



Dear Family Members and Friends;

Maria Regina Residence has developed a Pandemic Emergency Plan (PEP) which is part of our overall Emergency Operations Plan. The circumstances of infectious diseases emergencies, including type of biological agent, scale of exposure, mode of transmission and intentionality. Such emergencies can include outbreaks, epidemics and pandemics. This plan outlines preparedness, response, and recovery activities in the event of such emergencies. The plan references the regulatory requirements for the pandemic plan. This is blueprint that we will follow in the event of an infectious disease outbreak such as COVID-19. All of these systems have been informed by the COVID pandemic and are in place. We will review, revise and update this Plan as necessary.

In summary, this plan outlines the requirements for a successful Pandemic plan by addressing the following key elements:

- Communication to stakeholders and regulators
- Protection Plans against infection for residents, staff, and families by addressing education, staff supply and use of Personal Protective equipment (PPE), Cleaning and Disinfection, screening for symptoms and testing
- Preserving a resident's bed in the facility and readmission.

This plan will be posted on our website and be available for review at the facility upon request. Please know that the safety and well-being of our residents and staff are of the highest priority.

The Maria Regina Team.

Maria Regina Residence Pandemic Emergency Plan (PEP)

Communication

In accordance with Pandemic Emergency Plan (PEP) requirements, develop/review/revise a Pandemic Communication Plan that includes all required elements of the PEP.

- The Director of Social Work and Admissions will ensure that there is an accurate list of each resident's representative, and preference for type of communication.
- The Public Relations staff will update the facility website on the identification of any infectious disease outbreak or potential pandemic.
- The facility will utilize our mobile alert system (RAVE) which sends out messages by phone, text, and email. The facility will also post on the web site and mailings to alert visitors, family members, and employees about the status of the infectious disease in the facility/community.

See communication policy

In accordance with PEP requirements, the facility will follow the following procedures to post a copy of the facility's PEP, in a form acceptable to the commissioner, on the facility's public website, and make it available immediately upon request:

- A copy of the facility's PEP will be posted in a form acceptable to the commissioner on the facility's website and made available immediately upon request by 9/15/20.
- The PEP will be available for review on the shared drive of the facility's policies.

In accordance with PEP requirements, the facility will utilize the following methods to update authorized family members and guardians of infected residents (i.e., those infected with a pandemic-related infection) at least once per day and upon a change in a resident's condition:

- The facility will communicate with residents and representatives as per their preference.
- Facility utilizes a mobile alert system to send information by phone message, text, and email.
- During a pandemic emergency, representatives of residents infected with an infectious agent will be notified daily and who have a significant change by nursing/medical staff as to their status.
- All resident representatives will be notified weekly on the status of the pandemic at the facility, which includes the number of pandemic infections and deaths, including residents that expire for reasons other than such infection.
- Updates will be given to residents and representatives within 24 hours indicating any newly confirmed cases and/or deaths related to the infectious agent. Residents will receive a

- weekly update via the internal television broadcast channel of the facility by the administrator/designee.

In accordance with PEP requirements, the facility will implement the following procedures/methods to ensure that all residents and authorized families and guardians are updated at least once a week on the number of pandemic-related infections and deaths at the facility, including residents with a pandemic-related infection who pass away for reasons other than such infection:

See previous response.

Review and assure that there is adequate facility staff access to communicable disease reporting tools and other outbreak-specific reporting requirements on the Health Commerce System.

- The facility has a policy which specifies the required reporting data and which includes adequate staff to access reporting tools on communicable disease via Health Commerce System, National Healthcare Safety Network (NHSN), National Occupational Research Agenda (NORA) and Health Emergency Response Data System (HERDS) survey reports.
- The facility has developed a policy based on regulations for reporting to NYSDOH.
- Confirmed and suspected cases of reportable infectious diseases are reported to the local health department and CDC as appropriate
- The ICP/Designee will enter any data in the NHSN as per CMS/CDC guidance.
- See Policy on Reporting of Suspected or Confirmed Communicable Diseases

The facility will assure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19.

- The facility will meet all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19 as verified by the administrator.
- The Infection Control Preventionist/Designee will be responsible to report communicable diseases on NHSN as directed by CMS.
- The Infection preventionist Designee will be responsible to report communicable diseases via the NORA reporting system on the HCS.

The facility will assure it meets all reporting requirements of the Health Commerce System, e.g. HERDS survey reporting.

- The administrator insures that the HERDs reporting requirements are met timely and maintains documentation of the report.
- The infection Preventionist/designee will be responsible to report communicable diseases via the NORA system on the HCS and maintain documentation of the report.
See Communication Policy

The facility will contact all staff, vendors and other relevant stakeholders on the facility's policies and procedures related to minimizing exposure risks to residents. Provide information regarding facility-maintained list of external stakeholders to be contacted and mechanisms for sharing this information.

- The facility will contact all staff, contract vendors and other relevant stakeholders and communicate the facility's policies and procedures related to minimizing exposure risks to both residents and staff.
- The facility will follow visitor restrictions as per NYSDOH guidance. Any restriction will be posted on website and at the entrance to the facility.
- Vendors will be required to drop off deliveries at designated areas to avoid entrance into the facility. This area will be the loading dock or the front entrance.
- The facility will post signage at the entrance noting visitor restrictions and requirements for entrance to the facility.
- PPE will be worn by visitors during any scheduled visitation permitted during the emergency. Visitors will also be provided with written directions on visitation requirements to minimize exposure, the importance of frequent hand hygiene, and donning/doffing of PPE.
- Medical consultants that service the residents will be notified and arrangements will be made for telehealth or postponing evaluation unless medically necessary.
- Any life safety emergency episodes which necessitate on site work will require symptom screening prior to work beginning.

See Visitation Policy

In accordance with PEP requirements, the facility will implement the following mechanisms to provide all residents with no-cost, daily access to remote video conference or equivalent communication methods with family members and guardians:

- The facility will provide residents, at no cost, daily access to remote video conferencing, window visits, phone calls or equivalent communication method with family member and guardians.
- Residents will be provided with tablets and ear phones as necessary for video conferencing. Social Work staff will be responsible to arrange time for all videoconferencing and window visits. Nursing staff, recreation staff, and pastoral care staff will assist residents.
- The facility has a process in place for the families to reserve a date and time for the visits.

See Policy on Communications

Education and Protection Plans

Provide staff education on infectious diseases (e.g. reporting requirements; exposure risks; symptoms prevention; and infection control; correct use of personal protective equipment; regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i) 42 CFR 483.15(e) and 42 CFR § 483.80); and Federal and State guidance/requirements.

MRR provides education and training to for all staff on Infection Control measures including prevention, control, exposure and use of personal protective equipment, all regulations and reporting requirements. An Infection Preventionist is a staff member experienced and trained in the components of an infection control program in a skilled nursing facility. Our Infection Preventionist, works with the staff development coordinator, to oversee education on the infection control and Pandemic plan. The following outlines the training process:

- Education upon hire is provided and on an annual basis and as needed.
- An annual competency-based education on hand hygiene and donning/doffing PPE for all staff.
- Comprehensive education with web- based programs provided by subject matter experts are utilized.
- Training programs are tailored to match the learner and their job tasks.
- Material is posted throughout the facility regarding handwashing, how to obtain PPE. Informational fliers are provided to staff regarding infection control, use of PPE, social distancing and use of masks.

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

- An Infection Control Policy and Procedure manual is revised and updated by Medical Director, Director of Nursing, Infection Preventionist, and Administrator as needed and annually.
- Transmission based precautions policy and procedure define what is required of all direct care staff. Standard universal precautions are taught to all staff.

Conduct routine/ongoing, infectious disease surveillance that is adequate to identify background rates of infectious diseases and detect significant increases above those rates. This will allow for immediate identification when rates increase above these usual baseline levels.

- The infection preventionist has been assigned responsibility for monitoring public health advisories (federal and state) including prevalence rates in the community.
- The following resources are source documents for information:
 1. The Centers for Disease Control and Prevention Health Alert Network (<https://emergency.cdc.gov/han/updates.asp>)
 2. State and local health departments
 3. Centers for Medicare and Medicaid Services (CMS)

- Evaluation and diagnosis of residents and/or staff with symptoms will follow current CDC guidelines for symptom management and laboratory diagnostic procedures. The guidelines will inform infection surveillance.
- Enhanced surveillance of residents and staff will be considered on a case-by-case basis based on current events and recommendations.
Staff are directed to report any change in condition of a resident to nursing supervision.
- The infection preventionist is responsible to track and trend infections and to identify increases above the established baseline infection rate. This data will be documented and reported to the infection control committee and to the Quality Assurance Performance Improvement (QAPI) Committee for action as needed for improvement.
- The facility will utilize the morning clinical 24-hour report to identify any trends and patterns.
- In addition the infection preventionist will monitor with employee health the transmission of pandemic illness among staff and resident and utilize contact tracing methods to track potential exposures.

See Policy on Surveillance

The facility will implement the following procedures to obtain and maintain current guidance, signage, advisories from the NYSDOH and CDC on disease-specific response actions e.g. including management of residents and staff suspected or confirmed to have disease.

The facility will monitor and disseminate current guidance and signage advisories from NYSDOH and CDC on infectious illness/pandemic emergency. Policies and procedures will be updated accordingly.

- Signage is obtained and posted in prominent areas (by timeclocks, breakrooms, elevators, etc. by the infection preventionist/designee addressing current information including transmission precautions.

The Infection Control Preventionist/designee will clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Including provision of hand sanitizer and face/nose masks, if practical.

- The infection preventionist/designee will ensure signs focusing on hand washing, cough etiquette, etc. in visible areas throughout the facility.
- Alcohol-based hand sanitizer dispensers are located throughout the facility at the following locations: at the facility entrance, by the chapel, nursing unit hallways, dining rooms, activity rooms, rehab gyms, and at time clocks. Hand washing sinks are located in all the resident rooms, nursing stations, medication rooms, and hand sanitizers are also located on med carts, staff desks, and reception.
- The importance of hand washing is routinely emphasized for staff, residents and permitted visitors.
- The facility will ensure the bathrooms and other hand washing areas are well-stocked. Housekeeping staff monitors the dispensers daily to insure hand soap and hand sanitizer are available.

Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to residents and staff. If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection:

- The facility will follow the guidelines issued by NYS Executive Orders and/or NYSDOH regulations regarding visitation during a pandemic event.
- The facility will limit and or restrict visitors as per the guidelines from the NYSDOH.
- Any restriction or change to the facility visitation policy will be posted on website and communicated to all residents and designated representative.

Develop/Review/Revise environmental controls (e.g. areas for contaminated waste).

- Storage areas for contaminated waste are clearly identified as per NYSDOH guidelines.
- The Housekeeping Department will be trained in handling contaminated waste and will be given proper PPE to utilize when performing these tasks.
- The facility will amend its policy on biohazardous waste as are needed related to any new infectious agent and mode of transmission.

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See Policy on Medical Waste Handling

Develop/Review/Revise vendor supply plan for re-supply of food, water, medications, other supplies, and sanitizing.

- The facility has a 3-4-day emergency supply of food and water available. This is monitored on a quarterly basis to ensure it is intact and stored safely.
- The facility has adequate supply of stock medications for 90 days.
- The facility has access to a minimum of a 60-day supply of cleaning/sanitizing supplies.
- The Department Head responsible for monitoring the emergency supplies will notify the Administrator of any specific needs or shortages.

See Policy on Emergency Supplies

The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance, as well as with facility policy for cleaning and disinfecting of isolation rooms.

- The facility will conduct cleaning/decontamination in response to the infectious disease in accordance with any applicable NYSDOH, EPA and CDC guidance
- Housekeeping services will include increased cleaning of high-touch areas throughout the facility.

Develop/Review/Revise facility plan to ensure that residents are isolated/cohorted and or transferred based on their infection status in accordance with applicable NYSDOH and CDC guidance.

A plan has been developed for cohorting symptomatic residents or groups using one or more of the following strategies.

2. Placing symptomatic residents together in one area of the facility;
3. Cohorting into groups in relation to lab test results; or,
4. Closing units where symptomatic residents reside (i.e., restricting all residents to an affected unit, regardless of symptoms).

The plan includes, where possible, dedicating staff to work on affected units, who will not work on other units.

- The residents in the facility will be cohorted based upon their status in accordance with CDC and NYSDOH guidance. Staff will be educated on the specific requirements for each cohort group.
- Cohorts may be divided into 3 groups: Unknown, Negative and Positive as it relates to the known infectious agent.
- Residents will be transferred to the hospital during a pandemic emergency based on their infection status in accordance with applicable NYSDOH and CDC guidelines
- Residents that require transfer to another health care setting will have their cohort (infection status) communicated to transporter and documented on transfer documents.

See Policy on Cohorting

The facility will implement the following procedures to limit exposure between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policies.

- The facility will limit exposures between infected and non-infected persons and consider segregation of ill persons, in accordance with any applicable NYSDOH and CDC guidance, as well as with facility infection control and prevention program policy
- Facility will implement cohort policies for residents based upon their infection status.
- Facility will monitor all residents to identify infection or symptoms of the infectious agent.
- The facility will quarantine units and suspend admissions based upon guidance from NYSDOH and CDC.
- Facility will follow guidance and restrictions from NYSDOH regarding visitation, communal dining, activities, and testing.
- Facility will screen all persons entering building as directed by NYSDOH and CDC based upon infectious agent.
- Clinical staff will use alternative measures to communicate with infectious residents to limit exposure such as telephones and videoconferencing as appropriate.

See cohorting Policy

See Visitation Policy

Develop/Review/Revise a plan to ensure social distancing measures can be put into place where indicated (describe facility's process, e.g. which non-essential activities to eliminate, changes in dining/other physical space arrangements involving residents/staff, etc.)

The facility will review and revise the policy on communal dining programs to ensure social distancing is adhered to in accordance to NYSDOH guidelines and CDC recommendations during the pandemic emergency.

- The facility will review and revise the policy on recreational activities during a pandemic to ensure social distancing is adhered to in accordance to NYSDOH guidelines and CDC recommendations. Recreational programming will be individualized for each resident.
- Social distancing signage will be placed in employee locker rooms and dining areas.
- Facility lounge areas will have furniture removed to allow for social distancing.
- Signage on flooring will be placed noting social distancing (i.e. time clock, entrance to facility, employee dining areas).
- Social distancing signage will be placed on units and in resident dining areas.
- Staff will be educated on these services and updates as needed.

See Policy on Communal Dining

See Policy on Recreational Activities During Infectious Disease/Pandemic Emergency

In accordance with PEP requirements, development/review/revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP.

- The facility has developed Plans for Protection which include:
- Staff education
- Screening of staff, vendors, and contract employees
- Screening of residents on admission
- Visitor restrictions in accordance with NYSDOH and CDC
- Proper use of PPE
- Cohorting of staff and residents
- Testing of residents/staff
- Surveillance of residents
- Implementation of social distancing
- All appropriate departments will be involved in the development, review and revision of facility plan for protection of staff, residents, and families against infection.

See Infection Prevention and Control Policies and Procedures

Develop/Review/Revise internal policies and procedures, to stock up on medications, environmental cleaning agents, and PPE as necessary. The Medical Director, Director of Nursing, Infection Preventionist, HR, Pharmacy Vendor, Office of Emergency Management, and NYSDOH are involved as needed.

- Department Directors have input into the type and quantity of inventory required in event of a pandemic.
- The facility has a policy for optimizing quantity of PPE and supplies including reuse and substitution as necessary.

- *The* facility has developed a policy on stocking up on medication in the event of pandemic

A two-month inventory of PPE is maintained and stored on site. Supplies included:

1. Eye protection
2. Gowns/isolation gowns
3. Gloves
4. Masks
5. N95 respirators
6. Sanitizer and disinfectants in accordance with current EPA guidance

See policy Strategies to Optimize PPE during Contingency and Crisis Capacity during Infectious Illness/Pandemic Emergency

Develop/Review/Revise administrative controls (e.g., visitor policies, employee absentee plans, staff wellness/symptoms monitoring, human resource issues for employee leave).

- The facility has developed a policy for visitation based upon knowledge of community occurrence of pandemic illness and regulatory guidance.
- The facility has developed a liberal/non-punitive sick leave policy that addresses the needs of symptomatic personnel and facility staffing needs. The policy considers:
 1. The handling of personnel who develop symptoms while at work;
 2. When personnel may return to work after recovering from a pandemic illness;
 3. Personnel who need to care for family members who become ill.
- All sick calls will be monitored by Department Heads to identify any staff pattern or cluster of symptoms associated with an infectious agent/illness. Each Department Head will notify Infection preventionist/HR with issues.
- A plan to educate staff to self-assess and report symptoms of pandemic illness before reporting to duty has been developed.
- The facility developed a plan for health screening and thermal temperature checks to be done upon entrance to the facility for all employees, contract staff, vendors, and visitors during pandemic emergency.
- Each department has developed a contingency staffing plan that identifies minimum staffing needs and prioritizes critical and non-essential services, based upon resident needs and essential facility operations. The plan includes collaboration with local and regional DOH and CMS to address widespread healthcare shortages during a crisis

See Visitation During Pandemic Policy

See Contingency Staffing Plan

Develop/Review/Revise a plan to recover/return to normal operations when, and as specified by, State and CDC guidance at the time of each specific infectious disease or pandemic event, e.g. regarding how, when, which activities /procedures /restrictions may be eliminated/restored and the timing of when those changes may be executed.

- The facility will adhere to directives by the NYSDOH and CDC at the time of the pandemic event, e.g. regarding how, when, which activities /procedures /restrictions may be eliminated/restored and the timing of when those changes may be executed
- The facility will maintain communication with local NYSDOH and CMS and follow their guidelines for returning to normal operations.
- The facility will update the website when restrictions are eliminated and normal operations occur.
- Resumption of services from non-essential employees (e.g. volunteers) will be made based upon CMS and NYSDOH recommendations.
- Resumption of routine consultations will be made on a case-by-case basis based upon medical necessity and exposure risk.
- Monitoring of residents and employees will continue as directed by NYSDOH.

See Policy on Monitoring of Staff/Residents During the Recovery/Return to Normal Activities After Pandemic Emergency

In accordance with PEP requirements, development/review/revise plans for protection of staff, residents and families against infection that includes all required elements of the PEP.

- The facility has developed Plans for Protection which include:
 - Staff education
 - Screening of staff, vendors, and contract employees
 - Screening of residents on admission
 - Visitor restrictions in accordance with NYSDOH and CDC
 - Proper use of PPE
 - Cohorting of staff and residents
 - Testing of residents/staff
 - Surveillance of residents
 - Implementation of social distancing
- All appropriate departments will be involved in the development, review and revision of facility plan for protection of staff, residents, and families against infection.
- See Infection Prevention and Control Policies and Procedures

The facility will implement the following procedures to ensure that, as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies.

- The facility will implement procedures to ensure that, as much as is possible, separate staffing is provided to care for each infection status cohort, including surge staffing strategies

See Cohorting Policy

See Staffing Contingency Plans

See P/P Terminal Room Cleaning

See Pandemic Equipment Cleaning policy

The facility will implement the following procedures to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information:

- The facility will implement the procedures to provide residents, relatives, and friends with education about the disease and the facility's response strategy at a level appropriate to their interests and need for information.
- All residents and families will receive ongoing information on the infectious agent, transmission, prevention measures, and any changes in the facility policies. This will be posted by Public Relations on the website, in e-newsletters, and using the facility's closed-circuit TV channel.
- The facility's website will include a FAQ section related to the infectious disease.
- The Public Relations Department will be responsible to review, delegate and/or respond to all correspondence on the facility's website.
- Informational brochures will be made available on infection control measures at the entrance.

See Policy on Communication

Subject to any superseding New York State Executive Orders and/or NYSDOH guidance that may otherwise temporarily prohibit visitors, the facility will advise visitors to limit visits to reduce exposure risk to residents and staff. If necessary, and in accordance with applicable New York State Executive Orders and/or NYSDOH guidance, the facility will implement the following procedures to close the facility to new admissions, limit visitors when there are confirmed cases in the community and/or to screen all permitted visitors for signs of infection:

The facility will follow all applicable NYS Executive Orders and/or NYSDOH guidance in pandemic emergency on visitation restrictions.

- The facility will limit and or restrict visitors as per the guidelines from the NYSDOH.
- Any restriction or change to the facility visitation policy will be posted on website and communicated to all residents and designated representative.

- The facility will quarantine units and suspend admissions based upon guidance from the NYSDOH and CDC.
- The facility developed a policy and procedure for health screening and thermal temperature checks to be done upon entrance to the facility for all employees, contract staff, vendors, and visitors during pandemic emergency.

See Policy on Admission Screening Process

See Policy on Compassionate Care/End-Of-Life Visitation- Infectious Disease/Pandemic Emergency

Ensure staff are using PPE properly (appropriate fit, don/doff, appropriate choice of PPE per procedures).

- Signage will be posted on all doors of resident rooms indicating the PPE required prior to entrance into the room, as applicable.
- Signage will be posted on the entrance to any unit on quarantine.
- Staff will be re-educated on PPE use and have a competency evaluation for donning and doffing of PPE.
- PPE is located on units to ensure access at all times.
- The facility has a designated person to ensure adequate and available PPE is accessible on all shifts.
- Surveillance rounds are made by ICP, Nursing Care Coordinator, and Administrative staff to ensure compliance with proper use of PPE. Findings are reported to QAPI Committee.

See Policy on PPE

In accordance with PEP requirements, the facility will implement the following process/procedures to assure hospitalized residents will be admitted or readmitted to such residential health care facility or alternate care site after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e):

- The facility will implement procedures to assure hospitalized residents will be admitted or readmitted to the 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),
- The admission nurse in conjunction with nursing leadership will review hospital records to identify the resident needs, exposure risk to infectious agent, and the facility's ability to provide care including cohorting and treatment needs.

See Policy and Procedure for Bed Hold During Pandemic

See Policy on Admissions During Pandemic

In accordance with PEP requirements, the facility will implement the following process to preserve a resident's place in a residential health care facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e):

- The facility will implement processes to preserve a resident's place in a residential health care facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e).

In accordance with PEP requirements, the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of PPE (including consideration of space for storage) or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic. As a minimum, all types of PPE found to be necessary in the COVID pandemic should be included in the 60-day stockpile. This includes, but is not limited to:

1. N95 respirators
2. Face shields
3. Eye protection
4. Gowns/isolation gowns
5. Gloves
6. Masks
7. Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)
 - The facility has implemented procedures to maintain at least a two-month (60-day) supply of PPE (including consideration of space for storage) or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic.
 - This includes, but not limited to:

1. N95 respirators
2. Face shields
3. Eye protection
4. Gowns/isolation gowns
5. Gloves
6. Masks
7. Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)

- The facility will calculate daily usage/burn rate to ensure adequate supply of PPE.

See Policy on Emergency Supply of PPE

The facility will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.

- The facility will maintain review of, and implement procedures provided in NYSDOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.
- The facility will document recovery events on tracking log.

The facility will communicate any relevant activities regarding Recovery/Return to Normal Operations, with staff, families/guardians and other relevant stakeholders.

- The facility will communicate any relevant activities regarding Recovery/Return to Normal Operations, with staff, families/guardians and other relevant stakeholders.
- During the recovery phase, all residents, staff, and contracted employees will be monitored and tested to identify any developing symptoms related to infectious agent in accordance with NYSDOH and CDC guidance.

See Policy on Monitoring of Staff/Residents During the Recovery/Return to Normal Activities after Pandemic Emergency