

**COMPREHENSIVE  
EMERGENCY MANAGEMENT PLAN**

**Annex 12 Biological Response Plan**

**Appendix 3**

***Newark-Wayne Community Hospital &  
DeMay Living Center aka Wayne Health Center  
RESIDENTIAL HEALTHCARE FACILITY  
PANDEMIC EMERGENCY PLAN (PEP)***

To view this plan, go to:

<https://www.rochesterregional.org/locations/demay-living-center>

To view the plan on the RRH SharePoint Site go to:

*Departments / Emergency Management / Newark Wayne Community Hospital*

<https://intranet.rochesterregional.org/SystemEmergencyManagement/Pages/Home.aspx>

*Newark-Wayne Community Hospital & DeMay Living Center  
Residential Healthcare Facility Pandemic Emergency Plan*

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*Newark-Wayne Community Hospital & DeMay Living Center  
Residential Healthcare Facility Pandemic Emergency Plan*

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**Contents**

|  |           |
|--|-----------|
| <b>TABLE OF REVISIONS.....</b>                               | <b>6</b>  |
| <b>I. INTRODUCTION AND BACKGROUND.....</b>                   | <b>8</b>  |
| A. Purpose.....  | 9         |
| B. Assumptions .....   | 9         |
| C. Plan Maintenance, Implementation, and Responsibility..... | 10        |
| D. Use of this Appendix.....                                 | 10        |
| <b>III. READINESS .....</b>                                  | <b>10</b> |
| 1. Communications Plan.....                                  | 10        |
| 2. Infection Prevention.....                                 | 11        |
| <b>IV. RESPONSE.....</b>                                     | <b>12</b> |
| A. Plan Activation*.....                                     | 12        |
| B. Command and Control.....                                  | 12        |
| C. Visitor Guidance.....                                     | 13        |
| <b>V. RECOVERY.....</b>                                      | <b>13</b> |

*Newark-Wayne Community Hospital & DeMay Living Center  
Residential Healthcare Facility Pandemic Emergency Plan*

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*Newark-Wayne Community Hospital & DeMay Living Center  
Residential Healthcare Facility Pandemic Emergency Plan*

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**Acronyms**

|        |   |
|--------|---|
| AIIR   | Airborne Infection Isolation Room                 |
| CEMP   | Comprehensive Emergency Management Plan           |
| CMS    | Centers for Medicare & Medicaid Services          |
| ED     | Emergency Department                              |
| EMS    | Emergency Medical Services                        |
| EOC    | Emergency Operations Center                       |
| HCC    | Hospital Command Center                           |
| HCS    | Health Commerce System                            |
| HERDS  | Health Emergency Response Data System             |
| HICS   | Hospital Incident Command System                  |
| HSEEP  | Homeland Security Exercise and Evaluation Program |
| IAP    | Incident Action Plan                              |
| IC     | Incident Commander                                |
| ICS    | Incident Command System                           |
| LDH    | Local Department of Health                        |
| MERC   | Medical Emergency Response Cache                  |
| NHCC   | Nursing Home Command Center                       |
| NIMS   | National Incident Response System                 |
| NHICS  | Nursing Home Incident Command System              |
| NYSDOH | New York State Department of Health               |
| OEM    | Office of Emergency Management                    |
| PPE    | Personal Protective Equipment                     |
| RGH    | Rochester General Hospital                        |
| RRH    | Rochester Regional Health                         |
| SNS    | Strategic National Stockpile                      |

*Newark-Wayne Community Hospital & DeMay Living Center  
Residential Healthcare Facility Pandemic Emergency Plan*

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**Newark-Wayne Community Hospital & DeMay Living Center  
Residential Healthcare Facility Pandemic Emergency Plan**

**TABLE OF REVISIONS**

| <b>Revision #</b> | <b>Date</b> | <b>Section/Page(s)</b> | <b>Change</b>  | <b>Revised By</b>                      |
|-------------------|-------------|------------------------|--|--|
| 01                | 9.3.2020    | Entire Document        | Initial Pandemic Emergency Plan Appendix   | SICC Policy Group                      |
| 02                | 5.2021      | Entire Document        | Added Pagination Blank Pages<br>Added SharePoint & H Drive URLs  | G. Glessner Meg, EP<br>RRH East Region |
| 03                | 11.2022     | Entire Document        | No Changes Made  | G. Glessner Meg, EP<br>RRH East Region |
| 04                | 10.24.2022  | Entire Document        | Extensive Changes related to regulatory and NYSDOH Guidance Changes  | G. Glessner<br>D. Vinnik<br>P. Bastedo |
| 05                | 10.05.2023  | Entire Document        | Annual Review. Changed Clifton Springs Hospital and Clinic to Newark Wayne Community Hospital on Page 1 & 9. | Christine Stalker,<br>Administrator    |
| 06                | 10.23.2024  | Entire Document        | Annual Review  | Christine Stalker,<br>Administrator    |
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*Newark-Wayne Community Hospital & DeMay Living Center  
Residential Healthcare Facility Pandemic Emergency Plan*

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*Newark-Wayne Community Hospital & DeMay Living Center*  
***Residential Healthcare Facility Pandemic Emergency Plan***

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## **I. Introduction and Background**

Pandemic refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people. Epidemics occur when an agent and susceptible hosts are present in adequate numbers, and the agent can be effectively conveyed from a source to the susceptible hosts. [Principles of Epidemiology | Lesson 1 - Section 11 \(cdc.gov\)](#)

Any pandemic will place a huge burden on the U.S. healthcare system. Effective planning and implementation will depend on close collaboration among state and local health departments, community partners, and neighboring and regional healthcare facilities. Despite planning and preparedness, however, in a severe pandemic it is possible that shortages may occur, for example personal protective equipment (PPE).

### **A. Purpose**

The DeMay Living Center residential healthcare facility Pandemic Emergency Plan is an Appendix to the Newark-Wayne Community Hospital Biological Response Plan and provides incident-specific guidance to enable the facility to prepare for, and respond to a pandemic. The guidelines are consistent with New York State Chapter 114 of the Laws of 2020 as described in [NYS DAL NH 20-09 Required Annual Pandemic Emergency Plan for All Nursing Homes](#). The law, signed June 17, 2020 by then Governor Andrew M Cuomo, created a new subdivision 12 to section 2803 of the Public Health Law. The new subdivision requires that each residential health care facility, by September 15, 2020, prepare and make available to the public on the facility's website, and immediately upon request, a Pandemic Emergency Plan (PEP).

### **B. Assumptions**

This document is based on the following planning assumptions:

- Residential health care facilities and communities must be ready to “stand alone”, and not depend on the immediate availability of state and federal resources.
- A novel virus strain will likely emerge in a country other than the United States, but could emerge first in the United States.
- The NYSDOH and Local Department of Health (LDH) may protect vulnerable residents in health care facilities by controlling or limiting visitation by family members of these vulnerable residents.
- Personal protective equipment and supplies may be limited or not available at all during certain phases of a pandemic as manufacturing and transportation of supplies is affected by the pandemic.
- Federal Strategic National Stockpile (SNS) and NYSDOH Medical Emergency Response Cache (MERC) may not be able to support added PPE supply needs during a Pandemic as was originally planned.

*Newark-Wayne Community Hospital & DeMay Living Center*  
***Residential Healthcare Facility Pandemic Emergency Plan***

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**C. Plan Maintenance, Implementation, and Responsibility**

This plan is reviewed annually, in accordance with the CEMP review cycle as outlined in the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule. More frequent updating of the *Residential Healthcare Facility Pandemic Plan* may be necessary to ensure that the plan reflects current recommendations, guidelines, or regulations which tend to be dynamic based on evolving information during a Pandemic, especially if it is a Pandemic of a previously unknown contagion.

In addition, following exercise and actual incident activations, changes may be made based on experiences or evaluations. Additional updates throughout the course of the annual cycle may be issued as conditions warrant.

**D. Use of this Appendix**

This Pandemic Emergency Response Appendix coordinates with and refers to Newark-Wayne Community Hospital emergency plans and annexes that provide operational details for the actions described. The Comprehensive Emergency Management Plan provides the facility's all-hazards approach to incident management, including the implementation of the Hospital Incident Command System. Procedural detail for this Pandemic Emergency Plan may also be found in the NWCH Biological Response Plan.

**III. Readiness**

**1. Communications Plan**

In addition to the Attachment 1, the Communication Plan of the NWCH CEMP, which describes how we will communicate during a disaster, during a Pandemic Emergency, DeMay Living Center facility will follow this plan for communicating with families of DeMay Living Center residents

Authorized family members and/or guardians of DeMay Living Center residents who are infected with a pandemic infectious disease, will regularly receive updates about the resident and upon a change in the residents condition.

During a pandemic, authorized family members and/or guardians of all DeMay Living Center residents will receive an update on the number of infections (if any) and any deaths that have occurred in the facility.

DeMay Living Center has a plan to provide all residents with regular access to free remote videoconferencing, or similar communication methods, with authorized family members and/or guardians during times of visitor restrictions.

All of these communications shall be electronic in nature, or by a method selected by the authorized family member and/or guardian.

*Newark-Wayne Community Hospital & DeMay Living Center*  
***Residential Healthcare Facility Pandemic Emergency Plan***

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## **2. Infection Prevention**

In addition to established infection prevention policies and procedures, a plan for readmission of residents to the facility after hospitalization for a pandemic infectious disease has been established.

All residents who require hospitalization due to a Pandemic Disease Illness, will be readmitted to the DeMay Living Center facility when the resident has been determined ready to return to DeMay Living Center by the attending physician. This readmission will occur following all current guidelines and recommendations of CDC, NYSDOH and LDH.

During a Pandemic and whenever possible, in addition to following the pandemic and facility specific infection prevention guideline, DeMay Living Center will attempt to reduce the transmission of the pandemic disease to residents by using a part of a unit or a designated location in our facility to house and manage pandemic infected residents.

During a Pandemic and whenever possible, in addition to following the pandemic and facility specific infection prevention guideline, DeMay Living Center will attempt to reduce the transmission of the pandemic disease to residents by discontinuing the use of bathroom by residents who are infected with the pandemic disease that are used by non-pandemic disease infected residents.

During a Pandemic and whenever possible, in addition to following the pandemic and facility specific infection prevention guideline, DeMay Living Center will attempt to reduce the transmission of the pandemic disease to residents by assuring that proper signage and/or physical barriers and reminders designate areas where pandemic disease infected residents are being cared for or reside. DeMay Living Center will implement procedures and/or physical barriers to prevent non-pandemic disease infected residents from entering these pandemic disease infected resident and treatment areas.

The safe cohorting of pandemic disease infected resident capabilities are reviewed on an annual basis during the review of the CEMP as well as any time there is a pandemic declaration or any time there are physical changes being made to the facility that may impact the ability to cohort pandemic disease infected residents. If at any time, DeMay Living Center cannot maintain the cohorting of pandemic disease infected residents or during a pandemic cannot establish cohort areas, if the hospital has activated its CEMP and Opened and Staffed its Hospital Command Center (HCC) the Incident Commander (IC) will direct the Liaison Officer to contact NYSDOH representatives or the Command Center and the LDH representative or Command Center, as outlined in the CEMP Communication Plan (CEMP Attachment 1) and make them aware of this fact. If the CEMP is not activated, it will be the responsibility of the DeMay Living Center Administrator to contact the NYSDOH and LDH making them fully aware of the situation and inability to meet this resident need.

*Newark-Wayne Community Hospital & DeMay Living Center  
Residential Healthcare Facility Pandemic Emergency Plan*

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As a part of the NWCH and DeMay Living Center infection prevention plan, a sixty (60) day stockpile of personal protective equipment (PPE) is maintained by the Rochester Regional Health System supply chain for use at DeMay Living Center. In this stockpile are:

1. N95 respirators
2. Face shield,
3. Eye protection
4. Gowns
5. Gloves,
6. Masks, and
7. Hand sanitizer and disinfectants in accordance with current EPA Guidance.

The amount of PPE being maintained in stockpile for DeMay Living Center as prescribed in [NYCRR VOLUME C \(Title 10\) Chapter V - Medical Facilities SubChapter A - Medical Facilities--Minimum Standards Article 3 - Residential Care Facilities Part 415 - Nursing Homes - Minimum Standards CLINICAL SERVICES Title: Section 415.19 - Infection control.](#)

#### **IV. Response**

##### **A. Plan Activation**

Facility administration will initiate the response section of this Residential Healthcare Facility Pandemic Emergency Plan when conditions as reported by the Local Department of Health (LDH), the NYSDOH, and/or the CDC, indicate the impending or actual outbreak or declaration of a pandemic. The Infection Prevention Department will confer with hospital and Residential Healthcare facility administration. Administration and senior leadership will be guided in selecting a course of action by the recommendation of Infection Prevention, the Emergency Management Committee/Safety Committee, and the facility's CEMP.

*\*Unlike other emergency events, a pandemic will likely allow the hospital and DeMay Living Center ample time to gear up and prepare for a response. Even in the event that the novel strain is initially found in the U.S., there will likely be adequate time to prepare the hospital for response.*

##### **B. Command and Control**

As with all emergency events, the National Incident Management System (NIMS) will be utilized. Newark-Wayne Community Hospital may activate the Hospital Incident Command System or Nursing Home Incident Command System, and expand command and general staff areas as needed throughout the event. In addition, DeMay Living Center will activate a facility Incident Command System along with the Long Term Care (LTC) Division Incident Command System.

*Newark-Wayne Community Hospital & DeMay Living Center*  
***Residential Healthcare Facility Pandemic Emergency Plan***

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Hospital, LTC and Incident Command staff will meet virtually or in-person, daily or as needed to review current information including CDC and NYSDOH alerts. Any necessary changes will be made to this Residential Healthcare Facility Pandemic Emergency Plan based on this information. Appropriate information will then be distributed internally.

### **C. Visitor Guidance**

During a Pandemic, Residential Healthcare Facilities may receive guidance from Hospital Incident Command, LDH, NYSDOH or CDC about facility visitation. Where possible, and in accordance with facility policy, these guidelines will be followed. The most up-to-date visitor policy and restrictions will be posted in near-real-time, on the DeMay Living Center website for easy viewing.

## **V. RECOVERY**

A pandemic event will not appear and disappear suddenly. There will be a slow beginning, a long response, and a slow end as healthcare and responder organizations wind down in their response. A pandemic will also likely have waves, which will make it seem like the event is over only to have a reemergence.

During the post-pandemic period, it will be important to review local, state and federal guidelines and implement any new guidance.

### **Recovery Process**

As the level of pandemic disease cases, triage, and admissions diminishes, all departments and units will revert to their usual mode of operation and staffing levels. If there are large quantities of supplies on hand they will be returned to the stockpile from which it came or vendors, if possible. Lessons learned will be shared with departments as necessary to improve the process relative to pandemic planning.

**Residential Healthcare Facilities actions during the recovery phase may include, but are not limited to, the following:**

- Demobilize any additional screening, triage, and treatment areas that may have been used.
- Provide post pandemic risk communications to staff (i.e., importance of infection prevention measures, how to report illness).
- Acquire replacement supplies and replenish stockpiles.
- As appropriate, inventory and manage anti-virals/vaccine as directed by LDH and/or NYSDOH.
- Gather electronic data to report:
  - how many residents were treated for the disease
  - how many employees were treated for the disease
  - all mortality cases from the disease and/or complications of the disease

*Newark-Wayne Community Hospital & DeMay Living Center*  
***Residential Healthcare Facility Pandemic Emergency Plan***

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- hospitalized resident for the disease
- Participate in internal and external debriefings with stakeholders.
- Conduct an internal evaluation of how the plan worked and document findings in an after-action report/improvement plan.
- Modify this Pandemic Emergency Plan and other plans, as needed.

As appropriate to the event, continue:

- monitoring personnel for pandemic disease symptoms such as fever and respiratory symptoms
- infection prevention measures in accordance with current health agency guidance
- providing reports to federal, state and local government as required/requested
- surveillance activity in anticipation of a potential second or next-wave pandemic disease outbreak