



*King David Center*  
FOR NURSING AND REHABILITATION  
*An Allure Facility*

King David Center for Nursing and Rehabilitation  
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Brooklyn, NY 11214  
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# Instructions

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The NYSDOH Comprehensive Emergency Management (CEMP) Template is a tool to help facilities develop and maintain facility-specific CEMPs. For 2020, Appendix K has been updated to include guidance and formatted to provide a form to comply with the new requirements of Chapter 114 of the Laws of 2020 for the development of a Pandemic Emergency Plan (PEP). The plan template is designed to help facilities easily identify the information needed to effectively plan for, respond to, and recover from natural and man-made disasters. All content in this template should be reviewed and tailored to meet the needs of each facility.

# Emergency Contacts

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	718-236-2672
Emergency Medical Services	Instacare 718-467-6600
Fire Marshal	N/A
Local Office of Emergency Management	631-851-4310
NYSDOH Regional Office (Business Hours) <sup>1</sup>	718-302-0152
NYSDOH Duty Officer (Business Hours)	866-881-2809
New York State Watch Center (Warning Point) (Non-Business Hours)	518-292-2200

<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:

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David Schoenblum  
Administrator

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September 15, 2020

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Irish Flor  
Director of Nursing

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September 15, 2020

# Record of External Distribution

Table 3: Record of External Distribution

Date	Recipient Name	Recipient Organization	Format	Number of Copies
<i>September 15, 2020</i>	<i>All</i>	<i>For all to review via Facility Website</i>	<i>Website</i>	<i>1</i>

# 1 Background

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## 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.

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

# 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:

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

Finally, any appendices and documents, such as regulations, executive orders, guidance, lists, contracts, etc. that the facility creates that pertain to the tasks in this Annex, and/or refers to in this Annex, should be attached to the corresponding 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>	
<input type="checkbox"/> 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 through regular staff in servicing.
<input type="checkbox"/> Required	Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies as per NYDOH and CDC guidance.
<input type="checkbox"/> 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. Staff are tested weekly as per DOH and CDC guidance. Residents are to be monitored for signs and symptoms and tested when necessary. If there are any staff or residents that test positive all residents will be tested until there are no positives residents for 14 days.
<input type="checkbox"/> Recommended	Develop/Review/Revise plan for staff testing/laboratory services. We are currently utilizing the services of LabQ.
<input type="checkbox"/> 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. The facility is reporting to the New York State Department of Health daily COVID stats through the daily HERDS Survey. The facility is also reporting weekly to the CDC on current COVID stats, staffing, vent availability and access to PPE.
<input type="checkbox"/> 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) As of the 09/30/2020 deadline, the facility has a 60 day supply of PPE and disinfectants in a locked storage area to ensure necessary supply are on hand when needed.
<input type="checkbox"/> Recommended	Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave). All staff, vendors and visitors (when facility is open to visitation) are closely monitored for signs and symptoms of COVID. Temperature checks are done prior to entry and questions about possible signs and symptoms of COVID as well as any recent out-of-state visits are

	asked prior to anyone being allowed to enter the facility.
<input type="checkbox"/> Required	Develop/Review/Revise environmental controls (e.g., areas for contaminated waste) All contaminated waste is kept in separate colored and labeled bags and disposed of separately.

<input type="checkbox"/> Required	Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. The facility ensures that we have adequate emergency supplies of food, water, linens, PPE, disinfectants and that we can get all necessary medications in an emergency.
<input type="checkbox"/> 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. As per guidance of NYSDOH and CDC Guidance all residents are cohorted together/isolated as per their current infection status.
<input type="checkbox"/> 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. In addition, there are dedicated staff members from all disciplines caring for residents on this dedicated unit.
<input type="checkbox"/> Recommended	Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated. Communal dining and large group activities have been suspended. Residents are kept 6 feet apart from each other and wear masks when in public areas.
<input type="checkbox"/> 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. King David Center for Nursing and Rehabilitation strictly follows all guidelines set forth by the NYSDOH and CDC in all specific infectious disease/pandemic events.
<input type="checkbox"/>	
<input type="checkbox"/>	

#### Additional Preparedness Planning Tasks for Pandemic Events

<input type="checkbox"/> 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 . Families will receive a letter in the mail/via email (depending on their requested form of communication) communicating any necessary issues of the pandemic at hand. In addition, all communications with families will be posted on our website and updated daily.
<input type="checkbox"/> 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. King David Center for Nursing and Rehabilitation follows all current guidelines of NYSDOH and CDC for visitation and infection control for the protection of residents, staff and families
<input type="checkbox"/>	
<input type="checkbox"/>	

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

<input type="checkbox"/> Recommended	<p>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:</p> <ul style="list-style-type: none"> <li>• Weekly staff swabbing and daily monitoring for signs and symptoms</li> <li>• Daily monitoring of resident vital signs for signs and symptoms and swabbing whenever necessary</li> </ul>
<input type="checkbox"/> Required	<p>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</p>

	for reporting requirements).
<input type="checkbox"/> Required	The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting and any necessary Nora infection reports.
<input type="checkbox"/> Recommended	The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Hand sanitizer is provided throughout the building and all staff and residents are given face masks to wear. In addition, full PPE is provided in cases where a resident is under isolation.
<input type="checkbox"/> 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 as stated previously.
<input type="checkbox"/> 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: Dedicated staff members are to be provided from every discipline for every infection status cohort.
<input type="checkbox"/> 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.
<input type="checkbox"/> Required	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 appropriate to their interests and need for information. As stated, the facility will update families daily on its website with any vital information necessary to better understand the disease and the facility's response to it.
<input type="checkbox"/> Recommended	The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks.
<input type="checkbox"/> 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.  If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection: As stated, the facility will follow all updated NYSDOH and CDC Guidelines for facility visitation and admission of new residents.
<input type="checkbox"/>	
<input type="checkbox"/>	

**Additional Response Tasks for Pandemic Events:**

<input type="checkbox"/> Recommended	Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures) through regular in servicing of staff.
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<input type="checkbox"/> Required	<p><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:</p> <ul style="list-style-type: none"> <li>• The PEP plan to be posted on Facility’s website on 09/15/2020</li> <li>• The PEP plan to be posted on all floors of facility and at front desk as of 09/15/2020</li> </ul>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></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: Daily updates on facility website and calls to family members of infected residents.</p>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, 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:</p> <ul style="list-style-type: none"> <li>• Daily Website updates for all on number of infected residents</li> <li>• Weekly updates to authorized families and guardians on the number of pandemic related infections and deaths at facility through Zoom conferences, mass emails or family preferred method of communication.</li> </ul>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, 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:</p> <p><b>Every resident currently has a tablet near their bed for their personal use at no cost. They can use it for many purposes including videoconferencing their families or equivalent communication methods.</b></p>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, 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):</p> <p><b>The Admissions Department will be in contact with admitting hospitals to ensure that that hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment.</b></p>
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, 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):</p>



Required

***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 (including consideration of space for storage) 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. As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile.

This includes, but is not limited to:

- N95 respirators
- Face shield
- Eye protection
- Gowns/isolation gowns
- Gloves
- Masks
- Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)

A 60 day stockpile of all necessary PPE will be kept on hand in a locked storage area.

<input type="checkbox"/>	
<input type="checkbox"/>	
<b>Recovery for <u>all Infectious Disease Events</u></b>	
<input type="checkbox"/> Required	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.
<input type="checkbox"/> Required	The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders as stated with daily updates on website and via family requested means of communication.
<input type="checkbox"/>	
<input type="checkbox"/>	

# Hazard Annex K: Infectious Disease

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

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

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

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

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

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

(i) a communication plan:

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

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

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

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

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

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

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

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

The commissioner shall review each residential healthcare facility for compliance with its plan and the applicable regulations in accordance with paragraphs (a) and (b) of subdivision one of this section.

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

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

§ 2. This act shall take effect immediately.

## 1. Communicable Disease Reporting:

### 1.1. Importance of Reporting

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

## 1.2. What must be reported?

### **NYSDOH Regulated Article 28 nursing homes:**

- Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.<sup>8</sup>
- Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be reported to NYSDOH. This can be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, facilities may fax an [Infection Control Nosocomial Report Form \(DOH 4018\)](#) on the DOH public website.
  - Facilities are expected to conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Healthcare associated infection outbreaks may also be reported to the LHD.

A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) must be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it must also be reported to the NYSDOH. This can be done electronically via the NORA, or, by faxing an [Infection Control Nosocomial Report Form \(DOH 4018\)](#).

- Reports must be made to the local health department in the county in which the facility is located (as the resident's place of residence) and need to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.
- Categories and examples of reportable healthcare-associated infections include:
  - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
  - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
  - Foodborne outbreaks.
  - Infections associated with contaminated medications, replacement fluids, or commercial products.

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<sup>8</sup> A list of diseases and information on properly reporting them can be found below.

- Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
- A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
- Clusters of tuberculin skin test conversions.
- A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
- Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
- Closure of a unit or service due to infections.
- Additional information for making a communicable disease report:
  - Facilities should contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here: [https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional\\_epi\\_staff.htm](https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm). For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.
  - Call your local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.
  - For facilities in New York City:
    - Call 1 (866) NYC-DOH1 (1-866-692-3641) for additional information.
    - Use the [downloadable Universal Reporting Form \(PD-16\)](#); those belonging to NYC MED can [complete and submit the form online](#).

## 2.0. PEP Communication Requirements

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

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

Under the PEP, facilities must include plans and/or procedures that would enable them to (1) provide a daily update to authorized family members and guardians and upon a change in a

resident's condition; and (2) update all residents and authorized families and guardians at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19).

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

### 3.0 PEP Infection Control Requirements

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

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

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

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

- Plans for cohorting, including:
  - Use of a part of a unit, dedicated floor, or wing in the facility or a group of rooms at the end of the unit, such as at the end of a hallway.

- Discontinue any sharing of a bathroom with residents outside the cohort
- Proper identification of the area for residents with COVID-19, including demarcating reminders for healthcare personnel; and
- Procedures for preventing other residents from entering the area.

#### **4.0 Other PEP Requirements**

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

