

# Annex E: 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:

- 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 all Infectious Disease Events

<input type="checkbox"/> Required	<p>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.</p> <p>Provide ongoing staff education and training about:</p> <ul style="list-style-type: none"> <li>• Pandemic symptoms, how it is transmitted etc. Resources are available at <a href="http://cdc.gov">cdc.gov</a></li> <li>• Sick leave policies and the importance of not reporting to work, or staying at work, when ill.</li> <li>• Importance of adherence to hand hygiene and proper use of personal protective equipment, including any updates to recommendations based on PPE availability. Resources are available at <a href="https://www.cdc.gov/handhygiene/campaign/promotional.html#anchor_1555101687">https://www.cdc.gov/handhygiene/campaign/promotional.html#anchor_1555101687</a> and <a href="https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf">https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf</a>.</li> <li>• Mandatory healthstream training will be implemented, as well as signage/email updates as needed.</li> </ul>
<input type="checkbox"/> Required	<p>Develop/Review/Revise and Enforce existing infection prevention, control, and reporting policies.</p> <p>When there is an outbreak among residents, the Westchester County DOH is notified by the Director of Infection Prevention via phone or email. A line lists of affected residents is created and sent through securefile on the Health Commerce System. A NORA report must be submitted on the Health Commerce System.</p> <p>Submit data in to NHSM when indicated.</p> <p>See facility's Outbreak Reporting Policy.</p>
<input type="checkbox"/> Recommended	<p>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.</p> <p>All Staff will be screened at the beginning of their shift for fever (greater than or equal to 100° F) and any symptoms related to the pandemic.</p> <p>If working more than 12 hours (double shift) staff must have temperature taken twice while in facility. If found to be ill, send staff member home or refer to appropriate medical care. Staff are tested once weekly in the Center and specimens are sent to bioreference.</p>

	<p>Maintain a list of symptomatic staff and how long they are out of work.</p> <p>All residents will be assessed daily for <input type="checkbox"/> Fever <input type="checkbox"/> Relevant symptoms of infection <input type="checkbox"/> Oxygen Saturation. If any resident does exhibit any sign or symptom of pandemic, they will be transferred to a Specialized Unit (First Floor School) and have testing performed.</p>
<input type="checkbox"/> Recommended	<p>Develop/Review/Revise plan for staff testing/laboratory services.</p> <p>Staff will be tested once weekly (or as required by any executive order) and the specimens are sent to bioreference laboratory.</p> <p>See COVID testing of Employees.</p>
<input type="checkbox"/> Required	<p>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.</p> <p>Outbreaks are reported by the Director of Infection Prevention.</p> <p>HERDS surveys are completed by the Vice President of Operations daily, or as indicated.</p>
<input type="checkbox"/> Required	<p>Develop/Review/Revise internal policies and procedures, to stock up on medications, environmental cleaning agents, and personal protective equipment as necessary.</p> <p>Inventory available hand hygiene and PPE supplies on a regular basis.</p> <p>Facility will maintain 60 day emergency supply of PPE at all times (Fourth Floor Storage Room). PPE Par levels will be maintained in accordance with current NYSDOH. Vendor contacts are kept by Director of Material Management for any needed supplies. If needed, local Office of Emergency Management or DOH. (Westchester County) can be contacted for additional assistance.</p> <p>PPE conservation guidelines are reviewed with staff, signage will be posted.</p> <p>Ensure availability of alcohol-based hand sanitizer (containing at least 60% alcohol) in the facility and are regularly filled, the locations are as follows:</p> <p><input type="checkbox"/> Inside resident's room <input type="checkbox"/> Outside each resident's room <input type="checkbox"/> Nursing stations/WOWs</p> <p><input type="checkbox"/> With PPE carts <input type="checkbox"/> Common areas</p> <p>Ensure EPA-registered, hospital-grade disinfectant is available (ensure products with demonstrated efficacy against, and the length of time to kill specific microorganisms), and environmental services personnel perform thorough daily cleanings and more frequent cleaning of high-touch surfaces in resident rooms and common areas.</p>
<input type="checkbox"/> Recommended	<p>Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).</p> <p>All visitations will be suspended, except when essential for resident's medical care or for end of life care.</p> <p>All essential visitors will be screened for fever, relevant symptoms, and recent relevant travel. Upon entry to the facility, all staff and visitors will be required to sanitize and mask (provided by facility) and they will be restricted to the room of their family member or family suite if resident is in a shared room.</p>

	<p>Non-essential personnel, including volunteers, students, and non-essential consultants will be restricted from facility. Signs will be posted at main entrance advising that no visitors may enter the facility. Family members will be informed of all visitor restrictions.</p> <p>Alternative methods for visitation will be used, daily, if requested (e.g., video conferencing, facetime, zoom etc).</p> <p>All activities that brings multiple residents together into the same room without adequate spacing will be canceled (e.g., physical therapy).</p> <p>Residents and families/guardians will be kept informed about the situation at a minimum, once a week, by their preferred method of contact.</p> <p>All staff will be screened at the beginning of their shift for fever (greater than or equal to 100° F) and any symptoms related to the pandemic. If working more than 12 hours (double shift) staff must have temperature taken twice while in facility. If found to be ill, staff member will be sent home or referred to appropriate medical care.</p> <p>Staff will be tested once weekly (or as required) in the facility and specimens sent to bioreference laboratory.</p> <p>Employee health and HR will maintain lists of symptomatic staff and how long they are out of work as well as results of any and all testing.</p>
<input type="checkbox"/> Required	<p>Develop/Review/Revise environmental controls (e.g., areas for contaminated waste)</p> <p>High Touch Points are cleaned at least 3x a day.</p> <p>Residents rooms are cleaned daily and terminally cleaned when necessary</p> <p>Clorox Total 360 Electrostatic sprayer is used as necessary to terminally clean high traffic areas especially if a suspected or confirmed infection is identified.</p> <p>Gather trash and medical waste from the room and bathroom and replace liner at least twice a day or as needed.</p>
<input type="checkbox"/> Required	<p>Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing agents.</p> <p>Pharmacy will order and keep extra medications (as possible)</p> <p>Food will be ordered/stored as needed.</p> <p>All PPE/sanitizing agents will be stocked and rotated.</p>
<input type="checkbox"/> Required	<p>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.</p> <p>Appropriate isolation precautions will be used for care of residents with possible, suspected, or confirmed illness; gowns will be prioritized for close resident contact. Staff will wear gowns, gloves, eye protection (goggles or face shield), and N95 respirator when appropriate.</p> <p>Signage will be posted on the residents' doors indicating specific PPE needed to enter the room. All necessary PPE, hand hygiene supplies, and disinfection wipes will be available at the door to the resident's room (PPE Cart). A trash can will also be available at the exit to the room for all discarded doffed (removed) PPE.</p>

	<p>Appropriate isolation precautions will be used for all residents on the same neighborhood where a suspected, possible, or confirmed case is identified.</p> <p>To ensure further transmission does not occur, the school class rooms can be utilized as an appropriate location to isolate and care for a resident with suspected or confirmed illness based on guidance from Westchester County Department of Health.</p> <p>Roommates of confirmed cases are considered exposed and will be cohorted and quarantined, separate from unexposed residents.</p> <p>Unexposed residents of the same neighborhood will be kept in their rooms as much as possible. Residents of affected neighborhoods will be monitored at least once per shift. Monitoring must include a symptom check* and temperature check at a minimum; other vital signs, lung auscultation, and pulse oximetry may also be included in the assessment depending on the symptoms of pandemic.</p> <p>If ill residents need to be transferred, facility will communicate with EMS and receiving hospital about resident's possible status. The health department will be notified immediately about any of the following:</p> <ul style="list-style-type: none"> <li>• A resident or staff member is suspected or confirmed illness;</li> <li>• Increase in residents being transferred to the hospital for symptoms;</li> <li>• Increase in staff calling out sick for symptoms;</li> <li>• Increase in unexplained deaths or deaths involving relevant symptoms .</li> </ul> <p>Families/guardians will be updated daily if resident is confirmed ill, by whatever means of communication is preferred by family/guardian.</p>
<input type="checkbox"/> Recommended	<p>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.</p> <p>Resident will be placed on droplet precautions and will be isolated to room, if shared room, roommates will also be put on precautions. If needed, the first floor school classrooms (Classes 14 and 15) can be used as isolation and quarantine areas since the hallway can be closed to all traffic.</p>
<input type="checkbox"/> Recommended	<p>Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated</p> <p>All non-essential activities will be suspended.</p> <p>Common area chairs will be limited/spaced to ensure distancing.</p> <p>Signage and floor stickers will be utilized in order to remind staff to be mindful of distancing (i.e. limiting amount of people allowed on elevators)</p> <p>Residents will be distanced for any activities and communal dining; only using disposable utensils, trays, etc.</p> <p>Residents will be cohorted by neighborhood</p> <p>Staff including but not limited to, Nursing, EVS, Recreation therapists etc, will stay neighborhood based and/or child based, if necessary.</p>
<input type="checkbox"/>	<p>Develop/Review/Revise a plan to recover/return to normal operations when, and as</p>

Recommended	<p>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.</p> <p>Following NYSDOH and CDC guidelines, all essential visitors/activities will be resumed as long as safe to do so.</p> <p>If visitation is allowed, all NYSDOH/CDC guidelines will be followed. See Pandemic-Outbreak Policy</p>
-------------	---

**Additional Preparedness Planning Tasks for Pandemic Events**

<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements,</i></b> Develop/Review/Revise a Pandemic Communication Plan that includes all required elements of the PEP.</p> <p>Daily emails (excluding holidays and weekend unless necessary) will be sent to all staff to update on pertinent information.</p> <p>Weekly emails or calls will be sent to families.</p> <p>Families/Guardians will be allowed to communicate daily with residents through video conferencing or phone calls.</p> <p>Sendwordnow (mass communication system) will be utilized as necessary (emails, calls and texts all facility staff)</p> <p>Signage as well as mandatory training and videos will be utilized in common areas (i.e elevators, lobbies)</p>
--------------------------------------	--

<input type="checkbox"/> Required	<p><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.</p> <p>Staff will be required to self-monitor for symptoms.</p> <p>Temperature kiosks are set up in main lobby for temperature checks before starting shift (will not allow entry without masks)</p> <p>Staff and residents will be cohorted to same neighborhoods to avoid potential spread of infections.</p> <p>Social distancing will be required in all areas, including elevators (signage/floor stickers).</p> <p>Training on symptoms of pandemic as well as how to prevent spread will be provided to all staff, including but not limited to: mandatory healthstreams, emails, signage and pertinent video training available on TVs throughout facility.</p>
--------------------------------------	---

**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> <p>As updates are received through NYSDOH, CDC, CMS, proper signage/information will be distributed/posted in a way that makes it available to all staff and visitors if applicable.</p>
---	---

<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 for reporting requirements).</p> <p>See Communicable Disease Report Policy</p>
<input type="checkbox"/> Required	<p>The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting.</p> <p>The Center's Vice President of Operations completes HERDS survey reporting daily (or as needed) and updates with any new information as needed.</p>
<input type="checkbox"/> Recommended	<p>The Infection Control Preventionist 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.</p> <p>The Center has signage throughout the building in alcoves, elevators, at the security desk.</p> <p>Hand sanitizers are available in all common spaces.</p> <p>Masks are provided in main lobby and in neighborhood supply closets and on PPE Carts/in rooms.</p>
<input type="checkbox"/> Recommended	<p>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.</p> <p>No employee will be permitted to work if ill. Symptomatic staff are required to quarantine for recommended length of time.</p> <p>Masks and proper hand sanitization, as well as temperature checks, are required when entering facility.</p> <p>Residents will be put on proper precautions or cohorted/isolated as needed.</p>
<input type="checkbox"/> Recommended	<p>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:</p> <p>To the extent possible, staff will be consistently assigned to the same resident to limit the number of staff interacting with each resident. To the extent possible, staff assignments will be limited across units.</p>
<input type="checkbox"/> Recommended	<p>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.</p>
<input type="checkbox"/> Required	<p>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</p>

	<p>appropriate to their interests and need for information</p> <p>Medical staff, nursing, social work are readily available to the residents and families to discuss concerns or if they have questions.</p> <p>Medical staff have care plan meetings to discuss and guardians are able to attend via telephone or through video conferencing.</p>
<input type="checkbox"/> Recommended	<p>The facility will contact all staff, vendors, other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents.</p> <p>Sendwordnow and/or all user emails will be used to inform all facility staff on any new requirements.</p> <p>Essential visitors will be informed of any screening/masking requirements before coming to facility, as well as to stay away from facility if ill and/or recently traveled.</p> <p>Proper signage will be posted in main lobby.</p>
<input type="checkbox"/> Required	<p>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.</p> <p>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:</p> <p>All visitors would be required to have their temperature taken and assessed at the front entrance, as well as required to mask. Visitors will be restricted to limited areas.</p> <p>Non-essential visitors will be restricted, if necessary.</p>
<b>Additional Response Tasks for <u>Pandemic Events</u>:</b>	
<input type="checkbox"/> Recommended	<p>Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures)</p> <p>Staff are and will be in-serviced and mandatory competencies are performed.</p> <p>Camera audits are performed by the Quality department, Education department, Infection Prevention to ensure with PPE compliance.</p> <p>Signage is also posted.</p>
<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> <p>Facility will keep electronic copy, available by email if requested.</p> <p>Pertinent information related to PEP will be posted on website for public.</p> <p>Hardcopies will be kept by security and engineering and furnished by request.</p>
<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</p>



	<p>condition:</p> <p>Medical staff will ensure to communicate to guardians if a resident is infected with pandemic related infection at least once per day and if there is a change in their condition, by the families preferred communication means (email, phone calls, videoconferencing etc)</p> <p>Social work will provide updates at least once a week on facility status related to the pandemic by email or other preferred methods of communication.</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> <p>Families/ guardians receive a letter and/ or email with updates regarding pandemic related infections of staff, as well as if a resident is moved the specialized unit to be tested.</p>
<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>IPADs are available for all residents use to maintain contact with family/guardians via facetime, zoom etc. Libraries/conference areas are also set up for video conferencing if needed.</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): see Bed Hold Policy</p> <ol style="list-style-type: none"> <li>1. Upon transfer to a hospital, for any reason including but not limited to routine care, illness (that cannot be cared for in house e.g. pandemic, etc.) and/or any surgical needs, written documentation will be sent with the resident to the hospital to indicate that, as per DOH Regulations: <ol style="list-style-type: none"> <li>A. The resident’s bed will be reserved if the resident is eligible.</li> <li>B. The hospital discharge planning coordinator must notify the Elizabeth Seton Children’s Center nursing supervisor or Medical provider by telephone of any changes in the resident’s condition during the period that the resident’s bed is reserved;</li> <li>C. The hospital discharge planning coordinator must notify the Elizabeth Seton Children’s Center nursing supervisor or Medical provider of the resident’s planned discharge date.</li> </ol> </li> </ol>
<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): see Bed Hold Policy:</p> <p>When a resident who under 21 years of age is transferred to a hospital; is a Medicaid</p>

recipient, has been in the facility for at least 30 days since the date of initial admission and the facility has met the applicable vacancy requirements, the Children's Center will reserve that resident's bed for an unlimited period of time. All residents/parents/legal guardians/authorized representatives are notified of the facility's bed hold policy on admission and at the time of transfer.

When a resident is 21 years of age, they are not eligible for bed hold, unless on contracted hospice for 14 days in a rolling 12-month period.

As per DOH Regulations:

- A. The resident's bed will be reserved if the resident is eligible.
- B. The hospital discharge planning coordinator must notify the Elizabeth Seton Children's Center nursing supervisor or Medical provider by telephone of any changes in the resident's condition during the period that the resident's bed is reserved; and
- C. The hospital discharge planning coordinator must notify the Elizabeth Seton Children's Center nursing supervisor or Medical provider of the resident's planned discharge date.

At the time of the resident's transfer to the hospital, the resident's social worker will provide written notice of Transfer/Discharge to the parent/legal guardian/authorized representative and the resident. Bed hold Policy will be forwarded routinely to the LTC Ombudsman.

If the Elizabeth Seton Children's Center has not reserved a resident's bed when the resident is transferred to a hospital (i.e. the facility has not met vacancy requirements or the resident has not resided in the Elizabeth Seton Children's Center for 30 days or more), the lack of bed hold status will be documented on the resident's transfer record to the hospital. Based upon review of the resident's clinical/medical condition, the Elizabeth Seton Children's Center's attending practitioner/ Administration will make a determination as to whether the resident is to remain on census (maintaining billing procedures for lack of bed hold) due to anticipation of a short, temporary hospitalization, or whether to discharge the resident because the Elizabeth Seton Children's Center would not be an appropriate care setting for the resident on an ongoing basis. The resident will be admitted back to the facility immediately upon the first availability of an appropriate bed if the resident requires the services provided by the facility and his/her needs can be met at the Elizabeth Seton Children's Center.

Some managed care/insurance plans may require immediate discharge from the Elizabeth Seton Children's Center upon admission to a hospital. If this occurs, the resident will be given priority in readmission to the Elizabeth Seton Children's Center. Additionally, the Children's Center social worker will notify the insurance company of the hospital admission and notify Children's Center staff of the discharge from the facility.

For a resident who is private pay and hospitalized, the family/payer will be given the option of:

- A. paying for bed hold; or
- B. resident discharge to the hospital with no guarantee of bed availability once the resident no longer requires an acute care

	setting.
<input type="checkbox"/> Required	<p><b><i>In accordance with PEP requirements</i></b>, the facility will implement the following planned procedures to maintain 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>. PPE Par levels will be maintained in accordance with current NYSDOH. As a minimum, all types of PPE found to be necessary in the COVID pandemic is 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>Available hand hygiene and PPE supplies will be inventoried on a regular basis.</p> <p>Facility will maintain 60 day emergency supply of PPE at all times in the fourth floor storage room. Regular inventory of PPE will be stocked in all neighborhoods as well as central supply.</p> <p>Director of Material Management keeps vendor list to order more PPE if needed (depending on inventory); the local Office of Emergency Management or DOH. (Westchester County) can also be of assistance if needed.</p> <p>PPE conservation guidelines will be reviewed with staff.</p>
<b>Recovery for <u>all Infectious Disease Events</u></b>	
<input type="checkbox"/> Required	<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.</p>
<input type="checkbox"/> Required	<p>The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders</p>