



SUNNYSIDE CARE CENTER

PANDEMIC PLAN



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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	Sunnyside Care Center
Address	7000 Collamer Rd East Syracuse, NY 13057
Cross Streets	Fremont Rd
Telephone	315-656-7218
Fax	315-656-7394
Email	Bchamberlin@sunnysidecare.com
Website	www.sunnysidecare.com
CONSTRUCTION	
Construction Type	
Year Building Constructed	
Number of Floors (above/below grade)	1
Square Footage	



CAPACITY AND STAFFING	
Non-Traditional Surge Space	Main Dining room
Number of Facility-Owned Vehicles (including accessible spots/seats)¹	N/A
UTILITY AND SERVICE PROVIDERS	
Electric Provider	National Grid- 1-800-642-4272
Local Water Provider	OWCA- 315-475-7601
Telephone Provider	Teklink- 1-877-387-6002
Internet Service Provider	Spectrum- 1-855-339-9668
Generator Services	Penn Power- 315-451-3838
Plumbing	Aalco- 1-800-525-3843
HVAC Equipment	ABC Cooling- 800-525-3843
Fire Equipment/Sprinklers	Davis Ulmer- 315-451-3890



Hazard Vulnerability Analysis

Hazard Factor	Considerations
Probability	<ul style="list-style-type: none"> ● Current local and regional plans ● Manufacturer/vendor statistics ● Subjective evaluations or best estimate
Human Impact	<ul style="list-style-type: none"> ● Potential for staff, resident, or visitor injury or death ● Emotional or psychological impact ● Local cultural norms
Property Impact	<ul style="list-style-type: none"> ● Cost to replace ● Cost to set up temporary replacement ● Cost to repair ● Time to recover
Business Impact	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● Status of current plans ● Staff training completion status ● Availability of alternate sources for critical resources
Internal Response	<ul style="list-style-type: none"> ● Emergency resource levels ● Durability/longevity of resources (without replenishment) ● Internal resources ability to withstand disasters ● Availability of backup systems
External Response	<ul style="list-style-type: none"> ● 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



Sunnyside Care Center Reviewed 2/18/19 Sean Edick Brad Townsend
 Hazard and Vulnerability Assessment Tool

Event	PROBABILITY	ALERTS	ACTIVATIONS	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
				HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
				Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	Number of Alerts	Number of Activations	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 = N/A 1 = High 2 = Moderate 3 = Low	0 - 100%
Inclement Weather	3	0	0	2	2	2	1	1	1	30%
IT System Failure	2	0	0	2	2	2	2	2	2	27%
Loss of Electrical Supply	3	0	0	1	1	3	1	1	1	27%
HVAC Failure	3	0	0	1	2	2	1	1	1	27%
Flood	3	0	0	2	1	2	1	1	1	27%
Loss of Gas Supply	2	0	0	2	2	2	1	2	2	24%
Loss of Phone/Internal Communications	3	0	0	2	1	1	1	1	1	23%
Loss of Water/Boil Water/Sewage System	2	0	0	2	2	2	2	1	1	22%
Missing Resident	2	0	0	2	2	2	1	1	1	20%
Influx of Resident/Families/Staff	2	0	0	2	2	2	1	1	1	20%
Generator Failure	2	0	0	2	2	2	1	1	1	20%
Bomb Threat	2	0	0	1	1	2	1	2	2	20%
Person with a Weapon	2	0	0	2	2	2	1	1	1	20%
Epidemic	2	0	0	2	1	2	1	1	1	18%
Internal Fire	2	0	0	1	2	2	1	1	1	18%
Large Internal Spill	2	0	0	1	2	2	1	1	1	18%
Chemical Exposure, External	1	0	0	2	2	2	2	2	2	13%
Hazmat Incident	1	0	0	2	2	2	2	2	2	13%
Mass Casualty Incident	1	0	0	2	2	2	2	2	2	13%
Shelter in Place	1	0	0	2	2	2	2	2	2	13%
Strikes / Labor Action / Work Stoppage	1	0	0	2	2	2	2	2	2	13%
Suspicious Odor	2	0	0	1	1	1	1	1	1	13%
Hazmat Incident with Mass Casualties	1	0	0	2	1	2	2	2	2	12%
Picketing	1	0	0	1	2	2	2	2	2	12%
Acts of Intent	1	0	0	1	1	1	2	2	2	10%
Building Move	1	0	0	1	1	2	3	1	1	10%
Earthquake	1	0	0	2	2	2	1	1	1	10%
Explosion	1	0	0	2	2	2	1	1	1	10%
Supply Chain Shortage / Failure	1	0	0	2	2	2	1	1	1	10%
Civil Unrest	1	0	0	1	1	2	1	1	1	8%
Evacuation	1	0	0	2	1	1	1	1	1	8%
Transportation Failure	1	0	0	2	1	1	1	1	1	8%
Drought	1	0	0	1	1	1	1	1	1	7%
Pandemic	1	0	0	1	1	1	1	1	1	7%
Planned Power Outages	1	0	0	1	1	1	1	1	1	7%
Suicide	1	0	0	1	1	1	1	1	1	7%
Suspicious Package / Substance	1	0	0	1	1	1	1	1	1	7%



<input type="checkbox"/>	Upon notification of hazard or threat from staff, residents, or visitors, activate the CEMP.	Administrator or Designee
<input type="checkbox"/>	Activate the Communications Plan.	ADON or Designee
<input type="checkbox"/>	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)].	ADON or Designee
<input type="checkbox"/>	Assess the potential or actual impact of the incident on residents, staff, and the facility.	D.O.N. or Designee
<input type="checkbox"/>	Direct Incident Management Team to convene at designated Command Center location.	ADON or Designee
<input type="checkbox"/>	Based on the hazard and using the "Notification by Hazard Type" table in the CEMP, conduct required notifications.	ADON or Designee
<input type="checkbox"/>	Set-up the facility's Command Center. <i>Refer to section below checklist for more information.</i>	Administrator or Designee
<input type="checkbox"/>	Deliver briefing to Incident Management Team, and other staff as appropriate, on the incident including: <ol style="list-style-type: none"> 1. Extent or impact of the problem (e.g., hazards, life safety concerns) 2. Number of residents injured or affected 3. Status of resident care and ancillary services 4. Current and projected staffing levels 5. Status of facility plant, utilities, and environment of care. 	Administrator or Designee
<input type="checkbox"/>	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).	Administrator or Designee
<input type="checkbox"/>	Prepare and distribute position-specific checklists for the Incident Management Team to use during incident response.	Administrator or Designee
<input type="checkbox"/>	Establish a meeting schedule for Incident Management Team to maintain situational awareness of incident and response operations.	Administrator or Designee
<input type="checkbox"/>	Notify residents and their relatives or responsible parties of hazard information and response actions.	Administrator or Designee



<input type="checkbox"/>	Task facility staff with completing additional tasks to meet established response goals and objectives.	Administrator or Designee
<input type="checkbox"/>	Continue to collect information about incident and its current or projected impacts and perform position duties as assigned.	Administrator or Designee



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 in the Conference Room
- 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.



Incident Management Team

The Incident Management Team will consist of the following positions:

1. Incident Commander
2. Public Information Officer
3. Safety Officer
4. Operations Section Chief
5. Planning Sections Chief
6. Logistics Sections Chief
7. Finance/Administration Section Chief



Incident Management Team

Incident Commander

The Incident Commander will be the **Administrator or Designee**. Their responsibilities will be the following:

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.
<i>Facilitate regular briefings to review the status of response operations. Request status reports from staff on resident health and safety.</i>
<i>Observe the Incident Management Team for signs of stress and exhaustion and provide rest periods.</i>
<i>Determine the appropriate protective action based on the presence of potential or actual hazards to resident safety and well-being.</i>
<i>Share regular updates with residents and staff to maintain situational updates.</i>
<i>Authorize procurement and distribution of resources.</i>



Incident Management Team

Public Information Officer

The Public Information Officer will be **Admission Coordinator or Designee**. They are in charge of:

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



Incident Management Team

Safety Officer

The Safety Officer is the **Maintenance Director or Designee** and will be in charge of:

<i>Obtain briefing from Incident Commander.</i>
<i>Conduct site assessment to determine safety risks of the incident to residents, staff, and visitors.</i>
<i>Document the treatment plan for injured or ill staff.</i>
<i>Post non-entry signs around unsafe areas.</i>
<i>Evaluate building or incident hazards and identify vulnerabilities.</i>
<i>Assess operations and practices of staff, terminate any unsafe activity, and recommend corrective actions to ensure safety of residents, staff, and visitors.</i>
<i>Direct laundry and housekeeping staff to:</i> 6. Ensure adequate supplies of linens, blankets, and pillows. 7. Ensure emergency linens are available for soaking up spills and leaks.
<i>Direct food and dietary staff to:</i> 8. Provide and prepare food as needed during an emergency. 9. Ensure gas appliances are turned off before evacuating.
<i>Submit resource requests to the Logistics Section Chief (if activated), as needed.</i>
<i>Communicate concerns to the Incident Commander, as needed.</i>



Incident Management Team

Operations Section Chief

The Operations Section Chief will be **Director of Nursing or Designee**. They are in charge of:

<i>Obtain briefing from Incident Commander.</i>
<i>Assign staff to assess the facility and resident well-being.</i>
<i>Determine how facility services will continue as routinely as possible, including the provision of:</i> <ul style="list-style-type: none">10. Routine nursing services and documentation11. Medication dispersal per resident schedules.12. Routine hygienic and nutritional care for residents.
<i>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.</i>
<i>Maintain resident and staff accountability.</i>
<i>Secure resident records during shelter-in-place operations.</i>
<i>Assess pharmacy supplies and contact pharmacy, as needed, to determine:</i> <ul style="list-style-type: none">13. Cancellation of deliveries.14. Availability of backup pharmacy.15. Availability of medical supplies.
<i>Evaluate staffing needs and activate additional staff, as needed.</i>
<i>Direct nursing and rehabilitation staff to:</i> <ul style="list-style-type: none">16. Tend to physical and emotional needs of residents.17. Assist in clearing rooms and hallways, exits, etc.18. Support movement of residents during an evacuation.
<i>For receiving facility operations, ensure proper management of arriving residents and their records, including documentation of triage, treatment, and disposition of emergency admits.</i>
<i>Document resident injuries (and action plan to ensure treatment) or deaths.</i>
<i>Submit resource requests to the Logistics Section Chief (if activated), as needed.</i>



Communicate concerns to the Incident Commander, as needed.



Incident Management Team

Planning Sections Chief

The Planning Sections Chief will be **Assistant Director of Nursing or Designee**. They will be in charge of the following:

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



Incident Management Team

Logistics Section Chief

The Logistics Section Chief will be **In-Service Coordinator or Designee**. They will be in charge of:

<input type="checkbox"/>	<i>Obtain briefing from Incident Commander.</i>
<input type="checkbox"/>	<i>Distribute resource request forms to each Incident Management Team member. Document the request, use, return, and condition of resources used to respond.</i>
<input type="checkbox"/>	<i>Ensure the following resources are mobilized, assigned, and tracked:</i> 19. Staff and Surge Support 20. Emergency Supplies 21. Communications Equipment 22. Food and Water 23. Transportation
<input type="checkbox"/>	<i>Document volunteer sign-in and sign-out for each operational period (e.g., shift).</i>
<input type="checkbox"/>	<i>Request Incident Commander approval to activate mutual aid and vendor agreements for additional resources.</i>
<input type="checkbox"/>	<i>Communicate concerns to the Incident Commander, as needed.</i>



Incident Management Team

Finance/Administration Section Chief

The Finance/Administration Section Chief will be **Business Office Manager or Designee**. They are in charge of:

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



EVACUATION PLAN:

▪ **Triage Site / Stop-Over Point**

- The facility will use a systematic procedure to evacuate the facility. Specifically, if evacuation is necessary for a fire, please see Sunnyside Care Center Nursing Home Fire Plan. If not a fire situation, after a room has been evacuated, mark the door with an orange tag to indicate an evacuated room. The orange tags are located in the corridor fire extinguisher cabinets.
- If triage within the building is possible, the Main Dining Room will be given primary consideration as the main triage site.
- If the facility must be evacuated immediately and there is no time to triage within the building residents will be moved to a stop-over point, Life Church, 7125 Collamer Road East Syracuse, NY 13507. An outside triage/stop-over point could be considered (weather permitting). The actual location of the stop-over point will be determined by the Command Post. If an e-FINDS bracelet was not placed prior to leaving the facility it must be placed before leaving the stop-over point.
- All residents will have an e-FINDS bracelet placed on them prior to exiting the facility. If time permits each resident will also be assigned a Resident Emergency Evacuation Tag
- In the event of a building evacuation the primary evacuation route shall be out the main entrance (North), meeting in the front parking lot/lawn, as far away from the building as possible to facilitate emergency vehicles, ambulances, busses, etc. If that is not feasible the secondary evacuation route shall be out the nearest North fire exit, meeting in the front parking lot/lawn area as far away from the building as possible. If none of the North exits are available the South exits shall be used, meeting in the rear parking lot, as far away from the building as possible to facilitate emergency vehicles, ambulances, busses, etc.
- The Command Post or Emergency Authority's Incident Command Post will notify Emergency Transportation vehicles of the stop-over point.
- The Command Post will appoint a staff member to be in charge of the stop-over site. This person will be responsible:
 - To account for all residents at the stop-over point
 - To ensure that residents have been assigned an e-FINDS bracelet prior to being moved from the triage/stop over site.

▪ **Transportation**

- The Emergency Authority's Incident Command Post will arrange transportation through Emergency Management Services.
- Transfer Assistance Levels (TALS) are located in Appendix 2.



- **Receiving Facilities**

- Notification of the receiving facilities will be the responsibility of the Command Post. Please see the Long Term Care Executive Council of Central New York's Mutual Assistance Disaster Plan for reference.

- **Records**

- Under the direction of the Command Post, the LPN of each unit will assume responsibility for moving resident paper charts from the facility to the triage/stop-over point, and eventually to the appropriate receiving facility. The resident's MARs and TARs can be accessed at any time from our EMAR system using the Matrix. <https://landa.matrixcare.com>. If the internet is not available down-time procedures must be followed. See page IT System Failure page 19.
- The paper chart can be taken to the receiving facility at a later time, provided the following information accompanies the resident at the time of evacuation: An e-FINDS bracelet will be placed on each resident before the resident leaves the facility. This bracelet will contain information pertaining to the resident's demographics and immediate care needs.
- See e-FINDS Policy Appendix 1.

- **Medications**

- Nursing administration will be responsible to determine any special medications that must go with the resident. The resident's condition, the availability and acceptance of medications elsewhere, and the nature of the disaster will be taken into consideration as this decision is being made

- **Equipment**

- Beds, linens, food, potable liquids – if possible and necessary, these items will be moved to receiving facilities.

- **Staffing**

- The Command Post will be responsible to assign staff to go to each receiving facility, as they become available. If possible, a staff member should be at each receiving facility prior to the arrival of the first resident. If this is not possible, a staff member will be assigned to go with the first resident being sent to each facility.
- It shall be the responsibility of the Command Post to track all on duty staff. The Staffing Pool Coordinator must document the specific name and location of the receiving facility



or other location for on-duty staff that leave the facility during the emergency and report to the Command Post.

- The facility will maintain an up-to-date list of all staff telephone numbers and will initiate the staff call list for emergency notification of off-duty staff. Staff is requested to remain at home, if not on duty, until notified by the department supervisor or Administrator. Staff will be told what is needed and where they are to report.
- The command post can request volunteers from the Regional Coordinating Center: Van Duyn Center, 315-449-6000. Volunteers can also be requested from receiving facilities (See Receiving Facilities Appendix 8) In the event that volunteers are to be utilized non-medical volunteers would perform non-medical tasks only. In the event that medical professionals volunteer a Credentialing Coordinator will be assigned to verify medical credentials and licensure.
- If telephone service in the community has been disrupted and the facility cell-phone is not working:
 - Go to the local radio station to request a “broadcast”
 - Use staff cell phones if available.
 - Go personally to staff’s homes.
- **Follow up Care**
 - Administrator, or designee, shall be responsible to arrange for a check on the welfare of each evacuated resident within 24 hours of the resident being transferred from the facility.

Shelter in Place

In the event that a disaster or emergency arises that would make evacuation unfeasible Sunnyside Care Center has adequate provisions to “Shelter in place” until an orderly evacuation can take place.

- Food and water are available in our disaster supplies for at least 72 hours.
- Linens are available for at least 72 hours.
- Medical supplies, including OTCs and DME are available for at least 72 hours.
- Pharmaceutical supplies are available in limited supplies in our Cubex. Sunnyside Care Center has an agreement with Specialty Pharmacy (844-779-8769) for emergency supplies during a disaster.
- The emergency generator will provide power to the following during an outage, which will provide:
 1. Temperature control
 2. Safe storage for provisions
 3. Emergency lighting



4. Fire detection/extinguishing/alarm systems
5. Sewage and waste disposal
6. Cooking facilities
7. Wandering resident system



Tasks	
Activate repatriation process.	
<input type="checkbox"/>	Refer to the <i>NYSDOH Evacuation Plan Template</i> for further guidance.
<input type="checkbox"/>	Ensure compliance with all local and NYSDOH requirements regarding inspections, remediation actions, and conditions for approval of repatriation.
<input type="checkbox"/>	Receive approval from NYSDOH to reopen the facility.
<input type="checkbox"/>	Initiate repatriation plans and procedures.
Deactivate IMT positions and surge staffing.	
<input type="checkbox"/>	Determine if there is an adequate number of facility personnel to meet remaining incident needs.
<input type="checkbox"/>	Deactivate IMT positions that are no longer needed.
<input type="checkbox"/>	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.	
<input type="checkbox"/>	Estimate current and anticipated resource requirements.
<input type="checkbox"/>	Determine which facility-owned resources need to be returned to storage locations in the facility; or replenished/repared for future incidents.
<input type="checkbox"/>	Determine processes for transitioning borrowed resources back to sending facility/provider.
<input type="checkbox"/>	Reactivate normal services and operations.
<input type="checkbox"/>	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.

<input type="checkbox"/>	Collect and manage documentation related to: disaster-related expenses, property damage, direct operating costs, consequential loss, damaged or destroyed equipment, construction-related expenses.
<input type="checkbox"/>	Conduct debriefings with staff and volunteers.
<input type="checkbox"/>	Write an After-Action Report.



Emergency Contact Information

Onondaga County of Emergency Management

Address: Sub Level, 421 Montgomery St, Syracuse, NY 13202

Phone: (315) 435-2525

Onondaga Public Health

Address: 421 Montgomery St, 9th Floor, Syracuse NY 13202

Phone: 315-435-3155

Minoa Fire Department

Address: 240 North Main St Minoa, NY 13166

Non-emergency Phone: 315-656-9204

Emergency Number: 911

Minoa Emergency Medical Services (EMS)

Address: 240 North Main St Minoa, NY 13166

Non-emergency Phone: 315-656-9204

Emergency Number: 911

Dewitt Police Department

Address: 5400 Butternut Dr East Syracuse NY 13057

Non-Emergency Phone: 315-449-3640

Emergency Number: 911

NYS Department of Health (Central Region)

Address: 217 South Salina St Syracuse NY 13202

Phone: 315-477-8472

Red Cross (Central NY)

Address: 344 West Genesee St Syracuse NY 13202

Phone: 315-234-2200



Communication 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.

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.

Implementation

Communications Checklist

Communications Checklist	
Preparedness	
<input type="checkbox"/>	Designate and train personnel to serve as Public Information Officer prior to an incident (i.e., during normal operations). Potential training courses include: <ul style="list-style-type: none"> ● FEMA IS-29: Public Information Officer Awareness (Free Online Course) ● FEMA IS-42: Social Media in Emergency Management (Free Online Course)
<input type="checkbox"/>	Develop and refine pre-scripted messaging that can be tailored for incident use.
<input type="checkbox"/>	Determine primary and redundant forms of communication: <ul style="list-style-type: none"> ● Primary forms include landline-dependent communications such as telephones and cellphones. ● Redundant forms are not dependent on functioning landline communication
<input type="checkbox"/>	Ensure multiple personnel have administrative access, training, and policies and procedures to the facility's website, social media accounts, and voicemail system.



Communications Checklist	
<input type="checkbox"/>	Maintain up-to-date contact information for designated notification parties for all residents (e.g., relatives/responsible parties).
<input type="checkbox"/>	Maintain up-to-date contact information for all staff.
<input type="checkbox"/>	Clarify approval processes for internal and external messaging content (e.g., peer review, senior leader final approval).
Incident Response	
<input type="checkbox"/>	Request an updated on the incident from the Incident Management Team: <ul style="list-style-type: none"> ● What happened? ● What is the status of residents and personnel? ● When will the incident be resolved?
<input type="checkbox"/>	Inform internal audiences (e.g., personnel) about incident updates before informing external audiences.
<input type="checkbox"/>	Provide office personnel (e.g., receptionist) with guidance on where to direct incoming inquiries (e.g., media, personnel, relatives/responsible parties, vendors).
<input type="checkbox"/>	Maintain a log of incoming calls, including: <ul style="list-style-type: none"> ● Name of caller ● Name of publication or media source ● Phone number ● Email address ● General nature of inquiry and any deadlines
<input type="checkbox"/>	Develop a press release (or official facility statement) to post on facility website and social media pages.
<input type="checkbox"/>	Update the facility's voicemail recording to provide alternative contact information if the facility is evacuated and/or to field incoming inquiries.



COMMUNICATION LOG

NAME	PHONE NUMBER	EMAIL ADDRESS	GENERAL NATURE OF CALL



Pre-Scripted Messages

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.

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:

*Sunnyside Care 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 Conference Room immediately. Continue to monitor available communications channels for updates. Refrain from sharing this message or subsequent updates with the public.

*For more information, contact Brian Chamberlin via phone at **315-656-7218** or by email at **Bchamberlin@sunnysidecare.com**.*



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

*Sunnyside Care 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 Sunnyside Care Center as soon as possible. Continue to monitor available communications channels for updates. Refrain from sharing this message or subsequent updates with the public.

*For more information, contact the Facility at **315-656-7218**.*

Messaging to Staff about Evacuation to Receiving Facility

*Sunnyside Care 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, Sunnyside Care Center will be evacuating residents to our Stop Over Point Life Church located at 7125 Collamer Rd, East Syracuse, NY 13057.

External Pre-Scripted Messaging

Voicemail Recording Website/Social Media Message

*Sunnyside Care Center is currently experiencing **[Description of Conditions]** caused by **[Incident Name]**. Emergency operations have been initiated to manage the incident. We will provide information on the status of our residents. We are taking extensive actions to protect residents. For your Safety and the safety of our Residents and Staff please do not attempt to come to the Facility. In the event that we have to evacuate the Facility we will be going to our Stop Over Point which is the Life Church ¼ mile down the road from the Facility.*



For more information, please contact the Facility or Email Smahony@sunnysidecare.com.

We will be updating our Website and our Facebook page as much as we can during this event with up to date information.

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 **Sunnyside Care Center**. We are **emailing** you to inform you that **Sunnyside Care Center** is currently experiencing **[Description of Conditions]** caused by **[Incident Name]**.

Emergency operations have been initiated to manage the incident. **We will provide up to date information when it is available.** We are doing as much as we can to protect residents. We will provide information as it becomes available.

For more information, please contact **Sunnyside Care Center**.

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



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. This is a pre-checklist to go through.

Table 2: Protective Action Considerations

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



Protective Action Considerations	
<input type="checkbox"/>	What is the status of medical, pharmaceutical, and resident care supplies?
<input type="checkbox"/>	What is the status of food and water?
<input type="checkbox"/>	What is the status of generators and fuel levels?
<input type="checkbox"/>	What is the status of transportation resources?
<input type="checkbox"/>	Have any vendors/service provider agreements been activated?
<input type="checkbox"/>	What are staffing levels?
<input type="checkbox"/>	Have surge staffing options been implemented?



AFTER ACTION REPORT

Executive Summary

Event Date and Time

Review of Event:

After Action Review Team:

Response Agencies:

Event Timeline:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Observed Strengths:

- _____
- _____
- _____



Critical Areas for Improvement:

- _____
 - **Recommendations:**
 - _____
 - _____
 - _____

- _____
 - **Recommendations:**
 - _____
 - _____
 - _____

- _____
 - **Recommendations:**
 - _____
 - _____
 - _____

Conclusion and Summary



CONTRACTOR / VENDOR PHONE NUMBERS

MAINTENANCE DEPARTMENT

<u>SERVICE OR PRODUCT PROVIDED</u>	<u>VENDOR / CONTRACTOR NAME</u>	<u>PHONE #</u>
HVAC	ABC	800-525-3843
Plumber/Sewer	Aalco	1-800-223-2256
ANSUL System	Straightline	315-471-4210
Call Light System Repair	Syracuse Time & Alarm	800-762-2667
Environmental Waste		
Non-hazardous	Waste Management	315-457-0003
Hazardous	Stericycle	866-783-7422
Fire Alarm Service	Davis Ulmer	315-451-3890
Fire Sprinkler Service	Davis Ulmer	315-451-3890
Generator Service & Rental	Penn Power Systems	315-451-3838
Laundry Equipment Repairs	Statewide Machinery	800-527-2219
Oxygen Supplier	Adirondack Compressed Gases	315-724-6155
Pest Control	Orkin	315-732-4141
Snow Plowing	Warner's Snow Removal	315-415-4146
Telephone System Repair (internal)	Teklink	877-387-6002
IT Management	Connectnet	845-290-8800
Wandering Resident System	Emerald Resources	800-397-9369



Glossary

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	<p>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.</p> <p>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.</p> <p>Please refer to the 2019 Evacuation Plan.</p>
Situational Awareness	<p>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.</p>
Smoke Detector	<p>Smoke detectors are located on ceilings throughout the facility and respond to smoke thereby setting off the alarm.</p>
Threat	<p>Natural or manmade occurrence, individual, entity, or action that has or indicates the potential to harm life, information, operations, the environment, and/or property.</p>



PERSON WITH A WEAPON / HOSTAGE TAKING/ACTIVE THREAT CODE GREY

OVERVIEW

The purpose of this procedure is to provide assistance to staff members and/or visitors who are confronted by an individual brandishing a weapon, or one who has taken hostages within the healthcare facility, or on its property. It also provides guidance for individuals who are made aware of and indirectly affected by such a situation. For the purposes of this procedure, a weapon is considered any item used to harm others. This includes but is not limited to firearms, knives, baseball bats, etc.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

STAFF IN THE IMMEDIATE AREA OF THREAT

- If threatened, communicate the situation with other staff when possible and if safe to do so. Consider calling out CODE GREY and the location.
- Evacuate the area if possible, or seek cover / protection. Warn others in the area of the situation.
- If possible, attempt to limit the suspect's access to other areas.
- If you witness a person with a weapon or hostage being taken at the facility, call 911 and give the following information:
 - Facility name and address
 - Location of incident within the building
 - The number of suspects and hostages and names, if known
 - Type of weapon(s) involved
 - Time of occurrence
 - Injuries sustained (if any)
 - Announced intention and/or demands of hostage-takers
 - Demeanor of hostage-takers (calm, agitated, angry, violent)
 - Characteristics of hostage scenario (drugs, alcohol, weapons or explosive devices involved)
- Contain the incident by preventing people from entering the area until Dewitt Police Department (911) arrive.
- Do not intervene or engage in any physical contact with suspects.

IF YOU BECOME A HOSTAGE

- Remain calm. Be respectful. Be prepared to wait.
- Make no unnecessary movements that might cause the individual to harm you.



- Discard anything that may label you as a person of importance or someone the captor(s) may fear (e.g., pager, ID badge).
- Treat the hostage taker(s) with respect.
- Do not speak unless you are specifically addressed or questioned.
- Do not volunteer information or make suggestions.
- Do not attempt to negotiate with the hostage taker(s).
- Cooperate and follow instructions.
- Be prepared to communicate with Dewitt Police Department (911) on the phone. Give as much information as possible to identify suspects discreetly. Consider carefully any attempt to escape. A foiled attempt can be extremely dangerous for you and other hostages.
- When rescue comes, follow Dewitt Police Department (911) instructions exactly. Mentally note as many characteristics of the hostage taker(s) as possible (sex, age, height, weight, color of eyes/hair/skin, scars, etc.). Assume you will be handcuffed or secured until all suspects are identified.
- Refrain from speaking to other hostages.

RESIDENT CARE STAFF NOT IN IMMEDIATE AREA OF THREAT

- Do not enter the area of the immediate threat.
- Place residents in rooms and close doors.
- Close and lock doors where possible (including cross corridor doors). Attempt to limit access to and from your area.
- Avoid windows facing the location.
- Standby for further instructions.

ANCILLARY STAFF NOT IN THE IMMEDIATE AREA OF THE THREAT

- Upon hearing CODE GREY , consider evacuating the building or area to a safe location.
- Communicate with other individuals to mitigate the potential for others to enter the threat area.

INCIDENT COMMANDER (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Ensure 911 has been notified.
- Summon leadership to Command Center. Choose a location that is remote from the incident.
- Provide a facility liaison to the Dewitt Police Department (911) at the Dewitt Police Department (911) Command Post or an alternate location as requested.
- In coordination with department heads, ensure all other guidelines of this procedure are carried out.

Note: During off-shifts, leadership responding back to the facility should not enter the premises until Dewitt Police Department (911) have secured the facility.



- Instruct department heads to account for staff in their department and guide staff in the action to be taken.
- Lockdown the facility. Prevent any entry into the building other than the Dewitt Police Department (911).
- If necessary, contact staff on the next shift and provide reporting information based on Dewitt Police Department (911) guidance.
- Have Maintenance standing by to shut-off electrical power, natural gas, or other utilities upon Dewitt Police Department (911) request.
- At the direction of the Dewitt Police Department (911), a “CODE GREY, All Clear” will be paged. All affected personnel will be contacted immediately for debriefing purposes.
- When appropriate, make the following notifications:
 - Off-duty staff
 - Resident families/responsible parties
 - Local/State Health Department
- 1. The Administrator will serve as the Public Information Officer (PIO) and act as the liaison with the media. Staff should not give out any information to the media. The Dewitt Police Department (911) will request that any and all official statements of the facility be discussed with the designated Dewitt Police Department (911) representative before being released.

NURSING

- Place residents in rooms and close doors. Encourage residents to remain calm and quiet.
- Close cross corridor doors.
- Barricade doors to rooms and/or units if able and safe to do so.

RECEPTIONIST

- Notify Dewitt Police Department (911) via 911. Give them any information that is known about the situation and advise them if there is an opportunity to approach the facility while remaining out of site.
- Initiate CODE GREY announcement three (3) times and announce location.
- Notify the Administrator, Maintenance and/or Person in Charge.

MAINTENANCE

- Be prepared to provide floor plans and keys to responding Dewitt Police Department (911).
- Be prepared to shut-down utilities as requested by Dewitt Police Department (911).
- Initiate a Building Lock-down.
- Secure surrounding area if possible by removing all residents and staff.
- Secure doors, if appropriate, to isolate incident.



- Identify phone extensions in the closest proximity of hostage-takers and provide to Dewitt Police Department (911).
- Identify internal door locking systems and provide access information to the Dewitt Police Department (911).
- Ensure all delivery/vendor vehicles remain on facility grounds until cleared by the Dewitt Police Department (911) Department.

RETURN TO NORMAL OPERATIONS / RECOVERY

When all threats have been eliminated:

- Keep the scene secure if Dewitt Police Department (911) have not yet arrived on scene:
 - a. Isolate and protect the scene and evidence.
 - b. Do not alter the scene or try to investigate the crime or incident. The Dewitt Police Department (911) will advise you of the actions/procedures to follow.
 - c. Do not allow witnesses to leave before Dewitt Police Department (911) arrive.
 - d. Do not allow witnesses to “compare notes.” Keep witnesses separated if possible or as directed by the Dewitt Police Department (911).
- Document everything while it is still fresh in your mind (Administration, Dewitt Police Department (911), facility legal counsel, etc. may need this information as soon as possible for the follow-up/on-going investigation).
- Utilize Nursing and Social Work staff to assess, treat and calm persons involved in the incident.
- Post-incident debriefing should take place, as necessary.
- All persons actually involved in the incident should remain available to talk to the Dewitt Police Department (911).
- Critique reports and make necessary updates to the plan.



SNOW EMERGENCY / ICE STORM

GENERAL

- Employees are to stay on duty until released.
- Staff members may be asked to perform a variety of functions.
- Sleeping schedule is set up by Nursing Administration or respective department supervisor. He/she will receive information regarding availability of sleeping accommodations.
- Review availability to provide transportation for staff, as necessary.
- Due to possible delayed Fire Department response, staff should perform fire prevention “watches” while making rounds in areas which are not staffed 24 hours a day, looking for:
 - Electric overloads
 - Smoking violations

• **ADMINISTRATION**

- Set up Command Post as necessary, and follow the Incident Manager Job Action Sheet.
- Ensure all other guidelines of this procedure are completed.

• **MAINTENANCE**

- Keep exits and sidewalks free from snow and ice accumulation.
- Keep hydrants, hose connections and emergency access roads clear.
- Review transportation of staff with Command Post and Local Emergency Authority.
- Monitor the amount of snow on the roof to prevent accumulations from reaching unsafe levels. Clear accumulations if possible (check with building architect to determine unsafe load levels).

• **IN FREEZING OR LOW TEMPERATURES**

- Ensure that water-cooled equipment, that has not been otherwise protected, is drained.
- Ensure that condensed moisture from compressed air lines is drained frequently.
- If heat loss is for an extended period of time, drain: compressors, condensate piping, hydraulically operated devices and air conditioning systems.
- Institute emergency procedures for processes that depend on water supply.
- Drain piping systems that contain liquids, which are vulnerable to freeze-ups.

3. NURSING

- Medical Director will be contacted (by Senior Nursing Position) to approve drug holidays as appropriate. If there is advance warning of severe weather conditions approaching, and time



allows, check residents' medications. If there is not enough to last through the expected weather condition, order enough to last through the situation, plus one extra day.

- Resident meal times should be as close to normal as possible. Modify menus if deliveries will not be possible.

- **FOOD SERVICE**

- Establish a place for feeding staff and visitors if shift change will not be possible.
- If necessary, due to limited staffing, implement the Disaster Non-Cooking menu.
- Resident meal times should be as close to normal as possible. Modify menus if deliveries were not possible.

- **PHYSICAL / OCCUPATIONAL THERAPY AND ACTIVITIES**

- Assist nursing with feeding and transfer of residents, per training.

- **HOUSEKEEPING**

- Check linen supply. Arrange linen change schedule for residents and staff as necessary.
- Survey building for staff sleeping areas if necessary. Advise department supervisor or Command Post if areas have been set aside for staff sleeping.



I... IF YOU DISCOVER A FIRE:

- R.** Remove anyone in the room while calling out "**CODE RED**, location..." for assistance. Close the door to the fire room and any room connecting doors.
NOTE: If fire room shares a bathroom with an adjacent room, immediately evacuate the adjacent room and close door.
- A.** Activate the fire alarm, if it is not already sounding.
- C.** Close all remaining doors and windows in the fire zone, placing residents into rooms.
- E.** Evacuate remaining rooms in the smoke compartment, if directed to do so by the person in charge. Move residents beyond the smoke doors.

NOTES:

1. If the fire is small and contained to a single object, such as a wastebasket, and you know you can put it out **quickly**, do so using available resources (bed spread, blanket, sheet, fire extinguisher, etc.). Otherwise, do not attempt to extinguish the fire. Shut the door and leave it closed.
2. Order of the above steps is somewhat flexible. However, the evacuation of the room's occupant(s) and confinement of the fire shall be the top priorities.
3. Mark the door to the fire room with the fire extinguisher to identify the fire room (as well as the adjacent room sharing a bathroom with the fire room) and that it should not be re-entered. If the room has been evacuated, additionally mark the door with an orange tag to indicate an evacuated room. Tags for these purposes are stored in the fire extinguisher cabinets.
4. In rare situations, it may be appropriate to attempt to extinguish a fire while the room is occupied, if the room cannot be immediately evacuated. The inability to quickly evacuate a bariatric or resistive resident from the fire room would serve as examples.

II... RESPONSE TO THE ALARM OR HEARING "CODE RED" BEING CALLED OUT

- A. Staff in the Immediate Area:**
- Activate the fire alarm and page the location of the fire (announce 3 times).



- *Assist in the **evacuation** of the fire room and close the door to the fire room.*
 - **Close doors and windows** to remaining rooms in the fire zone, placing residents into rooms.
 - **Clear corridor of equipment.** **Do not place equipment into occupied resident rooms.**
- B. Unit/Department of Fire Location or Designee:**
- **Page location of fire** (announce 3 times “Attention **CODE RED** and location”).
- C. Reception Desk (When Receptionist is not available both the East & West Units will do this):**
- *Place back-up phone call to the Fire Department (9-911).*
NOTE: *If you are notified by telephone (and no fire alarm was sounded) - notify/send someone to the area to pull the fire alarm.*
- D. Administrator, Director of Nursing, Assistant Director of Nursing, Nurse Supervisor, Charge Nurse of Unit where fire is located and all Maintenance Staff:**
- *Respond to the fire area.*
- E. Director of Nursing, Assistant Director of Nursing, Nursing Supervisor:**
- **Set up Control Station.** *The Control Station will be responsible for directing additional staff to the fire area or to other areas within the building, as necessary. The Control Station will be located as follows:*
Resident Care Area: Nurses’ Station of unit where fire is located
Non-resident Care Area: Resident Dining Room (if fire is in this area, go to Main Lobby)
 - *Verify headcount of residents and staff evacuated from the fire area. Report results to the Command Post (Administrator/Fire Chief).*
 - *Communication with Command Post will take place by means of runners.*
- F. Administration (Senior person in building at time of alarm):**
- **Establish a Command Post,** *if evacuation of rooms other than the fire room is taking place. The Administrative Command Post will be set up at the Fire Department’s Incident Command Post location.*
 - *Verify that a headcount of residents and staff has taken place from the fire area. Inform the Incident Commander (Fire Chief) of the results.*
NOTE: *Communication between the Control Station and the Command Post will take place by means of runners.*
- G. Maintenance (when on duty)/Nurse Supervisor designee (all other times):**
- **Meet the Fire Department** *and inform them of the entry door that will bring*



them directly into the fire area without going against the resident evacuation flow, per attached floor plan.

H. All Other Staff:

- *Follow Department-Specific Procedures.*

I. Staff Pool:

- *Unless otherwise noted in the Department-Specific Procedures, staff will report to the Staff Pool (Resident Dining Room). If this is the fire area, the Staff Pool will be at the Main Lobby. The Dietary Manager or Cook Supervisor will be in charge of the Staff Pool and send staff to other areas of the building as instructed by the Control Station or Command Post.*

III... EXTENDED EVACUATION:

GENERAL CONCEPT:

- *First stage of resident evacuation will be horizontally past the fire/smoke door.*
- *Non-resident departments will evacuate to the department's designated evacuation site.*
- *If evacuation of the building is necessary, this shall take place from the non-fire side of the building, using the exit farthest from the fire.*
- *The primary evacuation route shall be out the North exits meeting in the front parking lot.*
- *The secondary evacuation route shall be out the south exits meeting in the rear parking lot.*
- *The Building evacuation will be a Fire Department/Administrative decision. See the appropriate section of the Emergency Preparedness procedures.*
- *See Department-Specific Procedures.*



RADIOLOGICAL ACCIDENT

- The following is the procedure to follow in the case of a radiological accident. The facility is located approximately 35 miles from the closest nuclear power plant.
- In the case of an accident at a nuclear power plant, the local/state office of emergency management services will alert the facility.
- Facility may also be notified via the Emergency Broadcast System.
- Upon notification the facility Administrator and Director of Nursing should be called and notified.
- Facility Administrator or Director of Nursing will determine the actual threat to the facility and if evacuation is necessary. If evacuation is required or mandated, facility will initiate emergency services through the Mutual Aid Plan.
- Facility incident commander will follow facility policy and procedure for evacuation.

All windows should remain closed and air handlers turned off by maintenance staff.



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 do so
- Instruct residents in bed to remain in their beds
- Instruct staff to take cover under a desk, table, in a doorway. Place hands over their head for protection.
- All staff and residents should be positioned away from windows, glass and exterior doors.
- Encourage everyone to stay 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, shut off services as needed.
- Assign staff to assess residents for any injuries that require immediate attention.
- If there is a fire follow facility policy.
- If decision is made to evacuate follow facility policy and procedure.
- Seek updates from staff on staff and resident well-being to determine if other protective actions are needed for some or all.



FLOOD

(Use for internal and external flooding)

GENERAL

1. Move residents to unaffected portions of the building.
2. Move important records, equipment, etc. to unaffected portions of the building, if possible.
3. Prepare for evacuation of building, if necessary. If evacuation becomes necessary refer to **Building Evacuation** plan on page 5.
- 4.

NOTE: DO NOT ENTER ANY AREA WHERE WATER LEVEL IS ABOVE ELECTRICAL OUTLETS. ALSO, DO NOT TOUCH ANY ELECTRICAL EQUIPMENT WHEN STANDING IN WATER.

ADMINISTRATION

1. Set up Command Post and follow the Incident Manager Job Action Sheet.
2. **Ensure all other guidelines of this procedure are completed.**

MAINTENANCE

1. Shut down electrical power to areas of the building affected by or expected to be affected by rising water.
2. Work with Infection Control to ensure minimal contamination occurs.
3. Secure the environmental contaminants; e.g. bio-waste, chemical drums, etc.
4. Contact local vendors for cleanup of contaminated silt, debris, oil, chemicals, etc.
5. Raise or move any chemicals that react with water to produce heat or flammable or noxious gases (CHECK THE MSDS).
6. Ensure that storage tanks are anchored securely.

NURSING Monitor staff and residents for signs and symptoms of hypothermia



Policy for Emergent Infectious Diseases (EID) for Sunnyside Care Center



Purpose

To provide guidance to the Sunnyside Care Center long term care on how to prepare for new or newly evolved Infectious diseases who incidence in humans has increased or threatens to increase in the near future and that has the potential to pose a significant public health threat and danger of infection to the residents, families and the staff here at Sunnyside Care Center.

Goal

The goal of this Policy is to protect our Residents, families, and staff from harm resulting from exposure to an emergent infectious disease while they are here at Sunnyside Care Center.



1. Preparedness for Emergent Infectious Diseases (EID).

1. Sunnyside Care Center's emergency operation program will include a response plan for a community-wide infectious disease outbreak such as pandemic influenza. This plan will:
 - Build on the workplace practices described in the infection prevention and control policies.
 - Include administrative controls (screening, isolation, visitor policies and employee absentee plans)
 - Address environmental controls (isolation rooms, plastic barriers, sanitation stations, and special areas for contaminated wastes)
 - Address human resource issues such as employee leave
 - Be compatible with Sunnyside Care Centers business continuity plan
2. Clinical leadership will be vigilant and stay informed about EIDs around the world. They will keep administrative leadership briefed as needed on potential risk of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism. Or other circumstances.
3. As part of the emergency operations plan, Sunnyside Care Center will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, face shields, foot and head coverings, surgical masks, assorted sizes of disposable N95 respirators, and gloves. The amount that is stockpiled will minimally be enough for several days of center-wide care, but will be determined based on storage space and cost.
4. Sunnyside Care Center will develop plans with their vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption to normal business including an EID outbreak.
5. Sunnyside Care Center will regularly train employees and practice the EID response plan through drills and exercises as part of the facilities emergency preparedness training.



2. Local Threat

1. Once notified by the public health authorities at either the federal, state and/or local level that the EID is likely to or already has spread to the Facilities Community, the facility will activate specific surveillance and screening as instructed by the Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.
2. Sunnyside Care Center Infection Control Officer will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for skilled nursing centers as provided by the CDC, OSHA, NYSDOH, and other relevant local health agencies.
3. Working with advice from the Sunnyside medical director or clinical consultant, safety officer, human resource director, local and state public health authorities, and others as appropriate. The Infection Control Officer will review and revise internal policies and procedures, stock up on medications, environmental cleaning agents and PPE as indicated by the specific disease threat.
4. Staff will be educated on the exposure risks, symptoms, and the prevention of the EID. Place special emphasis on reviewing the basic infection prevention and control use of PPE, Isolation and other infection prevention strategies such as hand washing.
5. Provide residents and families with education about the disease and Sunnyside's response strategy at a level appropriate to their interests and need for information.
6. Brief contractors and other relevant stakeholders on Sunnyside's policies and procedures related to minimizing exposure risks to residents.
7. Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of Sunnyside along with the instruction that anyone who is sick must not enter the building.



8. To ensure that staff, and/or new residents are not at risk of spreading the EID into Sunnyside screening for exposure risk and signs and symptoms may be done PRIOR to admission of a new resident and/or allowing new staff persons to report to work.

9. Self-screening-staff will be educated on Sunnyside's plan to control the exposure to the residents and staff members. This plan will be developed with the guidance of public health authorities and may include:
 1. Reporting any suspected exposure to the EID while off duty to their supervisor and public health.
 2. Precautionary removal of employees who report an actual or suspected exposure to the EID.
 3. Self-screening for symptoms prior to reporting to work.
 4. Prohibiting staff from reporting to work if they are sick until cleared to do so by their Medical authorities and in compliance with appropriate labor laws.

1. Self-isolation- in the event there are confirmed cases of the EID in the local community, Sunnyside Care Center may consider closing to new admissions, and limiting visitors based on the advice of local public health authorities.

2. Environmental Cleaning- Sunnyside will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.

3. Engineering Controls- Sunnyside will utilize appropriate physical plant alterations such as use of private rooms for high risk residents, plastic barriers, sanitation stations, and special areas for contaminated wastes as recommended by local, state and federal public health authorities.



3. Suspected case at Sunnyside Care Center

1. Place resident or on-duty staff who exhibits symptoms of the EID in an isolation room and notify local authorities.
2. Under the guidance of public health authorities, arrange a transfer of suspected infectious person to the appropriate acute care center via emergency medical services as soon as possible.
3. If the suspected infectious person requires care while awaiting transfer follow Sunnyside's policies for isolation procedures including all recommended PPE for staff at risk of exposure.
4. Keep the number of staff assigned to enter the room of the isolated person to a minimum. Ideally only specially trained staff and prepared (i.e. vaccinated medically cleared and fit tested for respirator protection) will enter the isolation room. Provide all assigned staff additional "just in time" training and supervision in the mode of transmission of this EID and use the appropriate PPE.
5. If feasible ask the isolated person to wear a facemask while staff is in the room. Provide care at the level necessary to address essential needs of the isolated individual unless it advised otherwise by public health authorities.
6. Conduct control activities such as management of infectious waste, terminal cleaning of the isolation room, contact tracing of exposure individuals and monitoring for additional cases under the guidance of local health authorities and keeping with the guidance from the CDC.
7. Implement the isolation protocol in Sunnyside's (isolation room, cohorting, cancellation of group activities and social dining) as described in Sunnyside's infection prevention and control plan and/or recommended by local, state or federal public health authorities.



8. Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.

4. Employer Considerations

1. Management will consider its requirements under OSHA, CMS, NYSDOH, State licensure, Equal Employment Opportunity Commission, American Disabilities Act and other state or federal laws in determining the precautions it will take to protect its residents. Protecting the residents and other employees shall be of paramount concern. Management shall take into account:
 1. The degree of frailty of the residents in Sunnyside.
 2. The likelihood of the infectious disease being transmitted to the residents and employees.
 3. The method of spread of the disease (for example through contact with bodily fluids, contaminated air, contaminated surfaces)
 4. The precautions which can be taken to prevent the spread of the infectious disease and other relevant factors.
2. Once these factors are considered management will weigh its options and determine the extent to which exposed employees or those who are showing signs of the infectious disease, must be precluded from contact with residents or other employees.
3. Apply whatever action is taken uniformly to all staff in like circumstances.
4. Do not consider race, gender, marital status, country of origin, and other protected characteristics unless they are documented as relevant to the spread of the disease.
5. Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed by and employee.



6. Permit employees to use sick leave, vacation time, and FMLA where appropriate while they are out of work.
7. Permit employees to return to work when cleared by their Medical Provider. Additional precautions may be taken to protect the residents.
8. Employees who refuse at any time to take the precautions set out in this and other sections of this policy may be subject to discipline.

5. Definitions

Emerging Infectious Disease—Infectious Diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defended as “emerging” These disease, which respect no nation boundaries include:

1. New infections resulting from changes or evolution of existing organisms
2. Known infections spreading to new geographic areas or populations
3. Previously unrecognized infection appearing in areas undergoing ecologic transformation
4. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures.

Pandemic—A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition a true pandemic causes a high degree of mortality.

Isolation—Separation of an individual or group who is reasonable suspected to be infected with communicable disease from those who are not infected to prevent the spread of the disease.

Quarantine—Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease.



LOSS OF TELEPHONE SERVICE AND INTERNAL COMMUNICATION

- **ADMINISTRATION**

1. Set up Command Post, as necessary and follow the Incident Manager Action Job Sheet
2. Determine if telephones not part of the main telephone system are in service. The Facsimile machines in the Business Office and on the East and West Nurse Stations are on separate lines from the facility's main telephone service for use in emergency.
3. If phone's are effected call Maintenance Director and set up rollover for Facility Cell Phone.
4. Determine availability of cellular telephones from staff and visitors.
5. Establish methods to communicate within the building (runners, portable radios, etc.) if intercom / paging system is affected. Walkie-Talkies are available for use.
6. If you cannot get a hold of Maintenance Director contact Telephone Company (**Teklink 1-877-387-6002**) and request cellular phone transfer rollover.
7. Notify Fire and Police Departments (Ensure all staff are familiar with the method to notify Fire and Police Departments during a loss of telephone service.)
8. Have staff make "fire prevention rounds"

- **MAINTENANCE**

9. Once outside communication is established, attempt to determine the extent and expected duration of the outage.



IT System Failure

- **ADMINISTRATION**

10. Set up Command Post, as necessary and follow the Incident Manager Action Job Sheet
11. Contact Maintenance Supervisor to walk staff through how to get the Verizon Hotspots going on each nurses stations. The Hotspots will control the Med cart laptops and the Kiosk on each wing.
12. Attempt to determine if the failure is related to an outage of the Spectrum cable modem. Check modem ,located in the Main Dining Room Closet, for appropriate lights on the front of the modem.
13. Call Spectrum (1-877-638-3278)to advise them of outage and find out if there is an expected duration.
14. If issue is not related to a Spectrum outage contact Connectnet. (1-845-290-8800) to advise them of outage request technical support.

- **Nursing**

15. If outage is expected to last more than 15 minutes the Matrix Offline Report must be run to continue passing medications and doing treatments.



Severe Thunderstorm

A Severe Thunder Storm can strike without warning, however, in general, the National Weather Service will issue a:

- Severe Thunder Storm Watch** – conditions exist for possible Severe Thunder Storm
- Severe Thunder Storm Warning** – Severe Thunder Storm is in immediate area

SEVERE THUNDER STORM WATCH: steps for Nursing, Laundry, Dietary and Maintenance shall be completed. A staff member designated by the Nursing Supervisor for storm updates monitors the local radio and/or television station.

NURSING – LAUNDRY – DIETARY:

1. Place medication cart in a room without windows, if the room is not in use.
2. Close all drapes

MAINTENANCE: Prepare to shut down all utilities and gather flashlights

SEVERE THUNDER STORM WARNING OR FUNNEL CLOUD SPOTTED:

Alert all personnel if the Severe Thunder Storm Watch has been updated to a Warning.

1. Move all residents into the hallway or interior shower room. If unable to move them, cover them with blankets, pillows, etc. Make sure to close all windows and blinds. Remove any objects from windowsills. Close hallway doors. Remove articles from hall, which could fall on residents. Put pillows on the residents' laps and remove eyeglasses.
2. Shut down any unnecessary equipment.
3. Prepare for possible electrical outage.

If the Severe Thunder Storm is spotted or Severe Thunder Storm Warnings are given without preparation, remember that resident and staff safety is the first priority. Supplies, etc. should be secondary. Maintain readiness until the "All Clear" is given. If the facility sustains damage or services are interrupted, follow the Disaster Plan. If evacuation is necessary, follow the Evacuation Plan.



LOSS OF ELECTRICAL SERVICE

- The emergency generator provides services to emergency equipment and lighting. It is advisable to shut down all unnecessary computers and other non-essential equipment such as air conditioners.
- Flashlights are available at each nurse's station. (Note: Maintenance will check flashlights and maintain working condition.)
- Contact National Grid to determine length of outage (1-800-642-4272)

Activities: All activities will be moved to the individual nursing unit.

Dietary: Will have power throughout the kitchen.

Laundry: Laundry services will not be available. The following options exist:

1. Conservation of linen by nursing staff, as directed by the Director of Nursing/Nursing Supervisor.
A seventy-two (72) hour supply of linen exists on campus. It is located in the Laundry and the clean linen closets.
2. Residents' personal laundry may be washed/dried at the local Laundromat.

Linen's – Contact Syracuse Linen Supply Inc. for emergency supply / pick-up 315-415-6958. |