



**Department
of Health**

**Sts. Joachim & Anne Nursing and
Rehabilitation Center**

Comprehensive Emergency Management Plan Template

Part III – Toolkit

2020

Sts. Joachim & Anne Nursing and Rehabilitation Center
2720 Surf Avenue, Brooklyn, NY 11224
www.ccbq.org

Introduction

This Toolkit Template is meant to supplement the Comprehensive Emergency Management Plan (CEMP) Template to help facilities develop and implement their CEMP. Annex K has been updated to include guidance and format to comply with the new requirements of Chapter 114 of the Laws of 2020 for the development of a Pandemic Emergency Plan (PEP). This document provides a compendium of resources to help empower staff engaged in facility preparedness, response, and recovery operations. Templates and tools should be reviewed and updated on a regular basis.

Refer to *Part 1 – Instructions* for additional information about completion of this template.

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1. Facility Overview

The facility overview provides an immediate reference sheet about each facility (or individual buildings within a facility's campus) for use when communicating with external parties during an emergency (e.g., law enforcement, fire department, emergency management officials).

Table 1: Facility Overview

LOCATION AND CONTACT INFORMATION	
Name of Facility	Sts. Joachim & Anne Nursing and Rehab. Center
Address	2720 Surf Avenue, Brooklyn, NY 11224
Cross Streets	West 27 th Street and West 28 th Street
Telephone	718-714-4800
Fax	718-266-1743
Email	lsdenis@ssjoachim.org
Website	www.ccbq.org
CONSTRUCTION	
Construction Type	Steel Frame
Year Building Constructed	1988
Number of Floors (above/below grade)	7
Square Footage	100,000 sq. ft.

CAPACITY AND STAFFING	
Non-Traditional Surge Space	n/a
Number of Facility-Owned Vehicles (including accessible spots/seats)¹	n/a
UTILITY AND SERVICE PROVIDERS	
Electric Provider	Con Edison, 800-752-6633/718-802-5539
Local Water Provider	Dept. Envir. Prev. 718-699-9811/347-713-4653
Telephone Provider	Horizon 877-534-0759
Internet Service Provider	Optimum 877-526-7396
Generator Services	GenServ 800-247-7215
Propane	n/a
Plumbing	Misa Plumbing
Elevator	Thyssenkrupp 631-491-3111
HVAC Equipment	Fresh Meadow Mechanical Corp 718-961-6633
Fire Equipment/Sprinklers	Misa Plumbing

¹ This field is intended to capture number of vehicles, including accessibility level (e.g., number of wheelchair accessible spots, number of seats).

2. Hazard Vulnerability Analysis

2.1. HVA Tools

The Centers for Medicare and Medicaid Services (CMS) requires healthcare facilities to conduct annual facility-specific risk assessments to identify and assess potential hazards and their impacts. HVAs are used to estimate the hazards (and associated risks) that are most likely to occur and/or may affect a facility's ability to maintain operations and services. The results of the analysis can be used to prioritize planning, mitigation, response, and recovery projects and initiatives.

Below are example HVA tools that facilities can use to conduct a facility-specific HVA. Facilities can modify the tools to suit their needs.

Table 2: Example HVA Tools

Tool Name	Description
Kaiser Permanente HVA Tool²	An excel spreadsheet with incorporated formulas which provide the user with relative risk percentages and summary information.
Children's Hospital Colorado, Community Hazard Vulnerability Assessment Tool	An excel spreadsheet with incorporated formulas which provide the user with relative risk percentages and summary information. The tool includes capabilities throughout the four phases of emergency management (mitigation, preparedness, response, recovery) as a factor in calculating risk.
U.S. Department of Health and Human Services, Healthcare and Public Health Sector Threat/Hazard Assessment Module Automated Tool	An excel spreadsheet that guides facilities through the hazard analysis process through a series of guided questions. After completing all the questions, the tool provides a comprehensive list of risks associated with each hazard.

² The Kaiser Permanente HVA Tool (2017) is available at https://www.calhospitalprepare.org/sites/main/files/file-attachments/kp_incident_log_hva_template.xlsb.

2.2. HVA Process

The following outlines the process and recommendations for conducting a facility-specific HVA:

2.2.1. Convene Staff with Facility-Specific Knowledge

Conducting an HVA requires an in-depth knowledge of facility preparedness and response capabilities. In addition, understanding the capabilities of response partners is another important piece of completing an HVA. As a result, staff possessing this knowledge should be involved in the HVA process, including:

- Facility Senior Leader
- Lead Clinical Staff
- Head of Administration/Finance
- Communications Staff

Completing the HVA can be done by a single knowledgeable staff member or as a collaborative process with multiple staff members. For example, multiple staff members can complete an individual HVA, then they can be compared to validate each assessment and a consensus can be reached using the variety of assessments.

2.2.2. Identify Facility-Specific Hazards

In order to complete an HVA, staff must know the hazards which might affect their facility. The list of hazards can be developed through a variety of means, including:

- Historical knowledge of hazards
- Subjective predictions of hazards
- Using predetermined hazards in HVA tools
- Using local emergency plans to determine hazards (also known as a “community-based assessment”). Examples of these plans, which can be obtained from your Local Office of Emergency Management, include:
 - Hazard Mitigation Plans
 - Emergency Operations Plans
 - Threat and Hazard Identification and Risk Assessment

2.2.3. Assess Hazards

The risk each hazard poses to the facility is determined through a variety of factors. The table below presents each factor and the considerations to make when evaluating them.

Table 3: HVA Considerations

Hazard Factor	Considerations
Probability	▪ Current local and regional plans ▪ Manufacturer/vendor statistics ▪ Subjective evaluations or best estimate
Human Impact	▪ Potential for staff, resident, or visitor injury or death ▪ Emotional or psychological impact ▪ Local cultural norms
Property Impact	▪ Cost to replace ▪ Cost to set up temporary replacement ▪ Cost to repair ▪ Time to recover
Business Impact	▪ Business interruption ▪ Staff unable to report to work ▪ Violation of contractual agreements, regulatory standards ▪ Interruption of critical supplies ▪ Reputation and public image ▪ Financial impact or burden
Preparedness	▪ Status of current plans ▪ Staff training completion status ▪ Availability of alternate sources for critical resources
Internal Response	▪ Emergency resource levels ▪ Durability/longevity of resources (without replenishment) ▪ Internal resources ability to withstand disasters ▪ Availability of backup systems
External Response	▪ Types of agreements with community agencies ▪ Relationship with local and state agencies ▪ Relationship with local healthcare facilities ▪ Relationship with community volunteers ▪ Vendor pre-incident response plans and contracts

3. Activation Checklist

Any incident large or small can warrant the activation of the CEMP and the processes contained within. This checklist describes the activities that should take place whenever the CEMP is activated and the position that is responsible. Additional facility specific processes can be added into the checklist.

Table 3: Activation Checklist

Task	Completed By
☐ Upon notification of hazard or threat from staff, residents, or visitors, activate the CEMP.	Administrator
☐ Activate the Communications Plan.	Administrator
☐ Notify staff of CEMP activation and the hazard or threat through the [facility-specific system (e.g., mass notification system, switchboard operator, overhead paging system)].	Human Resource
☐ Assess the potential or actual impact of the incident on residents, staff, and the facility.	Director of Nursing
☐ Direct Incident Management Team to convene at designated Command Center location.	Administrator
☐ Based on the hazard and using the "Notification by Hazard Type" table in the CEMP, conduct required notifications.	Administrator
☐ Set-up the facility's Command Center. <i>Refer to section below checklist for more information.</i>	Finance/Administration Section Chief and Logistics Section Chief
☐ Deliver briefing to Incident Management Team, and other staff as appropriate, on the incident including: ▪ Extent or impact of the problem (e.g., hazards, life safety concerns) ▪ Number of residents injured or affected ▪ Status of resident care and ancillary services ▪ Current and projected staffing levels ▪ Status of facility plant, utilities, and environment of care.	Incident Commander

Task	Completed By
☐ Develop an Incident Action Plan to establish goals and objectives to guide incident response throughout the next operational period. Operational period duration will be determined by Incident Commander (e.g., 12 hours, shift change).	Incident Commander
☐ Prepare and distribute position-specific checklists for the Incident Management Team to use during incident response.	Director of Plant Operation
☐ Establish a meeting schedule for Incident Management Team to maintain situational awareness of incident and response operations.	Administrator
☐ Notify residents and their relatives or responsible parties of hazard information and response actions.	Director of Social Service
☐ Task facility staff with completing additional tasks to meet established response goals and objectives.	Administrator
☐ Continue to collect information about incident and its current or projected impacts and perform position duties as assigned.	Director of Nursing

3.1. Command Center

The facility Command Center serves as the central location for the Incident Management Team to conduct the following activities:

- Plan and execute emergency operations;
- Exchange information (e.g., briefings, check-in meetings); and
- Store incident-related documentation.

Prior to an incident, facilities should consider the following when identifying a primary and contingency location for the Command Center:

- Located within the facility (e.g., not off-site);
- Provide space for tables and chairs; and
- Provide access to computers/internet and communications equipment (e.g., landline telephones, cell phones).

After an incident, if the pre-identified locations are rendered unusable—or if incident conditions require the Command Center to be relocated—the facility can utilize nearby facilities, or if absolutely necessary, a vehicle to serve as an off-site, mobile Command Center.

4. Incident Management Team Position Checklists

The following checklists outline the responsibilities of each Incident Management Team position. They should be adapted as needed based on the internal policies and procedures of the facility.

4.1. Incident Commander

INCIDENT COMMANDER	
☐	Activate the CEMP and necessary Incident Management Team positions.
☐	Analyze potential threats or hazards (e.g., weather forecast, law enforcement intelligence) and assess potential or impacts on residents, staff, and the facility.
☐	Brief the Incident Management Team on the nature of the problem, immediate issues, and the initial plan of action.
☐	Evaluate expected or actual facility damage and assign staff to conduct a thorough site assessment.
☐	In accordance with local plans or procedures, notify emergency management, law enforcement, and fire officials of incident conditions for situational awareness and to relay critical needs.
☐	Facilitate regular briefings to review the status of response operations. Request status reports from staff on resident health and safety.
☐	Observe the Incident Management Team for signs of stress and exhaustion and provide rest periods.
☐	Determine the appropriate protective action based on the presence of potential or actual hazards to resident safety and well-being.
☐	Share regular updates with residents and staff to maintain situational updates.
☐	Authorize procurement and distribution of resources.

4.2. Public Information Officer

PUBLIC INFORMATION OFFICER	
☐	Obtain briefing from Incident Commander.
☐	Draft initial message for notification of relatives and responsible parties regarding facility and resident status.
☐	Answer inquiries from residents' relatives and responsible parties, the general public, and the media and direct questions/requests to appropriate individuals.
☐	Develop and disseminate status updates to be reviewed and approved by the Incident Commander before dissemination to relatives and responsible parties, media, and the public.
☐	Provide guidance to other Incident Management Team members on the appropriate release of information to requesting entities.
☐	Develop regular status updates to keep staff informed of the incident and facility status.
☐	Assist in the development and distribution of signage as needed.
☐	Communicate concerns to the Incident Commander, as needed.

4.3. Safety Officer

SAFETY OFFICER	
☐	Obtain briefing from Incident Commander.
☐	Conduct site assessment to determine safety risks of the incident to residents, staff, and visitors.
☐	Document the treatment plan for injured or ill staff.
☐	Post non-entry signs around unsafe areas.
☐	Evaluate building or incident hazards and identify vulnerabilities.
☐	Assess operations and practices of staff, terminate any unsafe activity, and recommend corrective actions to ensure safety of residents, staff, and visitors.
☐	Direct laundry and housekeeping staff to: ▪ Ensure adequate supplies of linens, blankets, and pillows. ▪ Ensure emergency linens are available for soaking up spills and leaks.
☐	Direct food and dietary staff to: ▪ Provide and prepare food as needed during an emergency. ▪ Ensure gas appliances are turned off before evacuating.
☐	Submit resource requests to the Logistics Section Chief (if activated), as needed.
☐	Communicate concerns to the Incident Commander, as needed.

4.4. Operations Section Chief

OPERATIONS SECTION CHIEF	
☐	Obtain briefing from Incident Commander.
☐	Assign staff to assess the facility and resident well-being.
☐	Determine how facility services will continue as routinely as possible, including the provision of: ▪ Routine nursing services and documentation ▪ Medication dispersal per resident schedules. ▪ Routine hygienic and nutritional care for residents.
☐	Arrange for the provision of and/or documentation, transfer, and transportation critical medical services, such as dialysis and oxygen therapy, and emergency discharges for at-risk residents.
☐	Maintain resident and staff accountability.
☐	Secure resident records during shelter-in-place operations.
☐	Assess pharmacy supplies and contact pharmacy, as needed, to determine: ▪ Cancellation of deliveries. ▪ Availability of backup pharmacy. ▪ Availability of medical supplies.
☐	Evaluate staffing needs and activate additional staff, as needed.
☐	Direct nursing and rehabilitation staff to: ▪ Tend to physical and emotional needs of residents. ▪ Assist in clearing rooms and hallways, exits, etc. ▪ Support movement of residents during an evacuation.
☐	For receiving facility operations, ensure proper management of arriving residents and their records, including documentation of triage, treatment, and disposition of emergency admits.
☐	Document resident injuries (and action plan to ensure treatment) or deaths.
☐	Submit resource requests to the Logistics Section Chief (if activated), as needed.
☐	Communicate concerns to the Incident Commander, as needed.

4.5. Planning Section Chief

PLANNING SECTION CHIEF	
☐	Obtain briefing from Incident Commander.
☐	Document Incident Management Team position assignments and contact information for all positions.
☐	Assist Incident Commander with planning response actions for next operational period (e.g., shift).
☐	Ensure backup and protection of existing data including paper-based and digital systems.
☐	Maintain all historical information and records related to the incident.
☐	Submit resource requests to the Logistics Section Chief (if activated), as needed.
☐	Communicate concerns to the Incident Commander, as needed.

4.6. Logistics Section Chief

LOGISTICS SECTION CHIEF	
☐	Obtain briefing from Incident Commander.
☐	Distribute resource request forms to each Incident Management Team member. Document the request, use, return, and condition of resources used to respond.
☐	Ensure the following resources are mobilized, assigned, and tracked: ▪ Staff and Surge Support ▪ Emergency Supplies ▪ Communications Equipment ▪ Food and Water ▪ Transportation
☐	Document volunteer sign-in and sign-out for each operational period (e.g., shift).
☐	Request Incident Commander approval to activate mutual aid and vendor agreements for additional resources.
☐	Communicate concerns to the Incident Commander, as needed.

4.7. Finance/Administration Section Chief

FINANCE/ADMINISTRATION SECTION CHIEF	
☐	Obtain briefing from Incident Commander.
☐	Initiate protection of, or move/relocate facility records, as needed.
☐	Maintain incident cost tracking and analysis, including the documentation, retrieval, safeguarding and distribution of cash, credit card, and receipt/invoice processes.
☐	Document and track facility-wide personnel work hours worked relevant to the emergency.
☐	Contact insurance company to notify them of the incident and identify and document requirements for submitting damage/claim reports.
☐	Consult with government officials regarding reimbursement regulations, requirements, and forms.
☐	Approve and submit a financial status report to the Incident Commander summarizing cost-to-date financial data relative to personnel, supplies, and miscellaneous expenses.
☐	Ensure that required financial and administrative documentation is properly prepared and maintained.
☐	Process invoices received.
☐	Submit resource requests to the Logistics Section Chief (if activated), as needed.
☐	Communicate concerns to the Incident Commander, as needed.

5. Demobilization Checklist

Table 4: Demobilization Checklist

Tasks	
Activate repatriation process.	
☐	Refer to the <i>NYSDOH Evacuation Plan Template</i> for further guidance.
☐	Ensure compliance with all local and NYSDOH requirements regarding inspections, remediation actions, and conditions for approval of repatriation.
☐	Receive approval from NYSDOH to reopen the facility.
☐	Initiate repatriation plans and procedures.
Deactivate IMT positions and surge staffing.	
☐	Determine if there is an adequate number of facility personnel to meet remaining incident needs.
☐	Deactivate IMT positions that are no longer needed.
☐	Reduce surge staff (e.g., off-duty personnel, volunteers, contract support) and provide guidance on close-out procedures (e.g., where to submit documentation).
Return or restore emergency resources.	
☐	Estimate current and anticipated resource requirements.
☐	Determine which facility-owned resources need to be returned to storage locations in the facility; or replenished/repared for future incidents.
☐	Determine processes for transitioning borrowed resources back to sending facility/provider.
☐	Reactivate normal services and operations.
☐	Determine when it is safe to resume normal operations after conferring with the local authority, NYSDOH Regional Office, fire department, law enforcement, public health, and/or any other response authority.

Compile documentation for recordkeeping purposes.

☐

Collect and manage documentation related to: disaster-related expenses, property damage, direct operating costs, consequential loss, damaged or destroyed equipment, construction-related expenses.

☐

Conduct debriefings with staff and volunteers.

☐

Write an After-Action Report.



6. Stakeholder Engagement

This tool describes the relationships facilities should strive to build with local response partners during pre-incident planning. Building a better relationship with these agencies will streamline incident response and information sharing. Trying to construct these relationships will be considerably more difficult during the middle of an incident.

6.1. County Office of Emergency Management

Forming a partnership with the County Office of Emergency Management is one of the more important relationships a facility can build within the community. Emergency management agencies are often the source of the most current and up to date information regarding incidents and hazards.

Establishing a line of communication with the local office of emergency management will help streamline critical information sharing and coordination with facilities. In addition, emergency management agencies can provide opportunities to better prepare for incidents through informational materials, trainings and exercises.

The following table outlines suggested action items for developing and maturing relationships with emergency management agencies.

Table 5: Office of Emergency Management Engagement

Office of Emergency Management	
☐	Establish point of contact at the County Office of Emergency Management. (Note: A list of county-specific agencies is available at http://www.dhSES.ny.gov/oem/contact/map.cfm)
☐	Clarify protocol and mechanisms for accessing information from the County Office of Emergency Management, including: ▪ Resource availability throughout the region ▪ Pre-determined location list ▪ Current available services and utilities ▪ Hazard forecasts ▪ Mass notification systems
☐	Understand jurisdiction's response processes and capabilities, including available resources and response priorities in a large disaster.
☐	Identify available opportunities for training and exercises with the County Office of Emergency Management.

Office of Emergency Management	
☐	Identify critical information that the facility should relay to the County Office of Emergency Management before and during a disaster (e.g., facility status, number of residents needing transport, or infrastructure status).
☐	Seek County Office of Emergency Management input on CEMP development.

6.2. Fire Department and Law Enforcement

Enhancing relationships with first responder agencies are also critical to expediting the response process. These agencies will often be the first of the group to support facilities and relay critical incident information.

The following table outlines suggested action items for maturing relationships with fire department and law enforcement agencies.

Table 6: Fire Department and Law Enforcement Engagement

Fire Department and Law Enforcement	
☐	Establish point of contact at fire department, emergency medical services, and law enforcement agency.
☐	Identify what critical information should be relayed to fire department, emergency medical services, and law enforcement agencies before, during, and after a disaster.
☐	Identify opportunities for training and exercises with fire department and law enforcement agencies.
☐	Solicit fire department and law enforcement agency input on recommendations to expedite response and recovery actions, including pre-staging equipment/resources, best ingress and egress from facility, and debris removal to restore emergency access.

6.3. Other Stakeholders

6.3.1. Corporate / Parent Organization

If the facility is part of a larger multi-facility system, the facility should coordinate with its parent organization to ensure pre- and post-incident activities adhere to corporate policies, and to ensure the facility is appropriately empowered to execute incident management functions (e.g., permissions for external messaging, clarification of branding standards).

6.3.2. Community Stakeholders

Facilities are encouraged to build relationships with additional community stakeholders to assist with the disaster response and recovery. Some examples of the assistance that can be provided include volunteer support, surge staffing, and resources.

Community stakeholders may be different for every facility, but may include resource providers and vendors (e.g., transportation providers, fuel); local subject matter experts (e.g., engineering, finance and recovery, sustainability and mitigation); and volunteer resources.

The table below outlines potential volunteer resources that may be utilized to augment or supplement facility staff and operations prior to, during, or after an emergency.

Table 7: Volunteer Resources

Entity	Description and Skills
ServNY	Administered by the NYSDOH Office of Health Emergency Preparedness, ServNY is an online registration system for licensed healthcare professionals to volunteer when local and regional resources are exhausted. Volunteers are notified of staffing requests via phone or email. ServNY may also be activated by: ▪ County Office of Emergency Management submits a request to the New York State Office of Emergency Management, which sends the request to Emergency Support Function-8 State Health Desk, and then to the NYSDOH Emergency Preparedness; or ▪ Direct order of the NYSDOH Commissioner or designee.

Entity	Description and Skills
Community Emergency Response Team (CERT)³	Community volunteers that are trained in disaster preparedness and basic disaster response skills. These skills include: ▪ Fire Suppression ▪ Simple Triage and Rapid Treatment – Airway obstruction – Bleeding – Shock – Basic first aid – Establishing a medical treatment area ▪ Light Search and Rescue ▪ Team Organization
Medical Reserve Corps (MRC)⁴	MRC volunteers are imbedded in ServNY. Volunteers include practicing and retired medical and public health professionals. MRC volunteers can support response capabilities such as: ▪ Disaster medical support ▪ Health screenings ▪ Vaccination clinics ▪ Medical facility surge capacity ▪ Planning, logistical, and administrative support

³ Facilities can locate their local CERT program at https://community.fema.gov/Register/Register_Search_Programs

⁴ Facilities can locate their local MRC program at <https://mrc.hhs.gov/FindMRC>

7. Communications Plan

A communications plan helps facilities maintain situational awareness throughout the duration of an incident and enables facilities to share information effectively across the organization, as well as with any external partners who may be supporting the response.

7.1. Objectives

- Ensure communication policies, roles, and activities are clearly defined and well-understood by staff.
- Ensure internal and external communications are accurate, timely, and informative.
- Provide frequent updates to residents, staff, relatives/responsible parties to mitigate concerns and manage expectations.
- Only share known/confirmed information (i.e., do not speculate).
- Utilize one unified voice to avoid confusion or misinformation.

7.2. Implementation

Table 8: Communications Checklist

Communications Checklist	
Preparedness	
☐	Designate and train personnel to serve as Public Information Officer prior to an incident (i.e., during normal operations). Potential training courses include: ▪ FEMA IS-29: Public Information Officer Awareness (Free Online Course) ▪ FEMA IS-42: Social Media in Emergency Management (Free Online Course)
☐	Develop and refine pre-scripted messaging that can be tailored for incident use.
☐	Determine primary and redundant forms of communication: ▪ Primary forms include landline-dependent communications such as telephones and cellphones. ▪ Redundant forms are not dependent on functioning landline communication (e.g., include two-way radios, satellite radios).
☐	Ensure multiple personnel have administrative access, training, and policies and procedures to the facility's website, social media accounts, and voicemail system.

Communications Checklist

- ☐ Maintain up-to-date contact information for designated notification parties for all residents (e.g., relatives/responsible parties).
- ☐ Maintain up-to-date contact information for all staff.
- ☐ Clarify approval processes for internal and external messaging content (e.g., peer review, senior leader final approval).

Incident Response

Request an updated on the incident from the Incident Management Team:

- ☐
 - What happened?
 - What is the status of residents and personnel?
 - When will the incident be resolved?

- ☐ Inform internal audiences (e.g., personnel) about incident updates before informing external audiences.

- ☐ Provide office personnel (e.g., receptionist) with guidance on where to direct incoming inquiries (e.g., media, personnel, relatives/responsible parties, vendors).

Maintain a log of incoming calls, including:

- ☐
 - Name of caller
 - Name of publication or media source
 - Phone number
 - Email address
 - General nature of inquiry and any deadlines

- ☐ Develop a press release (or official facility statement) to post on facility website and social media pages.

- ☐ Update the facility's voicemail recording to provide alternative contact information if the facility is evacuated and/or to field incoming inquiries.

7.3. Pre-Scripted Messaging

Depending on the situation, numerous forms of alerts and warnings may be required to reach staff, residents, relatives and responsible parties, and the media.

It is vital to have several staff members who are solely responsible for fielding calls from residents' relatives and responsible parties and who are familiar with pre-scripted messaging usage. Only authorized spokespersons (e.g., Public Information Officer) should manage media and public inquiries.

7.3.1. Internal Pre-Scripted Messaging

To facilitate timely and effective communications, the following pre-scripted messaging templates have been developed for facilities to tailor for incident-specific messaging. During an incident, the facility will manage or coordinate the development and dissemination of these messages.

Immediate Messaging

Please note that for incidents that pose an immediate threat to health or safety (e.g., active threat or fire), messaging should be short and direct (i.e., "Enter the nearest room and lock the door," or in the case of fire, "Evacuate the area immediately").

CEMP Activation

The following message should be delivered to on-duty staff members who will assume Incident Management Team positions:

Sts. Joachim & Anne Nursing and Rehabilitation Center is currently experiencing [Description of Conditions] caused by [Incident Name]. Emergency operations have begun in order to manage the incident.

You are receiving this message because of your role on the Incident Management Team. Please report to Administration Office immediately. Continue to monitor available communications channels for updates. Refrain from sharing this message or subsequent updates with the public.

For more information, contact [Name, Title] via phone at [Phone Number] or by email at [Email Address].

The following message should be delivered to off-duty staff members who will be needed to support incident operations:

Sts. Joachim

&

Anne Nursing and Rehabilitation Center is currently experiencing [Description of Conditions] caused by [Incident Name]. Emergency operations have begun in order to manage the incident.

You are receiving this message because of the need to request additional support for incident operations. Please report to [Location] at [Time]. Continue to monitor available communications channels for updates. Refrain from sharing this message or subsequent updates with the public.

Please be prepared to bring [Resources to Support Self-Sufficiency] and [Include Incident-Specific Safety Information].

For more information, contact [Name, Title] via phone at [Phone Number] or by email at [Email Address].

Pre-Scripted Messaging for Residents

Resident care personnel are responsible for informing their residents of the incident. It is important to accommodate for the unique needs of each resident and provide messaging appropriate to each resident's level of understanding.

Sts. Joachim & Anne Nursing and Rehabilitation Center is currently experiencing [Description of Conditions] caused by [Incident Name]. Please [Directions for residents (e.g., "ready yourself to evacuate"; "remain in your room"; "convene in the cafeteria")].

If you have any questions or need anything, please call [Name, Title] at [Phone Number]. We will provide more information as it becomes available. Your safety is our top priority. Thank you for your patience.

Messaging to Staff about Evacuation to Receiving Facility

Sts. Joachim & Anne Nursing and Rehabilitation Center is currently experiencing [Description of Conditions] caused by [Incident Name]. Emergency operations are being established to manage the incident.

The impacts of [Incident Name] are [Expected to cause or are causing] significant damage to the following areas: [List of Impacted Areas]

For the health, safety, and well-being of residents, [Facility Name] will be evacuating residents to [Receiving Facility]. This facility is located at [Street Address].

Messaging to Residents about Evacuation to Receiving Facility

Please ready yourself for evacuation. Staff will prepare and assist you. We will be aiding

those with mobility issues. At the [Receiving Facility], you will receive food, water, shelter, and support services. We are notifying your relatives and responsible parties of the evacuation.

For more information, please call [Name, Title] at [Number].

7.3.2. External Pre-Scripted Messaging

Voicemail Recording Website/Social Media Message

Sts. Joachim & Anne Nursing and Rehabilitation Center is currently experiencing [Description of Conditions] caused by [Incident Name]. Emergency operations have been initiated to manage the incident. [Provide high level information on residents' status]. We are taking extensive actions to protect residents. [For your safety and that of others, please do not attempt to come to the facility]. [In the event of evacuation, add] For resident safety and well-being, residents are being evacuated to [Location].

For more information, please contact [Name, Title] at [Phone/Email].

Tweets, limited to 280 characters, or other short messages can include:

Sts. Joachim & Anne is experiencing [Incident Name]. Responders are working to resolve the incident. Resident safety is our top priority. Do not attempt to visit Joachim & Anne at this time. For information and updates, please call [Phone Number].

Proactive Messaging to Relatives and Responsible Parties

When communicating with relatives and responsible parties it is important to provide high level information on the status of residents. If it is known that certain residents have been injured, or there are fatalities, stress the seriousness of the incident but do not release resident information until the status of injured residents and fatalities can be confirmed and the incident is contained.

Hello. This is [Name and Position] from Sts. Joachim & Anne Nursing and Rehabilitation Center. We are [Calling/Emailing] you to inform you that Sts. Joachim & Anne is currently experiencing [Description of Conditions] caused by [Incident Name].

Emergency operations have been initiated to manage the incident. [Provide high level information on residents' status]. We are doing as much as we can to protect residents. We will provide information as it becomes available. [In the event of evacuation, add] For resident safety and well-being, residents are being evacuated to [Location].

For more information, please contact [Name, Title] at [Phone/Email].

7.4. Communicating with the Public

The facility should notify media outlets of the incident as deemed necessary by the Incident Commander. Only the Public Information Officer and authorized facility spokespersons should communicate with the public.

Key principles of communicating with the media and public are:

- Be knowledgeable. Know the facts before reporting out.
- Be strategic in what information is shared.
- Be credible. Do not try to distort facts to protect the facility. The facility will be held responsible for any misinformation that is provided by the Public Information Officer.
- Be accessible to inquiries; be transparent.
- Be proactive. Control messaging that is released and do not let the media and public distort messaging. Correct any rumors that arise.
- Be flexible. Ensure the audience understands that the situation is unfolding, and information will be shared as it is made available.
- Be calm and collected.
- Be sure to provide contact information where the media and public can direct inquiries.

8. Protective Action Decision Support

Facilities should use sound decision-making criteria when considering which protective action to implement (e.g., evacuate, defend-in-place). The following questions can be used to arrive at a decision.

Table 9: Protective Action Considerations

Protective Action Considerations	
Information and Intelligence	
☐	Have local authorities issued protective action guidance?
☐	Have adjacent counties/municipalities protective action guidance?
☐	What is the status of traffic near the facility?
☐	What is the acuity of the current resident population?
☐	What is the status of receiving facilities?
☐	What is the capacity of receiving facilities to receive residents?
☐	Have send-receive arrangements been put in place and verified?
Anticipated Impacts	
☐	What are the anticipated impacts on the facility?
☐	What is the forecasted external temperature for the next seven days?
☐	What facility infrastructure might be affected?
☐	Are there any anticipated life safety issues?
Resource Levels	
☐	What are staffing levels?
☐	Have surge-staffing options been implemented?
☐	What is the status of medical, pharmaceutical, and resident care supplies?
☐	What is the status of food and water?

Protective Action Considerations

- ☐ What is the status of generators and fuel levels?
- ☐ What is the status of transportation resources?
- ☐ Have any vendors/service provider agreements been activated?
- ☐ What are staffing levels?
- ☐ Have surge staffing options been implemented?

9. After-Action Review Process

Following every exercise or real-world incident, it is vital to capture best practices, lessons learned, and areas for improvement in an After-Action Report (AAR). Plans, policies, and procedures should be updated to incorporate and address the outcomes outlined in each report.

Table 10: After-Action Review Process

After-Action Review Process	
☐	Designate a staff member(s) to conduct the After-Action Review process and solicit information for the AAR through: - Post-incident/exercise discussions and evaluations. - Surveys and feedback forms from the Incident Management Team, staff, residents, responsible parties, and emergency supply vendors, and local emergency management providers.
☐	Describe the event, be it a real-world incident or an exercise. Include as much detail as possible. Questions to consider: - When and where did the event occur? How long did the response last? - What was the nature and magnitude of the event? (For exercises, what is the summary of exercise activities?) - How did the incident impact residents, services, and the facility/facilities?
☐	Select the focus areas for the AAR based on areas needing improvement.
☐	Under each focus area, describe areas for improvement. Questions to consider: - What gaps, barriers, or challenges emerged? - What resources were needed that were not available? - What disruptions to services occurred? - How well did personnel understand their roles and responsibilities?
☐	Identify next steps for improving future responses. If possible, develop an improvement plan outlining priority levels, responsible parties, and estimated timelines for implementation. Provide additional training to cover areas of weakness.

10. After-Action Report Template

Table 11: After-Action Report Template

[illegible]

11. Resource Management

11.1. Resource Considerations

Before a disaster occurs, it is important to have send-receive agreements in place; have lists of vendors and service providers; and have all necessary information about site generator systems on hand. This information is vital to the internal facility response, can help first responders, and can set accountability. When determining which resources may be necessary for facility preparedness, consult the considerations below:

Generators

- What reporting processes are in place in the event that a generator fails inspection, is not properly maintained, or fails a test?
- What positions are routinely trained on the process of establishing emergency power to the building?
 - Who is responsible for performing this task?
- What procedures are in place to troubleshoot generator system failures?
- How long can emergency power be sustained before having to replenish fuel if tank is full?
- What systems, capabilities, and/or resources will be impacted if power is lost and emergency power is unable to be secured (e.g., food, water, ventilation)?

Fuel

- Is the emergency fuel source municipal fuel or local/on-site fuel?
- What is the current onsite fuel storage capacity?

Potable Water

- Where is potable water stored on site?
- What potential barriers are there to reaching the potable water during an emergency?
- Will potable water storage be safe from contamination by flood waters or severe storms?
- Who manages the potable water storage?

Transportation

- Which types of vehicles are immediately available to the facility?
- Are facility-owned vehicles maintained?
- Where can facility-owned vehicles access fuel?
- How many and which staff can operate facility-owned vehicles?
- Should additional staff be trained pre-disaster as alternatives?
 - Where are copies of operator licenses kept?
- Do staff have identification and primary and alternate routes if normal travel is restricted or roads are closed?

12. Glossary

Table 12: Glossary

Term	Definition
Activation	To begin the process of mobilizing a response team, or to set in motion an emergency operations (response) or recovery plan, process, or procedure in response to incident or exercise.
Automatic Sprinkler	Ceiling sprinklers are located throughout the facility and are activated by heat, thereby setting off the water flow and the alarm.
Defend-in-Place	The ability of a facility to safely retain their residents in an incident-related situation (e.g., flood, severe weather, wildfire). This is also known as "hunkering down" during an event.
Demobilization	The orderly, safe, and efficient return of an incident resource to its original location and status.
Evacuation	Organized, phased, and supervised dispersal or removal of people from dangerous or potentially dangerous areas, and their reception and care in safe areas.
Evacuation Holding Area	Temporary refuge for residents and staff during a facility evacuation, and if needed, point of embarkation for transport for longer-term evacuations.
Evacuee	A person removed or moving from areas threatened or struck by a disaster.
Fire Alarm	Loud ringing of bells, which may be activated by detectors, sprinklers, or manually, to alert residents and staff. When the bells sound, one of the systems has been activated and an emergency is occurring.
Fire Doors	These doors cut off a wing or a portion of a wing from adjoining areas to prevent drafts, which carry smoke, and retards the spread of fire.
Hazard	Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Term	Definition
Hazard Vulnerability Analysis	A systematic approach to identifying all hazards that may affect an organization and/or its community, assessing the risk (probability of hazard occurrence and the consequence for the organization) associated with each hazard and analyzing the findings to create a prioritized comparison of hazard vulnerabilities. The consequence, or "vulnerability," is related to both the impact on organizational function and the likely service demands created by the hazard impact.
Incident Action Plan	An oral or written plan, containing objectives that reflect the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods.
Incident Command System	A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.
Incident Management	The broad spectrum of activities and organizations providing effective and efficient operations, coordination, and support applied at all levels of government, utilizing both governmental and nongovernmental resources to plan for, respond to, and recover from an incident, regardless of cause, size, or complexity.
Incident Management Team	The Incident Management Team is comprised of pre-designated personnel who are assigned to plan and execute response and recovery operations. Incident Management Team activation is designed to be flexible and scalable depending on the type, scope, and complexity of the incident. As a result, the Incident Commander may decide to activate the entire team or select positions, based on the extent of the emergency.
Lockdown	A security measure taken during an emergency to prevent people from leaving a facility, and to prevent an active threat (one or more persons) from entering a facility.

Term	Definition
Mitigation	Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.
Operational Period	The time scheduled for executing a given set of operation actions, as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually they last 12-24 hours.
Preparedness	A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. Preparedness focuses on the following elements: planning; procedures and protocols; training and exercises; personnel qualification and certification; and equipment certification.
Receiving Facility	A facility that has entered into agreement with another facility (nursing home, adult care facility, hospital, etc.), offering to host residents and staff for some part of an emergency response.
Response	Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes.
Recovery	The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, non-governmental, and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents.
Secure Area	An area that has been checked and verified to be clear of fire/danger, with windows and doors closed, equipment shut down, and hallways free of obstacles.

Term	Definition
Shelter-in-Place	NYSDOH defines shelter-in-place as the protective action strategy of keeping a small number of residents in their present location when the risks of relocation or evacuation exceed the risks of remaining in current location. Can only be done for coastal storms. Requires pre-approval from NYSDOH prior to each hurricane season and pre-authorization at the time of the incident. Please refer to the 2019 Evacuation Plan.
Situational Awareness	Is the ability to identify, process, and comprehend the essential information about an incident to inform the decision-making process in a continuous and timely cycle and includes the ability to interpret and act upon this information.
Smoke Detector	Smoke detectors are located on ceilings throughout the facility and respond to smoke thereby setting off the alarm.
Threat	Natural or manmade occurrence, individual, entity, or action that has or indicates the potential to harm life, information, operations, the environment, and/or property.

For all Hazard Annexes below the NYSDOH Regional Office is to be notified during normal business hours. **For events that occur on nights, weekends or holidays, notify the NYSDOH Duty Officer at 866-881-2809.**

Hazard Annex A: Active Threat

An active threat is an individual or group of individuals actively engaged in killing or attempting to kill people in a confined and populated area, often through the use of firearms.

Preparedness	
☐	Conduct a walk-through of the facility to determine vulnerabilities (e.g., publicly accessible entrances), identify emergency escape routes, and determine necessary security measures (e.g., additional locks, cameras).
☐	Train staff on security-related responsibilities and empower staff to report unusual, dangerous, or suspicious activity.
☐	Train staff on the “Run, Hide, Fight” options to enable staff to quickly act during a real-world situation. ⁵
☐	Create and implement policies for access control and security: - Require all persons to display an authorized identification badge or pass. - Ensure locked doors remain closed and locked. - Control dissemination of keys and/or keypad code access.
☐	Identify emergency escape routes for each facility office, which may or may not be the same as normal fire evacuation routes.
☐	Identify outside gathering areas within a half mile of the facility and communicate location to staff members for staff, residents, and visitors to convene during an active threat, as appropriate.
☐	Conduct drills with law enforcement officials to familiarize first responders with the facility (e.g., entrances/exits, building layout, notification procedures).

⁵ For more information, refer to *Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans* at <http://www.phe.gov/Preparedness/planning/Documents/active-shooter-planning-eop2014.pdf>

Response

In response to an active threat, each individual (staff, residents, and visitors) will determine the most appropriate response based on their proximity to the threat and their mobility level.

- ☐
 - **RUN:** If it is safe to do so, staff and residents should move as far away from the threat as possible until they are in a safe location.
 - **HIDE:** If running is not a safe option—or for residents with mobility options—individuals should hide in as safe a place as possible (e.g., thicker walls, fewer windows, lock or barricade doors).
 - **FIGHT:** If neither running nor hiding is a safe option, as a last resort and when confronted by the assailant, individuals in immediate danger should consider trying to disrupt or incapacitate the assailant by using aggressive force and items in their environment, such as fire extinguishers, chairs, etc.

The Regional Office or Watch Center should not be contacted as the event is in progress. All DOH or Watch Center notifications should be done after law enforcement has deemed the situation safe.

The facility will call 9-1-1 if there is a suspected or actual threat to the facility, staff, or residents and will provide as much of the following information as possible:

- ☐
 - Facility name and address;
 - Location and number of attacker(s);
 - Description of attacker(s), gender, clothing, among other points;
 - Number and location of any victims.
 - Type(s) of weapons if known.

- ☐ After notifying authorities of the emergency, the facility will use its notification methods to warn visitors, off-site staff, and others.

- ☐ The facility will notify residents, visitors, and staff when law enforcement has determined that the threat has been neutralized.

Hazard Annex B: Blizzard/Ice Storm

A blizzard has a wind speed of 35 mph or higher with blowing snow and extremely limited visibility. An ice storm also reduces visibility and can immobilize ground and air transportation leaving a facility isolated. Ice storms include freezing rain and sleet, both of which cause sheets of ice to form on the ground, which can cause falls. Ice may also build on tree limbs, wires, and awnings. Blizzards and ice storms can cause extreme cold and power outages, and impede travel to and from the facility, impacting delivery of vital services and supplies.

Preparedness

- ☐ Procure sufficient rock salt/snow melt to clear primary passageways.
- ☐ Monitor weather forecasts via radio and television (e.g., National Weather Service).
- ☐ Begin preparations for a blizzard/ice storm as soon as a watch (storm is 36 – 48 hours out) or warning (storm is occurring or will occur in 24 hours) is issued.

Response

- ☐ Ensure all staff and residents remain inside the facility.
- ☐ Determine which staff will remain on site for up to 72 hours, as shift changes will not be possible during a blizzard due to blocked roads. Develop and disseminate a schedule to ensure all staff have breaks to rest, eat, and sleep.
- ☐ If the heating system fails, prepare to evacuate, if possible. Contact the NYSDOH Regional Office for guidance on whether to evacuate. If the decision is made to evacuate, please refer to the *NYSDOH Evacuation Plan Template*.

Hazard Annex C: Coastal Storms

Coastal storms may arrive as tropical depressions (maximum sustained winds of 38 mph or less), tropical storms (maximum sustained winds of 39-73 mph), or hurricanes (maximum sustained winds of 74 mph or more, ranging from Category 1-5). Hazards associated with coastal storms include: flooding; flying debris; extreme winds and tornados; torrential rain; and power outages due to downed trees and power lines.

Preparedness	
☐	Determine which buildings, infrastructure, and essential services would be at risk by flooding.
☐	Assess potential infrastructure impacts from winds and heavy rains: - Assess the ability of facility infrastructure to withstand extreme winds and rain. - Consider infrastructure-hardening measures (e.g., impact-resistant windows).
☐	In the days prior to landfall, review forecast information and intelligence, anticipated impacts, and facility resource levels to determine facility readiness to implement protective actions.
☐	Maintain communication with the County Office of Emergency Management and Health Emergency Preparedness Coalition to receive storm reports for the area.
☐	In the absence of direction from NYSDOH and local authorities (e.g., mandatory evacuation order), determine which protective action to implement.
☐	Implement protective action. Refer to <i>Protective Actions</i> in the Base Plan for more information. If the decision is made to evacuate, please refer to the <i>NYSDOH Evacuation Plan Template</i> .
☐	Reassess the situation at regular intervals (e.g., 96 hours, 72 hours, 48 hours, 24 hours) to determine whether additional protective actions are required.
Response	
☐	Evaluate conditions of staff and residents and identify needs and gaps in services.
☐	Assess infrastructure damage and continued threats to staff and residents.
☐	Report status to external partners (e.g., NYSDOH Regional Office, County Office of Emergency Management) and/or relatives and responsible parties, as appropriate.

Hazard Annex D: Dam Failure

The response to a dam failure will depend on the amount of warning time, which will depend on the cause and extent of flooding or primary dam failure. Heavy rains downstream may give a facility time to prepare for a dam failure while intense storms with flash flooding could cause failure within minutes. It is important to respond immediately to any kind of siren/alarm and/or warning coming from dam officials.

Preparedness	
☐	Identify dams near the facility.
☐	Work with County Office of Emergency Management officials to identify the best preparedness actions specific to nearby dams.
☐	Identify which facility buildings, infrastructure, and essential services would be in the path of flood waters as the result of a dam failure.
☐	Consider mitigation activities in areas susceptible to water intrusion.
☐	Develop procedures for relocating resources, vital records, and equipment to assure continuation of services and to prevent damage or loss.
Response	
☐	If the facility suffers structural damage or if supporting utilities are compromised (e.g., power, water), consider the implementation of a protective action. Refer to Error! Reference source not found. <i>Protective Actions</i> in the Base Plan for more information.
☐	Regularly seek updates on both staff and resident well-being to determine if other protective actions are needed for some or all of the facility's population.
☐	Consider all flood water contaminated. Avoid walking through floodwater and wash hands thoroughly after contact. Do not use pre-packaged food and drink products that have come into contact with floodwater.
☐	Gather critical supplies to take to higher ground (e.g., medications, drinking water, health records, important personal items, communication devices, blankets).
☐	Do not allow electrical devices to come into contact with water.
☐	If the decision is made to evacuate, please refer to the <i>NYSDOH Evacuation Plan Template</i> .



Hazard Annex E: Earthquake

Earthquakes cannot be predicted and are considered “no-notice” incidents. Hazards associated with earthquakes include: tsunami (flooding); power outages; fires, and landslides.

Preparedness

- ☐ Ensure structures are in full compliance with regional building codes.
- ☐ Implement earthquake protection measures for utilities:
 - Repair defective electrical wiring.
 - Repair leaky gas lines.
 - Install automatic shut off valves triggered by strong vibrations.
 - Repair or replace inflexible utility connections and fittings.
- ☐ Protect staff and residents from movable objects:
 - Secure water heaters, refrigerators, furnaces and/or boilers, washing machines and dryers, and other gas appliances.
 - Secure top-heavy items.
 - Store large or heavy items on lower shelves.
 - Secure cabinets.
 - Secure overhead lighting.
- ☐ Stage multiple small fire extinguishers throughout the facility and provide training on fire extinguisher use and associated hazards.⁶

Response

During Earthquake

- ☐ Do not attempt to leave the building during an earthquake.
- ☐ Instruct residents in wheelchairs to lock their wheels in a safe position and cover their head and neck with their arms if they are able to.

⁶ 29 Code of Federal Regulations, 1910.157(g)(1) states that “Where the employer has provided portable fire extinguishers for employee use in the workplace, the employer shall also provide an educational program to familiarize employees with the general principles of fire extinguisher use and the hazards involved with incipient stage fire-fighting.” Paragraph (g)(2) states that the “education” required in paragraph (g)(1) “must be provided to employees upon initial employment and at least annually thereafter.”



☐	Instruct residents in beds to remain in their beds.
☐	Instruct personnel to take cover under a desk, table, in a doorway. Place hands over your head for protection. Stay away from windows, glass, and exterior doors.
☐	Encourage everyone to remain in place for a few minutes after the initial shock as aftershocks may occur.
After Earthquake	
☐	Survey the facility for injuries, structural damage, fire, ruptured gas or water pipes, etc. If necessary, shut off utility lines and/or panels.
☐	Assign staff to assess residents for any injuries that require immediate attention.
☐	Assess the facility for damage that requires immediate attention (e.g., gas leaks, fires, broken glass, spills).
☐	If there is a fire, follow facility protocol.
☐	If a gas leak is suspected, notify the Plant Manager.
☐	If electrical system damage is suspected, follow facility protocol.
☐	If sewage and water line damage is identified, follow facility protocol.
☐	Comply with public health notices/orders regarding water contamination and utilize emergency potable water resources.
☐	If the facility has suffered structural damage, or if supporting utilities are compromised (e.g., power, water), consider the implementation of a protective action. Refer to Error! Reference source not found. <i>Protective Actions</i> in the Base Plan for more information.
☐	If the decision is made to evacuate, please refer to the <i>NYSDOH Evacuation Plan Template</i> .
☐	Seek updates from staff on both staff and resident well-being to determine if other protective actions are needed for some or all of the facility's population.

Hazard Annex F: Extreme Cold

Extreme cold can occur independent of any snow, ice, or storm systems. Extreme cold events involve an extended period with temperatures at or below 32°F. The risk to health and personal safety during extreme cold is exacerbated by utility service interruption or loss. Therefore, the facility maintains its building systems ahead of any extreme weather projections. The facility acknowledges and prepares for the possibility of short staffing due to road conditions.

Preparedness	
☐	Conduct regular building maintenance and inspection, including maintenance of heating and air conditioning systems and thermostats.
☐	Test all generators involved in supplying power to areas for resident care and ensure the facility has sufficient fuel on-site to fuel the generator for the period of extreme cold.
☐	Routinely monitor the indoor facility temperature when the outdoor temperature is below 65 degrees Fahrenheit to ensure the indoor temperature in residents' rooms and all common areas is maintained at a minimum of 75 degrees Fahrenheit. ⁷
☐	Develop resident assessment protocol, including vital sign checks focusing on core temperature and comfort checks.
☐	Develop procedures for internal relocation of residents to warmer parts of the facility.
☐	Document vendors for additional heating units. Establish agreements and/or contracts with vendors, as possible.

⁷ 10 NYCRR 415.5 and 42 CFR 483.15 The regulations contained in 10NYCRR Part 713 require nursing homes to be equipped with a heating system capable of maintaining all resident areas at a minimum temperature of 75 degrees Fahrenheit.

Response	
☐	Conserve heat: ▪ Avoiding unnecessary opening of doors/windows ▪ Close off unoccupied rooms ▪ Cover windows
☐	If the facility experiences heating equipment malfunctions during normal business hours, immediately contact heating equipment service provider and notify the NYSDOH Regional Office. For malfunctions that occur on nights, weekends or holidays, notify the New York State Watch Center (Warning Point) at 518-292-2200.
☐	If heating equipment has failed, regularly monitor individual room temperatures.
☐	Initiate actions to safely increase resident comfort (e.g., provide additional blankets to residents); offer warm liquids (keeping in mind relevant dietary modifications/restrictions).
☐	Assess residents for signs of distress and/or discomfort.
☐	If the internal temperature of the facility remains low and potentially jeopardizes the safety and health of residents, consider internal relocation to a warmer part of the facility (on sunny side; downwind) or evacuation.
☐	If the decision is made to evacuate, refer to the <i>NYSDOH Evacuation Plan Template</i>.

Hazard Annex G: Extreme Heat

Extreme heat events are defined as periods when the heat index is 100°F or higher for one or more days, or when the heat index is 95°F or higher for two or more consecutive days. Prolonged periods of this heat accompanied by high humidity create a dangerous situation for vulnerable populations. Elderly residents and those with chronic medical conditions such as cardiopulmonary conditions, high blood pressure and residents with mental illness are at increased risk for heat exhaustion, heat stroke and heat cramps.

Preparedness

- ☐ Regularly inspect the building's HVAC system.
- ☐ Maintain cooling supplies:
 - Portable fans and temporary cooling devices
 - Non-perishable foods and fluids
- ☐ Develop procedures to monitor the physical environment of the facility (e.g., temperature, humidity, sun screening, ventilation).
- ☐ Develop procedures for relocation to cooling centers inside the facility. Procedures for the internal relocation of residents to air-conditioned, or cooler areas, of the facility.
- ☐ Educate staff on risks of extreme heat, including: heat cramp, heat exhaustion, heat stroke, sunburn, and dehydration.
- ☐ Develop resident assessment protocol, including vital sign checks focusing on core temperature, comfort checks, and checking for resident dehydration.

Response

- ☐ Conduct wellness checks and safety precautions:
 - Check rooms regularly to ensure that air-conditioning is operational.
 - Keep drapes and windows closed.
 - Decrease physical activity for residents.
 - Keep residents inside facility.
- ☐ Monitor resident exposure and reactions to heat. Follow protocol for transfer to hospital if resident appears to be suffering from heat-related illness such as heat cramps, heat exhaustion, or heat stroke.

☐	Consider re-locating residents to the coolest locations in the facility or creating “cooling centers” where residents can congregate with limited air conditioning, cool cloths, cold beverages, and similar measures.
☐	If the internal temperature of the facility remains high and potentially jeopardizes the safety and health of residents, notify the NYSDOH Regional Office. On nights, weekends or holidays, notify the New York State Watch Center (Warning Point) at 518-292-2200.
☐	If the decision is made to evacuate, please refer to the <i>NYSDOH Evacuation Plan Template</i> .
☐	Encourage residents to drink fluids to maintain hydration.

Hazard Annex H: Fire

Fires may occur within the facility or may be a result of external fire activity, including wildfires.

Preparedness

- | | |
|--------------------------|---|
| ☐ | Identify fire and life safety hazards inside the facility: <ul style="list-style-type: none">▪ Missing or broken fire safety equipment▪ Blocked fire doors and evacuation routes▪ Accumulated trash▪ Burned out exit lights |
| ☐ | Plant Manager will document and inspect facility's fire and life safety emergency systems, including: <ul style="list-style-type: none">▪ Manual pull alarms▪ Smoke detectors▪ Exit doors and stairwells▪ Sprinklers System▪ Fire extinguishers▪ Fire alarm monitoring service▪ Self-closing fire doors |
| ☐ | Test the facility's fire alarm system and record outcomes, as required by NYSDOH regulation. |
| ☐ | Train all staff on the type of fire extinguishers in the building, their location, how to access them, and the types of fires they should be used on. |
| ☐ | Conduct quarterly fire drills at unexpected times, under varying conditions, and on each shift. |

Response

- | | |
|--------------------------|--|
| ☐ | If the fire alarm system is out of service for more than four hours in a 24-hour period, notify the Authority Having Jurisdiction, evacuate the building, or if approved, implement a fire watch until the fire alarm system has been returned to service. |
| ☐ | Rescue those in immediate danger in accordance with the facility's fire rescue procedures. |



☐	Pull the fire alarm and then alert residents and staff members.
☐	Contain the fire if possible. ▪ Shut off air flow, as much as possible. ▪ Close all fire doors and shut off fans, ventilation systems, and air conditioning/heating systems. ▪ Use available fire extinguishers if the fire is small and this can be done safely.
☐	Relocate oxygen-dependent residents away from fire since oxygen supply lines (whether portable or central) may lead to combustion in the presence of sparks or fire. If necessary, remove oxygen and reconnect one resident in a safe area.
☐	If the decision is made to evacuate, please refer to the <i>NYSDOH Evacuation Plan Template</i> .

Hazard Annex I: Flood

Floods may be the result of coastal, lake, river, inland, or indoor flooding.

Preparedness

- ☐ Implement indoor flooding protection measures for buildings:
 - Repair and replace leaky or broken pipes.
 - Perform maintenance inspections on water heaters and washing machines.
 - Identify clogged sewer or drain lines and contact plumbing services, as needed.
- ☐ Determine which buildings, infrastructure, and essential services may be at risk of flooding.
- ☐ Consider mitigating risks associated with flooding:
 - Elevate the furnace, water heater, emergency generator, and electrical panel if susceptible to flooding.
 - Install sewer backwater valves to prevent sewer backups.
 - Build barriers to prevent floodwater from entering the facility.
 - Utilize waterproofing materials to seal walls in basements or identified rooms.

Response

- ☐ Maintain contact and communication with the County Office of Emergency Management and Health Emergency Preparedness Coalition to receive flooding reports for the area.
- ☐ If the facility has suffered structural damage, or if supporting utilities are compromised (e.g., power, water), consider the implementation of a protective action. Refer to *Protective Actions* in the Base Plan for more information.
- ☐ If the decision is made to evacuate, please refer to the *NYSDOH Evacuation Plan Template*.
- ☐ If the decision is made to internally relocate, gather critical supplies to take to higher ground (e.g., medications, drinking water, resident records, important personal items, communication devices, blankets).
- ☐ Regularly seek updates from staff to determine if other protective actions are needed for some or all of the facility's population.

☐	Unplug non-essential appliances, equipment, and computers. Do not allow electrical devices to come into contact with water.
☐	If a gas leak is suspected, notify the Plant Manager.
☐	Check for water line ruptures and sewage contamination and report utility problems to the utility company.
☐	If water lines are disrupted, consider the water supply to be contaminated and utilize the facility's emergency potable water resources.
☐	Comply with public health notices regarding water contamination (e.g., Boil Water, Do Not Drink Water, Do Not Use Water).
☐	Consider all flood water contaminated. Avoid walking through floodwater and wash hands thoroughly after contact. Do not use pre-packaged food and drink products that have come into contact with floodwater.

Hazard Annex J: Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE)

CBRNE incidents occur when a hazardous substance is released into the environment, causing potential harm to the staff and residents of the facility. CBRNE emergencies are particularly dangerous for facilities, as populations are typically confined indoors with compromised health and immune systems. Released toxic substances, even in small amounts, can further weaken the health and well-being of residents.

Preparedness	
☐	Determine the facility's proximity to potential sources of CBRNE exposure (e.g., transportation corridors, nuclear power plant).
☐	Work with local emergency management, public health, environmental health, and other identified stakeholders to develop a decontamination plan.
☐	Properly dispose of potentially toxic substances like unused chemicals, pharmaceuticals, and other substances.
☐	Conduct trainings on safe handling, transportation, and disposal of hazardous wastes.
Response	
☐	Maintain contact and communication with the County Office of Emergency Management and Health Emergency Preparedness Coalitions to receive updated CBRNE threat information for the area.
☐	Based on the type and location of incident, assess potential impacts of a hazardous materials release.
☐	Review threat information and intelligence, anticipated impacts, and resource levels to determine facility readiness to implement protective actions. Refer to Error! Reference source not found. <i>Protective Actions</i> in the Base Plan for more information.
☐	If the decision is made to evacuate, refer to the <i>NYSDOH Evacuation Plan Template</i> .

☐	Assess the need to set up “hot, warm, and cold” zones for which access would be restricted. Secure zones accordingly.
☐	Provide guidance and implement protective measures for food handling, mass feeding, and sanitation.
☐	Preemptive methods to mitigate exposure to hazardous substance outside the facility: ▪ Close all windows, doors, and vents. ▪ Limit the amount of foot traffic in and out of the facility. ▪ Do not allow residents outside, as possible. ▪ If using heating or air conditioning, set to re-circulate indoor air to shut down exterior air intake.
☐	Carry out established decontamination procedures, as needed.
☐	Monitor staff and residents for delayed physical responses as a direct result of the incident.
☐	Assess residents for worsened health outcomes as an indirect result of the incident.



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 415.19.⁸
- 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.

⁸ 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. 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).

Hazard Annex L: IT/Communications Failure

IT/Communications systems failure can impact the following critical systems: computer network; telephone network; on-site data storage; medical devices; medication replenishment; and HVAC system.

An IT/communications failure incident may hinder standard notification methods. Alternate forms of notification with staff, residents and external agencies include: pagers, hand-held radios, runners, personal cell phones, and social media.

Preparedness

- | | |
|--------------------------|--|
| ☐ | Utilize cloud-based or off-site servers to store data that also meet resident confidentiality requirements. |
| ☐ | Provide staff with training on use of facility computers and potential risks of personal use (e.g., opening attachments from unknown senders). |
| ☐ | Ensure redundant communications mechanisms: <ul style="list-style-type: none"> ▪ Consider procurement of handheld radios or walkie-talkies. ▪ Store paper-based versions of critical forms and documentation, including contact lists. |

☐	Identify and protect resident care systems and records, including resident management systems, medical/resident records, resource availability, etc.
☐	Identify and protect clinical support systems including: ▪ Computer desktops, laptops, and tablets at nursing stations, hallways, bedside, laptops, etc. ▪ Electronic and automatic transfer of information between IT systems, dietary, etc.
☐	Identify and protect administrative systems including: ▪ Telephones, fax machines, databases, networks, wireless network, modems, etc. ▪ Fire protection systems, security access, external email, website, etc.

Response	
☐	Implement the facility's business continuity plan, if one exists.
☐	If the disruption is deliberate, contact local law enforcement, the Federal Bureau of Investigation's Cyber Division, and the state cyber terrorism division, as appropriate.
☐	Conduct a risk assessment of affected environmental systems (e.g., utilities) and implement plans to maintain affected systems that support operations. If necessary, consider the implementation of a protective action. Refer to <i>Protective Actions</i> in the Base Plan for more information.
☐	Isolate and repair, replace, or remove affected systems from the facility network.
☐	Address social media issues as warranted and use social media for messaging as situation dictates.
☐	Implement manual documentation systems (e.g., paper-based systems).
☐	Implement manual inventory and resupply processes, including medication distribution.
☐	In the event of heating or air conditioning system failure and/or failure of medical devices, it may be necessary to evacuate some or all residents. If the decision is made to evacuate, please refer to the <i>NYSDOH Evacuation Plan Template</i> .

Hazard Annex M: Landslide

Landslides occur when masses of rock, earth, or debris move down a slope. Mudslides, also known as debris flows, are a fast-moving landslide. Landslides can occur within mere minutes and can travel several miles. Hazards associated with landslides include:

- Rapidly moving water and debris that can lead to injury;
- Broken electrical, water, gas, and sewage lines that can result in injury or illness; and
- Disrupted roadways and railways that can endanger motorists and disrupt transport and access to health care.

Preparedness

- ☐ Evaluate the facility for landslide hazards (e.g., recent wildfires or other incidents that have destroyed ground cover, which mitigates against landslides).
- ☐ Ensure structures are in full compliance with regional building codes.
- ☐ Educate staff on landslide warning signs, including:
 - Springs or saturated ground in areas that are not usually wet.
 - Bulges in the ground; buckling in the ground.
 - Increasing space between soil and foundations.
 - Cracks in foundation.

Response

- ☐ If indoors, staff and residents should take cover under desks, tables, or other heavy pieces of furniture. Residents with wheelchairs should be told to lock their wheels. If outdoors, staff and residents should get out of the path of the mudflow and get to high ground.
- ☐ Monitor surrounding area for flooding.
- ☐ Direct emergency response personnel to possible victims.
- ☐ Check building and surrounding area for damage or other safety issues once given the "all clear" by emergency response personnel.
- ☐ Listen to local radio and TV for emergency information and updates.
- ☐ Report broken utilities and damaged roadways to local authorities.

Hazard Annex N: Power Outage

Loss of electrical services may be the result of natural disasters, industrial accidents at power generation facilities, or damage to power transmission systems. Natural hazards and weather-related incidents that often cause with power outages include: coastal storms; floods; tornados; and blizzards/ice storms.

Preparedness

- ☐ Regularly inspect and test all generators involved in supplying emergency power to areas for resident care and ensure the facility has sufficient fuel on-site to fuel the generator.
- ☐ See *Hazard Annex L: IT/Communications Failure* for additional preparedness activities.

Response

- ☐ Assess the situation. Consult decision support considerations (information and intelligence, anticipated impacts, resources).
- ☐ Maintain contact and communication with the utility company, County Office of Emergency Management, and Health Emergency Preparedness Coalition to receive utilities restoration reports.
- ☐ Based on facility decision-making criteria, consider the implementation of a protective action. Refer to *Protective Actions* in the Base Plan for more information. If the decision is made to evacuate, refer to the *NYSDOH Evacuation Plan Template*.
- ☐ Continually seek updates from staff on both staff and resident well-being to determine if other protective actions are needed for some or all of the facility's population.
- ☐ The emergency generator will start automatically within four (4) seconds of an outage.
- ☐ If the emergency generator does not start automatically, notify the Plant Manager. If necessary, attempt to start the generator manually by following instructions posted in front of the generator panel.
- ☐ Use available flashlights as temporary sources of light. These can be found at 2nd Floor Emergency Cabinet.
- ☐ Take all reasonable steps to protect food and water supplies and maintain a safe environment of care for residents and staff.

Hazard Annex O: Tornado

A tornado is a violently rotating column of air touching the ground, usually attached to the base of a thunderstorm. Winds of a tornado may reach 300 miles per hour. Damage paths can be in excess of one mile wide and 50 miles long.

Preparedness	
☐	Develop procedures for quickly moving residents away from spaces with flat, wide-span roofs (e.g. cafeterias, auditoriums), which can collapse in the event of a tornado.
☐	Train staff on what not to do during a tornado, e.g. move to higher floors or shelter in corners, both of which are dangerous.
☐	Monitor local news and radio outlets for tornado watches or warnings issued by the National Weather Service.
Response	
☐	If a tornado watch is issued: ▪ Ensure all residents and assigned staff are inside the facility and accounted for. ▪ Check outdoors and indoors for any objects that might become projectiles. ▪ Ensure that windows are kept tightly closed. ▪ Move residents, staff, and visitors away from windows, skylights, and exterior walls, as possible.
☐	After tornado impact, assign staff to assess residents for any injuries that require immediate attention. Encourage staff to keep residents as calm as possible.
☐	Survey the facility for injuries, structural damage, fire, ruptured gas or water pipes, etc. If necessary, shut off utility lines and/or panels.
☐	Look for electrical system damage. If there are sparks or broken or frayed wires, or the smell of hot insulation, turn off the electricity at the main fuse box or circuit breaker. If you have to step in water to get to the fuse box or circuit breaker, call an electrician before proceeding. Panel(s) can be found at 1 st Floor East Wing.

Hazard Annex P: Wildfire

Wildfires threatening the facility may emerge with or without warning, however a wildfire evacuation will most likely occur very quickly, as opposed to a coastal storm.

Preparedness

☐

Implement wildfire protection measures:

- Clean roof surfaces and gutters
- Use only fire-resistant materials on the exterior of the facility
- Consider fire-resistant landscaping

Response

☐

Maintain contact and communication with County Office of Emergency Management or Health Emergency Preparedness Coalition to receive wildfire-related updates.

☐

Monitor local news for evacuation reports and instructions.

☐

Based on facility decision-making criteria, consider the implementation of a protective action. Refer to *Protective Actions* in the Base Plan for more information.

☐

In case of immediate threat, move residents to a pre-designated staging area for rapid evacuation. If a gas leak is suspected, notify the Plant Manager.

☐

Preemptive methods to mitigate smoke and fire risk:

- Close all windows, doors, and vents.
- Limit the amount of foot traffic in and out of the facility.
- Do not allow residents outside, as possible.
- If using heating or air conditioning, set to re-circulate indoor air to shut down exterior air intakes.

☐

Regularly seek updates from staff to determine if protective actions are needed for some or all of the facility's population. If the decision is made to evacuate, refer to the *NYSDOH Evacuation Plan Template*.

☐

Monitor residents and staff for complications related to smoke exposure.