



**Department
of Health**

Elcor Nursing and Rehabilitation Center Pandemic Emergency Plan

2020

Elcor Nursing and Rehabilitation Center
48 Colonial Drive, Horseheads, NY 14845
elcor.us

Emergency Contacts

The following table lists contact information for public safety and public health representatives for quick reference during an emergency. Complete listing, including staff is included in the Comprehensive Emergency Management Plan (CEMP).

Table 1: Emergency Contact Information

| Organization | Phone Number(s) |
|---|---------------------------|
| Local Fire Department | 607-739-7134 |
| Local Police Department | 607-739-8797 607-735-8600 |
| Emergency Medical Services | NA |
| Fire Marshal | NA |
| Local Office of Emergency Management | 607-737-2096 |
| NYSDOH Regional Office (Business Hours)¹ | 585-423-8020 |
| NYSDOH Duty Officer (Business Hours) | 866-881-2809 |
| New York State Watch Center (Warning Point) (Non-Business Hours) | 518-292-2200 |

¹ 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

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

Edward J. Linsler, Jr.
Administrator

9/14/20

Tim Low
Maintenance Director

9/14/20

Infectious Disease/Pandemic Emergency

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.

Preparedness Tasks for all Infectious Disease Events:

Provide staff education on infectious diseases (e.g., reporting requirements, 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. All staff will be educated on an as needed/just in time basis for quickly occurring events, otherwise, ongoing infection control training will be conducted.

Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies.

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. The Infection Preventionist closely monitors all infections throughout the facility and maintains a line listing for each occurrence.

Develop/Review/Revise plan for staff testing/laboratory services. Arnot Ogden Medical Center Laboratory is the routine provider for resident labs. For purposes of a pandemic emergency, other lab options need to be explored. During the COVID-19 Pandemic, Cayuga Medical Center is contracted to provide all COVID testing for all employees/contractors and residents.

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). All required reporting tools are available for daily reporting all statistics to the HCS, NORA, HERDS and NHSN.

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). All routine vendors will be utilized for all necessary supplies. If the routine vendors do not have access to meet our needs, we will reach out to other vendors as necessary. The Chemung County Office of Emergency Management, Pandion (purchasing group) trade associations (NYSHFA, Leading Age/Adult Day Care Council, and Genesee Health Facilities Association), the NYS DOH and the Southern Tier Mutual Aid Plan will be informed as necessary, of any supply issues as they occur.

Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave). Depending on the controls necessary in the emergency situation, any or all of the following controls would be implemented:

- Restrict all visitation except for certain compassionate care situations, such as end of life situations.

- Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (ex. Barber, Hair Dresser, etc.)
- All group activities and communal dining should be organized in small groups with spacing to accommodate a 6ft social distancing, or not allowed at all.
- Restrict resident outside activities and outings (ex. Going to the mall, Walmart)
- Implement active screenings of residents and HCP for fever and respiratory symptoms.
- Implement employee leave policies as recommended by the authority having jurisdiction.

Environmental controls. The following environmental controls would be considered/implemented as necessary:

- Consideration of what entrances should/would be accessible for entry into the facility. Depending on what the employee screening dictates, there may be only one (1) or two (2) entrances available.
- Appropriate signage will be displayed regarding the emergency situation.
- Infection control measures will be implemented as necessary (ie. additional hand sanitizer dispensers).
- To support the recommended cohorting of residents, physical barriers will be constructed as necessary.
- Where “lines” of employees or residents are likely to occur, physical markings will be displayed indicating safe distances (ie. 6 feet).

Appropriate signage will be developed/displayed appropriate to the incident.

Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents. All routine vendors will be utilized for all necessary supplies. If the routine vendors do not have access to meet our needs, we will reach out to other vendors as necessary. The Chemung County Office of Emergency Management, Pandion (purchasing group) trade associations (NYSHFA, Leading Age/Adult Day Care Council, and Genesee Health Facilities Association), the NYS DOH and the Southern Tier Mutual Aid Plan will be informed as necessary, of any supply issues as they occur.

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.

- Actively monitor all residents upon admission and at least daily for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat). If positive for fever or symptoms, implement recommended IPC practices.
- Notify Infection Preventist and Report to NYS DOH any outbreak of respiratory infections per Elcor Outbreak Reporting Policy.
- Undiagnosed Respiratory Infection: Use Standard, Contact and Droplet precautions. Restrict residents to their rooms as able. If they leave the room, residents should wear a face mask (if tolerated) to cover their mouth and nose.

- If COVID 19 is suspected, based on evaluation of the resident or prevalence of COVID 19 in the community,
 - Follow CDC recommendations for COVID 19 testing.
 - Consider implementing the **Incident Command System** (described in the CEMP. Incident Command Team will be designed according to the type of emergency.
 - Residents with known or suspected COVID 19 should be placed in a private room with their own bathroom (if possible).
 - Room sharing might be necessary if there are multiple residents with known or suspected COVID 19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. NYS DOH can assist with decisions about resident placement.
 - Notify the NYS DOH and immediately follow the “Interim Infection Prevention and Control Recommendations for Patients with COVID 19 or Persons Under Investigation for COVID 19 in Healthcare Settings”. This includes detailed information regarding recommended PPE.
 - Notify medical transportation and receiving health care team (hospital, dialysis, cancer center) of the residents suspected or confirmed COVID 19 status.
- If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation, Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.
 - While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (ex. Kept in their room with the door closed). Appropriate PPE should be used by HCP when coming in contact with the resident.

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. Depending on which unit is affected, will determine where the cohorting will take place. Generally, the Hickory Knoll Lounge area would be utilized for a small number of affected residents. If the number of residents exceeds the capacity of that area, a unit would be selected and would be utilized to isolate all affected residents. If practicable, a temporary enclosure with a magnetized door closure would be constructed in the hallway separating the area from the rest of the unit.

Social distancing measures can be put into place where indicated. As necessary, the following social distancing measures will be utilized:

- All staff will be educated regarding social distancing and the importance of wearing masks appropriately.
- To the extent possible, all residents will be educated and encouraged to practice social distancing.
- Physical controls will be implemented as appropriate (physical barriers, floor markings signage).
- All common areas will be arranged to promote social distancing (chairs, tables).

- Activities and communal dining will be limited or eliminated.

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.

Depending on DOH and CDC guidance, the “reopening” will occur in phases:

- Residents being allowed off their respective units
- Residents being allowed to attend community events/locations
- Return of limited visitation (with health screening/limited numbers/limited hours)
- Residents going to “elective” health care appointments
- Return of unlimited visitation
- Return of vendors/consultants
- Opening/unlocking of other main entrances
- Discontinuing health screening of all entering the facility
- Return of communal dining
- Return of large group activities

Pandemic Communication Plan that includes all required elements:

Staff Notification

Once a hazard or threat report has been made, an initial notification message will be disseminated to staff. 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.

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. If the incident requires notification of residents’ families, the following methods may be utilized: posting on the Elcor website, automated voice messaging, personal phone calls and email.

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

Table 4: Notification by Hazard Type

M = Mandatory
R = Recommended

| | | Example Hazard | Active Threat ² | Blizzard/Ice Storm | Coastal Storm | Dam Failure | Water Disruption | Earthquake | Extreme Cold | Extreme Heat | Fire | Flood | CBRNE ³ | Infectious Disease / Pandemic | Landslide | IT/Comms Failure | Power Outage | Tornado | Wildfire | | |
|-------------------------------|---|----------------|----------------------------|--------------------|---------------|-------------|------------------|------------|--------------|--------------|------|-------|--------------------|-------------------------------|-----------|------------------|--------------|---------|----------|---|---|
| Notification Recipient | NYSDOH Regional Office⁴ | M | M | 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 | □ | □ | □ | □ | |
| | Local Emergency Management | R | R | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | R | □ | □ | □ | □ | □ | □ | □ |
| | Local Law Enforcement | | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| | Local Fire/EMS | | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| | Local Health Department | R | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | M | □ | □ | □ | □ | □ | □ | □ |
| | Off Duty Staff | | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| | Relatives and Responsible Parties | | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | M | □ | □ | □ | □ | □ | □ | □ |
| | Resource Vendors | | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| | Authority Having Jurisdiction | | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| | Regional Healthcare Facility Evacuation Center | | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
| | [Additional Facility-Specific Recipient(s)] | | | | | | | | | | | | | | | | | | | | |

² “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.

³ “CBRNE” refers to “Chemical, Biological, Radiological, Nuclear, or Explosive”

⁴ 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 [region-specific phone number]. 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.

Protection of staff, residents and families against infection that includes all required elements of the PEP.

- Ask residents to report if they feel feverish or have symptoms of respiratory infection.
- Actively monitor all residents upon admission and at least daily for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).
 - If positive for fever or symptoms, implement recommended IPC practices.
- Notify Infection Preventionist and Report to NYS DOH any outbreak of respiratory infections per Elcor Outbreak Reporting Policy.
- Undiagnosed Respiratory Infection: Use Standard, Contact and Droplet precautions. Restrict residents to their rooms as able. If they leave the room, residents should wear a face mask (if tolerated) to cover their mouth and nose.
- If COVID 19 is suspected, based on evaluation of the resident or prevalence of COVID 19 in the community,
 - Follow CDC recommendations for COVID 19 testing.
 - Residents with known or suspected COVID 19 should be placed in a private room with their own bathroom (if possible).
 - Room sharing might be necessary if there are multiple residents with known or suspected COVID 19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. NYS DOH can assist with decisions about resident placement.
 - Notify the NYS DOH and immediately follow the “Interim Infection Prevention and Control Recommendations for Patients with COVID 19 or Persons Under Investigation for COVID 19 in Healthcare Settings”. This includes detailed information regarding recommended PPE.
 - Notify medical transportation and receiving health care team (hospital, dialysis, cancer center) of the residents suspected or confirmed COVID 19 status.
- If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation, Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.
 - While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (ex. Kept in their room with the door closed). Appropriate PPE should be used by HCP when coming in contact with the resident.

Policies and Procedures for Visitor Restrictions

- Because of the ease of spread in a long-term care setting and the severity of illness that occurs in residents with COVID19, facilities should immediately restrict all visitation to their facilities except certain compassionate care situations, such as end of life situations as recommended by NYS DOH and CDC.

The following methods of communication will be utilized as appropriate: physical mailings;

recorded call list phone calls; personal phone calls; entries on the facility web site; and in person meetings

- Send letters or emails to families advising them that no visitors will be allowed in the facility except for end of life situations. Use of alternative methods for visitation (ex. Video conferencing, Skype, Facetime, etc.) should be facilitated by the facility.
- Post signs at the entrances to the facility advising that no visitors may enter the facility.
- Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor for fever or respiratory symptoms. Those with symptoms should not be permitted to enter the facility. Those visitors that are permitted must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

Response Tasks for all Infectious Disease Events:

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: All Department Managers (which would include all members of the Incident Command Team—depending on the current emergency) have access to email and internet where the large majority of the guidance would be disseminated. In particular, the Infection Preventionist, the DON and the Administrator would receive notices, advisories and any guidance issued by the DOH and the CDC. Other sources of guidance will also be provided by NYSHFA, Leading Age, Genesee Health Facilities Association, AHCA and the Southern Tier Mutual Aid Plan.

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). All required reporting tools are available for daily reporting all statistics to the HCS, NORA, HERDS and NHSN. All reported is completed by the Infection Preventionist.

The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting. All required reporting tools are available for daily reporting all statistics to the HCS, NORA, HERDS and NHSN. All reported is completed by the Infection Preventionist.

The Infection Control Practitioner will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Hand sanitizer and face/nose masks will be provided as necessary/as 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.

- Ask residents to report if they feel feverish or have symptoms of respiratory infection.
- Actively monitor all residents upon admission and at least daily for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).
 - If positive for fever or symptoms, implement recommended IPC practices.
- Notify Infection Preventist and Report to NYS DOH any outbreak of respiratory infections per Elcor Outbreak Reporting Policy.
- Undiagnosed Respiratory Infection: Use Standard, Contact and Droplet precautions. Restrict residents to their rooms as able. If they leave the room, residents should wear a face mask (if tolerated) to cover their mouth and nose.
- If COVID 19 is suspected, based on evaluation of the resident or prevalence of COVID 19 in the community,
 - Follow CDC recommendations for COVID 19 testing.
 - Residents with known or suspected COVID 19 should be placed in a private room with their own bathroom (if possible).
 - Room sharing might be necessary if there are multiple residents with known or suspected COVID 19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. NYS DOH can assist with decisions about resident placement.
 - Notify the NYS DOH and immediately follow the “Interim Infection Prevention and Control Recommendations for Patients with COVID 19 or Persons Under Investigation for COVID 19 in Healthcare Settings”. This includes detailed information regarding recommended PPE.
 - Notify medical transportation and receiving health care team (hospital, dialysis, cancer center) of the residents suspected or confirmed COVID 19 status.
- If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation, Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.
 - While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (ex. Kept in their room with the door closed). Appropriate PPE should be used by HCP when coming in contact with the resident.
- 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: Staff will be designated to cohorted COVID positive residents and not allowed to work with other residents or on other units. This would include Nursing and all ancillary department personnel.
- The Managers of each department will make every effort to maintain staffing plans based on the census and the acuity of the residents. In the event

of a staffing emergency, the facility may not have sufficient staff to care for the residents and/or the acuity of the residents exceeds the staff's ability to care for them safely. In that event, the Emergency Staffing Plan will be activated. Strategies will be implemented in a prioritized manner depending on classification of employees affected, e.g. Nurse, Certified Nursing Assistant.

- **Staffing:**

- 1. Per Diem staff will be utilized.
- 2. Staff will be offered overtime shifts.
- 3. Staff will be offered bonuses for additional shifts.
- 4. Staffing schedules will be altered to meet the needs of the facility.
- 5. Agency staff will be utilized if available.
- 6. Staff who are awaiting licensure will be utilized at the extent allowed by the Department of Health (DOH).
- 7. Management nurses will be assigned to resident care.
- 8. Volunteers will be utilized for non-clinical functions.
- 9. Residents will be consolidated so that a unit can be closed.
- 10. Nursing responsibilities will be delegated to non-nursing personnel when appropriate.
- 11. Nursing responsibilities will be prioritized and non-essential functions will be discontinued.
- 12. Any DOH waivers for staff training/qualifications will be considered on a temporary basis.
- 13. Engage Mutual Aid Plan.

- **Residents:**

- 1. New admissions will be suspended until adequate staffing can be provided.
- 2. Residents will be discharged to home if appropriate.
- 3. Residents will be transferred to the hospital if clinically indicated.
- 4. Residents will be transferred to other skilled nursing facilities.

- **Other Staffing Resources/Contacts:**

- Supplemental Health Care—716-250-4137
- Dedicated Nursing Associates, Inc.—844-280-3982
- Apploi—Joshua Reiss—516-509-7147
- NYS DOH Staffing Portal

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.

Education: 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. The following methods of communication will be utilized as appropriate: physical mailings; recorded call list phone calls; personal phone calls; entries on the facility web site; and in person meetings

Outside Contacts: The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents. The following is a list of external stakeholders (including but not limited to) to be contacted and instructed on their respective access into the facility and other methods of providing services to the residents they serve:

- Pharmacy Consultant
- Pharmacy Deliveries
- Oxygen Deliveries
- Barbers
- Hair Dresser
- Podiatrist
- Ophthalmology
- Dentist
- Endocrinologist
- Dermatology
- BOCES
- Elmira College
- HOSPICE
- Care Plan Meetings
- Appointments—limited to urgent
- Diagnostics/X-Ray
- Arnot Lab
- Vending Machines
- Volunteers
- Team Health/EPC
- Physicians
- Neurology
- Adult Day Care Program Registrants
- Neurology

- Swift Office
- Kindred
- Erlich
- Duffys
- Elmira Structures
- Hanger
- IT
- HSS

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: list facility-specific procedures

- Because of the ease of spread in a long-term care setting and the severity of illness that occurs in residents with COVID-19, facilities should immediately restrict all visitation to their facilities except certain compassionate care situations, such as end of life situations as recommended by NYS DOH and CDC.
 - Send letters or emails to families advising them that no visitors will be allowed in the facility except for end of life situations. Use of alternative methods for visitation (ex. Video conferencing, Skype, Facetime, etc.) should be facilitated by the facility.
 - Post signs at the entrances to the facility advising that no visitors may enter the facility.
 - Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor for fever or respiratory symptoms. Those with symptoms should not be permitted to enter the facility. Those visitors that are permitted must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

Additional Response Tasks for Pandemic Events:

Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures). All staff will be (have been) educated in the proper selection and use of PPE. Staff observation and further return demonstration will be conducted.

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: list facility planned procedures, timeline to post, etc.

A copy of the PEP will be posted to the Elcor Nursing and Rehabilitation Center Website www.elcor.us on September 15, 2020.

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:

The following methods of communication will be utilized as appropriate: physical mailings; recorded call list phone calls; personal phone calls; entries on the facility web site; and in person meetings. Family and guardians of infected residents will be contacted daily by nursing personnel.

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: The following methods of communication will be utilized as appropriate: physical mailings; recorded call list phone calls; personal phone calls; entries on the facility web site; and in person meetings. Family and guardians of infected residents will be contacted daily by nursing personnel.

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: All Social Workers and all Activities staff have access to I pads for use in videoconferencing for any resident who requests it. "Communal" I pads will also be available for independent use in each respective building.

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): All hospitalized residents are followed by the Director of Admissions with the assistance of the Case Manager from the respective hospital. When the resident is ready to be discharged, the Case Manager will inform the Director of Admissions and if the facility can safely meet the care needs of the resident, they will be readmitted to the next available room similar to the one they vacated.

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): All hospitalized residents are followed by the Director of Admissions with the assistance of the Case Manager from the respective hospital. When the resident is ready to be discharged, the Case Manager will inform the Director of Admissions and if the facility can safely meet the care needs of the resident, they will be readmitted to the next available room similar to the one they vacated.

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)

All routine vendors will be utilized for all necessary supplies, including a 60 day supply of PPE. If the routine vendors do not have access to meet our needs, we will reach out to other vendors as necessary. The Chemung County Office of Emergency Management, Pandion (purchasing group) trade associations (NYSHFA, Leading Age/Adult Day Care Council, and Genesee Health Facilities Association), the NYS DOH and the Southern Tier Mutual Aid Plan will be informed as necessary, of any supply issues as they occur. Vendor list in the CEMP should also be utilized.

Recovery for all Infectious Disease Events:

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.

The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders