies for this facility:
  - A. Extreme Heat/Cold
  - B. Snowstorm
  - C. Rainstorm
  - D. Flood
  - E. Airborne Disaster/Hazard
  - F. Fire
  - G. Strike
  - H. Infectious Disease like Influenza or SARS, SARS-CoV-2
- III. The facility building and grounds have been evaluated for vulnerability to the above listed emergencies. Weaknesses have been listed and provisions undertaken to reduce the severity or impact of a potential emergency.
- IV. Priorities are established from the Hazard Vulnerability Analysis for which mitigation, preparation, response and recovery activities will need to be undertaken. Priorities will be set with the communitywide emergency planners (if available).

#### **Hazard Vulnerability Analysis Chart**

Vulnerability Rating: H = High possibility of occurrence  
M = Medium possibility of occurrence  
L = Low possibility of occurrence

<b>Emergency/Disaster</b>	<b>Vulnerability</b>	<b>Rationale</b>	<b>Plan</b>
Weather Related: 1. Rainstorm 2. Flood 3. Snowstorm 4. Hurricane 5. Tornado 6. Extreme Heat/Cold	M M H L L H	Facility is located in the Northeastern US and subject to heavy rain, snowstorms, and extreme hot and cold weather.	Facility has plans in place for emergencies involving rain, snow, heat, cold, flood, hurricane and tornado.

**Revised: September 15, 2020**

This Pandemic Emergency Plan is an evergreen document that is subject to revisions anytime premised on real world conditions in real time.

Radiological Accidents: 1. Nuclear 2. Chemical Spill 3. Airborne Hazard	L L M	There are two nuclear plants within 100 miles of the facility and three major airports within 20 miles of the facility.	Facility has emergency plans in place for nuclear, chemical spill and airborne hazards. Staff is trained to care for residents during these situations.
Earthquakes	L	Earthquakes are rare in the area, only minor events reported in the last 100 years.	Facility has emergency plan for both internal and external disasters during an earthquake.
Building Structure Failure: 1. Structural Collapse 2. Explosion 3. Threat from nearby buildings	L L L	Building is less than 20 years old. Preventative maintenance includes continuous testing of all internal systems.	Facility has emergency plan internal and external disasters including unexpected structural failures.
Fires	M	Fires are likely in health care facilities.	Fire safety and emergency plans in place. Facility conducts frequent fire drills.
Terrorism: 1. Bioterrorism 2. Bomb Threat 3. Explosives 4. Air Disaster	L L L M	Threats are common in large cities. Facility is located in large city and is subject to this kind of threat.	Facility has emergency plans in place in case of any act of terrorism. Simulated drills are conducted.
Infectious Disease like Influenza or SARS, SARS-CoV-2	H	Facility is located in a densely populated area that has been affected by the Spanish Flu, Swine Flu, COVID-19 and is vulnerable to future threats by emerging infectious diseases.	Facility has an infectious disease and pandemic emergency plan for both internal and external infectious disease disaster modeled on parameters established by CDC and CMS.
Water Shortage	L	Area has continuous rainfall. Last reported drought was in the 1980s.	Supplier to provide water to facility in emergency situation.
Electrical Failure	L	Emergency generator is tested weekly	Internal disaster procedure in place.
Strike Plan	M	Strikes and job actions may be possible especially during contract negotiations.	Facility has a "Strike Plan" procedure in place.

Revised: September 15, 2020

This Pandemic Emergency Plan is an evergreen document that is subject to revisions anytime premised on real world conditions in real time.

## **Exhibit 2**

### **Queens Boulevard Extended Care Facility**

#### **Infection Control & Prevention**

#### **Emergency Procedures for Emerging Viruses: Ebola, Zika, Viruses including Influenza, SARS-COV-2**

##### **Policy:**

This facility has taken measures to protect our residents, staff and visitors by developing policies and procedures for preparing for a Pandemic virus event including Ebola, Zika and all viruses including Influenza

##### **Definitions:**

- > **Flu viruses** constantly change and mutate. The type of virus that is new and can spread quickly and cause Pandemic infection is called a “Novel Virus”.
- > **Novel** and variant **influenza A viruses** can infect and cause severe respiratory illness in humans. These **influenza viruses** are different from currently circulating human **influenza A virus** subtypes and include **influenza viruses** from predominantly **Avian and Swine origin**.
- > Human infections with “**Novel Virus**” are viruses that can be transmitted from person to person may signal the beginning of a **pandemic event i.e. corona virus**

##### **Notification Criteria: Emergency Procedure - Pandemic Viruses:**

The following procedure should be utilized in the event of a Pandemic Influenza outbreak:

1. Inform all employees through posting a memorandum in the lobby and on all nursing units, and inform all Department Heads when a novel virus is increasing and sustaining human-to-human spread in the United States, and cases are occurring in the facility's area and state which are declared “prevalent” by the Commission of Health.
2. Notify the Administrator and Director of Nursing if they are not on the premises. Activate the Recall Roster if warranted as per our directives in the Disaster Plan.
3. Facility Management staff should report to the Incident Command Post in the conference room or announced specified venue for briefing and instruction.
4. Activate the Incident Command System (ICS) to manage the Infection Control incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position.
5. Guidelines of Pandemic Plan will be implemented and followed by all staff.
6. Residents, employees, contract employees, and visitors should be evaluated daily for symptoms. Employees should be instructed to self-report symptoms and exposure.
7. Follow Pandemic Plan in regards to managing high-risk employees and for guidelines as to when infected employees can return to work.
8. Adherence to infection prevention and control policies and procedure is critical. Post signs for cough etiquette. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of pandemic virus is a must.

9. Determine when to restrict admissions and visitations. Communicate this to the affected parties.
10. Contact local and state health departments to discuss the availability of vaccines and antiviral medications, as well as recommendations of usage.
11. Ensure adequate supplies of food, water, and medical supplies are available to sustain the facility if pandemic virus occurs in the geographic region or at the facility.
12. Cohort residents and employees as necessary.
13. Implement contingency staffing plans as needed.
14. As cases increase; prospective residents and employees will be screened to identify exposure to novel virus. Screens will include monitoring for fever and respiratory symptoms following exposure for one (1) to five (5) days.

#### **Staff Training and Education:**

1. All staff members will be trained on the facility Pandemic Influenza Plan and related policies and procedures for Infection Control and transmission precautions as part of Disaster Planning, and staff awareness. Same will be on Orientation, as well as if outbreak is suspected or fore-warned.
2. As cases increase; prospective residents and employees will be screened to identify exposure to novel virus. Screens will include monitoring for fever and respiratory symptoms following exposure for one (1) to five (5) days.
3. Contingency staffing plans will be implemented as needed.
4. As cases increase; prospective residents and employees will be screened to identify exposure to novel virus. Screens will include monitoring for fever and respiratory symptoms following exposure for one (1) to five (5) days.

#### **Emergency Procedures - Pandemic Virus**

The following procedures will be implemented in the event of a Pandemic Virus outbreak:

1. Inform all employees through posting a memorandum near the time clock, lobby and on all nursing units and inform all department heads when a novel virus is increasing and sustaining human-to-human spread in the United States, and cases are occurring in the facility's state and declared "prevalent" by the Commission of Health.
2. Notify the Administrator and Director of Nursing if they are not on the premises. Activate the Recall Roster if warranted.
3. Facility management staff should report to the Incident Command Post for briefing and instruction.
4. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position.
5. Follow guidelines of Pandemic Influenza Plan.
6. Residents, employees, contract employees, and visitors should be evaluated daily for symptoms. Employees should be instructed to self-report symptoms and exposure.
7. Follow Pandemic Plan in regards to managing high-risk employees and for guidelines as to when infected employees can return to work.

8. Adherence to infection prevention and control policies and procedure is critical. Post signs for cough etiquette. Adherence to droplet precautions during the care of a resident with symptoms or a confirmed case of pandemic virus is a must.
9. Determine when to restrict admissions and visitations. Communicate this to the affected parties.
10. Contact local and state health departments to discuss the availability of vaccines and antiviral medications, as well as recommendations of usage.
11. Ensure adequate supplies of food, water, and medical supplies are available to sustain the facility if pandemic influenza occurs in the geographic region or at the facility.
12. Cohort residents and employees as necessary.
13. Implement contingency staffing plans as needed in conjunction with Disaster Plans

### **Pandemic Virus Plan**

1. This facility has designated the Infection Preventionist as the “Pandemic Virus Response Coordinator”, designee will be the Director of Nursing in the absence of the IP.
2. He/she and the Pandemic Influenza Planning Committee, will be a sub-committee of the Quality Assurance Committee and Disaster Planning Committee.

### **Quality Assurance/Risk Committee, address pandemic influenza preparedness.**

#### **Surveillance and Detection**

1. The Pandemic Virus Response Coordinator is responsible for monitoring public health advisories (federal and state) and updating the Pandemic Virus Committee, particularly when pandemic virus has been reported in the United States and is nearing the specific geographic location. [www.cdc.gov/flu/weekly/fluactivity.htm](http://www.cdc.gov/flu/weekly/fluactivity.htm) is utilized as a resource.
2. A protocol has been developed to monitor the seasonal influenza-like illnesses in residents and staff during the influenza season, which tracks illness trends.

>The admission policy includes that residents admitted during periods of seasonal influenza should be assessed for symptoms of seasonal influenza.

>A system is implemented to daily monitor residents and staff for symptoms of seasonal influenza, as well as confirmed cases of influenza.

>Information from the monitoring systems is utilized to implement prevention interventions, such as isolation or cohorting.

>The above procedures are the same for pandemic influenza outbreaks.

### **Communication to NYSDOH/Outside Agencies**

1. The Pandemic Influenza Response Coordinator is responsible for communications with the public health authorities during a declared pandemic outbreak.

\*Local Health Department contact information:

New York City Department of Health  
Long Term Care Division  
90 Church St, New York, NY 10007  
(212) 417-4200 or 866 692 3641

\*State Health Department contact information:

New York State Department of Health

175 Green St, Albany, NY 12202

(518) 447-4580 or 888 364 3065

2. The Infection Preventionist is responsible for communicating with the staff, residents, and their families regarding the status and impact of the pandemic virus in the facility. One voice speaking for the facility ensures accurate and timely information.
3. Communication includes usage of the recall roster to notify staff members of the pandemic outbreak. Efforts must be made, such as phone calls and posted signage to alert visitors, family members, volunteers, vendors, and staff members about the status of the seasonal/pandemic virus in the facility.
4. The Infection Preventionist also maintains communications with the Emergency Management Coordinator, local hospitals, local Emergency Management Services, as well as other providers regarding the status of a Viral outbreak.
5. Family members and responsible parties are notified prior to an outbreak that visitations may be restricted during an outbreak to protect the safety of their loved ones.

### **Education and Training**

1. The Facility's' Designated In-Service RN is responsible for coordinating education and training on seasonal and pandemic Viruses. Local health department and hospital-sponsored resources are researched, as well as usage of web-based training programs. The website [www.cdc.gov/flu/professional/training/](http://www.cdc.gov/flu/professional/training/) is considered as a resource.
  - a. Education and training of staff members regarding infection prevention and control precautions, standard and droplet precautions, as well as respiratory hygiene/cough etiquette should be ongoing to prevent the spread of infections, but particularly at the first point of contact with a potentially infected person with seasonal/pandemic virus.
  - b. Education and training should include the usage of language and reading-level appropriate, informational materials, such as brochures, posters, as well as relevant policies. Such materials should be developed or obtained from [www.cdc.gov](http://www.cdc.gov).
  - c. Informational materials should be disseminated during before and during seasonal/pandemic outbreaks.

### **Infection Prevention and Control**

1. Cleaning and disinfection for pandemic virus follows the general principles used daily in health care settings (1:10 solution of bleach in water).
2. Infection prevention and control policies require staff to use Standard and Droplet Precautions (i.e., mask for close contact with symptomatic residents).
3. Respiratory hygiene/cough etiquette should be practiced.

4. The IPCC shall develop procedures to cohort symptomatic residents or groups using one of more of the following strategies:
  - a. Confining symptomatic residents and their exposed roommates to their room.
  - b. Placing symptomatic residents together in one area of the facility.
  - c. Closing units where symptomatic and asymptomatic residents reside, i.e., restricting all residents to an affected unit, regardless of symptoms.
  - d. Develop criteria for closing units or the entire facility to new admissions during pandemic influenza outbreak.
  - e. Ensure visitor limitations are enforced.

#### **Occupational Health:**

1. Practices are in place that addresses the needs of symptomatic staff and facility staffing needs, including:
  - a. Handling staff members who develop symptoms while at work.
  - b. When staff members who are symptomatic, but well enough to work, are permitted to continue working.
  - c. Staff members who need to care for ill family members.
  - d. Determining when staff may return to work after having pandemic viral episode.
2. A contingency staffing plan is in place that identifies the minimum staffing needs and prioritizes critical and non-essential services, based on residents' needs and essential facility operations. The staffing plan includes collaboration with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.
3. Staff are educated to self-assess and report symptoms of pandemic influenza before reporting to duty.
4. Mental health services or faith-based resources will be available to provide counseling to staff during a pandemic.
5. Influenza vaccinations of staff are encouraged and monitored for influenza outbreaks.
6. High-risk employees (pregnant or immuno-compromised) will be monitored and managed by placing them on administrative leave or altering their work assignments.

#### **Vaccinations and Antiviral Usage**

1. The Centers for Disease Control (CDC) and the Health Department will be contacted to obtain the most current recommendations and guidance for the usage, availability, access, and distribution of vaccines and antiviral medications during a pandemic.
2. Guidance from the State Health Department will be sought to estimate the number of staff and residents who are targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. A plan is in place to expedite delivery of vaccine or antiviral prophylaxis.

### **Preparedness of Supplies and Surge Capacity**

1. Quantities of essential food, materials, medical supplies, and equipment have been determined to sustain the facility for a six-week pandemic. A predetermined amount of supplies is stored at the facility or satellite location.
2. Plans include strategies to help increase hospital bed capacity in the community.

\*Agreements have been established with area hospitals for admission to the facility of non-influenza patients to facilitate utilization of acute care resources of more seriously ill patients.

\*Facility space has been identified that could be adapted for use as expanded inpatient beds and information has been provided to local and regional planning contacts.

3. Capacity and need will be determined for deceased residents as needed, including a space to serve as a temporary morgue.



### **Exhibit 3**

Queens Boulevard Extended Care Facility  
**Emergency Preparedness Plan**  
Hand Hygiene Policy and Procedure

**Policy:**

This facility considers hand hygiene the primary means to prevent the spread of all infections. All staff members should wash their hands following the guidelines established by the Centers for Disease Control and Prevention.

<https://www.youtube.com/watch?v=4DPAg4nPJ1M>

**Policy Interpretation and Implementation**

1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.
2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.
3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies.
4. Triclosan-containing soaps will not be used.
5. Residents, family members and/or visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and/or other written materials provided at the time of admission and/or posted throughout the facility.
6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations:
  - When hands are visibly soiled; and
  - After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and *Clostridioles difficile*.
7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:
  - a. Before and after coming on duty;
  - b. Before and after direct contact with residents;
  - c. Before preparing or handling medications;
  - d. Before performing any non-surgical invasive procedures;
  - e. Before and after handling an invasive device (e.g., urinary catheters, IV access sites);
  - f. Before donning sterile gloves;
  - g. Before handling clean or soiled dressings, gauze pads, etc.;
  - h. Before moving from a contaminated body site to a clean body site during resident care;
  - i. After contact with a resident's intact skin;
  - j. After contact with blood or bodily fluids;
  - k. After handling used dressings, contaminated equipment, etc.;

- l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident;
  - m. After removing gloves;
  - n. Before and after entering isolation precaution settings;
  - o. Before and after eating or handling food;
  - p. Before and after assisting a resident with meals; and
  - q. After personal use of the toilet or conducting your personal hygiene.
8. Hand hygiene is the final step after removing and disposing of personal protective equipment.
9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.
10. Single-use disposable gloves should be used:
  - a. Before aseptic procedures;
  - b. When anticipating contact with blood or body fluids; and
  - c. When in contact with a resident, or the equipment or environment of a resident, who is on contact precautions.
11. Wearing artificial fingernails is strongly discouraged among staff members with direct resident-care responsibilities, and is prohibited among those caring for severely ill or immunocompromised residents. The Infection Preventionist maintains the right to request the removal of artificial fingernails at any time if he or she determines that they present an unusual infection control risk.

## **Procedure**

### **Equipment and Supplies**

1. The following equipment and supplies are necessary for hand hygiene;
  - a. Alcohol-based hand rub containing at least 62% alcohol;
  - b. Running water;
  - c. Soap (liquid or bar; anti-microbial or non-antimicrobial);
  - d. Paper towels;
  - e. Trash can;
  - f. Lotion; and
  - g. Non-sterile gloves.

### **Washing Hands**

1. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer) under a moderate stream of running water, at a comfortable temperature. Hot water is unnecessarily rough on hands.
2. Rinse hands thoroughly under running water. Hold hands lower than wrists. Do not touch fingertips to inside of sink.
3. Dry hands thoroughly with paper towels and then turn off faucets with a clean, dry paper towel.
4. Discard towels into trash.
5. Use lotions throughout the day to protect the integrity of the skin.

### Using Alcohol-Based Hand Rubs

1. Apply generous amount of product to palm of hand and rub hands together.
2. Cover all surfaces of hands and fingers until hands are dry.
3. Follow manufacturers' directions for volume of product to use.

### Applying and Removing Gloves

1. Perform hand hygiene before applying non-sterile gloves.
2. When applying, remove one glove from the dispensing box at a time, touching only the top of the cuff.
3. When removing gloves, pinch the glove at the wrist and peel away from the hand, turning the glove inside out.
4. Hold the removed glove in the gloved hand and remove the other glove by rolling it down the hand and folding it into the first glove.
5. Perform hand hygiene.

References	
<b>OBRA Regulatory Reference Numbers</b>	§483.80(a) Infection prevention and control program.
<b>Survey Tag Numbers</b>	F880
<b>Other References</b>	SHEA/ISDA Practice Recommendation. Strategies to Prevent Healthcare-Associated Infections through Hand Hygiene (August 2014) Infection Control and Hospital Epidemiology 35(8): 937-60. World Health Organization. WHO Guidelines on Hand Hygiene in Health Care (2010) CDC Guideline for Hand Hygiene in Health-Care Settings (2017).
<b>Related Documents</b>	Standard Precautions

## **Exhibit 4**

### **Queens Boulevard Extended Care Facility Emergency Preparedness Plan Infection Prevention/Control Plan**

#### **Purpose:**

To establish and maintain standards and practices of Infection Prevention and Control in accordance with applicable New York State Department of Health, Occupational Safety and Health Administration, World Health Organization, Centers for Disease Control (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC), and the Advisory Committee on Immunization Practices (ACIP).

#### **Goal:**

To prevent the spread of communicable diseases within the facility among employees, residents, volunteers, and visitors and to reduce the impact of infection related emergent care morbidity and mortality.

#### **Objectives:**

1. To establish and maintain a surveillance program that monitors and detects emerging trends and patterns such as increased incidences, clusters, and outbreaks of infections.
2. To implement appropriate Infection Control measures (hand hygiene, standard/contact precautions, use of personal protective equipment, and enhanced environment sanitation) to control outbreaks.
3. Provide analytical and statistical reports weekly, monthly, quarterly, and as needed to Administration and Infection Control Committee as well as feedback to direct care staff.
4. To reduce the risk of pathogenic transmission to employees (Hepatitis/HIV, needle stick, etc.) through the use of personal protective equipment, standard/contact precaution, and hand hygiene; identifying and eliminating sources of transmission such as vectors and inanimate objects.
5. To monitor employee health relating to resident exposure, cross contamination, and spread of infectious diseases.
6. To ensure proper collection, transporting, and disposal of infectious waste to prevent those items from becoming reservoirs and vehicles of potentially harmful pathogens.
7. To review, analyze, and correct system failures.

#### **Indicators/Targeted Infections:**

The following targeted infections are based on the facility's geographic location, community, and population served.

1. Multiple Drug Resistant Organisms (MDRO) – VRE, MRSA, ESBL
2. Upper Respiratory illness – (Influenza/Influenza-like Illnesses)
3. Conjunctivitis
4. Scabies
5. Gastro-intestinal Illness/C-Difficile (GI/GE)

## 6. Ebola

### **Procedure:**

The Medical Director, Infection Control Coordinator, DNS, ADNS, and Infection Control Committee are charged with the responsibility of monitoring and maintaining the plan.

### **Surveillance:**

1. Conduct daily and ongoing surveillance through data collection (by observation, 24-hour reports, laboratory reports, and infection control reports) to identify an infectious process, clusters, increased incidences, and outbreaks of infections based on clinical s/s, physician diagnoses, and McGeer's established criteria for surveillance infections in Long Term Care. Identify infectious diseases and infectious process as Healthcare Associated Infections (HAI) or Nosocomial.
2. Implement appropriate infection control measures and precautions (see policy and procedure) to break the link and prevent the infection from spreading.
3. Ensure appropriate resident care, proper transport and disposal of infectious waste, handling of contaminated linens, cubicle curtains and environmental sanitation with approved cleaning agents. Communicate plan to employees through forms, hand off communication, 24hr reports, and signage of in-service sheets.

### **Vaccine Program:**

1. Implement a program for residents and staff for the administration, education, and documentation of the pneumococcal vaccine and annually, the influenza vaccine as appropriate. Incorporate infection control measures for preventing, controlling transmission, and managing influenza outbreaks (cough etiquette, hand hygiene, transmission base precaution, monitors and furlough ill employee cohort, quarantine ill residents).
2. Provide analytical and statistical reports of infections weekly, monthly, and quarterly to Administration and Infection Control Committee and provide feedback to unit staff as needed.
3. Set incremental goals and implement strategies to improve Influenza vaccination rates among healthcare personnel.

### **Control:**

1. Reduce the risk of employee acquisition of infection through education on orientation, annually, and as needed regarding Blood Borne Pathogens, HIV/Hepatitis, standard and contact precautions, use of personal protective equipment, cough etiquette, respiratory hygiene, hand-hygiene, and other transmission-based precautions. Heighten the awareness of all employees to sources of infections and mode of transmission (e.g. vectors, inanimate objects, direct person to person contact, air/blood-borne and droplet precaution).
2. Monitor employee health relating to resident exposure, furlough ill employees, and cohort to unit during an increase in the incidence of an infectious process or outbreak.

**Reporting:**

1. Report to the New York State Department of Health any increase incidences, clusters, or outbreak of reportable diseases according to established guidelines.
2. The Clinical Practice Sub-committee will investigate possible causal factors of increased incidences of infection, analyze responses, recommend changes, provide education and feedback to staff, and report findings to Infection Control and Performance Improvement Committee as indicated.

**Education:**

All employees will receive education on Infection Prevention and Control through in-service, on orientation, annually, and as needed. In-service attendance is deemed mandatory.

**Program Evaluation:**

The infection control program, including policies and procedures, will be evaluated and updated annually at quarterly committee meetings based on changes or risk assessment within the facility and community and as recommended by the Centers for Disease Control (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC), and the Advisory Committee on Immunization Practices.

**Infection Control Risk Analysis Grid****Direct Care Staff**

Program Component	Effect of Failure	Effective Prevention Approach	Impact of Community Population Served	% of Community Population Affected	Ability to Detect Failure	Risk Score
Hand-Hygiene	Medium	Yes	3	2	1	6
PPE	Medium	Yes	2	1	2	5
CDI	High	Yes	3	1	2	6

**Infection Control Risk Analysis Grid**

Pathogen	Effect of Failure	Effective Approach	Impact on Population	Likelihood of Occurrence of Transmission	Ability to Identify Transmission	Risk Score
Influenza	High	Yes	3	3	1	7
Gastro-intestinal Disease	High	Yes	3	3	1	7
MRSA	High	Yes	2	2	1	5
MDRO	High	Yes	2	2	2	6
Scabies	High	Yes	3	3	1	7
Conjunctivitis	High	Yes	2	2	2	6
Ebola	High	Yes	3	1	1	5

**Low=1      Medium=2      High=3**

## **Exhibit 5**

### Queens Boulevard Extended Care Facility **Emergency Preparedness Plan** COVID-19 Staff Testing Plan

**The facility will comply with the NYS Governor's Executive Order E 202.30 and make arrangements for all staff members to be tested for SARS COV-2, the virus that causes COVID-19.**

1. The Administrator has notified all 537 staff members that they must be tested for COVID-19 in accordance with the Governor's Orders and NYSDOH mandates.
2. The Administrator, in conjunction with Human Resources, has developed a spreadsheet of all staff members including contract staff, MDs, and NPs.
3. The facility has designated every Tuesdays as a testing day, **until all staff testing has been completed and documented consistent with the Governor's order.** Testing days may be changed subject to approval by the Administrator.
4. All staff can be tested in the facility. The Administrator will appoint RNs who will be trained to conduct the testing and scheduling for each shift.
5. Staff will be tested in the examination room on the First Floor in the East Wing of the building.
6. Per-diem staff, contract staff, or any staff member may choose to make arrangement at outside testing sites or call the DOH at 1-888-364-3065.
7. The Administrator must be aware and approve of the schedules for outside testing to comply with the directives.
8. Staff can also make arrangements with their outside provider as long as the appointment date is within the guidelines of the facility's plan.
9. Livingston Med Lab and Northwell CORE lab will provide the testing kits for SARS COV-2 to be available on the days/dates the testing kits are needed. RayBiotech will provide COVID-19 antibody testing kits.
10. Collected testing samples will be labeled and sent to the lab for processing via overnight courier service and results for all tests will be accessible online within 24-48 hours.

11. While employees are being tested, staff assignments will be managed to assure adequate coverage for resident care.

**Record Keeping:**

The name of the employee and date of testing will be documented by a designated administrative employee and when the results come in, same will be documented on a spreadsheet and a copy of the results will be retained as well for validation. All HIPAA and Privacy of Staff information will be respected.

**Criteria for Staff who Test Positive:**

1. Staff who test positive will be excused from work (self-quarantine) for 14 days and can return work if no symptoms appear after being symptom free for 72 hours and having tested negative for COVID19.
2. The facility will arrange for replacement staff as applicable once any employee is noted positive and sent home.
3. The Administrator and Director of Nursing will make every effort to replace any staff member who is out for isolation/self-quarantine.
4. Symptomatic nursing home employees who test positive may not return to work until 14 days after the onset of symptoms, provided at least three days (72 hours) have passed since resolution of fever without the use of fever-reducing medications and after having a confirmed COVID-19 negative test result.
5. Staff with positive test result are entitled to certain benefits including paid sick leave pursuant to Chapter 25 of the laws of 2020, information is available at <https://paidfamilyleave.ny.gov/COVID19>.

**Key Points:**

1. Any staff member who tests positive for COVID-19 will be reported to the NYSDOH via HERDS in compliance with NYSDOH guidelines and to CDC.
2. Staff who have already been tested elsewhere will bring proof of same test and results will be entered on the spreadsheet.
3. Staff who have been out ill with presumed COVID-19 and returned to work will be tested per NYSDOH directives.
4. All MDs, NPs, PAs and other contracted staff must be tested and submit the results to the Administrator for inclusion on the spreadsheet.



5. **Any staff member who refuses to be tested will not be permitted to work and will face termination.**
6. **Results of all staff testing will be provided to the DOH upon request and all information and copies of testing results will be kept by the Administrator.**

## **Exhibit 6**

### Queens Boulevard Extended Care Facility

#### **Emergency Preparedness Plan**

#### **PPE (Personal Protective Equipment)**

##### **Policy:**

It is the policy of QBECF to distribute and use PPE when necessary for residents placed on standard, airborne and droplet precautions, however when PPE are in short supply or not available due to a crisis, QBECF will utilize every measure to conserve all available PPE immediately.

##### **Purpose:**

To provide, distribute, and conserve PPE according to supply on hand to maintain the appropriate precautions in order to treat residents.

##### **Procedure:**

###### **Eye Protection**

- QBECF will distribute non-disposable, re-usable goggles.
- Staff using the non-disposable, re-usable goggles shall clean and disinfect the goggles using CDC or NYSDOH acceptable protocols.

###### **Gowns**

- QBECF staff will re-use gowns with no visible soiling for care of COVID-19 residents.
- Prioritize gowns for aerosol-generating procedures.
- Utilize other items, such as disposable aprons, coveralls, etc.

###### **Facemasks**

- QBECF will implement the extended use of facemask. The same facemask may be worn for multiple patients/residents with confirmed COVID-19 without removing between residents (patients). Change only when soiled, wet or damaged. DO NOT TOUCH.
- Use expired facemasks.
- Always store in a breathable container between uses and always use hand hygiene.
- Use of cloth masks or homemade masks (bandanas, scarves) is not recommended.

###### **N95 Respirator (Industrial N95's)**

- QBECF will implement extended use of N95 respirators. You may wear the same respirator for multiple residents without removing between residents. Change only when soiled, wet, damaged, or difficult to breathe through. DO NOT TOUCH RESPIRATOR.
- QBECF will implement limited re-use of N95 Respirator for residents with T.B. for which contact transmission is not a concern.  
Assign a single CNA and store N95 in a breathable container between uses.

- Use Respirators approved in other countries.
- Prioritize use of N95 Respirators to higher risk activities, i.e. aerosol generating procedures.

In accordance with PEP requirements, the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (PPE), including consideration of space for storage, or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements during a specific disease outbreak or pandemic. As a minimum, all types of PPE found to be necessary in the COVID-19 pandemic should be included in the 60-day stockpile. This includes, but is not limited to:

- N95 respirators
- Face shields
- Eye protection
- Gowns/Isolation Gowns
- Gloves
- Masks
- Sanitizer
- Disinfectants (meeting EPA Guidance current at the time of the pandemic)

A 60-day supply of necessary PPE will be maintained at the nursing home.

The facility will maintain a plan for identifying what quantities of PPE will be required for 60 days. The procedure is as follows:

- Physical inventory is counted on a weekly basis.
- Daily usage is calculated, providing a “days-worth” value of supplies per category.
- Using orders outstanding, net inventory 60 days out is projected.
- Data is reassessed and adjusted on a weekly basis.

## **Exhibit 7**

### **Queens Boulevard Extended Care Facility Emergency Preparedness Plan Visitation Plan and Policy**

#### **Policy:**

In conjunction with NYSDOH memo of July 10, 2020 and the facility's COVID-19 Management plan, the following policy will be followed for the safe return of Visitors for our Residents.

The Facility will follow all NYSDOH and CMS Reopening guidelines to ensure appropriate Infection Control and to minimize any transmission risk.

#### **A. Facility Criteria in conjunction with DOH mandates have been met:**

1. The New York City community the facility is located in has entered Phase 3 of re-opening.
2. The Facility has been COVID-19 free (both staff and residents) for 14 days and has adequate and stable staffing ratio.
3. The administrator and ownership affirm that to the best of their knowledge, the Nursing Home is in full compliance with all State and Federal requirements, State Executive Orders and Guidance, State reporting requirements; including COVID-19 Focus IC Survey, HERDS and Staff testing surveys, as well as federally required submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
  - All facility residents have been tested for covid-19 virus and results reported as required
  - All facility staff have been tested and testing continues weekly with directives for immediate furlough for any staff members who tests positive, as well as mitigation implementation for any identified positive results
  - All of facility Staff and Residents continue to be screened for signs and symptoms of COVID-19 daily
4. The Facility has protocols to separate residents into cohorts of positive COVID-19 cases.
5. The Facility has submitted to the NYSDOH our specific Plan for Visitation to be implemented after we are COVID-19 free for 14 days
6. The facility staff have been educated on this Policy, and the contents of the DOH 7/10/20 memo and revised version of 7/20/20 for compliance and implementation
7. The NYSDOH will be notified immediately if there are any changes in our plan, i.e. positive case of COVID-19 identified, or changes in Mitigation

#### **B. The Following Guidelines and Criteria will be followed:**

1. Families and Residents will be notified via letter of when our facility will allow visitors.
2. Visiting will be allowed on a developed schedule i.e.: daily for one hour for crowd control and accommodation of resident needs. The specific times will be: 2-3pm and 7pm-8pm in order to accommodate residents and Families. No one under 18 will be allowed to ensure safety.

3. Visitors will be restricted to 2 per resident and must be made by appointment only through the Social Work office to ensure adequate control of numbers, as we are limited to a specific number of visitors at a time (only 10% of our Residents can have Visitors at any given time).
4. The proposed Visitors schedule will be documented by SW and brought to the Morning Meeting for discussion and planning to accommodate the Residents needs and Visitors.
5. The Facility will have a designated area for visitation where social distancing can be monitored and enforced for safety the area in front of the building has been designated for visitation where Social distancing will be enforced and Visitation will be monitored by assigned Recreation Staff.
6. All Visitors must be screened at entry for presence of a temperature and must provide a confirmed negative COVID19 test from within 7 days from the date of visitation, complete a COVID-19 screening questionnaire, and are required to wear a mask and practice hand hygiene on entry and exit. A visitor's screening form will be documented to validate screening, and contact information; and same will be kept in a binder for reference and validation. Visitors who fail the screening process will be asked to immediately leave the Facility.
7. All visitors must sign in on a Visitors Log for validation, as well as sign out for validation and security.
8. Visitors must adhere to all of our Infection Prevention Policies and those who refuse will be asked to leave the Facility.

**C. Visitation designated Space:**

1. The front of the building will have tables and chairs, as well as screens to accommodate the resident and Visitors.
2. The Residents and Visitors will be escorted to the area by Recreation staff and Social Distancing will be enforced.
3. All visitation will be monitored for compliance and resident safety. Visitation will be timed and residents and Visitors will be informed of time to leave.
4. A Bug zapper will be placed in the outside patio area to ensure safety from insects (for compliance with DOH Notification memo 7/20/20).
5. Housekeeping will sanitize all contact surfaces before and after all visitation to ensure compliance with Infection Control.
6. Floor markings to aid in social distancing will be installed.

## **Exhibit 8**

### Queens Boulevard Extended Care Facility **Emergency Preparedness Plan** Resident Room Placement and Cohorting

#### **Policy:**

#### **Cohorting:**

- When there are a few residents with COVID-19, residents may be cohorted on part of a unit, such as at the end of a hallway. The area for residents with COVID-19 shall be demarcated as a reminder for the staff members. Other residents shall be prevented from entering the area. The residents with COVID-19 will not share a bathroom with residents outside the cohort.
- April 24 guidance, with regard to forming cohorts, the Center for Medicare & Medicaid Services (CMS) states “[t]his could be done by cohorting residents in a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit.” When possible, an entire unit shall be devoted to residents with COVID-19.
- Separate staff members to minimize the number of staff who care for both residents with COVID-19 and residents without COVID-19, when possible. Staffing assignments shall be made to maintain separate staff members to the greatest extent possible and make every effort possible to reduce the number of staff caring for residents in different cohorts.
- The three resident cohorts are defined based on the most recent testing:
  - Positive: a positive molecular (i.e. PCR) test
  - Negative: a negative molecular (i.e. PCR) test
  - Unknown: not tested

A single test only defines a resident’s status at a single point in time.

- Residents shall remain in the cohort in which they’re placed until repeat testing identifies a need to move them. Symptomatic residents must always be placed on appropriate transmission-based precautions and shall be prioritized for testing.
- Roommates of a resident who tests positive for COVID-19, who themselves have a negative test, are at high risk of being infected and a having positive test within the next 14 days. They shall be immediately separated from the resident who tests positive and placed in a private room.

## **Exhibit 9**

### **Queens Boulevard Extended Care Facility Emergency Preparedness Plan Pandemic Communication Plan**

#### **Policy:**

The Pandemic Communication Plan follows the overall facility Emergency Management Plan, and includes the required elements for notifications needed in the Pandemic Emergency Plan (PEP). Emergency management communications will be maintained within the facility, with residents and families, and with critical community partners.

The Emergency Management Committee is responsible for oversight and has developed this specific Communication Plan based on regulatory requirements and experiences learned from the COVID-19 pandemic.

Included in the Plan are the following elements, required in the PEP:

- Plan to update authorized family members of guardians of infected residents at least once per day and upon a change in a resident's condition
- Plan to update authorized family members of guardians on the number of infections and deaths at the facility, by electronic or such means as may be selected by each authorized family member or guardian
  - Plan for ensuring all residents have daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians

#### **Communication When There is a Concern about a Pandemic but No Impact to Staff or Patients**

- When there is a growing concern about a pandemic outbreak, but there are currently no cases in New York State or New York City and there is no impact to staff or patients, the facility will follow its Communication Policy to provide necessary updates to residents and their representatives.

#### **Resident and family communication shall be addressed as follows:**

- Via overhead page announcements (as back up)
- By staff
- By the facility's television channel
- By information updates strategically posted throughout the facility
- Through blast Emails
- Direct phone calls
- Website notifications
- Direct messaging line
- A record of all authorized family members and guardians, including a secondary/ backup authorized contact (as applicable) is maintained by: The Family Call Center and utilized for all communications.

- The facility will hold family meeting and educate the families so they know what measures are being taken at why. At this time, Social Services will determine, if not already, what the preferred method of contact is for the authorized family member or guardian should a pandemic outbreak occur and more frequent communications be necessary.
- Provide known information regarding the virus, including information about signs and symptoms, to residents, staff and family members/representatives.
- Facility will send an email communication/written letter to family members reminding them not to visit when they are ill or have known exposure to someone with the virus.

### **Communication When There is a Concern about a Pandemic but No Impact to Staff or Patients**

When there are active cases in New York City and/or New York State, but there is no impacted to staff or patients the facility's communication frequency will be increased.

- Internal communications
- External communications
- Authorized representatives will be kept notified via email, phone, social media and other means at a frequency required per regulatory requirements or greater

### **Communication When There are Cases Impacting Residents or Staff**

When there are active cases impacting residents or staff at the facility, communications will include:

- Per the regulatory requirements for PEP, each authorized contact will be communicated with in the manner he/she prefers.

### **Communication with Authorized Family Members and Guardians during a Pandemic Procedure for When a Resident is Infected**

In accordance with PEP requirements, the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e.) those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition:

- Nursing will provide a list of all residents who have become ill to Social Services.
- Social Services will call each family member/guardian to provide an update once per day and upon a change in condition.

### **Procedure for Weekly Updates on Facility Status**

In accordance with PEP requirements, the facility will implement the following procedures/ methods to ensure that all residents and authorized family members/guardians are updated at least once per 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:

- The facility will use multiple methods to notify all residents in the facility, their representatives and families regarding the status of the facility and its residents, not just those who are suspected/confirmed cases (per CMS QSO Memo QSO-20-29-NH and DAL NH 20-09).



- Notification will include all regulatorily-required information, such as through notification requirements when confirmed or suspected cases have been identified.
- All required reporting timeframes will be adhered to, with updates provided at a minimum of 1x per week for general facility status updates.
- Communications will be respectful of privacy laws, considering HIPPA-compliant protocols and protecting PHI.
- The facility will make all reasonable efforts to properly inform their residents, representatives and families of the information required, including through means authorized representatives have selected as preferred, such as:
  - Facility website posting/updates
  - Email list serves
  - Recorded telephone messages

### **Procedure for Keeping Residents and Families in Communication**

In accordance with PEP requirements and NYSDOH guideline C20-01, the facility will implement the following mechanisms to provide all residents with no-cost daily access to remote video conference or equivalent communication methods with family members/guardians.

- Face-to-face video calls
- Phone calls
- Outdoor visitation when allowed. Please see facility's Visitation Plan.

### **Communication Requirements for Facility Pandemic Emergency Plan**

#### **Posting of Facility Pandemic Emergency Plan**

In accordance with PEP requirements, the facility will follow procedures to post a copy of the facility's PEP, in an acceptable form to the Commission and on the facility's public website. The PEP will also be available immediately upon request.

## **Exhibit 10**

### **Queens Boulevard Extended Care Facility Emergency Preparedness Plan Protection of Staff, Residents and Families Against Infection**

#### **Policy:**

The facility's Pandemic Emergency Plan includes:

- A plan for hospitalized residents to be readmitted to the facility after treatment, in accordance with all applicable laws and regulations
- A plan to preserve a resident's place in the facility if such resident is hospitalized, in accordance with all applicable laws and regulations
- A plan for the facility to maintain or contract to have at least a two-month (60 day) supply of Personal Protective Equipment (PPE)

In addition to the plans for re-admission/ return to facility and ensuring that the facility has an adequate supply of Personal Protective Equipment, the facility takes multiple actions to protect staff, residents and families against infection.

#### **General considerations for protecting staff, residents and families against infection:**

- Post signs at the entrance instructing visitors not to visit if they have symptoms of the flu. Individuals (regardless of illness presence) who have a known exposure to someone with a confirmed case or who have recently traveled to areas with virus transmission should not enter the nursing home or health center.
  - Visitors who enter the facility will be reminded of the importance of practicing appropriate hand hygiene for their safety.
- Reinforce sick leave policies. Ask employees to stay home if they have symptoms of the flu or are ill. They should call rather than coming in for medical advice. Management should monitor sick calls for compliance. If they notice an employee exhibiting signs of infection, they should send that person home.
- The facility will monitor all entrances and screen those entering as per facility screening policy, including staff, visitors and vendors.
- When circumstances warrant it, Administration will determine when it is appropriate to allow some or all HCP to work remotely.
- In-person meetings should be avoided as much as possible, both within the facility with non-facility entities, such as vendors and consultants. The use of conference calls and other electronic methods should be utilized.
- The facility will follow and monitor for compliance with the Infection Prevention & Control program. One or more individuals with specific training in infection control will provide on-site management of the Infection Prevention and Control Program.
- A plan will be developed for visitor restrictions. Family members may be restricted from visitation if mandated by NYSDOH or other agency for their protection. When visitation is stopped, families will be informed on Admission as well as by Social Services for newly admitted residents. Alert Postings will be put on the front door as well.
  - When visitation is allowed or the facility is re-opened to visitors under certain circumstances, the Parker Visitation Plan will be followed.

- Should it become necessary to suspend group activities and communal dining per NYSDOH, CMS, CDC or other directive, a plan will be developed to offer other activities to residents in their rooms as much as possible, including video calls, television, radio, and other non-gathering activities.

### **Care Provision Considerations Confirmed/Suspect Cases**

- Facility will notify the NYSDOH via HERD as required, and submit data to the CDC NHSN as required within expected reporting timeframes (i.e. daily HERDS update and weekly NHSN update on number of positive cases and facility deaths).
- Residents on all units and on designated units will be actively monitored and screened per medical provider orders, but at a minimum, 1x per shift, including symptom check per medical provider orders and DOH guidelines. This information will be documented in the Electronic Medical Record (EMR).
- Residents who have been in contact with a known positive case (either roommate or staff found to be positive upon testing) will be transferred to the designated care unit.
- As possible, facility staff will ensure that all residents on designated units remain in their rooms, privacy curtains can be pulled, and doors are closed if safe and practicable.
- Residents will be provided with a mask, if tolerated, when HCP or other direct care providers enter their rooms, and social distancing measures will be put into place to decrease the risk for transmission. All residents on designated units, whether positive or suspected, will be placed on Contact and Droplet precautions.
- The number of HCP and other direct care providers entering rooms will be minimized as much as possible to minimize transmission risk on designated units.
- HCP and other direct care providers will wear appropriate Personal Protective Equipment (PPE), including gown, gloves, eye protection and facemasks as indicated. Staff should maintain social distancing of at least 6 feet from the resident except for necessary interactions regarding care provision and care routines.
- The medical provider shall order testing as available and appropriate, in accordance with NYSDOH and other guidelines. A procedure will be in place where residents who meet parameters for negative tests to be evaluated per policy and moved off the designated unit. Residents who test positive will remain on the designated units on contact and droplet precautions until they test negative.
- Families and significant others will be notified in conjunction with Parker's Communication & Notification policy regarding the clinical condition of a resident and his/her status.
- Ensuring posting of signs on the door or wall outside of the resident room or confirmed positive wing that clearly describe the type of precautions needed and/or required PPE. Ensure proper signage is in place to demarcate that this is a restricted area to prevent residents from entering unknowingly and to ensure staff are reminded of the need for precautions.
- Surveillance: Use Line List for data collection and active monitoring of both residents and staff. This tool will provide a line listing of all individuals monitored for or meeting the case definition for the pandemic outbreak.
- Supplies including alcohol-based disinfectant wipes, water, hand sanitizer are to be available. Central management of supplies will be implemented to conserve supplies.

## **Exhibit 11**

### **Queens Boulevard Extended Care Facility Emergency Preparedness Plan Respiratory Protection Program**

#### **Policy:**

The purpose of this program is to ensure that all employees required to wear respiratory protection as a condition of their employment are protected from respiratory hazards through the proper use of respirators.

#### **Program Components**

- Program Administration
- Program Scope/Application
- Identifying Work Hazards
- Respirator Selection
- Medical Evaluations
- Fit Testing
- Proper Respirator Use
- Cleaning and Disinfecting
- Inspecting, Maintenance and Repairs
- Respirator Training
- Evaluating Program Effectiveness/Updating Program
- Roles and Responsibilities
- Documentation and Record-keeping

#### **Program Administration**

- The Administrator & COO (Dr. Jonathan Mawere, LNHA, PT, MHL, DPT, MD) will be responsible for the administration of the respiratory protection program and thus is called the Respiratory Program Administrator (RPA).
- The Medical Director in conjunction with the EOC will be responsible for monitoring the ongoing and changing needs for respiratory protection.

#### **Program Scope and Application**

This program applies to all employees who could potentially be exposed to airborne respiratory illnesses during normal work operations, and during non-routine or emergency situations. Some of the types of work activities required to wear respirators are outlined in the table below:

<b>Work Process</b>	<b>Location</b>	<b>Type of Respirator</b>
Contact tracing/disease investigation (Airborne Precautions)	Isolation Rooms or Units	N95- disposable PAPR
Patient contact/care (Airborne Precautions)	Isolation Rooms or Units	N95- disposable PAPR

## Identifying Work Hazards

The respirators selected will be used for respiratory protection from potentially airborne infectious diseases; they do not provide protection from chemical exposure. Through normal working situations employees may be asked to have contact with clients who could be infected with a potentially airborne infectious agent such as SARS COV-2. Examples of other potentially airborne infectious diseases that QBECF employees may be exposed to in emergency situations include: Severe Acute Respiratory Syndrome (SARS) and COVID-19.

## Respirator Selection

- Per policy respirators are selected based on the workplace hazards like SARS COV-2 and workplace and user factors affecting respirator performance and reliability.
- Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used under the conditions of certification including the following N95 models: 1730, SH9550, GIKO 1200H, 3M 8511, and 3M 1870 are available in different sizes at QBECF for employee use.
  - N95 respirators are available for contact tracing, disease investigation and patient contact/care.
  - The pandemic poses a respiratory hazard to employees in direct contact with patients with COVID-19 or suspected of COVID-19.

## Medical Evaluation

- Persons assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator.
- All employees will be evaluated to determine their ability to wear a respirator prior to being fit tested for or wearing a respirator for the first time in QBECF.
- The Medical director (Kalpesh Amin, MD) or designee will determine individual medical clearance by a medical questionnaire and/or medical exam during working hours. Employees refusing a medical evaluation will not be allowed to work in conditions requiring respirator use. Employees are provided the opportunity to discuss the medical evaluation results with the MD or PLHCP.
- The following supplemental information is provided to the MD or PLHCP before he or she makes a decision about respirator use:
  - Type and weight of the respirator.
  - Duration and frequency of respirator use.
  - Expected physical work effort.
  - Additional protective clothing to be worn.
  - Potential temperature and humidity extremes.
  - Written copies of the respiratory protection program and the Respiratory Protection standard are provided to the PLHCP.
- Re-evaluation will be conducted under these circumstances:
  1. Employee reports physical symptoms that are related to the ability to use a respirator. (wheezing, shortness of breath, chest pain, etc.)

2. It is identified that an employee is having a medical problem during respirator use.
  3. The healthcare professional performing the evaluation determines an employee needs to be re-evaluated and the frequency of the evaluation.
  4. A change occurs in the workplace conditions that may result in an increased physiological burden on the employee.
  5. Employee facial size/shape/structure has changed significantly.
- All examinations and questionnaires are to remain confidential between the employee and the medical director or designee and they are conducted free of charge to the employee.

### **Fit Testing**

After the initial fit test, fit tests must be completed at least annually, or more frequently if there is a change in status of the wearer or if the employer changes model or type of respiratory protection (see below). As of 7/1/04 the OSHA Respiratory Protection Standard 29 CFR 1910.134 applies to health care workers.

Fit testing procedures can be found in Medical Services policy and procedure manual.

- Fit tests are conducted to determine that the respirator fits the user adequately and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection.
- Employees using N95 respirator facepieces must pass an appropriate fit test prior to being required to use a respirator.
- Fit testing is conducted with the same make, model, style and size that the employee will be expected to use at the worksite.
- Fit testing is required for tight fitting respirators.
- Employees are given the opportunity to select a different respirator facepiece, and be retested if their respirator fit is unacceptable to them.
- Fit tests will be conducted:
  1. Prior to being allowed to wear any respirator.
  2. If the facility changes respirator product.
  3. If employee changes weight by 10% or more.
  4. If employee has changes in facial structure or scarring.
  5. As Occupational Safety and Health Administration (OSHA) standards require.

### **Proper Respirator Use**

#### **General Use**

- Employees will use their respirators in emergency conditions like COVID-19 or if there is hazardous atmosphere in the workplace with harmful levels of biological or chemical contaminants and in accordance with the training they receive on the use of the selected model(s). In addition, the respirator shall not be used in a manner for which it is not

certified by the National Institute for Occupational Safety and Health (NIOSH) or by its manufacturer.

- All employees shall conduct positive and negative pressure user seal checks each time they wear a respirator.
- Employees using tight-fitting respirators will have no conditions, such as facial hair, that would interfere with a face-to-face piece seal.
- Employees will wear corrective glasses, goggles, or other protective equipment in a manner that does not interfere with the face-to-face piece seal.
- Employees will perform user seal checks prior to each use of a tight-fitting respirator.
- Ongoing surveillance of the facility is conducted for conditions that affect respirator effectiveness, and that, when such conditions exist, steps to address those situations are taken.
- All employees shall leave a potentially contaminated work area to change (N95 - disposable) their respirator if the respirator is impeding their ability to work.
- Employees shall not return to their work area until their respirator has been repaired or replaced in the event of a breakthrough, a leak in the facepiece, or a change in breathing resistance.

## **Cleaning and Disinfecting**

- N95 - disposable
  - If patient not in Contact Precautions (e.g., SARS), discard if soiled, if breathing becomes labored, or if structural integrity is compromised.
  - If patient in Airborne Precautions is also in Contact Precautions (e.g., SARS, smallpox), discard after use.
  - Disinfect respirator with vaporized hydrogen peroxide from spray bottle or in accordance with the manufacturer's recommendations.
  - N95 Respirators shall be provided in clean, sanitary, and in good working order.

### **Inspecting, Maintenance, Repairing, Storing or Removal from Service**

All types of respirators should be inspected prior to use.

- N95 - disposable
  1. Examine the face piece of the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in seal area or if the filter material is physically damaged or soiled.
  2. Check the respirator straps to be sure they are not cut or otherwise damaged.
  3. Make sure the metal nose clip is in place and functions properly (if applicable).
  4. Disposable respirators are not to be stored after use. They are to be discarded.
  5. Store the respirator in a zip lock bag per facility policy
  6. Ensure adequate air supply, quantity, and flow of breathing air
  7. N95 Respirators are stored to protect them from damage from the elements, and from becoming deformed.



8. 8. N95 Respirators are stored in accordance with the manufacturer's recommendations in all departments that use them and are available on nursing units in labelled compartments.

### **Respirator Training**

- Workers will be trained prior to the use of a respirator and annually thereafter or when deemed necessary by the Respiratory Program Administrator or designee upon changes in workplace conditions that affect respirator use or when knowledge and skills for respirator use are not retained by the employee and whenever retraining appears necessary to ensure safe respirator use.
- Training will include:
  - Identify hazards, potential exposure to these hazards, and health effects of hazards.
  - Respirator fit, improper fit, usage, limitations, and capabilities for maintenance, usage, cleaning, and storage.
  - Emergency Use
  - Inspecting, donning, removal, seal check and trouble shooting.
  - Explaining respirator program (policies, procedures, OSHA standard, resources).
  - Why the respirator is necessary and the consequences of improper fit, use, or maintenance.
  - The limitations and capabilities of the N95 respirator.
  - How to effectively use the respirator in emergency situations, including respirator malfunction.
  - How to inspect, put on, remove, use and check the seals of the respirator.
  - Maintenance and storage procedures.
  - The general requirements of the Respiratory Protection standard.
  - How to recognize medical signs and symptoms that may limit or prevent effective use of the respirator.

### **Evaluating/Updating Program**

The Respiratory Program Administrator or designee will complete an annual evaluation of the respiratory protection program.

- Evaluate any feedback information or surveys.
- The Respiratory Program Administrator or designee will review any new hazards or changes in policy that would require respirator use.
- The Respiratory Program Administrator or designee will make recommendations for any changes needed in the respiratory protection program.
- Conducts workplace evaluations as necessary to ensure that the written respiratory protection program is being effectively implemented.
- Regularly consults with employees required to wear respirators to assess their views on the respiratory protection program and to identify problems with respirator fit, selection, use and maintenance.
- Corrects any problems identified during assessments.



## **Roles and Responsibilities**

### **Respiratory Program Administrator (RPA)**

The Respiratory Program Administrator is responsible for administering the respiratory protection program.

Duties of the RPA include:

- Identify work areas, processes, or tasks that require respiratory protection.
- Monitor OSHA policy and standards for changes and make changes to agency's policy
- Select respiratory protection products.
- Monitor respirator use to ensure that respirators are used in accordance with their certification.
- Distribute and evaluate education/medical questionnaire.
- Evaluate any feedback information or surveys.
- Arrange for and/or conduct training and fit testing.
- Ensure proper storage and maintenance of respiratory protection equipment.

### **Supervisor**

The Medical director or designee is the supervisor for the respiratory protection program and is also the Respiratory Program Administrator. Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular units.

In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge.

Duties of the supervisor include:

- Knowing the hazards in the area in which they work.
- Knowing types of respirators that need to be used.
- Ensuring the respirator program and worksite procedures are followed.
- Enforcing/encouraging staff to use required respirators.
- Ensuring employees receive training and medical evaluations.
- Coordinating annual retraining and/or fit testing.
- Notifying employee, employee supervisor and facility administrator or *human resources* with any problems with respirator use, or changes in work processes that would impact airborne contaminant levels.
- Ensure proper storage and maintenance of all respirators.

### **Employee**

- Participate in all training.
- Wear respirator when indicated.
- Maintain equipment.
- Report malfunctions or concerns.

## **Documentation and Record-keeping**

- A written copy of the current Respiratory Protection Program can be found in Medical Services Policy and procedure manual.
- The medical director maintains the medical information for all employees covered under the respiratory program.
- The completed medical evaluations and documented medical recommendations are confidential and will be retained in the Medical Director's Office.
- All relevant medical information must be maintained for the duration of the employment of the individual plus thirty years.
- Fit testing records are retained per facility policy
- The facility will provide access to the above records by affected employees and OSHA.

## **References**

- NIOSH Respiratory Protection Program (<http://www.cdc.gov/niosh/topics/respirators/>)
- US Department of Health and Human Services, 1999, OSHA Technical Manual: Respiratory Protection 29 CFR 1910.134 (<http://www.osha.gov/SLTC/etools/respiratory/oshafiles/otherdocs.html>)
- Small Entity Compliance Guide for the Respiratory Protection Standard, Occupational Safety and Health Administration, U.S. Department of Labor, OSHA 3384-09 2011

## **Exhibit 12**

### Queens Boulevard Extended Care Facility **Emergency Preparedness Plan** Bed Reservation (Bed Hold) Policy and Procedures

#### **Policy:**

If a resident leaves the facility due to hospitalization or therapeutic leave, the facility shall not be obligated to hold the resident's bed available until his/her return, unless prior arrangements have been made for a bed hold pursuant to the facility's "Bed Reservation Policy and Procedure," and pursuant to applicable law. In the absence of a bed hold, the resident is not guaranteed readmission unless the resident is eligible for Medicaid and requires services provided by the facility. However, the resident may be placed in any appropriate bed in a semi-private room in the facility at the time of his/her return from hospitalization or therapeutic leave provided a bed is available and the resident's admission is appropriate and meets readmission requirements of facility.

#### **Private Pay Residents:**

Private pay residents who elect to retain a bed in the facility during a period of hospitalization or therapeutic leave may do so by notifying the Admissions Department and signing a bed hold reservation form with the Admissions Department stating their intent to hold and pay for the bed at the facility's private pay rate, and continuing payment at the private pay rate. The bed hold will be in effect until the facility receives written notice of discontinuance by the resident/designated representative or payment is discontinued.

#### **Medicare Residents:**

Medicare beneficiaries are not entitled to reimbursement for bed hold or therapeutic leave under the Medicare Program. Medicare residents who are absent from the facility past 12:00 midnight on any given day are deemed to be discharged from the facility. However, Medicare residents may elect to retain a bed in the facility by following the private pay resident bed hold policy above.

#### **Medicaid Recipients:**

Medicaid regulations provide that when a Medicaid recipient has been a resident of a facility for a minimum of 30 days, and the facility's vacancy rate is less than five percent, a bed will be reserved for: (1) residents under 21 years of age for temporary hospitalization and therapeutic leave; (2) residents 21 and over who are receiving hospice services for temporary hospitalization. Medicaid bed hold is limited to 14 days in any 12-month period; (3) residents 21 and over for non-hospitalization therapeutic leaves of absence ("Therapeutic Leave"). The Medicaid bed hold for Therapeutic Leave is limited to 10 days in a 12-month period. **There is no Medicaid paid bed hold for a resident 21 years of age or older who is temporarily hospitalized unless such resident is receiving hospice services within the facility.**

Medicaid recipients who do not meet bed hold eligibility requirements, do not have a paid bed hold, or whose bed hold has expired or been terminated, may elect to reserve/hold the same bed

in the facility by notifying the Admissions Department and signing a bed hold reservation form with the Admissions Department stating their intent to hold, and pay for, the bed at the facility's private pay rate.

In the absence of a bed hold, a Medicaid resident has the right to, and will be given priority for, readmission when an appropriate bed in a semi-private room becomes available if the resident requires the services provided by the facility and is eligible for Medicaid nursing home services, unless there are special circumstances which would preclude the resident's return.