



Department  
of Health

## St Patrick's Home

# Comprehensive Emergency Management Plan

2020

St Patrick's Home  
66 Van Cortlandt Park South  
St Patrickshome.org

# Instructions

---

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

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

Refer to *Part 3 – Toolkit* for supplementary tools and templates to inform CEMP development and implementation.

# Emergency Contacts

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

**Table 1: Emergency Contact Information**

<b>Organization</b>	<b>Phone Number(s)</b>
<b>Local Fire Department</b>	718-665-2200
<b>Local Police Department</b>	718-543-5700
<b>Emergency Medical Services</b>	718-543-5700
<b>Fire Marshal</b>	718-722-3600
<b>Local Office of Emergency Management</b>	212-867-7060, 518-242-5000
<b>NYSDOH Regional Office (Business Hours)<sup>1</sup></b>	212-417-5550
<b>NYSDOH Duty Officer (Business Hours)</b>	866-881-2809
<b>New York State Watch Center (Warning Point) (Non-Business Hours)</b>	518-292-2200

---

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

# Approval and Implementation

---

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

<u>Sr. Kevin Patricia</u>	8/31/20
CEO	_____
St. Patrick's Home	[Date]

<u>Sr. Diane Mack</u>	8/31/20
Administrator	_____
St. Patrick's Home	[Date]

# Record of Changes

Table 2: Record of Changes

Version #	Implemented By	Revision Date	Description of Change
<b>1.0</b>	Margaret Kelly	8/1/20	Emergency Contact numbers
	Margaret Kelly	8/17/20	Incident Management Team, Order of Succession
	Margaret Kelly	8/17/20	Infrastructure Activities
	Margaret Kelly	8/24/20	ANNEX E



# Table of Contents

---

<b><u>INSTRUCTIONS</u></b>	<b>2</b>
<b><u>EMERGENCY CONTACTS</u></b>	<b>3</b>
<b><u>APPROVAL AND IMPLEMENTATION</u></b>	<b>4</b>
<b><u>RECORD OF CHANGES</u></b>	<b>5</b>
<b><u>RECORD OF EXTERNAL DISTRIBUTION</u></b>	<b>6</b>
<b><u>1 BACKGROUND</u></b>	<b>10</b>
<b><u>1.1 Introduction</u></b>	<b>10</b>
<b><u>1.2 Purpose</u></b>	<b>10</b>
<b><u>1.3 Scope</u></b>	<b>11</b>
<b><u>1.4 Situation</u></b>	<b>12</b>
<i><u>1.4.1 Risk Assessment</u></i>	<i>12</i>
<i><u>1.4.2 Mitigation Overview</u></i>	<i>13</i>
<b><u>1.5 Planning Assumptions</u></b>	<b>13</b>
<b><u>2 CONCEPT OF OPERATIONS</u></b>	<b>14</b>
<b><u>2.1 Notification and Activation</u></b>	<b>14</b>
<i><u>2.1.1 Hazard Identification</u></i>	<i>14</i>
<i><u>2.1.2 Activation</u></i>	<i>14</i>
<i><u>2.1.3 Staff Notification</u></i>	<i>15</i>
<i><u>2.1.4 External Notification</u></i>	<i>15</i>
<b><u>2.2 Mobilization</u></b>	<b>17</b>
<i><u>2.2.1 Incident Management Team</u></i>	<i>17</i>
<i><u>2.2.2 Command Center</u></i>	<i>18</i>
<b><u>2.3 Response</u></b>	<b>19</b>
<i><u>2.3.1 Assessment</u></i>	<i>19</i>
<i><u>2.3.2 Protective Actions</u></i>	<i>19</i>
<i><u>2.3.3 Staffing</u></i>	<i>19</i>
<b><u>2.4 Recovery</u></b>	<b>20</b>
<i><u>2.4.1 Recovery Services</u></i>	<i>20</i>
<i><u>2.4.2 Demobilization</u></i>	<i>21</i>
<i><u>2.4.3 Infrastructure Restoration</u></i>	<i>21</i>
<i><u>2.4.4 Resumption of Full Services</u></i>	<i>22</i>
<i><u>2.4.5 Resource Inventory and Accountability</u></i>	<i>22</i>
<b><u>3 INFORMATION MANAGEMENT</u></b>	<b>23</b>
<b><u>3.1 Critical Facility Records</u></b>	<b>23</b>

<b><u>3.2</u></b>	<b><u>Resident Tracking and Information-Sharing</u></b>	<b>23</b>
3.2.1	<u>Tracking Evacuated Residents</u>	23
<b><u>3.3</u></b>	<b><u>Staff Tracking and Accountability</u></b>	<b>24</b>
3.3.1	<u>Tracking Facility Personnel</u>	24
3.3.2	<u>Staff Accountability</u>	24
3.3.3	<u>Non-Facility Personnel</u>	24
<b><u>4</u></b>	<b><u>COMMUNICATIONS</u></b>	<b>25</b>
<b><u>4.1</u></b>	<b><u>Facility Communications</u></b>	<b>25</b>
4.1.1	<u>Communications Review and Approval</u>	25
<b><u>4.2</u></b>	<b><u>Internal Communications</u></b>	<b>26</b>
4.2.1	<u>Staff Communication</u>	26
4.2.2	<u>Staff Reception Area</u>	26
4.2.3	<u>Resident Communication</u>	26
<b><u>4.3</u></b>	<b><u>External Communications</u></b>	<b>27</b>
4.3.1	<u>Corporate/Parent Organization</u>	<i>Error! Bookmark not defined.</i>
4.3.2	<u>Authorized Family and Guardians</u>	27
4.3.3	<u>Media and General Public</u>	28
<b><u>5</u></b>	<b><u>ADMINISTRATION, FINANCE, LOGISTICS</u></b>	<b>29</b>
<b><u>5.1</u></b>	<b><u>Administration</u></b>	<b>29</b>
5.1.1	<u>Preparedness</u>	29
<b><u>5.2</u></b>	<b><u>Finance</u></b>	<b>29</b>
5.2.1	<u>Preparedness</u>	29
5.2.2	<u>Incident Response</u>	29
<b><u>5.3</u></b>	<b><u>Logistics</u></b>	<b>30</b>
5.3.1	<u>Preparedness</u>	30
5.3.2	<u>Incident Response</u>	30
<b><u>6</u></b>	<b><u>PLAN DEVELOPMENT AND MAINTENANCE</u></b>	<b>31</b>
<b><u>7</u></b>	<b><u>AUTHORITIES AND REFERENCES</u></b>	<b>31</b>
<b><u>ANNEX A:</u></b>	<b><u>PROTECTIVE ACTIONS</u></b>	<i>Error! Bookmark not defined.</i>
<b><u>ANNEX B:</u></b>	<b><u>RESOURCE MANAGEMENT</u></b>	<i>Error! Bookmark not defined.</i>
<b><u>1.</u></b>	<b><u>Preparedness</u></b>	<i>Error! Bookmark not defined.</i>
<b><u>2.</u></b>	<b><u>Resource Distribution and Replenishment</u></b>	<i>Error! Bookmark not defined.</i>
<b><u>3.</u></b>	<b><u>Resource Sharing</u></b>	<i>Error! Bookmark not defined.</i>
<b><u>4.</u></b>	<b><u>Emergency Staffing</u></b>	<i>Error! Bookmark not defined.</i>
<b><u>ANNEX C:</u></b>	<b><u>EMERGENCY POWER SYSTEMS</u></b>	<i>Error! Bookmark not defined.</i>
<b><u>1.</u></b>	<b><u>Capabilities</u></b>	<i>Error! Bookmark not defined.</i>
<b><u>2.</u></b>	<b><u>Resilience and Vulnerabilities</u></b>	<i>Error! Bookmark not defined.</i>



**ANNEX D: TRAINING AND EXERCISES**

ERROR! BOOKMARK NOT DEFINED.

**1. Training**

Error! Bookmark not defined.

**2. Exercises**

Error! Bookmark not defined.

**3. Documentation**

Error! Bookmark not defined.

**3.1. Participation Records**

Error! Bookmark not defined.

**3.2. After Action Reports**

Error! Bookmark not defined.

**ANNEX E: [HAZARD] CHECKLIST**

ERROR! BOOKMARK NOT DEFINED.

# Background

---

## Introduction

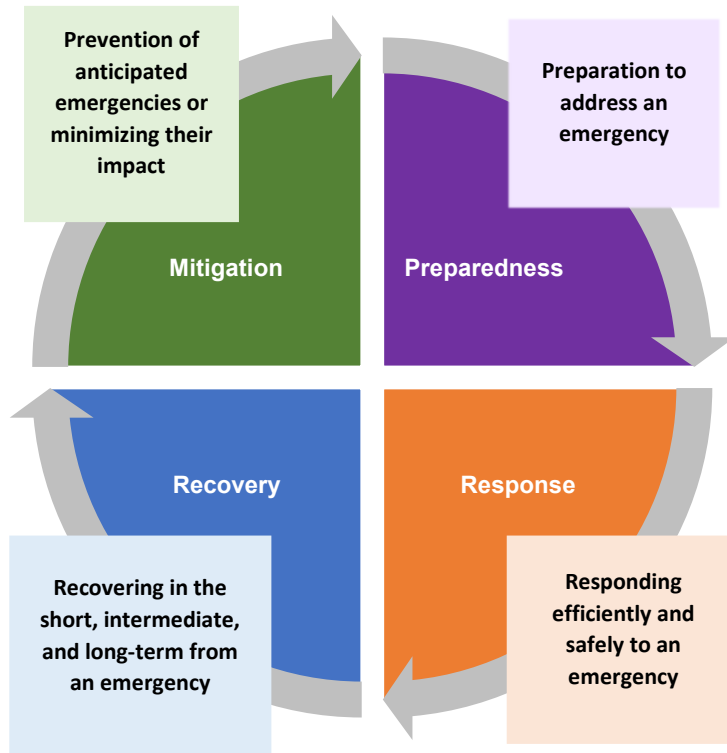
To protect the well-being of residents, staff, and visitors, the following all-hazards Comprehensive Emergency Management Plan (CEMP) has been developed and includes considerations necessary to satisfy the requirements for a Pandemic Emergency Plan (PEP). Appendix K of the CEMP has been adjusted to meet the needs of the PEP and will also provide facilities a form to post for the public on the facility's website, and to provide immediately upon request. The CEMP is informed by the conduct of facility-based and community-based risk assessments and pre-disaster collaboration with facility-specific stakeholders such as Health Emergency Preparedness Coalitions, mutual aid partners, local emergency management agency

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

## Purpose

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

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



## Scope

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

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

## Situation

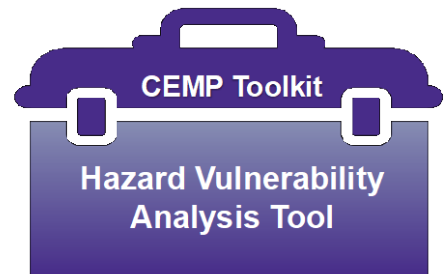
### Risk Assessment<sup>2</sup>

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

The facility conducted a facility-specific risk assessment on 8/3/20 and determined the following hazards may affect the facility's ability to maintain operations before, during, and after an incident:

- .Coastal Storms, Epidemic/Pandemic, Extreme temperature and Winter storm/blizzard ]

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



---

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

## Mitigation Overview

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

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

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

For more information about the facility's fire prevention efforts (e.g., drills), safety inspections, and equipment testing, please refer to the St Patrick's [Home fire plan](#)

## Planning Assumptions

This plan is guided by the following planning assumptions:

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

---

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

# Concept of Operations

---

## Notification and Activation

### Hazard Identification

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

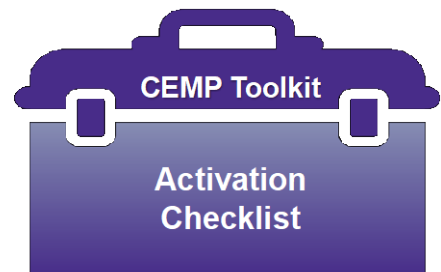
The Incident Commander may designate a staff member to monitor evolving conditions, typically through television news, reports from government authorities, and weather forecasts.

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

### Activation

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

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



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

## Staff Notification

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

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

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

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

## External Notification

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

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

**Table 4: Notification by Hazard Type**

**M** = Mandatory  
**R** = Recommended

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

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

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

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

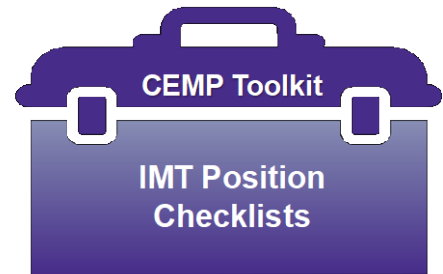


# Mobilization

## Incident Management Team

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

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



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

**Table 5: Incident Management Team - Facility Position Crosswalk**

Incident Position	Facility Position Title	Description
<b>Incident Commander</b>	Administration, Director of Nursing, Director of Engineering	Leads the response and activates and manages other Incident Management Team positions.
<b>Public Information Officer</b>	Administration, Admissions Director, Social Services Director	Provides information and updates to visitors, relatives and responsible parties, media, and external organizations.
<b>Safety Officer</b>	Director of Engineering, Emergency Response Coordinator, Security Director	Ensures safety of staff, residents, and visitors; monitors and addresses hazardous conditions; empowered to halt any activity that poses an immediate threat to health and safety.
<b>Operations Section Chief</b>	Director Of Nursing ,Infection Control Coordinator, Registered Nurses, Licensed Nurses	Manages tactical operations executed by staff (e.g., continuity of resident services, administration of first aid).
<b>Planning Section Chief</b>	Director of Staff Development, Director of Nursing, Administration	Collects and evaluates information to support decision-making and maintains incident documentation, including staffing plans.

Incident Position	Facility Position Title	Description
<b>Logistics Section Chief</b>	Director of Nursing Administration, Admissions Director, Director of Social Service	Locates, distributes, and stores resources, arranges transportation, and makes alternate shelter arrangements with receiving facilities.
<b>Finance/Admin Section Chief</b>	Finance Department, Human Resource Director	Monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.

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

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

**Table 6: Orders of Succession**

Incident Position	Primary	Successor 1	Successor 2
<b>Incident Commander</b>	Administration	Director Staff Development	DON
<b>Public Information Officer</b>	Director of Social Service	Director of Admissions	Administration
<b>Safety Officer</b>	Director of Engineering	Director of Security	Director of Housekeeping
<b>Operations Section Chief</b>	Director of Nursing	Administration	Director of Staff Development
<b>Planning Section Chief</b>	Administration	Director of Staff Development	DON
<b>Logistics Section Chief</b>	DON	Administration	Director of Staff Development
<b>Finance/Admin Section Chief</b>	Finance Dept.	Director of Human Resources	

## Command Center

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

The designated location for the Command Center **Human Resource Conference room** and the secondary/back-up location is Sr Diane office, unless circumstances of the emergency dictate the

specification of a different location upon activation of the CEMP, in which case staff will be notified of the change at time of activation.

## Response

### Assessment

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

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

### Protective Actions

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

### Staffing

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

# Recovery

## Recovery Services

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

Recovery services may include coordination with government, non-profit, and private sector organizations to identify community resources and services (e.g., employee assistance programs, state and federal disaster assistance programs, if eligible). Pre-existing facility- and community-based services and pre-established points of contact are provided in **Table 7**.

**Table 7: Pre-Identified Recovery Services**

Service	Description of Service	Point(s) of Contact
<b>1199 Employee Union</b>	Provide benefits/assistance for it employees	Kim Gooden 347-245-9582
<b>Carmelite System</b>	Provide supplies, resources and assistant to facility and staff	Margaret Edward - SisterME@CarmeliteSystem.org
<b>NYSDOH</b>	Provide supplies, resources and assistant to facility	dluca@health.nyc.gov]

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

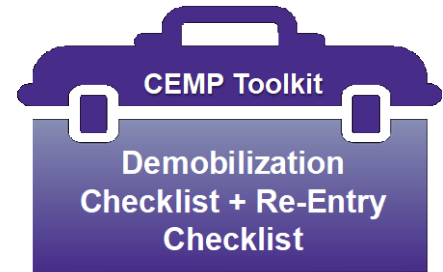
Resuming pre-incident staff scheduling will require a planned transition of staff resources, accounting for the following considerations:

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

## Demobilization

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

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



## Infrastructure Restoration

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

**Table 8** outlines entities responsible for performing infrastructure restoration activities and related contracts/agreements.

**Table 8: Infrastructure Restoration Activities**

Activity	Responsible Entity	Contracts/Agreements
<b>Internal assessment of electrical power.</b>	St Patrick's Home Engineering Dept., Con Edison	Not Applicable
<b>Clean-up of facility grounds (e.g., general housekeeping, removing debris and damaged materials).</b>	St Patrick's Home Engineering /Housekeeping Dept.	Not Applicable
<b>Internal damage assessments (e.g., structural, environmental, operational).</b>	St Patrick's Home Engineering Dept.	Not Applicable
<b>Clinical systems and equipment inspection.</b>	St Patrick's Home Engineering Dept.	Not Applicable

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

Activity	Responsible Entity	Contracts/Agreements
<b>Strengthen infrastructure for future disasters (if repair/restoration activities are needed).</b>	Patrick's Home Engineer Dept.	Not Applicable
<b>Communication and transparency of restoration efforts to staff and residents.</b>	COMPU-FIT/Light Path	Not Applicable
<b>Recurring inspection of restored structures.</b>	St. Patrick's Engineer Dept.	Not Applicable

## Resumption of Full Services

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

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

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

## Resource Inventory and Accountability

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

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

# Information Management

---

## Critical Facility Records

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

Resident data, relative or responsible party information, staff information

**Describe** facility's system for maintaining electronic records (e.g., off-site servers, cloud-based systems) and/or protections for paper-based systems (e.g., storage in durable containers in locations designated as least vulnerable) **SPH HAS BACK UP SERVER IN COMPUTER ROOM, WEB BASE PROGRAMS**

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

## Resident Tracking and Information-Sharing

### Tracking Evacuated Residents

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

### Resident Confidentiality

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

---

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

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

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

Private counsel should be consulted where there are specific questions about resident confidentiality.

## Staff Tracking and Accountability

### Tracking Facility Personnel

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

### Staff Accountability

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

The facility will utilize ON-SHIFT to track the arrival and departure times of staff. During every operational period (e.g., shift change), Department Managers or designees will conduct an accountability check to ensure all on-site staff are accounted for.

If an individual becomes injured or incapacitated during response operations, Department Managers or designees will notify the Incident Commander to ensure the staff member’s status change is reflected in **ONSHIFT**

### Non-Facility Personnel

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



---

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

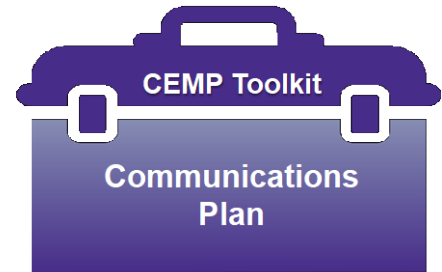
<sup>11</sup> The Resident Evacuation Critical Information and Tracking Form is a standardized form utilized to provide pertinent individual resident information to receiving facilities and provide redundant tracking during the evacuation process, including repatriation. See Appendix L of the *NYSDOH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



# Communications

## Facility Communications

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



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

**Table 9: Methods of Communication**

Mechanism	Primary Method of Communication	Alternate Method of Communication
Landline telephone	x	<input type="checkbox"/>
Cell Phone	x	<input type="checkbox"/>
Voice over Internet Protocol (VOIP)	<input type="checkbox"/>	<input type="checkbox"/>
Text Messages	x	<input type="checkbox"/>
Email	x	<input type="checkbox"/>
News Media	<input type="checkbox"/>	<input type="checkbox"/>
Radio Broadcasts	<input type="checkbox"/>	<input type="checkbox"/>
Social Media	<input type="checkbox"/>	x
Runners	<input type="checkbox"/>	<input type="checkbox"/>
Weather Radio	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Notification Systems <sup>12</sup>	<input type="checkbox"/>	x
Facility Website		
[Additional facility-specific mechanism] Facetime	<input type="checkbox"/>	x

### Communications Review and Approval

**Describe** the facility-specific approval process for the approval and dissemination of communications materials (e.g., pre-scripted messages) **Pre-scripted messages/emails are sent to family members**

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

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

Key Public Information Officer functions include:

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

## Internal Communications

### Staff Communication

The facility maintains a **Reception Book** list of all staff members, including emergency contact information, at **Reception Desk/Human Resources**. To prepare for impacts to communication systems, the facility also maintains redundant forms of communication with on-site and off-site staff. The facility will ensure that all staff are familiar with internal communication equipment, policies, and procedures.

### Staff Reception Area

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

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

### Resident Communication

Upon admission, annually, and prior to any recognized threat, the facility will educate residents and responsible parties on the CEMP efforts. Resident communication may include informal meetings and Resident Council Meetings

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

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

## External Communications

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



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

### Authorized Family and Guardians

The facility maintains a list within the electronic medical record (EMR) of member's and guardian's (responsible parties') contact information, including phone numbers and email addresses in Point Click Care. Such individuals will receive information about the facility's preparedness efforts currently in progress.

During an incident, the facility will notify responsible parties about the incident, status of the resident, and status of the facility by Telephone, Text and Email. Additional updates may be provided on a regular basis to keep residents relatives/responsible parties apprised of the incident and the response.

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

- Nature of the incident;
- Status of resident;
- Restrictions on visitation; and
- Estimated duration of protective actions

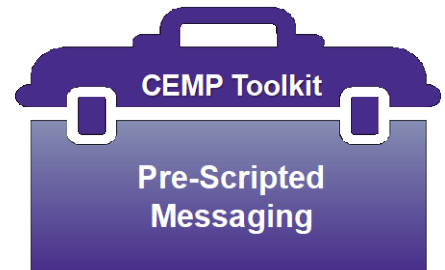
When incident conditions do not allow the facility to contact residents' relatives/responsible parties in a timely manner, or if primary methods of communication are unavailable, the facility will utilize

local or state health officials, the facility website, and/or a recorded outgoing message on voicemail, among other methods, to provide information to families on the status and location of residents.

## Media and General Public

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

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



# Administration, Finance, Logistics

---

## Administration

### Preparedness

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

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

## Finance

### Preparedness

Facility will maintain the required par levels of supplies as required by the local, state and federal agencies.

#### *Incident Response*

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

The Finance/Administration Section Chief or designee will account for all direct and indirect incident-related costs from the outset of the response, including:

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

# Logistics

## Preparedness

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

## Incident Response

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

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

# Plan Development and Maintenance

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

**Table 10: Plans, Policies, and Procedures**

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

## Authorities and References

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

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