



**Department  
of Health**

# **Ozanam Hall of Queens Nursing Home, Inc.**

## **Annex E: Infectious Diseases/Pandemic Emergency Plan (PEP)**

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[www.ozanamhall.org](http://www.ozanamhall.org)

## Introduction

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Ozanam Hall of Queens Nursing Home, Inc (“the Home”) Comprehensive Emergency Management Plan (CEMP) is a compilation of “all-hazards” general principles, policies, and procedures for administration and staff to follow in effectively responding to an emergency incident or unusual situation either within the facility or within the community. This CEMP was established to protect the health and the safety of the Home’s residents, staff and visitors; alleviate damage and hardship; and reduce future vulnerability to hazards that may disrupt normal activities within the facility. This CEMP is a living document that will be reviewed annually, at a minimum, by members of the Emergency Plan Team.

The Home’s Comprehensive Emergency Management takes into account potential hazards from the local area and the impact they could have on the nursing home. We rely on past experiences and lessons learned in describing risks and include unique physical plant details improving or aggravating the facility’s vulnerability. A Hazard Vulnerability Analysis (HVA) tool is completed as a facility-based, and community-based risk assessment, utilizing an all-hazards approach to develop a common understanding about the hazard risks that the “Home” faces. The HVA helps to prioritize issues for the CEMP to address, by creating an orderly process for identifying the facility’s highest vulnerabilities.

Hazard Annex P of the CEMP has been adjusted to meet the needs of the PEP and is posted for the public on the Home’s website. The Hazard Annex P: Infectious Disease/Pandemic Plan has been updated to include guidance and formatted to comply with the new requirements of Chapter 114 of the Laws of 2020 for the development of a Pandemic Emergency Plan (PEP). The Pandemic Emergency Plan is designed to easily identify the information needed to effectively plan for, respond to, and recover from, natural and man-made disasters.

The Pandemic Emergency Plan Hazard Appendix is part of the Home’s Comprehensive Emergency Management Plan (CEMP) and may be referred to within the PEP for further information.

Any recommendations or questions regarding the content or format of this plan should be referred to the Emergency Management Coordinator (Ana Tagle; [atagle@ozanamhall.org](mailto:atagle@ozanamhall.org)) or any member of the Facility Emergency Management Team which includes our Home’s CEO and Administrator.

# Table of Contents

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## PART 1

<b>TABLE OF CONTENTS</b>	<b>III</b>
<b>EMERGENCY CONTACTS</b>	<b>4</b>
<b>1. BACKGROUND</b>	<b>6</b>
<b>2. RISK ASSESSMENT: HAZARD VULNERABILITY ANALYSIS</b>	<b>7</b>
<b>3. COMMUNICATIONS</b>	<b>7</b>
<b>4. INFECTION CONTROL</b>	<b>13</b>
<b>5. RESOURCE AND ASSET MANAGEMENT</b>	<b>19</b>
<b>6. RECOVERY</b>	<b>22</b>
<b>APPENDIX A: PANDEMIC EMERGENCY PLAN POLICY AND PROCEDURES</b>	<b>24</b>
<b>APPENDIX B: FATALITY MANAGEMENT: COVID -19 PANDEMIC</b>	<b>26</b>
<b>APPENDIX C: PPE STOCKPILE</b>	<b>31</b>

**END**

# Emergency Contacts

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

**Table 1: Emergency Contact Information**

Organization	Phone Number(s)
Local Fire Department	718-476-6220, Engine 320, Ladder 167
Local Police Department	718-279-5200, 111 <sup>th</sup> Precinct
Emergency Medical Services	911
Fire Marshal	718-722-3600
Local Office of Emergency Management(OEM)	311
NYSDOH Regional Office (Business Hours) <sup>1</sup>	Business Hours: NYC office Division of Nursing Home 212-417-4999
NYSDOH Bureau of Communicable Disease Control (NORA reporting)	518-473-4439 ;afterhours 866-8812809 for NYC 866-692-3641
New York City Department of Health and Mental Hygiene Influenza and Vector-borne Disease Unit Bureau of Communicable Disease <b>Alice Yeung</b> , MPH Influenza Surveillance Coordinator-Ozanam Hall Contact	Direct tel (347) 396 2608;General tel (347) 396 2600 Fax (347) 396 2753
NYSDOH Duty Officer ( <b>Business Hours</b> )	866-881-2809
New York State Watch Center (Warning Point) ( <b>Non-Business Hours</b> ) Off hours (5:00pm to 8:00am weekdays, weekends and holiday.	518-292-2200
Office of Health Emergency Preparedness (OHEP) off hours call NYSDOH Officer	<b>518-474-2893 (day) or</b> <b>email <a href="mailto:OHEP@health.ny.gov">OHEP@health.ny.gov</a></b>
Bureau of Funeral Directing	518-402-0785 <b><a href="mailto:funeral@health.ny.gov">funeral@health.ny.gov</a></b>

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

Office of Chief Medical Examiner(OCME) Communication Claim & City Burial Request Checklist for Nursing Homes	Fax 646-500-5762 (for decedent pick up) <a href="http://www.nyc.gov/ocmereportacase">www.nyc.gov/ocmereportacase</a> .
<b>Public Administrator (PA)</b> In case Next of kin are unknown and the HCF is requesting storage at OCME of the decedent for claim only, the HCF shall notify the Public Administrator (PA) of the death and document notification as indicated.	Queens – 718-526-5037
NYC EMERGENCY SUPPLY STOCKPILE	<a href="mailto:PPESupport@health.nyc.gov">PPESupport@health.nyc.gov</a> ; 866-692-3641
the NYC Department of Health Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP)	<a href="mailto:phernadp@health.nyc.gov">phernadp@health.nyc.gov</a>
Centers of Disease Control and Prevention (CDC)	Visit <a href="http://www.cdc.gov">www.cdc.gov</a> Call 800-CDC-INFO (800-232-4636) 800-232-4636
Centers of Medicare & Medicaid Services (CMS)	<a href="https://www.cms.gov/">https://www.cms.gov/</a>
Leading Age NY	13 BRITISH AMERICAN BLVD SUITE 2 LATHAM, NY 12110 518.867.8383 518.867.8384 FAX Email: <a href="mailto:info@leadingageny.org">info@leadingageny.org</a>
FBI NEW YORK FIELD OFFICE 24/7	212-384-1000 ( <a href="http://newyork.fbi.gov/">http://newyork.fbi.gov/</a> )
FBI Resident Agencies: FBI Brooklyn-Queens Resident Agency	718-286-7100
Division of Homeland Security and Emergency Services	518-242-5000 ( <a href="http://www.dhses.ny.gov/contact/">http://www.dhses.ny.gov/contact/</a> )
Cyber Security Incident Reporting DOH off hours call NYSDOH Officer	Metropolitan area 212-417-5550

# 1. Background

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## Purpose

The purpose of this plan is to describe the Home's approach to mitigating the effects of, preparing for, responding to, and recovering from an Infectious Disease/ Pandemic emergency that may disrupt normal operations and require pre-planned response. The Pandemic Plan has been incorporated in our Home's overall disaster preparedness plan.

The circumstances of infectious disease emergencies, including ones that rise to the level of a pandemic, vary due to multiple factors, including type of biological agent, scale of exposure, mode of transmission and intentionality. Infectious disease emergencies can include outbreaks, epidemics and pandemics.

## Scope

Within the context of this plan, an incident is any emergency event which overwhelms or threatens to overwhelm the routine capabilities of the the Home.

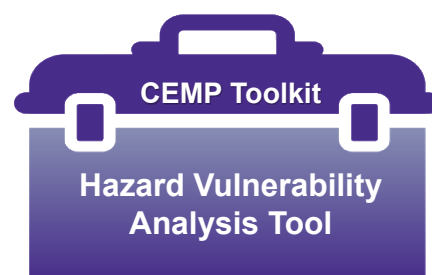
The Infectious Disease /Pandemic Plan describes the overall plan our Home will follow to mitigate, prepare for, respond to, and recover from the effects of emergencies.

This plan is intended to be flexible in every respect. Since it is not possible to predict exactly what the nature or scope of an emergency will be, the plan is intended as a guide, to be modified as needed at the direction of authorized and competent authorities. The plan does not prescribe every step for every person in every possible situation. Rather, it creates a framework adaptable to various situations. The plan is specific in assigning responsibility, authority, and areas to be covered. It is flexible in allowing individuals in command to call upon further reserves of personnel, supplies, equipment, and space, as required, but in an organized, documented, and logical manner.

The Home's Administrator is the designated Senior Facility Leader for the Emergency Management Program. A multidisciplinary infectious Disease Pandemic Planning Committee has been established to develop and oversee the Home's infectious disease preparedness planning, including a written plan. Key members include Administration/ Designee; Medical Director/Designee; Nursing Administration/Designee; Infection Preventionist/designee; Quality Assurance Director/Designee; Director of Social Work; Director of Human Resources; and Director of Environmental Services. Other facility personnel may be involved as each situation may warrant.

## 2. Risk Assessment: Hazard Vulnerability Analysis<sup>2</sup>

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(Sections from CEMP Plan Section 1)

The facility comprehensive emergency management plan will identify the potential hazards for the local area and briefly describe the impact they could have on the nursing home. We rely on past experiences and lessons learned in describing risks and include unique physical plant details improving or aggravating the facility's vulnerability.

Our Home conducts at a minimum on an annual basis a facility-based, an community-based risk assessment, utilizing an all-hazards approach to develop a common understanding about the hazard risks that the facility faces. The Home uses the Kaiser Permanente Hazard Vulnerability Analysis (HVA) tool as a guide in conducting the risk assessment. The HVA Assessment tool is completed as a collaborative process with multiple staff members looking at historical knowledge of hazards, local emergency plans and predetermined hazards within the HVA tools set among others. A "Pandemic" event was identified as one of the facility's top five hazard risks.

## 3. Communications

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

(Sections from *CEMP Plan Section 1*)

### Communication Plan Objectives

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<sup>2</sup> The Hazard Vulnerability Analysis (HVA) has been identified as an industry standard for assessing risk to healthcare facilities. Nursing homes may rely on a community-based risk assessment developed by public health agencies, emergency management agencies, and Health Emergency Preparedness Coalition or in conjunction with conducting its own facility-based assessment to include within its HVA. In using this approach, the Home will maintain a copy of the community-based risk assessment and will work with the entity that developed it to ensure that the facility's emergency plan is in alignment.

The Home has established goals and objectives involving a pandemic communications plan which includes:

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

## **Internal Communications**

### **a. Staff Communication**

The Home maintains a list of all staff members, including emergency contact information, both electronically and at a physical location (Human Resources). To prepare for impacts to communication systems, the Home also maintains redundant forms of communication with on-site and off-site staff.

### **b. Resident, Family and Staff Communication**

Upon admission, and at least annually, and prior to any recognized threat, the Home will educate residents and responsible parties on the CEMP and the Home's preparedness efforts. In the event of an infectious disease/pandemic event, the facility will provide information/education regarding the threat to residents, family and staff. During a pandemic, communication methods may include phone, Flyers/pamphlets, mailings, emails, facility website, facility phone voice recording and videoconferencing. In addition, for staff this may also include informational postings, and educational in-services.

Communication will be adapted, as needed, to meet population-specific needs, including cognitively impaired residents, individuals with vision and/or hearing impairments, and individuals with other access and functional needs (i.e. individuals who speak a language other than English, prefer to speak in a language other than English and/or utilize a communication device).

### **c. Relatives and Responsible Parties**

The Home maintains a list of all residents authorized family member, and a secondary back-up's contact information (as available), including phone numbers and email addresses (as available), electronically and at a physical location in the Social Services Department.



During an Infectious disease/ pandemic emergency, the facility will continue to update authorized family members regarding any resident medical changes via telephone. For residents who are infected with pandemic infectious disease, the facility will make best efforts to communicate daily and upon a change in a resident's condition until recovered or transferred out of the facility.

During a pandemic event, general updates on the pandemic will be provided to authorized family member, utilizing one or more of the following methods: recorded outgoing message on voicemail, e-mails, mailings, facility web page and/or social media. Additional updates may be provided on a regular basis to keep residents relatives/responsible parties apprised of the incident and the response.

At least once per day during a Pandemic, the Home will update authorized family members and guardians of infected residents and once a week, on the number of infections and deaths at the facility, by electronic postings or such other means as may be selected by each authorized family member or guardian as per guidance from NYDOH. This information will be posted in each resident unit for resident and staff daily access.

The facility also provides residents with daily access, at no cost, to remote videoconference or equivalent communication methods with family members and guardians. Residents have access to unit telephones and Creative Activity department will coordinate videoconferencing.

When incident conditions do not allow the facility to contact residents' authorized family member in a timely manner, or if primary methods of communication are unavailable, the facility will utilize local or state health officials, the Home's website, and/or a recorded outgoing message on voicemail, among other methods, to provide information to families on the status and location of residents.

## **External Communications**

### **a. Off-Duty Personnel Notified of an Emergency**

(Refer to CEMP External Communication Plan)

### **b. Communicable Disease Reporting:**

1. Critical Agencies and Authorized Resources will be reviewed daily during an impending or active pandemic situation by the Emergency Preparedness Team/Pandemic Response Coordinator and include:
  - a. CDC website
  - b. WHO website
  - c. NYS/NYCDOH websites
  - d. CMS website

- e. FEMA and Department of Homeland Security websites
  - f. NYC Department of Health websites
2. During an infectious disease or pandemic event, the facility will meet all applicable reporting requirements mandated by NYSDOH, CMS which includes reporting via Health Commerce System (i.e. HERDS,) National Health Safety Network Reporting (NHSN), Nosocomial Outbreak Reporting Application (NORA) etc.

Staff and their back-ups, with access to reporting requirements, will be assigned to comply with mandated reporting requirements on a daily basis 7 days a week including holidays, as per reporting mandates. In addition, the Director of Nursing, and Infection Preventionist will have access to communicable disease reporting via NORA, HERDS and NHSN.

3. REPORTING TO STATE AGENCIES-NYSDOH Regulated Article 28 nursing homes:

The facility will follow reporting requirements:

- Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19.<sup>3</sup>
- Any outbreak or significant increase in nosocomial infections above the norm or baseline, (as established in the Home's HVA or by governmental agencies), in nursing home residents or employees must be reported to NYSDOH. This can be done electronically via the Nosocomial Outbreak Reporting Application (NORA). NORA is a NYSDOH Health Commerce System Application. Alternately, our Home may fax an [Infection Control Nosocomial Report Form \(DOH 4018\)](#) on the DOH public website.
- A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) will be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it must also be reported to the NYSDOH. Currently, this can be done electronically via the NORA, or, by faxing an [Infection Control Nosocomial Report Form \(DOH 4018\)](#).
- Reports must be made to the local health department and submitted within 24 hours of diagnosis or as otherwise mandated by governmental agencies. However, some diseases will warrant prompt action and should be reported immediately by phone.

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<sup>3</sup> A list of diseases and information on properly reporting them can be found below.

- Categories and examples of reportable healthcare-associated infections include:
  - An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
  - Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
  - Foodborne outbreaks.
  - Infections associated with contaminated medications, replacement fluids, or commercial products.
  - Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
  - A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
  - Clusters of tuberculin skin test conversions.
  - A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
  - Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
  - Closure of a unit or service due to infections.
  - Other instances and classes of communicable diseases are set forth by DOH and included at [https://www.health.ny.gov/forms/instructions/doh-389\\_instructions.pdf](https://www.health.ny.gov/forms/instructions/doh-389_instructions.pdf)
  
- Additional information for making a communicable disease report involves:
  - Facility should contact the NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here:

- [https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional\\_epi\\_staff.htm](https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm). For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.
- Call your local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.
  - For facilities in New York City:
    - Call 1 (866) NYC-DOH1 (1-866-692-3641) for additional information.
    - Use the [downloadable Universal Reporting Form \(PD-16\)](#); those belonging to NYC MED can [complete and submit the form online](#).

## 4. Infection Control

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### Infection Preventionist and Control

Our Home maintains an Infection Preventionist and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections through the use of current and accepted standards of practice. The facility promotes hand hygiene by providing and encouraging the use of hands free sanitizers throughout the units as well and handwashing. Appropriate Personal Protection Equipment (PPE) is also readily available for staff to mitigate the risk of transmission.

The Infection Preventionist will monitor the CDC website and the state health department website for information and resources as they become available. (*Refer Infection Preventionist and Control Policy*)

### Outbreak of Communicable Diseases

Outbreaks of communicable diseases within the facility will be promptly identified and addressed pursuant to this Plan. An outbreak of communicable diseases defined by the NYS/NYC Department of Health within our area will also be addressed pursuant to this Plan. This Plan and our Home's preparedness will be reviewed periodically and at least annually by Infection Preventionist/designee. The Infection Preventionist /designee will contact the NYSDOH as appropriate to determine to assess further actions or any immediate steps which may be required by incidents at our Home or in our area. Symptomatic residents and /or employees based on criteria established by the Home's Medical Director or governmental agencies will be considered potentially infected and will be assessed for appropriate action. During an outbreak restricting or closing admissions to the facility as indicated or as authorized by the Health Department/ Medical Director may be required. Policy and procedures related to such restrictions will be followed by our Home. (*Refer Outbreak of Communicable Disease Policy*).

### Infection Surveillance

The Home utilizes the McGeer Criteria embedded in the Infection Watch program as our surveillance tool with regard to determinations of Infection Surveillance among residents in the facility. (*Refer Infection Surveillance Criteria Policy*)

## **Pandemic Surveillance**

As part of the pandemic emergency plan (PEP), the Home has established a program for surveillance and detection of pandemic illness in resident and staff and actively monitors public health surveillance and advisories as per facility policy and procedures. Daily/Weekly monitoring of pandemic-like illness and confirmed cases of pandemic illness in residents and staff is included in our overall surveillance of communicable diseases. Evaluation and diagnosis of residents and/or staff with pandemic –like illness shall follow applicable CDC, NYSDOH and NYCDOH guidelines for evaluation of symptoms and laboratory diagnostic procedures.

Enhanced surveillance (e.g. virology testing) of residents and staff with pandemic like symptoms will be considered on a case by case basis in collaboration with the local public health department. If an outbreak in the facility is suspected, virologic testing of residents may be used to determine the best course of managing the outbreak. Applicable policy and procedures will be followed relating to surveillance methods (*Pandemic Surveillance Policy*)

## **Pandemic Planning**

A written infectious disease/pandemic planning policy has been incorporated in Ozanam Hall's overall Comprehensive Emergency Preparedness Plan. (*Refer Pandemic Planning Policy*)

## **Infectious Disease/ Pandemic Training/Education**

Ozanam Hall has developed an education and training program for disaster preparedness, including pandemic preparedness training for staff, residents and families. The Infection Preventionist and staff educator will train and prepare staff on effective Infection Prevention and control practices including as per facility policy and procedures and based on CDC and NYSDOH recommendations. These include, but are not limited to:

1. Symptoms, Prevention and infection control
2. Hand Hygiene, respiratory hygiene and cough etiquette
3. Exposure risk, Transmission Based Precautions
4. Reporting a resident ,staff or visitor to the appropriate person when signs or symptoms of respiratory illness are observed
5. Procedures when staff member become ill or come in contact with someone who is ill
6. Personal Protective Equipment(PPE): Including MASK, GOWNS, EYE Protection, Donning and Doffing of PPE, Conservation of PPE

(Refer Pandemic Training Policy)

The Infection Preventionist/designee will post signs for cough etiquette, hand washing and other hand hygiene measures in high visible areas (i.e. elevators, units).

## Pandemic Influenza

In the event a Pandemic Influenza is declared, emergency procedures will be activated as per facility policy and procedures. (*Refer Emergency Procedures Pandemic Influenza Policy*). These include but not limited to:

1. Surveillance and detection
2. Communication Plan
3. Education and training
4. Influenza prevention and Control
5. Occupational health
6. Vaccination and antiviral use
7. Phases of the Pandemic with Specific Precautions

## Pandemic infectious Disease

Our Home recognizes that prompt detection, triage and isolation of potentially infectious residents are essential to prevent avoidable exposure among residents, personnel and visitors of the facility. The Infection Preventionist/designee will monitor the CDC, NYSDOH and NYCDOH websites for information and resources as they become available.

The Infection Preventionist/designee will contact the local health department for any questions. The Infection Preventionist/designee with guidance from the Medical Director, will identify how the healthcare staff will monitor residents, staff, and essential visitors, for signs of pandemic illness.

### **General**

The facility may restrict visitation of all visitors and non-essential personnel to prevent introduction of pandemic illnesses to Ozanam Hall. The facility will offer alternate means of communication for people who would otherwise visit, such as virtual communication (phone, video communication etc) at no cost to resident.

The facility will implement active screening of residents and staff for signs and symptoms of the pandemic illness (ie fever, respiratory symptoms, GI symptoms). In addition, the facility will screen staff, consultants, and other visitors for any travel restrictions (such as

travel to/from pandemic hot zones as identified by governmental agencies). Additional guidance will be implemented based on recommendations from public health authorities.

Residents will be reminded of requirements to practice social distancing, wear appropriate facial covering as tolerated, and practice hand hygiene. Communal Dining may be restricted or cancelled. Communal activities may be restricted or cancelled. Beauty salon may be closed. Mass may be provided only via television to residents. Non –critical physician appointments or other appointments that can be delayed will be postponed until after the crisis has ended and/or as per guidance from public health authorities.

### **Prevent the spread of pandemic illnesses between facilities**

Article 28 facilities such as hospitals and nursing homes are required to be notified prior to transferring of a resident with pandemic illness status. Screening relating to such transfers will be implemented in accordance with the HVA and governmental guidelines or mandates.

If a resident requires a higher level of care or the facility cannot implement recommended infection control precautions, the resident will be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility will be notified about the suspected diagnosis prior to transfer.

### **Resident Placement (Cohorting)**

When a resident is positive or suspected positive for any communicable disease or suspected disease associated with a Pandemic the resident will be placed in a private room, to the extent possible, and cohorted in a designated area within the Home. Residents are placed on contact isolation and droplet precautions per symptomology and applicable medical standards.

To reduce transmission, when cohorting, the facility will take into consideration the use of a dedicated area, unit or floor, and when there is only one or a few residents positive for the pandemic disease isolate in part of a unit, or wing in the facility or a group of rooms at the end of the unit, such as at the end of a hallway. There will be no sharing of a bathroom with residents outside the cohort areas or any other common facilities as determined by the Home.

These isolation areas (whether a whole unit or a section) will have proper signage and identification of the area(s) for residents with the pandemic illness (e.g. COVID-19) including demarcating reminders for healthcare personnel and residents using signage with a Stop sign and that identify the nature of the restriction and that it is an isolation area. The areas selected for cohorting residents within the facility will have barriers to prevent other residents from entering the area.



The facility will identify dedicated employees to care for residents who test positive for the disease or illness associated with the pandemic. Persons entering the rooms for those resident who have tested positive for the pandemic will wear appropriate personal protective equipment (PPE) identified for the specific pandemic condition. This may include surgical masks, N95 respirator, gowns, face shields or equivalent, gloves etc.

### **Resident Centered Interventions**

Along with clinical interventions to address monitoring signs and symptoms of illness related to the pandemic, the resident's psycho-social wellbeing will be monitored and appropriate interventions made to maintain and attain highest level of mental performance and mood stability.

### **Reporting Protocols**

The facility will implement mechanisms and policies that promptly alert key facility staff, including Infection Preventionist, Facility Leadership and Medical Director. The facility will promptly communicate and collaborate with public health authorities following established policy and procedures.

### **Engineering Controls**

The facility may install engineering controls to reduce or eliminate exposure by shielding health care personnel and other residents from infected individuals. (Refer *Pandemic/Coronavirus (Covid -19) Policy*.)

### **Environmental Infection Control**

Environmental Services will follow CDC, NYSDOH and NYCDOH Guidelines by using EPA approved disinfectant when cleaning, training housekeeping staff to the Home's policies and procedures as may be specifically required for a pandemic.

Routine cleaning and disinfection will be performed using EPA-registered approved products for the emerging pandemic. Cleaning will be completed on a scheduled daily basis and will also focus attention on covering "high touch and high traffic areas". Residents' rooms, where pandemic positive residents resided, will be sanitized after discharge and subject to cleansing protocols according to Home's policy and procedures.

Non-dedicated, non-disposable medical equipment used for resident care will be cleaned and disinfected according to manufacturer instructions and facility policies.

Management of laundry, food service utensils, and medical waste will be administered in accordance with routine procedures and any additional CDC/DOH guidance if applicable.

Waste generated during the care of residents infected with or suspected of being infected with pandemic illness will be disposed of according to CDC/DOH and NYC guidance in the infectious waste or designated containers. Waste removal (infectious waste or regular garbage) will be removed according to facility policies and procedures.

When effective for specific pandemic containment or mitigation, UVC Cleaning Systems, including a germicidal ultra violet UVC disinfectant product may be used in addition to the normal cleaning process according to manufacturer's instruction following policy and procedures.

*(Terminal Room cleaning Pandemic Covid- 19 policy, Trash Removal Policy, UVC Disinfectant Device policy)*

### **Admissions/Re-admissions/Transfers**

During a Pandemic, admissions and re-admissions to the facility may be restricted or suspended depending on the Home's ability to provide appropriate medical and nursing care and/or as per CDC, NYSDOH or NYCDOH guidelines and mandates. This includes situations where a resident has a known or suspected communicable disease or infection. Applicable policy and procedures will be followed. *(Admissions of Residents with Communicable Disease Policy)*

The Home will follow its Admissions policy and procedures to assure hospitalized residents will be admitted or readmitted to our facility after treatment, in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19, and 415.26(i); and 42 CFR 483.15(e). *(Discharge and Transfers from the Facility Policy)*

The facility will follow bed hold procedures to reserve a resident's placement in the facility if such resident is hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e) following facility policy and procedures.*(Bed Hold Policy)*.

### **Fatality Management**

During a Pandemic if a funeral home is not able to remove a deceased resident within 48 hours of the time of death and the Home does not have appropriate refrigeration facilities available, a removal request will be sent to Office of Chief Medical Examiner (OCME).

Completed paperwork should be faxed to 646-500-5762 for claim case pickup following OCME process for Nursing Homes.

During the Covid-19 Pandemic, fatality management state agency guidance for Nursing Homes will be followed by assigned personnel. (See Appendix B).

### **Pandemic Crisis Staffing**

Ozanam Hall recognizes that although a pandemic is a nationwide event, it is experienced on a local level. An important difference between pandemic planning and mass casualty planning is the understanding that during an influenza or similar pandemic, the facility staff will be a limited resource, without an opportunity for replenishment from other communities thus requiring precise planning. As such, our Home will follow policy and procedures for Crisis Staffing levels also see Annex 11.

*(Pandemic Planning: Crisis Staffing Policy)*

### **COVID-19 Pandemic**

During the Covid-19 Pandemic, a new respiratory disease identified in late 2019 and added to the NYSDOH list of communicable disease in February of 2020, the facility will continue to monitor guidance from the CDC and state health department as well as NYC guidance for information, resources and regulatory requirements and/or updates. The facility will continue to follow policies and procedures specific for COVID-19 pandemic, including but not limited to, Infection Control practices, Communication Plan, Resident Cohorting, Exposure, Testing, Reporting, Education, Conservation Strategies, Fatality Management Crisis Staffing, Communal Activities, and Employee illness and Return to work Criteria, Environmental Cleaning, Waste Removal, PPE Stockpile and Admission/Re-admission.

## **5. Resource and Asset Management**

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The Emergency Management Coordinator maintains a Critical Resource Inventory (see Resource Annex, Critical Resource Inventory) documenting all of our Home's resources/assets available to support the organization and facility in caring for residents during an emergency. Assets listed include PPE, food and water, medical/surgical supplies, cleaning agents, pharmaceuticals, fuel for generators and vehicles, emergency lighting and communications equipment, evacuation chairs and slides, resident movement equipment, durable medical equipment, administrative supplies, and other items. The Resource Inventory is updated at least annually to ensure that adequate resource levels are maintained and supplier/vendor contact information is current.

## **Communication with Purveyors of Essential Supplies, Services, and Equipment**

Contact information for around-the-clock access to primary, secondary, and alternate vendors for all critical supplies, services, and equipment (as noted in the Critical Resource Inventory) is maintained pursuant to the Home's vendor and purchase management policies.

## **Resource Monitoring**

During PEP activation, the Planning Section shall maintain current operational inventory status on all resources used for, or affected by, the pandemic incident.

The Emergency Planning Coordinator /Facility Purchasing Manager/designee will monitor facility PPE needs based on NYDOH PPE requirements and Normal Burn rates which will change during a pandemic. The facility will maintain a 60 day Emergency supply based on NYSDOH regulations.

The Facility Purchasing Manager/designee will maintain an Emergency Supply List indicating type of supply (medication, PPE, equipment) and quantity needed. The Food Service Director/Designee will maintain Emergency and water supply and MOU's according to policy and procedures with the guidance of NYSDOH regulations.

Emergency Planning Coordinator/ Nursing Management/Designee will coordinate with the Pharmacy representative to ensure that the required medications/antivirals are in supply and a plan for distribution is in place.

In the event that resource replenishment cannot be accomplished, the Planning Section shall develop alternative strategies for resource conservation and/or service reduction. This shall be done in coordination with the appropriate department heads, Purchasing Management, Pharmacy, and Facilities Management. In the event that resource shortfalls are projected, the following actions will be implemented::

1. Immediate notice to the CEO, Administrator and Infection Preventionist when the expected use of any item on the Emergency Supply List will exceed inventory or when such inventory is insufficient for the needs of the Home on a running 30 day period.
2. Procurement from alternate or nontraditional vendors
3. Procurement from communities outside the affected region
4. Resource substitution
5. Resource sharing arrangements with mutual aid partners
6. Request for external stockpile support from the City DOHMH logistics cache
7. Request for external stockpile support from the State Department of Health Medical Emergency Response Cache (MERC), or the Strategic National Stockpile

(these requests go through the City Emergency Management) (see Support Annex, Strategic National Stockpile for additional information) for items such as:

- N95 respirators
- Face shield
- Eye protection
- Gowns/isolation gowns
- Gloves
- Masks
- Sanitizer and disinfectants (meeting EPA Guidance current at the time of the pandemic)

### **NYC Department of Health Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP).**

The PHERN ADP is a program developed by NYC DOHMH to assist in medical countermeasure distribution to the public in the event of a widespread outbreak of disease. During certain public health emergencies (e.g., Anthrax release) the Department of Health and Mental Hygiene (DOHMH) is responsible for distributing lifesaving medical countermeasures such as oral antibiotics or vaccines to prevent illness.

Ozanam Hall Nursing Home is registered and is part of the **NYC Department of Health Public Health Emergency Response Network Auxiliary Distribution Program (PHERN ADP)** and can receive the medication directly to the facility. Countermeasures Response Unit Contact: phernadp@health.nyc.gov

### **PPE stockpile**

In accordance with PEP requirements, the facility will implement the following planned procedures to maintain or contract to have at least a two-month (60-day) supply of personal protective equipment (including consideration of space for storage) or any superseding requirements under New York State Executive Orders and/or NYSDOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic.

### **Covid-19 Pandemic**

As per NY state guidance for the Covid -19 Pandemic, a minimum, of all types of PPE found to be necessary in the COVID pandemic should be included in the facility 60-day stockpile. This includes, but is not limited to:

All personal protective equipment necessary for both residents and staff in order to continue to provide services and supports to residents. COVID-specific guidance on

optimizing PPE and other supply strategies is available on CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. Supplies to be maintained include, but are not limited to:

- N95 respirators;
- Face shield;
- Eye protection;
- Gowns/isolation gowns;
- gloves;
- masks; and
- sanitizers and disinfectants (EPA Guidance for Cleaning and Disinfecting):

The Emergency Planning Coordinator /Facility Purchasing Manager/designee will monitor facility PPE needs based on NYDOH requirements and in internal PPE needs. Normal Burn rates will change during a pandemic and facility will base needs on historical data and in coordination with NYSDOH regulations for the specific pandemic.

This 60-day supply will be based on NYDOH requirements. The facility has a 60-day supply quantity of identified PPE and is currently compliant with the deadline date of July 30, 2021 as required by NYSDOH guidance.

Emergency PPE supply requests will be submitted to the NYC Emergency Management. Ozanam Hall is part of NYC Emergency Supply PPE Stockpile developed as a resource for NYC Healthcare organizations to be accessed when all other options are exhausted. NYC Emergency Supply PPE Stockpile currently is accessed from Medline.com following NYC DOHMH guidelines. Support Contact information Medline Customer Support 866-478-1490 ext 2222 and DOHMH Support Email: PPEsupport@health.nyc.gov;866-692-3641. (Refer to PEP APPENDIX C.)

*(Refer to ANNEX B Resource Management)*

## 6. Recovery

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### Recovery Services

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

Recovery services may include coordination with government, non-profit, and private sector organizations to identify community resources and services (e.g., employee assistance programs, state and federal disaster assistance programs, if eligible).

During a pandemic the facility will closely monitor CDC, NYSDOH, NYCDOH and other governmental guidance regarding the process of recovery as this may be done in phases and affected by both facility and community pandemic illness events. The facility will

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

The facility will communicate any relevant activities regarding recovery/return to normal operations, with staff, families/guardians and other relevant stakeholders.

(Refer to CEMP/Continuity of Operations)

## Resources

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Centers of Disease Control and Prevention (CDC): [www.cdc.gov](http://www.cdc.gov)

Centers of Medicare & Medicaid Services (CMS): <https://www.cms.gov/>

Department of Health, Wadsworth Center: <https://www.wadsworth.org/>

Division of Homeland Security and Emergency Services:

<http://www.dhSES.ny.gov/contact/>

New York State Department of Health: <https://health.ny.gov/>

Office of Chief Medical Examiner (OCME): [www.nyc.gov/ocmereportacase](http://www.nyc.gov/ocmereportacase).

World Health Organization: <https://www.who.int/countries/usa>

# APPEDIX A: PANDEMIC EMERGENCY PLAN POLICY AND PROCEDURES

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**(Provided upon request/Shared Drive)**

Infection Prevention and Control Policy

Infection Surveillance Policy

Transmissions Based Precautions Policy

Outbreak of Communicable Disease Policy

Respiratory Hygiene and Cough Etiquette policy

Cough Etiquette

Cleaning of Communal Activity Equipment used for Communication Policy

Isolation Equipment and Supplies Policy

Infection Control –Handwashing Policy

PPE- Gowns

PPE-Mask

PPE-Eyewear

PPE-Gloves

Trash Removal Policy

Environmental Cleaning Policy

Admission of Residents with Communicable Disease

Bed Hold Policy

Admissions Policy

Transmission-Based Precautions, Disposition of a body Policy

Pandemic Surveillance Policy

Pandemic Planning Policy

Pandemic Training Policy

Pandemic Planning Crisis Staffing

Emergency Procedure Pandemic Influenza Policy



## COVID-19 PANDEMIC POLICY AND PROCEDURES

Coronavirus (Covid 19) Policy

Covid-19 Exposure

Covid-19 Admission and Re-admission

Covid-19 Communal Activities

Covid-19 Guidelines for Communal Dining Restrictions

Covid-19 Beauty Salon Precautions

Covid-19 Terminal Room Cleaning

Covid -19 Extended Use and Limited Use of Respirations –PPE

Covid-19 Reporting to Resident, Responsible Representative and family

Mandatory Covid-19 testing of Personnel Policy

Compliance with EO 202.30

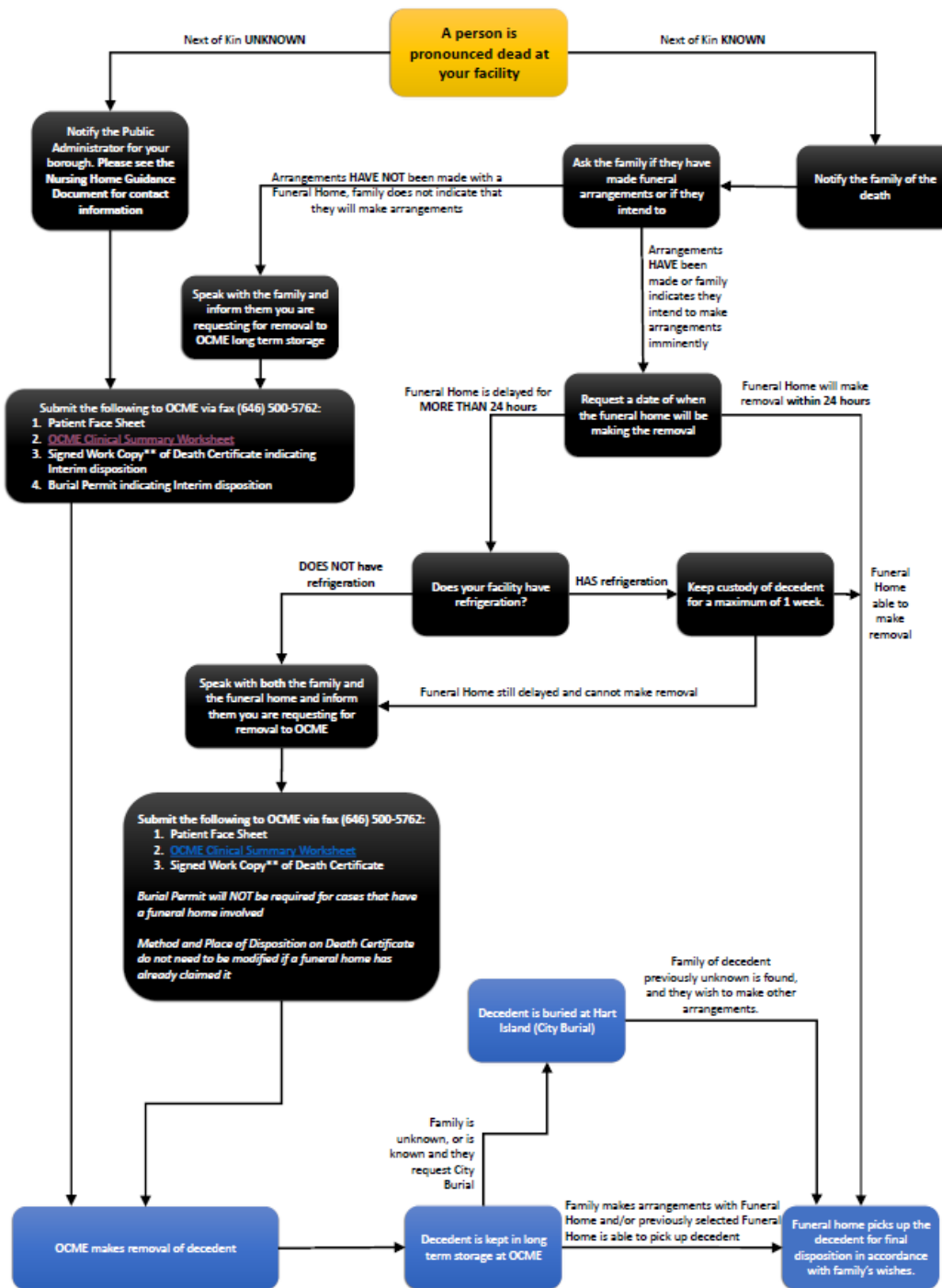
Covid-19 National Health Safety Network Reporting Policy

# **APPENDIX B: FATALITY MANAGEMENT: COVID -19 Pandemic**

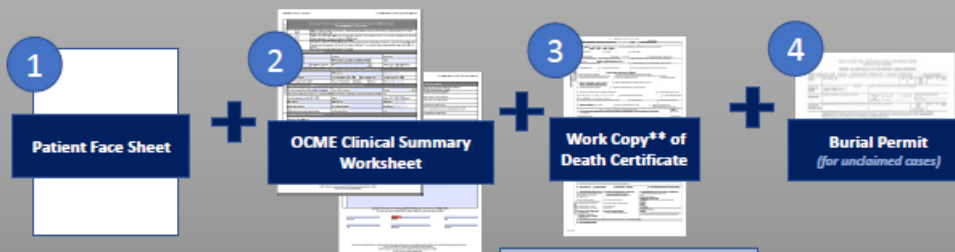
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**NYC**  
Office of Chief Medical Examiner

**CASE WORKFLOW for NYC LONG TERM CARE FACILITIES / NURSING HOMES**  
**—COVID-19 PANDEMIC—**  
*(please note that this is NOT the process for deaths under the Medical Examiner's jurisdiction, such as homicides, suicides, accidents, or suspicious deaths)*



**Paperwork Required for Cases Transferred to OCME Custody:**





## Claim & City Burial Request Checklist for Long Term Care Facilities & Nursing Homes

**OCME FAX NUMBER:  
(646) 500-5762**

### General

- ✓ This guidance is for Long Term Care Facilities and Nursing Homes, if you are a Hospital please DO NOT follow these instructions, there is separate guidance and fax instructions for hospitals
- ✓ ALL spellings of names, dates and times of birth / death must agree throughout ALL paperwork: cover letter, face sheet, clinical summary worksheet, death certificate, burial permit.
- ✓ All required decedent paperwork must be faxed to OCME Communications at 646-500-5762 as soon as possible. Pick up of the decedents CANNOT occur until all the following paperwork is completed.
- ✓ Please submit *only* the documents requested based upon the case type. Please do not attach any additional medical records or otherwise unsolicited documentation.
- ✓ Once competent paperwork is received, we will pick up remains as operations allow.
- ✓ If a Funeral Home cannot pick up a decedent within 24 hours, and you do not have refrigeration, speak with both the family and the Funeral Home and indicate that you will be putting in claim paperwork to the OCME.
  - For cases that have been claimed by a funeral home, the Long Term Care or Nursing Home Facility does not need to modify the death certificate OR submit the burial permit provided the Death Certificate is registered in eVital.
- ✓ Do not keep faxing the same paperwork over and over, please wait for OCME follow up.

### Key Points to Remember

- ✓ Send over the paperwork as soon as possible. Do not send over incomplete or partially done paperwork.
- ✓ Do not provide a general phone number that you can be reached at, you must provide a DIRECT line to someone who can answer questions regarding cases you are submitting paperwork for.
- ✓ If you do not have refrigeration at your facility, please indicate this by writing **NO REFRIGERATION** on the Fax Cover Sheet.
- ✓ Please include a contact name and number for a **DIRECT** phone line to an individual who can fix paperwork issues.
- ✓ You must submit via fax to (646) 500-5762:

Send the following paperwork as **ONE fax (not as separate ones)**

1. **Facility Face Sheet (see below for instructions)**
2. **Completed OCME Clinical Summary Worksheet 3.0**
3. **A work copy of the signed Death Certificate**
4. **The Burial Permit**
5. **If requesting City Burial: Next of Kin Authorization Form**

### Fax Cover Sheet

- ✓ Please indicate the name of your nursing home (NH) as it is registered with the Department of Health in eVital.
- ✓ Please include a contact person and phone number.
  - Please note that the Nursing Home general line is NOT acceptable. OCME requests a direct line or extension so that we can promptly address any paperwork concerns.
- ✓ Indicate if your facility has a refrigerated morgue space or if there is no refrigeration.

### Facility Face Sheet

- ✓ This is generated from the Nursing Home or Long Term Care Facility
- ✓ This is not something provided by the OCME
- ✓ It is often a 1- or 2-page sheet that you have as a facility that has basic patient admitting information (name, DOB, NOK information, name of their doctor, etc.)

### Clinical Summary Worksheet

- ✓ Please complete *only* the required sections. *Section E is not required* for claim cases.
- ✓ Please indicate 'unknown' in fields where you do not have the requested information. Do not leave fields blank.
- ✓ OCME requires the medical record number for all decedents coming to OCME from a nursing home.
- ✓ OCME requests any aliases known to be used by the decedent.
- ✓ OCME requests as much next-of-kin (name and contact) information as possible:
  - Where the NOK are known, the HCF must notify the NOK of the death. *Failure to notify NOK of the death of their loved one interferes with the NOK's right to direct final disposition without delay and may therefore be a violation of the NOK's right of sepulchre.* If the HCF was unable to reach the NOK, all notification attempts must be documented.
  - **Where the NOK are unknown, your facility shall notify the Public Administrator (PA) of the death and document notification as indicated.**
  - **If NOK are unknown, the decedent CANNOT be submitted for City Burial. Please notify the PA and submit paperwork for a CLAIM ONLY case.**

Public Administrators			
Borough	Name	Email	Telephone
Bronx Matilda Sanchez	Joevani Cruz (Intake) Milly Merced (NH Cases) Christine Paulino Heiry Roman (Intake Backup)	<a href="mailto:jcruz@bronxpa.nyc.gov">jcruz@bronxpa.nyc.gov</a> <a href="mailto:mimerced@bronxpa.nyc.gov">mimerced@bronxpa.nyc.gov</a> <a href="mailto:cpaulino@bronxpa.nyc.gov">cpaulino@bronxpa.nyc.gov</a> <a href="mailto:hroman@bronxpa.nyc.gov">hroman@bronxpa.nyc.gov</a>	718-293-7660 Fax: 718-293-7851
Brooklyn Richard Buckheit	Latoya Richardson (Intake) Julio Chen Kno Nelson Guzman Raymond Paulucci	<a href="mailto:lrichardson@kingspa.nyc.gov">lrichardson@kingspa.nyc.gov</a> <a href="mailto:jchenkon@kingspa.nyc.gov">jchenkon@kingspa.nyc.gov</a> <a href="mailto:nguzman@kingspa.nyc.gov">nguzman@kingspa.nyc.gov</a> <a href="mailto:rpaulucci@kingspa.nyc.gov">rpaulucci@kingspa.nyc.gov</a>	718-643-3032 Fax: 718-522-4475
Manhattan Dahlia Damas	Dahlia Damas Frank Fang Paulette Pennant Sunita Tamang-Gurung	<a href="mailto:ddamas@nycountypa.nyc.gov">ddamas@nycountypa.nyc.gov</a> <a href="mailto:ffang@nycountypa.nyc.gov">ffang@nycountypa.nyc.gov</a> <a href="mailto:ppennant@nycountypa.nyc.gov">ppennant@nycountypa.nyc.gov</a> <a href="mailto:sugurung@nycountypa.nyc.gov">sugurung@nycountypa.nyc.gov</a>	212-788-8430 Fax: 212-385-0220
Queens Lois Rosenblatt	Barbara Banks-Grier (NH cases) Susan Brown (all other cases)	<a href="mailto:Barbara@queenscountypa.com">Barbara@queenscountypa.com</a> <a href="mailto:sbrown@queenscountypa.com">sbrown@queenscountypa.com</a>	718-526-5037 Fax: 718-526-5043
Staten Island Edwina Martin	Vincent Argenziano Paul Bogdanov	<a href="mailto:vargenziano@richmondpa.nyc.gov">vargenziano@richmondpa.nyc.gov</a> <a href="mailto:pbogdanov@richmondpa.nyc.gov">pbogdanov@richmondpa.nyc.gov</a> <a href="mailto:efmartin@richmondpa.nyc.gov">efmartin@richmondpa.nyc.gov</a>	718-876-7228 Fax: 718-876-8377

- ✓ Please provide all available contact information for NOK, PA and NH so that OCME can follow up, as appropriate.
- ✓ Please provide a response ("Yes" or "No") for all screening questions.
- ✓ If the case is COVID-19 positive, you should select NO to the question in the Clinical Summary Worksheet Section D regarding public health. While this is a public health issue, selecting yes will cause this case to be flagged as a possible ME case, which will delay its processing. If the death poses OTHER threats to public health select yes.

yes	<input type="checkbox"/>	no	<input checked="" type="checkbox"/>	Does the death pose a threat to public health, such as bacterial meningitis?
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- ✓ Please ensure that the form is signed.

### Death Certificate

- ✓ Please ensure that the method and place of disposition on the death certificate matches the burial permit.

Death Certificate Field	City Burial*	Claim Only
21a Method of Disposition	City Cemetery	Other <i>Then type in: Interim</i>
21b Place of Disposition	City Cemetery at Hart Island	OCME Morgue
22a Funeral Establishment	Office of Chief Medical Examiner	Office of Chief Medical Examiner
22b Address	520 1 <sup>st</sup> Ave, NY, NY 10016	520 1 <sup>st</sup> Ave, NY, NY 10016

\*For all City Burial cases, all paperwork must also be accompanied by a completed and signed NOK Authorization Form. If no NOK is available, the case must be submitted as CLAIM ONLY.

### Burial Permit

- ✓ Please ensure that the method and place of disposition on the burial permit matches the death certificate

Burial Permit Field	City Burial*	Claim Only
Method of Disposition	Interment / City Burial	Other - Interim
Place of Disposition	City Cemetery at Hart Island	OCME Morgue

\*For all City Burial cases, all paperwork must also be accompanied by a completed and signed NOK Authorization Form. If no NOK is available, the case must be submitted as CLAIM ONLY.

### In Closing

- ✓ If any of the above requirements are not met, the case cannot be accepted by OCME.
- ✓ Please visit the OCME official website which includes a "Case Reporting Criteria for Clinicians" page and the clinical summary worksheet and instructions at [www.nyc.gov/ocmereportacase](http://www.nyc.gov/ocmereportacase).

# APPENDIX C: PPE STOCKPILE

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NYC

## NYC Emergency Supply on Medline.com

September 2020

Overview

## Stockpile Purpose

The NYC PPE Stockpile was developed as a backstop to NYC Healthcare organizations to be accessed when all other options are exhausted.



NYC



## Overview

# FAQ Document



## PPE Stockpile Overview

- By submitting an order through Medline you are confirming that the PPE you are requesting is required to protect staff and patients during the COVID-19 response and you currently have less than one week of the requested supplies on hand. This confirmation is important to the City's potential request for Federal reimbursement for the PPE being provided to your healthcare organization.
- Monthly order quantity caps are established for each organization and will not be turned on (except for testing sites) until the city determines allocations should be turned on
- You may request product once per week, as needed, or in an emergency where all other supplier options have been exhausted
- Product quantities are represented as cases and will be delivered in cases
- All requests must be submitted on medline.com prior to 10:30am for next day delivery Monday through Friday
- NYC holds the right to charge a cost associated with a supply request

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## Support Contact Information

Medline Customer Support Number: 866-478-1490 ext 2222

- For any questions regarding medline.com ordering, please contact the Medline customer support number

DOHMH Support Email: PPEsupport@health.nyc.gov ; 866-692-3641

## Overview

# FAQ Document

## Can I order other items from Medline.com

- No, the account that is being set up for you is solely for the NYC stockpile. You will not be able to browse the site, you will only be able to see products that NYC has designated to you.

## What items can I order?

- Depending on your facility, the following items may be available - Isolation Gowns, Goggles, Nitrile Gloves, Faceshields, Body Bags, Bouffant Caps, Boot Covers, Surgical Masks, N95, Infrared Digital Thermometers, Resuscitation Bags, Hand Sanitizer

## Will we be charged for what we order?

- The City of New York may seek to recover costs for provision of PPE supplies that is not reimbursable under applicable FEMA emergency reimbursement policies. At this time, FEMA policies do not enable reimbursement of supplies provided to private for-profit entities, and therefore the City may seek cost recovery from these entities at a later date. Maximum rates set for cost recovery are prevailing market rate and are summarized in the table to the right

Category	Price Per Unit
L3 Iso Gowns	\$1.25
N95 Masks	\$0.75
Nitrile Gloves	\$0.08
3-Ply Surgical Masks	\$0.13
Face Shields	\$1.25
Bouffant Caps	\$0.15
Shoe Covers (Pair)	\$0.30
Goggles	\$1.50
IR Digital Thermometers	\$26.58
Disaster Body Bags	\$16.34
Hand Sanitizers (16oz)	\$4.25
Resuscitation Bags	\$8.09





## Overview

# FAQ Document

### How can I order more than my monthly allocated amount?

- You can place orders above your allocated amount but an order containing any one item over its allocation amount will flag the entire order and will require approval.

### Can I place multiple orders per week / per month?

- Please only enter one request per week. In an emergency, you can place an additional order, although the monthly product cap will remain the same.  
Example: Order one falls below allocation amount, order two within the same week falls over the monthly allocation amount – this order will be flagged and will need to be approved.

### When do I need to place my orders?

- In order to receive your order the following business day orders will need to be placed before 10:30am

### Where can I find more information on how to navigate Medline.com?

- A step-by-step guide will be provided. For any questions on Medline.com, please contact the medline.com NYC customer service desk: 866-478-1490 ext 2222

