Congregate Living & Social Services Licensing Board
Tuesday, May 23, 2023, 6:00 PM
Parks & Recreation Center, Room 22, 2nd fl, 312 Washington St.

AGENDA

I. **Call to Order:** Roll Call

II. **Minutes of Previous Meeting:** April 25, 2023

III. **Unfinished Business:**

IV. **Applications:**

LB 23-06: Applicant, Melissa Castor, Executive Director for Alpine Healthcare, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located at 298 Main St., and is in the High Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

LB 23-07: Applicant, Gregg Burdett, Executive Director for Covenant Living of Keene, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located 95 Wyman Rd., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

V. **New Business:**

VI. **Non-Public Session:** (if required)

VII. **Adjournment:**

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CONGREGATE LIVING AND SOCIAL SERVICES LICENSING BOARD
MEETING MINUTES

Tuesday, April 25, 2022	**6:00 PM**	**Council Chambers, City Hall**

Members Present:
Andrew Oram, Chair
Alison Welsh
Thomas Savastano

Staff Present:
John Rogers, Building & Health
Official/Zoning Administrator
Corinne Marcou, Board Clerk

Members Not Present:
Medard Kopczynski, Vice Chair
Jennifer Seher

I. Call to Order: Roll Call

Chair Oram called the meeting to order at 6:00 PM and roll call ensued.

II. Minutes of Previous Meeting: March 28, 2023

A motion by Mr. Savastano to approve the March 28, 2023, meeting minutes was duly seconded by Chair Oram and the motion carried unanimously.

III. Unfinished Business:

No unfinished business was presented.

IV. Applications:

A) **LB 23-05: Applicant, Phyllis Phelps, Executive Director for House of Hope New Hampshire, Inc, is requesting a Congregate Living & Social Services License for a Large Group Home, located at 31 Wyman Rd., and is in the Corporate Park District and as defined in Chapter 46, Article X of the Keene City Ordinances.**

Chair Oram requested Staff comments. Mr. Rogers said this property is a legal non-conforming use in the Corporate Park District. Prior to being occupied by House of Hope, this building was a single-family home that was also a non-conforming use. Thus, House of Hope applied to the Keene Zoning Board of Adjustment to have one non-conforming use changed to another, which was approved. Mr. Rogers said the applicant had done well converting the house, which sits up

35 on a hill on Wyman Road. He said it is one of the older homes in the Rural District. Mr. Rogers
36 said the inspections occurred on April 24 and Board members had copies of the housing and fire
37 reports on their desks. He said the Fire Department did have several things listed but nothing was
38 dealing with immediate life/safety issues; the applicant had 45 days to correct these issues. The
39 Housing Inspector did not have any concerns.
40
41 Ms. Welsh noted that the sprinkler system was listed as overdue for service, and she wanted to
42 see that service report before moving the application forward. Mr. Rogers said the applicant
43 could speak to whether that work was completed yet and it was the Board's purview to make the
44 application approval conditional upon that work.
45
46 Chair Oram welcomed the applicant Phyllis Phelps, Executive Director of House of Hope, NH,
47 at 31 Wyman Road. She shared the fire alarm inspection report and said that life/safety would be
48 inspecting the whole sprinkler system within the 45 days allowed. Ms. Phelps said that the
49 program at House of Hope had been very successful during its last 6 years in Keene. She said
50 that graduates of the program are very successful in the area.
51
52 Ms. Welsh noted that this was a non-medical residential home and asked how they deal with
53 clients who are detoxing. Ms. Phelps said that clients go to Antrim House to detox for 30 days
54 before coming to House of Hope. Ms. Welsh asked if any residents take medications. Ms. Phelps
55 replied that clients take their maintenance medications for conditions like diabetes or high blood
56 pressure, for example. Ms. Phelps works with Monadnock Family Services to get clients their
57 regular medications. Clients are not accepted to House of Hope if they are actively taking
58 suboxone or methadone.
59
60 Ms. Welsh asked about the staff training plan, noting that it was not very detailed beyond
61 indicating that staff shadow Ms. Phelps for a few weeks. Ms. Welsh said those staff are working
62 with a complex population and she asked Ms. Phelps to elaborate more. Ms. Phelps said that the
63 staff's jobs are not that complex. Ms. Phelps said she had been away for a year helping to open
64 another home in Manchester, NH. She said she trains the staff, they have meetings, and the staff
65 also get certificates for use of Narcan. She said the NH Food Bank trains House of Hope staff in
66 food handling and someone else trained them in CPR. Ms. Phelps said it is her and one other
67 staff member on site at night. Ms. Welsh asked Ms. Phelps to elaborate more on these details in
68 next year's application.
69
70 Ms. Welsh asked about the neighborhood relations plan, noting that it seemed more reactive than
71 proactive. Ms. Welsh did note that this plan is harder for the Board to define and many
72 applicants had struggled with this section. She asked if the neighbors had been invited to see the
73 facility. Ms. Phelps said there had been no invite to see the facility, but she was open to that. She
74 said the House of Hope has a good relationship with its neighbors including the nursing home
75 down the road. Additionally, some neighbors invited the residents to a line dancing lesson as
76 well as a talent show. Ms. Phelps said there is an immediate neighbor she has talked to, but the
77 rest of the neighbors are more industrial. Ms. Welsh agreed that the Board was not accustomed to

78 seeing applications with an approved non-conforming use. Mr. Rogers agreed that House of
79 Hope is not located in a residential district; it was once zoned as Rural but is now zoned as a
80 Corporate Park. Most uses in this area are manufacturing, though there is also Covenant Living
81 of Keene about 1-mile up Wyman Road.
82
83 Mr. Savastano said he felt it was a complete application. Although he had to search within it for
84 a few items, he felt all the necessary things were included. For example, on page 17, the
85 application mentioned a security plan in operation. Additionally, on page 22, some more security
86 issues were detailed, like the escalation framework. Next year, Mr. Savastano advised Ms.
87 Phelps to have a dedicated section for a security plan versus the components spread throughout
88 the application.
89
90 Chair Oram said he had the same concern as Mr. Savastano. The Chair asked Ms. Phelps the
91 question that the Board had asked all applicants in the last year, which was whether this process
92 was challenging or whether the applicant needed more help/direction from the Board. Ms. Phelps
93 said she was somewhat overwhelmed with the application at the beginning but said that Ms.
94 Marcou was very helpful. She said that the application clearly outlined what the Board wanted.
95
96 Ms. Welsh listed some requirements for homeless shelters and asked whether those were
97 required for this facility. Mr. Rogers replied that this is a large group home, so those additional
98 criteria did not apply for this applicant.
99
100 With no comments from the public in favor or opposition, Chair Oram closed the public hearing
101 and the Board proceeded discussing the criteria for approval.
102
103   *The licensing board shall consider the following criteria when evaluating whether to approve,*
104   *renew, or deny a congregate living and social services license application:*
105 Criteria 1: *The use is found to be in compliance with the submitted operations and management*
106 *plan, including but not limited to compliance with all applicable building, fire, and life safety*
107 *codes.*
108
109 Chair Oram said he did not hear anything to indicate that the application was not compliant,
110 pending the sprinkler inspection within 45 days. Ms. Welsh said her only concern was waiting 45
111 days to ensure all the repairs occur. Mr. Rogers suggested that the Board make submission of the
112 sprinkler report as a condition of the overall approval.
113
114 Mr. Savastano made the following motion, which Ms. Welsh duly seconded. On a vote of 3–0,
115 the Board found application LB 23-05 in compliance with the first criterion.
116
117 Criteria 2: *The use is of a character that does not produce noise, odors, glare, and/or vibration*
118 *that adversely affects the surrounding area.*
119

120   Chair Oram did not see any information indicating problems with this criterion. Mr. Savastano
121   made the following motion, which Ms. Welsh duly seconded. On a vote of 3–0, the Board found
122   application LB 23-05 in compliance with the second criterion.
123
124   Criteria 3: *The use does not produce public safety or health concerns in connection with traffic,*
125   *pedestrians, public infrastructure, and police or fire department actions.*
126
127   Chair Oram did not see any information indicating problems with this criterion. Mr. Savastano
128   made the following motion, which Ms. Welsh duly seconded. On a vote of 3–0, the Board found
129   application LB 23-05 in compliance with the third criterion.
130
131   Mr. Savastano made the following motion, which Ms. Welsh duly seconded. On a vote of 3–0,
132   the Congregate Living and Social Services Licensing Board approved application LB 23-05,
133   conditional upon: 1) a submission indicating that all issues identified by the Fire Department are
134   resolved.
135
136   **V.   New Business:**
137
138   No new business was presented.
139
140   **VI.   Non-Public Session (if required):**
141   **VII.   Adjournment**
142
143   There being no further business, Chair Oram adjourned the meeting at 6:20 PM.
144
145   Respectfully submitted by,
146   Katryna Kibler, Minute Takers
147   April 27, 2023
148
149   Reviewed and edited by,
150   Corinne Marcou, Board Clerk

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City of Keene, NH

Congregate Living & Social Services License Application

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

- [ ] Drug Treatment Center
- [ ] Fraternity/Sorority
- [ ] Group Home, Large
- [ ] Group Home, Small
- [ ] Group Resource Center
- [ ] Residential Drug/Alcohol Treatment Facility
- [ ] Homeless Shelter
- [ ] Lodginghouse
- [x] Residential Care Facility

SECTION 2: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: Peak Healthcare at Keene, LLC	**NAME/COMPANY:** Alpine Healthcare
MAILING ADDRESS: 2420 Knapp Street Brooklyn NY 11235	**MAILING ADDRESS:** 298 Main Street, Keene, NH 03431
PHONE: (603) 352-7311	**PHONE:** 603-352-7311
EMAIL: zmargulies@recover-care.com	**EMAIL:** MCastor@alpine-hc.com
SIGNATURE: *Zish Margulies*	**SIGNATURE:**
PRINTED NAME: Zish Margulies as manager of Peak healthcare at keene LLC	**PRINTED NAME:** Melissa Castor

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) **Same as owner**
NAME/COMPANY: N/A	**NAME/COMPANY:** PHC SNF Management LLC
MAILING ADDRESS:	**MAILING ADDRESS:** 2420 Knapp Street Brooklyn NY 11235
PHONE:	**PHONE:** 718-942-3483
EMAIL:	**EMAIL:** MCastor@alpine-hc.com
SIGNATURE:	**SIGNATURE:**
PRINTED NAME:	**PRINTED NAME:** Melissa Castor

SECTION 3: PROPERTY INFORMATION

PROPERTY ADDRESS:	TAX MAP PARCEL NUMBER:
298 Main Street, Keene, NH 03431	
ZONING DISTRICT:	☐ **LOCATION MAP:** *Please attach*

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS

Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

1. Alpine Healthcare is an 85 bed long term care and short term care healthcare facility at 298 Main Street, Keene, NH.

2. Alpine Healthcare provides healthcare services to a range of residents. Alpine Healthcare provides all aspects of daily living care needs to its residents, including but not limited to care from Licensed Nursing Assistants, Registered Nurses, Licensed Practical Nurses, Certified Medication Assistants, Social Work, Physical Therapy, Occupational Therapy and Speech Therapy as deemed necessary by the residents medical plan of care.

3. Alpine provides services to its residents 24 hours a day, 7 days a week. Alpine has capasity for 85 residents at one point in time with typical staff of 120 staff on varied shifts and in varied departments.

4. Alpine provides Long Term and Short Term Healthcare to its residents with varied lengths of stay.

5. Peak Healthcare at Keene, LLC. 298 Main Street, Keene, NH, 03431, 603-352-7311

6. Peak Healthcare at Keene, LLC. 298 Main Street, Keene, NH, 03431, 603-352-7311

7. Please see attached Licenses

8. Plans- Alpine Healthcare currently holds Life Safety, Facility Assessment, Staff Training, Clinical Policy and Procedure, Building Management System and Emergency Protection Plans to encompass Operations and Management Plans.

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

1. Alpine Healthcare is an 85 bed long term care and short term care healthcare facility at 298 Main Street, Keene, NH.

2. Alpine Healthcare provides healthcare services to a range of residents. Alpine Healthcare provides all aspects of daily living care needs to its residents, including but not limited to care from Licensed Nursing Assistants, Registered Nurses, Licensed Practical Nurses, Certified Medication Assistants, Social Work, Physical Therapy, Occupational Therapy and Speech Therapy as deemed necessary by the residents medical plan of care.

3. Alpine provides services to its residents 24 hours a day, 7 days a week. Alpine has capacity for 85 residents at one point in time with typical staff of 120 staff on varied shifts and in varied departments.

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

Alpine provides Long Term and Short Term Healthcare to its residents with varied lengths of stay.

Licenses

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF LEGAL AND REGULATORY SERVICES
HEALTH FACILITIES ADMINISTRATION
129 PLEASANT STREET, CONCORD, NH 03301

ANNUAL LICENSE CERTIFICATE

Under provisions of New Hampshire Revised Statutes Annotated Chapter RSA 151, this annual license certificate is issued to:

Name:　　　ALPINE HEALTHCARE CENTER

Located at:　298 MAIN ST
　　　　　　KEENE NH 03431

To Operate:　Nursing Home

This annual license certificate is effective under the conditions and for the period stated below:

License#:　　04458

Effective Date: 10/01/2022　　　　　　　　　　　Expiration Date: 09/30/2023

Administrator: MELISSA CASTOR

Medical Director: HARIS BILAL, MD

Total Number of Beds: 85

Melissa Sly

Chief Legal Officer

State of New Hampshire

Board of Examiners of Nursing Home Administrators
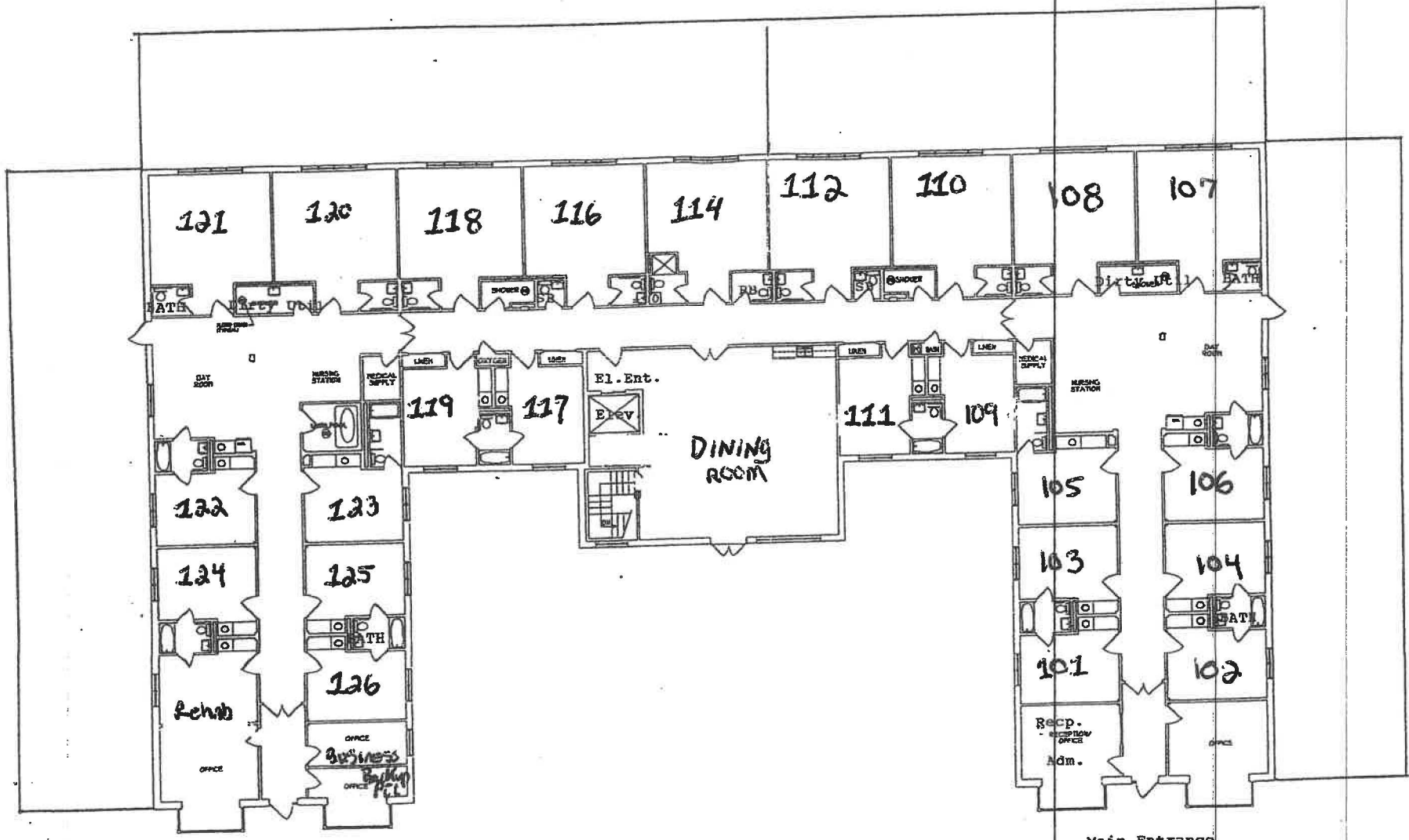
Authorized as
Nursing Home Administrator

Issued To

MELISSA LEIGH CASTOR NHA

License Number: 3856
Current

Issue Date: 03/02/2022

Expiration Date: 12/31/2024

Floor Plans

Second Floor Plan

Rooms: 121, 120, 118, 116, 114, 112, 110, 108, 107, 119, 117, 111, 109, 122, 123, 105, 106, 124, 125, 103, 104, 126, 101, 102

Dining Room

El. Ent. / Elev

Main Entrance

Rehab

Recp. - Reception Office / Adm.

total square footage: 26,805 sq ft
Skilled: 4151 sq ft
LTC: 8556 sq ft
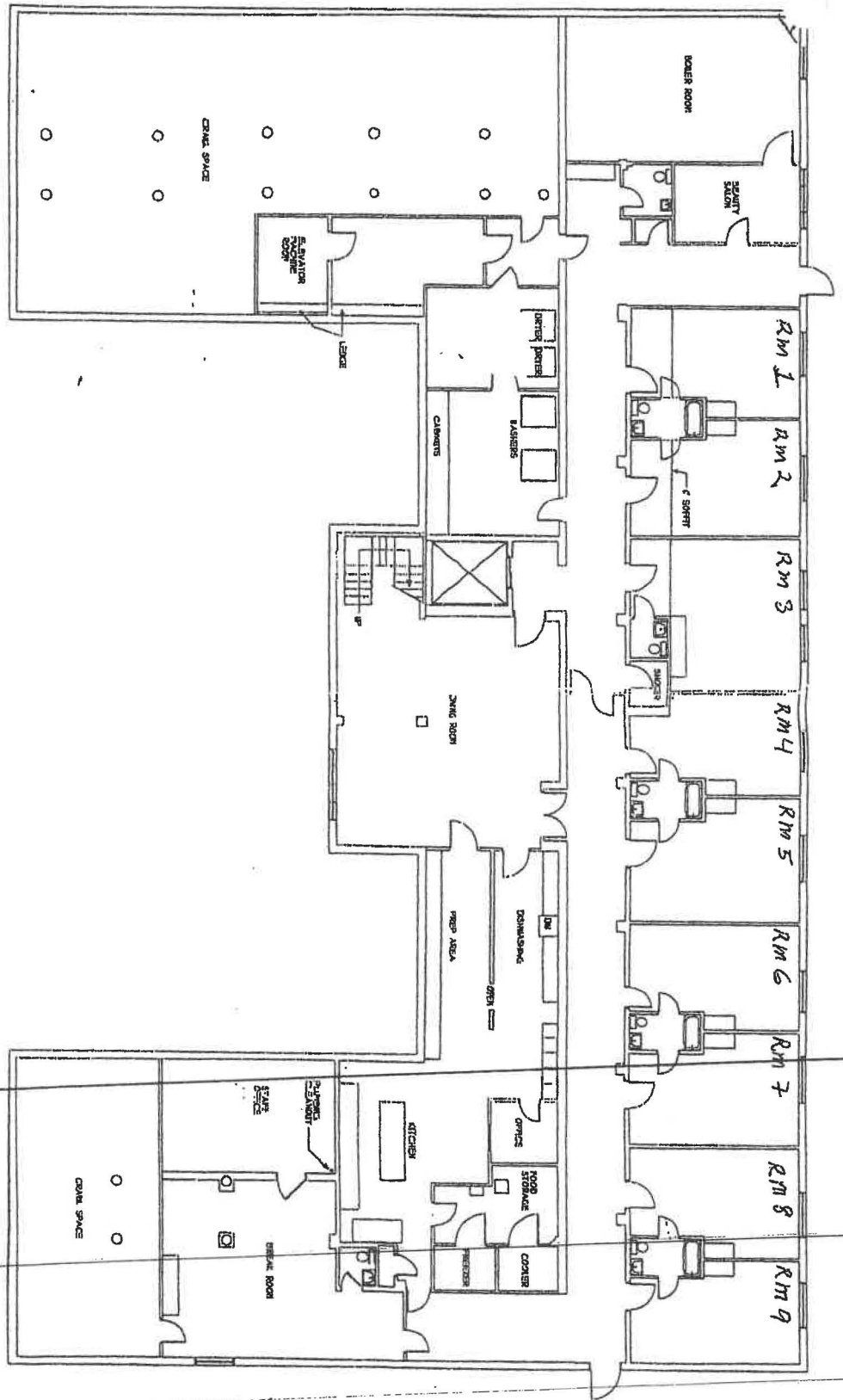
FIRST FLOOR PLAN
SCALE 1/8" = 1'-0"

CRAWL SPACE

BOILER ROOM

BEAUTY SALON

ELEVATOR MACHINE ROOM

LEDGE

Rm 1

Rm 2

DRYER WATER

CABINETS

WASHERS

C SOFFIT

Rm 3

SHOWER

DINING ROOM

Rm 4

Rm 5

PREP AREA

DISHWASHING

DW

OPEN

Rm 6

Rm 7

KITCHEN

OFFICE

STAIR SPACE

PLUMBING CLEANOUT

FOOD STORAGE

COOLER

FREEZER

CRAWL SPACE

BREAK ROOM

Rm 8

Rm 9

Emergency Preparedness Plan

Contents within Plan:

Security

Life Safety

Neighborhood relations

Emergency Response

Health and Safety

ALPINE

HEALTHCARE CENTER

Center Emergency Preparedness Plan (EPP) 2023

Center Name: Alpine Healthcare Center
Address: 298 Main Street Keene, NH 03431
Phone Number: 603-352-7311

This document outlines the center's integrated approach to emergency preparedness. When appropriate, the center team contacts local emergency response services officials and other healthcare providers, to participate in collaborative and cooperative planning efforts. This Emergency Preparedness Plan is reviewed and updated annually, and on an as-needed basis.

IMPORTANT NOTE: After this document has been reviewed completed by the center Emergency Preparedness Leadership Team, it must be saved electronically on Central and printed and stored in multiple, unlocked locations that may be accessed by center staff.

1

SAFETY PHILOSOPHY

This center is committed to operating in a manner
that promotes the safety, health, and well-being of our
staff while providing the quality care to all of our customers. We strive to
continually develop, promote, and enforce
safe work practices and provide a healthful working environment consistent
with established federal, state,
and accreditation requirements. This center encourages team cooperation
and collaboration with local, tribal, regional, state and/or federal
emergency preparedness officials to participate in an integrated response
during disaster and emergency situations.

Information contained in the Emergency Preparedness Plan (the "Plan") is based on available best practices. The Plan has been prepared as guidance for emergency response and crisis management. It cannot be assumed that the Plan takes into consideration all potential events, scenarios, and/or circumstances. As a result, the Plan is designed to be flexible based on the specific and unique circumstances, conditions, and/or events related to any emergency situation. Notably, while the Plan has been developed consistent with legal authority, the experiences and judgments of those responsible for local leadership and implementation of the Plan will determine how best to utilize it in an emergency situation. This center does not make any guarantees or representations related to the absolute sufficiency and comprehensiveness of the Plan, and notes that additional information/steps may be required in the event of an actual emergency.

Throughout this document, the terms "disaster" and "emergency" are used. Emergency is defined as a serious, unexpected, and often dangerous situation requiring immediate action; disaster is a sudden event, such as an accident or a natural catastrophe, that may cause great damage or loss of life. This Plan is written to address both types of events. The term "staff" is also used, to reference center employees, contract personnel, regularly scheduled volunteers and medical professionals that provide service to center residents and patients.

2

Table of Contents

Revised 4/1/23

I. EPP GENERAL STATEMENT/PURPOSE
THE PURPOSE OF THIS PLAN IS TO PROVIDE GUIDELINES FOR THE CENTER TO:
A. Respond effectively during disasters/emergencies;
B. Reduce human vulnerability to adverse effects of the disaster or emergency;
C. Reduce environmental and structural vulnerability to adverse effects of the disaster/emergency;
D. Provide care and services to the center's residents/patients during an emergency and/or an evacuation;
E. Identify staff responsibilities during an emergencies;
F. Provide timely and effective communication;
G. Provide for recovery after the emergency.
H. Comply with relevant legal authority and guidance including but not limited to: Life Safety Codes, OSHA's Employee Emergency Action Plans (29 CFR 1910.38), CMS guidelines, elements of the Nursing Home Incident Command System (NHICS), and any pertinent state/local requirements.

4

II. SCOPE OF PLAN

A. THIS CENTER HAS THE POTENTIAL OF BEING AFFECTED BY, BUT NOT LIMITED TO, THE FOLLOWING EMERGENCIES:

1. Threats to security;
2. Utility failures;
3. Weather conditions,
4. Structural damage from fires or explosions;
5. Chemical spills; and
6. Community disasters.

B. THESE SITUATIONS MAY REQUIRE:

1. Suspension of routine processes (further described below);
   i. Center employees performing non-routine tasks should understand the task completely. If a staff member does not know how to safely perform the task, the employee is guided to ask their department head for instructions on how to safely perform the task. If the department head is not aware of the task's safety considerations, the department head will contact the Director of Employee Safety for guidance.
2. Triage;
3. Decision-making regarding evacuations and sheltering-in-place;
4. Evacuation of residents/patients, visitors and personnel; and
5. Acceptance of unscheduled admissions.
   i. The Center only accepts admissions within its scope of care unless directed by a regulatory agency.
6. Searching for resident off premises during a community-wide emergency.

C. THIS PLAN IS DEVELOPED SPECIFICALLY FOR THIS CENTER BASED ON A SITE-SPECIFIC HAZARD VULNERABILITY ASSESSMENT, AND INCLUDES:

1. A developed and tested incident management process, including the center's communication plan;
2. A corresponding analysis of the resources of the center;
3. Center-specific planning and response tools for emergency management; and
4. Elements that promote collaboration and interoperability, and communication with state, local, tribal and community resources.

This center provides a copy of this completed plan to the local Emergency Management Services on an Annual Basis, and as necessary.

Refer to: <u>Appendix 1: Hazard Vulnerability Assessment (HVA)</u>

III. GENERAL GUIDELINES

A. WHEN POSSIBLE, THIS CENTER TAKES ADVANTAGE OF AVAILABLE LEAD-TIME BEFORE EMERGENCIES. STAFF SHOULD:

1. Immediately report all potential emergency and/or disaster situations to the Center Executive Director (CED) or designee and the Center Nurse Executive (CNE).
   i. Notify additional department heads or designees as instructed by the CED.
2. CED/designee: Notify the Regional Vice President of Operations (RVP) of any potential emergency situation. Provide a copy of this completed plan to the local EMS.
3. Keep a radio/television tuned to an emergency weather channel or other Emergency Alert System broadcaster on at all times.
4. Review the Emergency Preparedness Plan for evacuation routes, emergency specific guidelines, communication plan and contact information.
5. Locate the emergency and protective action supplies. Replenish if necessary.
6. Clear corridors of obstructions.
7. Reassure residents/patients, visitors, and team members.
8. Assist in the Incident Commander (see below) determinations regarding the number and mix of employees necessary if emergency is activated.
9. Notify the CED, CNE, or designee of the potential staffing and supply needs.
10. Conserve resources (e.g., water, linen, supplies, etc.)
11. Keep phone lines free of personal calls.
12. Ensure a supply of food and water is available for residents/patients and staff in collaboration with the Dining Services Director.
    i. The center acknowledges during a disaster, visitors may be present. The center's first priority for water and food distribution is to staff and residents.
    ii. Note: Water can be used indefinitely as long as container intact. Dates do not imply expiration.
13. Be sure resident census is updated and accurate.
14. Estimate the number of ambulatory and non-ambulatory residents, and identify residents on transmission based precautions that will need cohorting or segregation from other residents.
15. Identify residents with communication impairments and limited English proficiency, and plan for interventions to provide effective communication, such as interpreter services, large print or translated materials.
16. Centers with pets or resident service animals should consider the pets/animals in any emergency situation - i.e. food, water, care needs, and handling/controlling the animal.

B. NOTIFICATION and INCIDENT COMMANDER (f.k.a. Emergency Director)

1. During an emergency, the center's highest-ranking individual serves as the acting Incident Commander until the CED/Designee arrives. This person immediately contacts the CED/Designee.
2. When on-site, the CED/Designee is the Incident Commander and is updated on the situation by the acting Incident Commander. Refer to Appendix 22 for the center succession plan.
3. The Incident Commander is responsible for activation, implementation, and termination of the Emergency Preparedness Plan, staff assignments, patient oversight and associated documentation.
4. The Incident Commander is responsible for contact, and collaboration with, as appropriate:

6

i.   Department heads;
ii.   RVP;
iii.   Residents' and responsible parties;
iv.   State Licensing Board;
v.   Local, tribal, regional, state or federal emergency management officials; and
vi.   State Ombudsman Office.

C. LEVELS OF EMERGENCY

After determining that an emergency situation exists, the Incident Commander declares an emergency. The levels of emergency are:

1. *Alert.* Disaster possible; increased awareness. CED or designee notified;
2. *Stand By.* Disaster probable, ready for deployment. All department heads notified;
3. *Activate.* Disaster exists, deployment. Department heads or designees report to Center; and
4. *Stand Down.* Disaster contained, resumption of normal activities.

D. NOTIFICATION OF PLAN

Residents are notified of the EPP via a statement in the Admission Kit and a posting in the Center. The Center Executive Director requests time to review the EPP during Resident Council meetings.

Refer to Posting GHC 5408 in SmartWorks and the Emergency Preparedness Compliance Guide.

7

IV. COMMAND AND CONTROL

    A. The Incident Commander coordinates activities in the center.

    B. All staff are generally considered to be essential for the duration of a declared emergency.

    C. Emergencies are typically managed from a central location, identified as the Emergency Operations Center.

Refer to:

Appendix 2: Building Construction and Life Safety
Appendix 3: Center Administrative Staff Contact List
Appendix 4: Emergency Operation Center Designation

8

V. COMMUNICATION PLAN

Communication Procedures during COVID-19

The Center will inform residents, resident representatives, and families of those residing in facilities, by 5:00pm the next calendar day (or sooner if required by state law), following the occurrence of a single confirmed infection of COVID-19, or three or more residents or staff with a new onset of respiratory symptoms occurring within 72 hours of each other. The information will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered. The Center will include any cumulative updates for residents, resident representatives, and families, at least weekly or by 5:00pm the next calendar day (or sooner if required by state law), following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified or whenever three or more residents or staff experience a new onset of respiratory symptoms within 72 hours of each other.

Procedures for Non-COVID-19 Communications Plan

During emergencies, this center uses primary and alternate means of communication. Landline telephone and cell phones are primary means; email, and text messaging are alternate means for communication efforts. (Two-way radio communications are used where required to communicate with the local EMS during a regional emergency.)

A. **INTERNAL**
   1. The Incident Commander is responsible for communicating the initial and ongoing situation status with the center's department heads and Regional Vice-President (RVP) of Operations or designee.
   2. The RVP or designee is responsible for communicating the status of any emergency to area/division leadership and appropriate corporate staff.
   3. Center staff attempt to use simple, precise language when communicating during an emergency. Codes are not used.

Refer to:
Appendix 5: Area Administrative Contact List
Appendix 6: Company Contacts

B. **EXTERNAL**
   The Incident Commander is the key spokesperson for the center and:
   1. Notifies and communicates with regulatory and community agencies and resources regarding the center's occupancy, status, needs and ability to provide assistance;
   2. Notifies/self-reports incidents involving fire, death, and/or serious bodily injury in accordance with federal and state guidelines.
   3. Facilitates access to radio/TV or other media and issues news releases, statements and/or advisories in collaboration with Area/Division/Corporate leadership.
      a. Center employees do not communicate directly with the media; rather, all communication is provided via centralized communications. (Refer to Appendix 6.)

C. **CRISIS PUBLIC RELATIONS: STAFF MEMBERS, VOLUNTEERS, CONTRACTORS, PHYSICIANS, FAMILY OF RESIDENTS AND COMMUNITY (INCLUDING OTHER LONG TERM CARE FACILITIES, AS APPOPRIATE)**

9

1. In advance of a crisis or disaster situation, the center works to ensure that staff members, contractors, volunteers, physicians, residents, family members, and the community-at-large understand that the center has developed a relationship with local emergency responders as well as the local Emergency Management Services to plan for, prepare for, respond to, and recover from such situations.

D. COMMUNICATION WITH RESIDENTS, FAMILY MEMBERS AND OTHERS

1. This center uses the Genesis HealthCare CareLine as the emergency contact number (866-745-2273) as alternate communication in addition to primary telephone numbers for the residents' responsible parties and family members for contact during an emergency.

2. Based on direction from the CED/Incident Commander, residents, responsible parties and family members are notified as soon as possible when there is an emergency declaration at the center by center staff in person, via telephone, and through use of the Genesis CareLine. This communication includes patients who are included in census but outside of the center at the time of the emergency (i.e., at external physician appointments, dialysis, etc.). If the center determines that additional alternate communication methods are needed, the Incident Commander works with company resources to obtain support, equipment and services.

3. If the center determines that it has additional surge capacity (see below), local EMS and other long term care providers are notified of such capacity.

4. The HIPAA Privacy Rule allows patient information to be shared to assist in disaster relief efforts, and to assist patients in receiving the care they need. In addition, while the HIPAA Privacy Rule is not suspended during an emergency, the Secretary of the U.S. Department of Health and Human Services may waive certain provisions of the privacy rule.

   a. Without a waiver, patient information is permitted to be disclosed in accordance with the Privacy Rule and as noted in the center's Notice of Privacy Practices.

   b. During an emergency, the center implements reasonable safeguards to protect patient information against impermissible uses and disclosures, and apply administrative, physical and technical safeguards of the HIPAA Security Rule to electronic protected health information. Protected health information continues to be managed in a manner that is most likely to protect privacy if possible, and disclosures are limited to the minimum necessary to accomplish the purpose.

   c. During emergencies, the center monitors communications from U.S. Department of Health and Human Services and state and local regulatory agencies for additional guidance.

Refer to:
Appendix 7: Emergency Resources and Contacts
Appendix 8: Additional Resources

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VI. INTERNAL FUNCTIONS

A. THE CENTER TAKES ADVANTAGE OF LEAD-TIME BEFORE EMERGENCIES:

1. Staff should notify the CED or designee and CNE of all potential emergency situations.
2. Keep a radio/television on at all times (if possible) and tuned to an emergency weather channel or other Emergency Alert System broadcaster.
3. Review the Emergency Preparedness Plan for evacuation routes, emergency specific guidelines, emergency supplies, communication plans and appropriate contact information, with staff, visitors, volunteers and onsite contractors. Staff are monitored through use of the staffing schedules (updated as needed), and volunteers, visitors and others are monitored using the visitor log (typically kept in the reception area).
    i. Locate the emergency supplies; replenish if necessary. Refer to **Appendix 12: Emergency Supplies and Location of Critical Equipment**.
        a. The following equipment is available at this center: wheelchairs, walkers and canes, portable/folding chairs (for Staging Area), oxygen concentrators, IV poles, feeding pumps, suction machines, bedside commodes.
        b. The following medical supplies are available at this center; first aid supplies, gauze, bandages, alcohol, triple antibiotic ointment, disposable gloves, eye protection, disposable gowns, surgical masks, BioMasks, N95 respirators, saline eyewash solution, incontinence products, barrier cream, sanitizing wipes, hand sanitizer, medications, medication cups/straws, shelf-stable nutritional supplements, food thickener, bladder catheter supplies, sterile pads, first aid tape, syringes, stretch gauze, elastic bandages, glycerin swabs, normal saline, and insulin supplies.
4. Remind staff to remain calm and in control, for organized response and to reassure the residents.
5. Clear corridors of obstructions.

B. DEPARTMENT HEAD EMERGENCY RESPONSIBILITIES:

1. Train personnel on department responsibilities;
2. Assign on-call responsibility for emergency management;
3. Provide support as directed by the Incident Commander;
4. Assure emergency duties are assigned;
5. Assign duties to staff based on physical capabilities and competencies;
6. Maintain a current list of all employees and their phone numbers.
7. Identify staff interested in volunteering to work in receiving facilities if evacuation is initiated.
8. Determine the minimal number and mix of employees necessary if an emergency is activated.
9. Notify the CED, CNE, or designee of the potential staffing and supply needs.
10. Conserve resources (e.g., water, linen, and supplies).

C. EMERGENCY PROCEDURE: TAKE COVER

1. It is the Incident Commander's responsibility to monitor all threatening situations and determine when the **Take Cover Procedure** is initiated. Situations involving risk to residents, staff, and visitors due to events occurring inside and outside of the center are considered in the decision to **Take Cover**.
2. Upon making the decision to **Take Cover,** an announcement is broadcast over the center intercom system stating the following message:

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i. **"Attention all staff, there is an immediate situation requiring all occupants to Take Cover. Please initiate the Take Cover Procedure."**
   a. Staff, if it is safe to do so, assist residents to Areas of Refuge identified in Appendix 2 of this EPP. If unsafe, staff takes immediate cover.
   b. Residents who use wheelchairs and cannot get into the Take Cover position are positioned with wheelchairs facing a wall with wheels locked, and covered with linens to help protect from flying debris (time permitting).
   c. Staff, residents and visitors (as they are able to), get into the Take Cover position (see below).

3. Emergency Job Tasks – Take Cover
   i. CED/Incident Commander
      a. Direct all individuals to Take Cover.
      b. Be prepared to contact authorities if injuries and damages occur.
      c. Direct everyone to remain in the refuge area until the danger has passed.
         i. **An "All Clear, Take Cover is over" message is then paged to signal the Take Cover situation has ended.** Afterwards, the Incident Commander accounts for residents, staff, and visitors.
   ii. Nursing Staff
      a. Connect oxygen concentrators/tanks to residents requiring oxygen as needed.
      b. Take first aid supplies/medical supplies to designated Area of Refuge, time permitting.
      c. Relocate the residents to safe refuge and stay in close proximity of the residents while **taking cover**. Maintain transmission-based precautions as best as possible.
      d. Close drapes, blinds, doors, and windows (time permitting).
4. Upon broadcast of the Take Cover announcement, all staff immediately discontinues tasks they are working on and begin implementing their **Take Cover** responsibilities.
   i. Immediately relocate residents and visitors to bathrooms or interior hallways (refer to Areas of Refuge, Appendix 2) away from all windows and doors. Staff closes all drapes, blinds, and doors.
   IMPORTANT NOTE: If residents, visitors, and staff are directed to Take Cover in a hallway having a door or window at the end of the corridor, attempt to keep a distance of 30 feet (30') away from the door or window.

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ii. Staff avoid areas with large ceiling spans. Small rooms or interior hallways away from windows and doors are suitable for **taking cover**.

iii. Upon relocating all residents to a safe refuge, the staff stays in proximity of the residents while **taking cover** as well.

iv. **Maintenance staff and Managers on Duty** should be prepared to activate Utility Shut-Off Procedures.

v. All *other* staff members immediately secure records, close drawers and cabinets, shut down electronic appliances, and report to the nearest Area of Refuge (refer to Appendix 2).

vi. If a situation allows for advanced warning, residents, staff, and visitors will be re-located a designated area providing optimum refuge.

   a. Upper floor occupants are moved to the basement or lowest level within the center.

   b. Priority is given to evacuating the highest floor first.

   c. Census is taken to account for all residents, staff, and visitors.

vii. Upon issuance of the All Clear announcement, residents are taken back to their rooms.

D. CED (OR DESIGNEE) ALL EMERGENCIES:

1. CEDs are responsible for execution of Transfer Agreements and/or Memorandums of Understanding (MOU) for patient care and transportation.

   i. Where possible, centers attempt to transfer residents to Genesis-affiliated centers, as this allows for usage of existing databases and continuity of care.

   ii. CEDs use Transfer Agreements and/or MOUs with non-affiliated centers, which are often mutual agreements, to arrange for patient care and services and evacuation transportation. (These agreements are activated after a decision has been made to evacuate.)

2. CEDs activate this Emergency Preparedness Plan when necessary. If applicable, the *National Criteria for Evacuation Decision-Making in Nursing Homes* is reviewed with the management team to evaluate whether to evacuate or Shelter-in-Place. The availability and duration of emergency power is considered when making such determinations.

3. The CED/Designee is the Incident Commander and is responsible for activating and coordinating all activities related to the emergency.

   i. Only the Incident Commander, in collaboration with the RVP and/or an authority with jurisdiction, can declare an evacuation.

4. The CED/Designee contacts the RVP and directs internal and external communication as described above.

5. The CED/Designee contacts the local EMS and collaborates on integrated response, as appropriate.

6. The CED/Designee contacts the Ombudsman, and communicates:

   i. How the residents will be sheltered;

   ii. When/If the residents will be evacuated; and

   iii. Where the residents will be sheltered.

7. The CED/Designee contacts the state licensing board.

8. The CED/Designee notifies the Medical Director and department heads.

9. The CED/Designee instructs staff to keep all doors closed in resident rooms, stairwells and functional rooms (storage, pantry, linen, etc.).

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10. The CED/Designee instructs staff regarding suspension of non-essential services and procedures during emergencies.
11. The CED/Designee tracks the incident's progress and disseminates information to respective staff.
12. The CED/Designee determines involvement, appropriate tasks and roles of volunteers.
13. The CED/Designee establishes frequent communication with staff members, residents, and resident responsible parties.
14. The CED/Designee contacts vendors and others who may be needed for post-incident restoration and makes arrangements for services.
15. The CED/Designee completes NHICS Form 251, Center System Status Report to assess the center's damage.
16. The CED/Designee directs additional emergency documentation completion; refer to Appendices and Exhibits in this EPP.

Refer to Appendix 9: Transfer Agreements
**   Appendix 10: Short-term Evacuation Plan**

E. CED (OR DESIGNEE) SHELTER-IN-PLACE (SIP): During emergencies the CED/Designee:
1. Meets with management team to discuss preparations for SIP.
2. Activates the center's SIP Plan as directed by area/divisional, regional, or corporate Leadership; and local authorities.
3. Notifies staff members, residents, and resident responsible parties of the decision to SIP.
4. Instructs individuals in the center to remain until it is safe to leave.
5. When it is safe, allows staff, volunteers, visitors, and vendors to communicate with their family members.
6. Oversees moves of residents to Areas of Refuge as necessary.

F. CED (OR DESIGNEE) EVACUATION: During emergencies the CED/Designee:
1. Activates the center's Evacuation Plan as directed by area, divisional, regional, or corporate leadership; or by local authorities. (Management team then notifies supervisors and staff.)
2. Meets with management team to finalize instructions for evacuation.
3. Coordinates evacuation efforts with local Emergency Management Agencies.
4. Notifies the following of the evacuation decision:
   i.   the Genesis CareLine (866-745-2273) to determine bed availability;
   ii. residents and responsible parties of decision to evacuate. Communicates emergency phone numbers including alternate care center numbers;
   iii. the Medical Director; and
   iv. the receiving facility(ies) of the pending arrival.
5. Designates a staff member to monitor and complete the NHICS Master Resident Evacuation Tracking Log Form 255.
6. Notifies alternate care facilities of the pending arrival. Activates Transfer Agreements/MOU as necessary.
7. Secures the center and verifies that all electronics and computers have been turned off and unplugged.

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8. Approves shut-down procedures for non-essential utilities and designates appropriate personnel to implement shut-down.
9. Verifies emergency supplies for transport.
10. Initiates recovery and re-entry efforts when deemed safe.

G. SENDING CENTER: ADMINISTRATION TASK LIST
1. Schedule additional staff to coordinate transportation.
2. Work with RVP to schedule transportation.
3. Update original evacuation report to reflect any changes; i.e., residents in hospital.
4. Review return plan with staff and ensure plan is followed.
5. Schedule additional staff to coordinate transportation.
6. Send supplies to receiving center as needed. Consider need to provide beds, wheelchairs, over bed tables, Oxygen, food, water, bathing materials, linens, means for privacy, medical supplies and continence supplies.
7. Communicate daily with receiving center CED on return status.

H. RECEIVING CENTER: ADMINISTRATION TASK LIST
1. Verify all local emergency services are available prior to resident transport.
2. Contact center staff and ensure adequate staff is available to meet the needs of the residents.
3. Schedule staff to prepare the building for residents and ensure adequate supplies for each department are available.
4. Verify local vendors and contractors are available i.e. food and nutrition services, housekeeping/laundry, dialysis, physicians, pharmacy, oxygen, gas stations, x-ray and lab services.
5. Coordinate the return schedule with Senior Vice President of Operations and RVP.

I. CENTER NURSE EXECUTIVE OR DESIGNEE (NURSING): ALL EMERGENCIES
1. During all emergencies nursing is responsible for:
   i. Coordinating resident care;
   ii. Coordinating communication with medical providers;
   iii. Printing and securing the following resident-specific documents:
      a. Admission Record (face sheet).
      b. MARs;
      c. TARs;
      d. Most recent monthly order sheet;
      e. Care Plan;
      f. Weight and VS Summary;
      g. Most recent 7 days of nursing notes;
      h. Most recent physician progress notes;
      i. Behavior Monitoring Form;
      j. Skin integrity report; and
      k. Patient-specific medications, treatment and feeding supplies, including adaptive equipment, special needs items and preventive devices for falls and skin breakdown.
   iv. Obtaining additional clinical staff in collaboration with the CED and Human Resources;
   v. Coordinating resident needs with food and nutrition services and materials management;

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    vi.   Notifying pharmacy services of pending evacuation and alert for need to provide back-up medications;

    vii.   Communicating the status of care and resident conditions to the CED;

    viii. Accounting for and keep track of residents and staff;

    ix.   Maintaining effective lines of communication with nursing staff members;

    x.   Preparing medications (one week supply if possible) for those residents going to alternate facilities, hospitals, or home.

    xi.   Verifying that all physician orders are current and have been obtained for residents.

    xii.   Updating and printing resident/patient census reports.

    xiii. Estimating the number of ambulatory and non-ambulatory residents/patients for transportation and assistance purposes. Identify residents on transmission-based precautions that require cohorting or segregation from other residents.

    xiv. Identifying residents with communication impairments, and associated planned interventions and updating resident care plans as necessary.

J. CENTER NURSE EXECUTIVE OR DESIGNEE (NURSING): EVACUATION TASK LIST

1. Designates Phase I and Phase II Evacuation Nurse Coordinators.

    i.   Nurse Coordinator Phase I works to transfer the highest acuity residents, first, via ambulance if possible. Considers hospital transfers as appropriate.

    ii.   Nurse Coordinator Phase II works to transfer lower acuity residents via the most appropriate methods available. Phase II residents may be moved to a staging area prior to evacuation. Staff members are designated to each of the vehicles to assist and care for the residents during the transport. Identifies patients that may be cared for by family/friends and arranges discharge.

2. Groups the residents according to unit, acuity, and those on transmission-based precautions and assigns staff members accordingly.

3. Prepares the lists of residents and receiving location(s) so staff can prepare clothing, supplies, medications, and any other items.

4. Completes the *NHICS 260 Individual Resident Evacuation Tracking Form* for each patient. This tracking includes patients that are counted in the resident census, even if they are off-site at the time of the emergency.

5. Designates staff members to accompany each group.

6. Assists in coordinating transfer of all residents to alternate hospitals or other locations. Use *NHICS 255 Master Resident Evacuation Tracking Form*.

7. The Evacuation Nurse Coordinators or designees:

    i.   Complete *NHICS 260 Individual Resident Evacuation Tracking Form* for each patient, noting patient-specific supplies and equipment.

    ii.   Collect patient-specific information (see above).

    iii. Collect the supplies as noted on NHICS 260 and supervise load of medications, supplies and administration records, as necessary, to accompany transport vehicle:

        a.   A licensed nurse is assigned to safeguard controlled substances.

        b.   If residents needing critical medications are deemed unsafe to carry their own medications, then a licensed nurse carries the medications.

        c.   When necessary and appropriate, a separate cooler is provided for temperature-controlled medications.

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    iv.   Contact the CNE of receiving center to inform him/her of the status of the evacuation.

    v.   Transfer residents from bed and transport in accordance with care plans.

    vi.   If possible and time-permitting, inspect the residents for:
        a.   Proper attire for the weather.
        b.   Identification (ID) wristbands (if applicable).
        c.   Assistive devices including hearing aids, dentures, glasses, and prosthesis.

    vii.   Provide a change-of-shift (hand off) report, and include information regarding patients at risk for falls and elopement.

    viii.   Supervise resident evacuation from the building and the resident flow to transportation.

K. SENDING CENTER: NURSING TASK LIST

1. Provide the *NHICS 260 Individual Resident Evacuation Tracking Form* and *NHICS 255 Master Resident Evacuation Tracking Form* for transport.

2. Pack resident medical record, supplies, clothing, necessary personal items and medications. Inventory sheets are completed if there is ample lead-time.

3. Prepare/pack any special needs equipment or supplies as necessary. (For example: special size Foley/ostomy supplies, enteral feed formula, oxygen).

4. Load residents with assistance from transport crew.

5. Give report and narcotics/controlled medications to transport nurse/crew.

6. Provide the resident records to transport crew.

7. Provide a method for resident identification either via use of wristbands or use of photo identification.

8. **RESIDENT NEEDS IDENTIFICATION**
    i.   The sending center nursing team reports significant resident information to receiving center in a verbal or written hand-off report, including (as applicable to each patient). Wristbands may be used for this purpose: `
        a.   Code status/Advanced Directives
        b.   Potential for Fall Risk
        c.   Potential for Elopement Risk
        d.   Diagnoses
        e.   Food, Medication and Other Allergies
        f.   Thickened liquid consistency
        g.   Diet consistency
        h.   NPO Status
        i.   Seizures

9. **MEDICATION MANAGEMENT**
    i.   Medications are checked against the MARs to ensure all meds are accounted for per physician order before the residents are transported to the receiving center.
    ii.   Narcotics/controlled medications are separated and provided to the transport nurse, who keeps control of the medications until arrival at the receiving center.
        a.   The transport nurse and CNE or designee include the narcotic count sheet/MAR with each medication.

10. **SPECIAL NEEDS EQUIPMENT**
    i.   The CNE/Designee uses the *NHICS 260 Individual Resident Evacuation Tracking Form* to identify special equipment or supplies needed during transport.
    ii.   Pressure relief devices for residents identified with specific wound needs.

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iii. When possible, special equipment or supply needs (i.e., positioning devices, oxygen (see below) and means of securing oxygen, nebulizers, gel pads, special size colostomy bags) are loaded on the transport vehicle prior to the residents.

11. **OXYGEN**
   i. Oxygen use is documented on the *NHICS 260 Individual Resident Evacuation Tracking Form*.
   ii. Residents requiring oxygen are transported by wheelchair with the oxygen tank secured to the chair. Chair wheels are locked to prevent rolling.
   iii. Extra oxygen tanks are secured to prevent movement.
   iv. Residents requiring oxygen may be transported separately due to limited number of wheelchair spaces on transporting vehicles.

12. **ENTERAL FEEDING**
   i. The CNE/Designee is responsible for ensuring that enteral feeding formula and supplies are packed.
      a. Formula, tubing and syringes are collected and packed for transport, and labeled with the resident name(s).
      b. If support is necessary (i.e. inadequate formula on hand), the CNE/Designee contacts the Regional Manager of Food and Nutrition Services for assistance.

L. TRANSPORTING CREW: NURSING TASK LIST
1. Find/Load first aid kit.
2. Ensure all transported supplies are labeled.
3. Inspect oxygen to ensure that it is secured for transport.
4. Upon arrival at the sending center, notify CED and CNE and obtain a copy of *NHICS 260 Individual Resident Evacuation Tracking Form* and *NHICS 255 Master Resident Evacuation Tracking Form* for transport.
5. Assist with loading assigned residents.
6. Check actual residents loaded against *NHICS 255 Master Resident Evacuation Tracking Form* to ensure accuracy.
7. Check for critical medications and equipment, snacks/drinks, clothing and belongings, and associated administration records (MARs and TARs).
8. Take report from evacuating center nurse and take possession of narcotics.
9. As time allows, document resident condition on departure.
10. Provide care/services as necessary during transport and document such services.
11. Contact the receiving center periodically to coordinate arrival time.
12. Report to the nursing team at the receiving center upon arrival and transfer resident medications, belongings, documentation, and supplies.

M. TRANSPORTING CREW NURSING POLICY AND PROCEDURE
1. OXYGEN
   i. The center uses *NHICS 260 Individual Resident Evacuation Tracking Form* to identify residents that require continuous or PRN oxygen. Residents with continuous or PRN oxygen needs are transported via wheelchair so the oxygen tank can be secured to the chair. During transport, the chair wheels are locked to prevent rolling. Residents using oxygen may be transported separately due to the limited number of wheelchairs spaces on transport vehicles.
   ii. Extra oxygen tanks are secured to prevent movement.

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a. **Guidance for the Safe Transportation of Medical Oxygen for Personal Use**
   i. Vehicle operators take precautions to ensure that medical oxygen for passengers' personal use is handled and transported safely.
   ii. **For Transportation in the Passenger Area Task List/Instructions:**
      1. Only transport oxygen in a cylinder maintained in accordance with the manufacturer's instructions. The manufacturer's instructions and precautions are usually printed on a label attached to the cylinder.
      2. Before boarding, inspect each cylinder to assure that it is free of cracks or leaks, including the area around valve and pressure relief device. Listen for leaks; do not load leaking cylinders. Visually inspect the cylinders for dents, gouges or pits. A cylinder that is dented, gouged, or pitted should not be transported.
      3. Limit the number of cylinders to be transported on board the vehicle to the extent practicable.
      4. If transportation arrangements allow, the vehicle operator considers limiting the number of passengers requiring medical oxygen.
      5. Cylinders used for medical oxygen are susceptible to valve damage if dropped. Handle these cylinders with care during loading and unloading operations. Never drag or roll a cylinder. Never carry a cylinder by the valve or regulator.
      6. Do not handle oxygen cylinders or apparatus with hands or gloves contaminated with oil or grease.
      7. Secure each cylinder to prevent movement and leakage. "Secured" means the cylinder is not free to move when the vehicle is in motion. Each extra cylinder should be equipped with a valve protection cap.
      8. Oxygen cylinders or other medical support equipment are not stored or secured in the aisle. Make sure the seating of the passenger requiring oxygen does not restrict access to exits or use of the aisle.
      9. Since the release of oxygen from a cylinder could accelerate a fire, secure each cylinder away from sources of heat or potential sparks.
      10. Smoking or open flames (cigarette lighter or matches) are not permitted in the vehicle when medical oxygen is present.
      11. When the destination is reached, remove all cylinders from the vehicle as soon as possible.
   iii. **For Transportation in the a Cargo Compartment Task List:**
      1. Place each cylinder in a box or crate or load and transport in an upright or horizontal position.
      2. Protect valves from damage, except when in use.
      3. Secure each cylinder against movement.

2. NARCOTICS/CONTROLLED MEDICATIONS
   i. When necessary, narcotics/controlled medications are transported from the sending center to the evacuation center.
   ii. All narcotics/controlled medications should have the count sheet/MAR attached to the medication.

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   iii. A log listing the narcotics/controlled medications/MAR for each resident is sent to the receiving center. A copy is provided to the transporting nurse.

   iv. A nurse completes a narcotic count with the receiving center nurse upon arrival.

   v. All narcotics/controlled medications should remain in the possession of a nurse during transport.

  3. ILLNESS OR DEATH ENROUTE

   i. If a resident/patient has a significant change in condition or expires during transport, the transporting vehicle diverts to the closest acute care center, if possible.

    a. If this is not possible, the transport crew alerts the receiving center and manages the patient situation until arrival.

  4. DOCUMENTATION

   i. During transport, the transportation nurse/crew document resident conditions and status at the time of transfer and also documents medications administered, treatments given and any other information that is deemed pertinent.

N. NURSING: RECEIVING CENTER TASK LIST

1. On arrival take report from the transport nurse/crew and count narcotics/controlled medications.

2. Complete triage.

3. Pull original documents from the transport nursing documentation, make copies, and return original documentation to the sending center as soon as possible, and as appropriate.

  i. Give copies of the documentation from the sending center to medical records for retention to support continuity of care during the evacuation process.

4. Review MARs and TARs against documentation received from sending center to ensure all physician order changes were posted to these documents. Review other changes to identify orders for continuation.

5. Depending on appropriateness and availability, arrange for grief counselors to counsel evacuees.

O. NURSING: TRIAGE EVACUATION RECEIVING CENTER TASK LIST

If possible, set up stations for providing care as follows:

1. Station I: Complete the resident admission assessment including:

  i. Vital signs with pain assessment

  ii. Evaluate presence of infections

  iii. Weight

  iv. Height

Provide resident belongings to receiving nurse along with resident assessment information.

2. Station II: Provide

  i. Hydration

  ii. Snacks

3. Station III:

  i. Transport resident and belongings to assigned room

  ii. Provide as-needed personal care

P. NURSING: SHELTER-IN-PLACE TASK LIST

1. Assist in moving residents to Area of Refuge (if indicated) and frequently monitor their conditions.

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2. Connect oxygen concentrators/tanks to residents requiring oxygen.
3. Take first aid supplies/medical supplies to designated safe areas and initiate treatment.
4. Be prepared to assist as needed at the direction of the Incident Commander.

Q. NURSING: EXPANSION/SURGE OF RESIDENTS
1. Coordinate triage of casualties, if necessary.

Refer to Appendix 11: Triage of Casualties

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R. MEDICAL DIRECTOR: ALL EMERGENCIES TASK LIST
1. If possible and appropriate, report to the center;
2. Provide assistance as appropriate, via telephone, electronically or in-person, during an external or internal emergency requiring medical evaluation and /or intervention and coordinate the activities of physicians as necessary;
3. Coordinate unplanned admissions resulting from external emergencies with the Center Nurse Executive;
    i. The center only accepts admissions within its scope of care unless directed by a regulatory agency.
5. Triage casualties;
6. Obtain additional medical resources in collaboration with the SVP/VP of Medical Affairs or Regional Medical Director; and
7. Assist center with transfer decisions and emergency orders if attending physician cannot be reached.

S. HUMAN RESOURCES AND SCHEDULING: ALL EMERGENCIES TASK LIST
Human Resources /Benefits Designee and Scheduler are responsible for scheduling and assembling adequate staff, in consultation with the CED/Designee:
1. Maintain current information all center personnel and volunteers with addresses and phone numbers for contact purposes;
2. Coordinate with center department heads to determine staff/volunteer resources needed both for onsite needs and in the event that staff is needed in alternate locations;
3. Update the department heads with results of attempts to obtain staff. Confirm expected availability as well as the number of family members joining the staff members;
4. Coordinate, if necessary, transportation of the center staff to work;
5. Monitor the length of time each employee works during the declared emergency and provide adequate time off to rest and recover. Time worked should not exceed sixteen (16) hours over a 24 hour period if possible;
6. Identify areas where employees can rest and recover;
7. If necessary, work with regional Human Resources staff to contact other Genesis centers to obtain additional staff.

T. FOOD AND NUTRITION SERVICES: ALL EMERGENCIES TASK LIST
The Dining Services Director or designee:
1. Follows the Food and Nutrition Services Policies and Procedures, Food Service Emergency Plan and associated guidelines including a plan to obtain food and water in the event of an emergency;
2. Obtains additional staff in collaboration with Human Resources;
3. If power outage is likely, may set refrigerators and freezers to the lowest setting to preserve items for the longest possible time period.
4. Unplugs non-essential equipment.
5. Obtains supplies of food and water for residents/patients and staff;
6. Creates water supply:
    i. Fill tubs, pitchers, and as many containers as possible with water;
    ii. Bags as much ice as possible and stores bags in the freezers; and
    iii. If advanced warning is provided, purchases ice and stores in freezers;
7. Determines the numbers of residents, visitors, volunteers, and employees for whom food service may need to be provided.

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8.   Provides food service as appropriate and able. Refer to Exhibit 1 for Sample Emergency Menus.

U. FOOD AND NUTRITION SERVICES EMERGENCY EVACUATION GUIDELINES
The Dining Services Director/Designee:
1.   Coordinates food service with the center Incident Commander, following the EPP.
2.   Provides adequate snacks and fluids for each vehicle transporting residents.
       i.   A sample snack menu, extended for consistency modified and Gluten-Free diets, has been developed for these purposes and may be customized as needed.
       ii.   All therapeutic diets are waived during an emergency, with the exception of consistency-modified and Gluten-Free diets, as allowed by state regulations.
       iii. Packaged snacks and fluids (including thickened water) are provided in disposable containers or bags if possible, with labeling for consistency-modified and Gluten-free (when appropriate).
3.   Gathers relevant vital resident and department records.
       i.   Enteral feedings for residents are managed by nursing staff with support from the Dining Services Director/Designee.

V. SENDING CENTER: FOOD AND NUTRITION SERVICES TASK LIST
If possible, the Dining Services Director or designee sends Food and Nutrition Services staff ahead to the receiving center(s) to prepare snacks and fluids for residents **on their arrival.**
1.   Consult with the Regional Manager of Food and Nutrition directly to review plans for evacuation.
2.   Dining Services Director makes plans for meals to be served prior to transport. (Note: Meals may be served inconsistently with the normal center schedule to ensure that residents are prepared and fed at designated departure times.)
3.   Create/Print diet roster for distribution to receiving facilities.
4.   Create/Print 2 tray card copies for each resident.
5.   Prepare a simplified master list of shelf-stable snacks and liquids, including those for specific-consistency diets and thickened liquids; include disposable supplies (napkins, plastic cutlery).
6.   Prepare and label snacks for consistency-altered diets (Dysphagia Advanced and Puree). A snack list identifying snacks for consistency-altered diets is included for transport.

W. RECEIVING CENTER: FOOD AND NUTRITION SERVICES TASK LIST
1.   If possible, the Dining Services Director and assigned staff arrive at the center in sufficient time to allow for inventory of food items to ensure nutrition needs of the residents.
2.   The Dining Services Director/Designee prepares beverages and light snacks, including those appropriate for consistency-altered diets and thickened liquids to be provided upon evacuated residents' arrival to the center.

X. REHABILITATION SERVICES: ALL EMERGENCIES TASK LIST
1.   The Director of Rehab or designee:
       i.   Assists with triage, transfer, or evacuation of residents;
       ii.   Obtains additional staff in collaboration with Human Resources; and
       iii. Directs rehab staff to assist on the units as required.

Y. MAINTENANCE SUPERVISOR: ALL EMERGENCIES TASK LIST
1.   Gather emergency supplies. See *Appendix 12: Emergency Supplies Checklist*;

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2. Evaluate the safety of the physical plant;
3. Coordinate emergency repairs;
4. Communicate the status of the center environment to the CED.
5. Make rounds of the center and grounds.
6. Secure potential flying debris (above, below, around, and in the center).
7. Check equipment for functionality.
    i. Monitor fuel supply for generator; and
    ii. Check that equipment and utilities are functioning properly.
8. Prepare all vehicles for evacuation if needed.
    i. Check fuel, oil, and water levels for each vehicle.
    ii. Move vehicles away from trees.
    iii. Prepare maps/obtain directions with evacuation routes and alternate routes for each vehicle. (Note: A paper map with all routes should accompany each vehicle.)
    iv. Load phone or other communication devices in each vehicle.
    v. Load first aid kit in each vehicle.
    vi. Identify storage space for medical and business records, medications, and equipment in each vehicle.
        a. Identify oxygen storage area, as needed, in each vehicle. Follow the guidelines above for oxygen transport in vehicles.
9. Transporting Crew/Maintenance: Administration TASK LIST
    i. Service van as necessary to include air conditioning, oil, gas, tires, fire extinguisher, safety belts, etc. are all in good condition by completing the Pre-trip Vehicle Safety Inspection Checklist. Check transport supplies and load them into the vehicle.
    ii. Identify route with maps for travel from evacuating center, to receiving center and back to original center as appropriate.
    iii. Identify van driver, licensed staff transporting evacuees, and schedule departure. Staff are made familiar with the use of safety devices in the vehicle.
    iv. Bring money or purchase cards in the event supplies are needed during for the trip.
    v. Load communication devices.

Refer to Appendix 12: Emergency Supplies and Location of Critical Equipment

Z. MAINTENANCE SUPERVISOR: EVACUATION TASK LIST
1. Secure the center and verify all electronics and computers have been turned off and unplugged.
2. Designate someone to stay behind, if deemed safe, to safeguard the center.
3. Activate shut-down procedures for non-essential utilities.
4. Work with responding emergency agencies on building security, traffic control, utility control, and elevator operations.
5. Make final rounds of the center and grounds.
6. Secure windows and other building openings.
7. Pull shades and close all drapes.

AA. MATERIALS MANAGEMENT (CENTRAL SUPPLY): ALL EMERGENCIES TASK LIST

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1. Develop a plan to obtain medical supplies;
2. Provide supplies and linens to the nursing units; and
3. Notify medical and medication suppliers of additional needs.

BB. SOCIAL WORK: ALL EMERGENCIES TASK LIST
1. Provide support and crisis intervention services for residents, residents' families, and staff;
2. Notify responsible parties and residents, as directed by the CED/Incident Commander of decisions to Shelter-in-Place or Evacuate, and resident status.
3. Review and update Advanced Directives.
4. Manage resident discharges and placement, if possible based on resident/responsible parties' requests, as necessary and appropriate.
5. Follow-up within 24 hours, if possible, to confirm care and services for discharged residents.

CC. SENDING CENTER: SOCIAL SERVICES TASK LIST
1. Contact families of evacuated residents to let them know the residents' location.
2. Assist CNE in supervising certified nursing assistants as they pack and inventory residents' belongings.
3. Provide receiving center with a social services report on each resident in an effort to ease transition, promote adjustment to new environment and care plan accordingly.
   a. For residents experiencing adjustment difficulty, follow up as indicated.

DD. RECEIVING CENTER: SOCIAL SERVICES TASK LIST
1. Provide receiving center with a social services report on each resident in an effort to ease transition, promote adjustment to new environment and care plan accordingly.
2. Assist CNE in supervising certified nursing assistants to ensure that resident's personal belongings are made available to each resident and inventoried in accordance with established procedures.
3. Notify Responsible Parties of resident arrival/admission.
4. Assess psychological/social needs to ensure needs and preferences are communicated to the interdisciplinary team.
   a. Follow up with status call to Responsible Party as soon as possible following admission.

EE. ADMISSIONS DEPARTMENT: ALL EMERGENCIES TASK LIST
1. Maintain a current list of residents;
2. Print face sheets if evacuation is possible;
3. Coordinate admissions with the CNE/CED;
4. Assist social services with contacting responsible parties; and
5. Report available transportation and receiving center capacities to the Incident Commander.

FF. ADMISSIONS DEPARTMENT: EVACUATION TASK LIST
1. Notify agencies with Center Transfer Agreements of the emergency situation and potential to evacuate;
2. Communicate resident information and status to the receiving center; and
3. Maintain a list that includes each resident name, and the time and place of each resident's transfer.

GG. BUSINESS OFFICE/PAYROLL: ALL EMERGENCIES TASK LIST
1. Manage payroll.

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2. Provide the means to pay for food, supplies, and/or transportation.

HH. BUSINESS OFFICE/PAYROLL: EVACUATION TASK LIST
1. The Cash Handler secures the following items for evacuation: center petty cash, resident trust fund (RTF) petty cash, resident trust check stock, printed copy of most recent RTF Trial balances, imprest checkbook, payments to be deposited and, if applicable, purchase cards.
2. Turn off and unplug all computers.
3. Take laptop(s), if applicable.

II. ENVIRONMENTAL SERVICES: ALL EMERGENCIES TASK LIST
1. Develop a plan to obtain linen in the event of an emergency.
2. Secure linens, blankets, trash can liners, mops, rags, buckets, trash cans, cleaning and disinfecting supplies, and toilet paper.
3. Place emergency orders for supplies.
4. Clear corridors of any obstructions such as carts, wheelchairs, etc.
5. Check equipment (wet/dry vacuums, etc.).
6. Unplug non-essential equipment.
7. Maintain sanitation considering best practices for infection control.

JJ. LAUNDRY: ALL EMERGENCIES TASK LIST
1. Close all laundry chutes.
2. Unplug non-essential equipment.

KK. MEDICAL RECORDS: EVACUATION TASK LIST
1. Prepare resident medical records transport to the appropriate receiving facilities.
2. Assist nursing to obtain charting from each nursing station and provide them to the transporting nurse.
3. In situations of planned evacuation to affiliated centers, centers follow a process to obtain/grant access to electronic medical records. Refer to the Planned Evacuation process on Central for details.

LL. RECEIVING CENTER: MEDICAL RECORDS
1. Place the Clinical Record at the appropriate nurse's station.
2. Make copies made of documentation from sending facilities, place the copies in a manila envelope marked "CONFIDENTIAL: Do Not Destroy". Place with the clinical record in the event of discharge of the resident. Send originals back to the sending center as soon as possible, and appropriate.
3. Without a waiver, patient information is permitted to be disclosed in accordance with the Privacy Rule and as noted in the center's Notice of Privacy Practices.
4. During an emergency, the center implements reasonable safeguards to protect patient information against impermissible uses and disclosures, and apply administrative, physical and technical safeguards of the HIPAA Security Rule to electronic protected health information. Protected health information continues to be managed in a manner that is most likely to protect privacy if possible, and disclosures are limited to the minimum necessary to accomplish the purpose.
5. During emergencies, the center monitors communications from U.S. Department of Health and Human Services and state and local regulatory agencies for additional guidance.

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VII. SURGE CAPACITY

A. EXTERNAL DISASTER EXPANSION GUIDELINES

1. In the event of an external disaster, this center may be used by local hospitals and other health care facilities to care for additional patients as space/staff permit. Unplanned admissions from an external disaster are completed in collaboration with external agencies and healthcare providers and the CED, CNE, Medical Director, Admissions Coordinator, Human Resources or Staffing Coordinator, and the CareLine.

    i. The center only accepts admissions within its scope of care unless directed by the local health authorities or a regulatory agency.

2. If the center team determines that it is experiencing a healthcare surge, the following guidelines are used to assess, prepare, and mobilize to meet the need for increased patient care capacity:

    i. Transfer patients to other institutions in the region, state, or other states.

    ii. Group like-patient types together to maximize efficient delivery of patient care.

    iii. Convert single rooms to double rooms or double rooms to triple rooms, if possible.

    iv. Designate units or areas of the facility for cohorting contagious patients or use these areas for healthcare providers caring for contagious patients to minimize disease transmission to uninfected patients.

    v. Use cots, beds, or other sleeping surfaces in flat space areas (e.g., cafeterias, recreation areas, lounges, lobbies) for noncritical patient care.

        a. Beds should not be placed near windows, if possible and appropriate to the emergency, so as to avoid broken glass and protect patient privacy and security.

    vi. Determine whether additional staff, including State or Federally designated health care professionals and volunteers may be used to address surge needs.

3. The center identifies areas and spaces that could be opened and/or converted for use as patient treatment areas, such as activity rooms, dining rooms, rooms with unlicensed beds, or other unused center space. Areas are selected based on the intensity of the incident and the anticipated number of healthcare surge patients that the center may receive. The identified areas are cleared of excess furniture and equipment as needed.

Refer to Appendix 13: Surge Capacity

B. ROLES AND RESPONSIBILITIES

1. The Center Nurse Executive/Resident Care Director and Admissions Director determine bed availability and admission placement in collaboration with CareLine.

2. The Medical Director is notified and is responsible for emergency physician coverage, if necessary.

3. The CNE/Resident Care Director evaluates nurse staffing needs.

4. The CED/Designee and department heads are responsible for assuring adequate supplies and staff.

5. The CED/Designee contacts area leadership, the law department and regulatory agencies, as necessary, to obtain waivers for additional capacity.

6. The Social Worker is responsible for notifying the residents' responsible parties of admission.

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7. Center staff coordinates admission, identification, assessment and care planning for new residents, following established operational, clinical and admissions policies and procedures, except when suspended or waived by management and/or in consideration of CMS, state agency and other regulatory guidance.
8. The center assumes responsibility for the care and services of residents admitted as the result of an emergency.

VIII. EMERGENCY PHYSICIAN COVERAGE

The Medical Director is notified of all center-related emergencies having the potential for or currently requiring medical intervention.

A. DEPENDING ON THE CIRMCUMSTANCES AND TYPE OF EMERGENCY, IT IS THE MEDICAL DIRECTOR'S RESPONSIBILITY TO:

1. Provide on-site and/or offsite assistance during an external or internal emergency;
2. Coordinate unplanned admissions resulting from external emergencies with the Center Nurse Executive;
3. Triage casualties; and
4. Obtain additional medical resources in collaboration with the Vice President/Senior Vice President of Medical Affairs.

IX. INTERRUPTION OF NORMAL OPERATIONS

A. The Incident Commander may suspend or relax policies and procedures during an emergency. These decisions and the associated potential consequences are considered carefully. In making these decisions, the Incident Commander prioritizes essential operations that must continue to prevent compromise of resident care. All significant departures from established policy and procedures and this EPP must be approved by the Incident Commander.

General Emergency Management Procedures during COVID-19

The center has identified separate areas of refuge locations for positive, negative, and Admission Quarantine Unit (AQU) residents. When the "All Clear" announcement is given, the areas of refuge will be immediately cleaned and disinfected following the infection control and HCSG COVID-19 policies.

The following guidance is followed where possible:

• Staff will attempt to remain within assigned units. Staff that work in both positive and negative refuge areas will start in the negative areas first.
• Staff move residents without crossing through any units of a different COVID status.
• During emergencies, residents should wear a standard face mask, when possible, when leaving rooms and social distance.
• Trash and laundry bins are made available for used PPE.
• EPA-approved, List N disinfectants are dedicated to the area, not accessible by residents.

COVID-19 Positive Residents

• Residents go directly to the refuge area and avoid touching surfaces or other individuals.
• Staff wear appropriate PPE including N95/approved KN95 respirator and face shield during transport and in refuge areas.
• Fans are not used unless absolutely necessary, based on temperatures in Center/refuge areas.
• Windows and doors to other areas of the Center are closed to prevent spread of virus throughout the Center.
• Staff use a dedicated medication cart, supplies, and equipment.
• Center identifies a dedicated bathroom for staff.

Admission Quarantine Unit Residents

• With the assistance of staff, residents go directly to the refuge area without touching surfaces or other individuals.
• Staff wear appropriate PPE including N95/approved KN95 respirator and face shield during transport and in refuge areas.
• Fans are not used unless absolutely necessary, based on temperatures in Center/refuge areas.
• Windows and doors to other areas of the Center are closed to prevent spread of virus throughout the Center.
• Staff use a dedicated medication cart, supplies, and equipment
• Center identifies a dedicated bathroom for staff.

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Asymptomatic Residents on COVID-Naive Units

• Staff wear at a minimum face masks and eye protection; and wear appropriate PPE based on resident diagnosis and applicable transmission-based precautions.

Evacuation Procedures During COVID-19

• When possible, transport residents separately by COVID-19 status. Asymptomatic COVID-naive residents are transported first, followed by those on the AQU, and lastly COVID-19 positive residents.

• The Center will communicate COVID-status to receiving Centers.

• Van drivers will follow the CDC COVID-19 Cleaning and Disinfecting of non-Emergency Transport Vehicles policy regarding PPE usage and disinfecting.

• Receiving Centers:

    Residents will be cohorted according to COVID status, where possible.

NHICS FORM 260 Resident Evacuation Tracking Form

• Resident COVID-19 status will be identified.

X. **CAPACITY FOR DECEASED RESIDENTS**
This center plans for the potential handling and holding of deceased individuals if support from local emergency responders or other community resources is not immediately available.

A. **HUMAN REMAINS**
This center considers the following information in handling, processing, and storing human remains onsite on a temporary basis:

1. The center's normal capacity, if any, to store deceased individuals; including refrigeration capacity available to store human remains safely and separated from emergency food supply;

2. Suitable areas on the center's periphery to store human remains without refrigeration;

3. Equipment (ice-making, etc.) or materials/supplies needed (storage bags for ice, deodorizers, body bags, heavy duty plastic wrap, personal protective equipment (PPE), tarps, pallets, etc.) to provide temporary storage of human remains; and

4. Ways to control and isolate temporary morgue provisions away from healthy center occupants (residents, staff, and visitors).

The Incident Commander makes decisions and provides direction regarding temporary storage of human remains, and contacts support services and the local EMS for assistance.

B. **DOCUMENTATION**
The center documents information about deceased individuals on **NHICS Form 259: Master Center Casualty Report.**

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XI. RECOVERY AND RESTORATION
A. POST-EMERGENCY PROCEDURE
Immediately following the emergency, when it is safe to do so, the Incident Commander undertakes the following actions:

1. Coordinate recovery and restoration operations with area, division, region and corporate representatives, the Emergency Management Services (EMS), and other agencies with jurisdiction to restore normal operations.
2. Provide local authorities with a master list of displaced, injured, or dead and notify next of kin/responsible party. ***Refer to NHICS Form 259 Master Facility Casualty Fatality Report.***
3. Advise personnel to dispose of any food/supplies that are suspected to be or actually contaminated or spoiled.
4. INSPECTION TASK LIST
   When it is safe to do so, the Incident Commander and the Maintenance Director, with support services as necessary, perform an initial damage inspection. **NOTE: If there is concern of structural damage, center staff do not enter the building. The following precautions are taken to avoid injury and damage:**
   i. Open doors carefully.
   ii. Avoid the use of open flame in the event of fuel leakage, dampened electrical equipment, or flammable materials.
   iii. Watch for falling objects or downed electrical wires. Do not touch downed electrical wires or objects touched by downed wires.
   iv. Stay away from windows and/or glassed areas.
   v. Take pictures and document damage.
   vi. Arrange for cleaning services, including removal/clean up of spilled medications, drugs, and other potentially harmful materials following center policies and procedures. (Refer to: Safety and Health P&P SH800.)
5. When it is safe to do so, the Incident Commander and the Maintenance Director perform a utilities inspection. **The following precautions are taken to avoid injury and damage:**
   i. If a natural gas smell is noticed, open windows and doors, shut off main gas valve, and contact the Utility Provider **IMMEDIATELY.**
   ii. If damage to wiring is suspected, do not use any appliances and shut off electrical power. Contact the Utility Provider and the contracted Electrical Contractor.
   iii. If damage to plumbing is suspected, check water outlets and sewage lines. Shut off the main water valve if damage is observed. Contact the Utility Provider and contracted Plumbing Contractor.
6. The Incident Commander reports all building, equipment, or utility damage to the RVP.
7. Upon notification from the proper authorities, center support services and/or utility providers that the emergency has been terminated or de-escalated, the CED oversees the orderly return of residents and staff.
8. Before reoccupation of the building, a safety inspection of the center and surrounding areas, including the utilities delivery systems and HVAC units, is performed by the Incident Commander, the Maintenance Director, and regulatory agency(ies).

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9. Recovery and restoration is managed in consideration of best practices for infection control, including:
    i. Frequent hand washing. If local water supply contaminated, use of bottled water. If hands not visibly soiled – use of alcohol-based hand rub.
    ii. In response to flooding or water damage and when possible, cleaning out damaged areas within 24 to 48 hours to prevent mold growth.
    iii. Cleaning, wearing rubber gloves, with a solution of approximately 1 cup bleach to each gallon of water, with open doors and windows for air circulation. (Bleach solution is not mixed with ammonia or other cleaners.)
    iv. Use of dust masks during activities that may stir up mold spores or excessive dust.
    v. If applicable, following local officials' instructions for use of bottled water. If instructed to boil water, boiling for at least a full minute before using it to cook, clean or bathe.
    vi. Discarding all perishable food items that may have become contaminated or into contact with flood water, including canned food.
    vii. Treating wounds in accordance with routine infection control practices.
    Note: Adapted from Becker's Infection Control and Clinical Quality, "APIC: 6 tips for infection prevention after a hurricane" written by Brian Zimmerman, 8/29/17.
10. After center reoccupation is considered safe, the Incident Commander and department leaders work to prepare the center to resume normal operations, and coordinate transportation and re-admission of residents.
11. After re-admission, the center re-establishes all essential services.
12. After re-admission, the Incident Commander coordinates provision of crisis counseling for residents/patients, families, and staff as needed.

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XII. LOSS OF UTILITIES

Loss of Utilities Procedures During COVID-19

The Center may have to manage extreme temperatures during a loss of power. Fan use will follow normal Loss of Utilities EPP; within the temperature parameters of the EPP. Resident room doors and windows may need to be opened. If fans are used and resident doors and windows are open, all staff on the unit use PPE for contact and airborne precautions.

A. LOSS OF ELECTRICAL POWER

1. **Back-up Power/Generators:** Emergency lighting/power is provided in conformance with center policies and the state's Department of Health policies to maintain temperatures, provide emergency lighting, as well as for fire detection and extinguishing systems and sewage and waste disposal. The ability to obtain and maintain generator power is a factor in whether to evacuate or Shelter-in-Place. The center follows multiple policies and procedures regarding infection control, hazardous waste, food handling and life safety that guide the center's sewage and waste control practices. The center will seek additional resources as necessary to meet sewage and waste disposal needs in accordance with current standards.

   If this center has a generator, the emergency generator system will be inspected weekly by appropriate service location staff and annually by a qualified outside contractor, or more frequently if required by state regulation. If this center maintains an onsite fuel source to power the emergency generator(s), the center has contracted with a vendor to supply fuel in an emergency to keep the emergency generator operational for the duration of the emergency.

2. **Service Delays:** In the event electrical service is disrupted, flashlights are distributed throughout the center, prioritized as needed.

3. **Extended Loss:** If power is lost and expected to be disrupted for an extended period of time, assistance is requested from local agencies.

4. **Center staff should consider the content of residents' personal refrigerators and advise residents accordingly.**

5. In the absence of power for the call bell/light system the center uses bells or other methods to alert staff to their needs.

6. Loss of Utilities Alert

   i. When appropriate and possible, the following announcement is made: **"Center Alert-We are activating Loss of Utilities protocols- (Describe loss of Power and Location). Please continue your duties and listen for further instructions."**

   ii. Provide instructions as necessary for the specific circumstances.

B. AIR CONDITIONING FAILURE: INCIDENT COMMANDER TASK LIST

1. Notify HVAC Company and report problem.

2. Monitor room temperatures. When the temperature of any resident/patient area reaches 81 degrees Fahrenheit for four (4) consecutive hours:

   i. Open doors;

   ii. Operate fans;

   iii. Notify the CED or designee and the Medical Director;

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       iv.   Make arrangements for transfer of residents/patients to other areas of the Center, or other facilities if necessary;

       v.   Monitor residents'/patients' temperatures every four (4) hours;

       vi.   Encourage fluids, begin intake and output records as necessary;

       vii.   Relocate residents/patients who are at risk of hyperpyrexia/over-heated;

       viii.   Observe residents/patients for symptoms of hyperpyrexia. Document findings.

3. The center follow protocols for addressing significant changes in condition for residents with symptoms of hyperpyrexia.

C. HEATING FAILURE: INCIDENT COMMANDER TASK LIST:

1. Notify HVAC Company.

2. If the outside temperature goes below 30 degrees Fahrenheit, drain plumbing and put antifreeze in the toilets and sinks.

3. Monitor room temperatures. When the temperature inside the center remains at 65 degrees Fahrenheit, for four (4) consecutive hours:

       i.   Obtain and distribute blankets, covering hands, feet, and heads;

       ii.   Distribute warm soups, coffee, or tea to residents/patients;

       iii.   Notify the CED, CNE, or designees;

       iv.   Notify the Medical Director;

       v.   Monitor and chart resident/patient temperatures every four (4) hours;

       vi.   Relocate residents/patients at high risk of hypothermia;

       vii.   Observe residents/patients for symptoms of hypothermia. Document findings.

4. The center follows protocols for addressing significant changes in condition for residents with symptoms of hypothermia.

D. INTERRUPTION OF TELEPHONE SERVICE: INCIDENT COMMANDER TASK LIST

1. Notify the telephone company and report disruption of service (use cellular or public telephone);

2. Evaluate all phones and fax lines in the Center to determine the extent of the disruption;

3. During the disruption, the Incident Commander uses a cellular phone for emergent communication; other available cell phones are used as needed with prioritization to avoid interruption to care and services.

E. LOSS OF WATER SUPPLY: INCIDENT COMMANDER TASK LIST

1. Notify the water division of the public utility department of the disruption of services.

2. If the water department advises services will be resumed promptly, all residents/patients and service areas will be informed and instructed to refrain from turning on water taps until supply is re-established. Nursing services are responsible for advising residents/patients of the situation.

       i.   If necessary, a minimum of the supply in hot water tanks and the emergency supply of water may be used. Contact may be made with the potable water supplier for additional water.

3. In the event of a disaster in the immediate area creating prolonged and/or indefinite disruption of water supply to the center, the Incident Commander attempts to obtain water for residents/patients. If adequate water is not available, the Incident Commander proceeds with evacuation.

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4.   Prepare and handle disposal of human waste using supplies for containment and specific storage locations, and with use of PPE.

Refer to Appendix 14: Emergency Water Supply

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XIII. UTILITY SHUTOFF: <u>Refer to Appendix 15: Utility Shut-Off Procedures</u>

XIV. UTILITY, ELEVATOR & GENERATOR SYSTEM FAILURE

Failure	Contact	Action

Sewer drains backing up	Maintenance	• Do not flush toilets or hoppers.
		• Do not use equipment that sends water to drain.
		• Be sure to turn off water except for drinking.
		• If long-term outage expected, consider:
		    o Evacuation;
		    o Bath in a Bag;
		    o Accessible Portable Showers; and
		    o Accessible Portable Toilets

Water-sinks and toilets inoperative.	Maintenance	• Use distilled or sterile water for drinking.
Fire sprinklers or alarm system inoperative.	Maintenance	• Begin fire watch. • Minimize fire hazards. • NOTIFY LOCAL FIRE DEPARTMENT by calling 911
Water non–potable (not drinkable)	Maintenance	• Water cannot be used for drinking, washing or cooking. • Place "Non-Potable Water-Do Not Drink" signs at all drinking fountains and sinks. If a water shut-off valve is in place, turn off the water to the sink/drinking fountain. Use emergency water supply for drinking and cooking.
Elevator(s) out of service	Maintenance	• Review fire and evacuation plans: modify plans if necessary. • If people are trapped inside elevator, notify them help is on the way and call fire department. • Notify elevator maintenance contractor.
Telephones	Maintenance	• Use pay phones, cell phones, and runners as needed. • Contact the phone company.
Electrical power (emergency generators working)	Maintenance	• Ensure life support systems are on emergency power (red outlets). • Distribute flashlights/glow sticks. • Never plug generator into wall outlet. • Keep generator dry. • Allow generator to cool completely before refueling. • Use only approved fuel containers. • Monitor the generator for overheating. • Always operate generators outdoors.
Generator and all electric systems failure	Maintenance Nursing	• Use battery powered lighting (flashlights, etc.). • Watch battery levels on all critical medical equipment. • Implement transfer agreements for residents on critical medical equipment. • Prepare center for evacuation
Nurse call system or resident alarms.	Maintenance Nursing	• Establish visual resident monitoring rounds or surveillance. • Call in additional staff if necessary.
Natural Gas outage or natural gas odor.	Maintenance	• Open windows/ventilate area. • Remove residents and employees from the area. • Turn off gas equipment. • Contact the gas company and the fire department.

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XV. BOMB THREAT

A. CENTER BOMB THREAT GUIDELINES FOR STAFF

1. Do not panic or act in such a way that causes panic to residents, family members, or other employees.
   i. Do not hang up.
   ii. Notify other employees.
   iii. Have another employee contact 911 and alert authorities to threat.
   iv. The following announcement is made: "**Security Alert-We are activating Bomb Threat protocols- (Describe how the threat was received and Location). Please continue your duties and listen for further instructions.**"
2. **Do not evacuate** the center until instructed to do so by the Incident Commander. This decision is generally based on advice from the police and/or fire department.
3. Restrict access to the center.
4. Close all doors.
5. Escort visitors and residents to resident rooms where they remain with doors closed until an all-clear is given.

IF THE BOMB'S LOCATION IS MENTIONED IN THE THREAT:

1. Immediately remove any residents, visitors and staff from the area.
2. If you find an object out of the ordinary or appearing to be an explosive device, do not touch it and inform authorities of the object's location.
3. Do not attempt to disarm, remove or disturb the potential explosive device.
4. Report all suspicious activities to investigating authorities.

B. POTENTIAL EXPLOSIVES
The center maintains a list of potential explosives to report to the fire/police departments. The potential explosives list:

1. Identifies oxygen storage locations;
2. Identifies fuel storage locations; and
3. Identifies locations of any other potential explosives in the center.

Refer to Appendix 16: Potential Explosives List

C. AFTER THE THREAT IS RECEIVED:

1. As soon as possible after receiving the call, the receiver of the call documents all information relating to it, including the:
   i. Possible location and type of bomb;
   ii. Time of detonation;
   iii. Background noises (e.g., music, voices, etc.),
   iv. Voice quality (male/female), accents, or any speech impediments.

D. IF A SUSPICIOUS/EXPLOSIVE OBJECT IS FOUND

1. Immediately contact the Incident Commander. The Incident Commander then contacts law enforcement to immediately report the object's location. In the absence of immediate notification, center staff calls 911.
2. Do not touch the object.
3. Follow the instructions of the bomb squad or local law enforcement officials who assume authority regarding object removal.
4. Law Enforcement and/or the Incident Commander initiates a partial or total evacuation as needed.

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E. IF A SUSPICIOUS OBJECT IS FOUND WITHOUT PRIOR NOTIFICATION

1. Call 911.
2. Report the exact location and description of the object.
3. Follow any instructions given to you at this time by law enforcement officers.
4. Call CED, CNE, or Designees.

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XVI. BIOTERRORISM

A.   REPORTING REQUIREMENTS AND CONTACT INFORMATION

Any employee recognizing chemical or biological exposure symptoms immediately notifies the CED/Designee/Incident Commander.

1. The Incident Commander immediately contacts 911 and area leadership.
2. Restrict building entrance and exit until cleared by authorities.
3. The Incident Commander contacts the Centers for Disease Control Bioterrorism Emergency Response Office at (770) 488-7100.
4. Employees promptly evacuate all persons from the affected area as instructed by the Incident Commander.
   i. As instructed by regulatory authorities, all building occupants remain on the premises until cleared and approved to exit.

B. MAIL HANDLING

The center follows general mail handling guidelines, including:

1. Opening all mail with a letter opener or method least likely to disturb contents;
2. Opening letters and packages with a minimum amount of movement.
3. Center staff are advised not to blow into envelopes; or shake or pour out contents, and to keep hands away from nose and mouth while opening mail; and to wash hands after handling mail.
4. Observing for suspicious envelopes or packages, such as:
   i. Envelopes/packages with discoloration, strange odors or oily stains, powder or powder-like residue;
   ii. Protruding wires, aluminum foil, excessive tape or string;
   iii. Unusual weights for size, or lopsided or oddly shaped envelopes;
   iv. Poorly typed or written addresses, no return address, incorrect titles, misspelling of common words, a postmark not matching the return address, and restrictions such as "personal" or "confidential."
5. In Handling Suspicious Mail, staff should:
   i. Stay calm and do not shake or empty contents of any suspicious package or letter;
   ii. Keep hands away from mouth, nose, and eyes;
   iii. Isolate package or letter and not carry or show to others, and cover gently with clothing, paper, inverted trash can; and
   iv. Not try to clean up any spills or walk through any spilled material;
   v. Alert others in area and leave area, closing all doors;
   vi. Wash hands with soap and water;
   vii. Notify supervisor/designated responder who in turn calls 911, local FBI Field Office, area, division, region and corporate leadership;
   viii. Not allow anyone to enter the room until proper authorities arrive;
   ix. List all people who were in the room or area when the package or letter was recognized. Give the list to the health and law enforcement officials.

C. POTENTIAL AGENTS

Diseases with recognized bioterrorist potential and the agents responsible for them are described in Table 1. (Note: The Center for Disease Control does not prioritize these agents in any order of importance or likelihood of use.)

Revised 4/1/23

Table 1. Most Common Chemical and Biological Agent Used in Terrorist Attacks

Chemical Agents	Effects	Onset
Nerve Agents • Tabun • Sarin • Soman • GF, VX	• Contraction of the pupils of eyes • Watery discharge from nose • Labored or difficult breathing • Convulsions	• Seconds to minutes
Blister Agents (Vesicants) • Mustard • Lewisite • Phosgene • Oxime	• Skin redness • Blisters • Eye Irritation • Blindness • Labored or difficult breathing • Coughing	• Minutes to hours
Blood Agents • Hydrocyanic Acid • Cyanogen Chloride • Arsine • Methyl Isocyanate	• Panting • Convulsions • Loss of consciousness • Breathing stops - usually temporary in nature	• Minutes
Choking Agents • Phosgene • Chlorine • Ammonia	• Tightness in the chest • Coughing • Labored or difficult breathing	• Minutes to hours

Biological Agents	Effects Of Inhalation	Time From Exposure Until Symptoms Appear	Contagious?/Treatment
Anthrax	• Fever • Headache • Fatigue • Labored or difficult breathing • Death if untreated	1 to 5 days	• Not contagious, but spores can survive outside host for years. • Treat with IV antibiotics for 30 days. Can also use vaccination which is effective only if begun before symptoms appear.
Botulism	• Blurred vision • Eyes sensitive to light • Difficulty speaking • Progressive paralysis • Respiratory failure	1 to 5 days	• Not contagious. • Treat with supportive therapy. • Antitoxin available from CDC.
Hemorrhagic Fever	• High fever • Low blood pressure • Bleeding from mucous membranes • Organ failure • Death	4 to 21 days	• Contagious: spread through body fluids. • Treat with supportive therapy. • Ribavirin for some viruses.
Plague	• Fever • Chills • Headache • Nausea • Vomiting • Pneumonia • Septicemia/blood poisoning • Death	2 to 3 days	• Highly contagious by aerosol/droplet route. • Medications available - Should be given within 8 to 24 hours of time symptoms begin.
Smallpox	• Fever • Severe fatigue • Headache • Backache • Abdominal pain • Blister-like skin lesions • Death - 20 to 30% of those infected	7 to 17 days	• Highly contagious by aerosol route or contact with pox scabs. • Symptomatic treatment. • Vaccine available through CDC.

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XVII. NUCLEAR, RADIATION, OR HAZARDOUS CHEMICAL FALLOUT: STAFF TASK LIST

A. **IN THE EVENT OF A NUCLEAR, RADIATION, OR HAZARDOUS CHEMICAL FALLOUT:**
1. Notify CED or designee.
2. Contact the local health department or police if there is the belief that exposure has occurred.
3. Tune radio to the local emergency broadcast station.
4. Alert center residents/patients, staff, and visitors and keep them informed of new developments. The following announcement is made: **"Center Alert-We are activating Nuclear, Radiation or Hazardous Chemical Fallout protocols- (Describe Situation and Location). Please continue your duties and listen for further instructions."** Provide instructions as needed.
5. Close all doors, windows, and drapes.
6. Move residents/patients to the hallways and close the fire doors.
7. In the event of hazardous chemical fallout, seal all openings to the outside air and block all outside air intakes.
8. Reassure residents/patients, visitors, and staff.
9. Evaluate the need to restrict entrance into the center in collaboration with Area leadership, division, region, state and local authorities.
10. Follow the direction of state and local authorities.
11. If directed by local authorities, evacuate residents/patients per location Evacuation Plan.

Note: Facilities located in a Nuclear Emergency Planning Zone should follow the plan developed for their location.

XVII. FIRE EMERGENCY GUIDELINES

Fire Emergencies Procedures During COVID-19

The purpose of this section is to plan for the safety of residents in case of a fire. Due to the profile of the COVID-19 residents, procedures may vary from routine Center policy.

If fire is on the COVID-19 Positive Unit:

• Staff move residents past fire doors to safe area, preferably not in AQU or COVID-naive areas.

• Staff close all doors to rooms.

• Staff wear appropriate PPE including N95/approved KN95 respirator and face shield during transport and in refuge areas.

• Staff remain with residents until all clear.

If fire is on the Admission Quarantine Unit (AQU):

• Staff move residents past fire doors to refuge area, preferably not in COVID-positive or the COVIDnaïve units • Staff close all doors to rooms.

• Staff wear appropriate PPE including N95/approved KN95 respirator and face shield during transport and in refuge areas.

• Staff remain with the AQU residents until all clear. In case of a fire in any other zone in the building (outside of the COVID-19 Positive Unit):

• Staff move residents past fire doors to safe area, preferably not in COVID-positive or AQU area.

• All COVID-19 positive residents who are not in bed will be kept together in a specific area.

• Staff close all doors in the unit and stay with COVID-19 residents.

• Any residents who are in bed will remain in bed with the room door closed until all clear.

• Staff wear at a minimum face masks and eye protection, and wear appropriate PPE based on resident diagnosis and applicable transmission-based precautions

Procedures for Non-COVID-19 Fire Plan

This center monitors potential fire risk. Any unsafe condition is reported to a supervisor immediately so corrective measures can be taken promptly.

A. **IN THE EVENT OF A FIRE**
   1. **Extinguishers:** Fire extinguishers are used in accordance with instructions.
   2. **Transport:** Residents are transported to a safe area.
   3. **Staff Assignments:** One person is assigned to wait outside the building to direct the fire department personnel to the area of the fire.
   4. **Evacuation:** Residents are evacuated as necessary and according to the Evacuation Plan.
   5. **Staff ensure that the Fire Lane is clear for emergency personnel and vehicles**
   6. **Staff use the census log, staff census/schedule, and visitor log to account for staff, residents and visitors.**
   7. **Staff relocate wheeled equipment during fire or other emergency.**
   8. **Report** fire incidents, death or serious bodily injury by phone to the state agency and others as required by state guidelines.
B. **FIRE RESPONSE AND ANNOUNCEMENT**

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1. Upon discovering fire or smoke, center staff:
   i. Remove residents from immediate danger according to evacuation guidelines
   ii. Make the following announcement: **"Center Alert-We are activating Fire Emergency Protocols (Describe Situation and Location)."**
   iii. Implement the R.A.C.E. program:
      a. **Rescue** Remove residents to at least 20 ft. from the threatened area, preferably on the opposite side of the closest fire door.
      b. **Alarm** Activate the closest fire alarm. Even though automatic alarms may be activated, contact the fire department by calling 911.
      c. **Confine** After removing endangered residents, close the door(s) of the threatened room or area. Close smoke/fire doors behind you as you go.
      d. **Extinguish/Evacuate** Assess the fire threat to either attempt to extinguish the fire or evacuate residents from the affected station. If the area is evacuated, check that all smoke/fire doors are properly closed. Block the bottom of the doors with sheets or towels to slow smoke penetration into the unaffected areas.

C. **FIGHTING THE FIRE**
   1. **Call 911 for all fires.**
   2. If the fire is small, it may be extinguished by smothering (covering) with sheets or clothes, or by using a portable fire extinguisher.
      i. Fire extinguishers are used only if the fire is small and there is no threat of endangering the user or other individuals.
         a. When using a portable extinguisher, staff are instructed to follow the "PASS" protocol: Pull, Aim, Squeeze, and Sweep.
            - **Pull** the fire extinguisher pin.
            - **Aim** the nozzle at the base of the flame.
            - **Squeeze** the handle.
            - **Sweep** the fire extinguisher back and forth at the base of the flame. Staff are advised to make **one** attempt to extinguish a fire with a fire extinguisher. If that attempt is unsuccessful, staff should confine the fire area and evacuate the residents and staff.

D. **SPECIAL CARE UNIT/RESIDENTS FIRE PROCEDURE:**
   1. Vent units, dialysis units, dementia units, bariatric patients, and hospice patients are subject to special consideration during a fire emergency due to a locked unit and acuity. Due to this consideration, this center has special procedures for addressing these specific patients' safety needs, as documented in Appendix 17.

Refer to Appendix 17: Special Care Unit Fire Procedure

E. **AUTOMATIC SPRINKLER OR ALARM SHUT-OFF**
   1. When it becomes necessary to shut off the automatic sprinkler or fire alarm system in the building for any reason, it is the duty and responsibility of the CED/Designee to:
      i. Inform the Fire Department prior to the sprinkler or alarm system being shut off, the reasons for system shut off, and the approximate length of time the system will be off.

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ii.   Designate personnel to serve on fire watch for the period the sprinkler or alarm system is shut off.

    a.   Fire watch personnel tour the center at least every 20 minutes to check for fire or conditions that could result in fire. (The center follows local fire regulations requiring more frequent rounds to the extent that such regulations exist.)

Refer to: **Appendix 18: Fire Sprinkler Shut-Off Procedures**
            Appendix 19: Fire Alarm Reset Procedures

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XIX. SECURITY PLAN

This center has established a security plan to help protect the safety of residents/patients, staff, and visitors.

A. EXTERIOR BUILDING SECURITY

1. This center has a schedule for locking/unlocking of exterior doors during nighttime hours, including persons responsible;
2. This center follows a schedule to inspect outdoor lighting adequacy.

B. INTERIOR BUILDING SECURITY

1. This center's security plan includes, if applicable, a plan for stairwell protection. The plan may include descriptions of door security alarms/keypads and titles of persons responsible for updating/changing entry codes, use of cameras and camera monitoring protocols, or other processes used for stairwell protection.
2. This center's security plan includes a schedule to inspect indoor lighting adequacy.
3. The center's plan also contemplates resident-specific security needs, including:
   i.   Security measures for special units;
   ii. Risk for resident elopement;
   iii. Use of Electronic alarms systems; and
   iv. Communication call bells.

C. ADMINISTRATIVE CONTROLS FOR SECURITY

1. The center follows the communications protocols established in Section V of this plan as needed to address security issues.
2. The center's security plan describes the check-in procedures for visitors.

Refer to Appendix 20: Security Plan

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XX. INTERNAL OR EXTERNAL DISTURBANCES: CENTER GUIDELINES FOR STAFF

A. INTERNAL DISTURBANCES

1. For disturbances within the center, staff are advised to:
   i. Approach the individual causing the disturbance (subject) and attempt to calm them down.
   ii. If the individual cannot be quieted, politely ask the subject to leave the center.
   iii. Call the police department for assistance if the subject does not cooperate.
      a. If the subject attempts to leave after the call is made, do not attempt to detain him/her. Call the police back and inform them of the current situation.

B. UNDER THE INFLUENCE

1. To protect the center, residents, visitors and personnel from being injured or offended by individuals under the influence of alcohol or narcotics, staff are advised to:
   i. Inform the individual of your intention to call them a cab and have them leave the property.
   ii. If the individual refuses to leave, call the police department.
   iii. If the individual is an employee, immediately notify their supervisor and CED.

C. EXTERNAL DISTURBANCES

1. Anyone detecting a civil disturbance or potential civil disturbance during normal business hours reports the situation to the CED and/or, after normal business hours, to the Manager on Duty (Incident Commander) who:
   i. Assesses the situation (location of the disturbance, what the disturbers are doing, how many are there, etc.).
   ii. Reports the situation to the police department immediately by dialing 911 and requesting assistance.
   iii. Instructs staff to lock all building doors and windows and close all blinds and curtains in resident rooms.
   iv. Instructs staff to move residents into their rooms and away from exterior windows and close room doors.
   v. Instructs visitors to stay in the resident room(s).
   vi. Monitors building access at all entrances to identify non-authorized persons attempting to enter the center. Unauthorized access/attempts at access to the center are immediately reported to 911.
   vii. Relinquishes control of the situation, if established, to the police department/EMS upon their arrival.
   viii. When the disturbance has subsided or has been controlled, the Incident Commander surveys the affected areas and determine the need for additional assistance.

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XXI. HOSTAGE SITUATION: CENTER GUIDELINES

A. If a hostage situation is identified, staff are advised to:

1. Immediately call 911* and explain the situation to the police and provide specifics such as the:
   i. Subject's name or identifying information,
   ii. Victim(s),
   iii. Exact Location,
   iv. Known or suspected weapon(s),
   v. Injuries.
      * Staff should remain on the phone during all calls to 911 for as long as is feasible and safe.
2. Notify CED or designee as soon as possible and activate the Emergency Plan.
3. The following announcement is made: **"Security Alert-We are activating Hostage protocols- We have a Hostage situation (Location). Please listen for further instructions."** Provide further instructions as needed.
4. Evacuate the affected area per the location's Evacuation Plan, attempt to isolate the subject, and secure the perimeter.
5. Remain calm; follow the subject's directions.
6. If the subject is talking: listen; do not argue.
7. Avoid heroics: be aware not to make sudden movements; and don't crowd the subject.
8. Be prepared to respond to law enforcement personnel regarding your observations and any additional information you may have involving the subject or victim.

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XXII. ELOPEMENT: MISSING RESIDENT/PATIENT
A. IF A RESIDENT/PATIENT IS DISCOVERED MISSING:
1. Communicate internal notification of missing resident/patient. The following announcement is made: **""Medical Alert: We are activating Missing Patient protocols. The resident was last seen (location)".** This alerts all staff that a formal search is underway.
2. Begin a coordinated search throughout the building; search every room in the Center;
3. Search immediate grounds, supply flashlights and associated supplies;
4. If the resident/patient is not found, the charge nurse/supervisor should:
   i. Notify the CED and CNE or designees,
   ii. Call 911 and report the missing resident/patient,
   iii. Notify responsible family member,
   iv. Notify the resident's/patient's physician,
   v. Notify the appropriate state and local agencies;
   vi. Supply resident's/patient's picture to police, etc.

<u>Refer to Appendix 21: Elopement Drill Documentation Form</u>

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XXIII. SEVERE WEATHER/NATURAL DISASTER: GENERAL GUIDELINES AND INFORMATION

Severe Weather/Natural Disasters Procedures During COVID-19

During severe weather and other natural disasters, the Center will follow the EPP, with the following additions:

Tornadoes
- Staff will collect and assist residents with use of masks or other face coverings.
- During a tornado warning, residents will be assisted to designated areas of refuge following the procedures described above for general emergency management.

Hurricane Planning: During the approach of the hurricane (days out):
- Contact the identified evacuation locations to determine their COVID status, their surge capacity for both asymptomatic COVID-naive, COVID-19 positive, and AQU residents. Collaborate with local health authorities and destination centers on evacuation locations in consideration of COVID status.
- Planning and decision-making regarding evacuation will be initiated at least 48 hours prior to estimated hurricane landfall.

Earthquakes/Floods
Following an earthquake or flooding event, the shelter in place and the evacuation protocols are determined based on the condition of the Center. The NHICS Form 251, Center Systems Status Report to assess the Center after an earthquake.

Procedures During Non-COVID-19
  A. **TORNADOES**
     Tornadoes are violent local storms that extend to the ground with whirling winds reaching 300 mph. Spawned from powerful thunderstorms, tornadoes can uproot trees, damage buildings, and turn harmless objects into deadly missiles in a matter of seconds. Damage paths can be in excess of one mile wide and 50 miles long. Tornadoes can occur in any state but occur more frequently in the Midwest, Southeast, and Southwest, with little or no warning.
     i.   **Tornado Watch** – Atmospheric conditions are right for tornadoes to potentially develop. Be ready to take shelter. Stay tuned to radio and television stations for additional information. NOTE: Multi-floor centers consider relocating non-ambulatory and dependent residents from the higher floors to the lowest floor.
     ii. **Tornado Warning** – A tornado has been sighted in the area or is indicated by radar. Take cover immediately.
  B. **BASED ON THE RESULTS OF THE HAZARD VULNERABIITY ANALYSIS, IF THIS CENTER IS AT RISK FOR TORNADO, THE CENTER:**
     1. Consults Emergency Management officials regarding the tornado warning system.
     2. Monitors local media and alerts for tornado **watches** and **warnings.**
     3. Has established procedures to inform personnel when **tornado warnings** are posted and considers the need for spotters to be responsible for looking out for approaching storms.

4. Educates staff on Areas of Refuge identified in <u>Appendix 2</u>.
   i. Considers the amount of space needed during a tornado, including consideration that adults each generally require about six square feet of space and that nursing home residents may require more space.
5. Identifies Areas of Refuge considering that the best protection in a tornado is usually an underground area. If an underground area is not available, consider:
   i. Small interior rooms on the lowest floor without windows.
   ii. Hallways on the lowest floor away from doors and windows.
   iii. Rooms constructed with reinforced concrete, brick, or block with no windows or heavy concrete floor or roof system overhead.
   iv. Protected areas away from doors and windows. **Note: Auditoriums, cafeterias, and gymnasiums that are covered with flat, wide-span roofs are not considered safe.**
6. Makes plans for evacuating personnel away from lightweight modular offices or mobile home buildings. These structures offer no protection from tornadoes.
7. Conducts periodic tornado drills.
8. Reviews the **Take Cover** Procedure (discussed above) and instructs affected individuals to **Take Cover** inside the center in a safe area if necessary.

C. EMERGENCY PROCEDURE: TORNADO WATCH GUIDELINES
1. The following announcement is made in the event of a Tornado Watch: "**Medical Alert. We are activating severe weather protocols. A tornado watch has been issued for this area** effective until _____ (*time watch ends*). A **tornado watch** means current weather conditions may produce a tornado. Close all draperies and blinds throughout the center and await further instructions. Please continue with your regular activities."
2. The above message is repeated several times after the first announcement, and then approximately hourly until the **watch** has terminated.
3. In accordance with this EPP, the CED and CNE are notified if not on the premises. Additional center personnel are notified as needed.
4. Center management convene together for instruction to be prepared for Shelter-in-Place/Take Cover procedures (described above).
5. The center team activates this EPP to manage the event. The most qualified staff member on duty at the time assumes the Incident Commander position.
6. The Incident Commander monitors weather alerts on radio and television.
7. Staff closes all window drapes and blinds.
8. Staff distributes flashlights, towels, and blankets to staff and residents.
9. First aid and medical supplies are secured and taken to central area for refuge.
10. Staff secures outside furniture, trash cans, etc.
11. After the **Tornado Watch** has been cancelled and the Incident Commander has determined the dangerous situation has passed, an announcement is made: **"All Clear, Repeat, All Clear"**.
12. The Incident Commander/Designee then accounts for residents, staff, and visitors.

D. EMERGENCY PROCEDURE: TORNADO WARNING
1. The following announcement is made in the event of a Tornado Warning: "**Medical Alert. We are activating severe weather protocols. A tornado warning** has been issued for our area. Immediately implement Take Cover procedures. Repeating—a

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tornado warning has been issued for our area. Immediately implement Take Cover procedures."

2. The above message is repeated several times after the first announcement and then hourly until the **warning** has terminated.
3. In accordance with this EPP, the CED and CNE are notified if not on the premises. Additional center personnel are notified as needed.
4. Center management convene together for instruction to be prepared for Shelter-in-Place/Take Cover/Evacuation procedures (described above).
5. The center team activates this EPP to manage the event. The most qualified staff member on duty at the time assumes the Incident Commander position.
6. The Incident Commander monitors weather alerts on radio and television.
7. First aid and medical supplies are secured and taken to central area for refuge.
8. Upon hearing this announcement, all personnel follow the Shelter-in-Place/Take Cover procedures to provide for the safety of the residents, visitors, and themselves.
9. After the Tornado warning is over and the Incident Commander has determined the dangerous situation has passed, am **"All Clear, Repeat, All Clear"** announcement is made to inform affected parties that the **Take Cover** situation has ended.
10. Upon issuance of the All Clear announcement, residents are taken back to their rooms.
11. The Incident Commander/Designee then accounts for residents, staff, and visitors.

E. **EMERGENCY PROCEDURE: EARTHQUAKES/NATURAL DISASTERS GENERAL GUIDELINES**

Earthquake: An earthquake is a sudden, rapid shaking of the ground caused by the breaking and shifting of rock beneath the Earth's surface. This shaking can cause buildings and bridges to collapse; disrupt gas, electric, and phone service; and sometimes trigger landslides, avalanches, flash floods, fires, and huge, destructive ocean waves (tsunamis). Buildings with foundations resting on unconsolidated landfill, old waterways, or other unstable soil are most at risk. Buildings or trailers and manufactured homes not tied to a reinforced foundation anchored to the ground are also at risk since they can be shaken off their mountings during an earthquake. Earthquakes can occur at any time of the year.

Hazards Associated with Earthquakes: When an earthquake occurs in a populated area, it may cause deaths, injuries and extensive property damage. Ground movement during an earthquake is seldom the direct cause of death or injury. Most earthquake-related injuries result initially from collapsing walls, flying glass, and falling objects, or from people trying to move more than a few feet during the shaking. Some of the damage in earthquakes is predictable and preventable.

Aftershocks: Aftershocks are smaller earthquakes that follow the main shock and can cause further damage to weakened buildings. Aftershocks can occur in the first hours, days, weeks, or even months after the quake. Some earthquakes are actually foreshocks, and a larger earthquake might occur.

HAZARDS ASSOCIATED WITH STRUCTURAL COLLAPSE: The following hazards ARE considered if an earthquake may have caused structural damage to the center:
1. Water system breaks: may flood basement areas
2. Exposure to pathogens from sanitary sewer system breaks
3. Exposed and energized electrical wiring

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4. Exposures to airborne smoke and dust (asbestos, silica, etc.)
5. Exposure to blood borne pathogens
6. Exposure to hazardous materials (ammonia, battery acid, leaking fuel, etc.)
7. Natural gas leaks creating flammable and toxic environment
8. Structural instability
9. Insufficient oxygen
10. Confined spaces
11. Slip, trip or fall hazards from holes, protruding rebar, etc.
12. Falling objects
13. Fire
14. Sharp objects such as glass and debris
15. Secondary collapse from aftershock, vibration and explosions
16. Unfamiliar surroundings
17. Adverse weather conditions; and/or
18. Noise from equipment (generators/heavy machines)

F. IN PLANNING CONSIDERATIONS FOR EARTHQUAKES, THE CENTER:

1. Completes the HVA and determines the probability of an earthquake.
2. Consults with Emergency Management officials regarding earthquake preparedness and response expectations.
3. Identifies safe areas in the center; for example, under a sturdy tables or desks, against interior walls away from windows, bookcases, or tall furniture, considering that the shorter distance the center's occupants need to move to safety, the less likely occupants will be injured.
4. Secures furniture, appliances and other large items in accordance with applicable requirements to help comply with safety compliance and reduce potential damage and injury.
5. Uses NHICS Form 251, Center Systems Status Report, to assess the center following an earthquake.
    i. The findings from NHICS Form 251 assist the Incident Commander in determining if the center needs to be evacuated or if occupants can shelter-in-place following the initial earthquake.
6. Trains staff, residents, and families on immediate response procedures to an earthquake including the steps to evacuate or shelter-in-place.
7. Conducts drills to prepare staff and residents for earthquakes.
8. Tracks costs associated with the earthquake's damage.
9. Identifies primary and secondary communications systems.
10. Prepares to address the psychological impact an earthquake can have on residents and staff.
11. If an immediate peril is identified like a gas leak, uncontrolled fire, or threat of building collapse, the center may immediately evacuate in accordance with the **evacuation procedures described above.**

G. FLOOD/FLASH FLOOD/DAM FAILURE

1. **Flood Watch:** An announced Flood Watch indicates that local flooding is possible. To the extent practicable, the center team listens to the local radio and television stations for information and prepares to evacuate.
2. **Flood Warning:** An announced Flood Warning indicates that flooding is already occurring or will occur soon. The center team takes precautions immediately after being

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made aware of this warning. Center teams prepare to move to higher ground and evacuate.

H. PLANNING CONSIDERATIONS FOR FLOODS: SPECIAL CONSIDERATIONS

1. The risk of flood is assessed in the Appendix 1: Hazard Vulnerability Assessment. If flood is a probable risk, the center:

    i. Considers purchasing a National Oceanic and Atmospheric Administration (NOAA) Weather Radio with a warning alarm tone and battery backup, and staff listens for flood watches and warnings.

    ii. Reviews the local community's emergency plans and becomes familiar with the planned evacuation routes and areas of higher ground.

    iii. Inspects onsite areas potentially subject to flooding and onsite areas to which records and equipment could be moved, and makes plans to move records and equipment as needed.

    iv. Reviews the center insurance coverage for flooding.

    v. Undertakes flood proofing measures, as necessary. These measures include:

    a. Installing watertight barriers, called flood shields, to prevent the passage of water through doors, windows, ventilation shafts, or other openings.

    b. Installing watertight doors.

    c. Constructing movable floodwalls.

    d. Installing pumps to remove flood waters.

    Note: The center may undertake other emergency flood proofing measures that are generally less expensive than those listed above, but require substantial advance warning. They include:

    - Building walls with sandbags;
    - Constructing a double row of walls with boards and posts to create a "crib," then filling the "crib" with soil; and/or
    - Constructing a single wall by stacking small beams or planks on top of each other.

    The center evaluates the need for backup systems, such as:

    - Portable pumps to remove flood water.
    - Alternate power sources such as generators or gasoline-powered pumps.
    - Battery-powered emergency lighting.

I. EMERGENCY PROCEDURE: FLOODING GENERAL PROCEDURES

1. In the event of an expected flood, the following announcement is made: "**Medical Alert-We are activating severe weather protocols. A flood/flash flood watch or warning has been issued for this area effective until _____ (*time watch ends*).** A **flood watch** means that current weather conditions may produce flooding. A **flood warning** indicates flooding is occurring in the area. Please await further instructions." The center provides additional instructions as known and necessary.

2. CED and CNE are notified if not on the premises.

3. Center staff accounts for all residents and staff members.

4. Center management staff convene together for a briefing and instruction.

5. The Incident Commander activates this plan to manage the incident. (The most qualified staff member on duty at the time assumes the Incident Commander position.)

6. The Incident Commander decides whether to flood proof (see above) or evacuate based on geographical location and history of flooding of the center, as well as the results of

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the evacuation analysis discussed above. If evacuation is necessary, the evacuation processes described above are followed.

7. The situation is only deemed "under control" after the local authorities have concluded emergency operations and the Incident Commander has declared the situation "safe."

J. EMERGENCY JOB TASKS: FLOODING

1. CED/Incident Commander:
   i. Determine to flood proof the center or evacuate.
   ii. If decision is to evacuate, use the evacuation procedures described above.
   iii. Account for residents, staff, and visitors.
2. All Staff/Management:
   i. Assist with flood proofing the center if necessary.

K. HURRICANES, TROPICAL STORMS AND FLOODING: PLANNING CONSIDERATIONS BASED ON THE HVA:

1. This center consults with Emergency Management Office to determine flood zone and hurricane evacuation zones, and monitors flood watches and warnings. (Note: Wind damage from a hurricane can necessitate evacuation even if there is no threat of flooding from the storm surge.)
2. If hurricane or tropical storm warnings are issued for the area, the center team makes plans to protect outside equipment and structures, and follows guidance from the EMS regarding evacuation and other precautions. The center also makes and implements plans to protect windows, such as by use of permanent storm shutters or installation of window covers.
3. The center also considers and implements backup systems as needed, such as portable pumps to remove flood water and alternate power sources, such as generators or gasoline-powered pumps.

L. EMERGENCY PROCEDURE: HURRICANE AND TROPICAL STORM THREAT AND WATCH CENTER PROCEDURES

1. Local authorities issue a "*Watch*" when a hurricane or tropical storm is expected to hit within 36 hours. The center then makes the following announcement is made: "**Medical Alert: We are activating severe weather protocols. A hurricane/tropical storm watch has been issued for this area effective until _____ (*time watch ends*).**"
2. After the announcement, each department leaders contacts their staff and creates a schedule of employees to work during the emergency. Staff is scheduled to work:
   i. Before the storm strikes.
   ii. During the storm.
   iii. After the storm.
3. The Incident Commander alerts alternate care facilities and transportation providers of the potential evacuation.
4. The Incident Commander and center team considers resident acuity/status, infection control precautions in determining transportation needs. (Refer to the procedures above regarding Shelter-in-Place or Evacuation.)

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XXIV. PANDEMIC INFLUENZA
EPIDEMIC GENERAL STATEMENT
The leadership team (CED, CNE/Resident Care Director, and Center Medical Director) complete the **Epidemic Preparedness Checklist.** If there is an outbreak in the center, the leadership team directs activities.

EPIDEMIC GUIDELINES
1. When an epidemic is declared, follow instructions from clinical leadership to implement the following:
    i. If a severe staffing shortage is apparent, deploy alternative staffing and implement altered standards of care.
    ii. Implement use of the **Daily Symptom Screening Form** for all new admissions, re-admissions, staff, visitors, and vendors.
    iii. Make provisions to accommodate overcrowding.
2. **Refer to:**
    i. Epidemic Preparedness Checklist
    ii. Influenza Preparedness Plan PowerPoint (on Central)
    iii. Altered Standards of Care
    iv. Daily Symptom Screening Form
    v. Outbreak Intervention Tiers for Influenza and Gastroenteritis (on Central)

A. GENERAL GUIDELINES
1. Residents with symptoms of or confirmed with targeted epidemic illness should remain in their rooms. Limit transport to medically necessary purposes.
2. Place a sign stating "Stop-See Nurse Before Entering/For Instructions" on the door.
3. If there is a widespread outbreak of residents with targeted epidemic illness, or symptoms of influenza, use existing partitions (smoke doors, separate floors) to establish restricted entrance areas in the building furthest away from common areas used by residents and staff.
4. Label the area as "Stop-See Nurse Before Entering/For Instructions" on the entrances to the area.
5. Allow serial use of N95 disposable respirators and BioMasks within this area to conserve respirators/masks if the respirator/mask supply is in question.
6. Place a surgical mask on residents with influenza or other respiratory illness symptoms who are required to be moved out of the restricted area or their rooms.
7. Instruct visitors:
    i. To limit movements within the building;
    ii. On limiting hand contact with surfaces in the center; perform hand hygiene after surface contact.
    iii. On respiratory hygiene/cough etiquette; and
    iv. On hand hygiene before entering and when leaving the resident room and with any resident contact.
8. Treat all excretions, secretions and body fluids as potentially infectious.
9. Perform hand hygiene immediately after removing mask or respirator or any PPE.
    i. Wash hands with soap and water if hands visibly soiled or caring for resident with C.diff or any gastrointestinal infection or use an alcohol-based hand gel.

XXV. EMERGING INFECTIOUS DISEASES

Definition: Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:

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

1. General Preparedness for Emergent Infectious Diseases (EID)
   a. Center leadership will be vigilant and stay informed about Emerging Infectious Diseases (EID) with the assistance of Corporate and Divisional Clinical leaders. They will keep Divisional administrative and clinical leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.

2. Local Threat
   a. 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 center's community, the center activates specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.
   b. The center's Infection Preventionist (IP), with assistance from the National Infection Prevention and Control Team as needed, researches the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for skilled nursing care centers as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.
   c. Based on the specific disease threat, the center reviews and revises internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated.
   d. Staff will be educated on the exposure risks, symptoms, and 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.
   e. If EID is spreading through an airborne route, then the center activates its respiratory protection plan (refer to SH408 Respiratory Protection Program) to ensure that employees who may be required to care for a resident with suspected or known case are not put at undue risk of exposure.
   f. Provide residents and families with education about the disease and the care center's response strategy at a level appropriate to their interests and need for information.
   g. Brief contractors and other relevant stakeholders on the center's policies and procedures related to minimizing exposure risks to residents.
   h. Post signs regarding hand hygiene and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the center along with the instruction that anyone who is sick must not enter the building.
   i. To ensure that staff, and/or new residents are not at risk of spreading the EID into the center, screening for exposure risk and signs and symptoms may be done, if possible, prior to admission of a new resident and/or allowing new staff persons to report to work.

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j. Self-screening: Staff will be educated on the center's plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:

    i. Reporting any suspected exposure to the EID while off duty to their supervisor and public health.

    ii. Precautionary removal of employees who report an actual or suspected exposure to the EID.

    iii. Self-screening for symptoms prior to reporting to work.

    iv. Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.

k. Self-isolation: In the event there are confirmed cases of the EID in the local community, the center may consider closing the center to new admissions, and limiting visitors based on the advice of local public health authorities.

l. Environmental cleaning: The center follows current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.

m. Engineering controls: The center uses 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. Instructions to manage suspected case(s) in the care center:

a. Place a resident or on-duty staff who exhibits symptoms of the EID in an isolation/precaution room and notify local public health authorities.

b. Under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute care center via emergency medical services as soon as possible. Resident to wear mask during the transfer.

c. If the suspected infectious person requires care while awaiting transfer, follow center policies for isolation/precaution procedures, including all recommended PPE for staff at risk of exposure.

d. 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 respiratory 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 the use of the appropriate PPE.

e. If feasible, ask the isolated resident to wear a mask while staff is in the room. Provide care at the level necessary to address essential needs of the isolated resident unless it advised otherwise by public health authorities.

f. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation/precaution room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.

g. Implement isolation/transmission-based precautions (TBP) procedures in the center (isolation/TBP rooms, cohorting, cancelation of group activities and social dining) as described in the center's infection prevention and control plan and/or recommended by local, state, or federal public health authorities.

h. Activate 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

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disease) 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.

XXVI. ARMED INTRUDER GENERAL GUIDELINES

A. In situations in which there is lead-in time to a potential armed intruder violence threat against the center, the center management team discusses actions to be taken by the center and questions to ask the intruder.

B. During an armed intruder event, the center follows steps, when possible, staff will determine which of the "Four Outs" will be the best for their survival::

1. "Get Out": Identifying current residents, visitors and staff for potential exit from the center. Individuals will proceed to exit the building until they find a safe place. (This is the best choice if staff can safely do so.)

2. "Lock Out": Identifying if residents, visitors and staff could be protected by potentially locking them in the center, preventing entry by the intruder. Individuals will get behind a locked or barricaded door. This action is the next best choice and if it is safe to do so, the best way to protect residents from becoming a victims.

3. "Hide Out": Identifying current residents, visitors, staff and locations for potential concealment within the center. Staff will hide in inconspicuous places in the center. Staff can help residents by hiding them in plain sight (e.g. Put extra linens on a resident's bed when the resident is bed-ridden.

4. "Take Out": Establishing a plan to stop the armed intruder's activities. Staff will use diversions and weapons of opportunity to take out the Armed Intruder. When considering a take out plan, if there are several people, use diversions and make a plan to gang up on the Armed Intruder.

In addition, a staff member calls 911 when safe to do so. Gives the 911 operator specific details to aid in law enforcement's response to the event. Uses a center phone even if just to leave an open line to the 911 operator.

The fire alarm is not pulled/activated.

C. Refer to the Armed Intruder Training and associated Armed Intruder Table Top Exercise for more information on the center's plan and practices used to manage these emergencies.

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XXVII. WINTER STORMS

Background

Winter storms are often an underestimated threat. For the frail elderly, the single greatest threat posed by winter is the loss of body heat. Normal aging is accompanied by a decline in the ability to thermo-regulate. Chronic ailments and acute injuries exasperate the ability to self-regulate body temperature. In fact, fifty percent of cold-related injuries happen to individuals over the age of 60.

Preparing for the Storm

A. Before the snow begins:
1. All departments must inventory existing supplies and order low supplies prior to snowfall.
2. Generator fuel must be checked and generator test run. If your generator uses diesel or propane, the tank should never fall below ½ tank fill level at any time.
3. Snow blower fuel must be checked and test run.

B. After snow has started to fall:
1. Parking lot entrance, fire lane and all facility exits must be kept clear.
2. Fire hydrants are to be kept accessible at all times.
3. Areas for ambulances and supply vehicles take priority over parking areas.

Winter Hazard Communication

The National Weather Service issues outlooks, watches, warnings, and advisories regarding potentially hazardous winter weather.

- Outlook: this is essentially a forecast, informing the public that winter storm conditions are possible in a 2 to5 day timeframe. Actions at this time are to monitor local media for weather condition updates.
- Advisory: winter weather conditions are expected and should cause significant inconvenience and could potentially create hazardous conditions. However, if one is prepared and cautious, advisory conditions should not be life threatening.
- Watch: winter storm conditions are possible within a 36 to 48 hour window. Begin preparations.
- Warning: potentially hazardous winter weather is occurring or will occur in 24 hours.

Wind Chill

Wind chill can be a significant problem. Exposure to cold can lead to frostbite or hypothermia. The elderly are highly susceptible. Regardless of whether the temperature is 32F or -32F, cold has the same effect. Wind chill is not the actual air temperature, but is the impact of the combination of wind and cold upon exposed skin. Moving air conducts heat away from the body faster.

Wind Chill Chart

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Temperature across top, wind speed down left side.

Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

Frostbite Times
30 Minutes
10 Minutes
5 Minutes
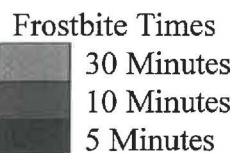
Response

To ensure residents do not suffer from exposure to cold, consider the following:
- Providing extra attention to residents who wander or are at risk for elopement.
- Clothing in loose-fitting layers and an insulated head covering, even indoors.
- Attempt to ensure that residents remain dry.
- Should a person succumb to cold, warming the person slowly, starting with the body core. Do not start warming with the arms and legs, as this will drive cold blood toward the heart which can trigger heart failure. Change the resident into warm, dry clothing and then cover them with a blanket. Avoiding providing alcohol, coffee, or any other hot beverage or food. Discuss administration of medications with the attending provider.
- Providing high calorie foods and snacks for staff and residents.
  Providing extra blankets. (If possible, hypo-allergenic blankets should be used. Residents who wish to use their own wool blankets or quilts with other natural fibers should be allowed to do so, but they should not be allowed to share these items as other residents may be allergic to the natural fibers.)
- Monitoring residents and increasing hydration activities; increased clothing and use of blankets may increase sweating. Dry air associated with extremely cold weather may also lead to residents dehydrating faster.

If the heating system suffers a significant mechanical failure during cold weather, consider evacuation.
Residents on medical oxygen should be given alternate safe means of staying warm and should be kept away from any potential source of ignition.

Evacuation under icing conditions is not a good idea. Be prepared to shelter in place in winter.

Note: Follow XII. Loss of Utilities   C. Heating Failure if center heat is compromised.

XXVIII. 1135 WAIVERS

    F.   In the event that a major disaster or public health emergency is declared by the Secretary, the facility reserves the right to request a waiver in accordance with section 1135 of the Social Security Act, and by which certain statutory requirements and or services may be modified or waived during the duration of the emergency.

    G.   Under the waiver the role of the facility in the provision of care and treatment at an alternate care site identified by emergency management officials is such that sufficient services and healthcare items will be provided to the maximum extent feasible and in part, modifies requirements that physicians and other healthcare professional hold licenses in the State in which they provide services if they have a license from another State (and are not affirmatively barred from practice in that State or any State in the emergency area).

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XXIX. VOLUNTEERS

    F.   The Center may use volunteers in an emergency or other emergency staffing strategies as necessary to provide for the care and treatment of patients. The Center collaborates with the local Emergency Management Services and state or federally designated health care professionals to address surge needs during an emergency. Involvement of volunteers in management of emergencies is addressed in this EPP.

      2. The CED/Designee determines involvement, appropriate tasks and roles of volunteers.

      3. In advance of a crisis or disaster situation, the center works to ensure that staff members, contractors, volunteers, physicians, residents, family members, and the community-at-large understand that the center has developed a relationship with local emergency responders as well as the local Emergency Management Services to plan for, prepare for, respond to, and recover from such situations.

      4. Staff are monitored through use of the staffing schedules (updated as needed), and volunteers, visitors and others are monitored using the visitor log (typically kept in the reception area).

      5. The center maintains current information all center personnel and volunteers with addresses and phone numbers for contact purposes;

      6. The Incident Commander/designee coordinates with center department heads to determine staff/volunteer resources needed both for onsite needs and in the event that staff is needed in alternate locations. Trained volunteers are permitted to transport, move and assist residents if necessary.

Refer to Exhibit 8. NHICS Form 523, Volunteer Staff Registration.

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XXX. ANNUAL REVIEW AND SIGN-OFF

    A. The Safety Committee and the CED reviews and approves this manual and associated appendices and supporting documentation:

        1. Prior to implementation;
        2. After regulatory updates;
        3. If new hazards are identified or existing hazards change;
        4. After tests, drills, or exercises, if issues requiring corrective action have been identified;
        5. After actual disasters/emergency responses;
        6. After infrastructure changes;
        7. At each update or revision; and
        8. At least annually.

    B. Staff Training

All staff are trained and demonstrate competency during orientation and annually with materials based on this Emergency Preparedness Plan and corresponding policies and procedures. The center maintains electronic and/or written documentation of training. CEDs must ensure that training is completed as required.

    C. Staff Testing: Exercises, Drills and Simulations

        1. This center conducts internal and external training exercises, drills, and simulations **at least annually and in accordance with applicable local, state, and federal guidelines**. This training is discussed further in the center's Emergency Preparedness Compliance Guide.

            i. This center participates in full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise. (Note: If this center has experienced an actual natural or man-made emergency that required activation of the emergency plan, the center will not in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of that event.); and

            ii. This center conducts an additional exercise that may include, but is not limited to the following: a second full-scale exercise that is community-based or individual, facility-based, or a tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge the emergency plan.

            iii. The center documents completion of these activities. This documentation includes an analysis of the center's response to the exercise and emergency events, and revises this Emergency Preparedness Plan as needed.

        2. Exercises, drills, and simulations are used to practice emergency procedures and to identify concerns prior to a crisis or disaster situation.

            i. Drill evaluation are be conducted on different levels of management within the center.

            ii. Drill evaluations are not confined to routine fire or evacuation drills.

            iii. Drill evaluations are used to verify planning, response, and recovery programs are in place for the center.

        3. Outside resources, including local emergency responders/support services, are invited to periodically participate in, observe, and evaluate internal exercises, drills, and simulations.

        4. Exercises, drills, and simulations are documented to include:

i. Who participated;

ii. Concerns identified;

iii. Corrective actions taken to correct deficient areas; and

    a. Reports of such activities are retained within the center per state and federal regulations.

Refer to: <u>Appendix 24: Annual Review and Sign-off</u>

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XXXI. STATE AND LOCAL REQUIREMENTS

    F.   The center may be required to follow more stringent state and local regulations than guided within this manual. As such, additional regulations are analyzed and complied with as necessary.

        Refer to: Appendix 25: State and Local Requirements

XXXII. POLICIES AND PROCEDURES LINKS

Corporate Policies and Procedures
1.22 Emergency Preparedness (Summaries general emergency preparedness compliance.)
1.29   Emergency Preparedness: Evacuation and Waivers
1.30   Emergency Preparedness: Medical Records
1.31   Emergency Preparedness: Shelter in Place
1.32   Emergency Preparedness: Supplies
1.21   Significant Events Reporting

Food and Nutrition Services Procedures
6.3   Food Service Emergency Plan
6.4   Food Service Emergency Procedures

Omnicare LTC Pharmacy Services
1.0   LTC Facilities Receiving Pharmacy Products and Services from Pharmacy
7.5   Relocation of Residents or Pharmacy Services During an Emergency or Disaster

Center Operations
OPS100 Accidents/Incidents (Includes requirement to self-report.)
OPS142 Transfer Agreements
OPS161 Facility Assessment
OPS164 Utilization of Outside Resources during an Emergency

Preventative Maintenance Policies and Procedures
2.0 Emergency Generators

Safety and Health Policies and Procedures
SH100 Safety Management Program

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XXXIII. FEDERAL DEFICIENCIES (ETAG) CROSSWALK

Provided as reference. **Users are strongly encouraged to refer to Genesis Central for up to date policies and procedures and to search for key words within this document and on Central for additional information.**

FEDERAL TAG #	DESCRIPTION	POLICY REFERENCE	EPP REFERENCE
E-0001	Establishment of the Emergency Program	Corporate P & P 1.22, Emergency Preparedness	Completed EPP (Full Plan) Completed EP Compliance Guide Appendices
E-0004	Development Maintain EP Program	Same as above	Same as above
E-0006	Maintain and Annual EP Updates	Same as above	Same as above
E-0007	EP Program Population	Center Operations P & P OPS 161 Facility Assessment	EPP Appendix 23. Description of Center Patient/Resident Population
E-0009	Process for EP Collaboration	Corporate P & P 1.22, Emergency Preparedness; Center Operations P & P OPS164, Utilization of Outside Resources during an Emergency	References to collaboration throughout EPP
E-0013	Development of EP Policies and Procedures	Refer to Links Above	Refer to Links Above
E-0015	Subsistence Needs for Staff and Patients	Refer to Links Above	References throughout EPP
E-0018	Procedures for Tracking of Staff and Patients	Corporate P & P 1.22, Emergency Preparedness	Refer to Exhibit 3 and Exhibit 7 NHICS Forms 255 and 252 and references to these forms in the EPP
E-0020	Policies and Procedures including evacuation	Refer to Links Above	References to Evacuation throughout EPP
E-0022	Policies and Procedures for Sheltering	Corporate P & P 1.31, Emergency Preparedness: Sheltering in Place	References to Sheltering in Place in EPP
E-0023	Policies and Procedures for Medical Documents	Corporate P & P 1.30, Emergency	Refer to Section LL, Receiving Center: Medical Records

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FEDERAL TAG #	DESCRIPTION	POLICY REFERENCE	EPP REFERENCE
		Preparedness: Medical Records	
E-0024	Policies and Procedures for Volunteers	Corporate P & P 1.22, Emergency Preparedness; Center Operations P & P OPS164, Utilization of Outside Resources during an Emergency	Refer to Section XXIX. Volunteers and Exhibit 8, N HICS Form 523, Volunteer Staff Registration
E-0025	Arrangement with Other Facilities	Center Operations P & P OPS142 Transfer Agreements and OPS 164 Utilization of Outside Resources During an Emergency	Refer to Section VI.D. D. CED (OR DESIGNEE) ALL EMERGENCIES and Appendix 9, Transfer Agreements
E-0026	Roles under a Waiver Declared by the Secretary	Center Operations P & P OPS163 Utilization of Outside Resources during an Emergency	Refer to Section XXVIII. 1135 WAIVERS
E-0029	Development of Communication Plan	Corporate P & P 1.22, Emergency Preparedness	Refer to section V. COMMUNICATION PLAN and associated exhibits
E-0030	Names and Contact Information	Corporate P & P 1.22, Emergency Preparedness	Refer to Appendix 3: Center Administrative/Staff Contact List
E-0031	Emergency Contact Information	Corporate P & P 1.22, Emergency Preparedness; Center Operations P & P OPS164, Utilization of Outside Resources during an Emergency	Appendix 7: Emergency Resources and Contacts
E-0032	Primary/Alternate Means of Communication	Corporate P & P 1.22, Emergency Preparedness	Refer to Section V. COMMUNICATION PLAN
E-0033	Methods of Sharing Information	Corporate P & P 1.22, Emergency Preparedness	Refer to Section V. COMMUNICATION PLAN and Appendix 7: Emergency Resources and Contacts as well as references to evacuation and

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FEDERAL TAG #	DESCRIPTION	POLICY REFERENCE	EPP REFERENCE
			medical records throughout the EPP
E-0034	Sharing Information on Occupancy/Needs	Corporate P & P 1.22, Emergency Preparedness, Center Operations P & P OPS 142 Transfer Agreements	Refer to Section VII, SURGE CAPACITY and Appendix 13, Surge Capacity, and Refer to Section VI.D. D. CED (OR DESIGNEE) ALL EMERGENCIES and Appendix 9, Transfer Agreements
E-0035	LTC and ICF/IID Family Notifications	Corporate P & P 1.22, Emergency Preparedness	Refer to Section V. Communication Plan and Section III. General Guidelines, D. Notification of Plan
E-0036	Emergency Prep Training and Testing	Corporate P & P 1.22, Emergency Preparedness	Refer to Section XXX. Annual review and Sign Off and the Emergency Preparedness Compliance Guide
E-0037	Emergency Prep Training Program	Corporate P & P 1.22, Emergency Preparedness	Vital Learn Reports and Completed Attestations; refer to Emergency Preparedness Compliance Guide
E-0039	Emergency Prep Testing Requirements	Corporate P & P 1.22, Emergency Preparedness	Refer to Section XXX. Annual review and Sign Off and the Emergency Preparedness Compliance Guide
E-0041	LTC Emergency Power	Preventative Maintenance P & P 2.0, Emergency Generators	Refer to Section XII, Loss of Utilities, Appendix 2, Building Construction and Safety, and Appendix 15, Utility Shut Off Procedures
E-0042	Integrated Health Systems	Not Applicable	Not Applicable

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XXXIV. EMERGENCY NOTIFICATION ANNOUNCEMENTS

TAKE COVER

"Attention all staff, there is an immediate situation requiring all occupants to Take Cover. Please initiate the Take Cover Procedure."

"All Clear, Take Cover is over" is then paged to signal the Take Cover situation has ended.

LOSS OF UTILITIES

"Facility Alert-We are activating Loss of Utilities protocols- (Describe loss of Power and Location). Please continue your duties and listen for further instructions."

BOMB THREAT

"Security Alert-We are activating Bomb Threat protocols- (Describe how the threat was received and Location). Please continue your duties and listen for further instructions."

NUCLEAR, CHEMICAL, OR RADIATION FALLOUT

"Facility Alert-We are activating Nuclear, Radiation or Hazardous Chemical Fallout protocols- (Describe Situation and Location). Please continue your duties and listen for further instructions."

FIRE

"Facility Alert-We are activating Fire Emergency Protocols (Describe Situation and Location)."

INTERNAL OR EXTERNAL DISTURBANCE

"Security Alert- We have a disturbance (Location). Please listen for further instructions."

HOSTAGE/ARMED INTRUDER SITUATION

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"Security Alert-We are activating Hostage/Armed Intruder protocols- We have a Hostage/Armed Intruder situation (Location). Please listen for further instructions."

ELOPEMENT

"Medical Alert-We are activating Missing Resident protocols- The Resident was last seen (location)."

TORNADO WATCH

"Medical Alert-We are activating severe weather protocols-A tornado watch has been issued for this area effective until _____ (time watch ends)." (Repeated after five (5) minutes and then hourly until the watch has terminated.)

TORNADO WARNING

"Medical Alert-We are activating severe weather protocols-A tornado warning has been issued for our area. Immediately implement Take Cover procedures. Repeating—a tornado warning has been issued for our area. Immediately implement Take Cover procedures." (Repeated after five (5) minutes and then hourly until the warning has terminated)

FLOOD WATCH OR WARNING

"Medical Alert-We are activating severe weather protocols-A flood/flash flood watch or warning has been issued for this area effective until _____ (time watch ends)."

HURRICANE WATCH OR WARNING

"Medical Alert-We are activating severe weather protocols- a hurricane/tropical storm watch has been issued for this area effective until _____ (time watch ends)."

GENERAL ALL CLEAR ANNOUNCEMENT
"All Clear, Repeat, All Clear"

Emergency Preparedness Plan (EPP) List of Appendices

- Appendix 1: Hazard Vulnerability Analysis (HVA)
- Appendix 2: Building Construction and Life Safety
- Appendix 3: Center Administrative/Staff Contact List
- Appendix 4: Emergency Operation Center Designation
- Appendix 5: Area Administrative Staff Contact List
- Appendix 6: Company Contacts
- Appendix 7: Emergency Resources and Contacts
- Appendix 8: Additional Resources
- Appendix 9: Transfer Agreements
- Appendix 10: Short-term Evacuation Plan
- Appendix 11: Triage of Casualties
- Appendix 12: Emergency Supplies and Location of Critical Equipment
- Appendix 13: Surge Capacity
- Appendix 14: Emergency Water Supply
- Appendix 15: Utility Shut-off Procedures
- Appendix 16: Potential Explosives List
- Appendix 17: Special Care Unit Fire Procedure
- Appendix 18: Fire Sprinkler Shut-Down Procedures
- Appendix 19: Fire Alarm Reset Procedures
- Appendix 20: Security Plan
- Appendix 21: Elopement Drill Documentation Form
- Appendix 22: Succession Plan
- Appendix 23: Description of Center Patient/Resident Population
- Appendix 24: Annual Review and Sign-Off
- Appendix 25: State and Local Requirements
- Appendix 26: Insertions from Compliance Guide Completed Tasks

Appendix 1: Hazard Vulnerability Analysis (HVA)

Instructions
Evaluate each event type using the hazard specific scale, using an all-hazards approach that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address a wide spectrum of emergencies/disasters.

Event Type
This column includes the event, risk or disaster you are assessing. Additional events may be added and evaluated in the Assessment; use the blank lines for these items.

Probability
Rate the probability of the risk occurring on a scale of zero (event will not occur) to 3 (event is very likely to occur). To rate the probability of an event occurring, at a minimum consider the known risk of the event occurring based on historical data and manufacturer/vendor statistics.
- Scale: How often has the event occurred within the last year to 10 years?
  - There is no likelihood of this event occurring in this setting/area (i.e., volcano). = score of 0 (no additional entries are required for this event type)
  - Event has not occurred in the past 10 years = score of 1
  - Event occurs every 3 to 10 years = score of 2
  - Event occurs approximately every 1 to 3 years = score of 3

Note: The Probability of human events (i.e., workplace violence, mass casualties) can never be assessed with a probability score of 0. These types of events have the score of 0 identified as N/A in the HVA.

Risk
Rate the associated risk of each event to patients and staff, property, finances (such as the cost to replace, cost of repair, time to recover and the potential interruption or inability to provide services). Input the highest associated score.
- Scale: If the event occurs will it result in:
  - A threat to human health, safety or life? Could the event result in significant injury or death? Score = 5
  - Property Damage? Score = 4
  - Economic Loss or Legal Ramifications? Will employees be able to report to work? Will patients be able to get to the center? Would the center be at risk for fines, penalties, or other legal interventions? Score = 3
  - Systems Failure? Score = 2
  - Loss of Community Trust or Goodwill? Score = 1

Preparedness
Rate the center's level of preparedness for the event.
- Scale: If the event occurs the center is:
  - Well prepared: the center has a current plan, the staff is aware of the plan and has participated in drills, back-up systems are available = score of 1
  - Partially prepared: the center has a plan, with current documents and contracts. Staff may require additional training or drills, center may need back-up systems = score of 2

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> ➢ Not Prepared: the center does not have a plan at all, or only has a plan, and has not trained the staff or collected associated documents and contracts, and does not have back-up systems = Score of 3

Using the HVA

For each row, Multiply the Probability score by the sum of the Risk and Preparedness scores from all columns, enter score Review and highlight the events types with highest Hazard Vulnerability (HV) scores. These events pose the greatest risks to the center, and are carefully considered and prepared for as the center completes the rest of the appendices in the EPP, and associated training and drills.

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Hazard Vulnerability Assessment

Center Name Westwood Center Keene NH   Business Unit #: 57042 Date: 1/20/2019

EVENT TYPE	PROBABILITY				RISK					PREPAREDNESS			HV SCORE
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	←Multiply probability score by sum of risk and preparedness scores from all columns, enter score
HURRICANE	X					X						X	7
TORNADO		X			X							X	8
SEVERE THUNDERSTORM	X								X			X	5
SNOWFALL	X								X			X	5
BLIZZARD	X								X			X	5
ICE STORM	X								X			X	5
EARTHQUAKE			X			X						X	5
TIDAL WAVE			X						X	X			4
EXTREME TEMPERATURES	X								X	X			5
DROUGHT	X								X			x	5
FLOOD, EXTERNAL	X								X			X	5
WILD FIRE	X								X			X	5
LANDSLIDE	X								x			X	5
VOLCANO				X	X					X			4
PANDEMIC		X							X			X	3
ELECTRICAL FAILURE	X								X			X	5
GENERATOR FAILURE	X								X			X	5
TRANSPORTATION FAILURE			X						X			X	3
FUEL SHORTAGE		X							X			X	4
NATURAL GAS FAILURE		X							X			X	4
SEWER FAILURE		X							X			X	4
STEAM FAILURE			X						X	X			4
FIRE ALARM FAILURE		X							X			X	4
COMMUNICATION FAILURE	X								X		X		6

EVENT TYPE	PROBABILITY				RISK					PREPAREDNESS			TOTAL
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	← Multiply probability score by sum of risk and preparedness scores from all columns, enter score
MEDICAL VACUUM FAILURE				X					X			X	2
HVAC FAILURE		X							X			X	4
INFORMATION SYSTEM		X							X			X	4
FIRE, INTERNAL	X							X				X	6
FLOOD, INTERNAL	X							X				X	6
HAZMAT, INTERNAL	X							X				X	6
MASS CASUALTY – TRAUMA				N/A									0
MASS CASUALTY – MEDICAL				N/A									0
MASS CASUALTY – HAZMAT				N/A									0
HAZMAT EXPOSURE				N/A									0
TERRORISM – BIOLOGICAL				N/A									0
TERRORISM – CHEMICAL				N/A									0
HOSTAGE SITUATION				N/A									0
CIVIL DISTURBANCE (RIOT)				N/A									0
LABOR ACTION				N/A									0
BOMB THREAT				N/A									0
WORKPLACE VIOLENCE				N/A									0
DOMESTIC VIOLENCE				N/A									0
BUILDING BREAK-IN				N/A									0
AUTO BREAK-IN				N/A									0
MEDICATION THEFT				N/A									0
ASSAULTS (OUTSIDE)				N/A									0
ELOPEMENT				N/A									0
KIDNAPPING				N/A									0

Appendix 2: Building Construction and Life Safety

Instructions: Enter information as prompted.

A. Building Construction Type/Year Built (refer to Life Safety Survey for details): 1965 - Concrete Construction

B. Have additions been constructed? ☐ Yes   X ☐ No

   1. If additions have been constructed, in what year(s)?

C. Number of Stories:	2
D. Number of Buildings:	1
E. Number of Beds:	85
F. Approximate Number of Staff per Shift:	20, 12, 8 1st, 2nd , 3rd
G. Fire Alarm System – Name of Monitoring Service:	Fire Impact
H. Generator Vendor Name: Generator Vendor Phone Number:	Power Up Generator 866-420-4906
1. Type, phase and voltage of generator:	Cat 3 Phase 75 Volts
2. Areas of the building supplied by emergency power:	All except walk in fridge and dryers
3. Fuel Type:	Diesel
4. Fuel Capacity:	275 Gallons
5. Fuel Duration:	3 days of running
6. Fuel Tank above or below ground level?:	Above
7. How/When is generator tested?:	Every week no load test/every month under load for 30 minutes
8. Is generator above projected flood level?:	Yes
9. How/When is generator tested?:	Annually by Power Up Generator

I. Is the building constructed to withstand hurricanes or high winds? ☐ Yes YES
If Yes:
    1. What is the highest category of hurricane or wind speed that the building can withstand? Category 4 miles per hour
    2. What is the highest category of hurricane or wind speed that the center roof can withstand Category 2 miles per hour
    3. Is the center in a flood plain?   NO ☐ No
    4. If the center is in a hurricane zone, is a storm surge expected? NO

J. General description of resident/patient population: Elderly or have medical needs or rehab.

Guide for Areas of Refuge Identification

For the safety of building occupants, the Emergency Preparedness Leadership Team identifies the best available refuge areas in the center. Many buildings contain rooms or areas designed to offer some degree of protection from all but the most extreme tornadoes and winds. In buildings without specific rooms designed and constructed to serve as safe rooms, the goal should be to select the **best available refuge areas** - the areas that will provide the greatest degree of protection.

In general, the **best available refuge areas** meet the following criteria:
- **Interior rooms.** Rooms without an exterior wall or window are less likely to be penetrated by windborne debris. Examples include resident bathrooms, small office areas without windows, janitor closets, clean and soiled utility rooms, pantry storage rooms, medication rooms, basement rooms and corridors, central supply rooms, center restrooms, staff locker rooms, and closets.
- **Location below ground or at ground level.** Upper floors are more vulnerable to wind damage.
- **No glass in the room.** Typically, windows and glass doors are extremely vulnerable to high wind pressures and the impact of windborne debris.
- **Reinforced concrete or reinforced masonry walls.** Reinforced walls are much more resistant to wind pressures and debris impact, but can fail if the roof deck is blown away.
- **Strong connections between walls and roof and walls and foundation.** Walls and roofs are better able to resist wind forces when they are securely anchored to the building foundation.
- **Short roof spans.** Roofs with spans of less than 25 feet are less likely to be lifted up and torn off by high winds.
- **Long central corridors** often qualify as the best available refuge areas. In addition to having desirable structural characteristics (e.g., short roof spans, minimal glass area, and interior locations), corridors usually are long enough to provide the required amount of refuge area space and can be quickly reached by building occupants. **If a corridor is chosen, marking the high wind area of refuge boundaries at least 30 feet from a glass door or window is advisable,** as well as educating staff to keep occupants within the boundaries and to close all doors leading to the corridor during a high wind event.

*Note: The best available refuge areas do **not** ensure the safety or survival of their occupants. They are simply the areas of a building in which survival is most likely.*

If the center is unsure whether a particular location is appropriate to use as a high wind area of refuge, the Team refers to Federal Emergency Management Agency FEMA's Best Available Refuge Area Checklist to evaluate appropriate areas of refuge

Part B: Refuge Areas

List all areas of refuge according to the guidelines above and mark these areas on the center floor plan:

1. Main Dining Room- Concern: Large wall of windows

2. Main Hallways No windows

3. Downstairs Dining Room- Limited Window, Under Ground from Front of Building

4. Downstairs Main Hallway- No windows, inside building

5. Downstairs Resident Bathrooms- No Windows

6. Employee Breakroom- Small Limited Window, Underground from front of building

7. Laundry- No Windows, Under Ground from Front of Building, Within Center of Building

8. Resident Bathrooms- No Windows, Inside Building Space

9. Shower Rooms- No Windows, Inside Building Space

10. Maintenance/MDS/Recreation Office- No Windows, Inside Building Space

11. Kitchen- No Windows, Inside Building Space

12. Employee Enterance- No Windows

13. Main Stairwell

Second Floor Plan

Main Entrance

total Square footage: 26,805 Sq ft
Skilled: 4151 Sq ft
LTC: 8556 Sq ft

Demenha unit : 4340 sq. ft.

Staff lounge

Kitchen

Office

Generel space

Dining room + Activity

Laundry

Beauty

Boiler Room

Crawl space

Unit 3
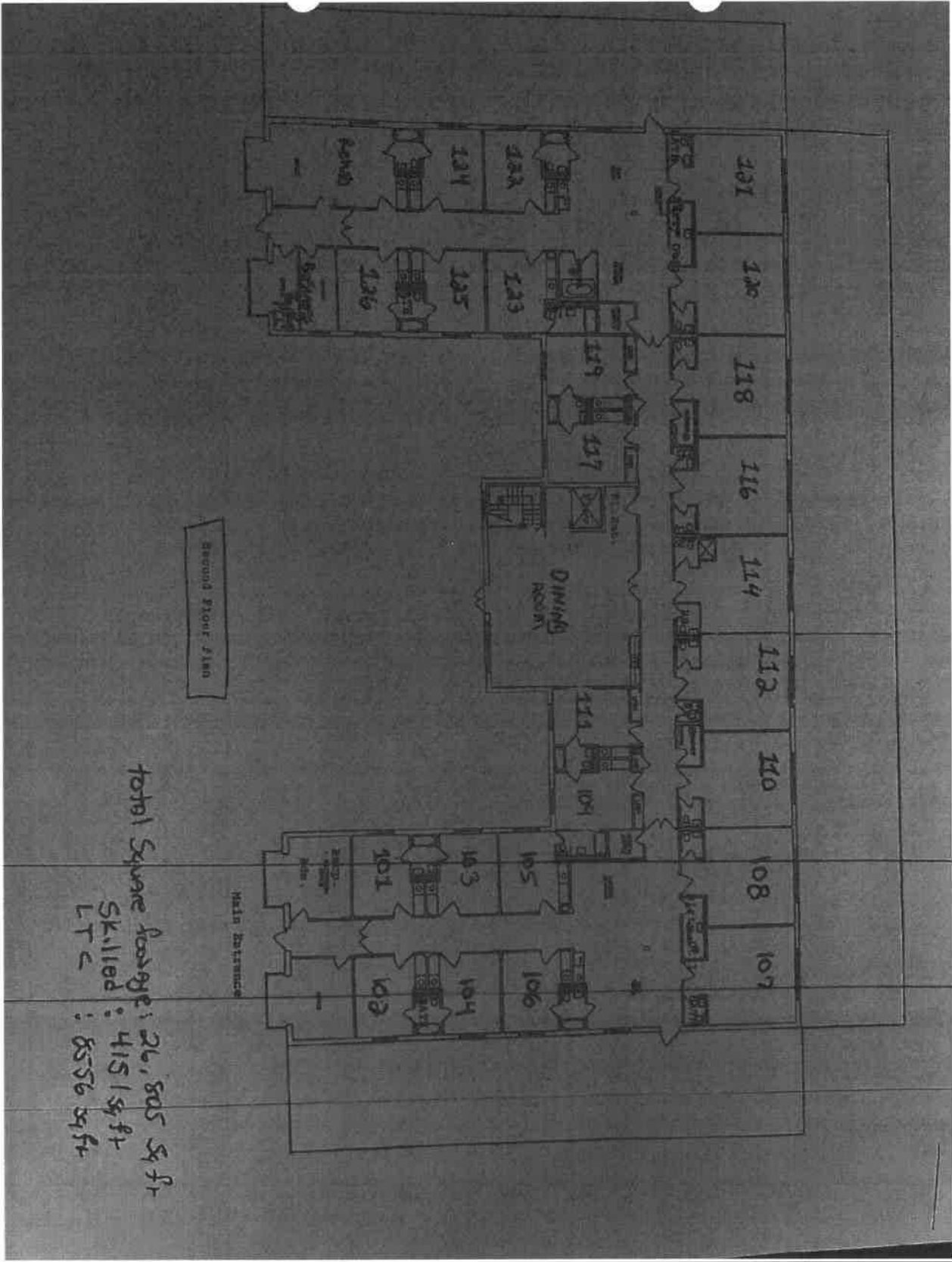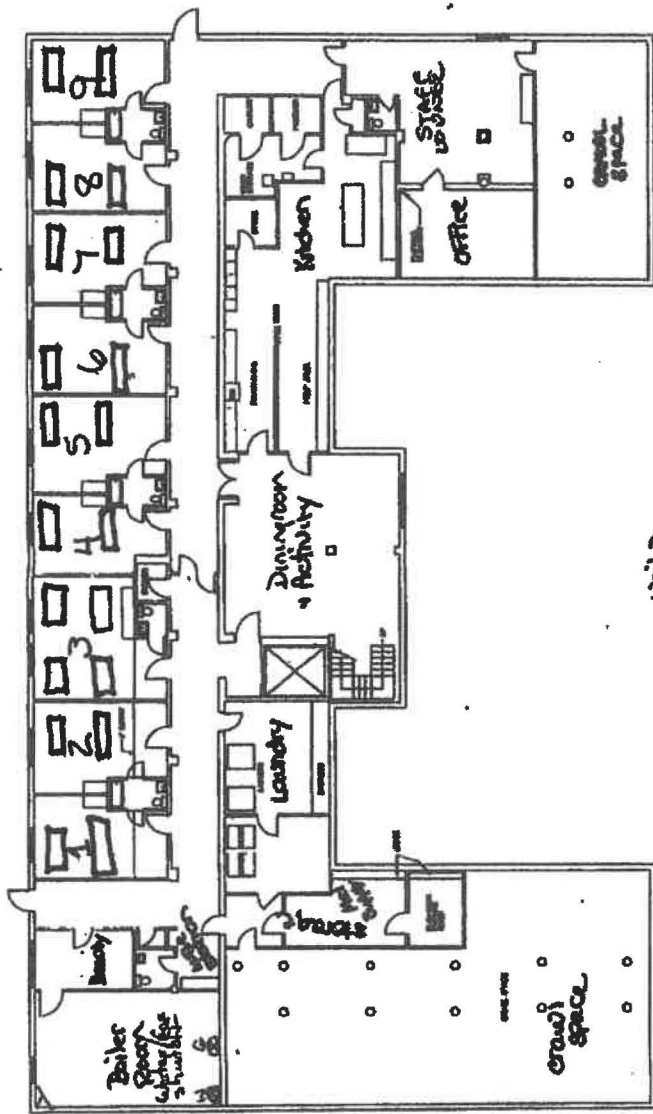
9 8 7 6 5 4 3 2 1

○ FIRST FLOOR PLAN

☐ = BEDS

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Enhanced Fujita (EF) Scale for Tornadoes

EF-Scale:	Typical Damage:
EF-0 (65-85 mph)	Light damage. Peels surface off some roofs; some damage to gutters or siding; branches broken off trees; shallow-rooted trees pushed over.
EF-1 (86-110 mph)	Moderate damage. Roofs severely stripped; mobile homes overturned or badly damaged; loss of exterior doors; windows and other glass broken.
EF-2(111-135 mph)	Considerable damage. Roofs torn off well-constructed houses; foundations of frame homes shifted; mobile homes completely destroyed; large trees snapped or uprooted; light-object missiles generated; cars lifted off ground.
EF-3 (136-165 mph)	Severe damage. Entire stories of well-constructed houses destroyed; severe damage to large buildings such as shopping malls; trains overturned; trees debarked; heavy cars lifted off the ground and thrown; structures with weak foundations blown away some distance.
EF-4 (166-200 mph)	Devastating damage. Whole frame houses Well-constructed houses and whole frame houses completely leveled; cars thrown and small missiles generated.
EF-5 (>200 mph)	Incredible damage. Strong frame houses leveled off foundations and swept away; automobile-sized missiles fly through the air in excess of 100 m (109 yd); high-rise buildings have significant structural deformation; incredible phenomena will occur.
EF No rating	Inconceivable damage. Should a tornado with the maximum wind speed in excess of EF-5 occur, the extent and types of damage may not be conceived. A number of missiles such as iceboxes, water heaters, storage tanks, automobiles, etc.will create serious secondary damage on structures.

Hurricane Categories

Category	Sustained Winds	Types of Damage Due to Hurricane Winds
1	74-95 mph 64-82 kt 119-153 km/h	**Very dangerous winds will produce some damage:** Well-constructed frame homes could have damage to roof, shingles, vinyl siding and gutters. Large branches of trees will snap and shallowly rooted trees may be toppled. Extensive damage to power lines and poles likely will result in power outages that could last a few to several days.
2	96-110 mph 83-95 kt 154-177 km/h	**Extremely dangerous winds will cause extensive damage:** Well-constructed frame homes could sustain major roof and siding damage. Many shallowly rooted trees will be snapped or uprooted and block numerous roads. Near-total power loss is expected with outages that could last from several days to weeks.
3 (major)	111-129 mph 96-112 kt 178-208 km/h	**Devastating damage will occur:** Well-built framed homes may incur major damage or removal of roof decking and gable ends. Many trees will be snapped or uprooted, blocking numerous roads. Electricity and water will be unavailable for several days to weeks after the storm passes.
4 (major)	130-156 mph 113-136 kt 209-251 km/h	**Catastrophic damage will occur:** Well-built framed homes can sustain severe damage with loss of most of the roof structure and/or some exterior walls. Most trees will be snapped or uprooted and power poles downed. Fallen trees and power poles will isolate residential areas. Power outages will last weeks to possibly months. Most of the area will be uninhabitable for weeks or months.
5 (major)	157 mph or higher 137 kt or higher 252 km/h or higher	**Catastrophic damage will occur:** A high percentage of framed homes will be destroyed, with total roof failure and wall collapse. Fallen trees and power poles will isolate residential areas. Power outages will last for weeks to possibly months. Most of the area will be uninhabitable for weeks or months.

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Contact/Title:	US Department of Homeland Securty
Address:	500 C Street SW
City, State Zip	Washington, DC 20472
Phone Number:	202-646-2500

COMMUNITY RESOURCES CONTACTS:

Agency:	Name:	Phone:
County Health Department	Health Department	603-352-5440
LTC Ombudsman	LTC Ombudsman Office	800-442-5640
State Licensing and Certification Agency	Heatlh Facilities	603-271-9499
County DHHR Office	Elder Care	800-624-9700
Poison Control Center	NH Poison Control	800-222-1222

Appendix 8: Additional Resources

Use this form to maintain contact information for emergency support services.

NHICS FORM 258 | CENTER RESOURCE DIRECTORY

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Agency for Toxic Substances and Disease Registry (ATSDR)	ATSDR	1-800-232-4636	1-770-488-7100		www.ATSDR.cdc.gov/
Ambulance/EMS	Diluzio Ambulance Service	603-357-0341	1-888-345-8946		
American Red Cross	American Red Cross NH	603-225-6697	1-800-464-6692	NHinfo@redcross.org	www.redcross.org/local/New-Hamsphire-Vertmont/about-us/contact
Biohazard Waste Company	Stericycle	1-866-783-7422			www.stericycle.com
Buses	Delano Company	603-399-4371			
Cab, City	Adventure Limousine	603-357-2933			www.advlimo.com
Emergency Management Agency	Cheshire County EMA	603-354-5454 ext3030			
CDC	CDC and prevention	(770) 455-0546			www.cdc.gov/contact/index.htm
Clinics	Cheshire Medical Center	603-354-5400			www.cheshire-med.com
Coroner/Medical Examiner	Medical Examiner	(603) 271-1235			www.doj.nh.gov/medical-examiner
Dispatcher - 911	911 call Center	911			
Emergency Operations Center (EOC), Local	Keene Dispatch Center	603-357-9861			
Emergency Operations Center (EOC), State	New Hampshire Dept. of Safety	603-271-2231			
Engineers:					

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
HVAC	Granite state plumbing and heating	603-529-3322			
Mechanical	Holmes construction	603-231-3242			
Structural					
Environmental Protection Agency (EPA)	NH Dept of Enviornmental services	603-271-3500			www.epa.gov/NH
Epidemiologist	NH Dept of Health	603-624-6466			www.manchesternh.gov/dept/health
Family	SEE FAMILY CONTACT LIST				
Fire Department	Keene Fire Department	603-209-1742			https://ci.keene.nh.us/fire
Food Service	US Foods				
Fuel	Liberty Utilities	(800)833-4200			www.libertyutilities.com
Funeral Homes/Mortuary Services	Foley Funeral	(603) 352-0341			www.foleyfuneralhome.com/
Generators	Power up Generator	866-420-4906	603-657-9080		powerupgeneratorservice.com
HazMat Team	Keene Fire Dept.	911			
Health Department, Local	Keene Health Dept.	603-357-9836			
Heavy Equipment (e.g., Backhoes, etc.)	Holmes Construction	603-231-3242			
Home Repair/Construction Supplies:	Home Depot	603-355-2113			
Hospitals:	Cheshire Medical Center	603-354-5400			www.cheshire-med.com

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Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Hotel	Best Western				bestwestern.com/Official
Housing, Temporary					
Ice, Commercial	US foods				
Laboratory Response Network	US Labs				
Laundry/Linen Service	People's Linen	(603) 352-2038			peopleslinen.com
Law Enforcement:	Keene Police Dept.	603-352-2222			www.keenepd.org
City Police	Keene Police Dept.	603-352-2222			www.keenepd.org
County Sherriff					
Highway Patrol	NH state police	603-271-1162			
Licensing & Certification District Office	Michael Fleming	(603) 271-9499			https://www.dhhs.nh.gov/contactus/index.htm
Licensing & Certification After-Hour Line					
Local Office of Emergency Services					
Long-Term Care Facilities:	Keene Center	603-357-3800			
Media:	WMUR channel 9				
Print	Keene Sentinel	603-352-1234			
Radio					
Radio					
TV					
TV					
TV					
Medical Gases	Airgas	603-357-1288			
Medical Supply	Twinmed				

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Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Medication, Distributor:	Pharmscript				
Moving Company:					
Pharmacy, Commercial:	Pharmscript				
Poison Control Center	Northern NE Poison Center				https://www.nnepc.org/
Portable Toilets					
Radios:	Keene Center/Langdon Place	357-3800			
Amateur Radio Group					
Service Provider (e.g., Nextel)					
Walkie-Talkie					
Repair Services:					
Beds	Joerns	1-800-826-0270			joerns.com
Biomedical Devices					
Medical Devices					
Oxygen Devices	All Purpose Llc	877-595-8317			
Radios					
Restoration Services (e.g., Service Master)					
Road Conditions					
Salvation Army					

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Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Shelter Sites					
Staff	*SEE STAFF CONTACT LIST*				
Surge Facilities	Listed with CED				
Trucks:					
Refrigeration	GKS	603-622-7300			
Towing					
Utilities:					
Gas	Liberty Utilities	603-209-2586			
Power	Eversource	1-800-662-7764			www.eversource.com
Sewage	Keene water dept.	(603) 352-6550			https://keenetx.com/departments/utilities
Telephone	Sentenia systems	978-536-4499			
Water					
Ventilators					
Water Vendor - Potable	US foods	See above			
Other:					

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Additional Resources

CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE

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Appendix 9: Transfer Agreement

Use this form to document every transfer agreement for transportation and reception of residents (eg. other Long-Term Care Centers, Hospitals, and Ambulance Companies). **Reminder: Execute at least one agreement with a Long Term Care Center more than 50 miles away.**

Resident COVID-19 status will be identified

Type of Service:	Hospital
Name:	Cheshire Medical
Address:	49 Court Street
City, State, Zip	Keene, NH 03431
Phone Number:	(603) 354-5400

Type of Service:	Ambulance/Transport
Name:	Diluzio
Address:	
City, State, Zip	Keene, NH 03431
Phone Number:	(603) 357-0341

Type of Service:	Long Term Care
Name:	Landgon Place of Keene
Address:	Arch Street
City, State, Zip	Keene, NH 03431
Phone Number:	603-357-3902 Kathleen Nichols Administrator

Type of Service:	Long Term Care
Name:	Applewood
Address:	8 Snow Road
City, State, Zip	Winchester, NH 03470
Phone Number:	(603) 239-6355 Gail Cushing, Administrator

Type of Service:	Long Term Care
Name:	Jaffry Rehabiliation and Nursing Center
Address:	20 Plantation Drive
City, State, Zip	Jaffrey, NH 03452
Phone Number:	(603) 532-8762 Patrick Lyons, Administator ███████████

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Type of Service:	Long Term Care
Name:	Keene Center
Address:	677 Court Street
City, State, Zip	Keene, NH 03431
Phone Number:	(603) 357-3800 Michale Johnson, Admin ███████

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Appendix 10: Short-Term Evacuation Plan

Enter the information requested below. Describe the center's plan for short-term evacuation procedures. Consider custody issues for patients in specialty care units, accountability process for visitors and vendors, maintaining clear approach areas for emergency equipment and personnel, and a communication plan when developing these procedures.

Short-term evacuation will be used if immediate evacuation of the center is needed for safety considerations (e.g. the structural integrity of the building is compromised or there is an active fire in the center). Employees, staff, and residents will gather at established meeting spaces outside the center. Choose gathering points away from where emergency personnel will be responding to the center. Plan to use cell phones to communicate the short-term evacuation activation to the RVP, transportation services, short-term evacuation site, and the long-term evacuation sites to indicate a long-term evacuation is possible. Plan for no re-entry to the building until it is determined it is safe to do so.

(Note: While areas such as school gymnasiums and churches are not good evacuation sites for a long-term evacuation, they may be used if the structural integrity of the center is compromised. If it is determined a long-term evacuation is necessary, follow the center's plan for evacuation using the short-term evacuation area as the sending center.)

PLAN

Meeting Place 1:Main Dining Room 2nd Floor,

Meeting Place 2: Dining Room 1st Floor Unit #3

Transportation Services: Diluzio Ambulance . The back up is Thomas Transporation

Potential Locations – Stop Over: Alumni Center at Keene State. – Contact Security to

activate the plan and they can unlock the center after hours. Telephone # 603-358-2228

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Appendix ⬤: Triage of Casualties (update ⬤ 1/15/2017)

Instructions:

In the event of an internal or external disaster resulting in injuries, all casualties will be triaged using the priority Mass Casualty criteria and tags identified below. The Center Nurse Executive and Medical Director or designees will coordinate the process in collaboration with emergency personnel. Where appropriate, victims from external disasters will be triaged at the ambulance entrance.

Priority 1 Immediate (Red): Serious, but salvageable life threatening injury/illness

> Victims with life-threatening injuries or illness (such as head injuries, severe burns, severe bleeding, heart-attack, breathing-impaired, internal injuries) are assigned a priority 1 or "Red" Triage tag code (meaning first priority for treatment and transportation).

Priority 2 Secondary (Yellow): Moderate to serious injury/illness (not immediately life-threatening)

> Victims with potentially serious (but not immediately life-threatening) injuries (such as fractures) are assigned a priority 2 or "Yellow" (meaning second priority for treatment and transportation) Triage tag code.

Priority 3 Delayed (Green): 2 types

- Victims who are not seriously injured, are quickly triaged and tagged as "walking wounded", and a priority 3 or "green" classification (meaning delayed treatment/transportation). Generally, the walking wounded are escorted to a staging area out of the "hot zone" to await delayed evaluation and transportation.

- Delayed also includes those victims with critical and potentially fatal injuries or illness, indicating no immediate treatment or transportation.

Priority 4 Deceased (Black):

> Victims who are found to be clearly deceased at the scene with no vital signs and/or obviously fatal injuries are classified as deceased or priority 4 (Black) in the triage coding system.

Planned Triage Locations

After triage, casualties will be moved to the following locations for treatment, evaluation, and transportation, as appropriate:

Priority 1:   Front Conference Room
Priority 2:   Upstairs Dining Room
Priority 3:   Front Lobby
Priority 4:   Evergreen Courtyard

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Appendix 12: Emergency Supplies and Location of Critical Equipment

Instructions: Enter the location of emergency supplies; add additional items as necessary.

ITEM	LOCATION
Radio (transistor) weather / radio alert	Garage/Maintenace backroom
Flashlight / Glow Sticks (extra batteries and bulbs)	Crash carts at each nursing unit
Self-stick tags for identification purposes	All nursing stations
Basic tool kit (hammer, pliers, screwdriver(s), knife, etc.)	*All 3 nursing stations*
Shovel(s)	Maintenance Garage
Drinking water supply per contract	Sand Cellar downstairs
Disposable eating equipment	Kitchen
Food, emergency supply	Kitchen
Waterless hand cleaner	Central Supply
Gloves and masks	Central Supply
Linens, blankets, adequate in case of power failure	Laundry Room
Emergency first-aid kit	Nursing Units
Trash Bags	Kitchen and Laundry
Log or tablet to list residents/patients/employees leaving the Center	Visitor log books
Incontinent supplies (briefs), disposable wash cloths	Central Supply
Room thermometers	Nursing Units
Blood pressure cuffs	Central Supply or Nursing Units
Stethoscopes	Central supply or Nursing Units
Mass Casualty Tags (red, yellow, green, blue, black)	Unit One Crash Cart
Policy and procedure manuals	Nursing Units On line
Personal protective equipment	Janitor Closets Kitchen Laundry Rooms
MSDS	Nursing Units, Activities Housekeeping Dietary Reception
Master keys	Reception Lock Box

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FIRE EXTINGUISHERS	LOCATION
10# ABC	Medical Records Room
5 # ABC	Break Room
Class K	Kitchen near entrance door
10 # ABC	Kitchen by phone
20 # ABC	Boiler Room inside door
10 #ABC	Exit Door by Salon

10 #ABC	Central Supply
10 #ABC	Elevator Room
10 #ABC	Laundry Room
10 #ABC	By Room 2
10 #ABC	By Room 7
10 #ABC	By room 106
10 #ABC	By Main Dining Room
10 #ABC	Inside main dining room double doors
10 #ABC	By room 122
10 #ABC	In training office
10 #ABC	At timeclock
10 #ABC	Outside main dining room door at gazeebo
10 #ABC	Inside of garage roll-up door

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Appendix 13: Surge Capacity

Instructions: Enter information into the table as prompted below.

This analysis assists the center in determining the maximum number of patients that may be accommodated if the center is asked to expand services through the local EMS or to meet the terms of a Memorandum of Understanding (MOU) with another provider.

Location	Number of Possible Additional Beds (Based on 70 Sq. Ft./Bed)	Priority Level of the Area (from least desirable to most (Scale: 1 – 10)	Comments (Ex: Possible Isolation Area or Specialty Area)
Private Rooms Which Can Accept Additional Beds	0	0	
Semi-Private Rooms Which Can Accept Additional Beds	0	0	
Additional Bed Space Downstairs Dining Rooms	8	5	Specialty Area
Additional Bed Space Upstairs Dining Room	8	5	Specialty Area
Additional Bed Space Beauty Shop	2	10	
Additional Bed Space Rehab Gym	3	2	Specialty Area
Additional Bed Space Unit 1 & 2 Lounges	6	1	Open area
Additional Bed Space Employee Lounge	4	10	Has Bathroom Attached
Additional Bed Space Offices	3	8	CNE, SSD, CED
Additional Bed Space Temp Therapy Gym	4	10	Room 114
Additional Bed Space Offices	4	10	Room 101 & 102
Total Additional Beds (Surge Capacity)	8		

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█████ HEALTHCARE ~ WESTWOOD   **SQUARE FOOTAGE SURVEY**

#	DESCRIPTION	SQFT
40	ADMINISTRATOR	219.66
41	BUSINESS OFFICE	219.66
42	SOCIAL SERVICE	121.60
43	DNS OFFICE	103.07
44	W2 OFFICE	19.80
29	LOUNGE OFFICE	346.50
45	W2 STAFF BATH	20.64
46	W1 STAFF BATH	20.64
30	W3 STAFF BATH	23.02
	ADMINISTRATIVE & GENERAL	1095.22

#	DESCRIPTION	
13	BOILER ROOM	599.74
19	ELEVATOR ROOM	123.84
20	ELEVATOR	25.01
	PLANT OPERATIONS	748.59

#	DESCRIPTION	
47	W2 DIRTY UTILITY	65.00
48	W2 CLEAN LINEN CLOSET	17.50
49	W2 CLEAN LINEN CLOSET	17.50
50	W1 CLEAN LINEN CLOSET	17.50
51	W1 CLEAN LINEN CLOSET	17.50
52	W1 DIRTY UTILITY	65.00
16	PERSONAL CLOTHES	80.36
17	CLEAN LAUNDRY AREA	230.56
18	DIRTY LAUNDRY AREA	345.60
	LAUNDRY & LINEN	649.52

#	DESCRIPTION	
53	W2 JANITORS CLOSET	13.72
14	W3 JANITORS CLOSET	22.96
	HOUSEKEEPING	36.68

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#	DESCRIPTION	SQ. FT.
54	UPSTAIRS DINING	1004.80
22	DOWNSTAIRS DINING	942.00
23	KITCHEN	945.10
24	KITCHEN OFFICE	68.88
25	KITCHEN FOOD STORAGE	173.76
26	KITCHEN JANITORS CLOSET	11.22
27	STAFF LOUNGE	501.54
	DIETARY	3647.30

#	DESCRIPTION	
201	RESIDENT ROOM	199.18
202	RESIDENT ROOM	199.18
203	RESIDENT ROOM	199.18
204	RESIDENT ROOM	199.18
205	RESIDENT ROOM	254.30
206	RESIDENT ROOM	243.04
207	RESIDENT ROOM	199.18
209	RESIDENT ROOM	199.18
210	RESIDENT ROOM	442.00
212	RESIDENT ROOM	442.00
214	RESIDENT ROOM	442.00
216	RESIDENT ROOM	442.00
218	RESIDENT ROOM	442.00
55	W2 NURSES STATION	176.00
56	W2 SHOWER ROOM	37.65
101	RESIDENT ROOM	199.18
102	RESIDENT ROOM	199.18
103	RESIDENT ROOM	199.18
104	RESIDENT ROOM	199.18
105	RESIDENT ROOM	254.30
106	RESIDENT ROOM	243.04
107	RESIDENT ROOM	199.18
109	RESIDENT ROOM	199.18
110	RESIDENT ROOM	442.00
112	RESIDENT ROOM	442.00
114	RESIDENT ROOM	442.00
116	RESIDENT ROOM	442.00
57	W1 NURSES STATION	76.44
58	W1 SHOWER ROOM	37.65
59	WHIRLPOOL ROOM	72.88

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#	DESCRIPTION	
1	RESIDENT ROOM	309.16
2	RESIDENT ROOM	309.16
3	RESIDENT ROOM	423.19
4	RESIDENT ROOM	309.16
5	RESIDENT ROOM	309.16
6	RESIDENT ROOM	309.16
7	RESIDENT ROOM	309.16
8	RESIDENT ROOM	309.16
9	RESIDENT ROOM	309.16
10	W3 SHOWER ROOM	20.80
11	W3 NURSES STATION	62.09
	ROOMS	10878.86

#	DESCRIPTION	
60	OXYGEN STORAGE	13.72

#	DESCRIPTION	
15	CENTRAL SUPPLY	234.16

#	DESCRIPTION	
62	W1 MED ROOM	48.00
61	W2 MED ROOM	48.00
	MEDICAL SUPPLY	96.00

#	DESCRIPTION	
12	BEAUTY SHOP	167.44

#	DESCRIPTION	
63	W1 SITTING AREA	391.00
64	W2 SITTING AREA	391.00
	SITTING AREAS	782.00

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#	DESCIPTION	
31	LOUNGE SAND CELLAR	758.10
32	LAUNDRY SAND CELLAR	2340.56
65	STAIRWELL	126.50
		3225.13

#	DESCRIPTION	
66	W2 SHORT HALL	406.00
67	W2 SITTING HALL	280.00
68	UPSTAIRS LONG HALL	700.00
69	W1 SHORT HALL	406.00
70	W1 SITTING HALL	280.00
71	UPSTAIRS ELEVATOR ENTRANCE	64.86
21	DOWNSTAIRS ELEVATOR ENTRANCE	62.98
33	W3 SHORT HALL	196.80
34	W3 LONG HALL	1120.00
35	LOUNGE HALL	141.24
	HALLWAY	3657.88

#	DESCRIPTION	
72	ACTIVITY ROOM	219.66
73	ACTIVITY CLOSET	29.55

#	DESCRIPTION		
74	PUBLIC BATH		34.50
28	LOUNGE BATH		23.02
75	201-203 RESIDENT BATH		43.86
76	202-204 RESIDENT BATH		43.86
77	207-209 RESIDENT BATH		43.86
78	101-103 RESIDENT BATH		43.86
79	102-104 RESIDENT BATH		43.86
36	1-2	RESIDENT BATH	39.87
37	4-5	RESIDENT BATH	39.87
38	6-7	RESIDENT BATH	39.87
39	8-9	RESIDENT BATH	39.87
	BATH		436.30

TOTAL FACILITY SQFT: 25,917.71

Appendix 14: Emergency Water Supply

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Instructions: Enter information into the table as prompted below

1. Potable Water Contract Information

Company: Garelick Farms

Address: Farm Road

City: Boston

State: MA

Zip: 02010

Contact Person: Brenda Cahill

2. Emergency Water Supply

The center may prioritize use of water for activities as follows:
  i.   Drinking
  ii.   Medicating
  iii.   Dietary use
  iv.   Personal hygiene
  v.   Waste water (mopping)

The Red Cross, FEMA and USGS recommend an emergency supply of one gallon of water per person, per day. The center has calculated this need as follows:

  ➢   Total bed capacity = 85__ + Total approximate expected staff per day 25 = 110 Total people

  ➢   Total people X 3 days = 330 gallons of water

The center's water source amounts and locations are as follows (enter applicable amounts and sites:
  a. Primary

      i.   200 gallons bottled water. Location(s): Sand cellar Staff lounge

      ii.   0 gallons water in barrels. Location(s): _____

      iii.   30 gallons in ice machine(s) Location(s): Kitchen

  iv.   TOTAL: 230 gallons*

      (*Note: should meet or exceed gallons calculated in # 2, Above)

  b.Secondary

      i.   238 gallons in water heaters. Location: Boiler Room

      ii.   41 gallons in toilet tanks.

      iii.   10 gallons in other _____. Location: Staff lounge

          iv.   _____gallons in other _____. Location: _____

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Appendix 15: Utility Shut-Off Procedures

In the event of utility disruption, call the Center Executive Director and Maintenance Director immediately. The Center Executive Director or designee will be responsible for notifying the appropriate state agencies, as required. Enter the information required below.

Utility Shut-Off Locations

1. Water: Boiler Room near Sprinkler system
2. Electricity: Boiler Room near generator panel
3. Gas: Boiler Room as marked next to generator panel
4. Heat: Boiler Room first boilers when walking into the room, Turn off switches on boilers
5. Fire Sprinkler System:in boiler room far left corner, follow directions on system but should be qualified personnel all explained during orientation
6. Oxygen Room: NONE
7. Oxygen Manifold Shutoff: NONE

Generator/Battery System

The generator may be used in emergency situations.

Generator Location: Outside but panel is in boiler room

Extra Fuel Storage Location: Undernearth Generator

Location of generator Start Up Procedures: On back of panel in boiler room

In an emergency situation, the following individuals have the authority to "shut off" the utilities: Melissa Castor, Scott Meade, Daniel Birmingham and Andrew Mackey

Use diagrams and instructions on the shut off values, utility controls to explain and use each utility shut-off.

For centers that maintains an onsite fuel source to power the emergency generator(s), insert the contract with a vendor to supply fuel in an emergency to keep the emergency generator operational for the duration of the emergency. (INSERT CONTRACT FOLLOWING THIS PAGE.)

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Appendix 16: Potential Explosives List

Instructions: Enter all potential explosives and current location.

ITEM	LOCATION
Oxygen Storage	Outside against the building near employee entrance
Generator Fuel	Under generator on side of building near the boiler room
Garage heat	Propane tank beside Maintenance garage

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Appendix 17: Special Care Unit Fire Procedure

The purpose of this section is to plan for the safety of Specialty Care Unit (SCU) residents in case of a fire or fire drill. Insert the required information below. *Due to the profile of the SCU residents, procedures may vary from routine center policy.*

In case of a fire or fire drill in any other zone in the building (outside of the SCU):
- All SCU residents who are not in bed will be kept together in a specific area.
- SCU staff close all doors in the unit and stay with SCU residents.
- Any residents who are in bed will remain in bed with the room door closed until all clear.

If fire or fire drill is in the SCU:
- SCU staff close all doors to rooms.
- SCU staff move residents past fire doors to safe area.
- SCU staff remain with the SCU residents until all clear.
- If residents are in bed, staff move residents potentially in immediate danger to safe area.

Fire Emergency During COVID-19 In Special Care Unit-
The purpose of this section is to plan for the safety of residents in case of a fire. Due to the profile of the COVID-19 residents, procedures may vary from routine Center policy.

If fire is on the COVID-19 Positive Unit:
• Staff move residents past fire doors to safe area, preferably not in AQU or COVID-naive areas.
• Staff close all doors to rooms.
• Staff wear appropriate PPE including N95/approved KN95 respirator and face shield during transport and in refuge areas.
• Staff remain with residents until all clear.

If fire is on the Admission Quarantine Unit (AQU):
• Staff move residents past fire doors to refuge area, preferably not in COVID-positive or the COVIDnaïve units
• Staff close all doors to rooms.
• Staff wear appropriate PPE including N95/approved KN95 respirator and face shield during transport and in refuge areas.
• Staff remain with the AQU residents until all clear

In case of a fire in any other zone in the building (outside of the COVID-19 Positive Unit):
• Staff move residents past fire doors to safe area, preferably not in COVID-positive or AQU area.
• All COVID-19 positive residents who are not in bed will be kept together in a specific area.
• Staff close all doors in the unit and stay with COVID-19 residents.
• Any residents who are in bed will remain in bed with the room door closed until all clear.
• Staff wear at a minimum face masks and eye protection, and wear appropriate PPE based on resident diagnosis and applicable transmission-based precautions

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Appendix I Fire Sprinkler System Shut-Off Procedures

-Communicate with Fire Dept. before you do anything
-Located in the boiler room in the corner on the left.
-2 Valves or handles that are black.
-They will be turned to the right to turn off.
-Inform CED and maintenance of Shut Off

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Revised 4/1/23

Appendix 19: Fire Alarm Reset Procedures

Insert the center's fire alarm shut-off procedures. Use pictures and/or diagrams to help provide a detailed explanation.

Step 1: Turn Key to program mode, which is to the left and up.

Step 2: Push the reset button and wait for assistance

Step 3: Push code 1111 if needed

Note: Panel takes about 1 minute to go through checks and resets.

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Mechanical Room Gas, Electric, and Water Services to Alpine

Gas Service - Main Propane to the Building - January 2019
Yellow placards at the Gas Main guide you -

Main Gas Service to the Building – Press handle down and all gas service to the building stopped.

Revised 4/1/23
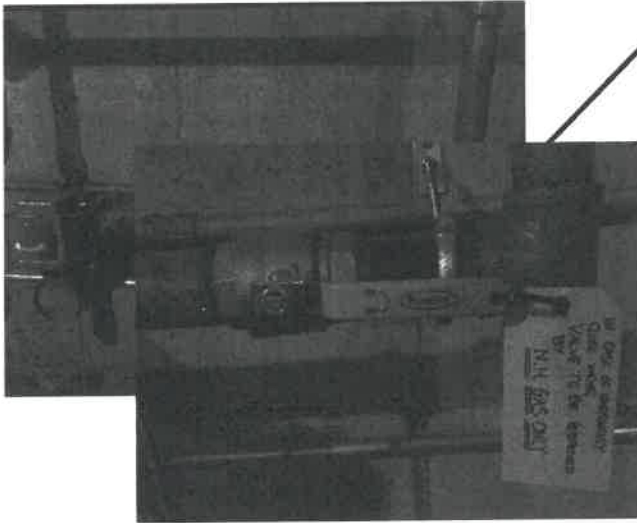
Mechanical Room Water Services to Alpine

Water Service – Water Main - January 2019

Yellow placards at the Water Main guide you

Primary Main Water Valve shutting off water to the building… Pull upward perpendicular to the flow.

Sprinkler System Riser

Two control valves manage the sprinkler riser that are turned clockwise **to turn off the water flow** .. The fire department and maintenance must be involved in turning these risers on or off based upon the situation.   This water is a separate water feed outside of the primary water main shown above. ONLY FIRE DEPT. CAN TURN BACK ON.

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Appendix 20: Security Plan

This form is used to describe the center's plan for access and perimeter security. Instructions: Enter the location of entrances and exits and the security plan for each in the table below.

Entrance/ Exit Location	Used by/ Purpose	Restricted access (Keypad/ lock)		Frequency of entry code change	Type of alarm system	Current signs on door?	Locked/ Open Days/Times		Lighting Evaluation *	Comments and/or Corrective Action
		YES	NO							
Example: Kitchen Backdoor (by ramp)	*Employees to take out trash; supply vendors.*	*Y*		*Monthly, Qtrly*	*Wander-guard, Watch Mate, IBI, or Catchall.*	*Marked as exit, no sign on outside of door*	*Daily*	*5:00 a.m. – 8:00 p.m.*	*Adequate*	
Front Entrance- Lobby side of building	All visitors, staff, vendors	Y		Semi annually	Wanderguard	Main Entrance	Daily	5am until 10:30 pm Daily- Locked During COVID-19	Adequate	
Front Entry- Therapy Gym Side of Building	Emergency Only	Y					Locked	Locked		
Unit 1 Resident Solarium	Emergency Only	Y					Locked	Locked		
Main Dining Room	Emergency Only	Y					Locked	Locked		
Unit 2 Resident Solarium	Emergency Only	Y					Locked	Locked		
Unit 3 Courtyard	Emergency Only	Y					Locked	Locked		

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Revised 4/1/23

Downstairs Employee Breakroom Enterance	Emergency Only	Y					Locked	Locked	

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Revised 4/1/23

Appendix 20: Security Plan

*Lighting Evaluation: When evaluating lighting adequacy, look for shadowed areas and for burned-out light bulbs. Replace burned-out light bulbs immediately. Add additional lighting and remove brush or debris to eliminate shadowed areas.

B. Interior Building Security

1. Describe what the center has in place for stairwell protection (if applicable). Included in the description may be door security alarms/keypads, persons responsible for updating/changing entry codes, CCTV cameras and how the system is monitored, or other systems used for stairwell protection.

One Stairwell located next to the main dining rooms on both floors both have coded doors so only personnel with the code will use unless an emergency

Lighting Adequacy- When evaluating lighting adequacy, look for shadowed areas and for burned-out light bulbs. Replace burned-out light bulbs immediately. Add additional lighting to eliminate shadowed or dark areas.

Adequate Lighting in Stairwell

2. Describe the check-in procedures for visitors and how identification badges for employees and/or visitors being used.

Visitors check in at the front desk and sign the guest book. Employee badges worn in the building and around the property. Time clock on side of the building that is coded to enter and at the elevator main floor.

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Revised 4/1/23

Appendix 20: Security Plan

4. Describe how the following are used for Resident-Specific Security:

- Security measures for special units.

Residents that are high risk for leaving the building have wanderguards on ankles. Alarms will be set off and the panel will light up as to what door is being breached.

- Resident Elopement Wander Guards.

Wanderguards are worn by residents that are a safety risk

- Electronic alarms systems such as door alarms.

All exits are alarmed and have wanderguard security.

- Communication call bells.

- There are call bells in each room and bathroos in the center

- Visitor Log Protocol.

All visitors sign in at the front desk.

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Appendix 21: Elopement Drill Documentation Form

Drill Date and Time:_____ **Unit:**_____

Check (✓) all that apply:

_____ Nurse alerts all staff of missing patient with an announcement, for example, "Medical Alert – We are activating Missing Patient protocols. The Resident was last seen (location)". This alerts all staff that a formal search is underway.

_____ Each unit sends a person to the unit that announced the code to learn the name and description of the missing patient.

_____ Each unit charge nurse directs in-house staff to search room to room and all areas of the Center: patient rooms, closets, under beds, shower rooms, utility rooms, offices, dining rooms, stairwells, laundry, kitchen (including walk-in refrigerators and freezers), bathrooms, dayrooms/lounges, courtyards, and employee lounges.

_____ Search outside building perimeter and grounds.

_____ Report all unit, kitchen, and grounds search findings to the person in charge of the Center immediately.

_____ Staff are able to verbalize what to do if patient is not located by the end of the search.

_____ Staff are able to verbalize documentation and follow-up requirements.

Comments:

_____

_____

_____

_____

Plan of Correction (if indicated):

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Person Conducting Drill:_____

Printed Name: _____

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Appendix 22: Succession Plan

During an emergency, the center's highest-ranking individual serves as the acting Incident Commander until the Center Executive Director (CED)/Designee arrives. This person immediately contacts the CED/Designee.

When on-site, the CED/Designee is the Incident Commander and is updated on the situation by the acting Incident Commander. In the absence of the CED, The Center Nurse Executive (CNE) acts as the Incident Commander. In the absence of the CED and CNE, the following team members act as the Incident Commanders, in priority order.

CED Name: Melissa Castor

CNE Name: Laurie Madden

Incident Commanders in absence of CED and CNE:

Name and Title: Scott Meade, Maintenance Director and Safety Director

Name and Title: Daniel Birmingham, Maintenance Director Keene Center

Name and Title:

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Appendix 23   Description of Center Patient/Resident Population
(Insert from or Refer to Center Facility Assessment. See <u>OPS 161, Facility Assessment</u> for details.)

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Appendix 24: Annual Review and Sign-Off

This EPP has been reviewed, with changes noted, and approved by the Safety Committee and Center Executive Director:

Safety Committee Chairman Name: Scott Meade, Supervisor Mainteance

Safety Committee Chairman Signature and Date: April, 2023

Center Executive Director Name: Melissa Castor, CED

Center Executive Director Signature and Date: April, 2023

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Appendix 25: State and Local Requirements

If your state/county/city/municipality has more stringent requirements, enter those requirements below, or insert reference materials. Contact your local EMS for information.

There are no local code requirements that we conduct a disaster drill semi-annually

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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Appendix 26.   Insertions from Compliance Guide Completed Tasks

Instructions: After this page, insert the following completed documents from the Emergency Preparedness Compliance Guide:

1.   **Resident Council Minutes indicating dates/times of presentations of the EPP.**

2.   **Contact with Local Emergency Management Services (EMS) Form.**

3.   **Community-Based Drill After Action Report**

4.   **Training Acknowledgement Forms (Staff)**

5.   **Tabletop Exercise**

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Exhibit 1: Food and Nutrition Services – Sample Emergency Menu, Level 1: No Power

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
BRK	3/4 cup	Juice,Assorted-Bulk	Juice,Assorted-Bulk	Juice,Assorted-Bulk	Juice,Assorted-Bulk
	3/4 cup	Cold Cereal	Cold Cereal, Moistened	Cream of Wheat or Rice 1/2 cup	Cream of Rice 1/2 cup
	1/4 cup	Cottage Cheese	Cottage Cheese	Puree Cottage Cheese 1/2 #10 scoop	Cottage Cheese
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread
	1 each	Margarine	Margarine	Margarine	Margarine
	1 each	Jelly	Jelly	Jelly	Jelly
	1 cup	Milk	Milk	Milk	Milk
LUN	1-1/2 cup	Beef Stew, Cnd	Beef Stew, Cnd, Ground	Puree Beef Stew, Cnd	GF Peanut Butter & Jelly Sandwich 1 each
	1/2 cup	Seasoned Green Beans	Seasoned Green Beans	Puree Seasoned Green Beans 1 #10 scoop	Seasoned Green Beans
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread
	1 each	Margarine	Margarine	Margarine	Margarine
	1/2 cup	Fruit, Cnd	Fruit, Cnd, Chop	Puree Fruit, Cnd 1 #10 scoop	Fruit, Cnd
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
	1/2 cup	Milk	Milk	Milk	Milk
DIN	1 each	Tuna Salad Sandwich	Plain Tuna Salad on Wheat	Puree Tuna Salad,Puree Bread 1 serving	GF Tuna Salad Sandwich
	1/2 cup	Seasoned Beets	Seasoned Beets	Puree Seasoned Beets 1 #8 scoop	Seasoned Beets
	2 each	Assorted Cookies	Puree Sugar Cookies 1 #16 scoop	Puree Sugar Cookies 1 #16 scoop	GF Cookies
	1/2 cup	Lemonade	Lemonade	Lemonade	Lemonade
	1/2 cup	Milk	Milk	Milk	Milk
S3	1 packet	Graham Crackers (S)	Pudding,(S) 1/2 cup	Pudding,(S) 1/2 cup	GF Pudding 1/2 cup
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch

Note: All therapeutic diets are waived during an emergency, with the exception of consistency modified and Gluten Free diets. Continue to serve thickened beverages, as ordered.

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Level 2, Limited Power

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
BRK	3/4 cup	Juice,Assorted-Bulk	Juice,Assorted-Bulk	Juice,Assorted-Bulk	Juice,Assorted-Bulk
	1/2 cup	Hot Cereal	Hot Cereal	Cream of Wheat	Cream of Rice
	1/4 cup	Scrambled Egg	Scrambled Egg	Puree Scrambled Egg 1 #12 scoop	Scrambled Egg
	1 slice	Wheat Toast	Wheat Toast, No Crust	Puree Warm Bread 1 #12 scoop	GF Toast
	1 each	Margarine	Margarine	Margarine	Margarine
	1 each	Jelly	Jelly	Jelly	Jelly
	1 cup	Milk	Milk	Milk	Milk
LUN	1 each	Roasted Chicken	Roasted Chicken,Grd, Moistened 1 #12 scoop	Puree Roasted Chicken 1 #12 scoop	Roasted Chicken
	1/2 cup	Mashed Potatoes	Mashed Potatoes	Mashed Potatoes	Fresh Mashed Potatoes
	1/2 cup	Scalloped Tomatoes	Scalloped Tomatoes	Puree Seasoned Green Beans 1 #10 scoop	Seasoned Green Beans
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread
	1 each	Margarine	Margarine	Margarine	Margarine
	1/2 cup	Ice Cream/Pudding	Smooth Ice Cream/Pudding	Smooth Ice Cream/Pudding	GF Pudding
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
	1/2 cup	Milk	Milk	Milk	Milk
DIN	3/4 cup	Soup, Cnd	Puree Soup, Cnd	Puree Soup, Cnd	
	2 packet	Saltines			
	1 each	Grilled Cheese Sandwich	Grilled Cheese Sandwich,No Crust	Puree Grilled Cheese Sandwich 1 serving	GF Grilled Cheese Sandwich
	1/2 cup	Three Bean Salad	Plain Three Bean Salad	Puree Three Bean Salad 1 #8 scoop	Fresh Three Bean Salad
	1/2 cup	Fruit, Cnd	Fruit, Cnd, Chop	Puree Fruit, Cnd 1 #10 scoop	Fruit, Cnd
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
	1/2 cup	Milk	Milk	Milk	Milk
S3	1 packet	Graham Crackers (S)	Pudding,(S) 1/2 cup	Pudding,(S) 1/2 cup	GF Pudding 1/2 cup
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch

Note: All therapeutic diets are waived during an emergency, with the exception of consistency modified and Gluten Free diets. Continue to serve thickened beverages, as ordered.

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Level 3, Limited Power

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
BRK	3/4 cup	Juice,Assorted-Bulk	Juice,Assorted-Bulk	Juice,Assorted-Bulk	Juice,Assorted-Bulk
	1/2 cup	Hot Cereal	Hot Cereal	Cream of Wheat	Cream of Rice
	1 each	Hard Cooked Egg	Scrambled Egg 1/2 cup	Puree Scrambled Egg 1 #12 scoop	Scrambled Egg 1/2 cup
	1 slice	Wheat Toast	Wheat Toast, No Crust	Puree Warm Bread 1 #12 scoop	GF Toast
	1 each	Margarine	Margarine	Margarine	Margarine
	1 each	Jelly	Jelly	Jelly	Jelly
	1 cup	Milk	Milk	Milk	Milk
LUN	2 ounce	Baked Ham	Baked Ham,Grd,Moistened	Puree Baked Ham 1 #12 scoop	Baked Ham
	1/2 cup	Sweet Potatoes	Sweet Potatoes	*Puree Sweet Potatoes 1 #10 scoop	Sweet Potatoes
	1/2 cup	Wax Beans	Chopped Wax Beans	Puree Wax Beans 1 #10 scoop	Wax Beans
	1 slice	Wheat Bread	Wheat Bread	Puree Warm Bread 1 #12 scoop	GF Bread
	1 each	Margarine	Margarine	Margarine	Margarine
	1/2 cup	Fruit, Cnd	Fruit, Cnd, Chop	Puree Fruit, Cnd 1 #10 scoop	Fruit, Cnd
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
	1/2 cup	Milk	Milk	Milk	Milk
DIN	1 each	Sliced Meat Sandwich	Sliced Meat Sandwich, Ground, Moistened	Puree Sliced Meat Sandwich	GF Sliced Meat Sandwich
	1 packet	Mustard	Mustard	Mustard	Mustard
	1/2 cup	Baked Beans	Mashed Baked Beans	Puree Baked Beans 1 #10 scoop	Seasoned Green Beans
	2 each	Assorted Cookies	Puree Sugar Cookies 1 #16 scoop	Puree Sugar Cookies 1 #16 scoop	GF Cookies
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
	1/2 cup	Milk	Milk	Milk	Milk
S3	1 packet	Graham Crackers (S)	Pudding,(S) 1/2 cup	Pudding,(S) 1/2 cup	GF Pudding 1/2 cup
	1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch

*Note: All therapeutic diets are waived during an emergency, with the exception of consistency modified and Gluten Free diets.
Continue to serve thickened beverages, as ordered*

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Exhibit 2. Sample Emergency Snack M᷍   ᷍

Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
2 each	*Assorted Cookies	*Puree Sugar Cookies 1 #16 scoop	*Puree Sugar Cookies 1 #16 scoop	GF Cookies
1 each	Chocolate Cream Cookie (S)	Choc. Cream Cookies (S)	Puree Choc. Cream Cookies 1 #16 scoop	GF Cookies
1 each	Oatmeal Crème Cookie (S)	Oatmeal Crème Cookie (S)	Puree Oatmeal Crème Cookie 1 #16 scoop	GF Cookies
1 packet	*Graham Crackers (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	GF Cookies
4 each	Vanilla Wafers	Puree Vanilla Wafers 1 #24 scoop	Puree Vanilla Wafers 1 #24 scoop	GF Cookies
1 ounce	Cheese Crackers (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	GF Cookies
1 ounce	Cheese Puffs	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	x
1 ounce	Pretzels (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	x
4 packet	Saltines (S)	Puree Graham Crackers 1 #24 scoop	Puree Graham Crackers 1 #24 scoop	x
1/2 cup	Applesauce	Applesauce	Applesauce	Applesauce
1/2 cup	Mandarin Oranges	Mandarin Oranges 1/2 cup	Puree Mandarin Oranges 1 #10 scoop	Mandarin Oranges
1/2 cup	Peaches	Peaches	Puree Peaches 1 #10 scoop	Peaches
1/2 cup	Pears	Pears	Puree Pears 1 #10 scoop	Pears
1/2 cup	Pineapple Tidbits	Crushed Pineapple	Puree Pineapple 1 #10 scoop	Pineapple Tidbits
1 each	Fresh Apple	Applesauce 1/2 cup	Applesauce 1/2 cup	Fresh Apple
1 each	Banana	Chopped Banana 1/2 cup	Mashed Banana 1/2 cup	Banana
1/2 cup	Cantaloupe	Soft Chopped Cantaloupe 1/2 cup	Puree Cantaloupe 1 #10 scoop	Cantaloupe
1/2 cup	Grapes	Applesauce	Applesauce	Grapes
1 each	Fresh Orange	Mandarin Oranges 1/2 cup	Puree Mandarin Oranges 1 #10 scoop	Fresh Orange
1/2 cup	Watermelon	Chopped Watermelon 1/2 cup	Puree Watermelon 1 #10 scoop	Watermelon
1/2 cup	Apple Juice	Apple Juice	Apple Juice	Apple Juice
1/2 cup	Orange Juice	Orange Juice	Orange Juice	Orange Juice
1/2 cup	Cranberry Juice	Cranberry Juice	Cranberry Juice	Cranberry Juice
1/2 cup	Lemonade	Lemonade	Lemonade	Lemonade
1/2 cup	Fruit Punch	Fruit Punch	Fruit Punch	Fruit Punch
1/2 cup	Smooth Yogurt	Smooth Yogurt	Smooth Yogurt	Smooth Yogurt
1/2 cup	Smooth Pudding	Smooth Pudding	Smooth Pudding	GF Pudding

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NHICS FORM 255 | MASTER RESIDENT EVACUATION TRACKING FORM

NHICS

1. INCIDENT NAME:	2. FACILITY NAME:
3. DATE PREPARED:	4. RESIDENT TRACKING MANAGER:

5. RESIDENT EVACUATION INFORMATION

RESIDENT NAME:					MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	☐ YES ☐ NO
☐ HOME					MEDICATION SENT:	☐ YES ☐ NO
☐ FACILITY TRANSFER					MD/FAMILY NOTIFIED:	☐ YES ☐ NO
☐ TEMP. SHELTER					ARRIVAL CONFIRMED:	☐ YES ☐ NO

RESIDENT NAME:					MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	☐ YES ☐ NO
☐ HOME					MEDICATION SENT:	☐ YES ☐ NO
☐ FACILITY TRANSFER					MD/FAMILY NOTIFIED:	☐ YES ☐ NO
☐ TEMP. SHELTER					ARRIVAL CONFIRMED:	☐ YES ☐ NO

RESIDENT NAME:					MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/TRANSPORT CO.)	MED RECORD SENT:	☐ YES ☐ NO
☐ HOME					MEDICATION SENT:	☐ YES ☐ NO
☐ FACILITY TRANSFER					MD/FAMILY NOTIFIED:	☐ YES ☐ NO
☐ TEMP. SHELTER					ARRIVAL CONFIRMED:	☐ YES ☐ NO

6. CERTIFYING OFFICER:	7. DATE/TIME SUBMITTED:

PURPOSE: RECORD INFORMATION CONCERNING RESIDENT DISPOSITION DURING A FACILITY EVACUATION

ORIGINATION: OPERATIONS BRANCH

COPIES TO: PLANNING SECTION CHIEF AND DOCUMENTATION UNIT LEADER LEADER

NHICS 255
PAGE ___ of ___
REV. 3/11

Exhibit 3
Revised 4/1/23

Exhibit 4

NHICS
NURSING HOME RESIDENT
COMMAND SYSTEM

IAL RESIDENT EVACUATION TRACKING FORM

	2. DATE:	
	5. AGE:	
	7. SIGNIFICANT MEDICAL HISTORY:	
☐ YES ☐ NO	**CONTACT INFORMATION:**	_____

IENT (CHECK THOSE THAT APPLY):

☐ IV PUMPS	☐ SERVICE ANIMAL	☐ FOLEY CATHETER
☐ OXYGEN	☐ G TUBE PUMP	☐ OTHER
☐ VENTILATOR	☐ MONITOR	☐ OTHER
☐ BLOOD GLUCOSE MONITOR	☐ OTHER	☐ OTHER
☐ RESPIRATORY EQUIPMENT	☐ OTHER	☐ OTHER

☐ YES ☐ NO	**TYPE:**	_____

	12. ARRIVING LOCATION	
TIME:	ROOM#:	TIME:
☐ YES ☐ NO	ID BAND CONFIRMED:	☐ YES ☐ NO
	ID BAND CONFIRMED BY:	
☐ YES ☐ NO	MEDICAL RECORD RECEIVED:	☐ YES ☐ NO
☐ YES ☐ NO	FACE SHEET/TRANSFER TAG RECEIVED:	☐ YES ☐ NO
☐ WITH PATIENT ☐ LEFT IN ROOM ☐ NONE	BELONGINGS RECEIVED:	☐ YES ☐ NO
☐ WITH PATIENT ☐ LEFT IN ROOM ☐ NONE	VALUABLES RECEIVED:	☐ YES ☐ NO
☐ WITH PATIENT ☐ LEFT IN ROOM ☐ NONE	MEDICATIONS RECEIVED:	☐ YES ☐ NO

IS

	TIME DEPARTING TO RECEIVING FACILITY:
	ARRIVAL TIME:
☐ AMBULANCE UNIT ☐ HELICOPTER ☐ BUS ☐ OTHER: _____	
☐ YES ☐ NO	ID BAND CONFIRMED BY:

> ACCOUNT FOR EACH RESIDENT TRANSFERRED TO ANOTHER FACILITY
N – ADMIT/TRANSFER & DISCHARGE UNIT

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PAGE ___ of ___
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Exhibit 5: NHICS FORM 251: CENTER STATUS REPORT

| 1. INCIDENT NAME: | | 2. CENTER NAME: | |
| 3. DATE PREPARED: | 4. TIME PREPARED : | 5. OPERATIONAL PERIOD: | |

SYSTEM STATUS CHECKLIST

COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
FAX	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
INFORMATION TECHNOLOGY SYSTEM (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM/INTRANET, ETC.)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
NURSE CALL SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
PAGING – PUBLIC ADDRESS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
RADIO EQUIPMENT	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
SATELLITE SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
TELEPHONE SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
TELEPHONE SYSTEM – CELL	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
VIDEO-TELEVISION-INTERNET-CABLE	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

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OTHER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
CAMPUS ROADWAYS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
FIRE DETECTION/SUPPRESSION SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
FOOD PREPARATION EQUIPMENT	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
ICE MACHINES	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
LAUNDRY/LINEN SERVICE EQUIPMENT	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
STRUCTURAL COMPONENTS (BUILDING INTEGRITY)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
OTHER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
RESIDENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
PHARMACY SERVICES	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
DIETARY SERVICES	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

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ISOLATION ROOMS (POSITIVE/NEGATIVE AIR)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
OTHER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

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SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
DOOR LOCKDOWN SYSTEMS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
SURVEILLANCE CAMERAS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
OTHER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELECTRICAL POWER-PRIMARY SERVICE	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
SANITATION SYSTEMS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
WATER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
NATURAL GAS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
OTHER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
AIR COMPRESSOR	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
ELECTRICAL POWER, BACKUP GENERATOR	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

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UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELEVATORS/ESCALATORS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
HAZARDOUS WASTE CONTAINMENT SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
OXYGEN	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
PNEUMATIC TUBE	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
STEAM BOILER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
SUMP PUMP	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
WELL WATER SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
WATER HEATER AND CIRCULATORS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
OTHER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

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INCIDENT NAME:		2. CENTER NAME:	
DATE/TIME PREPARED:		4. OPERATIONAL PERIOD DATE/TIME:	

REPORTED CASUALTY/FATALITY

RESIDENT NAME:	MEDICAL RECORD #	EXPIRED DATE / TIME	RECEIVING HOSPITAL	TRANSFER DATE / TIME
INJURY				
RESIDENT NAME:	MEDICAL RECORD #	EXPIRED DATE / TIME	RECEIVING HOSPITAL	TRANSFER DATE / TIME
INJURY				
RESIDENT NAME:	MEDICAL RECORD #	EXPIRED DATE / TIME	RECEIVING HOSPITAL	TRANSFER DATE / TIME
INJURY				
RESIDENT NAME:	MEDICAL RECORD #	EXPIRED DATE / TIME	RECEIVING HOSPITAL	TRANSFER DATE / TIME
INJURY				
RESIDENT NAME:	MEDICAL RECORD #	EXPIRED DATE / TIME	RECEIVING HOSPITAL	TRANSFER DATE / TIME
INJURY				

Exhibit 6: NHICS FORM 259 | MASTER CENTER CASUALTY/FATALITY REPORT

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Revised 4/1/23

Exhibit 7: NHICS FORM 252 | SECTION PERSONNEL TIME SHEET   (STAFF TRACKING SHEET)

6. FACILITY NAME:

7. FROM DATE/TIME: **8. TO DATE/TIME:**

9. SECTION: **10. TEAM LEADER:**

11. TIME RECORD

#	EMPLOYEE (E)/VOLUNTEER (V) NAME (PLEASE PRINT)	EV	EMPLOYEE NUMBER	NHICS ASSIGNMENT/ RESPONSE FUNCTION	DATE/TIME IN	DATE/TIME OUT	SIGNATURE	TOTAL HOURS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

1. CERTIFYING OFFICER: **2. DATE/TIME SUBMITTED:**

PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY, INCLUDING VOLUNTEERS

NHICS 252

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Revised 4/1/23

Exhibit 8: NHICS FORM 253 | VOLUNTEER STAFF REGISTRATION

12. FACILITY NAME:

13. FROM DATE/TIME:

14. TO DATE/TIME:

15. REGISTRATION

NAME (LAST NAME, FIRST NAME)	ADDRESS (INCLUDE CITY, STATE, ZIP)	SOCIAL SECURITY NUMBER	TELEPHONE	CERTIFICATION/ LICENSURE & NUMBER	REFERENCE CHECK	SECTION ASSIGNMENT

16. CERTIFYING OFFICER:

17. DATE/TIME SUBMITTED:

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Revised 4/1/23

Exhibit 9. EPIDEMIC PREPAREDNESS CHECKLIST

	Person Responsible	Date Completed
Planning and Decision Making		
CED/Executive Director is responsible for preparedness planning		
Create a multidisciplinary planning committee to include administration, medical director, nursing, reception, environmental, and others as needed; meet a minimum of monthly to evaluate your plan		
Incorporate epidemic preparedness into your Emergency Preparedness plan		
Develop plan to ensure that patient identification is on all patients/residents		
Complete the Emergency Numbers and Contacts List (refer to *Emergency Preparedness Plan: Attachment C*) ➢ **Include local, regional, or state emergency preparedness groups**		
Prepare updated employee contact list		
Ensure Test Kit is available, as indicated (i.e., Influenza)		
Communications		
Designate a person who will be responsible for **daily monitoring of updates (i.e., GHC Flu page)** and internal communications to staff, patients, and responsible parties		
Establish a system for communication with patients and families		
Maintain a list or database for patients' regular clinic, physician, or dialysis appointments in order to cancel non-essential appointments		
Education		
The Nurse Practice Educator/Practice Development Specialist or designee is responsible for coordinating education		
In-service all staff on Emergency Preparedness *(may also refer to Influenza Preparedness PowerPoint, if applicable)*		
In-service staff on infection control procedures and precautions, respiratory hygiene/cough etiquette		
Infection Control		
Post signage (Respiratory Hygiene/Cough Etiquette, Hand Hygiene, visitor sign in reception area)		
Implement respiratory hygiene/cough etiquette throughout the facility, as necessary		
Develop a plan for cohorting patients ➢ Discuss with VPMA and CQS if facility will confine all affected patients to one area, close off wings that are affected, or just confine sick patients and their roommates to their rooms		
Implement surveillance of targeted epidemic illness cases in the facility per Infection Control policies		
Collect information on: ➢ Incoming patients – confirmed or suspected targeted epidemic cases ➢ Number of new cases of targeted epidemic illness within the facility		
Report confirmed or suspected cases of targeted epidemic illness to the VPMA		
General Staff Management		
Develop plan for 100% vaccination of staff, if applicable; CED/ED and/or CNE/RCD will have a personal conversation with staff who decline vaccination		
In collaboration with Area leadership, develop plan for 30% absenteeism; submit plan to RVP		

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	Person Responsible	Date Completed
➢ Number and categories of personnel needed to keep facility open or take patient overload ➢ Conduct a daily assessment of staffing status (refer to *Daily Review Form*) ➢ Develop plan for work/rest schedule as needed (i.e., place to sleep when extended work hours are necessary)		
Avoid floating staff if possible		
Educate staff to self-assess and report symptoms that they may be having before reporting to work		
Educate staff to develop a child care plan for school closings		
Review guidelines for Altered Standards of Care		
Discuss with staff the possibility of helping with essential patient care at times of severe staffing shortages		
Sick Staff		
Follow protocols for sick staff: ➢ Employees who develop symptoms during work hours should be sent home ➢ Employees who have been ill but are recovered may provide care to patients		
Alternative Staff		
If needed discuss use of alternative staff with SVP, VPMA and VPCO. Develop plan for use of employees not usually involved in patient care to perform basic patient care with supervision (Refer to *Alternative Staff Guidelines*)		
Influx of Infectious Patients		
Develop plan for patients requiring hospitalization ➢ Patient transport ➢ Lists of hospitals with contact information		
Develop plan to accommodate overcrowding and to ensure that an inflow of infectious patients does not overstretch the facility's resources ➢ Capacity of facility ➢ Number of empty beds/cots ➢ Patient care equipment ➢ Availability of treatment options ➢ Availability of vaccine and antiviral drugs ➢ Staffing resources		
Develop strategies to aid hospitals by admitting non-influenza patients not affected		
Environment		
Address whether adequate storage is available for additional supplies, e.g., water, food, medical supplies		
Make arrangements for additional storage, if needed		
Store adequate supplies/equipment (located in appropriate areas of building)		
For droplet precautions, position beds are at least three feet apart if setting up alternate bed areas		
Food Service		
Provide emergency food and disposable supplies are maintained		
Maintain hard copy of resident roster from Tray Trakker		
Develop staffing plans for full-day shifts (12 to 16 hours)		

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Exhibit 10. DAILY SYMPTOM SCREENING FORM

INSTRUCTIONS: Use this form during an outbreak to screen **all** new admissions, re-admissions, staff, visitors, and vendors for symptoms of the illness before reporting to duty. Fill in specific symptoms monitored in the associated columns below. If staff report with symptoms meeting the clinical criteria, recommend follow-up treatment and send them home.

Name of Screener _____ Title _____

Date	Name	Time	Temperature	Symptoms				Status			
				_____	_____	_____	_____	OK to work/visit	Exclude from duty/visit	Screener initials	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	
				☐	☐	☐	☐	☐	☐	☐	

Temperature <100°F, OK to work/visit.
Temperature >100°F with any of above symptoms, exclude from duty/visit.

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Revised 4/1/23

Exhibit 11. ALTERED STANDARDS OF CARE (ASC) FOR EPIDEMIC

In most cases, the order to use ASC will be initiated by State authorities. Following a declaration by the Governor that there is an emergency which is detrimental to the public health, the DPH/HHSD may order adherence to ASC priorities and protocols.

Principles for Allocation of Limited Resources and ASC Protocols

Priority for limited medical resources and ASC protocols will be based upon the allocation of scarce resources to maximize the number of lives saved. This allocation will be:

1. Determined on the basis of the best available medical information, clinical knowledge, and clinical judgment;

2. Implemented in a manner that provides equitable treatment of any individual or group of individuals based on the best available medical information, clinical knowledge, and clinical judgment;

3. Implemented without discrimination or regard to sex, sexual orientation, race, religion, ethnicity, disability, age, income, or insurance status.

ASC protocols will recognize:

- Any changes in practices necessary to provide care under conditions of scarce resources or overwhelming demand for care

- An expanded scope of practice for health care providers

- The use of alternate care sites, at facilities other than health care facilities

- Reasonable, practical standards for documentation of delivery of care

Individual Rights

Civil liberties and patients' rights will be protected to the greatest extent possible; however, it is recognized that the protection of the public health may require limitations on these liberties and rights during an epidemic.

Provider Liability

Health care providers who provide care in accordance with the priorities and ASC protocols, including care provided outside of their scope of practice or scope of license, will be considered to have provided care at the level at which the average, prudent provider in a given community would practice.

Priority Activities for ASC

The term "altered standards" has not been defined, but generally is assumed to mean a shift to providing care and allocating scarce equipment, supplies, and personnel in a way that saves the largest number of lives in contrast to the traditional focus on saving individuals. For example, it could mean applying principles of field triage to determine who gets what kind of care. It could mean changing infection control standards to permit group isolation rather than single person isolation. It could also mean changing who provides various kinds of care or changing privacy and confidentially protections temporarily.

Because there are no nationally defined altered standards of care, Genesis HealthCare has established the priorities listed below. However, state/federal authorities are in the process of developing altered standards of care which may supersede Genesis priorities.

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Nursing:
- Basic personal hygiene
- Use of hospital gowns for residents as opposed to personal clothing to reduce laundry
- Turning
- Toileting
- Feeding
- Critical documentation only – fever, change in condition, incidents

Housekeeping:
- Focus on high-touch surfaces such as tabletops, side rails, door knobs, telephones, time clocks, faucets, etc.

Dietary:
- Minimum nutritional requirements for three meals a day
- Therapeutic diets will be evaluated on an individual basis
- Essential documentation only

Social Services:
- Limit activities to current pandemic issues
- Essential documentation only

Laundry:
- Additional shifts may be needed to handled increased demands

Maintenance:
- Suspend preventive maintenance activities to reallocate resources

Recreation Services:
- Suspend activities to reallocate resources

Admissions:
- Limited to only those associated with the epidemic
- Consider ECCs & marketing personnel reallocation to local centers

Business Office, Human Resources, Central Supply, Medical Records, Clerical Functions:
- Limit to essential functions only to reallocate resources

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Survey & Certification
Emergency Preparedness for Every Emergency

			EMERGENCY PREPAREDNESS CHECKLIST
			RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING
Not Started	In Progress	Completed	Tasks
			• **Decision Criteria for Executing Plan:** Include factors to consider when deciding to evacuate or shelter in place. Determine who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given) and what will be the chain of command.
			• **Communication Infrastructure Contingency:** Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.).

			• **Develop Shelter-in-Place Plan:** Due to the risks in transporting vulnerable patients and residents, evacuation should only be undertaken if sheltering-in-place results in greater risk. Develop an effective plan for sheltering-in-place, by ensuring provisions for the following are specified: *
			- Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc.
			- Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified.
			- Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place.
			- Sufficient resources are in supply for sheltering-in-place for at least 7 days, including:
			  - Ensuring emergency power, including back-up generators and accounts for maintaining a supply of fuel
			  - An adequate supply of potable water (recommended amounts vary by population and location)
			  - A description of the amounts and types of food in supply
			  - Maintaining extra pharmacy stocks of common medications
			  - Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment)
			• Identifying and assigning staff who are responsible for each task
			• Description of hosting procedures, with details ensuring 24-hour operations for minimum of 7 days
			- Contract established with multiple vendors for supplies and transportation
			- Develop a plan for addressing emergency financial needs and providing security

			• **Develop Evacuation Plan:** Develop an effective plan for evacuation, by ensuring provisions for the following are specified: * - Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given) • Multiple pre-determined evacuation locations (contract or agreement) with a "like" facility have been established, with suitable space, utilities, security and sanitary facilities for individuals receiving care, staff and others using the location, with at least one facility being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees. - Evacuation routes and alternative routes have been identified, and the proper authorities have been notified Maps are available and specified travel time has been established - Adequate food supply and logistical support for transporting food is described.

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements
* Task may not be applicable to agencies that provide services to clients in their own homes

Survey & Certification
Emergency Preparedness for Every Emergency

			EMERGENCY PREPAREDNESS CHECKLIST
			RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING
Not Started	In Progress	Completed	Tasks
			• The amounts of water to be transported and logistical support is described. - The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse. » Procedures for protecting and transporting resident/patient medical records. - The list of items to accompany residents/patients is described. - Identify how persons receiving care, their families, staff and others will be notified of the evacuation and communication methods that will be used during and after the evacuation • Identify staff responsibilities and how individuals will be cared for during evacuation, and the back-up plan if there isn't sufficient staff. - Procedures are described to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their equipment will be protected and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards and other assistive devices). - A description of how other critical supplies and equipment will be transported is included. - Determine a method to account for all individuals during and after the evacuation • Procedures are described to ensure staff accompany evacuating residents. -. Procedures are described if a patient/resident becomes ill or dies in route. - Mental health and grief counselors are available at reception points to talk with and counsel evacuees. - It is described whether staff family can shelter at the facility and evacuate.
			• **Transportation & Other Vendors:** Establish transportation arrangements that are adequate for the type of individuals being served. Obtain assurances from transportation vendors and other suppliers/contractors identified in the facility emergency plan that they have the ability to fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not "overbooked," and vehicles/equipment are kept in good operating condition and with ample fuel.). Ensure the right type of transportation has been obtained (e.g., ambulances, buses, helicopters, etc). *
			• **Train Transportation Vendors/Volunteers:** Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma. *
			• **Facility Reentry Plan:** Describe who will authorizes reentry to the facility after an evacuation, the procedures for inspecting the facility, and how it will be determined when it is safe to return to the facility after an evacuation. The plan should also describe the appropriate considerations for return travel back to the facility. *
			• **Residents & Family Members:** Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected and be kept informed during and following the emergency, including information on where they will be/go, for how long and how they can contact each other.

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements
* Task may not be applicable to agencies that provide services to clients in their own homes

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			• **Resident Identification:** Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident: - Name - Social security number - Photograph - Medicaid or other health insurer number - Date of birth, diagnosis - Current drug/prescription and diet regimens - Name and contact information for next of kin/responsible person/Power of Attorney) Determine how this information will be secured (e.g., laminated documents, water proof pouch around resident's neck, water proof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.
			• **Trained Facility Staff Members:** Ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the plan. Training also needs to address psychological and emotional aspects on caregivers, families, residents, and the community at large. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained.
			• **Informed Residents & Patients:** Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including: - Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency (example, should they come to the facility to assist?) and how/where they can plan to meet their loved ones. - Out-of-town family members are given a number they can call for information. Residents who are able to participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster.
			• **Needed Provisions:** Check if provisions need to be delivered to the facility/residents – power, flashlights, food, water, ice, oxygen, medications – and if urgent action is needed to obtain the necessary resources and assistance.
			• **Location of Evacuated Residents:** Determine the location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency.
			• **Helping Residents in the Relocation:** Suggested principles of care for the relocated residents include: - Encourage the resident to talk about expectations, anger, and/or disappointment - Work to develop a level of trust - Present an optimistic, favorable attitude about the relocation - Anticipate that anxiety will occur - Do not argue with the resident - Do not give orders

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements
* Task may not be applicable to agencies that provide services to clients in their own homes

Survey & Certification
Emergency Preparedness for Every Emergency

EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	**Tasks**
			- Do not take the resident's behavior personally - Use praise liberally - Include the resident in assessing problems - Encourage staff to introduce themselves to residents - Encourage family participation
			• **Review Emergency Plan:** Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to-date information. Updates may be warranted under the following conditions: - Regulatory change - New hazards are identified or existing hazards change - After tests, drills, or exercises when problems have been identified - After actual disasters/emergency responses - Infrastructure changes - Funding or budget-level changes
			• **Communication with the Long-Term Care Ombudsman Program:** Prior to any disaster, discuss the facility's emergency plan with a representative of the ombudsman program serving the area where the facility is located and provide a copy of the plan to the ombudsman program. When responding to an emergency, notify the local ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to visit them and provide assistance to them and their families.
			• **Conduct Exercises & Drills:** Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan: - Exercises or drills must be conducted at least semi-annually - Corrective actions should be taken on any deficiency identified
			• **Loss of Resident's Personal Effects:** Establish a process for the emergency management agency representative (FEMA or other agency) to visit the facility to which residents have been evacuated, so residents can report loss of personal effects. *

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements
* Task may not be applicable to agencies that provide services to clients in their own homes

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Building and Site Maintenance

DIRECT SUPPLY TELS.

MENU

Tasks in Use

🔍 Search for tasks   ⊙ All task types

Weekly

Category	Title	Assigned To			
Doors, Locks & Alarms	**Test operation of doors and locks.**	🛡 Regulatory	🗂 Logs	Maintenance	
Dryer Vent	**Complete In-House System Cleaning**	🛡 Regulatory	Maintenance		
Emergency Power Generators	**Exercise generator (with no load), perform routine checks, create entry in logbook.**	🛡 Regulatory	🗋 Requires Doc	🗂 Logs	Maintenance
Resident Monitoring Systems	**Check operation of door monitors and patient wandering system.**	🛡 Regulatory	🗂 Logs	Maintenance	
Water Systems	**Inspect eyewash stations.**	🛡 Regulatory	Maintenance		
Water Temps	**Test and log the hot water temperatures.**	🛡 Regulatory	🗂 Logs	Maintenance	
Laundry	**Check dryer**	Maintenance			
Laundry	**Check washers**	Maintenance			
Oxygen Concentrators	**In-House Maintenance**	Maintenance			

Monthly

Category	Title	Assigned To		
Ansul Systems	**Clean hood filters (use dishwasher if appropriate)**	🛡 Regulatory	Maintenance	
Boiler Water Heaters	**Flush to remove impurities, test pressure relief valve**	🛡 Regulatory	Maintenance	
Emergency Lighting	**Check illumination of exit**	🛡 Regulatory	Maintenance	Support

	lighting and exit signs.	
Emergency Lighting	Conduct a 30 second functional test.	🛡 Regulatory 📋 Logs Maintenance
Emergency Power Generators	Test generator under load, perform routine checks, create entry in logbook - Diesel	🛡 Regulatory 🗋 Requires Doc 📋 Logs Maintenance
Fire Alarm Test	Conduct routine test of fire alarm system	🛡 Regulatory Maintenance
Fire Extinguishers	Check and initial fire extinguishers	🛡 Regulatory Maintenance
Fire Sprinkler System	Fire Department Connections	🛡 Regulatory Maintenance
Fire Sprinkler System	In-house inspection.	🛡 Regulatory 📋 Logs Maintenance
Nurse Call System Test	Conduct a test of the nurse call system.	🛡 Regulatory Maintenance
Resident Lifts	Inspect mobile lifts.	🛡 Regulatory Maintenance
Bathing Tubs	Inspect bathing tub(s)	Maintenance
Dishwashers	In-house Inspection	Maintenance
Exhaust Fans	Inspect exhaust fans for proper operation and clean if necessary	Maintenance
Facility Inspection	Inspect kitchen small appliances	Maintenance
Grease Traps	Have grease trap pumped out by contractor	Maintenance
HVAC (Condensing Units)	Inspect condenser coils; clean as necessary	Maintenance
HVAC (PTAC)	Clean air filters	Maintenance
HVAC (PTAC)	Inspect condenser	Maintenance

Category	Title	Assigned To
HVAC (RTU)	Clean / change air filter and verify unit operation	Maintenance
HVAC (RTU)	Inspect condenser coils; clean as necessary	Maintenance
HVAC - Air Handlers	Inspect air filter, verify operation	Maintenance
Mobility Aids	Conduct wheelchair inspection	Maintenance
Refrigerator/Freezer Combos	Inspect condenser coils, clean as required	Maintenance
Resident Scales	Check calibration of resident scales	Maintenance
Roof	Regular maintenance and safety inspection.	Maintenance

Every 3 Months

Category	Title	Assigned To			
Elevators	Firefighters' Emergency Operation Testing Next due: April 2023	🛡 Regulatory	Maintenance		
Fire Drills	Perform a fire drill during 1st shift- (Upload copy of drill with signature sheet to TELS when complete) Next due: April 2023	🛡 Regulatory	🗋 Requires Doc	📋 Logs	Maintenance
Fire Drills	Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete) Next due: May 2023	🛡 Regulatory	🗋 Requires Doc	📋 Logs	Maintenance
Fire Drills	Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete) Next due: June 2023	🛡 Regulatory	🗋 Requires Doc	📋 Logs	Maintenance

Fire Sprinkler System	**Have fire sprinkler system certified/inspected.** Next due: April 2023	🛡 Regulatory · 🗋 Requires Doc · Maintenance
Facility Inspection	**Smoke Barriers and Fire Walls.** Next due: June 2023	Maintenance
Ice Machines	**Check filters (if present), clean coils, sanitize interior, delime as necessary** Next due: June 2023	Maintenance

Every 6 Months

Category	Title	Assigned To
Ansul Systems	**Have Fire Suppression System inspected by outside contractor** Next due: April 2023	🛡 Regulatory · 🗋 Requires Doc · Maintenance
Ansul Systems	**Have hood cleaned by a certified contractor** Next due: June 2023	🛡 Regulatory · 🗋 Requires Doc · Maintenance
Emergency Power Generators	**Have generator serviced by contractor** Next due: August 2023	🛡 Regulatory · 🗋 Requires Doc · Maintenance
Emergency Preparedness Drills	**Conduct elopement drill (Missing Resident Drill)** Next due: August 2023	🛡 Regulatory · 🗋 Requires Doc · 📋 Logs · Maintenance
Emergency Preparedness Drills and Exercises	**Conduct a Facility-based exercise (Disaster Drill)** Next due: May 2023	🛡 Regulatory · 🗋 Requires Doc · Maintenance
Fire Alarm Test	**Have fire alarm system inspected by a contractor** Next due: July 2023	🛡 Regulatory · 🗋 Requires Doc · Maintenance

Every 12 Months

Category	Title	Assigned To
Beds - Electric	**Rail Safety Audit.** Next due: January 2024	🛡 Regulatory · Maintenance
Electrical	**Test and Document the Electrical Receptacle Inspections** Next due: March 2024	🛡 Regulatory · 🗋 Requires Doc · Maintenance
Elevators	**Schedule certification and ensure certificate in unit is up-to-date** Next due: January 2024	🛡 Regulatory · 🗋 Requires Doc · Maintenance
Emergency Lighting	**Conduct a 90 minute operational test** Next due: September 2023	🛡 Regulatory · Maintenance

Emergency Power Generators	**Conduct a 90 mi... ...e load bank test** Next due: November 2023	🛡 Regulatory Maintenance
Facility Safety	**Complete and review the annual NFPA 99 Risk Assessment** Next due: February 2024	🛡 Regulatory 🗋 Requires Doc Maintenance
Fire Extinguishers	**Have fire extinguishers certified.** Next due: March 2024	🛡 Regulatory 🗋 Requires Doc Maintenance
Fire Sprinkler System	**5-Year Contractor Testing and Maintenance** Next due: February 2024	🛡 Regulatory 🗋 Requires Doc Maintenance
Fire Sprinkler System	**Backflow Prevention Test.** Next due: August 2023	🛡 Regulatory 🗋 Requires Doc Maintenance
Water Systems	**Legionella Water Management Plan Review - Upload your plan to TELS** Next due: November 2023	🛡 Regulatory 🗋 Requires Doc Maintenance
TELS Masters Training	**TELS Offers Free Trainings - See instructions for further assistance** Next due: November 2023	Maintenance

Every 24 Months

Category	Title	Assigned To	
Boiler Water Heaters	**Confirm that the state inspection for insurance purposes has occurred.** Next due: September 2024		🛡 Regulatory 🗋 Requires Doc Maintenance
Detectors	**Smoke detectors sensitivity test** Next due: July 2023		🛡 Regulatory 🗋 Requires Doc Maintenance

Every 36 Months

Category	Title	Assigned To	
Emergency Generators	**Conduct a 4 hour Load test** Next due: November 2025		🛡 Regulatory 🗋 Requires Doc Maintenance

Staff Training and Procedures

STAFF ORIENTATION - GENERAL

Employee Name: _____ **Department:** _____

TASKS/TRAINING CONTENT	Completion Date
Introduction to the Facility	
Introduce all administrative and supervisory staff and review their roles. Introduce new employees.	
Welcome: Orientation schedule, bathroom location, snacks, etc.	
Discuss the facility's mission, vision, and values.	
Discuss the facility's organizational chart.	
Describe the facility's resident population.	
Tour facility. Meet and greet staff.	
Review employee rights and responsibilities, paycheck distribution, work hours, dress code, grievances, problem solving.	
Review employee handbook and/or personnel policies.	
Complete required paperwork for HR.	
Provide each employee a copy of job description and have them sign a copy for records.	
Review benefits handbook. Return date for benefit forms: _____.	
Employee health screening. Return for: _____. Return date: _____. Obtain consent/declination forms as indicated.	
Training Content	
Abuse, Neglect, Exploitation, Misappropriation: signs and symptoms, reporting protocols, prevention	
Dementia Management/Cognitive Impairment	
Effective Communication	
Elements and Goals of the QAPI Program	
Requirements of Compliance and Ethics Program. Obtain receipt notice/attestation statement regarding Code of Conduct.	

TASKS/TRAINING CONTENT	Completion Date
TASKS/TRAINING CONTENT	Completion Date
Fire Safety and Emergency Procedures	
Person Centered Care	
HIPAA Privacy and Security. Obtain confidentiality statement.	
Cultural Competency/Non-discrimination	
General Infection Control Principles: hand hygiene, standard and transmission based precautions, infection reporting. (Job specific training to be received during departmental orientation.)	
Resident Rights. Provide copy to employee, and retain a signed copy from the employee.	
OSHA/ Workplace Safety	
Introduction to Department	
Tour department. Meet and greet staff.	
Location, access, and review of policies and procedures.	
Provide competency form for role. Return date: _____.	
Classroom education for department (in accordance with competency form).	
Set orientation schedule. Assign preceptor.	

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

PERSON COMPLETING FORM: _____ **DATE:** _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

GENERAL ORIENTATION PLAN

This document establishes the facility's plan for orientation for all employees. The plan describes the required tasks and content of general orientation, including responsibilities for each task or content area.

TASK/CONTENT OF TRAINING

Scheduling of Orientation

1. Routine dates for general orientation: _____

2. Location of general orientation: _____

3. Primary responsibility for general orientation: Staff Development Coordinator (SDC)

4. Back up responsibility for general orientation: Director of Nursing, Human Resources Director

Introduction to the Facility

1. Introductions: Staff Development Coordinator to introduce all administrative and supervisory staff (all should be present, unless on vacation, etc.)

2. Welcome: Staff Development Coordinator

3. Facility Philosophy and Resident Population: Administrator or Staff Development Coordinator

4. Facility Tour: Staff Development Coordinator

5. Employee Rights/Responsibilities and Personnel Policies: Human Resources Director, or SDC

6. Employee Health: Infection Preventionist or Staff Development Coordinator

Training Content

1. Abuse, etc.: Social Services Director or Staff Development Coordinator

2. Dementia Management/Cognitive Impairment: Staff Development Coordinator

3. Effective Communication: Staff Development Coordinator

4. Elements and Goals of the QAPI Program: Administrator, Director of Nursing, or SDC

5. Requirements of Compliance and Ethics Program: Compliance liaison/officer, Administrator, Director of Nursing, or SDC

6. Fire Safety and Emergency Preparedness: Maintenance Director, Director of Nursing, and SDC

7. Person Centered Care: Director of Nursing, Assistant Director of Nursing, or SDC

8. HIPAA Privacy and Security: HIPAA Privacy/Security Officer or Staff Development Coordinator

TASK/CONTENT OF TRAINING

9. Cultural Competency/Non-Discrimination: Social Services Director, Human Resources Director, or Staff Development Coordinator

10. Infection Control Principles: Infection Preventionist, Director of Nursing, or SDC

11. Resident Rights: Social Services Director, Activities Director, Director of Nursing, or SDC

12. OSHA/Workplace Safety: Maintenance Director, Human Resources Director, Infection Preventionist, and/or SDC

Introduction to Department

1. Department Tour: Department head, unit/neighborhood manager

2. Policies and Procedures: Department head or preceptor

3. Competencies: Preceptor or mentor is responsible for verifying competency. Employee is responsible for keeping track of the competency form and seeking opportunities to perform tasks

Completion of Orientation Process

1. Competency Form: Preceptor to review form at least weekly

2. Employee turns competency form in to Staff Development Coordinator upon completion

3. Staff Development Coordinator verifies completion of form and discusses employee's competency with preceptor

4. Once competency has been determined, Staff Development Coordinator forwards completed form to Human Resources Director to place in employee's personnel file

New Hire Employee Infection Control Paperwork

Name: _____

Date of Hire: _____

_____Hand Washing Competency

_____Donning/Doffing PPE Competency

_____Employee Health Questionnaire

_____Tuberculosis (Mantoux) Screening

_____Hepatitis B Consent/ Declination Form

_____History of Infectious Disease/ Immunization

_____Reportable Conditions for Employees

_____Flu Consent/ Declination Form

_____Copy of Covid Card

NURSE AIDE COMPETENCY

Employee Name: _____ **Hire Date:** _____

Competency Type: ☐ Initial   ☐ Annual   ☐ Other: _____

Training on the following topics was provided. (* Indicates competence)

COMPETENCY	ASSESSMENT METHOD*	DATE	EDUCATOR INITIALS
General			
Abuse, Neglect, Exploitation, Misappropriation 　☐　Signs and symptoms 　☐　Reporting protocols	☐ Lecture/video, post test ☐ Policy review, post test		
Dementia Management and Abuse Prevention	☐ Video series with active participation ☐ Lecture/video, post test		
Effective Communication	☐ Lecture/video with role play ☐ Lecture/video, post test		
Elements and Goals of QAPI Program	☐ Lecture with post test		
Resident Rights and Facility Responsibilities	☐ Lecture with post test ☐ Signed receipt of information		
Requirements of Compliance and Ethics Program	☐ Lecture with post test ☐ Signed receipt of Code of Conduct		
Safety and Emergency Procedures 　☐　Active Shooter 　☐　Blood Borne Pathogens/Needlestick Injury 　☐　Emergency Codes 　☐　Evacuation/Shelter In Place 　☐　Fire Safety 　☐　Hazard Communication/Safety Data Sheets 　☐　Lockout/Tagout 　☐　Missing Resident 　☐　Natural Hazards (tornado, hurricane, ice storm) 　☐　Oxygen Safety	☐ Lecture with post test ☐ See Oxygen Safety Education form ☐ Disaster/fire drill participation ☐ Table top exercise, active participation ☐ Full scale exercise, active participation ☐ Policy review, post test ☐ Facility tour, demonstration		
Person Centered Care	☐ Lecture/video, post test		
Cultural Competency (i.e. LGBT, religious affiliation, other characteristics of resident population)	☐ Lecture/video, post test		
HIPAA Privacy and Security	☐ Policy review, post test ☐ Lecture/video, post test		
Infection Control			
Hand Hygiene	☐ Lecture/video with return demonstration ☐ See Hand Washing Validation Checklist		
Standard and Transmission Based Precautions/PPE	☐ Policy review, post test ☐ Lecture with return demonstration ☐ See Removing PPE Validation Checklist ☐ See Handling Soiled Linen Checklist		
Isolation	☐ Policy review, post test		
Infection Reporting 　☐　Residents with s/s infection 　☐　Employee with s/s infection/work restrictions	☐ Policy review, post test		

COMPETENCY	ASSESSMENT METHOD*	DATE	EDUCATOR INITIALS
Behavioral Health			
Trauma-Informed Care	☐ Lecture/video, post test		
Mood Disorders (ie. depression, anxiety)	☐ Lecture/video, post test		
Psychiatric Disorders (ie. schizophrenia, personality)	☐ Lecture/video, post test		
Substance Abuse Disorders	☐ Lecture/video, post test		
Implementing Non-Pharmacological Interventions	☐ Lecture/video, post test		
Suicide Precautions	☐ Lecture/video, post test		
Nurse Aide Skills			
Notify Nurse: Changes in Condition, Report of Pain	☐ Lecture, post test		
In-house Communication ☐ Care plan ☐ Nurse aide to nurse ☐ Nurse aide to manager	☐ Lecture, post test		
Basic Nurse Aide Skills ☐ Aspiration precautions/thickened liquids ☐ Bathing a resident (bed bath, shower) ☐ Capillary blood glucose ☐ Cardiac precautions ☐ Care of dentures, eye glasses, hearing aids ☐ Drain/tube management ☐ Dressing a resident ☐ Emptying catheter/ostomy bags ☐ Foot care ☐ Grooming a resident ☐ Making a bed (occupied, not occupied) ☐ Normal/"alert" vital signs ☐ Oral care ☐ Orthopedic precautions ☐ Oxygen therapy ☐ Peri care/incontinence care ☐ Seizure precautions ☐ Toileting assistance ☐ Washing a resident's hair	☐ Skills fair ☐ Lecture, post test ☐ Policy review, post test ☐ Lecture, return demonstration ☐ Product demonstration, return demonstration ☐ Direct observation		
Basic Restorative Skills ☐ Falls prevention program ☐ Bowel/bladder management program ☐ Bed mobility ☐ Transfers ☐ Ambulation with/without devices ☐ Wheelchair locomotion ☐ Range of motion exercises ☐ Splint management ☐ Eating and/or swallowing ☐ Amputation/prosthesis care ☐ Use of lifts (EZ Stand, hoyer)	☐ Program review, post test ☐ Lecture, post test ☐ Lecture, return demonstration ☐ Product demonstration, return demonstration ☐ Direct observation		
Skin and Wound Care ☐ Pressure ulcer/injury prevention and management ☐ Skin tear prevention and management ☐ Report to nurse: changes in skin condition; loose, missing, or soiled dressings	☐ See Pressure Ulcer/Injury Nurse Aide Education Form ☐ Policy review, post test ☐ Lecture/video, post test		

COMPETENCY	ASSESSMENT METHOD*	DATE	EDUCATOR INITIALS
Nutrition/Hydration Management ☐ Feeding a resident ☐ Dietary orders ☐ Ice pass ☐ Meal pass ☐ Therapeutic diets ☐ Snack/supplement administration ☐ Intake monitoring ☐ I&O forms ☐ Calorie counts ☐ Weight monitoring	☐ Policy review, post test ☐ Medical record review (intake documentation) ☐ Equipment demo, return demonstration		
Disease Specific Knowledge ☐ Bariatric considerations ☐ COPD ☐ Diabetes ☐ Dialysis ☐ End of life considerations/Hospice ☐ Hypertension ☐ Musculoskeletal (arthritis, joint replacement, amputations, fractures) ☐ Parkinson's disease ☐ Stroke	☐ Lecture, post test ☐ Independent study, certificate of completion ☐ Video, post test ☐ Case study, active participation		
Alarms and Restraints	☐ Policy review, post test ☐ Product demonstration, return demonstration		

Notes:

_____

_____

_____

_____

_____

_____

_____

_____

Initials/Signature/Title: _____

Initials/Signature/Title: _____

Initials/Signature/Title: _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

LICENSED NURSE COMPETENCY

Employee Name: _____ **Hire Date:** _____

Competency Type: ☐ Initial   ☐ Annual   ☐ Other: _____

Training on the following topics was provided. (* Indicates competence)

COMPETENCY	ASSESSMENT METHOD*	DATE	EDUCATOR INITIALS
General			
Abuse, Neglect, Exploitation, Misappropriation 　☐　Signs and symptoms 　☐　Reporting protocols	☐　Lecture/video, post test ☐　Policy review, post test		
Dementia Management and Abuse Prevention	☐　Video series with active participation ☐　Lecture/video, post test		
Effective Communication	☐　Lecture/video with role play ☐　Lecture/video, post test		
Elements and Goals of QAPI Program	☐　Lecture with post test		
Resident Rights and Facility Responsibilities	☐　Lecture with post test ☐　Signed receipt of information		
Requirements of Compliance and Ethics Program	☐　Lecture with post test ☐　Signed receipt of Code of Conduct		
Safety and Emergency Procedures 　☐　Active Shooter 　☐　Blood Borne Pathogens/Needlestick Injury 　☐　Emergency Codes 　☐　Evacuation/Shelter In Place 　☐　Fire Safety 　☐　Hazard Communication/ Safety Data Sheets 　☐　Lockout/Tagout 　☐　Missing Resident 　☐　Natural Hazards (tornado, hurricane, ice storm)	☐　Lecture with post test ☐　Disaster/fire drill participation ☐　Table top exercise, active participation ☐　Full scale exercise, active participation ☐　Policy review, post test ☐　Facility tour, demonstration		
Person Centered Care	☐　Lecture/video, post test		
Cultural Competency (i.e. LGBT, religious affiliation, other characteristics of resident population)	☐　Lecture/video, post test		
HIPAA Privacy and Security	☐　Policy review, post test ☐　Lecture/video, post test		
Infection Control			
Hand Hygiene	☐　Lecture/video with return demonstration ☐　See Hand Washing Validation Checklist		
Standard and Transmission Based Precautions/PPE	☐　Policy review, post test ☐　Lecture with return demonstration ☐　See Removing PPE Validation Checklist ☐　See Handling Soiled Linen Validation Checklist		
Isolation	☐　Policy review, post test		
Infection Reporting 　☐　Residents with s/s infection 　☐　Employee with s/s infection/work restrictions	☐　Policy review, post test		

COMPETENCY	ASSESSMENT METHOD*	DATE	EDUCATOR INITIALS
Behavioral Health			
Trauma-Informed Care	☐ Lecture/video, post test		
Mood Disorders (ie. depression, anxiety)	☐ Lecture/video, post test		
Psychiatric Disorders (ie. schizophrenia, personality)	☐ Lecture/video, post test		
Substance Abuse Disorders	☐ Lecture/video, post test		
Implementing Non-Pharmacological Interventions	☐ Lecture/video, post test		
Suicide Precautions	☐ Lecture/video, post test		
Nursing Skills			
Identification of Changes in Condition ☐ Physical assessment ☐ Lab values ☐ Physician notification ☐ Family notification	☐ Observation, review of documentation ☐ Education lab, return demonstration ☐ Lecture, post test ☐ Medical record review		
In-house Communication ☐ Care plan ☐ Nurse to dietary department ☐ Nurse to therapy department ☐ Nurse to nurse aide ☐ Nurse to manager	☐ Lecture, post test ☐ Medical record review		
Documentation ☐ Documentation system (paper/electronic) ☐ Back up documentation system (if applicable) ☐ Content ☐ Frequency	☐ Lecture, post test ☐ Practice mode, review of documentation ☐ Medical record review		
Basic Nursing Skills ☐ Aspiration precautions/thickened liquids ☐ Blood draw ☐ Capillary blood glucose ☐ Cardiac precautions ☐ CPR ☐ Crash cart overview ☐ Drain/tube management ☐ DVT prevention ☐ Nail care ☐ Normal/"alert" vital signs ☐ Orthopedic precautions ☐ Ostomy care ☐ Oxygen therapy ☐ Physical assessment ☐ Seizure precautions ☐ Tracheostomy care ☐ Urinary catheterization ☐ Urinary/bowel specimen collection ☐ Wound cultures	☐ Skills fair ☐ See Oxygen Safety Education Form ☐ See Catheterization Validation Checklists ☐ Lecture, post test ☐ Policy review, post test ☐ Lecture, return demonstration ☐ Product demonstration, return demonstration ☐ CPR class, proof of completion (I.e. card) ☐ Direct observation		
Basic Restorative Skills ☐ Falls prevention program ☐ Bowel/bladder management program ☐ Bed mobility ☐ Transfers ☐ Ambulation with/without devices ☐ Wheelchair locomotion ☐ Range of motion exercises ☐ Splint management ☐ Eating and/or swallowing	☐ Program review, post test ☐ Lecture, post test ☐ Lecture, return demonstration ☐ Product demonstration, return demonstration ☐ Direct observation		

COMPETENCY	ASSESSMENT METHOD*	DATE	EDUCATOR INITIALS
☐ Amputation/prosthesis care ☐ Use of lifts (EZ Stand, hoyer)			
Skin and Wound Care ☐ Arterial, diabetic, venous wounds ☐ Incontinence care ☐ Pressure ulcer/injury prevention and management ☐ Skin tear prevention and management ☐ Surgical site care	☐ See Pressure Ulcer/Injury Nurse Education Form ☐ Policy review, post test ☐ Lecture/video, post test ☐ Dressing change, return demonstration ☐ Product review, return demonstration		
Medication Management ☐ Administration via feeding tube ☐ Clean technique ☐ Controlled substances ☐ Dosages and solutions ☐ Ear, nose, eye drops ☐ Enemas, medications per rectum ☐ Indications for use/side effects ☐ Inhalers ☐ Injections ☐ IV therapy ☐ MAR ☐ Medication errors ☐ Medication storage ☐ Medication times ☐ Pharmacy procedures (ordering, receipt, Stat box, E-kit, irregularity reports) ☐ PO medications ☐ Rights of administration ☐ TPN administration	☐ See Medication Pass Observation Form ☐ Policy review, post test ☐ Pharmacology test ☐ Dosages and solutions calculation test ☐ Equipment demonstration, return demonstration ☐ Direct observation ☐ Case study, active participation		
Pain Management ☐ Pain assessment ☐ Non-pharmacological management ☐ Pharmacological management	☐ Lecture, post test ☐ Policy review, post test ☐ Medical record review		
Disease Specific Knowledge ☐ Bariatric considerations ☐ Cardiac (hypertension, coronary artery disease, MI, CHF) ☐ Diabetes ☐ End of life considerations/Hospice ☐ GI/GU (renal failure, hemodialysis, GERD, colon cancer, constipation, diarrhea) ☐ Musculoskeletal (arthritis, joint replacement, amputations, fractures) ☐ Neurology (stroke, multiple sclerosis, coma, spinal cord injury, traumatic brain injury, Parkinson's disease) ☐ Pulmonary (asthma, COPD, pulmonary hypertension, lung cancer)	☐ Lecture, post test ☐ Independent study, certificate of completion ☐ Video, post test ☐ Case study, active participation		
Alarms and Restraints	☐ Policy review, post test ☐ Product demonstration, return demonstration		
Nutrition/Hydration Management ☐ Dietary orders/therapeutic diets ☐ Snack/supplement administration ☐ Intake monitoring; I&O forms; calorie counts ☐ Weight monitoring	☐ Policy review, post test ☐ Medical record review ☐ Equipment demo, return demonstration		
Advance Directives	☐ Policy review, post test		

Notes:

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Initials/Signature/Title: _____

Initials/Signature/Title: _____

Initials/Signature/Title: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

Medication Administration Competency

Name: _____

Action	Met	Unmet	Comments
1. Performs hand hygiene.			
2. Checks each label with order on MAR.			
3. Checks expiration date on the medication.			
4. Checks medical record for medication allergy.			
5. Punches medication into dispensing cups using proper infection control technique.			
6. Follows manufacturer guidelines and regarding crushing of medications, as ordered by physician.			
7. Measures liquid medication at eye level.			
8. Shakes bottles properly (if applicable).			
9. Provides for adequate food or fluids, as needed per manufacturer recommendations.			
10. Locks medication cart when away from cart.			
11. Maintains confidentiality of resident information, and resident privacy/dignity.			
12. Identifies resident by picture or name band.			
13. Explains to resident the name and purpose of each medication/what to do if experiences signs or symptoms of an adverse reaction.			
14. Obtains vital signs prior to administration of medications with "parameters of use".			
15. Observes resident swallow medications.			
16. Documents initials after administration of medication.			
17. Administers eye drops using proper technique. Waits 3 to 5 minutes between eye drops			
18. Properly administers inhalers. Administers bronchodilators first, if applicable. Rinses mouth and cleans inhalers as indicated.			
19. Administers medications via feeding tube using proper technique.			
20. Administers injections using proper technique.			
21. Administers medications in a way that does not interrupt the dining experience.			
22. Medication error rate during observed medication observation is less than 5%.			
23. No significant medication errors were made during observed medication observation.			

Nurse Signature _____   Date: _____

Nurse Observer _____   Date: _____

ALP▲NE
HEALTHCARE CENTER

Nursing Agency Orientation

Please initial each item to validate orientation to each topic.

Orientation Item	Agency Staff Initials	Center Staff Initials
Fire, Disaster Plan, Emergency Contacts, Facility Phone Number with Extensions		
Abuse and Neglect Policies		
Resident Rights		
Center Tour including Code Card and AED Locations		
Wander management System		
Point Click Care/Point of Care System Review		
Medication Rooms, Narcotic Count, E-Kit, and Pharmacy		
Risk Watch Event Reporting System Review		
Communication and Supervision		
Shift to Shift Report		
Shift Routine		
Attendance, Lunch and Breaks		
Smoking Areas		
Center Specific Items		
Center Specific Items		
Center Specific Items		
Center Specific Items		

I have received an orientation to Alpine Healthcare Center.

The information listed above was reviewed and I have had the opportunity to ask questions to assure understanding.

_____   _____
Signature and Title of Agency Employee   Date

_____   _____
Signature and Title of Alpine Employee Conducting Orientation   Date

CONTRACTED LICENSED NURSE COMPETENCY

Nurse's Name: _____   **Contract Start Date:** _____

Competency Type: ☐ Initial

Training on the following topics was provided. (* Indicates competence)

COMPETENCY	ASSESSMENT METHOD*	DATE	EDUCATOR INITIALS
General			
Abuse, Neglect, Exploitation, Misappropriation ☐ Signs and symptoms ☐ Reporting protocols	☐ Lecture/video, post test ☐ Policy review, post test		
Dementia Management and Abuse Prevention	☐ Lecture/video, post test		
	☐		
	☐		
Resident Rights and Facility Responsibilities	☐ Lecture with post test ☐ Signed receipt of information		
	☐		
Safety and Emergency Procedures ☐ Active Shooter ☐ Blood Borne Pathogens/Needlestick Injury ☐ Emergency Codes ☐ Evacuation/Shelter in Place ☐ Fire Safety ☐ Hazard Communication/Safety Data Sheets ☐ Lockout/Tagout ☐ Missing Resident ☐ Natural Hazards (tornado, hurricane, ice storm)	☐ Lecture with post test ☐ Policy review, post test ☐ Facility tour, demonstration		
	☐		
	☐		
HIPAA Privacy and Security	☐ Policy review, post test ☐ Lecture/video, post test		
Infection Control			
Hand Hygiene	☐ Lecture with return demonstration ☐ See Hand Washing Validation Checklist		
Standard and Transmission Based Precautions/PPE	☐ Policy review, post test ☐ Lecture with return demonstration ☐ See Removing PPE Validation Checklist ☐ See Handling Soiled Linen Validation Checklist		
Isolation	☐ Policy review, post test		
Infection Reporting ☐ Residents with s/s infection ☐ Employee with s/s infection/work restrictions	☐ Policy review, post test		
Behavioral Health			
	☐		
	☐		
	☐		
	☐		
Implementing Non-Pharmacological Interventions	☐ Lecture, post test		
Suicide Precautions	☐ Lecture, post test		

COMPETENCY	ASSESSMENT METHOD*	DATE	EDUCATOR INITIALS
Nursing Skills			
Identification of Changes in Condition	☐ Observation, review of documentation ☐ Lecture, post test ☐ Medical record review		
In-house Communication ☐ Care plan ☐ Nurse to dietary department ☐ Nurse to therapy department ☐ Nurse to nurse aide ☐ Nurse to manager	☐ Lecture ☐ Medical record review		
Documentation ☐ Documentation system (paper/electronic) ☐ Back up documentation system (if applicable) ☐ Content ☐ Frequency	☐ Lecture, post test ☐ Practice mode, review of documentation ☐ Medical record review		
Basic Nursing Skills ☐	☐ Lecture, post test ☐ Policy review, post test ☐ Lecture, return demonstration ☐ Product demonstration, return demonstration ☐ CPR class, proof of completion (I.e. card) ☐ Direct observation		
Basic Restorative Skills ☐ Use of lifts (EZ Stand, hoyer)	☐ Product demonstration, return demonstration ☐ Direct observation		
Skin and Wound Care ☐ Arterial, diabetic, venous wounds ☐ Incontinence care ☐ Pressure ulcer/injury prevention and management ☐ Skin tear prevention and management ☐ Surgical site care	☐ Policy review, post test ☐ Lecture, post test ☐ Dressing change, return demonstration ☐ Product review, return demonstration		
Medication Management ☐ Controlled substances ☐ MAR ☐ Medication errors ☐ Medication storage ☐ Medication times ☐ Pharmacy procedures (ordering, receipt, Stat box, E-kit, irregularity reports) ☐	☐ See Medication Pass Observation Form ☐ Policy review, post test ☐ Equipment demonstration, return demonstration ☐ Direct observation		
Pain Management ☐ Pain assessment ☐ Non-pharmacological management ☐ Pharmacological management	☐ Lecture, post test ☐ Policy review, post test ☐ Medical record review		
Disease Specific Knowledge, as indicated	☐ Lecture		
Alarms and Restraints	☐ Policy review, post test ☐ Product demonstration, return demonstration		
Nutrition/Hydration Management ☐ Dietary orders/therapeutic diets ☐ Snack/supplement administration ☐ Intake monitoring; I&O forms; calorie counts ☐ Weight monitoring	☐ Policy review, post test ☐ Medical record review ☐ Equipment demo, return demonstration		
Advance Directives	☐ Policy review, post test		

Notes:

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Initials/Signature/Title: _____

Initials/Signature/Title: _____

Initials/Signature/Title: _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Health and Safety

Infection Prevention and Control Program

Date Implemented:	8/15/2022	Date Reviewed/ Revised:	8/15/2022	Reviewed/ Revised By:	Nicole Drew RN

Policy:

This facility has established and maintains an infection prevention 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 as per accepted national standards and guidelines.

Definitions:

"Staff" includes all facility staff (direct and indirect care functions), contracted staff, consultants, volunteers, others who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions.

Policy Explanation and Compliance Guidelines:

1. The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases.

2. All staff are responsible for following all policies and procedures related to the program.

3. Surveillance:
    a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards.
    b. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee.
    c. The RNs and LPNs participate in surveillance through assessment of residents and reporting changes in condition to the residents' physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections.

4. Standard Precautions:
    a. All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services.
    b. Hand hygiene shall be performed in accordance with our facility's established hand hygiene procedures.
    c. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE.
    d. Licensed staff shall adhere to safe injection and medication administration practices, as described in relevant facility policies.
    e. Environmental cleaning and disinfection shall be performed according to facility policy. All staff have responsibilities related to the cleanliness of the facility, and are to report problems outside of their scope to the appropriate department.

5. Isolation Protocol (Transmission-Based Precautions):

    a. A resident with an infection or communicable disease shall be placed on transmission-based precautions as recommended by current CDC guidelines.

    b. Residents will be placed on the least restrictive transmission-based precaution for the shortest duration possible under the circumstances.

    c. When a resident on transmission-based precautions must leave the resident care unit/area, the charge nurse on that unit/area shall communicate to all involved departments the nature of the isolation and shall prepare the resident for transport in accordance with current transmission-based precaution guidelines.

    d. Residents with tuberculosis are placed on airborne precautions and placed in a special room that is equipped with special air handling and ventilation capacity. If no such room is available, the resident(s) will be discharged to a facility with such capabilities.

    e. Immunocompromised and myelosuppressed residents shall be placed in a private room if possible and shall not be placed with any resident having an infection or communicable disease.

6. Antibiotic Stewardship:

    a. An antibiotic stewardship program will be implemented as part of the overall infection prevention and control program.

    b. Antibiotic use protocols and a system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program.

    c. The Infection Preventionist, with oversight from the Director of Nursing, serves as the leader of the antibiotic stewardship program.

    d. The Medical Director, consultant pharmacist, and laboratory manager will serve as resources for the antibiotic stewardship program.

7. Influenza and Pneumococcal Immunization:

    a. Residents will be offered the influenza vaccine each year between October 1 and March 31, unless contraindicated or received the vaccine elsewhere during that time.

    b. Residents will be offered the pneumococcal vaccines recommended by the CDC upon admission, unless contraindicated or received the vaccines elsewhere.

    c. Education will be provided to the residents and/or representatives regarding the benefits and potential side effects of the immunizations prior to offering the vaccines.

    d. Residents will have the opportunity to refuse the immunizations.

    e. Documentation will reflect the education provided and details regarding whether or not the resident received the immunizations.

8. COVID-19 Immunization:

    a. Residents and staff will be offered the COVID-19 vaccine when vaccine supplies are available to the facility.

    b. Residents and staff will be screened prior to offering the vaccination for prior immunization, medical precautions and contraindications to determine candidacy for the vaccination.

    c. Education about the vaccine, risks, benefits, and potential side effects will be given to residents or resident representatives and staff prior to offering the vaccine.

    d. Residents or resident representatives will have the opportunity to accept or refuse a COVID-19 vaccination, and change their decision based on current guidance.

    e. Staff will have the opportunity to receive the COVID-19 vaccination or apply for a religious or medical exemption to the vaccine for facility consideration as per current guidelines and facility policy.

    f. Documentation will reflect the education provided and details regarding whether or not the resident or staff received the vaccine.

9. Equipment Protocol:

    a. All reusable items and equipment requiring special cleaning, disinfection, or sterilization shall be cleaned in accordance with our current procedures governing the cleaning and sterilization of soiled or contaminated equipment.

    b. Single-use disposable equipment is an alternative to sterilizing reusable medical instruments. Single-use devices must be discarded after use and are never used for more than one resident.

    c. Reusable items potentially contaminated with infectious materials shall be placed in a impervious clear plastic bag. Label bag as "CONTAMINATED" and place in the soiled utility room for pickup and processing.

    d. The central supply clerk will decontaminate equipment with a germicidal detergent prior to storing for reuse.

10. Supplies Protocol:

    a. Sterile supplies shall be appropriately packaged and sterilized or purchased prepackaged and sterile from the manufacturer.

    b. Sterile supplies are routinely checked for expiration dates and are replaced as necessary.

    c. Prepackaged sterile items are considered sterile until opened or damaged. Packaging shall be inspected prior to use.

    d. Non-sterile supplies are stored and maintained as clean prior to use.

11. Linens:

    a. Laundry and direct care staff shall handle, store, process, and transport linens to prevent spread of infection.

    b. Clean linen shall be separated from soiled linen at all times.

    c. Clean linen shall be delivered to resident care units on covered linen carts with covers down.

    d. Linen shall be stored on all resident care units on covered carts, shelves, in bins, drawers, or linen closets.

    e. Soiled linen shall be collected at the bedside and placed in a linen bag. When the task is complete, the bag shall be closed securely and placed in the soiled utility room. Soiled linen shall not be kept in the resident's room or bathroom.

    f. Environmental services staff shall not handle soiled linen unless it is properly bagged.

12. Resident/Family/Visitor Education and Screening:

    a. Residents, family members, and visitors are provided information relative to the rationale for the isolation, behaviors required of them in observing these precautions, and conditions for which to notify the nursing staff.

    b. Information on various infectious diseases is available from our Infection Preventionist.

    c. Isolation signs are used to alert staff, family members, and visitors of transmission-based precautions.

    d. Passive screening, such as signs, are posted in the facility to alert family members and visitors to adhere to handwashing, respiratory etiquette, and other infection control principles to limit spread of infection from family members and visitors.

    e. More active screening, such as the completion of screening tools or questionnaires that elicits information related to recent exposures or current symptoms may be used as per facility policy.

13. Staff Communicable Disease Screening and Immunization:

    a. Direct care staff shall comply with physical examinations and immunization screening requirements upon employment, and annually.

    b. Direct care staff shall be tested for TB upon hire and at least annually.

    c. Influenza vaccine shall be offered annually.

    d. Tetanus, Diphtheria, and Pertussis (Tdap) vaccine shall be offered to those employees who have not previously received this vaccine. Tetanus-Diphtheria vaccine shall be offered as a booster dose as needed (i.e. every ten years).

    e. Hepatitis B vaccine shall be offered to all staff that have the potential for contact with blood/body fluids, or other potentially infectious materials.

    f.   Varicella vaccine shall be offered to all staff that are serologically non-immune to varicella.

14. Staff Referral to Treatment Centers/Services:
    a. Our staff shall be referred to the appropriate medical treatment center/service when he/she:
        i. Is feverish and appears to be in the infectious stages of an illness.
        ii. Experiences an occupational exposure to blood/body fluids.
        iii. Has been exposed to a communicable disease.
        iv. Exhibits infected skin lesions.
    b. Based on the specific circumstances, employees with a communicable disease or infected skin lesion will be prohibited from direct contact with residents or their food, if direct contact will transmit the disease.
    c. Our Infection Preventionist shall coordinate screening procedures in case of widespread exposure of staff to any infectious disease.

15. Staff Education:
    a. All staff shall receive training, relevant to their specific roles and responsibilities, regarding the facility's infection prevention and control program, including policies and procedures related to their job function.
    b. All staff shall demonstrate competence in relevant infection control practices.
    c. Direct care staff shall demonstrate competence in resident care procedures established by our facility.

16. Water Management:
    a. A water management program has been established as part of the overall infection prevention and control program.
    b. Control measures and testing protocols are in place to address potential hazards associated with the facility's water systems.
    c. The Maintenance Director serves as the leader of the water management program.

17. Annual Review:
    a. The facility will conduct an annual review of the infection prevention and control program, including associated programs and policies and procedures based upon the facility assessment which includes any facility and community risk.
    b. Following review, the infection and prevention control program will be updated as necessary.

References:

Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. *State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities.* (October 2022 Revision) F880 – Infection Prevention and Control. 42 C.F.R. §483.80(a)(1)(2)(4)(e)(f).

Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. *State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities.* (May 2021) F887 – COVID-19 Immunization. 42 C.F.R. §483.80 (d)(3)(i-vii).

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City of Keene, NH

Congregate Living & Social Services License Application

If you have questions on how to complete this form, please call: (603) 352-5440 or email: communitydevelopment@keenenh.gov

SECTION 1: LICENSE TYPE

- [ ] Drug Treatment Center
- [ ] Fraternity/Sorority
- [ ] Group Home, Large
- [ ] Group Home, Small
- [ ] Group Resource Center
- [ ] Residential Drug/Alcohol Treatment Facility
- [ ] Homeless Shelter
- [ ] Lodginghouse
- [x] Residential Care Facility

SECTION 2: CONTACT INFORMATION

I hereby certify that I am the owner, applicant, or the authorized agent of the owner of the property upon which this approval is sought and that all information provided by me is true under penalty of law. If applicant or authorized agent, a signed notification from the property owner is required.

OWNER	APPLICANT
NAME/COMPANY: COVENANT LIVING OF KEENE	**NAME/COMPANY:**
MAILING ADDRESS: 95 WYMAN RD KEENE NH	**MAILING ADDRESS:** S/A
PHONE: 603 353 0608	**PHONE:**
EMAIL: GBURDETT@COVLIVING.ORG	**EMAIL:**
SIGNATURE: *[signature]*	**SIGNATURE:**
PRINTED NAME: GREGG A. BURDETT	**PRINTED NAME:**

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) [x] Same as owner
NAME/COMPANY:	**NAME/COMPANY:**
MAILING ADDRESS:	**MAILING ADDRESS:**
PHONE:	**PHONE:**
EMAIL:	**EMAIL:**
SIGNATURE:	**SIGNATURE:**
PRINTED NAME:	**PRINTED NAME:**

SECTION 3: PROPERTY INFORMATION

PROPERTY ADDRESS:
95 WYMAN RD KEENE NH

TAX MAP PARCEL NUMBER:
221-019-000
221-018-000
210-010-000

ZONING DISTRICT:
RURAL

☐ **LOCATION MAP:**
Please attach

SECTION 4: APPLICATION AND LICENSE RENEWAL REQUIREMENTS
Using additional sheets if needed, briefly describe your responses to each criteria:

1. Description of the client population to be served, including a description of the services provided to the clients or residents of the facility and of any support or personal care services provided on or off site.

WE ARE A 221 UNIT CONTINUING CARE RETIREMENT COMMUNITY. 140 UNITS OF INDEPENDENT LIVING AND 81 UNITS OF ASSISTED LIVING AND NURSING CARE. MINIMUM AGE IS 62.

2. Description of the size and intensity of the facility, including information about; the number of occupants, including residents, clients staff, visitors, etc.; maximum number of beds or persons that may be served by the facility; hours of operations, size and scale of buildings or structures on the site; and size of outdoor areas associated with the use.

THE FACILITY IS APPROXIMATELY 350K SQUARE FEET ON 66 ACRES OF LAND. 140 INDEPENDENT LIVING UNITS HOUSING 180 RESIDENTS. 81 HEALTH CARE UNITS HOUSING 54 RESIDENTS. 24/7 OPERATION W/ SECURITY. 131 EMPLOYEES, APPROXIMATELY 50 VISITORS PER DAY.

3. For Congregate Living Uses, describe the average length of stay for residents/occupants of the facility.

FOR INDEPENDENT LIVING AVG LENGTH OF STAY WOULD BE 9 YEARS. ASSISTED LIVING WOULD BE 4 YEARS

Adoption of 2012
Life Safety Code
Health Care Facilities Code

Kenneth Daily, LNHA
kenn@qissurvey.com
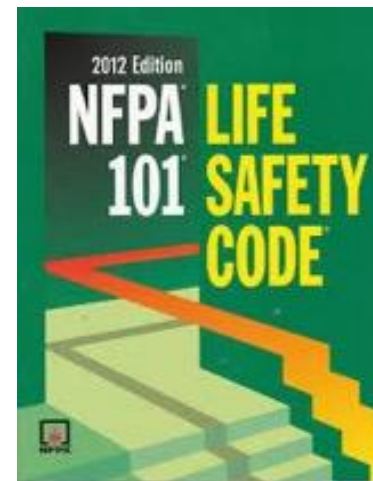
CMS EMERGENCY RULE

CMS Actions

- <u>Emergency Preparedness Standards for Medicare and Medicaid Participating Providers and Suppliers</u>

- Risk Assessment

- Policy and Procedures

- Communications Plan

- Training and Education

CMS Announcement

May 2016
Life Safety Code
Health Care Facilities Code

- Surveyor training
- http://surveyortraining.cms.hhs.gov/index.aspx
  - Click on "I am a Provider"
  - Click on the "Web-based Training" link on the top left side of the page
  - Click on the "Life Safety Code Transition Course"
- Produced new set of K tag with new numbering and regulatory expectations
- There are K tags for both NFPA 101 as well as NFPA 99

NFPA
Codes adopted effective July 5, 2016
101 Chapter 19 – Existing
101 Chapter 18 -New Facilities
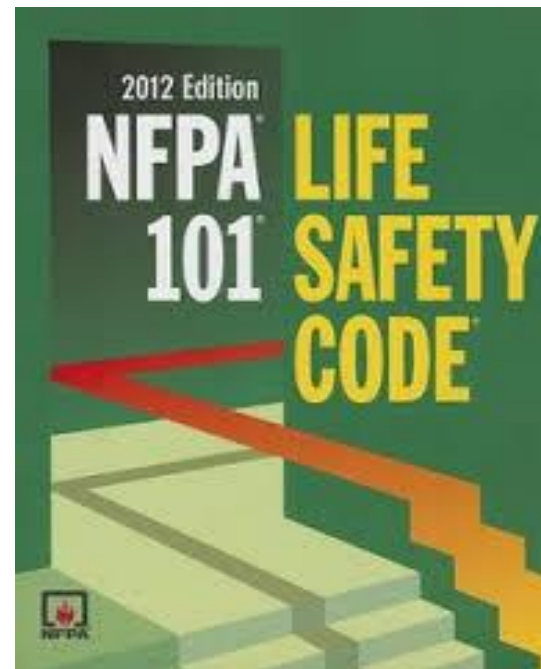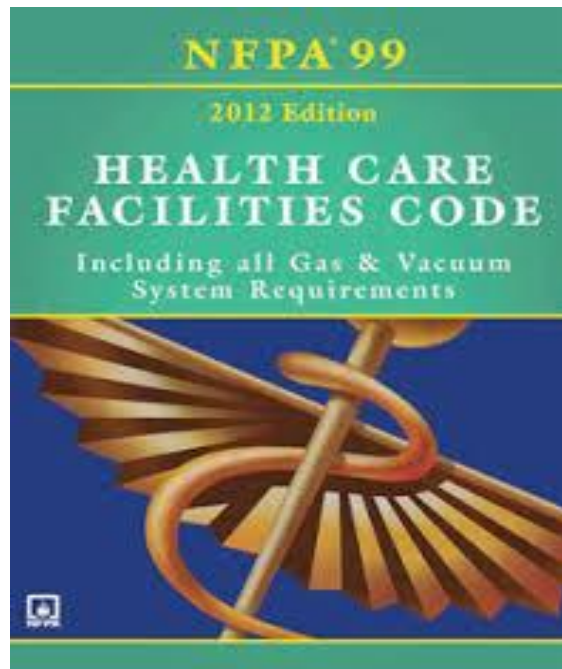
NFPA 101 - Life Safety Code©

Promulgated by the National Fire Protection Association (NFPA) (not a government agency)

    Code Versions 2003, 2006, 2009, 2012
NOT 2015
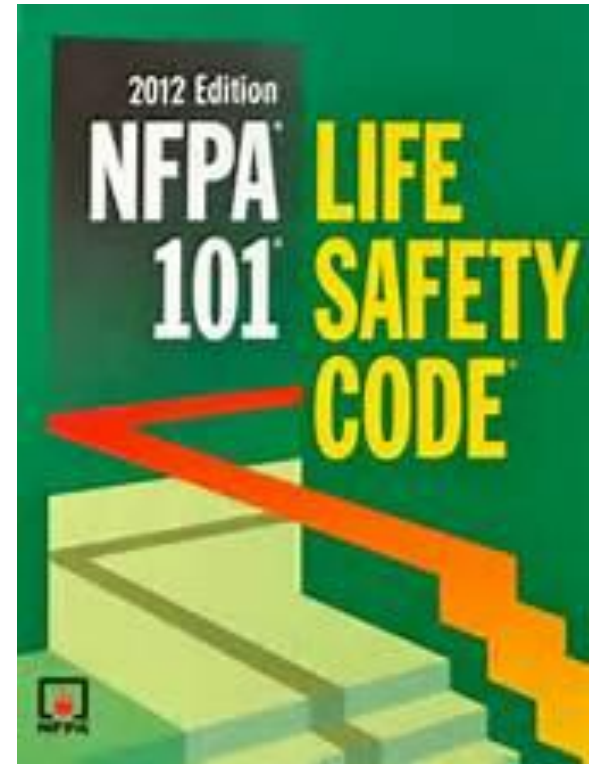
NFPA 101

- Chapter 1 – Administration
- Chapter 2 – Mandatory References
- Chapter 3 - Definitions
- Chapter 4 - General
- Chapter 5 – Performance-based
- *Chapter 6 – Hazards*
- *Chapter 7 - Egress*
- *Chapter 8 – Fire Protection Features*
- *Chapter 9 – Service/ Fire Protection*
- *Chapter 10 – Interior Finish, Contents/Furnishings*
- Chapters 11-42 Occupancies **(Healthcare 18-19)**
- **Chapter 43 – Renovations (NEW)**

Reference Codes

- NFPA 10 – Fire Extinguisher – 2010
- NFPA 13 – Sprinklers – 2010
- NFPA 25 – Sprinkler Testing – 2010
- NFPA 70– Electrical – 2009
- NFPA 72 –Fire Alarm - 2010
- NFPA 80 – Fire Doors – 2010

- NFPA 96 – Range Hood – 2011
- NFPA 101A – FSES – 2013
- NFPA 110 – Generators - 2011
- NFPA 220 – Construction - 2010

Scope of the Code

- Life Safety and similar emergencies
- Construction issues and protections based on building use
- Egress from buildings and/or safe areas within buildings
- Remember
  - LSC is not a building code or a fire prevention code

Fundamental Principles

- Multiple safeguards
  - No single feature relied upon
- Safeguards make sense
- Means of egress
  - Egress unobstructed
  - Egress awareness
  - Lighting
- Individual notification
  - Fire alarm
- Vertical openings
  - Protected egress
- System Design and installation
- Testing and maintenance

Defend-in Place

- Residents are presumed to be incapability of self-preservation.
- Safety depends on a combination of fire and life safety features and acceptable staff response.
- Facility features:
  - Unobstructed egress
  - Compartmentalization
  - Detection and alarms
  - Fire extinguishment
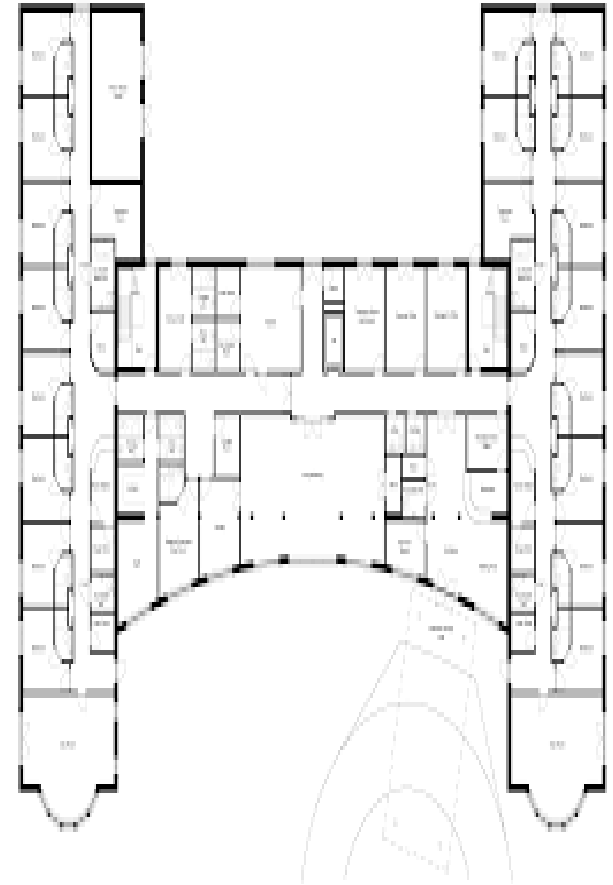
Inspection, Testing and Maintenance and Record Keeping

- A majority of the citations of the <u>TOP 10</u> deficiencies are a result of inspection, testing or maintenance issues, with many involving just record keeping

- <u>If deficient issues are discovered by Contractor's testing or inspection report, you must fix it immediately</u>

- A minimum of 2 staff members must know where all ITM records are located and have access

NFPA 99
Health Care Facilities Code

- Standard becomes a Code
- The code is intended for professionals involved in the design, construction, maintenance, and inspection of health care facilities, in addition to the design, manufacture, and testing of appliances and equipment used in patient care rooms of the health care facilities
- Unique because the code is based on Risk Assessment as determined by the facility
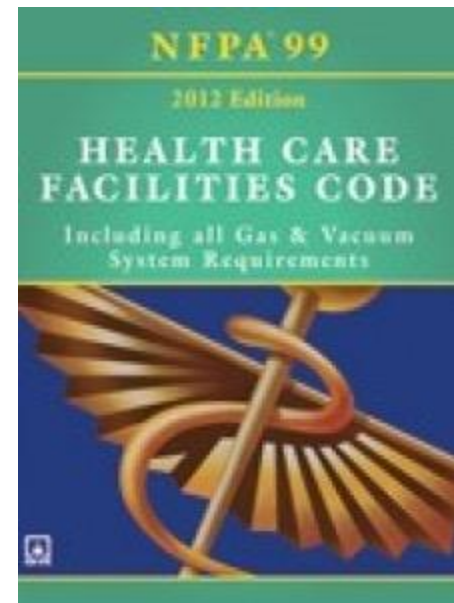
Risk-Based Approach

- Chapter 4
  - Requires facility to complete RISK ASSESSMENT of SYSTEMS and EQUIPMENT

- Risk Assessment does not need to be submitted to CMS for approval, but will be required to be provided to the surveyor during a survey.

- The Risk Assessment should be reviewed and approved by the GOVERNING BODY (or their designee) of the facility.

NFPA 99 Chapters

1. Administration

2. Referenced Publications

3. Definitions

4. Fundamentals(very short)

5. Gas and Vacuum Systems

6. Electrical Systems

7. IT & Communications Systems

8. Plumbing - References other code references

9. HVAC

10. Electrical Equipment

11. Gas Equipment – calculate storage of medical gases/ protections

12. Emergency Management

13. Security Management

14. Hyperbaric Facilities

15. Features of Fire Protection

How it Works

- Determine what the room or equipment is used for.

- Determine the risk to the patient.

- Select the appropriate risk category.

- Select the systems or procedures in the code that are prescribed by that level of risk category.

- Assessment tool

Fundamentals
Levels of Risk

- Code section applied to facility determined by level of risk determined by risk assessment:
  - **Category 1:** equipment failure likely to cause major injury or death of patients or caregivers
  - **Category 2:** equipment failure likely to cause minor injury *(not serious or at risk life)* to patients or caregivers
  - **Category 3:** equipment failure not likely to cause injury to patients or caregivers; can cause patient discomfort
  - **Category 4:** equipment failure would have no impact on patient care

HCFC – K901

- Fundamentals – Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99)

NFPA 99 Risk Assessment

"…he's one of the results of our 'Risk Assesment Survey'!"

- For each item, either rooms or equipment choose the appropriate risk category 1, 2, 3 or 4.

- Additional pages may be added as you identify additional rooms/ equipment.

- You may also may add comments about the room or equipment which include methods for mitigating identified risks such as electrical failure with comments like "facility has generator which…."

LSC SURVEY
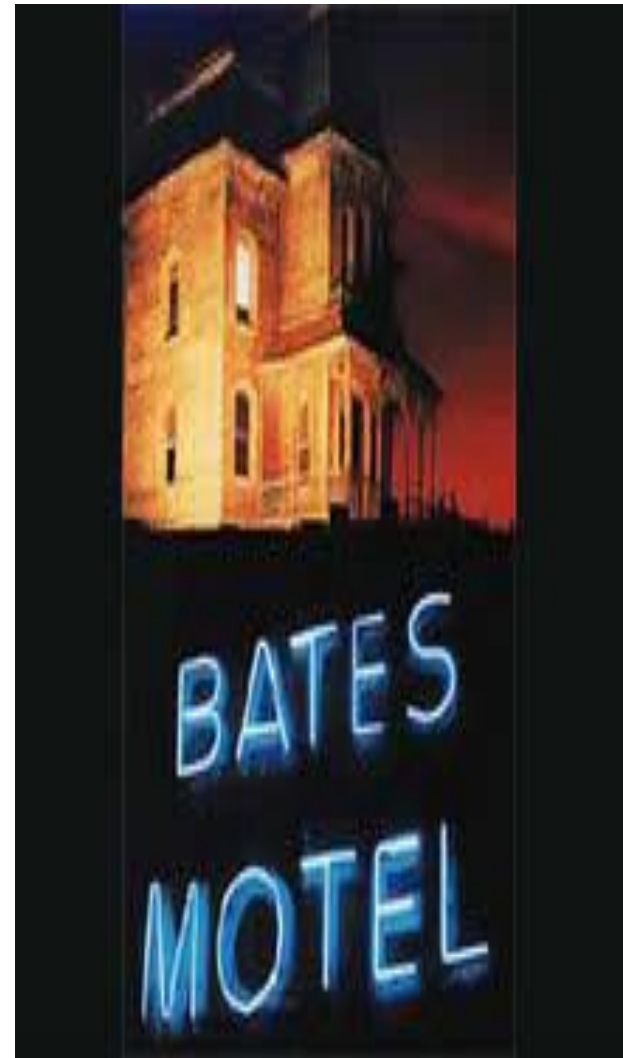
Ohio – Indiana - Illinois Top 10

New	Old	Deficiency
K353	K062	Sprinkler System
K920	K147	Electrical
K363	K018	Corridor Doors
K918	K144	Generator Testing
K321	K029	Hazardous Spaces
K372	K025	Smoke Walls
K916	K145	Electrical System
K712	K050	Fire Drills
K345	K052	Fire Alarm Testing
K271	K038	Exits

Survey Prep

- LSC Note book – everything in one place
  - Maintain current survey cycle only
  - Archive older records
- Review past surveys and ensure that prior deficiencies are corrected
- Evacuation plans – correct, posted and staff familiar
- Audit vendor record keeping
  - Complete any recommended repairs
- 8' Ladder
- Flashlight

Building Layout

- Current building floor(s) plan
  - Building year (each addition)
  - Construction type (each addition)
  - Smoke barrier walls
  - 2 hour fire rated building separations
  - Stairways
  - Damper location
  - Sprinkler head location (separate drawing)

Life Safety Documentation

1 Hr. Fire Separation

1 Hr. Fire Separation

Smoke Barrier

1 Hr. Fire Separation
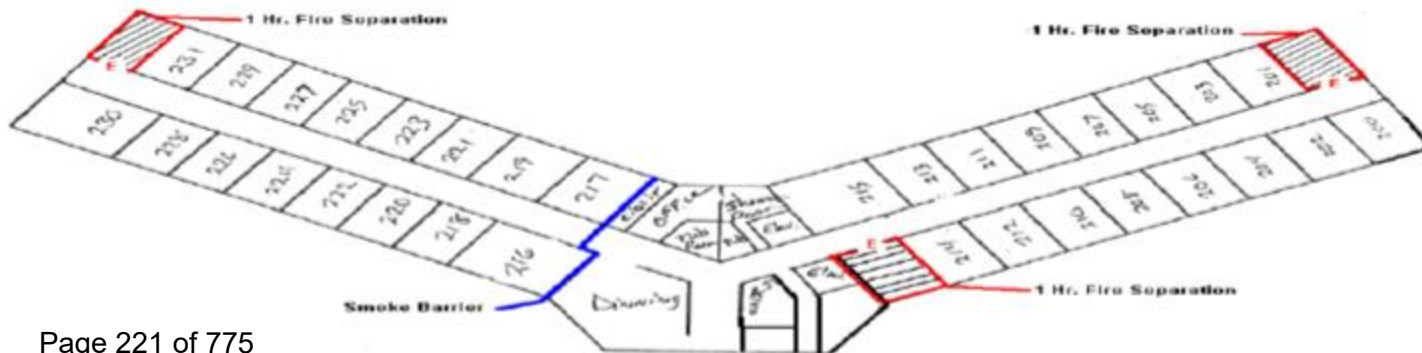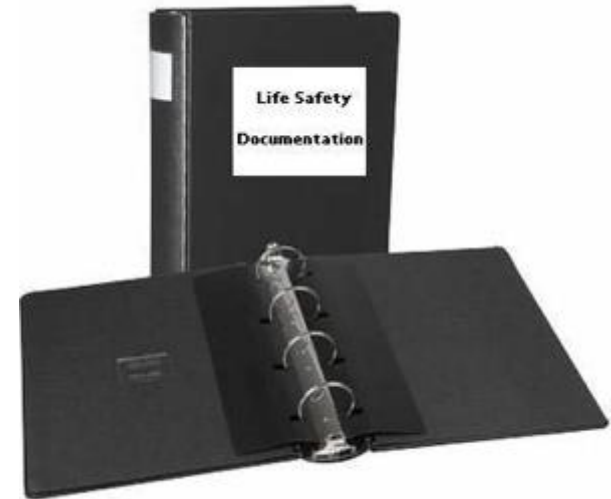
CMS Update

- CMS confirmed that initial surveys will verify compliance with any new daily, weekly, or quarterly requirements but facilities would not yet be required to meet the new annual, 3-year, or 5-year requirements.
- The first annual test/inspection activity that is a new requirement of the 2012 LSC is due July 5, 2017.
- The first 3-year activity is due July 5, 2019
- The first 5-year is due July 5, 2021.

- Examples of new testing/inspecting requirements of the 2012 LSC and the 2012 NFPA 99:
  - Annual test/inspection of all fire-rated door assemblies;
  - Annual inspection/test of all non- hospital grade electrical plugs
  - Annual test of the 2.5 inch fire hose valves;
  - 3-year test of the 1.5 inch fire hose valves;
  - 5-year internal inspection of sprinkler pipe.

Means of Egress
K211

General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full instant use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1

Discharge from Exits
K 271
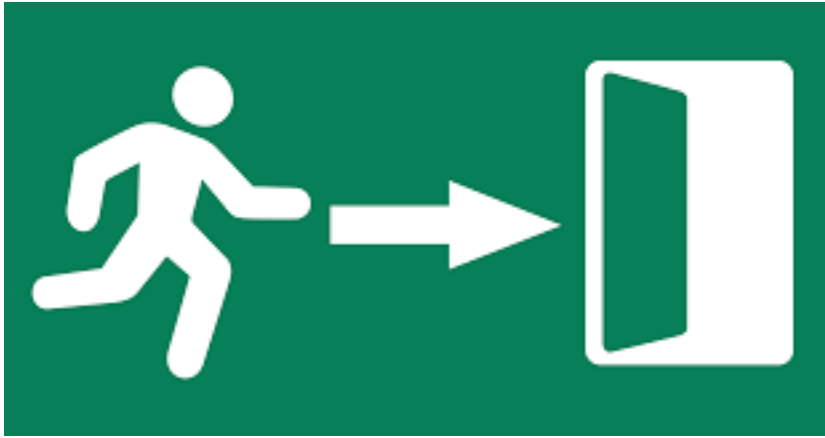
Exit discharge is arranged and provides a level walking surface with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 05-38. 18.2.7, 19.2.7, S&C 05-38

Means of Egress

- – Walking surface must be level, clear, and unobstructed at all times and useable under all weather conditions
  - Abrupt changes in elevations shall not exceed 1/4in
    - – Under 1/2in can be beveled
    - – Over 1/2in must be corrected by other means

Corridor K 232

EXISTING

The width of aisles or corridors (clear or unobstructed) serving as exit

access shall be at least 4'

19.2.3.4, 19.2.3.5

NEW

The width of aisles or corridors (clear and unobstructed) serving as exit

access shall be at least 8'

18.2.3.4 or 18.2.3.5

New Corridor Width Requirements

Section 19.2.3.4 now will allow certain wheeled equipment to project into the required width of the corridor, provided the following is in compliance:

- The clear width of the corridor is never reduced to less than 5 feet (60")

- **There is a written fire safety plan and training program that address the relocation of the wheeled equipment during a fire**

Wheeled Items in the Corridor

NEW

Permitted

- Food service carts in use
- Housekeeping carts in use
- Medication carts in use
- Isolation carts in use
- Crash carts
- Portable lift equipment
- Transport equipment

Not Permitted

- Beds
- Trash containers greater than 32 gals
- Desks
- Chairs
- Tables
- Computers on wheels
- Bird cages

Means of Egress
K 211

NEW

- <u>Where corridor is at least 6', </u>projections not greater than 6" though ADA reduces to 4" which is what many state will enforce

- Projection is less than 36" wide

- Projection must be above 34"-80" from floor

- 18/19.2.3.4

Fixed Furniture in Corridors

- Where the corridor width is at least $8'$
  - Securely attached to the floor or to the wall with
  - Clear unobstructed corridor width to less than $6'$
  - One side of the corridor.
  - Groupings do not exceed an area of 50 ft2.
  - Separated by a distance of at least 10 ft.
  - Does not obstruct access to fire protection equipment.
- Corridors are protected by automatic smoke detection system or the spaces are arranged and located to allow direct supervision
- The smoke compartment is protected throughout by an approved, supervised automatic sprinkler system

Corridors

NEW

Fixed Seating

Wheeled Equipment

8'-0'

6'-0'

5'-0'
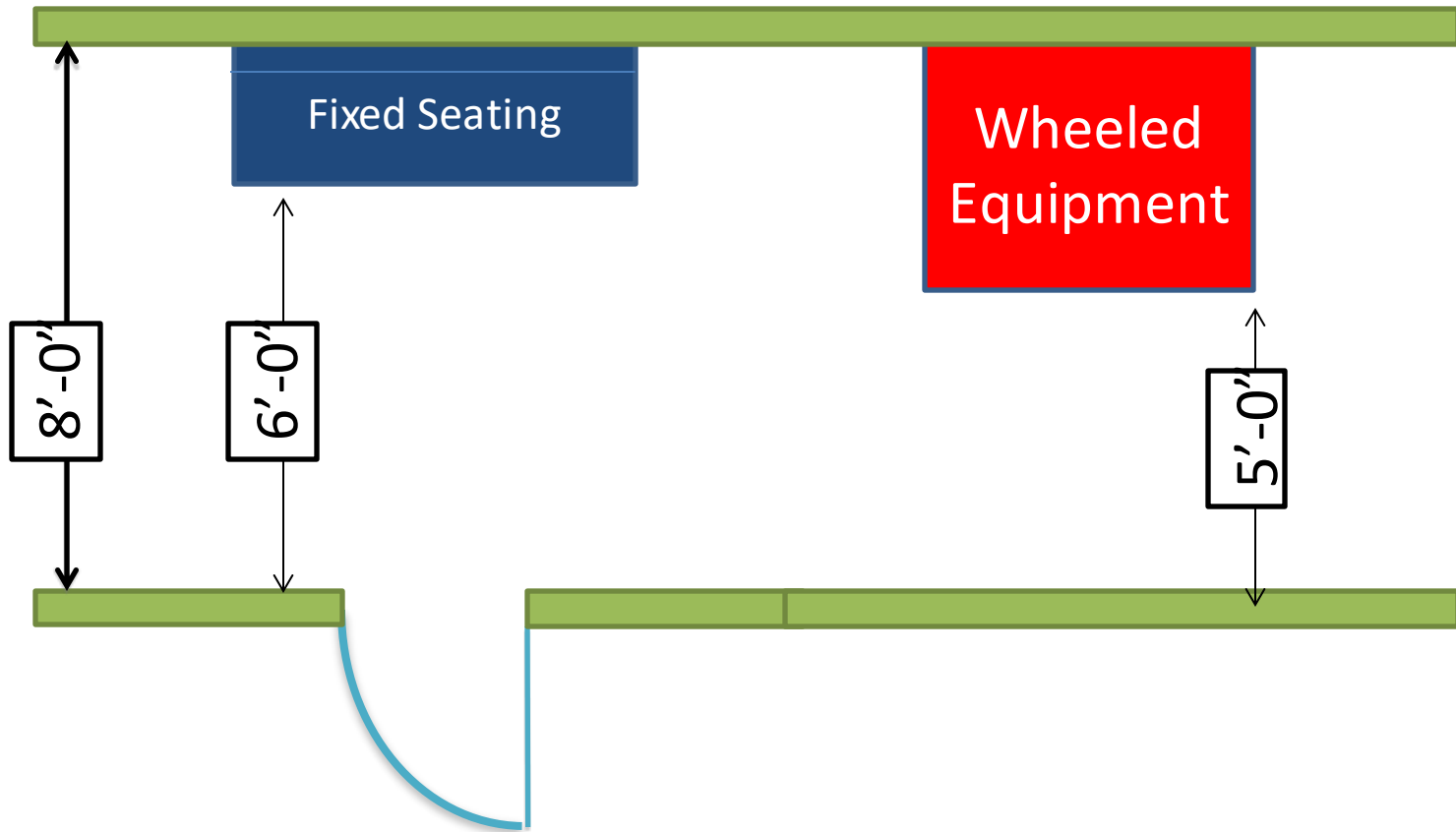
Means of Egress K226

– Exit doors or exit access doors cannot be painted/disguised in a manner that obscures their use as a door

– Horizontal Exits Horizontal exits, if used, are in accordance with 7.2.4 and the provisions of 18.2.2.5.1 through 18.2.2.5.7, or 19.2.2.5.1 through 19.2.2.5.4. 18.2.2.5, 19.2.2.5

Corridor Doors K363

- Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes.
- Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke.
- There is no impediment to the closing of the doors.
- Clearance between bottom of door and floor covering does not exceed 1"

Corridor Doors

- Hold open devices that release when the door is pushed or pulled are permitted.
- Nonrated protective plates of unlimited height are permitted.
- Fixed fire window assemblies are allowed
  - No restrictions in area or fire resistance of glass or frames in window assemblies.
- 19.3.6.3

Corridor Doors…

- No open holes or breaks exist in surfaces of either the door/frame
- The door, frame, hinges, hardware & noncombustible threshold are secured, aligned, and in working order
- The self-closing device is operational, the active door completely closes when operated
- The flush bolts (automatic) are found on the "in-active" door, and will engage when the active door closes (NEW)

Roller Latches K363

NEW

- Continue prohibition on corridors and doors to hazardous areas
- Permitted for other doors such as bathrooms, therapy rooms etc.
- LSC 18.3.6.3.9
- LSC 19.3.6.3.5

Dead Bolt Locks

NEW

- Dead bolt locks that are not part of the latchset hardware not permitted.

- Section 7.2.1.5.10 requires the releasing mechanism on the door shall open with a single operation

- The only exception would be for existing hardware where the room serves 3 or fewer individuals provided releasing operation does not require simultaneous action (7.2.1.5.10.6)

Doors Testing K 363

- Inspection and testing requirements for fire-rated door assemblies in accordance with NFPA 80

- Inspection and testing requirements for smoke door assemblies in accordance with NFPA 105

  – Applies to new and existing installations

  – Inspected and tested not less than annually

  – Written record shall be signed and kept for inspection

  – Repairs shall be made "without delay"

Door Inspection NFPA 80

- Door leaves equipped with panic hardware or fire exit hardware

- Door assemblies in exit enclosures – typically stairwells and exit passageways

- Electrically controlled egress doors by a door-mounted release device, such as panic hardware with an integral request-to-exit switch

- Door assemblies with special locking arrangements including
  - Delayed Egress Locking Systems
  - Access-Controlled Egress Door Assemblies
  - Elevator Lobby Exit Access Door Assemblies Locking

Door Inspection

NEW

- Fire-rated door assemblies
  - A visual inspection includes the following:
    - No holes or breaks of door or frame
    - No signs of damage to the door, frame, hinges, and hardware
    - No parts are missing or broken
    - Door clearances are appropriate
    - Self-closing device operating properly
    - If installed, the coordinator is working
    - Latching hardware operates
    - No auxiliary hardware installed that would interfere with operation
    - No field modifications that would void the label
    - Gasketing and edge seals, if required, are inspected

Door Inspection NFPA 105

- Smoke door assemblies shall be inspected annually.
  - Doors shall be operated to confirm full closure.
  - Hardware and gaskets shall be inspected annually, and any parts found to be damaged or inoperative shall be replaced.
  - Tin clad and Kalamein doors shall be inspected regularly for dry rot.
  - A written record shall be maintained and shall be made available to the authority having jurisdiction.

Door Inspection

NEW

- Door assemblies shall be inspected by QUALIFIED INDIVIDUAL annually
  - Reviews operation, door clearance, coordinator, latch and closer
  - Rolling fire doors tested annually (drop test twice) 5.2.14
- Record kept for AHJ inspection

Locking Doors - K 363

- Lock on doors in the path of egress is not permitted unless complies with:

  - Clinical needs locks where individuals pose a security risk provided staff can unlock doors (dementia and psychiatric units)

  - Delay egress locks permitted the facility is fully sprinklered or smoke detected

- A change from 2000 LSC is that there is no longer limitation for one delayed egress or locked door in the means of egress

Corridor Door Locking Devices

NEW

- Provisions must exist for rapid removal
  - Remote control locks
  - Keys carried by ALL staff
  - Other reliable means
- Smoke detection throughout secured area OR remote unlocking at CONSTANTLY supervised location
- Smoke and/or sprinkler activation will release the locks
- Locks release with loss of power

18/19.2.2.2.5 and 18/19.2.2.2.6

Delayed Egress Locks

- Permitted provided:
  - Releases with/in 15 seconds or 30 seconds per AHJ
  - $\leq$15 lb. for $\leq$ 3 seconds to initiate
  - Unlocks with the loss of power
  - Unlocks with the initiation of fire alarm and/or smoke detector
  - Emergency lighting at door
  - Instructional sign @ door

PUSH UNTIL ALARM SOUNDS

DOOR CAN BE OPENED IN 15 SECONDS

Sprinkler System K351

– Sprinklers must be installed throughout a facility in accordance with NFPA 13

- Complete sprinkler system required for all new construction

- Complete sprinkler system required for certain existing construction types

- Complete sprinkler system required for all nursing homes, regardless of construction type by Aug. 13, 2013

  – S&C Memo 09-04

  – Waivers and FSESs for lack of sprinklers in certain areas will no longer be permitted after that date

  – There will be no extensions to complete sprinkler installation

Common Errors with Sprinklers

– Common areas that incorrectly lack sprinkler coverage
  - Closets
    – No size requirements to qualify a space as a closet
  - Combustible overhangs that extend more than 4ft off building
  - Room behind dryers
  - Elevator machine rooms
  - Elevator shaft
  - Electrical rooms
  - Walk-in coolers/freezers
  - Linen/Trash Chutes
  - Attics

Sprinkler System – Weekly K353

Gauges - Dry	(2-2.4.2) Gauges on dry system inspected to ensure that normal air and water pressures are being maintained.
Gauges	(2-3.2) Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge.
Control Valves	(9-3.3.1) All valves shall be visually inspected weekly.

Sprinkler System- Monthly K253

Gauges - Wet Pipe Systems	(2-2.4.1) Gauges on dry system inspected to ensure that normal air and water pressures are being maintained.
Alarm Valves	(9-4.1.1) Alarm valves shall be visually inspected monthly.

"You're not allowed to use the sprinkler system to keep your audience awake."

Sprinkler System- Quarterly K353

Alarm Devices	(2-2.6) Alarm devices shall be inspected to verify that they are free of physical damage.
Hydraulic Nameplate	(2-2.7) Verify that it is attached securely to the sprinkler riser and is legible.
Alarm Devices	(2-3.2) Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly.
Main Drain	(9-2.6) A main drain test shall be conducted quarterly at each water-based fire protection system riser to determine whether there has been a change in the condition of the water supply piping and control valves.
Waterflow Alarm	(9-2.7) All waterflow alarms shall be tested quarterly in accordance with the manufacturer's instructions.

Sprinkler System- Annual K353

Hangers/Bracing	(2-2.3) Sprinkler pipe hangers and seismic braces
Pipe & Fittings	(2-2.2) Sprinkler pipe and fittings shall be inspected annually from the floor level.
Sprinkler Heads	(2-2.1.1) Sprinklers shall be inspected /floor level
Spare Sprinkler Heads	(2-2.1.3) The spare sprinklers shall be inspected
Antifreeze Solution	(2-3.4) The freezing point of solutions in antifreeze shall be tested annually by measuring the specific gravity with a hydrometer or refractometer

Sprinkler Valves- Annual K353

Dry Pipe Valves	(9-4.4.1.4) The interior of the dry pipe valve shall be inspected when the trip test is conducted.
Backflow Prevention Assemblies	(9-6.1.2) All backflow preventers installed in fire protection system piping shall be tested
Control Valves	(9-3.4.1) Each control valve shall be operated through its full range and returned to its normal position. (9-3.5) The operating stems of outside screw and yoke valves shall be lubricated annually.
Dry Pipe Valves	(9-4.4.2.1) Each dry pipe valve shall be trip tested
Backflow Prevention	(9-6.2.1) All backflow preventers installed in fire protection system piping shall be tested
Dry Pipe Valves	(9-4.4.3.2) During the annual trip test, the interior of the dry pipe valve shall be cleaned thoroughly and parts replaced or repaired as necessary.

Spare Sprinkler Cabinet

- At least six spare sprinklers, a sprinkler wrench, and list of sprinklers installed shall be maintained on the premises
- NFPA 13 - 6.2.9

Sprinkler System

- Fire hose valves are required to be inspected quarterly to ensure
  - Hose caps are in place an not damaged
  - Hose threads are not damaged
  - Valve handles are present and not damaged
  - Gaskets are not damaged
  - No leaks
  - No obstructions
  - Tamper devices are in place

Sprinkler Valves

NEW

- 2 1/2" fire hose valves are required to be tested annually by opening and closing valve

- 1 1/2" fire hose valves are required to be tested every 3 years by opening and closing valve

Opening the valve does not mean full flow but just enough to get a squirt

Sprinklers

- Once every 5 years an internal inspection must be conducted of the sprinkler piping at two locations

  - At one end of the main (drain system and remove the end cap)

  - Remove one sprinkler head at the end of branch

  - If there is presence of foreign materials further testing may be required

Sprinkler Fire Watch

- NFPA 25 formerly required evacuation or fire watch of facilities if a sprinkler system was out of service for more than 4 hours in a 24-hour period.

  This has been changed to 10 hours in 24-hour period

- Developed to accommodate a "work day" but can be at anytime

Sprinkler Inspection Documentation

NEW

Annually:

- Sprinkler inspection; ***all*** sprinkler heads and visible piping and hangers from floor;

- Sprinkler inspection must be documented;

- Facility layout with sprinkler heads identified in all spaces

- Sprinkler heads must be free from all foreign material and clean

NFPA 25 – Sprinkler Anti-Freeze

- Issue concerns use of anti-freeze solutions in wet sprinkler systems
- NFPA adopted TIA 11-1, 11-3 and 11-4
  - Resulting from potential combustibility of anti-freeze solution when released
  - Specific concentrations
    - glycerin (<50%)
    - propylene glycol (<40%)
    - Both are considered low and will not protect at temps lower than 19 F.
  - Systems installed prior to 9/30/12 will have 10 years to replace or use listed solution
    - Requires use of only LISTED anti-freeze solution
  - Requires annual testing of anti-freeze solution

Hazardous Areas (Existing) K 321

- 1-hour fire rating (with 3/4-hour fire rated doors) or sprinkler system
  - Sprinkler system allow for the separation from other spaces by smoke resisting partitions and doors
  - Doors shall be self-closing or automatic-closing
  - Areas included:
    - Boiler and Fuel-Fired Heater Rooms
    - Laundries (larger than 100 square feet)
    - Repair, Maintenance, and Paint Shops
    - Soiled Linen Rooms (exceeding 64 gallons)
    - Trash Collection Rooms (exceeding 64 gallons)
    - Combustible Storage Rooms/Spaces (over 50 sq. ft.)

Hazardous Areas (New)
K 321

- 1-hour fire-rated barrier, with a 3/4-hour fire-rated door without windows
  - Doors shall be self-closing or automatic-closing
  - Hazardous areas are protected by a sprinkler system/
- Areas include:

  a. Boiler and Fuel-Fired Heater Rooms

  b. Laundries (larger than 100 square feet)

  c. Repair, Maintenance, and Paint Shops

  d. Soiled Linen Rooms (exceeding 64 gallons)

  e. Trash Collection Rooms (exceeding 64 gal.)

  f. Combustible Storage Rooms/Spaces (over 50 square feet)

HAZARDOUS AREAS

- Deficient practices
  - Door does not have automatic closer
  - The door does not close to the latched position.
  - The door is held open with a wood wedge.

Chapter 43 - Change of Use

NEW

- Change in the purpose or level of activity within a space that involves the application of the code

- No change in occupancy

  - Comply with EXISTING in new use area unless hazardous

  - Hazardous areas comply with NEW requirements except for nursing facilities

    - Where room is less than 250 sq. ft.

Soiled Linen and Trash Containers K754

- Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity.
- The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet.
- A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area.
- Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended.

Clean Waste & Record Recycling Containers

NEW

- Containers used solely for recycling are permitted to be excluded from the above requirements where each container is ≤ 96 gal. unless attended,
- Are labeled and listed as meeting FM Approval Standard 6921 or equivalent.
- 18.7.5.7, 19.7.5.7

Generator

- Type I and Type II EES (essential electrical system) must use a Level I generator in accordance with NFPA 110

- Level I generators must be visually inspected weekly and exercised under load monthly

- Specified by manufacturer or can use NFPA 110 Appendix as guide

Generator Testing K 918

- All Level 1 generators shall be exercised for 4 continuous hours every 36 months

- Diesel: Run at Min 30% nameplate kW rating, or Min exhaust gas temp

- The test must begin with manually tripping the transfer switch

Weekly Generator Inspection

- Checked with the unit stopped or running
  - Fuel levels, day tank float switch; piping, hoses
  - Connectors; operating fuel pressure; and for any obstructions to tank vents and overflow piping
  - Oil (check for proper oil level and oil operating pressure; lube oil heater)
  - Cooling system
  - Exhaust system
  - Electrical
  - Prime Mover/Generator

Generator Monthly Exercise K918

- Generator sets exercised under load 30 minutes 12 times a year in 20-40 day intervals
  - Run at a minimum of 30% of name plate rating (diesel)
  - If run at less than 30% must have annual load bank test
  - Ensure that the startup and or cool down times are not included in the 30 minute load test.

Generator K915

- Emergency generator sets are required to have a minimum of a 90 minute fuel supply.

- Natural gas generators need proof that fuel source is reliable

  - Letter from fuel supplier confirming reasonable reliability

- Facility must have a contingency plan and a written agreement for the re-supplying of fuel in an emergency situation.

- Life safety branch has an alternate source of power that will be effective for 1 1/2 hours.

3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3

Electrical Systems K 916

- Essential Electric System Alarm Annunciator
  - A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel.
  - The annunciator is hard-wired to indicate alarm conditions of the emergency power source.
  - A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator.
  - 6.4.1.1.17, 6.4.1.1.17.5 (NFPA

Spark-ignited Generators

- Spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized.

- NFPA 110 (8.4.2)(2) …whereas it doesn't specify a minimum load for spark ignited engine sets (8.4.2.4), <u>thus there is no minimum load for natural gas generators</u>

Fuel Testing

- NFPA 110 requires a fuel quality test to be performed annually using the approved ASTM standards.

NEW Generator Battery Inspection

(110) 8.3.7 Storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly

(110)8.3.7.1 (Maintenance Free Battery)… conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted.

NEW Fireplaces K524

• Allow with proper precautions, the installation of direct vent gas fireplaces in smoke compartments containing patient sleeping rooms and the installation of solid fuel burning fireplaces in areas other than patient sleeping areas (separated by hour)

• 18.5.2.3/ 19.5.2.3, NFPA 54

Fire Safety Plan
K 711

A written health care occupancy fire safety plan shall provide for all of the following:
   (1) Use of alarms
   (2) Transmission of alarms to fire dept.
   (3) Emergency phone call to fire dept.
   (4) Response to alarms
   (5) Isolation of fire
   (6) Evacuation of immediate area
   (7) Evacuation of smoke compartment
   (8) Preparation of floors/building for evacuation
   (9) Extinguishment of fire

Fire Drills K712

- Simulation of emergency fire conditions.
- Fire drills include a fire alarm signal
- Conducted monthly per shift for 4 drills on each shift per year.
  - One drill per shift per quarter.
  - Different locations in the facility
  - Differing time of drills on each shift
  - Differing days of the week including weekends.
  - All departments are involved.
  - Documented observations of staff response.
  - Equipment functioning, doors released, alarms sounding, staff monitor exits, etc.
  - Residents <u>are not evacuated</u> during the drill.
  - Transmission to fire station
- Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.

Fire Alarm System K 341

- A fire alarm system is installed with systems and components in accordance with NFPA 70 and NFPA 72
- Effective warning of fire in any part of the building.
- In areas not continuously occupied, detection is installed at each fire alarm control unit. Basic Components
  - Panel
  - Detection
  - Manual Alarm
  - Notification
  - Off Premises Connection for Supervision

Fire Alarm Notification Changes

- Positive alarm sequence is permitted
- Trained personnel have 15 seconds to acknowledge the alarm 180 seconds are then provided to investigate the alarm and reset the system
- If the alarm is not acknowledged in 15 seconds and the system is not reset within 180 seconds or another alarm signal comes in, building notification will activate. 18.3.4.3 & 19.3.4.3

Fire Watch K346

- Where required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.6

Smoke Detection K347

- Corridors
- Elevator lobbies
- Spaces open to corridors
- Adjacent to smoke or fire doors that are equipped with hold open devices
- At fire alarm panel
- Mounted at least 36" away from HVAC air diffusers
- Mounted within 12" from ceiling

19.3.6.1. 19.3.4.5.2

Smoke Detectors

- Smoke detector functional testing and servicing done with annual fire alarm system service.
- Smoke detector sensitivity testing must be done within the first year after installation and every alternate year thereafter
- Duct smoke detectors tested
- Same number of detectors not tested
- Detectors not replaced/recalibrated
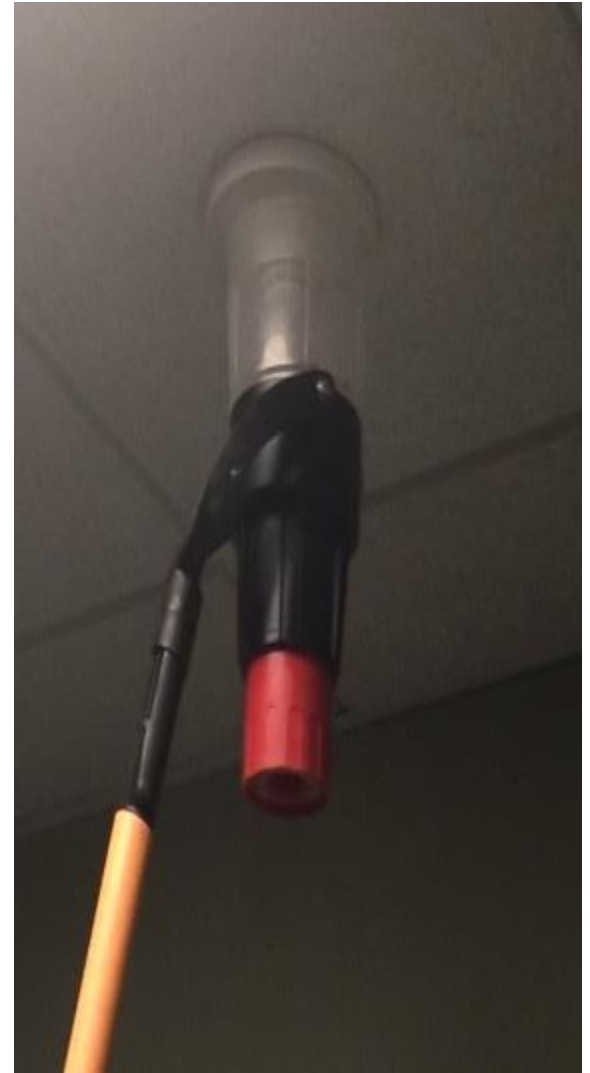
Power Taps – Electrical K920

- Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles

- Power strips in the patient care vicinity may **NOT** be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE.

- Power strips for PCREE meet UL 1363A or UL 60601-1.

- Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363.
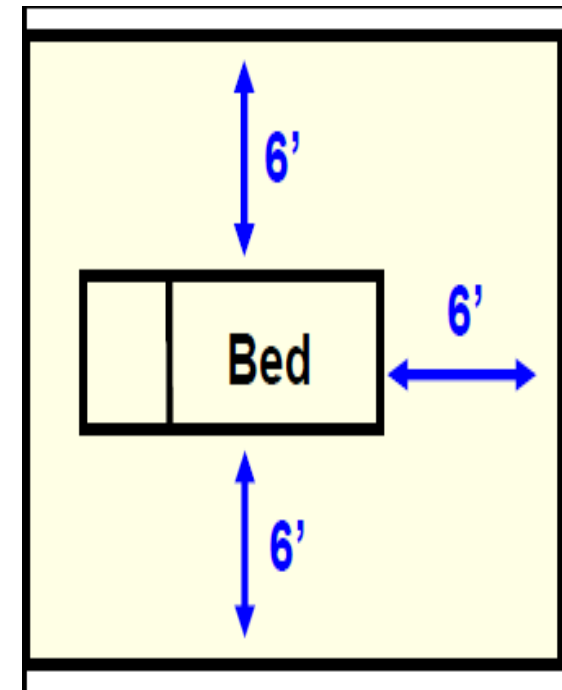
Relocatable Power K 920

- Resident Room
  - Vicinity of patient bed
    - **YES**- Patient Care Equipment using Special-Purpose Relocatable Power Tap SPRPT **(UL 1363A or UL 60601-1 Listed**
    - **NO** - Non- Patient Care Equipment – not permitted
  - Not in vicinity of patient bed
    - **YES**- Patient Care Equipment using SPRPT **UL 1363A or UL 60601-1 Listed**
    - **Yes** - Non- Patient Care Equipment using SPRPT - **UL 1363**
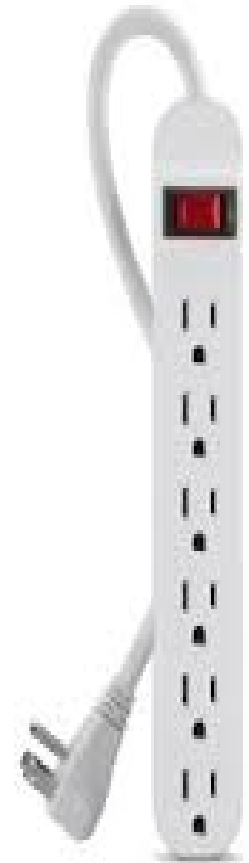
Reasonable Fix
Non- Patient Care Equipment

Replace dual for a quad

Reasonable Fix
Patient Care Equipment

Testing & Inspection-Circuit Breakers K 918

- Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements.
- Written records of maintenance and testing are maintained and readily available.
- EES electrical panels and circuits are marked and readily identifiable.
- Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.
- 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)

Electrical Equipment Testing K921

NEW

- Facility must establish policies and protocols for the test intervals and types of tests for all patient care-related electrical equipment, whether owned or leased.

- Documentation must be maintained, with records kept as required by the facility's record retention policy.

- Tests should include:
  - Date of test
  - Unique equipment ID number (what was tested)
  - What was met and not met during the test (result)

- Non-patientcare-related equipment, whether facility owned or resident owned, must be visually inspected by staff to verify that the device is in proper equipment if it will have contact with residents.

- 10.4, 10.5.2.1

Testing & Inspection Receptacles – K 914

- Maintenance and Testing Hospital-grade receptacles at patient bed locations
- <u>Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months.</u>

6.3.4 (NFPA 99)

Testing of Electrical Outlets

NFPA 99 6.3.3.2 lists the following elements:

1. The physical integrity of each receptacle shall be confirmed by visual inspection
2. The continuity of the grounding circuit in each electrical receptacle shall be verified
3. Correct polarity of the hot and neutral connections in each receptacle shall be confirmed
4. The retention force of the grounding blade of each receptacle (except locking-type receptacles) shall not be less than 115g

Smoke Compartments Existing K371

- Smoke barriers shall be constructed to a ½-hour fire resistance rating
- Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or less patient bed capacity.
- Size of compartments cannot exceed 22,500 square feet
- 200-foot travel distance from any point in the compartment to a door in the smoke barrier.

Smoke Compartments New K371

- Smoke barriers shall be constructed to provide at least a 1-hour fire resistance rating
- Smoke barriers shall be provided to form at least two smoke compartments on every floor used by inpatients for sleeping or treatment, and on every floor with an occupant load of 50 or less persons, regardless of use.
- Size of compartments cannot exceed 22,500 square feet
- 200-foot travel distance from any point in the compartment to a door in the smoke barrier.

Smoke/Fire Barrier

- Unsealed holes in electrical conduit, metal pipe, PVC pipe, and low-voltage wiring penetrations

- Suspended ceiling systems not one-hour fire resistive rated assemblies and/or missing

- Through penetrations of fire/smoke resistance rated construction shall be protected by a fire stop system
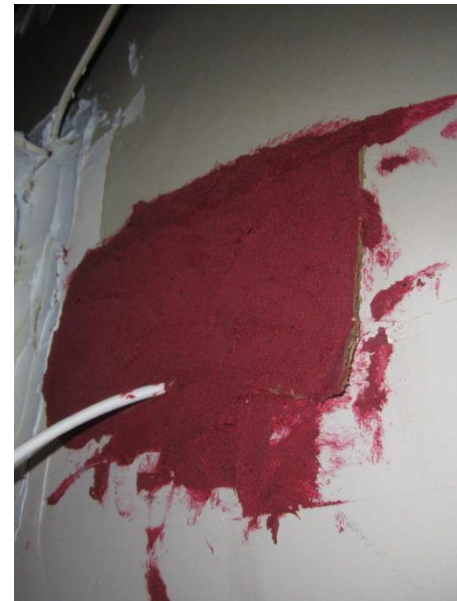
Fire Stopping

- Through penetrations of fire resistance rated construction shall be protected by a firestop system in accordance with ASTM E 814 or UL 1479

Compartmentation Deficiencies

- Polyurethane foam should <u>not</u> be used

- Intumescent materials maybe used

- Smoke and fire ratings apply to the <u>entire assembly</u>

- Smoke barriers (1/2 hour) need at least 1/2" sheetrock (each side)

- 1-hour fire barriers require at least 1-1/4" of sheetrock (2 layers)

- 2-hour fire barriers require at least 2-1/2" of sheetrock (4 layers

Cooking Facilities K 324

- Cooking Facilities Cooking equipment is protected in accordance with NFPA 96

- When residential cooking equipment is used for food warming or limited cooking (e.g. microwaves, toasters, and hot plates), the Life Safety Code does not automatically classify the area as a hazardous area or require protection per 9.2.3. (Food Warming 19.3.2.5.2)

Cooking Facilities

- Cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 19.3.2.5.3

- Many limitations verify before proceeding

- Cooking for up to 30 people

- No deep fat frying

- 300A extinguishing system hood system requirements

- Chapters 18/19.3.2.5

Kitchen Hood Extinguishing Systems NFPA 17A

Monthly Inspection:

- Ensure system is in its proper place;

- Manual actuators are not obstructed;

- Tamper seals and indicators are intact;

- Maintenance tag is in place;

- No obvious physical damage that might prevent operation;

- Ensure pressure gauge is in operable range;

- Nozzle blow-off caps are intact and undamaged;

- The protected equipment has not been replaced, modified or relocated.

Kitchen Hood Extinguishing - NFPA 17A

Semi-annual Maintenance:

- Check to see hazard has not changed;

- Examine all detectors;

- Examine expellant gas containers;

- Examine agent containers;

- Examine releasing devices;

- Verify that agent distribution piping is not obstructed

- Operate system without releasing agent;

- Fixed temperature fusible links must be replaced semi-annually, and destroyed once removed.

New Decoration Standard
K 753

- New requirement
  - Photographs, paintings and 'other art' may not interfere with the operation

- Increases the amount of wall/ceiling space that may be covered:

  - 50% Sprinklered in patient room (less than 4) per wall or ceiling and not aggregated

  - Combustible decorations may not exceed 30 percent of the wall area in a sprinklered smoke compartment

Draperies, Curtains, and Loosely Hanging Fabrics K 751

- Draperies, Curtains, and Loosely Hanging Fabrics exempt at locations:
  - Showers and baths
  - On windows in patient sleeping room located in <u>sprinklered compartments</u>
  - Non-patient sleeping rooms in sprinklered compartments
    - Do not exceed 48 square feet
    - Total area does not exceed 20% of the wall.
- 18.7.5.1, 18.3.5.11, 19.7.5.1, 19.3.5.11, 10.3.1

Upholstered Furniture and Mattresses K752

- Newly introduced upholstered furniture and mattresses meets Class I or char length, and heat release <u>unless the building is fully sprinklered.</u>

- <u>Upholstered furniture and mattresses belonging to nursing home residents do not have to meet these requirements as all nursing homes are required to be fully sprinklered</u>.

18.7.5.2, 18.7.5.4, 19.7.5.2, 19.7.5.4

Cylinder and Container Storage K923

≤ A precautionary sign readable from 5 feet is of a cylinder storage room, wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING".

- – Empty cylinders are segregated from full cylinders.
- – Empty cylinders are marked to avoid confusion.
- – Cylinders stored in the open are protected from weather.

11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)

How Much O² ?

- D cylinders - 15 cubic feet
- E cylinders- 24 cubic feet (12 of these is still under 300 cu ft.
- M cylinders - 122 cubic feet
- G cylinders - 244 cubic feet
- H or K cylinders - 250 cubic feet (12 of these is about 3,000 cu ft.

Gas Equipment K926

- Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk.

- Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99)

O2 storage

- Storage up to 300cuft can be kept in an area that is not a designated storage area
- medical gas may be accessible as operational supply rather than storage, properly secured
- An individual container of medical gas placed in a patient room for "as needed" (but regular) individual use is not required to be stored in an enclosure, when properly secured.

Storage O²

- Storage less than 3,000 cu ft.
  - Storage between 300cuft and 3000cuft must be in a storage room
  - Out door enclosure or indoor inside a room of non combustible or limited combustible (dry wall) with door that can be secured.
  - Minimum distance of 5 feet from combustible or incompatible materials when fully sprinklered
  - No smoking, or open flames are electrical heating
    - Cylinder valve protection caps
    - Cylinders chained and supported in stand or cart

Storage O² − More than 3000 cu.ft.

- Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.

- Storage over 3000cuft must be in a 1hr FRR enclosure

  - 45min FRR self-closing and latching door
  - Vented outside

- Comply with no other storage in this room

- Whenever you store more than 3,000 cu ft. of O2 cylinders (12 H tanks or 124 E tanks) there are many more conditions that must be met.

Alcohol Based Hand Rubs K 325

- May now use aerosol based hand sanitizers (cannot exceed 95% alcohol)
- Maximum individual capacity for aerosol is 18 oz.
- Maximum non-aerosol individual capacity if .32 gallons (1.2L)
- Dispensers must be separated from each other by horizontal spacing of not less than 48 inches
- If installed in corridors, the corridors must have a minimum width of 6 feet.

Installation

- Dispensers must be installed at least 1 inch below or to each side of an ignition source (switch or outlet)

X = 1 in (25 mm)

Ignition source

Dispenser prohibited from this area
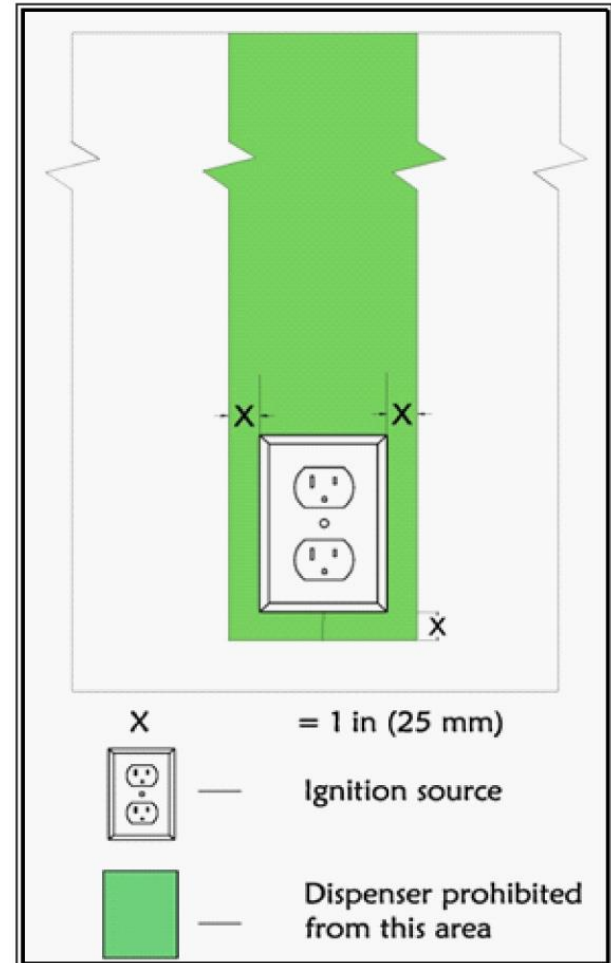
Access Policy

When facilities use they must have policy: "**if installed to prohibit inappropriate access**"

Fire Extinguishers K355

- Portable fire extinguishers must be installed, tested, and maintained in accordance with NFPA 10
- Installation normally between 4" and 60"
- Maximum travel distance to Extinguisher
  - Class A (Combustible materials) –75ft
  - Class C (Live electrical equipment) –75ft
  - Class K (Kitchen fires) –30ft
- Inspections approximately every 30 days
  - Conducted in accordance with NFPA 10 Section 4-3.2
  - Documented monthly for each extinguisher

Portable Fire Extinguishers

NFPA 10 (2010)

They must be inspected monthly for:

- Mounted $\geq$ 4 inches and $\leq$ 60 inches above the floor
- Access to FE is not obstructed
- Operating label is placed outward and visible
- Safety seals are in place
- FE is full by 'hefting'
- There is no corrosion, leakage or nozzle clogging
- Pressure gauge is in operable range

Building Rehabilitation

- Chapter 43 addresses work associated:
  - Repairs
  - Renovations
  - Modifications
  - Reconstructions
  - Changes of use or occupancy classification
  - Additions
- This new chapter of the LSC must be used whenever these types of work occur in existing healthcare facilities

Waivers

- **Temporary (construction)**
  - Time limited (extended plan or correction date)
  - 'Stays' penalties while corrective action is being completed
  - Interim measures
  - Watch your expiration date

LSC Survey is Over and…

- Three options for non-compliance:
  - Correct the alleged deficiency
  - Fire Safety Evaluation System (FSES)
  - Waiver (temporary or Annual)
- Path you choose will depend on cost, feasibility and the CMS Regional Office.

Annual Waivers

- The provider must demonstrate that:
  - The waiver can not adversely affect resident health and safety
  - It will impose an unreasonable hardship on the facility to meet a specific LSC requirement.
- CMS looks for facility to implement *measures above and beyond* requirements – equalivancies

Fire Safety Evaluation System

- FSES provides alternative approach to compliance with the 2000 Life Safety Code.

- Section 1.5 of the Life Safety Code permits alternative compliance with the Code under equivalency concepts where such equivalency is approved by the authority having jurisdiction

- Numerical value derived from four basic equivalency functions:
  - Containment safety
  - Extinguishment safety
  - People movement
  - General safety

Consider These Factors

- Special features of the facility
  - Provide the surveyor with a copy of the facility's building layout, indicating the location of exits, individual resident rooms, and common areas if available
  - Generator or not
- Surveyor will likely review:
  - existing fire safety and disaster plan
  - fire drills last 12 months
  - Smoking policy
  - Fire alarm testing
  - Sprinkler maintenance records
  - Kitchen range hood maintenance
  - Fire extinguisher maintenance and testing reports
  - Generator testing logs

Survey Documentation

Emergency Lighting
- Monthly 30 sec. test
- Annual 90 min. test

Fire Alarm
- Monthly, Quarterly, semi-annual and annual testing
- Batteries every 4 yrs.

Fire/Smoke Dampers
- Test and lube every 4yrs.
- 8 years of records

Door Inspection
- Fire and smoke doors
- Annual

Sprinkler System
- Pressure gauges – weekly/dry
- Pressure gauges monthly/wet
- Quarterly
- Annual
- 2 ½ " fire hose valves –annual
- 1 ½ " fire hose valves –3 yr.
- Annual head inspection
- 5yr. internal inspection

- **Smoke detectors**
  - At install, 1st year afterwards and 2 years subsequently
  - Keep records at least for 4 yr.

Survey Notebook

Fire Drills
- Monthly (one/month, per shift, per quarter)

Fire Alarm
  - Monthly

Fire Pump
  - Weekly, Monthly, Annual

Generator
  - Weekly
  - Monthly
  - Load Bank (if necessary)
  - 36 month exercise

Hood Suppression
  - Monthly inspection
  - Semi-annual

- **Non-Hospital Grade - Electrical Plug Inspection**
  - Annual

- **Circuit Breakers**
  - Annual exercise

- **Misc. Items**
  - Elevator maintenance, state certificate and state inspection
  - Medical gas certificate
  - Boiler certificate (annual)
  - Fire hydrant

Facility Policies
- Fire - Evacuation
- Fire Drill - Procedures
- Fire Watch
- Smoking
- Portable space heaters

Covenant Living of Keene

EMERGENCY PREPAREDNESS PROGRAM

TO ACTIVATE THIS PLAN:

TURN DIRECTLY TO PAGE 10
(SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES)

Created:

Covenant Living of Keene

EMERGENCY PREPAREDNESS PROGRAM

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EMERGENCY MANAGEMENT PLAN

EMERGENCY OPERATIONS PLAN

SECTION D: FULL BUILDING EVACUATION PLAN

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

---

[1] Delete procedure if no Carbon Monoxide alarms

[2] Delete reference to radiological if no nuclear facility or no major transportation route near facility

---

[3] Delete if not a risk for your region
[4] Revise if propane versus natural gas
[5] Delete if no piped med gases in facility
[6] Delete if no steam service in facility
[7] Revise if propane versus natural gas
[8] Delete if not a risk for your region

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[9] Delete if not a risk for your region
[10] Delete if not a risk for your region

SECTION G: **DISASTER RECOVERY PLAN**

APPENDICES:[11]

Appendix A: Hazard Vulnerability Assessment (HVA)

       Facility Specific HVA

       Community HVA - PLACEHOLDER

       Evidence of HVA Annual Analysis & Review

Appendix B: Mutual Aid Agreements / Memorandum(s) of Understanding - SAMPLE

Appendix C: Compliance Schedule / Calendar

Appendix D: Vendor Agreement - SAMPLE

Appendix E: Evacuation Route Maps – PLACEHOLDER

Appendix F: Organizational Chart and Roster of Staff with Key Disaster Roles

Appendix G: Resident and Responsible Party - Emergency Communications Plan –

       SAMPLE

Appendix H: Staff Competency Post Training Test - SAMPLE

Appendix I: Collaborative and Cooperative Planning Efforts Documentation

Appendix J: Annual Analysis and Review

Appendix K: EPP Quick Reference Guide (11x17)

Appendix L: Food Services Reference Material

Appendix M: Electronic Records Access Policy

Appendix N: McKesson Emergency Preparedness

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[11] Customize Appendices and insert into plan

SECTION A:

POLICIES AND PLANNING

POLICIES AND PLANNING

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SECTION A: POLICIES AND PLANNING

EMERGENCY MANAGEMENT PLAN

Policy and Organizational Statements

The Emergency Preparedness Program (EPP) was developed using an all-hazards approach to comply with all applicable federal, state and local emergency preparedness requirements.

The EPP was developed in collaboration with Keene Fire Department and EMS

This plan has been reviewed with Keene Fire Department to ensure an integrated response during a disaster or emergency situation impacting the facility.

The Emergency Operations Plan (EOP) and its components are the master operations documents for the campus in responding to all emergencies, and all catastrophic, major, and minor disasters. The plan defines the responsibilities of all levels of management that make up the facility Healthcare Incident Command Team.

This plan will be reviewed and updated on an annual basis, and the Direct of Facilities Maintenance will be assigned this responsibility. Should there be significant revisions to the plan, all staff will be trained regarding the revisions. An "Annual Review and Analysis" document is found in Appendix J.

The EOP is compliant with the National Incident Management System (NIMS), and incorporates the principles set forth in the Incident Command System (ICS).

The plan describes the basic strategies, assumptions, operational objectives, and mechanisms through which the Incident Command Team will mobilize resources and conduct activities to guide and support campus, local and state emergency management efforts through preparedness, response, recovery, and mitigation.

The EOP is designed to be flexible, adaptable and scalable. The plan articulates the roles and responsibilities of the Incident Command Team in its response and coordination with local, state and federal emergency officials.

The EOP includes the following sections and appendices:

Section A: *Policies and Planning (this section)*

Section B: *Procedures Applicable to All Hazard Responses*

Section C: *Incident Command System*

Section D: *Full Building Evacuation Plan*

Section E: *Emergency Procedures for Specific Events*

Section F: *Emergency Resources and Lists*

SECTION A: POLICIES AND PLANNING

Section G: Disaster Recovery Plan

Appendices:[1]

> *Appendix A: Hazard Vulnerability Assessment (HVA)*
>
> *Appendix B: Sample Mutual Aid Agreements / Memorandum(s) of Understanding*
>
> *Appendix C: Compliance Schedule / Calendar*
>
> *Appendix D: Sample Vendor Agreements*
>
> *Appendix E: Evacuation Route Maps*
>
> *Appendix F: Organizational Chart and Roster of Staff with Key Disaster Roles*
>
> *Appendix G: Resident and Responsible Party – Sample Emergency Communications Plan*
>
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>
> *Appendix I: Collaborative and Cooperative Planning Efforts Documentation*
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>
> *Appendix K: EPP Quick Reference Guide (11x17)*
>
> *Appendix L: Food Service Reference Material*
>
> *Appendix M: Electronic Records Access Policy*
>
> *Appendix N: McKesson Emergency Preparedness*

The EPP is always in effect. The plans and operational procedures within the EPP are executed on an as-needed basis as determined by the Executive Director[2] or highest ranking member of the leadership team onsite at the time of the event (Incident Commander).

The purpose of the EPP is to:

- Develop an all-hazards planning approach that will be used for all threats to, and/or emergencies or disasters that may impact the campus.
- Create the general framework of planning for preparedness, response, recovery and mitigation activities of the campus.
- Reduce the vulnerability of residents, staff and visitors and the community, including the loss of life or injury, or the damage and loss of property resulting from natural, technological, and man-made disasters, by developing effective preparedness, response, recovery and mitigation plans.

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[1] Revise to match Table of Contents
[2] Insert correct position title

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- Describe the facility's role in coordinating with and supporting local, state and federal governments during an emergency or disaster.
- Describe the types of disasters which are likely to impact the campus, from local emergencies to minor, major or catastrophic disasters.

The facility will engage local officials as part of its effort to develop an HVA through collaborative and cooperative planning efforts. Appendix A outlines the agencies or personnel the facility has engaged in the process.

Risk Assessment Process

The Emergency Preparedness Plan is based upon the Facility Specific and Community Hazard Vulnerability Assessments (HVA).

The HVA provides a systematic approach to recognizing hazards that may affect demand for nursing home or assisted living residences[3] or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities. The HVA serves as a needs assessment for the Emergency Preparedness Program. This process involves facility staff representing the safety and/or emergency management committee and community partners (area emergency managers, fire and police departments and emergency management services).

The facility incorporates risks identified in the Community Hazard Vulnerability Assessment into its emergency planning process and procedure development, where applicable. The Facility HVA can be found in Appendix A.

The facility will utilize the output of the HVA, focusing on the top 5 to 10 relative risks, to develop a mitigation strategy as appropriate.

Communications[4]

The Communications Plan is developed to comply with local, state and federal law. Similar to the EPP, the Communications Plan will be reviewed and updated at least annually.

The Communications Plan provides names and contact information for staff, entities providing services under arrangement, residents' physicians, other healthcare facilities and volunteers. Additionally, local, regional and state emergency response and emergency management agencies and other sources of assistance are provided in this plan. These contact lists are located in Section F: Emergency Resources and Lists.

---

[3] Revise to reflect proper care level
[4] Revise content of this plan to best fit the facility needs

SECTION A: POLICIES AND PLANNING

Primary and alternate means for communicating with facility staff and external partners including local, regional, and state emergency responders and emergency management agencies are listed in Section B: Procedures Applicable to All Hazard Responses.

The EPP addresses methods for sharing information and medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain continuity of care during emergency or disaster events, including evacuation of the facility. These methods are outlined in the Emergency Operations Plan sections as follows:

- Section B: Procedures Applicable to All Hazard Responses
- Section C: Incident Command System
- Section D: Full Building Evacuation Plan
- Section E: Emergency Procedures for Specific Events

The facility maintains a daily list of residents, to include their condition and location. The census list will be updated routinely throughout the day, as necessary[5]. During emergency or disaster related events, resident information may be shared or released, as permitted under 45 CFR 164,510 (b) (1) (ii) and 164.510 (b) (4), through assigned roles and responsibilities in the facility Incident Command System.

If the facility is forced to relocate or evacuate residents, the release or sharing of resident information shall be coordinated through assigned roles and responsibilities in the facility Full Building Evacuation Plan.

The facility will communicate with local, regional and state emergency responders and emergency management agencies, local and state health departments, mutual aid plans / healthcare coalitions and/or other healthcare facilities, when applicable, the following information during an emergency or disaster:

- Its occupancy
- Any resource or asset needs
- Ability to provide assistance to other facilities

The Incident Command System assigns specific roles and responsibilities for the communication of this information. Additionally, reporting of this information is accomplished electronically through the use of <Covenant of Keene's Emergency Plan>.

Resident and Family Information

Upon admission, residents and their responsible parties will be provided with an Emergency Communications Plan Guide (See Appendix G).

---

[5] Revise if different than stated

SECTION A: POLICIES AND PLANNING

This guide details expectations of residents and their families during an emergency event at the facility, or during a community disaster. The plan provides families with alternate methods to contact the facility during a disaster when normal means of communications (telephones) may be inoperable.

Alternatively, the facility may share information relative to the status of the facility or disaster on its webpage at www.covlivingkeene.org

Continuity of Operations

The Emergency Preparedness Plan takes into consideration its resident population, including the types of services and levels of care the facility provides.

The facility is an Assisted Living Facility/Nursing Home/Skilled Nursing Home[6] that provides the following levels of service[7]:

- Bariatric Care
- Dementia/Alzheimer's Care
- Ventilator Care
- IV/Tube Feedings
- Dialysis
- Therapy (Respiratory, Speech, OT/PT)
- Adult Day Care
- Respite Care
- Hospice Care
- Rehabilitation
- Home Care
- Behavioral Health

In addition to the inherent risks associated with residents requiring these various levels of care, the plan also incorporates risks related to culture, ethnicity and language.

In the event an emergency or disaster impacts any of the services provided by the facility to its residents, the facility has developed contingency plans to ensure continued services, to the extent possible. These plans include, but are not limited to, emergency procedures, vendor support, agreements with other healthcare facilities, mutual aid plan support[8] and support from local/state emergency management.

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[6] Revise to reflect proper care level
[7] Revise bulleted list to accurately reflect services provided by the facility
[8] Remove the reference to mutual aid plan support if the facility is not part of a mutual aid plan

SECTION A: POLICIES AND PLANNING

Where specific outpatient services[9] can no longer be provided, the facility has made arrangements with other providers as follows:

- Therapy (Respiratory, Speech, OT/PT) residents will be directed to<Insert location[10]>
- Adult Day Care responsible parties will be notified that the Adult Day Care is closed and that alternative arrangements for long duration cessation of services have been made with<Insert location[11]>.
- Home Care[12] client responsible parties will be notified that Home Care services cannot be provided and that alternative arrangements for long duration cessation of services have been made with<Insert service or location[13]>.

Where inpatient services can no longer be provided, it may be necessary to make alternate care arrangements or evacuate the residents to another healthcare facility (See Full Building Evacuation Plan).

The facility will maintain agreements with a temporary "stop-over" location and other healthcare facilities as receiving sites. Alternate care sites will be considered as identified by local Emergency Management officials. The facility will serve as an alternate care site if deemed necessary and as outlined in a Section 1135 waiver when issued.

In the event of a loss of other utility services, emergency procedures have been developed that include contingency planning. Emergency power and standby systems are maintained in compliance with NFPA 99 and NFPA 110. Plans are in place to maintain an on-site fuel source to keep systems operational unless evacuation is deemed necessary.

In the event the CEO, Executive Director or Assistant Executive Director[14] are not available, the highest ranking person in the facility at the time of the event will assume the role of Incident Commander and have overall authority relative to the facility response to the event. The facility organizational chart and roster of staff with key disaster related roles is located in Appendix F.

Upon activation of the EOP an assessment will be conducted to determine the current workforce and the future needs of the facility in the aftermath of a disaster. This will be accomplished through the use of the Department Rapid Assessment Form and Incident Command Team action plan development.

---

[9] Delete paragraph if none of these services are provided by the facility

[10] Insert location where clients will be referred to

[11] Insert location where clients will be referred to

[12] Home Healthcare has separate unique emergency preparedness requirements. If you have a Home Healthcare component as part of your facility, be prepared to include them in your planning and exercises.

[13] Insert service or location where clients will be referred to

[14] Insert applicable position title(s)

SECTION A: POLICIES AND PLANNING

The Incident Command Team will conduct a thorough analysis of the facility's current (or available) workforce to better understand what the future needs will be to recover from the disaster and ensure sufficient staffing.

This process helps identify workforce needs, but also key strategies, goals, processes, and behaviors needed to effectively recover from a disaster.

This facility has a system of medical documentation that preserves resident information, protects confidentiality of resident information, and secure and maintains the availability of records. This is accomplished by:

- *Insert information on system of medical documentation here[15]*

-

Training and Testing Program

The Training & Testing Program will be reviewed and updated at least annually[16]. The Director of Facilities Maintenance will be responsible for the review and updating of the Training & Testing Program.

Training

All staff, including individuals providing onsite services under arrangement and volunteers consistent with their expected roles, will be provided initial training in the Emergency Preparedness Program, specifically the Emergency Operations Plan.

The facility will test staff competence in their knowledge of the Emergency Preparedness Program through the use of a post training quiz[17] and evaluations during drills and exercises.

---

[15] Outline the facility medical records systems. Outline electronic health record (EHR) systems, hardcopy systems or a combination. Provide details on the system(s). For example, if you utilize EHR, list the name of the system, location, security and redundancy of servers and accessibility to records from other, or off-site locations. For hard copy paper records, identify where they are located and how they are secured and kept safe. Reference any facility Protected Health Record Policies and Procedures.
[16] Some states require semi-annual review, revise as necessary
[17] Revise as needed

SECTION A: POLICIES AND PLANNING

Annual Testing

The facility will conduct annual testing of the Emergency Preparedness Program through exercising as follows:

- The facility will conduct two separate exercises on an annual basis. One of these exercises will be a community based full scale exercise (when available) and the second may be a tabletop of similar exercise.
- Each calendar year, the facility will participate in a community based full scale exercise.
  - The facility is a mutual aid plan[18] member and participates in a mutual aid exercise involving other healthcare facilities and local/regional partners and emergency responders. This exercise serves as the required community based full scale exercise.
  - When a community based full scale exercise is not available, the facility will conduct an individual facility based disaster on an annual basis and document its actions and invitations towards having community partners and stakeholders involved.
  - If the facility experiences an actual natural or man-made emergency that requires the activation of the Emergency Preparedness Program, the facility may consider utilizing the actual event in lieu of conducting the community based full scale exercise. The event will be critiqued and an After-Action Report developed.
- The facility will conduct an internal functional exercise or a paper based tabletop exercise annually. Table top exercises will include a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan.

The facility response to each exercise will be documented to capture lessons learned, opportunities for plan and procedure improvements, and to evaluate staff knowledge and response.

The facility will document all drills, tabletops exercises and emergency events utilizing the After-Action Report (AAR)[19]. Any plan revisions needed as a result of a drill or exercise will be captured in the Improvement Plan of the AAR. The Director of Facilities Maintenance will be responsible for reviewing, tracking and assigning improvement tasks.

---

[18] Delete bullet and reference to mutual aid if not part of a formal mutual aid plan
[19] Revise if using a different documentation format

SECTION B:

PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

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[1] Revise if different than 96 hours

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ACTIVATION OF EMERGENCY OPERATIONS PLAN (EOP)

IMMEDIATE EOP ACTIVATION (CODE ALERT[2]):

Any staff member becoming aware of a disaster or pending disaster should:
1. If there is an immediate life threat, institute appropriate procedures. Call out appropriate code where applicable.
2. Notify their immediate supervisor, who will alert the person in charge of the facility at the time.

The person in charge at the time will follow the EOP activation guidelines below.

In the event of a disaster (or notification of the potential for one) the **Incident Commander / person in charge** of the facility at the time shall:

1. Ensure notification of all staff via **Code Alert** [3]announcement to bring designated leadership staff to the Command Center and alert the facility of a disaster status (see Command Center Operations). All other staff should return to their assigned areas for instruction.

2. Analyze the situation for its immediate and subsequent impact on the facility.

3. Determine if disaster can be handled within normal operations.

4. If situation is outside of normal operations, but not an immediate life threat, disaster procedures need "controlled activation". Activate Command Center with appropriate Section Chiefs (see Command Center Operations).

5. If incident that causes immediate threat to life or safety of residents, visitors or staff, immediate pre-planned action should commence. Have specific disaster code announced; e.g. "Code Red[4]" for fire.

6. Notify the following[5], as needed and appropriate:
   a. Appropriate emergency or regulatory agencies (Fire, Police, Dept. of Health, Office of Emergency Management, etc.) and other healthcare facilities, as necessary.
   b. Executive Director
   c. Associate Executive Director
   d. Healthcare Administrator
   e. Director of Nursing
   f. Assistant Director of Nursing
   g. Facilities Maintenance Director

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[2] Code Alert has been provided as a sample code word that is applicable to any disaster. It is not specific to any one particular situation. Update this code word if the facility already utilizes a general disaster code word.
[3] Insert code word
[4] Insert the facility code word or term to identify a fire situation
[5] Insert correct position titles for notifications

      h. Other appropriate Department Heads, as necessary
      i. Associate VP of Operations (email followed by phone call)
      j. Regional Director of Operations (email followed by phone call)
      k. New Hampshire Emergency Management , as necessary

7. Additional notifications to consider:
      a. Ombudsmen
      b. <Insert county[6]> County Emergency Management
      c. State and Federal emergency authorities (as applicable)
      d. Residents and their families
      e. News media
      f. Suppliers and vendors
      g. Independent Licensed Practitioners.

NOTES:

1. Throughout this Plan, the term "Executive Director[7]" will refer to the highest ranking person in the facility.

2. The term "Incident Commander" will refer to the person directing the activation of this Plan, regardless of whether or not the Incident Command System is utilized/or activated.

3. Throughout this Plan reference is made to the responsibilities of particular departments and department supervisors. At times when these departments are not staffed, or department managers/supervisors are not available, staff on duty will assume the responsibilities for the critical activities of the departments and carry them out to the best of their ability.

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[6] Insert name of county Emergency Management Agency
[7] If using Executive Director, change throughout Plan

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

EMERGENCY CODES[8]

The following emergency **coded announcements** are used to alert staff of emergencies or disasters.

NOTE: Coded announcements may be made via a paging system, phone or through the use of pagers and/or radios[9], as applicable.

Disaster Alert:	Code Alert will alert the facility to a disaster situation. Designated leadership reports to the Command Center and other staff return to their work areas.
Bomb Threat:	Code Black
Building Lockdown:	Code Grey
Evacuation (Full or Partial Building)	Code Evacuation
Fire:	Code Red
Haz-Mat Situation:	Code Green
Hostage/Intruder:	Code Silver
Missing Resident:	Code Yellow
Tornado/Hurricane[10]:	Code Orange

NOTE: The following announcements may be made in "**plain language**" to alert staff and others of emergencies or loss of services:

Active Shooter / Person with a Weapon
Announcement in plain language announcing an Active Shooter or Person with a Weapon and the location.

Loss of Utility Service (e.g., Loss of electric, water, gas, etc.)
Announcement in plain language announcing the service(s) lost or impaired (e.g., Loss of electric, gas, water, impairment to the fire alarm service, etc.).

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[8] Revise this list of common code words to match the facility procedures as necessary. Some organizations use plain language for some or all disasters. Tailor this section to accurately reflect the facility's codes or verbiage.
[9] Indicate method or means used to alert staff
[10] Delete if not applicable

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ACTIVATION OF THE INCIDENT COMMAND SYSTEM

COMMAND CENTER OPERATIONS

As the particular disaster dictates, the person in charge of the building at the time will assume the position of the Incident Commander, activating the Incident Command System and establishing a Command Center when circumstances dictate.

Review the Incident Commander Job Action Sheet, and activate necessary positions or sections (refer to Incident Command organizational chart).

- Establish a Command Center as follows:
    - **Primary Location[11]:** __Concierge desk 95 Wyman Road
    _____
    - **Alternate Location[12]:** _ Concierge desk 100 Wyman Road
    _____

    NOTE: In a fire, the person in charge of the building should be with the Fire Department at the Fire Department Incident Command Post.

- Activation of the following Command Center positions should be considered at a minimum during the initial stages of the incident:
    - Public Information Officer
    - Safety/Security/Liaison Officer
    - Operations, Logistics and Planning Section Chiefs
    - Documentation Recorder

- Job Action Sheets and Incident Command System (HICS) Forms reside in Section C (Incident Command) of this Emergency Operations Plan.
- Decide the specific disaster plan(s) to be followed and have staff follow the procedural guidelines outlined in the Emergency Operations Plan in conjunction with any specific departmental emergency procedures.
- Ensure Documentation Recorder records information relative to the facility's response and critical decisions being made.
- Determine type of communications to be used (e.g.: radios, cells phones, etc.).
- Initiate a Campus and/or Building Lockdown, if necessary.
- Direct department managers to conduct a rapid assessment of their departments or assigned areas and forward the completed Department Rapid Assessment Form (found in Section C – Incident Command) to the Command Center.
    - The Manager of each department or designee (senior person in each department):
        - Complete Items 1-5 on the "Department Rapid Assessment Form"

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[11] Insert location
[12] Insert location

> ➢ Quickly choose one staff member to deliver this form to the Command Center.

- When terminating the disaster the Authority Having Jurisdiction must be involved in the decision.
- Return to Normalcy (Recovery):
  - Upon termination of the activation the Incident Commander will notify the switchboard to announce "CODE ALERT[13] ALL CLEAR".
  - The facility will return to normal operations upon the termination of the disaster.
  - Appropriate documentation will be gathered and a debriefing will take place with the facility leadership team.
  - Capture cost, if any, for claims or reimbursement.
  - Capture any needed revisions to the Emergency Operations Plan to continuously improve based on best practices and real world experiences.

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[13] Insert code word if different than indicated

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

COMMUNICATIONS PLAN

During any emergency, maintaining communication will be a priority of the facility. The importance of maintaining these communications, both internal and external, is important to ensure a coordinated response to the disaster, communication with staff, residents and residents' families, as well as the important communication with community partners (local, state and federal) to assist the facility in an emergency.

Communications will primarily be through normal channels. However, detailed in this Plan are alternate methods and systems. Communications throughout a disaster response will be coordinated through the Incident Command System.

INTERNAL COMMUNICATIONS DURING A DISASTER

Depending on the disaster and situation, internal communication to key areas should be ensured. Key internal areas to ensure communications with could include:
- Command Center and assigned Incident Command Staff
- Labor Pool, if established
- Area directly involved in emergency
- All resident care areas
- Support departments

Depending upon which systems are functional during the particular disaster, the following devices will be used:
- **Normal Telephone / Intercom / Public Address System[14]***
- **Portable Radios***
  - Obtained from[15]: Tony Sgueglia FM and Shift Security _____
- **Cell Phone(s)***
  - Obtained from[16]: Tony Sgueglia FM and Shift Security _____
- **Fax Lines:** Fax lines are outside lines that could be used if Telephone System fails (see Section F – Emergency Resources and Lists for list of fax numbers and locations).
- **Power Fail / Emergency Phones[17]:** Usable on loss of internal phone system or power failure (see Loss of Telephone Plan and Section F – Emergency Resources and Lists for locations and numbers).
- **Public / Pay Phones[18]:** All Public Pay Stations will operate for outgoing calls only (see Section F – Emergency Resources and Lists for list).

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[14] Revise as necessary
[15] Insert location
[16] Insert location
[17] Delete if not applicable
[18] Delete if not applicable

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- **VOCERA/SARA/Other Phones/Pagers[19]:** Wireless communication assigned primarily to resident care staff, transporters and others, to provide person to person communication.
- **Satellite Phone[20]:**
  - Obtained from: Tony Sgueglia FM_____
- **Website: <covlivingkeene.org>**
  - Executive Director / Public Information Officer has ability to make real time updates
  - Give specific information to staff at home and/or their families.
- **Specific phone number for pre-recorded messages** (information relating to staff or residents)**: 1.603.283.5150**_____[21]
- **Runners**: Use unassigned staff to deliver messages when other forms of communication are not functional
- **Blast Emails, Voicemails and Faxes:** Provides opportunities to communicate to all staff. Pre-incident information or messaging to department heads
- **Facility Intranet: Single Digits 1.800.291.4411**
  - Tony Sgueglia / Public Information Officer has ability to make real time updates
  - Postings can be accomplished to update staff internally
- **Informational Signs:** Can be posted to keep staff updated within the facility regarding disaster status, expected duration, etc., using paper or dry erase boards
- **Briefings:** Staff Information Updates by Administration
  - Managers should have Staff Information Meetings at the start of each shift.
  - Specific phone line for pre-recorded messages (information relating to staff or residents) can be established by Communications / Public Information Officer.

*In the event of a Bomb Threat, do not utilize these devices without approval from on-site law enforcement officials.

RETURN TO NORMAL OPERATIONS / RECOVERY:

Incident Command – When communications return to normal mode:
- Alert all departments to this fact.
- Have back-up communications (portable radios, cell phones, satellite phones) returned to Command Center.
  - Documentation Recorder or designated staff:
    - ➢ Have all devices inspected and repaired as necessary
    - ➢ Record actions and return devices to appropriate storage
    - ➢ Make necessary updates and changes.

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[19] Revise to indicate systems in place at facility
[20] Delete if not applicable
[21] Insert phone number

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

EXTERNAL COMMUNICATIONS DURING A DISASTER

Depending on the disaster and situation, external communication to key areas should be ensured. Key external areas to ensure communications with could include[22]:

- Command Center
- Sister or System facilities, if still operational
- Local /Regional Emergency Operations Centers
- State Department of Health
- Healthcare Coalition
- Mutual Aid Plan

Depending upon which systems are functional in the particular disaster, the following methods[23] will be used:

- **Telephones:** The Government Emergency Telecommunication Service (GETS) and the Wireless Priority System (WPS) can be accessed by certain individuals in the event phone or cell phone systems are overloaded.
- **E-mail, cell phones and phones outside the main system** (e.g. pay phones, fax lines, etc.) when applicable. If phones are overloaded, try text messaging (uses less band width).
- **Homeland and Health Alert Network (HHAN)/Health Alert Network (HAN)[24]:** Web based system that provides real time communications between healthcare facilities and <insert state> Department of Health on bed and surge capacity and status of healthcare facilities thorough a web-based application.
- **Local/Regional/State provided radio system[25]**, New Hampshire Emergency Management: Provides communications among healthcare facilities, municipalities and New Hampshire State Agencies, located in:

- **Satellite phone[26]:** Satellite phone communication located in:
- 95 Wyman Road Main Server Room
- **Amateur Radio Emergency Service (ARES)[27]:** Contact through local Emergency Management to deploy ARES / CERT members to operate their radios.
- **Call back lists for facility staff:** Department Managers are responsible for maintaining an up-to-date list of all staff telephone numbers.
- **Website: covlivingofkeene.org**
  - Director of Facilites / Public Information Officer has ability to make real time updates.
  - Give specific information to staff at home and/or their families.
  - In addition to the news media this communication pathway can keep the community informed of conditions at the facility.
- **Public Media:** Utilization of local TV, radio and newspapers, to provide appropriate facility status information to staff and resident families.

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[22] Revise list as applicable
[23] Revise list as applicable
[24] Revise to reflect correct terminology, if applicable
[25] Delete if not applicable
[26] Delete if not applicable
[27] Revise to reflect proper terminology or delete if not applicable

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- **Social Media**
- **Community Hotline:** A designated number may be activated to allow the public to receive pre-recorded local information and instructions. This number will be appropriately publicized.
- **Use of Municipal technology resources:** Area, city, and town websites and automated voice message systems would be another valuable resource to provide the public with updates, information and instructions, and pertinent contact information.

RETURN TO NORMAL OPERATIONS / RECOVERY:

Incident Command – When communications return to normal mode:
- Alert all departments to this fact.
- Have back-up communications (portable radios, cell phones, satellite phones[28]) returned to the Documentation Recorder.
- Documentation Recorder:
  - Have all devices inspected and repaired as necessary
  - Record actions and return devices to appropriate storage
  - Make necessary updates and changes.

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[28] Delete if not applicable

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING RESOURCES AND ASSETS

As the facility continues to provide care, treatment, and services to its residents during emergencies, it will determine how resources and assets (that is, supplies, equipment, and facilities) will be managed internally, and when necessary, solicited and acquired from external sources such as vendors, neighboring health care facilities or providers, other community organizations, state affiliates/coalitions, or a regional parent company[29]. The facility also recognizes the risk that some resources may not be available from planned sources, especially in emergencies of long duration or broad geographic scope, and that contingency plans will be necessary for critical supplies.

Primarily normal vendors and supply chains will be established. However, detailed in this Plan are considerations to supplement normal channels, if needed.

Particular supplies and services are considered critical to operations. The section of this Plan titled "Responsibilities for Ensuring Critical Supplies and Activities" identifies these items and the departments responsible to maintain these supplies. This list is continually monitored by those responsible to ensure prompt reordering during the normal course of business when supplies are low, or when a foreseeable disaster warrants a build-up of inventory.

The goal is for the facility to sustain itself for 96[30] hours. The section of this Plan titled "Baseline Assessment of 96[31] Hr Capability" provides a baseline assessment of the expected duration of these supplies, given minimum levels (e.g., day before normal delivery / average census) of these critical supplies. The individuals responsible will then use the following to manage these critical resources and assets, to develop strategies to extend available supplies, and to obtain and replenish supplies, as needed:
- This Managing Resources and Assets Plan
- The "Baseline Assessment of 96[32] Hr Capability" information
- EOP Section E – Emergency Procedures for Specific Events
- EOP Section F – Emergency Resources and Lists
- The Incident Command Structure[33].

To remain operational, the following strategies will be employed:

1. **Status Reports:** The Incident Commander, through Section Chiefs, will utilize the Department Rapid Assessment Form to determine how long the facility could continue present operations with existing resources and staff.
   a. These assessments will be analyzed by the Command Center staff.
   b. Additional assessment will be completed to monitor situation.

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[29] Revise as necessary
[30] Revise if different than 96 hours based upon the HVA or unique state or local requirements
[31] Revise if different than 96 hours
[32] Revise if different than 96 hours
[33] Delete if the Incident Command System is not used

2. **Stockpiling:** Based on the results of the assessment and direction from the Command Center, prior to the time when the disaster effectively cuts off access to the facility, the Command Center will direct appropriate departments to:
   a. Build inventories for 96[34] hour isolation, if possible, from vendors with established Memorandum of Understanding agreements (vendors within the region and outside of region, as well as other health care facilities, corp. groups, etc.)
   b. Call in extra staff (partial or full call-back) to help with down time rotation and caring for residents during the 96[35] hours of isolation.
   c. Implement the Census Reduction Plan, and reduce census where possible.

3. **Conservation Strategy:** If the situation does not allow us to build up inventories and staff, the following conservation plan will be put into effect:
   a. Conservation of Resources and Services - This effort will be directed by the Command Center. They will work closely with Department Heads and Resident Care staff: Consider individual conservation measures, based on the limited resource or eliminate non-emergency related activities, such as:
      i. Shut down unnecessary equipment (e.g., A/C in non-resident areas)
      ii. Linen changes only when necessary vs. every day / shift
      iii. Use disposable dishes and emergency non-cooking menus
      iv. Consolidate staff and residents into a ward setting when possible, or completely fill nursing units, enabling us to close other units.
   b. For more information on possible conservation strategies see EOP Section E – Emergency Procedures for Specific Events (e.g., Loss of water, electricity plans).
   c. Communicate Conservation Plan and Emergency Lists to staff and residents via intranet or website, department head meetings, information board, resident TV channel[36], etc.
   d. Track changes to the Conservation Plan as time progresses. Report medications and supply usage to Command Center.

4. **Monitoring of Critical Supplies:** Throughout the event, those responsible will monitor supplies. Also through the Incident Command System and Department Rapid Assessment the success of stockpiling, conservation strategies will be evaluated and revised as needed.

5. **Providing Resources to other Healthcare Organizations:** Determine if there are Resources and Assets that could be shared with healthcare organizations outside of your community during a prolonged disaster event.

RECOVERY
Use the Department Rapid Assessment Form[37] as a guide.

- Re-supply depleted and/or damaged items

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[34] Revise if different than 96 hours
[35] Revise if different than 96 hours
[36] Delete if not applicable
[37] The Department Rapid Assessment Form can be found in the Incident Command System (Section C).

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Follow Disaster Recovery Plan (Section G) or Disaster Staffing (Section B)
- Capture cost
- Critique and make necessary changes.

RESPONSIBILITIES FOR ENSURING CRITICAL SUPPLIES AND ACTIVITIES

Medical Director and Resident Care / Nursing Services[38] are responsible for clinical needs of residents, as follows:
- Nursing staffing
- Management of residents, including:
  - Scheduling
  - Modifications of services
  - Admissions and discharge
  - Resident assessment
  - Modification of meals and activities will be the responsibility of the respective Department Heads (E.g., Nursing or Dining Services).
  - Modification of medications and pharmaceutical supplies
  - Normal resident information will be under the control of the person responsible for public information during a disaster.

Director of Human Resources[39] is responsible for:
- Staffing all areas

Director of Maintenance[40] is responsible for:
- Water supplies(normal conditions)
- Industrial water (if during loss of water)
- Electrical generator (fuel) (if during loss of normal power)
- Fuel - boilers[41]
- Consider portable gasoline generators for running specific items (i.e. freezers, medication refrigerators, or other items not on the main generator).
- 24/7 ability to react in a disaster to handle mechanical functions (i.e. HVAC system)

Purchasing Manager[42] is responsible for:
- Medical supplies
- PPE supplies
- Paper supplies
- Portable oxygen cylinders

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[38] Revise as necessary to reflect proper terminology
[39] Revise title as necessary
[40] Revise title as necessary
[41] Revise as necessary
[42] Revise title as necessary

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

Director of Dining Services[43] is responsible for:
- Potable water (if during loss of water)
- Food - perishables
- Food - dry Stocks
- Paper plates / utensils

Director of Environmental Services[44] is responsible for:
- Linen supplies
- Housekeeping supplies
- Regulated medical waste
- Bedding supplies

Important Note: During a Code Alert[45] Activation and the implementation of Incident Command System, the responsibilities for these supplies will fall under appropriate ICS assignments.

BASELINE ASSESSMENT OF 96[46] HR CAPABILITIES

This "Baseline Assessment of 96 [47] Hr Capabilities" provides a foundation for the facility to assess its capabilities during a disaster response. It does not take the place of immediate assessment of resources at the time of the disaster.

Assumptions of Baseline Assessment of 96[48] Hr Capabilities:

1. During loss of utilities situations, reference loss of utilities disaster specific Plans for detailed conservation and contingency measures.

2. Assessment assumes no "loss of utilities" unless noted otherwise.

3. Assessment is based on average census, day before delivery (minimum stocks) – other conditions during a disaster response should be evaluated.

4. Only critical supplies are addressed, during evaluation of a disaster response all supplies should be considered.

5. Staffing (the most critical resource) is not addressed in this assessment but should be considered during evaluation of capability of sustaining for 96[49] hrs during a disaster response (see "Managing Staff During a Disaster" Section of this Plan).

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[43] Revise title as necessary
[44] Revise title as necessary
[45] Insert Code Word if different than indicated
[46] Revise if different than 96 hours
[47] Revise if different than 96 hours
[48] Revise if different than 96 hours
[49] Revise if different than 96 hours

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

BASELINE ASSESSMENT OF 96[50] HR CAPABILITIES

Consumable	MINIMUM[51] (day just before delivery) Supplies available without outside resources WITH NO Conservation / Contingency Measures	EXPECTED[52] Supplies available without outside resources WITH Conservation / Contingency Measures	Conservation / Contingency Measures[53]
Domestic Water – Primary (Normal Conditions)	5 days	5 days	• # of Main lines= 2 • Loss of 1 Main are cross connected to provide water to entire building – must be manually valved though
Potable Water - if during loss of domestic water	**Generator to run well located on property**	**Generator to run well located on property**	• Some bottled water in storage (approx. _300_____ gals) • Use of other liquids, as possible (brings total to ____400_____ gallons) • Through <insert vendor name> have agreement for emergency water supplies with-in 48 hrs that relies on outside resources
Industrial Water - if during loss of domestic water	**5 days**	**5 days**	• Have external tanker connection with pumps to provide external source of water to buildings, that relies on outside resources
Fire Protection Water – Primary (Normal Conditions)	Fire hydrants		• Fire Protection water supplied by single feed / fire pump
Fire Protection Water – if during loss of fire protection water	Well head on site	Well head on side	• Will institute fire watch internally • Consider _____ <insert name> FD to connect pumper and water supply to sprinklers
Electrical – Primary (Normal Conditions)			• Supply via two feeds, each provides independent supply to the complex
Electrical Generator (Fuel) – if during loss of normal power	**5 days**	**5 days**	• No redundancy in coverage – loss of any one generator results in loss of power in that area • Loss of one generator in one area would result in internal relocation of Residents • There is a portable on-site generator that can serve any one area, however, it must be wired at the time of connection *Calculations based on 75% capacity which is a very conservative estimate*
Boilers (Steam) - Fuel (Normal Conditions)[54]	8 days	8 days	• Runs on piped in natural gas • Provides heat and some cooking

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[50] Revise if different than 96 hours. Food, water, medical supplies and pharmaceuticals are specifically addressed by CMS in their EPP regulations.

[51] Indicate number of days or Unlimited Supply in this column

[52] Indicate number of days or Unlimited Supply in this column

[53] Examples only – revise to reflect facility's capabilities in this column

[54] Revise to reflect proper system(s) in place

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

Consumable	MINIMUM[51] (day just before delivery) Supplies available without outside resources **WITH NO Conservation / Contingency Measures**	EXPECTED[52] Supplies available without outside resources **WITH Conservation / Contingency Measures**	Conservation / Contingency Measures[53]
Boilers Fuel (Steam) – Loss of Normal Conditions[55]	5 days	5 days	• Would switch to Fuel Oil – approx., __1000____ gals on-site in __ tanks, each tank would last approx _5_ Days during coldest weather • Can tie in external temp boilers but no "quick connect" • Provides heat and _____
Air Conditioning - Primary (Normal Conditions)	0	0	• Air Conditioning relies on water & electricity
Air Conditioning - Loss of Primary Conditions	**0**	**0**	• Loss of water results in loss of A/C to rest of building – see loss of water for possible contingency plans
			• Loss of electricity results in generator power for chillers • Loss of generator to Chillers – portable temporary generator can be wired to chiller
Oxygen - Primary (Normal Conditions)[56]	> 4 Days	> 4 Days	• Two Liquid O2 Supplies with reserve tanks serving Building II and Main Building
Oxygen - Loss of Primary Conditions [57]	> 4 days (if one of two liquid Oxygen systems is still operational)	**Approx. 8 hrs (relies on cylinders being distributed, H and E)**	• Loss of any one Liquid O2 Supply system automatically is provided by second system– relies on intact delivery system • Limited stored bottled oxygen
Food - Perishables	5_ Days (meats) 5 Days (produce) 5 Days (Bread)	5__ Days	• Use of alternate menus for any loss of utilities
Food - Dry Stocks	5 days	5 days	• Storage in storerooms, freezers and refrigerators
Linen Supplies	**5 days**	**5 days**	• Minimize Linen changes to necessary changes
Pharmacy Supplies			• Approx. 7 Days supplies for most medications, some exceptions
Clinical Supplies			• Limited supplies in the facility (use Just in Time delivery * Vendor's warehouse is < 10 min away and can provide 24/7 response that has been tested
PPE Supplies	**2 weeks**	2 weeks	
Housekeeping (EVS) Supplies	**1 month**	1 month	
Paper Supplies	**2 weeks**	2 weeks	

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[55] Revise to reflect proper system(s) in place

[56] Delete row if not applicable

[57] Delete row if not applicable

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING SECURITY AND SAFETY DURING A DISASTER

Certain situations may require regulating or restricting access to the building or to the campus.

GENERAL CONCEPTS

- Require all staff to utilize employee name tags/badges.
- Require all visitors, including vendors, to log in and out.
- Have building security plans available for use at the Command Center and to provide to emergency service personnel as needed.
- Provide clear signage regarding building access.

BUILDING LOCKDOWN

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- Some disasters such as Civil Disturbance, Bioterrorism/Terrorism, etc. require the facility to prevent entry or access to selected interior parts of the facility by unacceptable people. In addition, access to the facility may need to be controlled in the event of an influx of residents that overloads the facility's resources.
- In the case of a missing resident / elopement, the lockdown procedure could be used to prevent or at least observe someone leaving the facility.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Consider initiating a **Code[58] Yellow** to summon leadership to Command Center. In coordination with Section Chiefs, ensure all other guidelines of this procedure are carried out.
- **ACTIVATION STAGE I: <u>BUILDING</u> LOCKDOWN**
  - Assign staff to perimeter exit monitoring and subsequent locking of the doors from exterior entry.
  - All staff should monitor people in hallways.
  - Assign Maintenance[59] and other staff to security roles, as appropriate and initiate staff monitoring of "sensitive" areas of the building.
  - If danger is imminent, such as notification of a contamination of outside air, person with a weapon, civil disturbance, etc., initiate lockdown immediately. Administrative approval is not necessary.
- **ACTIVATION STAGE II: <u>CAMPUS</u> LOCKDOWN**
  - Block and control access to the campus and facility at all driveway and walkway access points. Utilize staff until police can provide resources.
    - ➢ Permit passage of emergency vehicles such as Police, Fire and EMS.
    - ➢ Direct staff with proper ID park to designated staff parking areas.

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[58] Insert code word
[59] Replace if security staff

> ➢ Direct residents' responsible parties to designated areas.
> ➢ As coordinated by the Incident Commander or Public Information Officer (PIO), direct news media to designated areas. Media should be accompanied to the designated news media staging area.
> ➢ Review delivery documentation prior to permitting entry to the campus and any loading dock/delivery areas. Vendor should have a hardcopy of order.
> ➢ Monitor specialized services such as trash and hazardous materials pick-up.

- If the campus has multiple entry points, block them off leaving one point of entry and exit.
- Provide portable radios or other mechanisms of communication with any staff assigned to securing the campus. Assign teams of two (2) individuals when possible.

NOTE: Once all exterior entry doors are locked, staff monitoring those doors can be reassigned if necessary unless the facility is trying to prevent someone from leaving the building.

SECURITY[60]/MAINTENANCE / OTHER STAFF - ASSIGNED SECURITY ROLES

- Lock all entry doors to facility. The only points of entry will be the **Main Entrance[61].**
  NOTE: This prevents entry, not exit. Thus, the facility may need to continue observance of exit doors. Also, the Main Entrance[62] must have a staff member(s) assigned to screen persons entering the building. These staff should have a portable radios[63].
- If contamination of the outside air is suspected, shut down HVAC as necessary.
  - Follow loss of air conditioning and loss of heat procedures accordingly.
- Consider the need to provide escort for staff coming to or leaving the building.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Relieve on-duty staff when possible and debrief staff.
- Capture cost of staff for disaster.
- Critique and update where necessary.

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[60] Delete if no Security staff
[61] Revise as necessary
[62] Revise as necessary
[63] Revise as necessary

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGEMENT OF STAFF DURING A DISASTER

To provide safe and effective resident care during an emergency, staff roles are well defined in advance, and staff are trained in these assigned responsibilities. Staff roles and responsibilities are documented in this Plan using a variety of formats, including general guidance in this Plan, job action sheets in the Incident Command System section, checklists, and flow charts. Due to the dynamic nature of emergencies, effective training prepares staff to adjust to changes in resident volume or acuity, work procedures or conditions, and response partners within and outside the facility.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Employees have an inherent responsibility to maintain service during any internal and/or external disaster. Employees shall ensure that the vital, primary mission of the facility, to provide care and comfort to their residents, will be taken care of appropriately and safely by the staff during a disaster.
- All staff will be expected to report for duty as assigned during the disaster, with shifts, assignments, and other pertinent information being communicated from the Manager of each department to all staff members.
- All departments should consider adjusting their schedules and assignments to compensate for reduction in available staff. Staff will need to adapt their roles to meet demands brought on by a disaster.
- A Labor Pool will be established as necessary when additional staffing is necessary. The labor pool will be utilized to account for staff and direct staff assignments.
- Staff will be tracked both during and after any emergency. The "Staff and Equipment Tracking Form" found in conjunction with the Holding Area Unit Leader Job Action Sheet can be utilized as necessary.
- Mandatory evacuations or no unnecessary roadway travel warnings issued by local government officials should be heeded as warnings for impending/possible danger. However, healthcare workers, law enforcement officers and fire officials are some of the community workforce members who may be "excused" from these warnings in order to take care of their respective responsibilities and to be able to appropriately respond as needed to situations as they occur.
- The facility may choose to open its doors to off-duty staff and qualified family members for specific designated times during disaster operations to provide shelter to staff and staff families. The details around any particular situation will be communicated by Administration or the Incident Commander.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Consider activating Incident Command to manage the incident and, through the Section Chiefs, ensure all other guidelines of this procedure are carried out. If not, all actions of the Plan must be accomplished by on-duty administrative staff.
- Determine which staff in the building will remain on-duty beyond their normal shift schedule.
- Determine if situation will be can be managed with normal operations or if staff call back will be necessary.
- If staff call back is necessary, refer to section on notification of off-duty staff, or contract with healthcare staffing agencies. Volunteer Licensed Independent Practitioners will report to the Labor Pool for disaster credentialing and privileging.
- Check with local authorities and Emergency Management Agency to determine if State and Federal staffing help is available. You must be able to state the exact type of staff you need.
- Determine if it is possible to provide transportation for staff not able to reach the facility.
- Consider establishing off-site parking and transportation, as necessary.
- Have department Supervisors establish a master schedule for work and rest.
- If "Special Needs Residents" (served by Home Health Care) are being placed within the facility, check availability of the respective Home Health Care staff to assist.[64]
- If residents from evacuated healthcare facilities are being sent to this facility, their staff should be available to work after their building has been evacuated. Work with the sending facility's Liaison Officer / Incident Commander to coordinate.
- Determine the need to transfer residents to other facilities, discharge or otherwise decrease census, as appropriate, based on staffing levels.
- Consult with vendors to determine the availability of necessary supplies and outside services.
- To assist employees and enable them to work at the facility, consider the following:
  - ➢ Provide Staff Sheltering (see "Staff Sheltering")
  - ➢ Provide Staff Family Sheltering (see "Staff Family Sheltering")
  - ➢ Provide Pet Sheltering (see "Pet Sheltering")

DEPARTMENT MANAGERS / SUPERVISORS (Senior person on duty):
- Complete Items 1-5 on the "Department Rapid Assessment Form" which includes assessing staffing levels and needs. Provide to the Command Center.

LABOR POOL UNIT LEADER
- The Planning Section Chief shall assign the Labor Pool Unit Leader position as soon as possible when a Labor Pool will be necessary (provide this position with the Labor Pool Job Action Sheet).
- Have department heads initiate their staff "call-back" plans as necessary with staff reporting directly to the Labor Pool.
  - Upon arrival the employees are to sign in on one of the appropriate roster sheets, fill in the information and wait for further instruction.
  - Assign one or two employees to manage the roster sheets to ensure a speedy registration and coordination of assignments.

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[64] Delete paragraph if not applicable to your facility

DINING SERVICES[65]

- Call in additional staff as necessary. Coordinate with the Labor Pool if one has been established.
- Consider utilizing volunteers to assist with Dining Services tasks.
- Menu Planning
  - The resident menu will be based on existing stored food and supplies. Reference emergency menus. If possible, consider the use of perishable foods first if refrigeration is affected.
  - Institute alternate means of meeting sanitation requirements such as hand sanitizer, disposable utensils, and three sink method of dishwashing.
  - Attempt to maintain meal hours as close to schedule as possible.
  - Utilize special nutritional menus as necessary.
  - Attempt to accommodate special diets when possible.
- Consider closing and specialty cafés or specialty food shops. Redeploy staff from such areas to the main kitchen / dining areas.[66]
- Determine if meal self-service for staff is necessary and appropriate.
- Prepare to serve staff and volunteers.
- Evaluate ability to serve staff family members that may require sheltering at the facility.
- Send snacks and meals to the Command Center upon request.
- Access actual food supplies
  - The department maintains a minimum of 96 hours (4 days)[67] of food to provide nutritionally balanced meals. Additionally, the department maintains a supply of water and fruit juices to prevent dehydration.
  - The inventory will be reviewed twice a year to determine if additional supplies are needed. If necessary, additional supplies are to be secured immediately, if possible. Vendor phone numbers are maintained in the managers/supervisors office.
- Waste Disposal
  - All existing waste disposal policies are to be followed unless directed otherwise by the Environmental Services Department.[68]

ENVIRONMENTAL SERVICES[69]

- If staff, volunteer or staff family sheltering will be necessary, assess areas where temporary sleeping arrangements can be established.
- Provide linens, blankets, privacy screens, etc., as necessary. If advanced notice is given of the disaster, stock up for 96 hours.
- If sheltering staff pets, identify and set-up pet sheltering areas.

RETURN TO NORMAL OPERATIONS / RECOVERY

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[65] Insert correct department name
[66] Remove if there are no specialty eateries
[67] Revise if different than 4 days based upon HVA or other regulations
[68] Insert correct department name
[69] Insert correct department name

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Begin search for additional staff sources
- Relieve on-duty staff when possible
- Debrief staff
- Capture cost of staff for disaster
- Critique and update where necessary

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

NOTIFICATION OF OFF DUTY STAFF / DISASTER STAFFING OPTIONS

- The Incident Commander, in consultation with Planning Section Chief, will determine the need to initiate staff call-back (partial or full call backs). Consider the following factors:
  - Expected duration of the incident
  - Staff availability based upon dependents.
  - The ability and necessity to provide shelter for staff family members.
  - The ability and necessity to provide shelter for staff pets.
  - The ability for staff to access the facility.
  - The ability of the facility to provide transportation to the facility.
  - Off-site parking locations (see Loss of Parking/Inability to Commute.)
- Determine if staff will be contacted by their manager / supervisor or if a general resource will be utilized.
  - Provide up-to-date staff contact lists to callers.
  - Track staff response.
- For situations where normal staffing will be affected, enact disaster staffing protocols:
  - Develop staffing patterns throughout the disaster to avoid "burn-out." Disasters have shown that it is imperative (when possible) not to under-staff.
  - If staff are able to access the facility, divide staff into 3 groups: Red =working; Blue = resting at the facility; Yellow = off-duty/home. Rotate groups to provide services and rest for staff.
  - If staff are unable to access the facility commute, divide staff into two (2) 12-hour shifts (12 hours working and 12 hours resting). One group is off duty at all times, allowing for rest. Staff that can prepare in advance should bring enough clothing and supplies to last four (4) days.

STAFF SHELTERING
- The facility will generally not be a dedicated shelter for employees, family members, volunteers or others. However, the Incident Commander, in consultation with all Section Chiefs, may consider providing staff sheltering, staff family sheltering and / or pet sheltering, as appropriate.
- If sheltering of any kind is provided, a Shelter Manager shall be assigned to manage the shelters. Shelter Manger responsibilities include:
  - Shelter Registration: Review procedures for registering employees, family members and pets, as appropriate.   Oversee the documentation all staff, staff families and staff pets that shelter at the facility.
  - Meals: Coordinate meal times and locations with Dining Services.
  - Determine the necessity and feasibility for any staff family members to volunteer. Determine their skills and assignments. Coordinate with the Planning Section Chief of the Labor Pool if one has been established.
- Suggested Internal Shelters:

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

SHELTER	LOCATIONS[70]
Staff & their Families	1. ____All empty apartments or rooms _____ 2. Other areas as available at the time
Staff Families with Young Children	1. __All empty apartment or rooms _____ 2. Other areas as available at the time
Essential Staff who need to Sleep for the Next Shift	Empty resident rooms, other unused areas – EVS[71] to set up areas
Pets	1. _____Stay with resident owner _____ 2. Local Pet Shelter (no MOUs in place, but consider calling[72]).

- Also consider local hotels / shelters, etc. (no MOUs in place, but consider calling[73]).

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[70] Insert pre-designated locations
[71] Insert correct department name
[72] Revise if MOU's in place
[73] Revise if MOU's in place

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

STAFF FAMILY SHELTERING

- At the discretion of the Incident Commander, sheltering of staff's families may be provided.
- Shelter Managers will be assigned and responsible for the registration of all sheltered family members and their assignment to shelter areas.
- Anyone being sheltered will be registered. A Staff Family Sheltering Information Sheet or similar document shall be completed for all family members. The form can be filled out either prior to or during the emergency. A copy of all Information Sheets for family members and pets will be kept by the assigned Shelter Manager.
- Upon arrival, all shelterees must sign in and be issued an ID or colored wrist band when they arrive at the facility.
- A master list will be kept of all sheltered individuals and the shelter area to which they are assigned. All shelterees will be advised to check out from their assigned shelter area so that an accurate reconciliation of shelterees can occur post disaster.
- A Temporary Holding Area, determined by the Command Center, may be utilized until shelter areas are established ready for occupancy.
- If physically capable, shelterees will be encouraged to volunteer to accomplish tasks when requested to do so by the facility.
- Immediate family members will be asked to take unnecessary items to their vehicles prior to being escorted to their assigned shelter. The following is a list of approved and non-approved items:

Items to Bring (APPROVED)	DO NOT BRING (NOT APPROVED)
➢ Sleeping bag, blanket, pillow ➢ Personal toiletries and a towel ➢ Change of clothing ➢ Prescription and OTC meds ➢ Nonperishable food items to last for 3-5 days, per shelteree ➢ Bottled water (1 gallon per shelteree / per day expected duration) ➢ Flashlight with extra batteries ➢ Cell phone with car charger ➢ List of emergency numbers including physician and emergency contacts ➢ Other:	➢ Alcoholic beverages ➢ Fire arms ➢ Flammable or flame producing items ➢ TVs/Radios, DVD players or Laptops – unless battery operated ➢ Open food or food requiring refrigeration ➢ Other electrical appliances (hair dryers, etc.) ➢ Other[74]:

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[74] Review and complete lists as appropriate

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

STAFF PET SHELTERING
- At the discretion of the Incident Commander sheltering of staff pets may be provided.
- Anyone pet being sheltered will be registered. A Staff Family Sheltering Information Sheet or similar document shall include pet details. The form can be filled out either prior to or during the emergency. A copy of all Information Sheets for family members and pets will be kept by the assigned Shelter Manager.
- Upon arrival, all pets will be verified for licenses (with tags).
- A master list will be kept of all shelterees and their pets. All shelterees will be advised to check out from their assigned shelter area so that an accurate reconciliation of sheltered pets can occur post storm.
- Only domesticated birds, cats and dogs will be allowed on the premises. Because of pet allergies, etc., pets will likely be housed in one secure location away from staff, residents, and/or family members of staff. "Boarding" pets in other areas in the facility not designated as the assigned pet location will not be prohibited.
- Pet owners are responsible to bring all pet supplies including a kennel/cage, food and any other necessary supplies.

Pet Supplies to be provided by Employee:

Items to Bring	
➢ Kennel or cage for the pet ➢ Copies of medical & vaccination records and a current photo of your pet ➢ Sturdy leash & muzzle ➢ Manual can opener for canned food ➢ Spray disinfectant for waste cleanup ➢ First-aid materials, including bandages & antiseptic ointments ➢ Your pet's medications ➢ Written instructions on feeding, medications, etc.	➢ Bowls, bottled water & food for 5-7 days ➢ Paper towels, plastic bags for waste cleanup, as well as cat litter/pan ➢ Flashlights, batteries, bedding and pet toys ➢ List of emergency phone numbers, including emergency contact (relative or friend), veterinarian, Animal Control and local animal shelter.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

CRITICAL INCIDENT STRESS DEBRIEFING (CISD) FOR STAFF

- Throughout the incident, Incident Command and all levels of incident management are responsible to monitor staff for Psychological well being.
- Based on the incident; emotional and psychological support may be offered to staff, facilitated by Chaplains, Social Workers or Psychologists[75].
- The facility maintains a contractual agreement with an outside source for EAP and Critical Incident Stress Debriefing. The Human Resources[76] department will make arrangements for CISD support as appropriate.
- All staff always have options for other support and counseling though the facility Employees Assistance Program[77].

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[75] Revise to reflect proper position titles
[76] Revise to reflect position/department responsible
[77] Revise as applicable to facility

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

EMERGENCY CREDENTIALING PROGRAM

Disaster Privileges

Emergency privileges may be granted to a volunteer practitioner when the facility Emergency Operations Plan has been activated and the organization is unable to meet resident needs, or meet the needs of an influx of residents/people.

In the event the facility (Incident Commander / Executive Director[78], in consultation with Medical Director or designee) determines that it is unable to handle the immediate resident needs during a disaster with their existing staff, emergency privileges may be granted to licensed staff volunteering their services.

Disaster privileges may also be granted to someone who may come with a resident from an evacuated facility. This procedure is about privileges and credentialing of physicians and other licensed staff (nurses) during a disaster.

- The receiving facility will manage the activities of individuals who receive disaster privileges.
    - Medical and Nursing personnel with disaster privileges will be identified by a facility issued ID (if systems are functional, a facility issued photo ID is required)[79].
    - Managers will have staff with disaster privileges working under their observation. Managers will be responsible for clinical record review and sign-off, as applicable.
- Disaster privileges may be granted upon presentation of a valid government issued photo ID (i.e., driver's license or passport), and any of the following:
    - A current picture healthcare organizational ID card.
    - A current license certification or registration to practice and a valid picture ID issued by a state, federal or regulatory agency. A primary source of verification must be given where applicable.
    - Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or Medical Reserve Corps (MRC).
    - Identification indicating that the individual has been granted authority to render resident care in emergency circumstances, such authority having been granted by a federal, state or municipal entity.
    - Presentation by current organizational staff member(s) with personal knowledge of practitioner's identity.
- Within 72 hours, the organization will determine the need to continue this disaster privileging policy.

As soon as the immediate situation is under control, preferably not to exceed 72 hours, the verification process of credentials and privileges of individuals who have received disaster privileges must be completed.

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[78] Insert correct position title
[79] Revise if necessary

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

LOSS OF PARKING / INABILITY TO COMMUTE TO FACILITY

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- If notified to report back to the facility under disaster conditions:
  - Ensure you have your facility ID ready to show police at roadblocks.
  - Know different routes to the facility (in case one route is blocked).
  - Know site of previously arranged off-site parking in case you cannot reach the facility. You will be transported from this point to the facility.
  - Do not endanger yourself. If you cannot reach the facility, notify your supervisor as soon as possible.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the Plan must be accomplished by on-duty administrative staff.
- Provide employee information regarding alternate parking sites. Consider use of nearby shopping centers, schools or other large parking areas once arrangements have been made with the lot owners.[80]
- Determine the communication mechanism(s) to relay information to staff. Refer to the Communications Plan.
- Utilize facility vehicles and/or contact outside transportation providers, as necessary. Arrange pre-set times for pick-up. If possible, post a staff member with cell phone or radio to notify the Command Center when staff has arrived for pickup.

MAINTENANCE / SECURITY / LOGISTICS SECTION CHIEF[81]
- If Loss of Parking is due to a system/utility failure, determine the extent and expected duration of the situation.
- Contact outside repair providers, as necessary.
- Reroute traffic to alternate parking sites.
- Post signage directing staff and visitors to alternate parking sites.
- Secure unsafe parking areas.
- Ensure approachability for emergency vehicles. Advise appropriate emergency providers, vendors, etc. of any change from normal.
- Draft signage explaining parking situation and alternate parking sites for staff and visitors.

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[80] Insert pre-determined location if MOU in place
[81] Revise if no security

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING UTILITIES DURING A DISASTER

Different types of emergencies can have the same detrimental impact on the facility's utility systems. For example, brush fires, ice storms, and industrial accidents can all result in a loss of utilities required for care, treatment, services, and building operations. Therefore, the facility must have alternative means of providing essential utilities. For example, alternative equipment at the facility, negotiated relationships with the primary suppliers, provision through a parent entity[82], or Memoranda of Understanding with other organizations in the community.

The facility will determine how long we expect to remain open to care for residents and plan for our utilities accordingly. Because some emergencies may be regional in scope or of long duration, the facility attempts to have agreements with multiple providers in the community. Refer to Managing Resources and Assets procedure in this section.

The following are types of services the facility can provide while operating on generator power[83]:
- Oxygen use, cell phone recharging for employees, residents

The following are types of services the facility cannot provide while operating on generator power[84]:
- Individual apartments and hallways, any areas outside the main spine of the community center

Specific areas of the facility and equipment served by emergency generator power include:[85]
- Health center all rooms have one plug and the common areas of said building. The main spine in the Community Center at 95 Wyman Road

The facility generator is fueled by diesel fuel and can operate under full load for up to five days before refueling will be necessary. If necessary, facility maintenance staff can shed some load off of the generator for a longer run time, if refueling is delayed or not an option. By shedding load, the generator estimated to be able to run for <Insert time[86]> under contingency conditions. The following services or areas will be impacted by shedding load[87]:
- The common area of the community center

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[82] Revise as applicable
[83] Insert the services that are supported with emergency power
[84] Insert the services that cannot be provided when the facility is on emergency power
[85] Insert areas of facility and specific critical equipment that is supported by emergency generator power
[86] Estimated number of hours or days the generator can run with some of the load shed
[87] Insert pre-designated areas or services effected by load shed

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

The following services or areas[88] of the facility are not on the emergency generator and may be impacted by the loss of normal power:

- All residential living apartments, Management offices some kitchen areas

The facility will manage its utilities during a disaster through constant monitoring and assessment by Maintenance[89] and through assignments via the Incident Command System (consider the Baseline Assessment of 96[90] Hr Capability).

Loss of Utilities will be managed through conservation and contingency plans as detailed in this Emergency Operation Plan's Disaster Specific Procedures:

- Loss of Air Conditioning / High Heat
- Loss of Cooking Ability
- Loss of Electric Service
- Loss of Emergency Power
- Loss of Elevator Service[91]
- Loss of Fire Protection Systems
- Loss of Heating System
- Loss of Information Technology
- Loss of Natural Gas/Propane[92]
- Loss of Sewer / Waste System
- Loss of Steam Pressure[93]
- Loss of Telephone Service, Internal Communications, Nurse Call
- Loss of Water Service / Contamination of Water Supply

ACTIONS APPLICABLE TO ALL STAFF
- Follow guidance found in Section E: Emergency Procedures for Specific Events.
- Continually monitor situation and report to Incident Command status and needs.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Consider initiating activation of the Emergency Operations Plan to summon leadership to Command Center. Through the Section Chiefs, ensure all other guidelines of this procedure are carried out. If not, all actions of the Plan must be accomplished by on-duty administrative staff.
- Notify all departments of what utilities are affected and the resulting situation.
- Implement conservation measures as needed and where possible.

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[88] Insert areas of the facility & services not on emergency generator power (e.g.: A/C – Chillers, Heat –Boilers, etc.)
[89] Insert correct department name
[90] Revise if different than 96 hours
[91] Delete if no elevators
[92] Revise as applicable
[93] Delete if not applicable

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Continually monitor for need to evacuate if utilities can not be restored.

MAINTENANCE[94] / LOGISTICS SECTION CHIEF
- Conduct an assessment to determine the utilities affect and the impact on the structure and facility operations.
- Report to Incident Command status and needs.

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[94] Insert correct department name

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING RESIDENTS DURING A DISASTER

The fundamental goal of emergency preparedness planning is to protect life and prevent disability. The manner in which care, treatment and services are provided may vary by type of emergency. However, certain activities are so fundamental to resident safety (this can include decisions to modify or discontinue services, make referrals, or evacuate residents) that the facility has taken a proactive approach in considering how this might be accomplished.

A disaster may result in the decision to keep all residents on the premises in the interest of safety or, conversely, to evacuate due to safety or the inability to remain operational and provided crucial services. In either situation, the primary goal is to:
- Protect residents during the incident
- Provide acceptable care during the incident until full recovery is accomplished
- Provide a safe living environment

ADMINISTRATION / INCIDENT COMMANDER
- Activate the appropriate parts of this Emergency Operations Plan, as needed to facilitate and manage resident assessment, treatment, admission, transfer and discharge. Implement the following plans and procedures as appropriate:
    - Loss of central services plans, availability of supplies, etc.
    - Full Building Evacuation Plan
    - Census Reduction Plan
    - Surge Plan
    - Morgue / Mass Fatality Plan
- Provide security and safety via campus and/or building lockdown as necessary.
- Develop a plan to address resident services, whether onsite or contracted out, including:[95]
    - Skilled Nursing Care
    - Acute Care
    - Memory Care
    - Rehab
    - OT/PT
    - Dialysis
- Coordinate with IT and nursing to ensure on-going access electronic medical records.
    - In the event that the care center needs to be evacuated, each care center resident's basic demographic and clinical information has been made portable. As soon as the facility is advised that evacuation is imminent, the following steps should be taken to ensure that the disaster recovery flash drives and netbooks are sent with each group:
        - ➢ Notify HCA and DON of the situation.

        - ➢ Access the four Disaster Recovery (DR) flash drives. The DON and HCA can advise the user on the physical location of these devices if unknown to the user.

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[95] Revise list to reflect care level and services provided

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

> ➢ Access the three Disaster Recovery netbooks – and their carry bags. The DON and/or HCA can advise the user on the physical location of these devices if unknown to the user.

> ➢ Distribute one flash drive with each netbook. There will be one flash drive left – and should be utilized if necessary.

> ➢ Netbook sign on ID is formatted in the following manner:
>
>   Covenant Living of Keene
>
>   EXAMPLE: The 'user ID' for the Northbrook campus would be: ProspectWD

> ➢ Netbook sign on password: Hillside
>   The password used with the netbook log in ID is the same for all campuses – the word 'offline' – no spaces and no capital letters (no apostrophes).

> ➢ Once signed in, plug the flash drive into one of the device USB ports.

> ➢ When the 'new hardware' box displays for the flash drive – open the folder with the most recent date. When you open this folder you will be asked for a password. This password has been provided to the DON and HCA, and FSE via e-mail. Enter the special password.

> ➢ The files that are contained in each dated folder are – print out the reports that are necessary:
>
>   i.   All SNF resident face sheets
>
>   ii. All SNF resident POSs
>
>   iii. All SNF resident MAR report
>
>   iv. All SNF resident TAR report
>
>   Refer to Appendix M for additional information: Electronic Records Access Policy

- Determine the ability to accept resident admissions or accept evacuating residents from another facility.

NURSING / OPERATIONS SECTION CHIEF
- Follow guides in Section E – Emergency Procedures for Specific Events based on the actual events.
- Establish the effect of loss central services and communicate with the Command Center.
- Develop plan for resident services/care based on the incident. Develop alternate care processes where possible.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

HUMAN RESOURCES[96] / PLANNING SECTION

- Oversee the tracking of residents and clinical information during an evacuation event or a surge event. Coordinate with nursing.
- Oversee communication with residents' responsible parties.
- Plan for staffing needs and activate a Labor Pool as necessary.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Cancel campus and/or building lockdown, as necessary.
- Alert media that facility has returned to normal operations.
- Capture cost.
- Critique and update Plan, as necessary.

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[96] Insert appropriate title for facility position that would oversee patient tracking and serve as the Planning Section Chief

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

CENSUS REDUCTION PLAN

This Plan represents a guideline to reduce census to the extent possible. This Plan may be activated for any number of reasons including, but not limited to, an influx of residents from a facility being forced to evacuate, a staff shortage due to conditions, or if the facility is preparing to evacuate itself.

ADMINISTRATION / INCIDENT COMMANDER
- Determine the need to implement census reduction.
- Work with Nursing / Operations Section Chief to determine census reduction options.
- Refer to the Surge Capacity Plan.

NURSING / OPERATIONS SECTION CHIEF
- Oversee implementation of the Census Reduction Plan.
- Identified potential discharges or residents who may be able to go home with family temporarily.
- Determine which residents will require home care if discharged.
- Convene a "Census Reduction Team" if necessary to include:[97]
    - Nurse
    - Physician
    - Case Manager/Social Work
- Coordinate transportation resources with Logistics.
- Establish an internal holding area for residents awaiting family or transportation.
- Determine the need to establish an off-site reunification center. Coordinate needs with the Logistics Section Chief. If necessary, consider the use of the facility stop-over point (see Full Building Evacuation Plan).
- Take other steps to minimize existing census or free up beds, as needed.
- Consider deferring admissions or altering admission criteria as necessary.
- Refer to the Surge Capacity Plan.

HUMAN RESOURCES / CASE MANAGEMENT[98] / PLANNING SECTION CHIEF
- Facilitate communication with home health agencies, visiting nurse services, etc., to support residents being discharged to family or responsible parties, as needed.
- Organize a rapid discharge process that addresses:
    - Communication with the resident of the discharge plan and the process.
    - Communication with family of the discharge plan and process.
    - Documentation in the medical record.
    - Discharge prescription orders.
    - Making copies of the physician and prescription order forms.
    - Provide an explanation of the physician orders and instructions on where to pick up medications.

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[97] Revise to reflect proper position titles and assignments
[98] Insert appropriate staff titles

- If necessary, determine an appropriate offsite Resident/Family Reunification location, in coordination with local authorities, where family members can be directed. Engage the Public Information Officer to coordinate with other agencies PIOs, to provide information and media access.

MORGUE / MASS FATALITY PLAN

The Mass Fatality Plan is intended to be utilized in the event of a disaster or incident, either internal or external, which results in multiple deceased residents that exceed the facility's existing morgue or storage capacity.

The facility will consider handling mass fatalities as follows:

- The facility morgue / storage area has the capacity to maintain 50 bodies at any given time.
- Body bags are stored 1st floor storage before the Woodside Connector
- If at any time the capability of the morgue / storage area is overwhelmed or potentially overwhelmed the Incident Commander will determine if any temporary locations can be established as a temporary morgue. Infection Control will be consulted. Location will be determined based on the actual or anticipated number of deceased.
- The following locations / options may include:
     The barn of the property at 81 Wyman Road
    - Ordering or use of a refrigerated morgue truck (local, regional or state emergency management officials can be contacted).
    - Contact area funeral homes.
- Upon passing, a pronouncement should be made by a physician when possible and a death certificate signed.
- Identification and tagging of bodies protocols include:
    - Assign the Medical Record number to each body and tag the body.
    - Photograph the body for identification. Include the reference number on each photograph. Print two (2) copies of photos. One to remain with the body and one to be retained by the facility.
- Secure personal belongings with the body and include reference number in the package.
- The facility will seek the services of Pastoral Care or Social Services[99] workers to provide families, staff and residents with needed assistance.
- In light of various ethnic and religious beliefs, the facility will make its best effort to accommodate each individual's beliefs based upon the resources available at the time of death and any state mandates by the Medical Examiner's Office.

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[99] Revise if necessary to reflect proper position titles

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

SURGE CAPACITY PLAN

Contacted to Receive Residents

Notify:
• Executive Director / Leadership on call
• Department Heads & Medical Director

Establish Incident Command

Review Census / Determine Bed Availability

Number of arriving residents exceeds open beds?

Yes → Assign arriving residents to any open beds

No → Assign arriving residents to open beds

Review staffing needs & call in additional staff as needed

Review internal supplies & obtain additional supplies as needed

Maintain communication with key stakeholders:
• DOH
• Local Office of Emergency Management
• Local Fire & EMS agencies
• Facility Ombudsman

Develop new charts as necessary.

Establish a Triage Location. Track arriving residents, meds, charts & equipment.

Confirm receipt of residents with the sending facility

Utilize staff from the evacuating facility with proper ID

Identify Surge Area options. Utilize the Surge Location Worksheet

Set-up Surge Areas

Set-up work stations and storage locations for medications & medical records

Procure supplies as needed

Monitor egress & life safety

Designate toilet & wash facilities

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

SURGE CAPACITY PLAN

This Plan is for the surge of Skilled Nursing or Assisted Living Residents[100] from another evacuating healthcare facility.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- Contact with the facility will most likely be through a phone communication. It may be from the evacuating facility or through the local / regional Emergency Operations Center. When a notification is received, the individual taking the call should immediately document the entire message. If possible, the call should be forwarded to the on-site individual in-charge of the facility at the time.
- When notified, attempt to obtain the following information:
  - Total number of arriving residents and estimated time of arrival
  - Sending facility contact phone number(s) and contact name
  - Gender breakdown (# of male vs. # of female residents)
  - Number of arriving residents requiring wandering or other special precautions
  - Arriving residents requiring specialized medical needs (isolation, dietary, infection control)
  - Resident medical equipment needs, quantity and type of medical equipment arriving with residents
  - Quantity and type (clinical or not) of staff arriving with residents
  - Will medications accompany residents and will charts accompany residents
- Relay all information to the Executive Director[101] or Person in-Charge of the facility at the time of the notification.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Assess impact on facility operations and resident care. Develop an action plan and determine need to activate Incident Command to manage the incident.
- Determine the current facility census and identify the number of open conventional beds and types of beds ([102]sub-acute, dementia, psych, isolation, etc.).
- If the total number of arriving residents can be addressed through open beds within the licensed bed capacity of the facility, utilize Existing Licensed Beds.
- If the total number of arriving residents exceeds the open beds available within the licensed bed capacity, review the section on "*Surging Beyond Licensed Bed Capacity*".
- Determine the need to call-in additional nursing or resident care staffing.
  - Attempt to identify the quantity and type (RN, LPN, CNA, other[103]) of staff that may be provided by the sending facility.
- Determine need to call in additional ancillary staff[104] such as Dining Services, EVS/Housekeeping, Laundry, Maintenance, etc.

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[100] Revise as necessary
[101] Insert correct position title
[102] Revise as necessary based on services provided by facility
[103] Insert correct position titles
[104] Insert correct position titles

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Maintain staff to resident ratios necessary to meet resident needs throughout the duration of the situation.
- Conduct a baseline inventory of all supplies with specific focus on the following departments:
    - Dining Services[105] – types and quantity of food and beverage
    - Nursing[106] – types and quantity of medical equipment (pumps, oxygen cylinders/concentrators, oxygen tubing/cannulas/masks, etc.) and medications
    - EVS/Housekeeping / Laundry[107] – quantity of linens
    - Maintenance[108] – types and quantities of beds, mattresses, privacy dividers, etc.
- Assess the type and quantity of equipment / supplies that will be arriving from the evacuating facility if possible.
- Contact vendors to request additional supplies as necessary for additional equipment and supplies.
- Determine need to communicate with the Department of Health[109]. Provide on-going periodic updates as necessary.
- Consider notifying key stakeholders as appropriate including Local Office of Emergency Management, Local Fire & EMS, and the facility Ombudsmen. Provide on-going periodic updates as necessary.
- Designate an individual to oversee the set-up and operations of the triage area.
- Designate an individual to prepare and provide statements to the media and to families. Coordinate statements with the evacuating facility and emergency agencies.
- Communicate with the sending facility the total number of residents received along with the specific name of each resident received.

NURSING / OPERATIONS SECTION CHIEF
- Establish a triage area located at Health Center Dining rooms
- Ensure adequate staffing and supplies at the triage location. Consider the following:
    - Staffing[110]
        - Nursing (triage, managing care)
        - Social Work
        - Food Service (food and beverage)
        - Administrative (tracking and documentation)
    - Supplies
        - Chairs / wheelchairs
        - Pens, paper, nametags, charting materials
        - Food and beverage
        - Medications
        - Portable oxygen (cylinders, tubing, cannulas, etc.)

---

[105] Insert correct department name
[106] Insert correct department name
[107] Insert correct department names
[108] Insert correct department name
[109] Revise to reflect proper regulatory agency name if applicable
[110] Revise list to reflect proper department names and assignments

➢ Blood pressure cuffs and stethoscopes
➢ Standard precautions

- Document the arrival of all residents as they enter the triage area. Utilize *Attachment B – Influx of Residents Log*.
- Triage each arriving resident. If arriving residents do not arrive with any form of a disaster tag, or medical information, attempt to minimally collect and document the following information on each resident:
  - Name
  - Age
  - Responsible party
  - Medical diagnosis
  - Medication allergies
  - Other known allergies
  - Diet restrictions / last meal
  - Medications / last administered
  - Mental status
  - Mobility
  - Hearing impairments
  - Special precautions, procedures or equipment
  - Valuables with the resident
- Complete an initial nursing assessment of each arriving resident. Review any available medical records that accompanied the resident and establish an interim plan of care for each resident as appropriate. Establish a new chart if necessary.
- If the sending facility has designated a fax line or email address, fax or email a completed copy of the *Influx of Residents Log* to the sending facility.
- Monitor resident psychological status. Provide additional social services support.
- Communicate with resident physicians as necessary.

DINING SERVICES[111]
- Provide a dietician to the Triage Area along with snacks and beverages.
- Modify planned menus as necessary to accommodate the additional residents.
- Maintain food supplies and provide meals for residents, additional staff, and possibly families.

PUBLIC INFORMATION OFFICER
- Consider separate staging locations (internal or external) for media and family members, as necessary.
- Attempt to unify families / responsible parties with residents as quickly as possible.

HUMAN RESOURCES[112] / PLANNING SECTION CHIEF

---

[111] Insert correct department name
[112] Insert correct department name

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Review and confirm arriving staff have ID badges provided by the facility where they are employed.
- Log staff in as they arrive. Provide temporary facility ID if necessary.
- Identify where, and to whom, arriving staff are to report.
- Disaster privileges may be granted upon presentation of a valid government issued photo ID (i.e. driver's license or passport), and any of the following:
  - A current picture ID or other ID card from a Hospital or Nursing Home / Assisted Living facility.
  - A current license certification or registration to practice and a valid picture ID issued by a state, federal or regulatory agency. A primary source of verification must be given where applicable.
  - Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or Medical Reserve Corps (MRC).
  - Identification indicating that the individual has been granted authority to render resident care in emergency circumstances. Such authority having been granted by a federal, state or municipal entity.
  - Presentation by current organizational staff member(s) with personal knowledge of the practitioner's identity.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

PREPARING AREAS FOR SURGE OF RESIDENTS

SURGING BEYOND LICENSED BED CAPACITY
- Verify the quantity and location of open beds throughout the facility. Utilize open beds as the first phase of resident placement. The establishment of surge areas will address the second phase of resident placement.
- Do not consider beds that are being held for a confirmed admission.
- When feasible, utilize open beds that are proximal to each other to avoid scattering residents throughout the facility.

OPTIONS FOR INCREASING CAPACITY
- Identify options for adding beds to existing sleeping rooms (i.e. a single room becomes a double room, a double room becomes a triple room, etc.).
- Identify options to transform non-sleeping areas into temporary sleeping / resident care areas. Consider the following areas[113]:
  - Activity Rooms
  - Lounges
  - Dining Rooms
  - Auditoriums
  - Meeting Rooms
  - Rehab / Therapy Rooms
- Identify areas served with emergency power to support residents requiring critical electric medical equipment.

SURGE AREA SET-UP
- Set-up surge locations using internal available supplies first. Consider the following options to obtain additional supplies:
  - Vendors
  - Supplies from the resident sending facility
  - Local Office of Emergency Management
  - Other healthcare facilities
- When establishing groupings of beds, cots or mattresses, attempt to place privacy dividers between them.
- Provide night lighting in each surge area and provide call devices for each resident.
- Designate toilet and wash sink locations for each established surge area.
- Provide storage areas for resident belongings. Key personal belongings such as eye glasses, hearing aids, prosthesis, dentures, etc. should be located proximal to the resident. Other items such as clothing, shoes, etc. may be stored in a separate location.
- Consider establishing one or more provisional work station(s) located within or near surge areas.

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[113] Revise list to reflect facility locations to be used

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Provide constant clinical staffing in surge areas located outside of normal resident care areas.
- Ensure all surge arrangements do not impede egress or reduce life safety. Consider the following guidelines (see diagram):
  - Maintain three (3) feet between beds/cots/mattresses
  - Maintain four (4) foot egress paths to the exit access corridor
  - Designate an 8.5 ft. x 4.5 ft. footprint for each sleeping space (this considers an average 7 ft. x 3 ft. mattress and a 1.5 ft. perimeter). Adjust as necessary if using a bed or cot.
- Communicate surge area arrangements with the Department of Health[114] if spacing guidelines cannot be accomplished.

Sample Layout
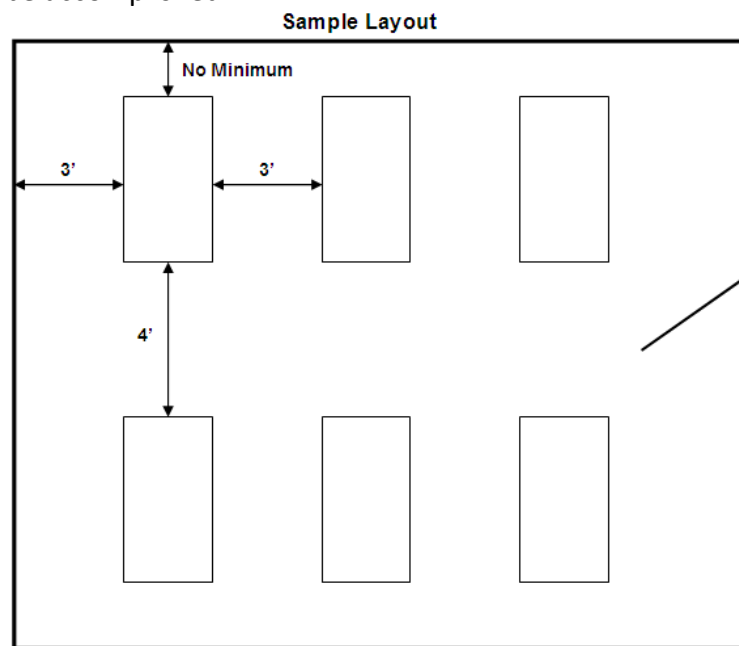
MEDICATIONS AND MEDICAL RECORDS
- Develop and designate specific storage locations for resident medications and medical records.

CONTINUING CARE
- Monitor resident toilet needs and provide staff to accompany residents to toilet facilities.
- Maintain infection control standards.
- Monitor residents' clinical status and report all changes in condition to the DON or Medical Director.
- Monitor resident psychological status. Provide additional social services support.
- Provide resident activities.
- Establish a process for constant monitoring of surge areas.

RETURN TO NORMAL OPERATIONS / RECOVERY

---

[114] Revise to reflect proper regulatory agency name if applicable

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Monitor all costs and resources utilized throughout the duration of the situation. Maintain receipts for purchases directly related to the situation.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ATTACHMENT A – SURGE EQUIPMENT STORAGE[115]

Item	Quantity	Location
Beds		
Cots		
Mattresses		
Linen		
Pillows		
Blankets		
Tap Bells		
Privacy Partitions		
Oxygen Cylinders		
Oxygen Cylinder Regulators		
Other:		

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[115] Tailor and complete the table with actual supplies that are consistently on-hand

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ATTACHMENT B – INFLUX/SURGE OF RESIDENTS LOG
(Accounting for Incoming Residents and Equipment)

Make additional copies prior to use.

1. FACILITY NAME[116]	2. DATE/TIME PREPARED	3. INCIDENT DESCRIPTION

4. TRIAGE AREA (for entry into the facility)

Arrival Time	Facility Received From	Medical Record # or Triage #	Resident Name (Last, First)	Sex	DOB/ Age	Original Chart Arrived w/ Resident (Y) (N)	Meds & MAR Arrived w/ Resident (Y) (N)	Equipment Received	Family Notified: Name, Date, Time, Phone # w/ Area Code			Primary Physician Notified: Name, Date, Time, Phone # w/ Area Code			Time Left Triage/ Destination
									Y	**N**		**Y**	**N**		

5. SUBMITTED BY	6. PHONE NUMBER	7. DATE/TIME SUBMITTED

---

[116] Insert facility name

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ATTACHMENT C – SURGE PLANNING WORKSHEET

Surge Capacity Goal (10% beyond the Licensed Bed Capacity): _____ [117]

Internal Location	Ability to Set-up (1) – quick (2) – moderate (3) – extended	Set-up Instructions and Notes	Use Priority[118] (high) (mid) (low)	Max. Capacity
SAMPLE – 1st Floor Therapy Suite	2	Move all tables, chairs and equipment to the east end of the room. Set-up four (4) groupings of four (4) cots or mattresses. One resident accessible toilet within the space. No nurse call. Tap bells will be required.	high	12

Total: _____

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[117] Calculate 10% of the facility's licensed bed capacity. The total capacity of the facility (including arriving evacuated residents) should not exceed the maximum occupancy permitted by the facility's local building permit unless temporarily waived by the local Authority Having Jurisdiction.

[118] Factor surge area priority based on location, set-up disruption, emergency power, nurse call availability, grade level (at or above) and access to toilet / wash facilities.

Insert Surge Floor Plans[119]

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[119] Use this placeholder to insert a floor plan and /or pictures on how the facility plans to set-up triage and surge locations.

SECTION C:

INCIDENT COMMAND SYSTEM

INCIDENT COMMAND SYSTEM

TABLE OF CONTENTS

SECTION C: INCIDENT COMMAND SYSTEM

CONCEPT OF OPERATIONS

Nursing Home Incident Command (ICS)

The facility utilizes an Incident Command System (ICS) that provides leadership structure for incident response. This Nursing Home ICS parallels the system used by hospitals (Hospital Incident Command System, or HICS) and is aligned with the ICS used by governmental response agencies. By using a common platform during emergency response, the many entities that may be impacted by a disaster are united by a common operational framework.

When an emergency impacts our facility, the response is guided by rapid assessment and Incident Action Planning. Incident Action Planning is a core concept that takes place regardless of incident size or complexity. Our Incident Action Planning involves these essential steps:

Assess the situation

Situational intelligence is critical in developing the response actions, providing insight on the impact, and projecting the span of an event. Our facility has access to established mechanisms and systems within the community (city, county, regional or state) that may provide and verify situational information. These systems[1] include but are not limited to the following:

- Liaison contacts with the local, regional or state Emergency Operations Center, emergency response agencies and other healthcare organizations
- Other electronic reporting or information sharing systems[2]

Another component in assessing the situation is determining potential impact on the facility itself, based on current resident and employee status, the status of the building(s) and grounds, and the ability to maintain resident services. Our facility implements the completion of the "Department Rapid Assessment Form" upon activation of our Emergency Operations Plan. Each department and resident care area completes and forwards the assessment form to the Command Center for use in analyzing the impact of the event on our operations and resident care / nursing services.

Establish incident objectives

The Incident Commander sets the overall command objectives in order to manage response to the incident, ensuring staff and resident safety as the highest priority.

Incident objectives are discussed and reviewed with the Section Chiefs in a briefing conducted by the Incident Commander, and are captured using form 202A - Incident Objectives.

Determine strategies to achieve the incident objectives

Once the incident objectives have been established, the Incident Commander reviews with the Section Chiefs the appropriate strategies necessary for the response. This provides a plan of action

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[1] Revise list to reflect systems in place at your facility
[2] Revise to reflect proper terminology

for each activated section, clearly identifying actions and duties while ensuring no duplication of efforts. Objectives should be developed that provide clear direction and define what needs to be done. Conducting an assessment of building damage, or what is functional or not functional, is an example of a clear objective to be carried out. In this example, the Logistics Section chief would be tasked with assigning staff to complete Form 251A – Facility System Status Report.

Provide tactical direction and ensure it is followed

Tactical directions provide the staff responders with the actions to be taken and identify the resources needed to complete the task. For example, assessing the building for damage after an event will require the necessary tools, such as protective equipment, checklists (251A – Facility System Status Report) to document the assessment, etc. Actions undertaken should be assessed for their effectiveness and revised or adapted if they are unsuccessful.

Incident Command Team

The ICS is a flexible and adaptable system that can be sized for any emergency event. Some emergencies are minor and limited in scope, while large disasters can have severe and prolonged impact on operations.

The only ICS position that is activated for every emergency is the Incident Commander. The Incident Commander will determine what other positions are necessary to effectively manage the incident. If the Incident Commander is able to manage the response independently during a minor incident, there is no need to activate other positions.

SECTION C: INCIDENT COMMAND SYSTEM

Activation of the Incident Command System

In the event of a disaster (or notification of the potential for one), the person in charge of the facility at the time (or person designated as the Incident Commander) shall:

1. Activate the Command Center by notifying facility leadership staff that will serve as Section Chiefs and Command Center personnel. Indicate a **Code Alert[3].**

   ### First 15 minutes in the Command Center:

   - Gather basic intelligence/information.

   - Review the organizational chart and activate necessary positions or sections.

   - Establish necessary key positions (usually Operations and Logistics). Identify them with vests, tags, or other means. Brief them on the nature of the problem.

   - Develop Incident Objectives to address **immediate** strategies. Consider what actions must be accomplished in the short term and long term. These will be refined by the Section Chiefs in the Section Incident Objectives. *POST* and *COMMUNICATE* the immediate objectives in the Command Center.

   - **Emergency Procedures / Job Action Sheets / Forms:** Ensure the specific tools for Command Staff and Section Chiefs are distributed.

2. Establish a Command Center at the affected facility, as follows:
   - **Primary Location[4]:**   __Community Center Lobby_____
   - **Alternate Location:[5]**   _Health Center Lobby _____

3. Decide the specific disaster plan(s) to be followed and have staff follow the procedural guidelines outlined in the Emergency Operations Plans / Procedures.

4. Address Communications:
   - **Internal Communications**: *Ensure all systems are functional for inbound and outbound communications.*
   - **External Communications**: *Establish communications with emergency responders, local/state health or other entities.*

---

[3] Insert appropriate code word if something other than Code Alert is utilized
[4] Insert location
[5] Insert alternate location

SECTION C: INCIDENT COMMAND SYSTEM

Internal Communications during a Disaster

Depending upon which systems are functional in the particular disaster, the following devices will be used:

- One Call Paging System[6]
- Normal Telephones
- *Portable Radios[7]
    - Key Areas for Communication Include:
        - Command Center
        - Resident Care Units
        - Labor Pool
        - Holding Areas and Evacuation Teams (if evacuating)
- *Cell Phone(s)
- Runners
- CLKall.org
- Covlivingkeene.com
    - In addition to the news media, this communication pathway can keep the community informed of conditions at the health care facility.
    - Give specific information to staff at home and/or their families.
- Dry erase boards, bulletin boards or flip charts to keep staff within the facility updated regarding disaster status, expected duration of incident, etc.
- Managers should have Staff Informational Meetings at the start of each shift during a long duration event.

*(In the event of a Bomb Threat, do not utilize these devices without approval from on-site law enforcement officials).

External Communications during a Disaster

If telephone service has been disrupted:

- Try email, cell phones and direct wire phones (phones outside the main system, e.g., fax lines) when applicable. If phones are overloaded, try text messaging (uses less bandwidth).
- Electronic reporting or information sharing systems[8].
- Go to local radio and television stations to request broadcasts.
- Seek help from the local or state Office of Emergency Management. Ask for contact with Amateur Radio Emergency Service (ARES).
- When possible, a recorded message will be available on a designated phone line or the facility website. It may cover the following:
    - Advice for families and responsible parties
    - Advice for staff as to when and where to report
    - Advice for staff families

TELEPHONE NUMBERS TO HAVE AT THE COMMAND CENTER

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[6] Insert applicable paging system (overhead, through the Fire System) or other means to mass notify staff

[7] Revise as necessary

[8] Revise to reflect proper terminology

SECTION C: INCIDENT COMMAND SYSTEM

- Emergency Agencies and the Department of Health[9]
- All department extension phones and fax lines
- Contact numbers for key personnel (page, home, cell phone, fax, e-mail, next-of-kin)
- Employee home phone numbers and next-of-kin phone numbers / notification list
- Elevator telephone numbers[10]
- Regional contacts/vendors, media, pharmacies, etc.

---

[9] Indicate name of regulatory agency
[10] Delete if no elevators

INCIDENT COMMAND SYSTEM

```
                    Incident Commander

Public Information
Officer
                                      Documentation
                                      Recorder
Safety / Security /
Liaison Officer


Logistics Section Chief   Planning Section Chief   Finance Section Chief   Operations
                                                                            Section Chief

                          Labor Pool                                        Nursing
                          Unit Leader                                       Supervisor

                                                                            Triage
                                                                            Unit Leader

                                                                            Holding Area
                                                                            Unit Leader
```

SECTION C: INCIDENT COMMAND SYSTEM

COMMAND CENTER

Incident Commander
(Executive Director)

- Directs response and maintains Building Operations
- Building Evacuation Decision

Documentation Recorder
(Administrative Assistant to the Executive Director)

- Command Center Setup
- Record Incident Info and Response
- Custodian of Documents

Safety / Security / Liaison Officer
(_____)

- Building Security
- Traffic flow, Parking
- Rescue, Haz-mat
- Liaison with other Healthcare Facilities
- Emergency Agency Liaison

Public Information Officer
(Executive Director / Associate Executive Director)

- News Media
- Resident Families/Responsible Parties

Logistics Section Chief
(Facilities Maintenance Director)

- Physical Building
- Maintenance/Toilet/Waste
- Communication
- Transportation
- Food
- Supplies
- IS Equipment

Planning Section Chief
(Human Resources Director)

- Intelligence Gathering
- Overall Operations Plan
- Collect Staff
- Staff Services

Finance Section Chief
(Finance Director)

- Provide $
- Document Cost

Operations Section Chief
(Healthcare Administrator)

- Clinical Services

---

[11] Insert proper primary and alternate position title in each highlighted section of the above ICS boxes

SECTION C: INCIDENT COMMAND SYSTEM

INCIDENT COMMANDER

Mission: Organize and direct Command Center. Give overall strategic direction for facility incident management and support activities, including emergency response and recovery. Authorize total facility evacuation.

Date: _____ Start: _____ End: _____

Position Assigned to[12]: _Gregg Burdett_____

Alternate(s)[13]: __Tony Sgueglia _____

You Report To: Command Center

<u>Command Center Locations:</u>[14]

Primary: _Community Center Lobby   Telephone: __603.283.5150_____

Alternate: _Health Center lobby _____   **Telephone:** _____603.352.3235_____

Radio Title:_Comander _____

Attached Forms and Information:

- Incident Action Plan (IAP) Quick Start Form
- 201A - Incident Briefing
- 202A - Incident Objectives
- 213A - Incident Message Form
- 301 - Department Rapid Assessment Form
- Resident Care Department / Unit Evacuation Status Form

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Initiate the Healthcare Incident Command System by assuming role of Incident Commander.	
Read disaster-specific procedures. Review Incident Command System organizational chart.	
Activate particular Section Chiefs positions, as necessary. Distribute: ■ Job Action Sheets for each position ■ Identification for each position ■ Forms pertinent to Section and positions	
Activate Public Information Officer, Safety/Security/Liaison Officer and Documentation Recorder, as necessary. Distribute Job Action Sheets.	

---

[12] Insert position title of primary for each job action sheet in the ICS section

[13] Insert position title of one or more alternates for each job action sheets in the ICS section

[14] Insert primary and alternate Command Center locations and phone numbers on each job action sheets in the ICS section

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
Announce a **status/action plan** meeting of all activated Section Chiefs to be held within 5 to 10 minutes.	
Request all department heads and unit managers to complete the "**Departmental Rapid Assessment Form**" and forward to the Command Center by fax or runner.	
Receive status report and discuss an initial action plan with Section Chiefs. Determine appropriate level of service during immediate aftermath.	
Receive initial facility damage survey report from Logistics Section Chief, if applicable. Evaluate the need for partial or full building evacuation. If evacuation of the facility is necessary see supplemental actions. Evaluate need to lockdown the campus/facility, in consultation with the Safety/Security/Liaison Officer.	
Obtain resident census and status from Planning Section Chief. Call for a facility-wide **projection report** for 4, 8, 24 & 48 hours from time of incident onset. Adjust projections as necessary.	
Authorize a resident prioritization assessment for the purpose of designating appropriate early discharge if additional beds are needed (i.e. Rehab and/or Short Stay Unit).	
Ensure contact and resource information has been established with **outside agencies** (i.e.: Police/Fire/EMS, local/state health, other healthcare facilities) through the Safety/Security/Liaison Officer.	

Intermediate Actions:	√
Authorize resources, as needed or requested by Section Chiefs.	
Designate routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and termination of the action plan.	
Notify the State Department of Health, if applicable.	
Consult with Section Chiefs regarding food and shelter needs of staff, physicians, and volunteer responders. Consider needs of staff dependents and pets. Authorize plan of action.	
Ensure section personnel utilize Emergency Incident Time Sheet to document hours worked/volunteered during extended emergency incident operations.	

Extended Actions:	√
Approve **media releases** submitted by Public Information Officer, or deliver releases yourself.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to Psychological Support Team. Provide rest periods and relief for staff.	

Full Building Evacuation Related Actions:	√
Activate the Full Building Evacuation Plan via facility wide announcement.	

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:	√
Direct Safety/Security/Liaison Officer to notify and coordinate the evacuation with emergency services and other healthcare facilities.	
Have each unit/department complete a "Department Rapid Assessment Form". See the Plan Activation section.	
Ensure a Labor Pool has been established through the Planning Section Chief. Ensure Holding Areas have been established through the Operations Section Chief.	
Ensure both internal and external transportation is being addressed through the Section Chiefs and Safety/Security/Liaison Officer.	
Determine evacuation options and capacity through the Operations & Planning Section Chiefs and the Safety/Security/Liaison Officer.	
Determine evacuation priority and feasibility with input from Section Chiefs, Safety/Security/Liaison Officer and Emergency Services.	
Utilize the "Resident Care Department / Unit Evacuation Status Form" to determine evacuation priority and to track areas that have been evacuated. Make extra copies as necessary.	
Ensure adequate staff and initiate staff call-back as necessary.	
Ensure evacuation floor plans and Resident Preparation Guide (for the units) is readily available.	
Ensure communication with receiving facilities via the Safety/Security/Liaison Officer prior to publicly announcing sites that are receiving evacuated residents.	
Ensure proactive phone calls and other communications are taking place with Resident Responsible Parties (resident families and physicians). Coordinate with PIO and the Operations Section Chief.	
Commence evacuation once the Holding Area is established, evacuation groups are in place, and transportation resources (bus, ambulance, etc.) are available.	

SECTION C: INCIDENT COMMAND SYSTEM

DESIGNATED AREA LOCATIONS & TELEPHONES[15]

Command Center   Location: Telephone #
Primary: Community Center 1.603.283.5150
Alternate: Health Center Lobby 1.603.352.3235   ....

Labor Pool
Primary Location:_____ TPI Staffing 1.603.352.4155
Alternate Location: Masiello Employment Services 1.603.358.1000   ....

News Media Staging
Primary Location:_____ Community Center Lobby
Alternate Location:_____ Health Center Main lobby

Responsible Party (Family) Area
Primary Location:_____ Dining room Community Cener
Alternate Location: Performing Arts Center Main Building   ....

Dependent Care Area
Primary Location:_____ Dining room 2nd floor SNF unit
Alternate Location: Large lobby area AL 2nd Floor   ....

Triage (Influx of Residents)[16]
Primary Location:_____ Health Center Dining Room.

Triage (Internal Staging) during an Evacuation[17]: Health Center 1st floor open area

       Assisted Living Residents[18]
       Primary Location: Third floor common areas

       Skilled Nursing Residents

       Ambulatory Residents - Holding Area
       Primary Location: Common area 2nd floor

       Non-Ambulatory Residents - Holding Area
       Primary Location: Dining room

---

[15] Insert pre-determined primary locations and phone numbers for each listed area. Add alternate locations/phone if available in facility.

[16] Determine a Triage location to accept evacuated residents from another healthcare facility.

[17] Pre-determined locations where resident will be staged prior to be placed onto awaiting transportation during a building evacuation. It is recommended to have more than one point of exit especially if non-ambulatory residents will require wheelchair transports.

[18] Delete if no Assisted Living

HICS INCIDENT ACTION PLAN (IAP) QUICK START
COMBINED HICS 201—202—203—204

1. Incident Name	2. Operational Period (#)
	DATE: FROM: _____ TO: _____
	TIME: FROM: _____ TO: _____

3. Situation Summary — HICS 201 —
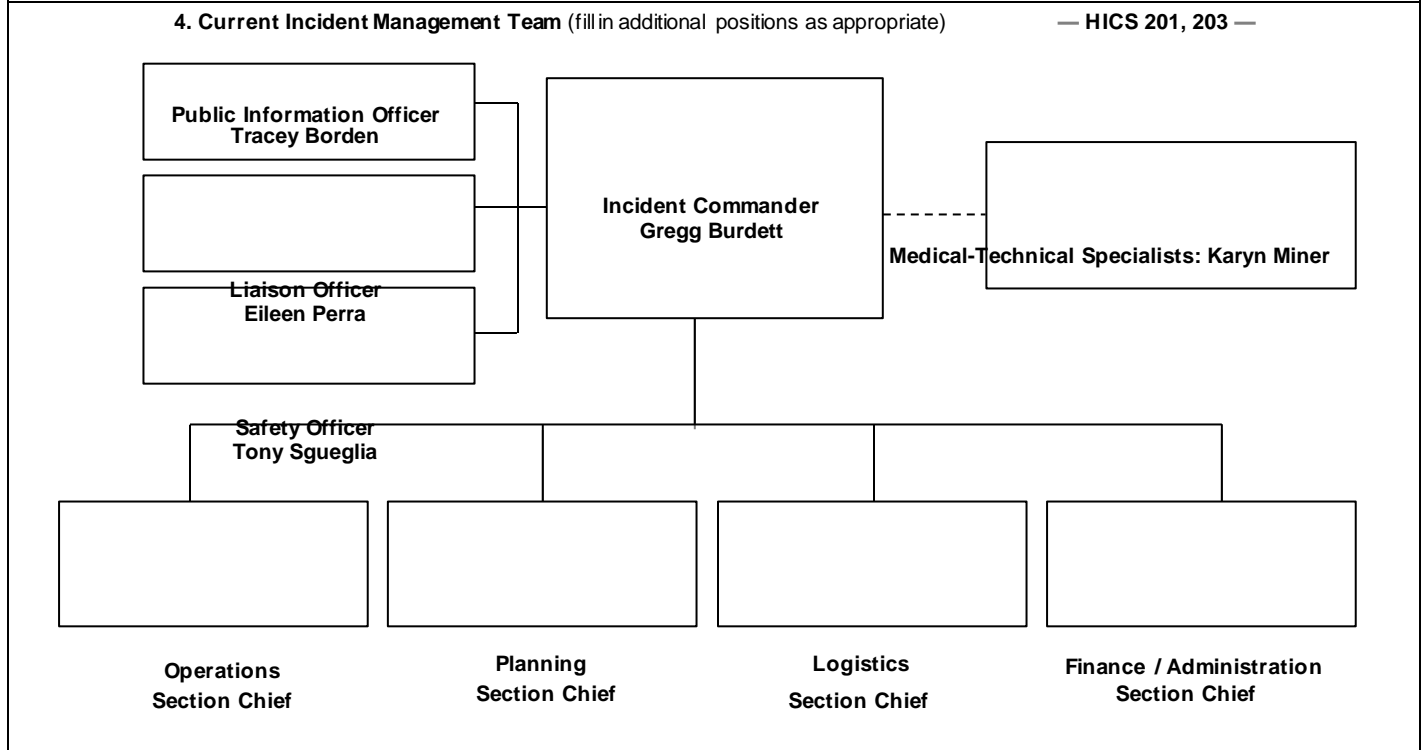
4. Current Incident Management Team (fill in additional positions as appropriate)   — HICS 201, 203 —

Public Information Officer
Tracey Borden

Liaison Officer
Eileen Perra

Incident Commander
Gregg Burdett

Medical-Technical Specialists: Karyn Miner

Safety Officer
Tony Sgueglia

Operations Section Chief

Planning Section Chief

Logistics Section Chief

Finance / Administration Section Chief

Purpose: Short form combining HICS Forms 201, 202, 203, 204
Origination: Incident Commander or Planning Section Chief
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

SECTION C: INCIDENT COMMAND SYSTEM

5. Health and Safety Briefing Identify y potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. **—HICS 202 —**

6. Incident Objectives **— HICS 202, 204 —**

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO

7. Prepared by   PRINT NAME: _____   SIGNATURE:

DATE/TIME: _____ FACILITY: _____

Purpose: Short form combining HICS Forms 201, 202, 203, 204
Origination: Incident Commander or Planning Section Chief
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

SECTION C: INCIDENT COMMAND SYSTEM

HICS 201A – INCIDENT BRIEFING	PURPOSE: Document Initial Response Information and Actions Intake		
1. INCIDENT NAME / TYPE		**2. DATE OF BRIEFING**	**3. TIME OF BRIEFING**

4. EVENT HISTORY AND CURRENT ACTIONS SUMMARY – DOCUMENT INPUT FROM SECTION CHIEFS

5. CURRENT ORGANIZATION – USE PROPER NAMES TO IDENTIFY POSITIONS

SECTION C: INCIDENT COMMAND SYSTEM

6. NOTES (including accomplishments, issues, warnings/directives)

USE SPACE FOR HAND-WRITTEN DIAGRAMS, MAPS OR CHARTS

7. PREPARED BY (NAME AND POSITION)	8. FACILITY NAME

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202A – INCIDENT OBJECTIVES	PURPOSE: Define Objectives and Issues for Operational Period	
1. INCIDENT NAME / TYPE	**2. DATE PREPARED**	**3. TIME PREPARED**

4. OPERATIONAL PERIOD DATE/TIME

5. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)

KEY QUESTIONS: What are the issues, how are they going to be addressed (resources), who is responsible, and considerations for next operational period.

Issues:

A.

B.

C.

D.

E.

F.

6. WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (include as appropriate: forecast, wind speed/direction, daylight)

7. GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN

   (Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions)

8. ATTACHMENTS (mark if attached)

☐ Incident Communications Plan - HICS 205   ☐ Traffic Plan

☐ Facility System Status Report – HICS 251   ☐ Incident Map

☐ Other_____

9. PREPARED BY:	**10. APPROVED BY (INCIDENT COMMANDER):**

11. FACILITY NAME

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202A – INCIDENT OBJECTIVES				
Utilize a white board or flip chart to display information				
Operational Period Issues	Solution / Fix for Issue	Resources Necessary (staff, equipment, etc.)	Responsible Party	Considerations for Next Operational Period
Operational Period:				

Copies to: Command Staff, Documentation Recorder, and Section Chiefs   HICS 202A

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)			
1. FROM (Sender):			**2. TO (Receiver):**
3. DATE	**4. TIME**	**5. SENT VIA** ☐ Email ☐ Fax ☐ Runner	**6. REPLY REQUESTED:** ☐ Yes ☐ No

7. PRIORITY ☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

8. MESSAGE *(KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC)*:
9. ACTION TAKEN *(if any): (TO BE FILLED OUT BY RECEIVER)*

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

Covenant Living of Keene	**Form 301 - Department Rapid Assessment Form**

THIS IS A TWO PAGE FORM
Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code Alert**[19] is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

Date	*Time*	*Unit/Department & Location*	*Person in Charge (Name/Title/Best Phone #)*

1. Staffing *Show total staff presently on duty by title/position*

Are you staffed at a safe minimal level for the disaster? **Yes / No** If no, do you need to recall staff from home? **Yes / No**

Type of Position	*Number Present*	*Available for the Labor Pool (if needed)*

2. Total Unit Resident Census: _____   3. Total Residents for Discharge to Home: _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility
Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	*Wheelchair Van:*	*Ambulatory -Van /Bus:*

5. Resource Status [20] *Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)*

Resource	*Quantity On Hand*	*Available for Deployment*	*Resource*	*Quantity On Hand*	*Available for Deployment*
Wheelchairs			Geri Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status[21] *Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)*

Technology Item	*Status (OK or Not Working – Explain status if necessary)*
Lighting/Electricity	
Telephones	
Fax Machine/Line	
Red Outlets (emergency) power	
Nurse Call System	
Computers	
Heat / AC	
Water	

---

[19] Insert Code Word if different than listed
[20] Revise listing as necessary
[21] Revise listing as necessary

Form 301

SECTION C: INCIDENT COMMAND SYSTEM

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)

7. Operational Status *Are you fully operational, limited capability, non-operational (describe). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)*

☐ Fully Operational	☐ Limited Capability	☐ Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: *If additional information is necessary, please send on a separate sheet.*

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

Form 301

SECTION C: INCIDENT COMMAND SYSTEM

UNIT / AREA EVACUATION STATUS

For Use by Command Center

Checklist for Resident Areas Being Evacuated

EVACUATION PRIORITY (complete at time of evacuation)	UNIT / DEPARTMENT[22]	EVACUATED TO HOLDING		NOTES
		Start Time	**Finish Time**	
	INSERT UNIT NAME			
	INSERT UNIT NAME			
	Independent Apartments[23] ❑			
	Departments[24]: ❑ Rehab, PT/OT ❑ Clinic ❑ Other:			
	Other areas[25]: ❑ Dining Rooms ❑ Gathering and Activities Rooms ❑ Library ❑ Chapel/Medication Room ❑ Patios ❑ Public Restrooms ❑ Beauty/Hair Salon			
	Other common areas not listed: _____ _____ _____ _____ _____			

---

[22] Insert nursing unit names / locations here
[23] Delete row if no IL or AL Apartments
[24] Revise to reflect proper names and department in your facility
[25] Revise to reflect names of other areas to be checked off during a building evacuation

SECTION C: INCIDENT COMMAND SYSTEM

DOCUMENTATION RECORDER

Mission: Assist in the set-up and function of the Command Center. Record pertinent data, incidents, and responses as they occur. Act as custodian of all logged/documented communications.

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: _____

Alternate(s): _____

You Report To: Command Center

Command Center Locations:

Primary: _____ **Telephone:** _____

Alternate: _____ **Telephone:** _____

Radio Title: _____

Attached Forms and Information:

- 201A – Incident Briefing
- 202A – Incident Objectives
- 202B – Section Objectives
- 213A – Incident Message Form
- 214A – Operational Log

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Report to the Command Center for initial briefing.	
Read this entire Job Action Sheet and review organizational chart. Ensure identification badge is worn and visible at all times.	
Ensure the Command Center is properly set up and writing/documentation supplies made available.	
Monitor and document all communications sent and received by Command Center, using Emergency Incident Message Form, as necessary.	
Establish/maintain time-log of actions taken at the Command Center, using Activity Log.	
Establish a status board at the Command Center with a documentation aide. Consider the use of a white board or flip chart for this purpose. Ensure this board is kept current.	
Receive and **hold all documentation related to internal facility communications**.	
Consider obtaining additional Documentation Aides from the Labor Pool to assist with radio and telephone communications, dependent upon the magnitude of the incident.	

SECTION C: INCIDENT COMMAND SYSTEM

Intermediate Actions:	√
Hold all documentation received at the Command Center.	
Obtain **status reports from all Section Chiefs** for use in decision making, post-disaster evaluation and recovery work with Incident Commander and Planning Chief.	
Ensure that an adequate number of recorders are available to assist areas as needed. Coordinate personnel with Labor Pool.	
Publish an internal incident informational sheet for employee information at least every 4-6 hours.	

Extended Actions:	√
Review final written report of disaster. Ensure all times, data, information, etc. have been recorded correctly.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to the Psychological Support Team.	

SECTION C: INCIDENT COMMAND SYSTEM

HICS 201A – INCIDENT BRIEFING	PURPOSE: Document Initial Response Information and Actions Intake		
1. INCIDENT NAME / TYPE		**2. DATE OF BRIEFING**	**3. TIME OF BRIEFING**

4. EVENT HISTORY AND CURRENT ACTIONS SUMMARY – DOCUMENT INPUT FROM SECTION CHIEFS

5. CURRENT ORGANIZATION – USE PROPER NAMES TO IDENTIFY POSITIONS

SECTION C: INCIDENT COMMAND SYSTEM

6. NOTES (including accomplishments, issues, warnings/directives)

USE SPACE FOR HAND-WRITTEN DIAGRAMS, MAPS OR CHARTS

7. PREPARED BY (NAME AND POSITION)	8. FACILITY NAME

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202A – INCIDENT OBJECTIVES	PURPOSE: Define Objectives and Issues for Operational Period	
1. INCIDENT NAME / TYPE	**2. DATE PREPARED**	**3. TIME PREPARED**

4. OPERATIONAL PERIOD DATE/TIME

5. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)

KEY QUESTIONS: What are the issues, how are they going to be addressed (resources), who is responsible, and considerations for next operational period.

Issues:

A.

B.

C.

D.

E.

F.

6. WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (include as appropriate: forecast, wind speed/direction, daylight)

7. GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN

(Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions

8. ATTACHMENTS (mark if attached)

☐ Incident Communications Plan - HICS 205   ☐ Traffic Plan

☐ Facility System Status Report – HICS 251   ☐ Incident Map

☐ Other_____

9. PREPARED BY:	**10. APPROVED BY (INCIDENT COMMANDER):**

11. FACILITY NAME

Copies to: Command Staff, Documentation Recorder and Section Chiefs   HICS 202A

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202A – INCIDENT OBJECTIVES				
Utilize a white board or flip chart to display information				
Operational Period Issues	Solution / Fix for Issue	Resources Necessary (staff, equipment, etc.)	Responsible Party	Considerations for Next Operational Period
Operational Period:				

Copies to: Command Staff, Documentation Recorder, and Section Chiefs   HICS 202A

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES				
CHECK APPROPRIATE SECTION: ☐ Operations ☐ Planning ☐ Logistics ☐ Finance				
Operational Period:		**Prepared by (Name):**		
Operational Period Issues	**Solution / Fix for Issue**	**Resources Necessary (staff, equipment, etc.)**	**Responsible Party**	**Considerations for Next Operational Period**

Forward to Command Center by fax or runner (retain copy)

Copies to: Command Staff, Documentation Recorder and Section Chiefs

HICS 202B

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)				
1. FROM (Sender):			**2. TO (Receiver):**	
3. DATE	**4. TIME**	**5. SENT VIA** ☐ Email ☐ Fax ☐ Runner	**6. REPLY REQUESTED:** ☐ Yes ☐ No	

7. PRIORITY ☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

8. MESSAGE *(KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC)*:

9. ACTION TAKEN *(if any): (TO BE FILLED OUT BY RECEIVER)*

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME
Covenant Living of Keene

Sender should attempt to retain a copy

Copies to – Command Staff, Documentation Recorder and Operations & Planning Section Chief   HICS 213A

SECTION C: INCIDENT COMMAND SYSTEM

HICS 214A – OPERATIONAL LOG – Document Incident Issues encountered and Decisions made		
1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
4. COMMAND CENTER / SECTION	5. COMPLETED BY	

6. ACTIVITY LOG

Time	Major Events, Decisions Made, and Notifications Given

7. PREPARED BY (sign and print)

8. FACILITY NAME

Copies to Command Staff, Documentation Recorder and Operations & Planning Section Chief   HICS 214A

SECTION C: INCIDENT COMMAND SYSTEM

SAFETY/SECURITY/LIAISON OFFICER

Mission: Function as incident Contact Person for representatives from other agencies (i.e. Fire/Police/EMS, local/state EOC, other healthcare facilities). Organize and enforce facility protection, traffic, parking & security. Organize and coordinate internal and external communications. Monitor and have authority over the safety of disaster operations and hazardous conditions. Secure transportation resources during an evacuation.

Date: _____ Start: _____ End: _____

Position Assigned to: _____

Alternate(s): _____

You Report To: Command Center

Command Center Locations:

Primary: _____   **Telephone: _____**

Alternate: _____   **Telephone: _____**

Radio Title:_____

Attached Forms and Information:

- 205A – Incident Communications Log
- 213A – Incident Message Form
- IL Resident Departure – Tracking Form[26]

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Obtain briefing from Incident Commander.	
Ensure **radios[27] & cell phone(s)** are brought to the Command Center for emergency communication needs. Distribute radios[28] and cell phone(s) as necessary.	
Implement the facility's emergency lockdown policy and enforce the personnel identification policy, as necessary.	
Review city and municipal emergency organizational charts to determine appropriate Liaison contacts and message routing (i.e. HPN/HHAN, etc).	
Remove unauthorized persons from restricted areas. Utilize maintenance and contract security staff (as necessary) to secure security sensitive areas and control access, if necessary.	
Secure the Command Center, Resident Care, and other sensitive or strategic areas from unauthorized access.	

---

[26] Delete if no IL residents
[27] Delete if no radios
[28] Delete if no radios

Immediate Actions:	√
Communicate with the Logistics Section Chief to secure and post non-entry signs around unsafe areas. Keep staff alert to identify and report all hazards and unsafe conditions to the Logistics Section Chief.	
Secure areas evacuated to and from to limit unauthorized personnel access.	
Obtain information to provide the inter-healthcare facility emergency communication network (HHAN[29]) and/or the municipal Command Center. Gather the following information for relay: ▪ The number of "Long Term Care (LTC) and Alternate Level of Care (ALC)" residents that can be received and cared for ▪ Any current/anticipated shortage of personnel, supplies, etc. ▪ Current condition of facility structure and utilities (facility's overall status) ▪ Any resources that are requested by other facilities (i.e., staff, equipment, supplies) that may be available for transfer	
During a surge event establish vehicle off-loading area in cooperation with the Operations Section Chief for residents who may be coming from an evacuated facility.	
Establish communication with the inter-healthcare facility emergency communication network (HHAN[30]) municipal Command Center. Relay current facility status.	
Establish mechanism to alert Code Team and Fire Response Team to respond to internal resident and/or physical emergencies, i.e. medical emergencies, fires, <u>if normal means of communications are affected</u> by incident.	
Establish contact with Liaison counterparts of each assisting and cooperating agency (i.e., Police, Fire, local or county EOC/Command Center). Keep governmental Liaison Officer updated on changes and development of your facility's response to incident.	

Intermediate Actions:	√
Provide vehicular and pedestrian traffic control, as needed.	
Secure food, water, medical and other emergency resources, as needed.	
Prepare to assist the Planning Section Chief with problems encountered in the volunteer credentialing process.	
Relay any special information obtained to appropriate personnel in the facility.	

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[29] Revise to reflect proper name of systems used in your facility
[30] Revise to reflect proper name of systems used in your facility

SECTION C: INCIDENT COMMAND SYSTEM

Extended Actions:	√
Inventory any material resources that may be sent to another healthcare facility or authorized shelter, upon official request and determine method of transportation, if appropriate.	
Supply casualty data and other requested information to the appropriate authorities. Prepare the following minimum data: ▪ Number of Long Term Care qualified residents received (if a surge event) ▪ Number discharged to home or other facilities ▪ Number dead or injured, if any ▪ Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition, if any	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to Incident Commander.	
Provide rest periods and relief for staff.	

Full Building Evacuation Related Actions:	√
Communicate with the Operations & Planning Section Chiefs regarding the number and type of transportation resources required for residents being evacuated.	
Secure ambulance or other transportation for residents being evacuated, identifying transportation needs for ambulatory and non-ambulatory residents. Request transportation resources via the local EOC or EMS/Fire.	
Provide for vehicular traffic control and establish vehicle staging areas as requested. Unless otherwise requested it will be necessary to stage vehicles on _____ [31] Street/ Road to prevent congestion. Coordinate vehicle staging with local Police.	
Establish vehicle loading area(s) at building entrances for residents who are being evacuated from the facility.	
Designate an individual to direct the "on-site staging" of vehicles and establish traffic flow from staging to the appropriate Discharge Points. {TABLE BELOW}	

HOLDING AREA[32]	DISCHARGE POINTS[33]
Independent Living Residents	**Community center lobby**
Assisted Living/Skilled Nursing Residents Ambulatory Residents	Health center lobby
Non-Ambulatory Residents	HC 2nd floor
Memory Care Residents	HC 1st floor lobby

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[31] Insert a location where vehicles can stage prior to approaching the facility to pick up residents
[32] Revise as necessary
[33] Insert exit locations where residents will be picked up

Full Building Evacuation Related Actions:	√
[34]If applicable, assign security staff to ensure Independent residents who are leaving during the evacuation are properly signed out and accounted for. ▪ Utilize the attached IL Resident Departure Tracking Form to document IL residents leaving the facility.	
Coordinate evacuation receiving sites. Inform Holding Area of receiving sites and the type of residents they can accept.	
Place facility Public Information Officer in contact with Public Information Officers of other agencies.	
Provide for the transportation/shipment of resources (equipment & supplies) into and out of the facility.	
Once the facility is evacuated be prepared to secure appropriate areas. Consider contracting security services during the evacuation and in securing the facility once the evacuation has been completed.	

---

[34] Delete paragraph if no IL residents

C.36

INDEPENDENT LIVING RESIDENT DEPARTURE TRACKING FORM[35]

DATE & TIME OUT	RESIDENT(S) NAME & CONTACT INFORMATION	APARTMENT NUMBER	KNOWN DESTINATION (FAMILY, HOTEL, ETC.)
Date:_____ Time:_____			Address:_____ Phone #: _____
Date:_____ Time:_____			Address:_____ Phone #: _____
Date:_____ Time:_____			Address:_____ Phone #: _____
Date:_____ Time:_____			Address:_____ Phone #: _____
Date:_____ Time:_____			Address:_____ Phone #: _____
Date:_____ Time:_____			Address:_____ Phone #: _____
Date:_____ Time:_____			Address:_____ Phone #: _____

Make additional copies, as necessary   Page ___ of ___

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[35] Delete form if no IL residents

SECTION C: INCIDENT COMMAND SYSTEM

Display Clearly in Command Center

HICS 205A –COMMUNICATIONS LIST (INTERNAL)			PURPOSE: Document Communications Equipment / Channels					
1. INCIDENT NAME			**2. DATE/TIME PREPARED**		**3. OPERATIONAL PERIOD DATE/TIME**			
4. BASIC CONTACT INFORMATION – Identify Assigned Person and their Communication Devices								
ASSIGNMENT/ NAME	**RADIO CHANNEL / FREQUENCY**	**PHONE Primary & Alternate**	**FAX**	**E-MAIL / PDA**	**PAGER**	**ALT. COMMUNICATION DEVICE**	**COMMENTS**	
5. PREPARED BY			**6. FACILITY NAME**					

Copies to: Command Staff, Documentation Recorder and Section Chiefs

HICS 205A

SECTION C: INCIDENT COMMAND SYSTEM

Display Clearly in Command Center

HICS 205A –COMMUNICATIONS LIST (EXTERNAL / EMERGENCY AGENCIES)		PURPOSE: Document Communications Equipment / Channels	
1. INCIDENT NAME		**2. DATE/TIME PREPARED**	**3. OPERATIONAL PERIOD DATE/TIME**

4. BASIC CONTACT INFORMATION – Identify External or Emergency Agency Assigned Person and their Communication Devices

ASSIGNMENT/ NAME	RADIO CHANNEL / FREQUENCY	PHONE Primary & Alternate	FAX	E-MAIL / PDA	PAGER	ALT. COMMUNICATION DEVICE	COMMENTS

5. PREPARED BY	**6. FACILITY NAME**

Copies to: Command Staff, Documentation Recorder and Section Chiefs

HICS 205A

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)				
1. FROM (Sender):			**2. TO (Receiver):**	
3. DATE	**4. TIME**	**5. SENT VIA** ☐ Email ☐ Fax ☐ Runner	**6. REPLY REQUESTED:** ☐ Yes ☐ No	

7. PRIORITY ☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

8. MESSAGE *(KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC)*:

9. ACTION TAKEN *(if any): (TO BE FILLED OUT BY RECEIVER)*

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

Sender should attempt to retain a copy

Original – Receiver   HICS 213A

PUBLIC INFORMATION OFFICER (PIO)

Mission: To provide information to the news media and resident responsible parties.

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: _____

Alternate(s): _____

You Report To: Command Center

Command Center Locations:

Primary: _____ **Telephone:** _____

Alternate: _____ **Telephone:** _____

[36]**Responsible Party (Family) Area Locations:**

Primary: _____ **Telephone:** _____

Alternate: _____ **Telephone:** _____

[37]**Public Information (News Media) Area Locations:**

Primary: _____ **Telephone:** _____

Alternate: _____ **Telephone:** _____

Radio Title:_____

Attached Forms and Information:

- 213A – Incident Message Form
- Pre-scripted messages

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Report to Command Center for briefing.	
Read this entire Job Action sheet and review organizational chart.	
Identify restrictions in contents of news release information from incident.	

---

[36] Insert primary and alternate pre-determined locations where resident families will be directed during a disaster event to receive information

[37] Insert a primary and alternate location where the news media, if allowed on the property, will be directed for a press release.

Immediate Actions:	√

Develop a communications strategy and plan to inform the residents of the event and actions being taken.
   ▪   Consider the use of the resident TV channel to assist in disseminating information. [38]
   ▪   Consider preparing an informational brief to be hand delivered to each resident.
   ▪ Inform Incident Command of resident communication plan.	

Establish a "Responsible Party (Family) Area." Unless modified, see above. Ensure the use of the designated area does not conflict with other purposes and that the privacy of patient family members is taken into consideration.	
Establish a Media Staging and Briefing Area located away from the Command Center and resident care activity areas, as necessary. Determine if media staging will be inside or outside the building and use appropriate designated areas. Unless modified see above locations.	
Prepare an initial press release, or informational statement to families, dependent upon the nature of the incident. Review content with incident Commander. See pre-scripted messaging.	

Intermediate Actions:	√
Develop an updated public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public. Identify appropriate spokespersons to deliver the press briefings and public information announcements.	
Inform on-site media of the physical areas to which they have access and those that are restricted. Coordinate designation of such areas with the Safety/Security/Liaison Officer, and request security be assigned to the area, when appropriate.	
Contact external Public Information Officers from community and governmental agencies to ascertain and collaborate public information and media messages being developed by those entities to ensure consistent and collaborative messages from all entities.	
Issue an initial incident information report to the news media with the cooperation of Safety/Security/Liaison Officer. Relay any pertinent data back to Safety/Security/Liaison Officer and Documentation Recorder.	
Consider use of the facility website and/or Intranet to post incident or facility status information.	
Conduct or assign personnel to monitor and report to you incident and response information from sources such as the internet, radio, television and newspapers.	

Extended Actions:	√
Update media about facility, injury/casualty or other status as authorized by the Incident Commander.	

---

[38] Delete if no internal resident television channel

Extended Actions:	√
Direct calls from those who wish to volunteer to the Planning Section Chief. Determine requests to be made to the public via the media.	
Post general notices to keep staff updated on the disaster situation.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to Incident Commander. Provide rest periods and relief for staff.	

Full Building Evacuation Related Actions:	√
If other than yourself, identify appropriate spokespersons to deliver press briefings and public information announcements relative to the evacuation.	
Ensure communication with receiving facilities via the Safety/Security/Liaison Officer prior to publicly announcing sites that are receiving evacuated residents.	
Ensure proactive phone calls and other communications are taking place with Resident Responsible Parties.	
Utilize internal communications systems (e.g., email, intranet, phone, written report postings, etc.) to disseminate current evacuation information and status update messages to staff.	

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)			
1. FROM (Sender):		**2. TO (Receiver):**	
3. DATE	**4. TIME**	**5. SENT VIA** ☐ Email ☐ Fax ☐ Runner	**6. REPLY REQUESTED:** ☐ Yes ☐ No

7. PRIORITY
☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

8. MESSAGE *(KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):*

9. ACTION TAKEN *(if any): (TO BE FILLED OUT BY RECEIVER)*

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME
Covenant Living of Keene

Sender should attempt to retain a copy

EMERGENCY EVACUATION
INFORMATIONAL MESSAGE

DATE _____   TIME _____ (a.m. p.m.)

TYPE OF MESSAGE:

☐ *INFORMATIONAL MESSAGE TO RESIDENTS*
☐ *INFORMATION FOR FAMILIES/RESPONSIBLE PARTIES*
☐ *NEWS MEDIA*
☐ *OTHER HEALTHCARE FACILITY*

MESSAGE PREPARED BY: _____

MESSAGE CONTENT APPROVED BY: _____

FROM: _____name & title
         _____dept & bldg
    FAX: _____
    PH: _____

Emergency Message (include additional information):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

SECTION C: INCIDENT COMMAND SYSTEM

Pre-Scripted Messages

THIS MESSAGE IS FOR **RESIDENTS** ONLY

❑ **SHELTERING IN-PLACE**

This is an announcement from the Executive Director and/or Facilites Director_____ Emergency Management Agency.

The _____Executive Director / Emergency Management Agency has been notified by
_____ that _____
              (insert agency name)

_____,
         (insert brief description of incident and location of incident)

and that the following precautions should be taken:

_____

Emergency officials have advised that at this time there {is / is not} an immediate danger to the public and/or the environment.

However, as a precaution, residents should {go inside/stay indoors} closing all windows, doors and vents. Turn off all air conditioners.

Additional information will be made available as soon as possible. In the meantime, if you have any questions concerns or special needs please contact:

_____.
         (name / title / phone number)

_____
THIS MESSAGE IS FOR **RESIDENTS** ONLY

❑ **BUILDING EVACUATION – Temporary Relocation**

This is an announcement from the Executive Director. Due to _____
              (incident type)

_____, it will be necessary to temporarily relocate residents from our facility
to: _____.
   (name / location of Stop-Over Point / External Holding Area)

Your Families and Physicians will be notified by our staff. Nursing staff will be making rounds to ensure your care needs are met and they will inform you of additional details regarding this unexpected event.

We anticipate we will be able to return to the facility once the situation is resolved. At this time we project we will be returning at approximately: _____.
           (Time / Hours)

Additional information will be made available as soon as possible. In the meantime, if you have any questions, concerns, or special needs, please contact:

_____.
         (name / title / phone number)

SECTION C: INCIDENT COMMAND SYSTEM

THIS MESSAGE IS FOR **RESIDENTS** ONLY

❑ **BUILDING EVACUATION – <u>evacuation to other healthcare facilities</u>**

This is an announcement from the Executive Director. Due to _____
<div align="right">(incident type)</div>

_____, it will be necessary to evacuate residents into other healthcare facilities.

Your Families and Physicians will be notified by our staff. Nursing staff will be making rounds to ensure your care needs are met and they will address any concerns you may have regarding this unexpected event.

Once the situation is resolved, residents will be returning to our facility. At this time, we project we will be returning at approximately: _____.
      (Time / Hours)

Additional information will be made available as soon as possible. In the meantime, if you have any questions, concerns, or special needs, please contact:

_____.
      (name / title / phone number)

SECTION C: INCIDENT COMMAND SYSTEM

THIS MESSAGE IS FOR **FAMILIES/RESPONSIBLE PARTIES** ONLY

❑ **RESIDENT EVACUATION**

(Temporarily Housed, Projected a Return Time)

Due to _____,
                                                           (incident type)
it is necessary to temporarily relocate residents from our facility to ensure the safety of the residents. Residents are being temporarily housed at: _____
_____.

We anticipate we will be able to return to our facility once the situation is resolved. At this time, we project we will be returning at approximately: _____.
                                                                                      (Time / Hours)

Additional information will be made available as soon as possible. In the meantime, if you have any questions, concerns, or special needs, please contact:
_____.
                        (name / title / phone number)

(Temporarily Housed, No Projected Return Time)

Due to _____,
                                                           (incident type)
it is necessary to temporarily relocate residents from our facility to ensure the safety of the residents. Residents are being temporarily housed at: _____
_____.

At this time we cannot project when we will be able to reoccupy the building.

Family members will be contacted by our staff and informed of the final destination of each resident.

Additional information will be made available as soon as possible. In the meantime, if you have any questions, concerns, or special needs, please contact:
_____.
                        (name / title / phone number)

THIS MESSAGE IS FOR **FAMILIES/RESPONSIBLE PARTIES** ONLY

❑   **RESIDENT EVACUATION**

(Evacuated to Other Healthcare Facilities)

Due to _____,
                                                        (incident type)
residents are being evacuated to other area healthcare facilities who have agreed to provide shelter and care of the residents.

We anticipate we will be able to return to our facility once the situation is resolved.

Additional information will be made available as soon as possible. In the meantime, if you have any questions, concerns, or special needs, please contact:
_____.
                              (name / title / phone number)

SECTION C: INCIDENT COMMAND SYSTEM

THIS MESSAGE IS FOR THE **NEWS MEDIA** ONLY

❑ **BUILDING EVACUATION**

(Temporary Relocation)

On _____ at approximately _____ am/pm, due to _____
        (date)   (time)

_____,
                        (description of event)
it became necessary to temporarily {relocate/evacuate} residents from our building, to ensure the safety of our residents and to be able to continue resident care.

At this time, Emergency Management Agency Officials have advised us:

_____

_____

We anticipate we will be able to return to the facility once the situation is resolved and it is deemed safe to do so by local emergency officials. At this time we are projecting we will be returning at approximately: _____.
                                    (Time / Hours)

(Evacuation to other Healthcare Facilities)

Due to _____,
                        (description of event)
our residents have been evacuated into other healthcare facilities to ensure their safety.

Our staff is in the process of notifying resident families. If families have questions or concerns, family members are requested to contact:

_____.
            (name / title / phone number)

A family informational center has been established at:

_____.

Family members are requested not travel to the facility.

Additional information will be made available by our administration as soon as possible.
In the meantime, if you have any questions, or need further information please contact:

_____.
            (name / title / phone number)

Additional information regarding this event may be available from the _____ public information office by calling _____.
                                    (telephone number)

LOGISTICS SECTION CHIEF

Mission: Organize and direct those operations associated with maintenance of the physical environment and adequate levels of food, water, shelter and supplies to support the medical objectives. Direct completion of facility assessments for damage. Determine what systems are operational and non-operational.

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: _____

Alternate(s): _____

You Report To: Command Center

Command Center Locations:

Primary: _____   **Telephone:** _____

Alternate: _____   **Telephone:** _____

Radio Title: _____

Attached Forms and Information:

- 202B – Section Objectives
- 213A – Incident Message Form
- 214A – Operational Log
- 251A – Facility System Status Report
- 252A – Section Personnel Time Sheet
- 257A – Resource Accounting Record
- 301 – Department Rapid Assessment Form

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Obtain briefing from Incident Commander.	

Assign the follow tasks to department directors as necessary:
■ Assign Maintenance Director[39] or designee to:
   ➢ Check system components of entire facility.
   ➢ Inspect the hazardous waste collection areas(s) to ensure patency of containment measures.
   ➢ Coordinate the inspection of the facility's sewage system
   ➢ To prepare and deliver preliminary report on the physical status of the facility using the Facility System Status Report Form.
   ➢ Identify, control, and eliminate hazards such as chemical spills, fire, etc.
   ➢ Identify areas where immediate repair efforts should be directed to restore critical services.	

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[39] Insert proper position title if different

Immediate Actions:	√
➢ Inspect those areas of reported damage and photographically record damage. ➢ Identify areas where immediate salvage efforts should be directed in order to save critical services and equipment. ■ Assign Food Services Director[40] to: ➢ Estimate the number of meals that can be served utilizing existing food stores. Implement rationing if situation dictates. Take into consideration extra staff, visitors, staff families and an influx of residents when estimating meals. ➢ Inventory the current emergency drinking water supply and estimate time when re-supply will be necessary. Implement rationing if situation dictates. ➢ Report current inventory levels of emergency drinking water and food stores to the Command Center. Submit an anticipated-need list of water and food based on current information concerning emergency events, as well as projected needs for residents, staff and dependents. ■ Assign the Environmental Services/Housekeeping Director [41]to: ➢ Implement pre-established alternative waste disposal/collection plan, if necessary (see Loss of Water/Sewer procedures). Enlist assistance from Infection Control. ➢ Ensure that all sections and areas of the facility are informed of the implementation of the alternative waste disposal/collection plan. ➢ Position portable toilets in accessible areas, away from resident care and food preparation. ➢ Ensure an adequate number of hand-washing areas are operational near resident care/food preparation areas, and adjacent to portable toilet facilities. ➢ Inform Infection Control personnel of actions and enlist assistance where necessary. ■ Assign a staff member to: ➢ Assess internal transportation, personnel, materials and equipment needs for residents, if a surge of residents is being received from another healthcare facility or residents are being evacuated from this facility. Request additional personnel from the Planning Section Chief if necessary. ➢ Assemble Geri-chairs, wheelchairs and stretchers, and special evacuation equipment as needed and provide to the Labor Pool. ■ Assign a staff member responsible for supplies to: ➢ Collect and coordinate essential medical equipment and supplies. ➢ Communicate the status of Storeroom/Supply area and inventories to the Command Center. Identify additional equipment and medical supply needs ➢ Dispatch disaster supplies, as needed or requested.	
Brief department directors on current situation. Coordinate development of facility status report. Outline action plan and designate time for next briefing.	

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[40] Insert proper position title if different
[41] Insert proper position title if different

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
Set up damage assessment meeting with Incident Commander and assigned Unit Leaders.	
Ensure Department managers complete a **Department Rapid Assessment Form** and forward to Command Center.	
Prepare for the possibility of evacuation to a safe area within the building, if appropriate.	
Arrange to have Structural Engineer to report and obtain more definitive facility structural assessment, if necessary.	

Intermediate Actions:	√
Obtain information and updates regularly from assigned staff and department managers. Maintain current status of all areas. Pass status information to Documentation Recorder.	
Communicate frequently with Incident Commander.	
Obtain needed supplies for physical environment with assistance of the Finance Section Chief and Safety/Security/Liaison Officer.	
Ensure section personnel utilize Emergency Incident Time Sheet to document hours worked/volunteered during extended emergency incident operations.	

Extended Actions:	√
Ensure all communications are copied to the Documentation Recorder.	
Document actions and decisions on a continual basis.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to the Incident Commander.	
Provide rest periods and relief for staff.	

Full Building Evacuation Related Actions:	√
As needed request additional personnel from the Planning Section Chief.	
Be prepared to assign staff to assist in implementing a campus/facility lockdown. If necessary provide staff to assist security in controlling vehicular traffic and establishing vehicle staging areas.	
Assign available staff to collect vertical evacuation equipment and develop an equipment staging location in coordination with the Labor Pool.	
Identify any facility owned vehicles that may be used to transport evacuated residents, equipment or supplies.	
Once the facility is evacuated be prepared to secure appropriate areas and the building.	

SECTION C: INCIDENT COMMAND SYSTEM

DESIGNATED AREA LOCATIONS & TELEPHONES[42]

Command Center   Location: Telephone #
Primary: Community Center Lobby 1.603.283.5150   ....

Alternate: Health Center Lobby 1.603.352.3235   ....

Labor Pool
Primary Location:_____ TPI staffing
Alternate Location: Masinelli employment service

News Media Staging
Primary Location:_____ Community center Performing Arts Center
Alternate Location:_____ Activities Center Health Center

Responsible Party (Family) Area
Primary Location:_____ Community Center Dining room
Alternate Location: Performing Arts Center

Dependant Care Area
Primary Location:_____ Common areas on 1st floor Health Center
Alternate Location: Common area on 3rd floor   ....

Triage (Influx of Residents)
Primary Location:_____ health Center main dining room

Triage (Internal Staging) during an Evacuation:

> **Assisted Living Residents**
> Primary Location: HC 1st floor

> **Skilled Nursing Residents**

> **Ambulatory Residents - Holding Area**
> Primary Location: HC 3rd floor

> **Non-Ambulatory Residents - Holding Area**
> Primary Location: HC AL 2nd floor

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[42] Duplicate customized list from Incident Commander job action sheet

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES				
CHECK APPROPRIATE SECTION: ☐ Operations ☐ Planning ☐ Logistics ☐ Finance				
Operational Period:			**Prepared by (Name):**	
Operational Period Issues	**Solution / Fix for Issue**	**Resources Necessary (staff, equipment, etc.)**	**Responsible Party**	**Considerations for Next Operational Period**

Forward to Command Center by fax or runner (retain copy)

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)			
1. FROM (Sender):			**2. TO (Receiver):**
3. DATE	**4. TIME**	**5. SENT VIA** ☐ Email ☐ Fax ☐ Runner	**6. REPLY REQUESTED:** ☐ Yes ☐ No

7. PRIORITY

☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

8. MESSAGE *(KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC)*:

9. ACTION TAKEN *(if any): (TO BE FILLED OUT BY RECEIVER)*

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

Covenant Living of Keene

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

HICS 214A – OPERATIONAL LOG – Document Incident Issues encountered and Decisions made		
1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
4. COMMAND CENTER / SECTION	5. COMPLETED BY	

6. ACTIVITY LOG

Time	Major Events, Decisions Made, and Notifications Given

7. PREPARED BY (sign and print)

8. FACILITY NAME

SECTION C: INCIDENT COMMAND SYSTEM

HICS 251A – FACILITY SYSTEM STATUS REPORT[43]

1. Operational Period Date/Time	2. Date Prepared	3. Time Prepared	4. Building Name:

5. SYSTEM STATUS CHECKLIST

COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Fax	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Information Technology System (email/intranet, etc.)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Nurse Call, Resident Lifeline Pendant System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Radio Equipment	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Telephone System, External	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Telephone System, Proprietary	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Video-Television-Internet-Cable	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
INFRASTRUCTURE SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Campus Roadways	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Fire Detection/Suppression System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Food Preparation Equipment	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Ice Machines	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Laundry/Linen Service Equipment	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Structural Components (building integrity)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	

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[43] Revise to reflect systems in use at your facility

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Copies to: Command Staff, Documentation Recorder and Section Chiefs HICS 251A

SECTION C: INCIDENT COMMAND SYSTEM

Other Systems: _____	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
SECURITY SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Door Lockdown/Access Control Systems	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Surveillance Cameras	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Wander Guard, Exit Door Alarms, Other:	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
UTILITIES, EXTERNAL SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Electrical Power-Primary Service	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Sanitation Systems	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Water	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	(Reserve supply status)
Natural Gas / Propane	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
UTILITIES, INTERNAL SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Air Compressor	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Electrical Power, Backup Generator	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	(Fuel status)
Elevators	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Hazardous Waste Containment System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	

Copies to: Command Staff, Documentation Recorder and Section Chiefs   HICS 251A

SECTION C: INCIDENT COMMAND SYSTEM

Heating, Ventilation, and Air Conditioning (HVAC)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Boiler(s)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Water Heater and Circulators	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other Systems: (List separately)	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
_____	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
_____	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
_____	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
_____	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
_____	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	

6. Completed by:

DATE: **TIME:**

7. FACILITY NAME

Covenant Living of Keene

Copies to: Command Staff, Documentation Recorder and Section Chiefs   HICS 251A

SECTION C: INCIDENT COMMAND SYSTEM

HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail

1. FROM DATE/TIME	2. TO DATE/TIME	3. SECTION	4. UNIT LEADER

5. TIME RECORD

#	Employee Name (*Please Print*)	E/V	Employee Number	Response Function/Job	Date/ Time In	Date/ Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

6. Prepared By	7. Date/Time Submitted

8. Facility Name

Covenant Living of Keene

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources

1. DATE	2. SECTION	3. OPERATIONAL PERIOD DATE/TIME

4. RESOURCE RECORD (Fill in Below)

Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials

5. PREPARED BY	6. DATE/TIME SUBMITTED

7. FACILITY NAME

Covenant Living of Keene

HICS 257A

SECTION C: INCIDENT COMMAND SYSTEM

Covenant Living of Keene	**Form 301 - Department Rapid Assessment Form**[44]

THIS IS A TWO PAGE FORM
Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code Alert** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

Date	*Time*	*Unit/Department & Location*	*Person in Charge (Name/Title/Best Phone #)*

1. Staffing *Show total staff presently on duty by title/position*

Are you staffed at a safe minimal level for the disaster? Yes / No If no, do you need to recall staff from home? Yes / No

Type of Position	*Number Present*	*Available for the Labor Pool (if needed)*

2. Total Unit Resident Census: _____   3. Total Residents for Discharge to Home: _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility
Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	*Wheelchair Van:*	*Ambulatory -Van /Bus:*

5. Resource Status *Show status of major equipment or critical supplies on unit, both on hand (including in use)*
and available for redeployment as needed (add equipment as necessary)

Resource	*Quantity On Hand*	*Available for Deployment*	*Resource*	*Quantity On Hand*	*Available for Deployment*
Wheelchairs			Geri Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status *Show status of major technology and utility systems used in or supporting your*
department (e.g., phones, lights, computers, heat, AC, water)

Technology Item	*Status (OK or Not Working – Explain status if necessary*
Lighting/Electricity	
Telephones	
Fax Machine/Line	
Red Outlets (emergency) power	
Nurse Call System	
Computers	
Heat / AC	
Water	

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[44] Replace with the previously customized form

FORM 301

SECTION C: INCIDENT COMMAND SYSTEM

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)

7. Operational Status *Are you fully operational, limited capability, non-operational (describe). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)*

☐ Fully Operational	☐ Limited Capability	☐ Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: *If additional information is necessary, please send on a separate sheet.*

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

FORM 301

PLANNING SECTION CHIEF

Mission: Organize and direct all aspects of Planning Section operations. Ensure the distribution of critical information/data to Command Center personnel and Section Chiefs. Compile scenario/resource projections from all Section Chiefs and affect long-range planning. Document and distribute facility Action Plan. Collect unassigned staff to establish a Labor Pool. Recovery and demobilization planning.

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: _____

Alternate(s): _____

You Report To: Incident Commander

Command Center Locations:

Primary: _____ **Telephone:** _____

Alternate: _____ **Telephone:** _____

Radio Title: _____

Attached Forms and Information:

- 202B – Section Objectives
- 213A – Incident Message Form
- 214A – Operational Log
- 252A – Section Personnel Time Sheet
- 257A – Resource Accounting Record
- 301 – Department Rapid Assessment Form
- 305 – Family / Pet Information Form
- 306 – Labor Pool Staff Log-in & Assignment Form
- 307 – Labor Pool Volunteer Staff Registration / Credentialing Form
- 313 – Resident/Medical Record & Equipment Tracking Form
- Labor Pool Unit Leader Job Action Sheet (Full Building Evacuation)

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Obtain briefing from Incident Commander.	
Obtain Documentation Recorder from Labor Pool.	
Brief Unit Leaders after meeting with Incident Commander.	

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
Assign department directors or others to the following support services functions as necessary: ▪ As needed assign a staff member to establish a Labor Pool and: ➢ Communicate operational status of the Labor Pool to Command Center and all resident care and non-resident care areas. ➢ Inventory the number and classify staff presently available. ➢ Establish a registration and credentialing desk for nurses, physicians and volunteers not employed or associated with the facility who may volunteer to assist the facility. See Disaster Staffing/Sheltering/Credentialing procedure. ➢ Coordinate long-term staffing needs and determine placement of staff and volunteers. ▪ During a Surge of residents assign a staff member to: ➢ Establish Responsible Party (Family) Area, in coordination with the Public Information Officer, away from Command Center. ➢ Obtain resident census. ➢ Establish an area to track resident arrivals, location and disposition. Obtain sufficient assistance to document current and accurate resident information. ▪ If sheltering staff or others assign a staff member to: ➢ Anticipate staff needs as they might relate to the specific disaster. Determine if sheltering of staff families is being contemplated by the Incident Commander, depending upon the severity of the incident. Establish staff housing areas, as necessary – see Disaster Staffing/Sheltering/Credentialing procedure. ➢ If the disaster dictates sheltering of staff families establish an area that could be used for proper observation of the children. • Assign staff to provide care and security for this area. Provide positive ID for child and parents. ➢ Consider establishing an area where pets can be housed if staff or family must bring the pets to the facility. This area should not be in a resident care area. ➢ Establish a staff rest and nutritional area for staff in a low traffic area. Provide for a calm, relaxing environment. Provide overall disaster information updates (bulletins) for rumor control. ➢ Monitor the Dependent Care area continuously for safety and dependent needs with a minimum of two facility Employees. ▪ Assign appropriate staff to provide psychological support as indicated by the disaster. ➢ Ensure the provision of psychological, spiritual and emotional support to the facility staff, residents, dependents and guests. ➢ Establish teams comprised of staff, clergy and other mental health professionals for this purpose. ➢ Initiate and organize the Critical Stress Debriefing process as indicated. ➢ Designate a secluded debriefing area where individual and group intervention may take place. ➢ Appoint psychological support staff to visit resident care and non-resident care areas on a routine schedule. Contact family members/employees as necessary.	
Ensure the formation and documentation of an incident-specific facility Action Plan. Distribute copies to Incident Commander and all Section Chiefs.	

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
Ensure departments complete the Department Rapid Assessment Form and forward them to the Command Center.	
Call for projection reports (Action Plan) from all Planning Section staff and Section Chiefs for scenarios 4, 8, 24 & 48 hours from time of incident onset. Adjust time for receiving projection reports as necessary.	
Work with Documentation Recorder and Command Center staff to document/update status reports from all disaster Section Chiefs and assigned staff for use in decision-making and for reference in post-disaster evaluation and recovery assistance applications.	

Intermediate Actions:	√
Obtain briefings and updates as appropriate. Continue to update and distribute the facility Action Plan.	
Schedule planning meetings to include Planning Section staff, Section Chiefs, and the Incident Commander for continual update of the facility Action Plan. Consider development of Recovery and/or Demobilization Plans once the incident has been stabilized, in order to return the facility back to normal operations.	
Ensure section personnel utilize Emergency Incident Time Sheet to document hours worked/volunteered during extended emergency incident operations.	

Extended Actions:	√
Continue to receive projected activity reports from Section Chiefs and Planning Section staff at appropriate intervals.	
Ensure all requests are routed/documented through the Documentation Recorder.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to Incident Commander. Provide rest periods and relief for staff.	

Full Building Evacuation Related Actions:	√
Assign a staff member to be the Labor Pool Unit Leader. Provide them with the Labor Pool Unit Leader Job Action Sheet.	
Initiate staff call back as necessary.	
Assign a staff member to be responsible for tracking residents. Utilize the Resident/Medical Record & Equipment Tracking Sheet.	
Provide updates related to residents, staff and equipment tracking to the Incident Commander during an evacuation.	
Support the Holding Area(s) by ensuring there is sufficient staffing, equipment and supplies in each area. Enlist the assistance of the Logistics Section Chief for additional supplies and equipment.	

Covenant Living of Keene

DESIGNATED AREA LOCATIONS & TELEPHONES[45]

Command Center   Location: Telephone #
Primary: Community Center 1.603.283.5150
Alternate: Health Center 1.603.352.3532

Labor Pool
Primary Location:_____ Community Center Lobby
Alternate Location: Barn on Property

News Media Staging
Primary Location:_____ Community Center lobby
Alternate Location:_____ Performing arts center

Responsible Party (Family) Area
Primary Location:_____ Community Center common areas
Alternate Location: Health Center Lobby

Dependant Care Area
Primary Location:_____ Health Center second floor
Alternate Location: Heath Center 1st floor

Triage (Influx of Residents)
Primary Location:_____ Health Center Dining room

Triage (Internal Staging) during an Evacuation:

      Assisted Living Residents
      Primary Location: HC 1st floor

      Skilled Nursing Residents

      Ambulatory Residents - Holding Area
      Primary Location: HC 2nd floor

      Non-Ambulatory Residents - Holding Area
      Primary Location: HC Lower Level

---

[45] Duplicate customized list from Incident Commander job action sheet

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES				
CHECK APPROPRIATE SECTION: ☐ Operations ☐ Planning ☐ Logistics ☐ Finance				
Operational Period:			**Prepared by (Name):**	
Operational Period Issues	**Solution / Fix for Issue**	**Resources Necessary (staff, equipment, etc.)**	**Responsible Party**	**Considerations for Next Operational Period**

Forward to Planning Section Chief by fax or runner (retain copy)

Copies to: Command Staff, Documentation Recorder and Section Chiefs   HICS 202B

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)			
1. FROM (Sender):			**2. TO (Receiver):**
3. DATE	**4. TIME**	**5. SENT VIA** ☐ Email ☐ Fax ☐ Runner	**6. REPLY REQUESTED:** ☐ Yes ☐ No

7. PRIORITY
☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

8. MESSAGE *(KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC)*:

9. ACTION TAKEN *(if any): (TO BE FILLED OUT BY RECEIVER)*

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

Covenant Living of Keene

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

HICS 214A – OPERATIONAL LOG – Document Incident Issues encountered and Decisions made		
1. INCIDENT NAME	**2. DATE/TIME PREPARED**	**3. OPERATIONAL PERIOD DATE/TIME**
4. COMMAND CENTER / SECTION	**5. COMPLETED BY**	

6. ACTIVITY LOG

Time	Major Events, Decisions Made, and Notifications Given

7. PREPARED BY (sign and print)

8. FACILITY NAME

Covenant Living of Keene

SECTION C: INCIDENT COMMAND SYSTEM

HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail

1. FROM DATE/TIME	2. TO DATE/TIME	3. SECTION	4. UNIT LEADER

5. TIME RECORD

#	Employee Name (*Please Print*)	E/V	Employee Number	Response Function/Job	*Date/Time In*	Date/Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								

6. Prepared By	7. Date/Time Submitted

8. Facility Name

Covenant Living of Keene

Copy to Finance Section Chief   HICS 252A

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources		
1. DATE	**2. SECTION**	**3. OPERATIONAL PERIOD DATE/TIME**

4. RESOURCE RECORD (Fill in Below)

Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials

5. PREPARED BY	**6. DATE/TIME SUBMITTED**

7. FACILITY NAME

Covenant Living of Keene

Copies to Command Staff

HICS 257A

SECTION C: INCIDENT COMMAND SYSTEM

Covenant Living of Keene	Form 301 - Department Rapid Assessment Form[46]

THIS IS A TWO PAGE FORM
Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code Alert** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

Date	*Time*	*Unit/Department & Location*	*Person in Charge (Name/Title/Best Phone #)*

1. Staffing *Show total staff presently on duty by title/position*

Are you staffed at a safe minimal level for the disaster? Yes / No   If no, do you need to recall staff from home? Yes / No

Type of Position	*Number Present*	*Available for the Labor Pool (if needed)*

2. Total Unit Resident Census: _____   3. Total Residents for Discharge to Home: _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility

Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:

5. Resource Status *Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)*

Resource	*Quantity On Hand*	*Available for Deployment*	*Resource*	*Quantity On Hand*	*Available for Deployment*
Wheelchairs			Geri Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status *Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)*

Technology Item	*Status (OK or Not Working – Explain status if necessary*
Lighting/Electricity	
Telephones	
Fax Machine/Line	
Red Outlets (emergency) power	
Nurse Call System	
Computers	
Heat / AC	
Water	

---

[46] Insert previously customized form

SECTION C: INCIDENT COMMAND SYSTEM

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)

7. Operational Status   *Are you fully operational, limited capability, non-operational (describe). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)*

☐ Fully Operational	☐ Limited Capability	☐ Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: *If additional information is necessary, please send on a separate sheet.*

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

Covenant Living of Keene
FORM 305
FAMILY MEMBER(S) AND PET INFORMATION

Employee Name: _____

Employee Signature: _____
(validating accuracy of information)

Incident Name / Type: _____

Department Name & Extension: _____

NAME(S) OF FAMILY MEMBER(S)	AGE	MALE / FEMALE (M/F)	RELATIONSHIP TO EMPLOYEE	SPECIAL NEEDS (i.e. medications, allergies, medical concerns)

Falsification or misrepresentation of information or documentation provided on Family Members or Pets will result in disciplinary action up to and including termination.

TYPE OF ANIMAL	NAME	AGE	DEMEANOR (friendly, aggressive, etc.)	SPECIAL NEEDS (i.e. cage, allergies, medications)

Please attach a copy of the vaccination record for each animal.

FORM 306 - LABOR POOL STAFF LOG-IN & ASSIGNMENT FORM

To be completed by Labor Pool Unit Leader or designee

Please Print
This form should be returned to the Command Center at the conclusion of the Incident.

EMPLOYEE NAME	EMPLOYEE NUMBER	POSITION / SKILL	TIME ARRIVED AT LABOR POOL	ASSIGNMENT	TIME RELEASED FROM LABOR POOL

Make additional copies, as necessary   Page ___ of ___

FORM 306

Covenant Living of Keene
FORM 307 - LABOR POOL VOLUNTEER STAFF REGISTRATION / CREDENTIALING FORM
To be completed by Labor Pool Unit Leader or designee
This form should be returned to the Command Center at the conclusion of the Incident. Copies to Documentation Recorder

NAME (last, first)	ADDRESS, CITY, STATE, ZIP	SOCIAL SECURITY NUMBER	PHONE NUMBER	CERTIFICATION / LICENSURE AND NUMBER	SIGNATURE	SKILL SET	TIME IN	ASSIGNMENT	TIME OUT

Prepared By: _____ Date/Time Submitted: _____

Make additional copies, as necessary   Page ___ of ___

Volunteers must return to Labor Pool to sign out of facility.

FORM 307

Resident Transported From:_____   **Print Name of Person From Sending Facility Filling Out Form / Phone #:**_____

Date:_____

Resident Transported To: _____   * Each Receiving Facility will need its own Tracking Sheet (have sheets for residents evacuated to HOME)

Covenant Living of Keene
RESIDENT / MEDICAL RECORD & EQUIPMENT TRACKING SHEET

Resident MR # or Tracking #	Date of Birth	Resident Name	Sex	Time Left Bldg.	Name, Type of and # Transport (State if applicable)	Original Chart Sent w/ Resident (Y) (N)	Meds & MAR Sent w/ Resident (Y) (N)	Equipment Sent	Family Notified: Name, Date & Time, Phone Number w/ Area Code		PMD Notified Name, Phone Number, Date & Time		Time Arrived Stop-over / Time Left	Time/ Date Arrived at Resident Accepting Facility
									Y	N	Y	N	A L	
													A L	
													A L	
													A L	
													A L	
													A L	
													A L	
													A L	

DISASTER STRUCK FACILITIES KEEP A COPY.

RESIDENT ACCEPTING FACILITIES MUST ALSO TRACK RESIDENTS, CHARTS & EQUIPMENT.

HAVE YOU ADVISED FACILITY THAT YOU HAVE RECEIVED RESIDENT? YES _____   NO _____

Print Name of Person at Receiving Facility & Phone #:_____

Keep 1 Copy and Fax, E-mail or Send Additional to:
- Transportation Unit (EMS)
- Resident Accepting Facility

FORM 313

LABOR POOL UNIT LEADER

Mission: Manage the Labor Pool and maintain information on the status, location, and availability of on-duty staff and volunteer personnel.

Date: _____   Start: End: _____   Position Assigned to: _____

Telephone #: _____   Radio Title:_____

Position Reports to: Planning Section Chief

Attached Forms and Information:

- Labor Pool Staff Log-In and Assignment Forms
- Evacuation Team Log-In Form
- Evacuation Team Handouts

Full Building Evacuation Related Actions:	√
Receive appointment and briefing from the Planning Section Chief.	
Read this entire Job Action Sheet.	
Establish a Labor Pool location. Unless otherwise indicated, the Labor Pool will be established in the _____.[47]	
Assign staff member(s) to log all staff in and out of the Labor Pool. Utilize the "*Labor Pool Staff Log-In and Assignment Forms*". Make extra copies as necessary.	
Assign staff to set-up and staff the Holding Areas. Coordinate efforts with the Operations Section Holding Unit Leader. Unless otherwise indicated, the Holding Area locations will be established as follows[48]: (see table below)	

HOLDING AREA	DISCHARGE POINTS
Independent Living Residents	
Assisted Living/Skilled Nursing Residents Ambulatory Residents	
Non-Ambulatory Residents - Holding Area	
Memory Care Residents	

---

[47] Insert pre-determined location of the Labor Pool
[48] Revise chart to reflect proper locations identified in previous used charts

Full Building Evacuation Related Actions:	√
Assign an Equipment Cleaning Team as follows: ▪ Assign 1-2 team members. ▪ Direct Team to set-up an equipment cleaning station at the location determined by the Transportation Unit Leader. If feasible, consider in or adjacent to the Labor Pool. ▪ Obtain appropriate cleaning materials.	
Continually update the Planning Section Chief with the number of staff / volunteers available in the Labor Pool.	
Assign Evacuation groups to assist in evacuating the residents from their rooms to the designated Holding Areas. Provide each Evacuation Team with a portable radio, if available[49].	
Upon notification from the Command Center, direct Evacuation Teams with equipment to respond to their designated location based upon the site of evacuation. Inform Evacuation Teams that evacuation should not commence until directed through the Command Center.	
Consider the need to provide seating, food and beverage to staff for a mid to long term duration incident.	
Continue to maintain "*Labor Pool Log-In and Assignment Forms*" for the duration of the incident.	
Continue to advise the Planning Section Chief of the status of the Labor Pool. Request the implementation of staff call-back if the Labor Pool cannot maintain enough staff or staff becomes overworked.	
When the Labor Pool is deactivated, take the "*Labor Pool Log-In and Assignment Forms"* to the Command Center.	

---

[49] Delete sentence if no radios

SECTION C: INCIDENT COMMAND SYSTEM

Floor Evacuation Team – Team Leader

A copy of this form should be provided to each Evacuating Floor Team Leader as they are assigned to a particular location.

FUNCTION: To move residents from the evacuating area to the Holding Area.

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

MINIMUM # OF PERSONS NEEDED: 4-6

After forming Evacuation Team, remain at the Labor Pool until directed to report to assigned area by the Labor Pool Unit Leader. Collect equipment (wheelchairs, oxygen cylinders, etc.) as directed by Labor Pool Unit Leader prior to responding to the evacuating area.

Upon arrival at the assigned area, the Evacuation Team will be advised by the unit / area being evacuated when the movement of residents can begin, by which method each resident will be moved, and the evacuation destination (Holding Area).

Once evacuation of the assigned area is complete, contact the Labor Pool for re-assignment or dismissal.

Team Member Names:

Elevator Evacuation Team – Team Leader[50]

A copy of this form should be provided to each Elevator Evacuation Team Leader as they are assigned to a particular location.

FUNCTION: To receive residents from the Floor Evacuation Team and to move these residents via elevator to the Holding Area.

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

MINIMUM # OF PERSONS NEEDED: <u>1-2</u>

Obtain keys for manual elevator operation from Labor Pool Unit Leader.

After collecting personnel and elevator keys, remain at the Labor Pool until directed to report to assigned area by the Labor Pool Unit Leader.

Upon arrival at the assigned elevator area, place elevator in the manual mode and await arrival of residents from the Floor Evacuation Team. This Team will advise you of the Holding Area.

Higher-acuity residents (non-ambulatory) will be evacuated via elevators, only if approved by the Emergency Authority (i.e. Fire Department). Only <u>necessary</u> staff will ride on the elevator with residents.

<u>Discharge:</u>
The Evacuation Team Leader will be at the discharge point of the elevator.

The residents coming off the elevator will be passed to the Discharge Floor Evacuation Team. Elevator Evacuation staff are to inform the Discharge Floor Evacuation Teams of the evacuation destination (Holding Area).

Once evacuation of the assigned area is complete, contact the Labor Pool for re-assignment or dismissal.

Team Member Name(s):

---

[50] Delete page if no elevators

SECTION C: INCIDENT COMMAND SYSTEM

Stairwell Evacuation Team – Team Leader[51]

A copy of this form should be provided to each Stairwell Evacuation Team Leader as they are assigned to a particular location.

FUNCTION: To receive residents from the Floor Evacuation Team and to move these residents via the stairs to the Holding Area.

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

MINIMUM # OF PERSONS NEEDED: 6-8

* Each stairwell should have a person assigned for observing and ensuring all safety practices.

** This team should have at least one (1) person trained in using vertical evacuation equipment and in vertical evacuation carry techniques.

After collecting personnel, remain at the Labor Pool until directed to report to assigned stairwell by the Labor Pool Unit Leader.

Upon arrival at the assigned stairwell, distribute staff on various levels, as appropriate and await arrival of residents from the Floor Evacuation Team. This Team will advise you of the specific Holding Area intended for each resident.

Each group of Stair Evacuation staff will pass residents down to the next group of staff, and will inform the next group of staff of the evacuation destination (Holding Area).

Discharge:
The Evacuation Team Leader and the remaining Team persons not in the stairwell will be at the discharge point of the stairwell. The residents coming out of the stairwell will be passed to the Discharge Floor Evacuation Team. Stairwell Evacuation staff are to inform the Discharge Floor Evacuation Teams of the evacuation destination (Holding Area).

Once evacuation of the assigned area is complete, contact the Labor Pool for re-assignment or dismissal.

Team Member Names:

---

[51] Delete page if single story facility

SECTION C: INCIDENT COMMAND SYSTEM

Discharge Floor Evacuation Team – Team Leader[52]

A copy of this form should be provided to each Discharge Floor Evacuation Team Leader as they are assigned to a particular location.

FUNCTION: To move residents from the stairwell or elevator to the appropriate Holding Area.

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

TRANSPORTATION EQUIPMENT CLEANING AREA: _____

MINIMUM # OF PERSONS NEEDED: 2-4

After forming Evacuation Team, remain at the Labor Pool until directed to report to assigned area by the Labor Pool Unit Leader. Collect equipment (wheelchairs, oxygen cylinders, etc.) as directed by Labor Pool Unit Leader prior to responding to the discharge point of the stairwell / elevator.

Upon arrival at the assigned area, await the arrival of residents from the stairwell or elevator.

Discharge Floor Evacuation Teams are to be given evacuation destination (Holding Area).

Once a designated resident has been transported to the Holding Area, return to the assigned area for transportation of the next resident. Continue this until transportation of all residents has been completed.

>   NOTE: If transportation equipment (wheelchair, etc.) requires cleaning after use, take the equipment to the Transportation Equipment Cleaning area.

Once evacuation of the assigned area is complete, contact the Labor Pool for re-assignment or dismissal.

Team Member Name(s):

---

[52] Delete if single story facility

SECTION C: INCIDENT COMMAND SYSTEM

Evacuation Team Log-In Form

To be completed by Evacuation Team Leader, or designee
Please Print

NAME OF TEAM LEADER _____

Log in staff and wait in Labor Pool until dispatched by Labor Pool Unit Leader

Submit this form to Labor Pool Unit Leader before leaving Labor Pool

TIME LEAVING LABOR POOL: _____

LOCATION ASSIGNMENT: _____

EMPLOYEE NAME	EMPLOYEE NUMBER

Make additional copies, as necessary

Page ___ of ___

FINANCE SECTION CHIEF

Mission: Monitor the utilization of financial assets providing cost analysis data for declared emergency incident. Oversee the acquisition of supplies and services necessary to carry out the facility's medical mission while maintaining accurate records of incident cost. Supervise the documentation of expenditures relevant to the emergency incident and be responsible for administering accounts payable to contract and non-contract vendors. Arrange and approve financing of recovery actions. Receive, investigate and document all claims reported to the facility during the emergency incident that are alleged to be the result of an accident or action on facility property.

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: _____

Alternate(s): _____

You Report To: Incident Commander

Command Center Locations:

Primary: _____ **Telephone:** _____

Alternate: _____ **Telephone:** _____

Radio Title: _____

Attached Forms and Information:

- 202B – Section Incident Objectives
- 213A – Incident Message Form
- 214A – Operational Log
- 252A – Section Personnel Time Sheet
- 256A – Procurement Summary Report
- 257A – Resource Accounting Record
- 300 – Claims Summary Form
- 301 – Department Rapid Assessment Form

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Read this entire Job Action Sheet and review section organizational chart.	
Obtain briefing from Incident Commander.	
Obtain Documentation Recorder from Labor Pool, if necessary.	

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√

Assign staff to the following financial services functions as necessary:
▪ Time/Payroll
  ➢ Ensure the documentation of personnel hours worked and volunteer hours worked in all areas relevant to the facility's emergency incident response. Confirm the utilization of the Emergency Incident Time Sheet if the normal payroll tracking system is inoperable.
  ➢ Collect all Emergency Incident Time Sheets from each work area for recording the tabulation every eight hours, as necessary.
▪ Cost/Procurement
  ➢ Prepare a "cost-to-date" report form for submission once every eight hours.
  ➢ Ensure the separate accounting of all contracts specifically related to the emergency incident, and all purchases within the enactment of the Emergency Incident Response Plan.
  ➢ Prepare a Procurement Summary Report identifying all contracts initiated during the declared emergency incident.	

Brief assigned staff after meeting with Incident Commander. Develop a section action plan relating to the financial aspects of the emergency response.	
Receive and document alleged claims made by staff, residents, visitors or others as a result of injury or property damage. Use Claims Summary Form to document claims. Use photographs or video documentation when appropriate.	
Ensure departments complete the Department Rapid Assessment Form and forward to Command Center.	
Obtain statements as quickly as possible from all claimants and witnesses.	
Enlist the assistance of Security or other personnel, when necessary, to complete investigation, documentation and interviews.	

Intermediate Actions:	√
Approve a "cost-to-date" incident financial status report to be submitted every eight hours summarizing financial data relative to personnel, supplies and miscellaneous expenses.	
Obtain updated briefings from Incident Commander as appropriate. Relate pertinent financial status reports to appropriate Chiefs and Unit Leaders.	
Ensure section personnel utilize Emergency Incident Time Sheet to document hours worked/volunteered during extended emergency incident operations.	
Document claims on facility risk/loss forms, or use the attached "Claims Summary" form.	

Extended Actions:	√
Ensure that all written requests for personnel or supplies are copied to the Documentation Recorder in a timely manner.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to the Incident Commander.	

Extended Actions:	√
Prepare a summary of all claims reported during the declared emergency incident.	
Provide rest periods and relief for staff.	

Covenant Living of Keene

DESIGNATED AREA LOCATIONS & TELEPHONES[53]

Command Center   Location: Telephone #
Primary:
Alternate:

Labor Pool
Primary Location:
Alternate Location:

News Media Staging
Primary Location:
Alternate Location:

Responsible Party (Family) Area
Primary Location:
Alternate Location:

Dependant Care Area
Primary Location:
Alternate Location:

Triage (Influx of Residents)
Primary Location:

Triage (Internal Staging) during an Evacuation:

      Assisted Living Residents
      Primary Location:

      Skilled Nursing Residents

      Ambulatory Residents - Holding Area
      Primary Location:

      Non-Ambulatory Residents - Holding Area
      Primary Location:

---

[53] Duplicate customized list from Incident Commander job action sheet

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES

CHECK APPROPRIATE SECTION: ☐ Operations ☐ Planning ☐ Logistics ☐ Finance

Operational Period: **Prepared by (Name):**

Operational Period Issues	Solution / Fix for Issue	Resources Necessary (staff, equipment, etc.)	Responsible Party	Considerations for Next Operational Period

Forward to Command Center by fax or runner (retain copy)

Copies to: Command Staff, Documentation Recorder and Section Chiefs   HICS 202B

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)			
1. FROM (Sender):		**2. TO (Receiver):**	
3. DATE	**4. TIME**	**5. SENT VIA** ☐ Email ☐ Fax ☐ Runner	**6. REPLY REQUESTED:** ☐ Yes ☐ No

7. PRIORITY
☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

8. MESSAGE *(KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):*

9. ACTION TAKEN *(if any): (TO BE FILLED OUT BY RECEIVER)*

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

Sender should attempt to retain a copy

Original to: Receiver   HICS 213A

SECTION C: INCIDENT COMMAND SYSTEM

HICS 214A – OPERATIONAL LOG – Document Incident Issues encountered and Decisions made		
1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
4. COMMAND CENTER / SECTION	5. COMPLETED BY	

6. ACTIVITY LOG

Time	Major Events, Decisions Made, and Notifications Given

7. PREPARED BY (sign and print)

8. FACILITY NAME

Copies to: Command Staff, Documentation Recorder and Operations & Planning Section Chief   HICS 214A

SECTION C: INCIDENT COMMAND SYSTEM

HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail

1. FROM DATE/TIME	2. TO DATE/TIME	3. SECTION	4. UNIT LEADER

5. TIME RECORD

#	Employee Name (*Please Print*)	E/V	Employee Number	Response Function/Job	Date/Time In	Date/Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

6. Prepared By	7. Date/Time Submitted

8. Facility Name

Copies to: Finance Section Chief

HICS 252A

SECTION C: INCIDENT COMMAND SYSTEM

HICS – 256A PROCUREMENT SUMMARY REPORT – Summarize and Track Purchases								
1. PURCHASES								
#	**P.O./ Reference #**	**Date/ Time**	**Item/Service**	**Vendor**	**$ Amount**	**Requestor Name/Dept (Please Print)**	**Approved By (Please Print)**	**Received Date/ Time**
1								
Comments								
2								
Comments								
3								
Comments								
4								
Comments								
5								
Comments								
6								
Comments								
7								
Comments								
8								
Comments								
9								
Comments								
10								
Comments								
11								
Comments								
12								
Comments								
13								
Comments								

2. PREPARED BY	**3. DATE/TIME SUBMITTED**	**4. FACILITY NAME**

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources

1. DATE	2. SECTION	3. OPERATIONAL PERIOD DATE/TIME

4. RESOURCE RECORD (Fill in Below)

Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials

5. PREPARED BY	6. DATE/TIME SUBMITTED

7. FACILITY NAME

INSERT FACILITY NAME[54]

FORM 300 - Claims Summary
Command Center

Date of Incident:_____
Incident Name / Type:_____

Summary of Claims

Date of Incident	Resident (R)/ Employee (E) Name	R	E	DOB	Security assist (Y or N)	Photographs obtained (Y or N)	Statement obtained (Y or N)	Brief summary	Actions

Prepared By: _____Date and Time Prepared: _____

---

[54] Insert facility name

FORM 300

SECTION C: INCIDENT COMMAND SYSTEM

	Form 301 - Department Rapid Assessment Form[55]

THIS IS A TWO PAGE FORM
Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code Alert** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

Date	*Time*	*Unit/Department & Location*	*Person in Charge (Name/Title/Best Phone #)*

1. Staffing *Show total staff presently on duty by title/position*

Are you staffed at a safe minimal level for the disaster? Yes / No If no, do you need to recall staff from home? Yes / No

Type of Position	*Number Present*	*Available for the Labor Pool (if needed)*

2. Total Unit Resident Census: _____ 3. Total Residents for Discharge to Home: _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility
Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	*Wheelchair Van:*	*Ambulatory -Van /Bus:*

5. Resource Status *Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)*

Resource	*Quantity On Hand*	*Available for Deployment*	*Resource*	*Quantity On Hand*	*Available for Deployment*
Wheelchairs			Geri Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status *Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)*

Technology Item	*Status (OK or Not Working – Explain status if necessary*
Lighting/Electricity	
Telephones	
Fax Machine/Line	
Red Outlets (emergency) power	
Nurse Call System	
Computers	
Heat / AC	
Water	

---

[55] Replace with previously customized form

FORM 301

SECTION C: INCIDENT COMMAND SYSTEM

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)

7. Operational Status *Are you fully operational, limited capability, non-operational (describe). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)*

☐ Fully Operational	☐ Limited Capability	☐ Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: *If additional information is necessary, please send on a separate sheet.*

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

FORM 301

SECTION C: INCIDENT COMMAND SYSTEM

OPERATIONS SECTION CHIEF

Mission: Organize, assign, and supervise Medical Care of residents. Ultimately oversee the clinical aspects of vertical evacuation and triage.

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: _____

Alternate(s): _____

You Report To: Incident Commander

Command Center Locations:

Primary: _____   **Telephone:** _____

Alternate: _____   **Telephone:** _____

Radio Title: _____

Attached Forms and Information:

- 202B – Section Objectives
- 213A – Incident Message Form
- 214A – Operational Log
- 252A – Section Personnel Time Sheet
- 257A – Resource Accounting Record
- 301 – Department Rapid Assessment Form
- Evacuation Destination Form
- Nursing Supervisor/Director of Nursing/Charge Nurse[56]/Department Director Job Action Sheet
- Triage Unit Leader Job Action Sheet

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Read this entire Job Action Sheet and review section organizational chart.	
Wear position identification and obtain briefing from Incident Commander.	
Obtain Documentation Recorder from Labor Pool.	

Assign staff to the following resident care functions as necessary:
▪ Resident Care Unit Leader(s)
   ➢ Oversee continued treatment of residents and manage the care area(s) during a disaster.
   ➢ Direct staff to prepare residents if building is being evacuated (see Full Building Evacuation Plan).
   ➢ Assist establishment of resident care areas in new locations within the facility, temporary stop-over or evacuation site, if necessary.	

---

[56] Revise to reflect proper position titles

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
- Triage Unit Leader (if receiving a surge of residents or are evacuating) - Establish resident Holding Areas if evacuating the building. Appoint Holding Area Departure and Arrival Team Leaders. Ensure Holding Area is properly established and staffed. - Assess treatment needs and ensure Triage or Holding Areas are equipped with medical supplies and equipment such as: oxygen, portable suction, vital sign equipment, etc. as needed. - Document resident destination in the appropriate section of the *Resident/Medical Record & Equipment Tracking Sheet.* - Log out all staff and/or medical equipment accompanying residents during an evacuation. Use the Staff/Equipment Tracking Form. - Forward resident tracking documentation to the Planning Section Chief for overall facility tracking purposes.	
Brief all Operations Section Personnel on current situation and develop the section's initial action plan. Designate time for next briefing.	
Plan and project resident care needs.	
Ensure all Resident Care Departments complete the Department Rapid Assessment Form and forward to Command Post.	

Intermediate Actions:	√
Designate times for briefings and updates with all Operations Section Personnel to develop/update section's action plan.	
Ensure that all areas are adequately staffed and supplied.	
Brief the Incident Commander routinely on the status of the Operations Section.	
Ensure section personnel utilize Emergency Incident Time Sheet to document hours worked/volunteered during extended emergency incident operations.	

Extended Actions:	√
Ensure that all communications are copied to the Documentation Recorder. Document all actions and decisions.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to the Incident Commander.	
Provide rest periods and relief for staff.	

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:	√
Provide the Nursing Supervisor/Director of Nursing/Charge Nurse[57]/Department Director Job Action Sheets to all resident care areas and support departments. This job action sheets provides guidance to each resident care area and support department on actions to be taken if building evacuation is occurring.	
In coordination with the Planning Section Chief, Resident Care Unit Leaders and the Triage Unit Leader determine the final destination of residents.	
Ensure management of resident location data on the "*Evacuation Destination Form"*.	
Assign a resident care staff member to serve as the Triage Unit Leader. Provide this staff person with the Triage Unit Leader Job Action Sheet.	
The Triage Unit Leader in coordination with the Planning Section will assign staff to establish the Holding Area(s) and ensure residents, staff and equipment being evacuated is being tracked.	
Determine clinical staffing needs. Authorize staff call back as necessary. Coordinate with the Planning Section Chief and the Labor Pool Unit Leader.	
Provide input to the Safety/Security/Liaison Officer on the number and type of transportation units needed based on in-house clinical needs.	
Assist Incident Commander in determining evacuation priority and feasibility.	
Utilize the "*Resident Care Department / Unit Evacuation Status Form"*.	
Develop a plan to address the medications being packaged with residents.	
Monitor the status of the Holding Areas throughout the evacuation. Ensure Holding Areas are properly staffed and equipped.	
Keep Incident Commander advised when the Holding Areas are full and when they can receive additional residents.	

---

[57] Revise to reflect proper position titles

SECTION C: INCIDENT COMMAND SYSTEM

HOLDING AREAS AND RESIDENT PICK-UP LOCATIONS[58]

HOLDING AREA	DISCHARGE POINTS
Independent Living Residents	**Portico of CC**
Assisted Living/Skilled Nursing Residents	Portico of Health Center
Ambulatory Residents	
Non-Ambulatory Residents	Individual floor lobbies Health Care
Memory Care Residents	Common area Lower Level Health Care

NOTE: The actual location of the Holding Area may be amended and will ultimately be determined by the Command Center.

HOLDING AREA SUPPLIES (as applicable)[59]
Emergency Cart/Kit, Portable Suction, Portable Oxygen w/ regulators, Oxygen concentrators, Medical Supplies such as: Vital Sign Equipment, Linen Supplies, Commodes – Personal Disposables (briefs, etc.) supply of wristbands and markers, evacuation tracking forms.

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[58] Revise to reflect previously determined locations
[59] Revise as necessary

SECTION C: INCIDENT COMMAND SYSTEM

DESIGNATED AREA LOCATIONS & TELEPHONES[60]

Command Center   Location: Telephone #
Primary:
Alternate:

Labor Pool
Primary Location:
Alternate Location:

News Media Staging
Primary Location:
Alternate Location:

Responsible Party (Family) Area
Primary Location:
Alternate Location:

Dependant Care Area
Primary Location:
Alternate Location:

Triage (Influx of Residents)
Primary Location:

Triage (Internal Staging) during an Evacuation:

> **Assisted Living Residents**
> Primary Location:

> **Skilled Nursing Residents**

> **Ambulatory Residents - Holding Area**
> Primary Location:

> **Non-Ambulatory Residents - Holding Area**
> Primary Location:

---

[60] Duplicate customized list from Incident Commander job action sheet

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES	

CHECK APPROPRIATE SECTION: ☐ Operations ☐ Planning ☐ Logistics ☐ Finance

Operational Period: **Prepared by (Name):**

Operational Period Issues	Solution / Fix for Issue	Resources Necessary (staff, equipment, etc.)	Responsible Party	Considerations for Next Operational Period

Forward to Command Center by fax or runner (retain copy)

Copies to: Command Staff, Documentation Recorder and Section Chiefs   HICS 202B

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)			
1. FROM (Sender):		**2. TO (Receiver):**	
3. DATE	**4. TIME**	**5. SENT VIA** ☐ Email ☐ Fax ☐ Runner	**6. REPLY REQUESTED:** ☐ Yes ☐ No

7. PRIORITY
☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

8. MESSAGE *(KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):*

9. ACTION TAKEN *(if any): (TO BE FILLED OUT BY RECEIVER)*

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME
Covenant living of Keene

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

HICS 214A – OPERATIONAL LOG – Document Incident Issues encountered and Decisions made		
1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
4. COMMAND CENTER / SECTION	5. COMPLETED BY	

6. ACTIVITY LOG

Time	Major Events, Decisions Made, and Notifications Given

7. PREPARED BY (sign and print)

8. FACILITY NAME

Covenant Living of Keene

Copies to Command Staff, Documentation Recorder and Operations & Planning Section Chief   HICS 214A

SECTION C: INCIDENT COMMAND SYSTEM

HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail

1. FROM DATE/TIME	2. TO DATE/TIME	3. SECTION	4. UNIT LEADER

5. TIME RECORD

#	Employee Name (*Please Print*)	E/V	Employee Number	Response Function/Job	*Date/Time In*	Date/Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

6. Prepared By	7. Date/Time Submitted

8. Facility Name

Covenant Living of Keene

Copies to: Finance Section Chief

HICS 252A

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources

1. DATE	2. SECTION	3. OPERATIONAL PERIOD DATE/TIME

4. RESOURCE RECORD (Fill in Below)

Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials

5. PREPARED BY	6. DATE/TIME SUBMITTED

Copies to: Command Staff

HICS 257A

SECTION C: INCIDENT COMMAND SYSTEM

	Form 301 - Department Rapid Assessment Form[61]

THIS IS A TWO PAGE FORM
Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code Alert** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)

1. Staffing *Show total staff presently on duty by title/position*

Are you staffed at a safe minimal level for the disaster? Yes / No   If no, do you need to recall staff from home? Yes / No

Type of Position	Number Present	Available for the Labor Pool *(if needed)*

2. Total Unit Resident Census: _____ 3. Total Residents for Discharge to Home: _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility

Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:

5. Resource Status *Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)*

Resource	Quantity On Hand	Available for Deployment	Resource	Quantity On Hand	Available for Deployment
Wheelchairs			Geri Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status *Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)*

Technology Item	Status *(OK or Not Working – Explain status if necessary*
Lighting/Electricity	
Telephones	
Fax Machine/Line	
Red Outlets (emergency) power	
Nurse Call System	
Computers	
Heat / AC	
Water	

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[61] Replace with previously customized form

SECTION C: INCIDENT COMMAND SYSTEM

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)

7. Operational Status *Are you fully operational, limited capability, non-operational (describe). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)*

☐ Fully Operational	☐ Limited Capability	☐ Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: *If additional information is necessary, please send on a separate sheet.*

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

FORM 301

Resident Transported From:_____ **Print Name of Person From Sending Facility Filling Out Form / Phone #:**_____

Date:_____

Resident Transported To: _____ * Each Receiving Facility will need its own Tracking Sheet (have sheets for residents evacuated to HOME)

RESIDENT / MEDICAL RECORD & EQUIPMENT TRACKING SHEET

Resident MR # or Tracking #	Date of Birth	Resident Name	Sex	Time Left Bldg.	Name, Type of and # Transport (State if applicable)	Original Chart Sent w/ Resident (Y) (N)	Meds & MAR Sent w/ Resident (Y) (N)	Equipment Sent	Family Notified: Name, Date & Time, Phone Number w/ Area Code			PMD Notified Name, Phone Number, Date & Time			Time Arrived Stop-over / Time Left	Time/ Date Arrived at Resident Accepting Facility
									Y	N		Y	N		A L	
															A L	
															A L	
															A L	
															A L	
															A L	
															A L	
															A L	

DISASTER STRUCK FACILITIES KEEP A COPY.

RESIDENT ACCEPTING FACILITIES MUST ALSO TRACK RESIDENTS, CHARTS & EQUIPMENT.

HAVE YOU ADVISED FACILITY THAT YOU HAVE RECEIVED RESIDENT? YES _____ NO _____

Print Name of Person at Receiving Facility & Phone #:_____

Keep 1 Copy and Fax, E-mail or Send Additional to:
– Transportation Unit (EMS)
– Resident Accepting Facility

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[62] Insert facility name

FORM 313

EVACUATION DESTINATION FORM
(Make multiple copies)

For Use by Operations & Planning Section Chiefs
One (1) form per evacuation site
(Form can also be utilized for residents leaving with family or friends)

RECEIVING SITE: _____

RESIDENT NAME	TRANSPORTATION TYPE (VAN, BUS, AMBULANCE)	TIME LEFT HOLDING	TIME ARRIVED AT RECEIVING FACILITY

* Save this form for reference following the evacuation of residents.

SECTION C: INCIDENT COMMAND SYSTEM

NURSING SUPERVISOR / DIRECTOR OF NURSING / CHARGE NURSE[63] / DEPARTMENT DIRECTOR

Mission: Provide oversight and direction to unit/department staff during a full building evacuation.

Date: _____   Start: End: _____   Position Assigned to: _____

Telephone #: _____   Radio Title: _____

Position Reports to: Operations Section Chief / Incident Commander

Attached Forms and Information:
- Resident Destination – To Holding Area Form

Full Building Evacuation Related Actions:	√
Read this entire Job Action Sheet.	
Direct non-resident care staff to the Labor Pool, unless needed on the unit. Direct resident care staff to return to their assigned unit.	
Direct resident care staff to begin "preparation" of residents. See Resident Packaging Guide. Additionally, ensure the following: • Complete a *"Resident Emergency Evacuation Information Tag"* for each resident that requires evacuation to another healthcare facility. This provides a summation of the resident for all future care givers. • Ensure all residents have ID. • Ensure medical information (including the MAR and nursing notes) is packaged with the resident. • Confirm the location of the Holding Area.	
Assign a staff member to document each resident as they leave the unit, using the "*Resident Destination – To Holding Area Form*". Also note visitors, vendors and contractors.	
Evacuation should not commence until Evacuation Groups are in place on the unit, in the stairwell and in the elevator (if permitted for use). Upon notification from the Command Center, initiate evacuation. Residents should be handed off to the Floor Evacuation Group. Inform evacuation staff of the Holding Area location.	
Staff to resident ratios during evacuation will be determined by the Charge Nurse. Additional resources should be requested from the Labor Pool as to the type of personnel necessary.	

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[63] Revise to reflect proper position titles

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:		√
Unless otherwise notified, the Holding Area locations are as follows[64]:		

HOLDING AREA	DISCHARGE POINTS
Independent Living Residents	
Assisted Living/Skilled Nursing Residents Ambulatory Residents	
Non-Ambulatory Residents - Holding Area	
Memory Care Residents	

As resident rooms are evacuated, mark rooms with **Orange** door tags[65] to identify they are empty.	
Once evacuation of the unit is complete: ▪ Survey the area to ensure all residents have been evacuated. ▪ Account for all staff. ▪ Direct all staff to report to the Labor Pool. ▪ Report the evacuation status to the Holding Areas and the Command Center. ▪ Return the "*Resident Destination – To Holding Area Form*" to the Command Center.	

---

[64] Revise to reflect pre-determined locations from previous charts
[65] Revise to reflect proper method or color tag to mark evacuated rooms.

SECTION C: INCIDENT COMMAND SYSTEM

RESIDENT DESTINATION – TO HOLDING AREA FORM

Unit _____

Charge Nurse_____ [66]_____

(To be completed as the resident leaves the unit)

Once evacuation is completed return this form to the Command Center
Please Print

RESIDENT NAME	TIME LEFT UNIT	HOLDING AREA DESTINATION

Make additional copies, as necessary
Page ____ of ____

---

[66] Revise to reflect proper position title

SECTION C: INCIDENT COMMAND SYSTEM

TRIAGE UNIT LEADER

Mission: Determine the necessity and number of Holding Areas to be established. Provide general oversight to all Holding Areas.

Date: _____ **Start:** _____ **End:** _____ **Position Assigned to:** _____

Telephone #: _____ **Radio Title:** _____

Position Reports to: Operations Section Chief

Attached Forms and Information:

- Holding Area Supplies

Full Building Evacuation Related Actions:	√
Receive appointment and briefing from the Operations Section Chief. Read this entire Job Action Sheet.	
Assign a Holding Area Coordinator to directly set-up and manage each Holding Area. Provide each individual with a copy of the Holding Area Job Action Sheet and associated forms. Make extra copies as necessary.	
Identify the necessity and number of Holding Areas required through discussion with the Operations Section Chief and the Command Center. Unless otherwise indicated, the Holding Area locations will be established as follows[67]:	

HOLDING AREA	DISCHARGE POINTS
Independent Living Residents	
Assisted Living/Skilled Nursing Residents Ambulatory Residents	
Non-Ambulatory Residents - Holding Area	
Memory Care Residents	

Ensure each Holding Area is sufficiently staffed and equipped.	
Once each Holding Area is ready to receive evacuated residents inform Command Center.	
Ensure resident tracking procedures are in place to track residents as they arrive and depart each Holding Area.	
Continue to monitor each Holding Area and provide resources to the Holding Area Coordinator as necessary. Advise Command Center on each Holding Area capacity.	
Monitor Holding Area Coordinator and all staff for exhaustion and psychological wellness.	
When evacuation is complete, notify the Operations Section Chief and the Command Center and deactivate the Holding Areas as directed.	

---

[67] Revise to reflect pre-determined locations from previously customized charts

HOLDING AREA SUPPLIES (as applicable)[68]
Emergency Cart/Kit, Portable Suction, Portable Oxygen w/ regulators, Oxygen concentrators, Medical Supplies such as: Vital Sign Equipment, Linen Supplies, Commodes – Personal Disposables (briefs, etc.) supply of wristbands and markers, evacuation tracking forms.

---

[68] Revise as necessary

SECTION C: INCIDENT COMMAND SYSTEM

HOLDING AREA UNIT LEADER

Mission: Manage the operation of the Holding Area(s) where residents will be tracked and triaged prior to actually leaving the building.

Date: _____ **Start:** _____ **End:** _____ **Position Assigned to:** _____

Telephone #: _____ **Radio Title:** _____

Position Reports to: Operations Section Chief and Triage Unit Leader

Attached Forms and Information:

- Holding Area Supplies
- Resident Evacuation Tracking Form
- Resident, Medical Record & Equipment Tracking Sheet
- Holding Area Arrival Tracking Form
- Holding Area Departure Tracking Form
- Staff and Equipment Tracking Form – Holding Area

Full Building Evacuation Related Actions:	√
Receive appointment and briefing from the Operations Section Chief or the Triage Unit Leader.	
Read this entire Job Action Sheet.	
Set-up and manage a Holding Area as instructed by the Command Center.	
Request staff to operate the Holding Area from the Labor Pool Unit Leader. Unless otherwise indicated, the Holding Area location and Resident Pick-up Location are as follows[69]: _see table below_	
Gather and/or request the following equipment for the Holding Area (see form immediately following this Job Action Sheet):	

HOLDING AREA	DISCHARGE POINTS
Independent Living Residents	
Assisted Living/Skilled Nursing Residents Ambulatory Residents	
Non-Ambulatory Residents - Holding Area	
Memory Care Residents	

---

[69] Revise to reflect pre-determined locations from previously customized charts

Full Building Evacuation Related Actions:	√
Assign an individual(s) to track residents as they **ARRIVE** in the Holding Area. Provide them with the "*Holding Area Arrival Tracking Form*". Make additional copies as necessary (you may choose to track this on an eraser/white board). As residents arrive, ensure the residents medical records and personal belongings accompany them.	
Assign an individual(s) to track residents as they **DEPART** the Holding Area. Tracking will take place on the "*Resident Emergency Evacuation Information Tags and Resident Tracking Forms*". The *Resident Emergency Evacuation Information Tag* should be a duplicate form that accompanies the resident as they arrive. The top copy shall remain in the Holding Area while the bottom copy will accompany the resident. As residents depart, ensure the following: ▪ The transportation vehicle driver/crew is aware of the preferred destination and any unique resident clinical needs. ▪ The preferred destination is outlined on the "*Resident Emergency Evacuation Information Tags and Resident Tracking Forms*". ▪ The top copy of the "*Resident Emergency Evacuation Information Tag*" is maintained at the Holding Area. ▪ If the resident is leaving with family or friends, retain all copies of the "*Resident Emergency Evacuation Information Tag*". Use the "*Staff and Equipment Tracking Form*" to document any staff and equipment leaving the facility to accompany residents.	
Continue to advise the Command Center of the status of the Holding Area. Request additional staff, as necessary, through the Labor Pool Unit Leader.	
Continue to advise the Triage Team Leader of the status of the Holding Area. Request additional staff as necessary through the Labor Pool Unit Leader.	
Monitor staff for exhaustion and psychological wellness. Request beverages and food to the Holding Area as necessary.	
When the Holding Area is deactivated, take the "*Holding Area Arrival Tracking Forms*", "*Resident Emergency Evacuation Information Tags and Resident Tracking Forms*," and "*Staff and Equipment Tracking Forms*" to the Command Center.	

HOLDING AREA SUPPLIES (as applicable)[70]
Emergency Cart/Kit, Portable Suction, Portable Oxygen w/ regulators, Oxygen concentrators, Medical Supplies such as: Vital Sign Equipment, Linen Supplies, Commodes – Personal Disposables (briefs, etc.) supply of wristbands and markers, evacuation tracking forms.

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[70] Revise as necessary

SECTION C: INCIDENT COMMAND SYSTEM

NOTE: The actual location of the Holding Areas may be amended and will ultimately be determined by the Command Center.

Resident Emergency Evacuation Information Tags and Resident Tracking Forms
The following evacuation tag and tracking form is intended to track residents, their medical records and equipment as the residents leave the disaster struck facility or stop-over point.

A sheet should be filled out for each facility that is receiving one or more of your residents. If a number of residents are all being sent to the same facility, these residents can all be listed on one Tracking Sheet. The following is only a sample tracking sheet; facilities may develop their own form or amend this sample. The top sheet/copy of the sample tracking form would be kept by the disaster struck facility as a record of where the residents have been sent.

It is important that the resident accepting facilities continue this tracking process. As evacuated residents arrive at the resident accepting facility, the facility should make enough copies of the tracking sheet so that one copy can be placed with each resident's chart. This information should remain with the resident and their medical records. If a new medical record number is assigned to the resident, this should be noted on the Tracking Sheet. Also, the resident accepting facility should confirm the arrival of the residents with the disaster struck facility.

RESIDENT EVACUATION TRACKING FORM
INSERT FACILITY NAME AND PHONE #[71]

RESIDENT INFORMATION - **To be completed prior to resident movement from the Unit (or Holding Area)**

Resident Name: _____ **DOB:** _____ **Room #:** _____ **Primary Physician:** _____

Significant Diagnosis: _____ **Isolation Type:** _____ **Language:** _____ **MR#:** _____

SENT TO HOLDING: ☐ Yes ☐ No

RECOMMENDED TRANSPORT: ☐ Ambulance (ALS) ☐ Ambulance (BLS) ☐ Wheelchair Van ☐ Other: _____

Item	From Sending Facility			Arrived at Receiving Facility?	
				Y/N	Initials
Medical Record (File, MAR, etc.)	With Resident ☐	Left on Unit ☐			
Resident Belongings	With Resident ☐	Left in Room ☐	None Listed ☐		
Medications (To sustain in Holding)	With Resident ☐	Left on Unit ☐	None Listed ☐		

Resident ID Band or Nametag Confirmed? ☐ Yes - By (Staff Member Name): _____ ☐ No ☐ N/A

Allergies: _____

Latex Allergy: ☐ Yes ☐ No   **Code Status:** ☐ DNR ☐ DNI   **Advance Directives:** Healthcare POA / Living Will

Special Requirements: NPO / Aspiration Precautions / Seizure Precautions / O2 Mask / Cannula

Other: _____

Mental Status: Alert / Lethargic / Oriented / Mildly Confused / Severely Confused   **Deaf / HOH:** Y / N   **Mute:** Y / N

High Fall Risk: Yes / No   **Behavior Problems/Safety:** None / Wanders / Verbally Abusive / Phys. Abusive

Transfers: Independent / Supervision / Partial Assist 1 / Partial Assist 2 / Total Assist

Equipment: None / Cane / Walker / Wheelchair / Glasses / Hearing Aid / Dentures / Prosthesis – Type _____

ADL: Independent / Supervision / Partial Assist / Total Assist / Continent / Incontinent Bowel / Incontinent Bladder

Diet: Regular / Other _____   Consistency - Regular / Ground / Pureed / Thickened Liquids

This Portion of Form Completed by (Name): _____

HOLDING AREA - **To be completed upon arrival into and departure from Holding Area**

Time arrived at Holding Area: _____   Received by (Name): _____

Time Departed: _____ Destination (Facility Name): _____ Vehicle Ident. (Name, Unit #, etc.): _____

Accompanied by (facility staff name): _____ **Family Member/Physician Notification: YES / NO**

Family Contact/Time/Phone #: _____ **Physician Name/Time/Phone #:** _____

This Portion of Form Completed by (Name): _____

RECEIVING FACILITY - **To be completed at time of arrival**

Time Arrived: _____   Facility Name: _____   Initial Care Location: _____
<div align="center">(Reception Area, etc.)</div>

This Portion of Form Completed by (Name/Phone #): _____

NOTE: Check **Resident Information** section at top of page and indicate items received.

Top Copy - *to accompany Resident - Receiving Facility to return completed top copy to Sending Facility Command Center*
Middle Copy – *To be retained by Receiving Facility*
Bottom Copy – *To be retained by Sending Facility*

---

[71] Insert facility name and telephone number

Resident Transported From:_____   **Print Name of Person From Sending Facility Filling Out Form / Phone #:**_____

Date:_____

Resident Transported To: _____   * Each Receiving Facility will need its own Tracking Sheet (have sheets for residents evacuated to HOME)

Covenant Living of Keene
RESIDENT / MEDICAL RECORD & EQUIPMENT TRACKING SHEET

Resident MR # or Tracking #	Date of Birth	Resident Name	Sex	Time Left Bldg.	Name, Type of and # Transport (State if applicable)	Original Chart Sent w/ Resident (Y) (N)	Meds & MAR Sent w/ Resident (Y) (N)	Equipment Sent	Family Notified: Name, Date & Time, Phone Number w/ Area Code			PMD Notified Name, Phone Number, Date & Time			Time Arrived Stop-over / Time Left	Time/ Date Arrived at Resident Accepting Facility
									Y	N		Y	N		A L	
															A L	
															A L	
															A L	
															A L	
															A L	
															A L	
															A L	

DISASTER STRUCK FACILITIES KEEP A COPY.

RESIDENT ACCEPTING FACILITIES MUST ALSO TRACK RESIDENTS, CHARTS & EQUIPMENT.

HAVE YOU ADVISED FACILITY THAT YOU HAVE RECEIVED RESIDENT? YES _____   NO _____

Print Name of Person at Receiving Facility & Phone #:_____

Keep 1 Copy and Fax, E-mail or Send Additional to:
- Transportation Unit (EMS)
- Resident Accepting Facility

FORM 313

HOLDING AREA
RESIDENT ARRIVAL TRACKING FORM

TIME IN	RESIDENT NAME	RECEIVED FROM	SPECIAL CONDITIONS / CARE REQUIRED

Make additional copies, as necessary   Page ___ of ___

HOLDING AREA
RESIDENT DEPARTURE TRACKING FORM

TIME OUT	RESIDENT NAME	DESTINATION OR RECEIVING FACILITY	SPECIAL CONDITIONS / CARE REQUIRED

Make additional copies, as necessary   Page ___ of ___

STAFF & EQUIPMENT TRACKING FORM – HOLDING AREA

**To be completed at the point of Holding Area DEPARTURE to
document staff and equipment who accompany residents from the facility**

This form should be returned to the Command Center at the conclusion of the Incident.

EMPLOYEE NAME and NUMBER	EQUIPMENT LEAVING FACILITY WITH STAFF	TIME LEFT FACILITY	DESTINATION

Make additional copies, as necessary

Page ___ of ___

SECTION D:

FULL BUILDING EVACUATION PLAN

FULL BUILDING EVACUATION PLAN

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SECTION D: FULL BUILDING EVACUATION PLAN

FULL BUILDING EVACUATION PLAN ALGORITHM[1]

Disaster results in need to fully or partially evacuate the building

Incident Commander
- Ensure the following are notified:
  - Emergency Services – 911
  - Local Office of Emergency Management
  - Department of Public Health, State Department of Health
- Activate Mutual Aid Plan or evacuation agreements
- Place alternate care sites and/or stop over locations on alert

Incident Commander

Announce: Evacuation Code Word
- Activate and work with Section Chiefs.
- Direct completion of the Department Rapid Assessment Forms
- Identify evacuation type and priority (urgent, emergent, planned)
- Complete the Department/Unit Evacuation Status Form

Safety/Security/Liaison Officer
- Consider initiating building lockdown or restricted access
- Ensure external agencies are notified
- Distribute radios/phones to Command Center, Labor Pool, Holding Areas and Evacuation Group Leaders

Operations Section Chief

Triage Team Leader
- Secure staff from Labor Pool to set up Holding Areas with **Holding Area Unit Leaders**
- Over establishment of the Holdings Areas ensuring they are staffed and equipped

Residents evacuate to holding area(s) on a unit by unit basis based on evacuation priority.

Residents evacuate building from Holding:
- Command Center directs with Planning, Operations and EMS
- Patients evacuated to awaiting transportation or discharged

Resident Care Staff
- Return to unit/department
- Inventory resident census, staff and equipment using the Department Rapid Assessment Form
- Prepare residents for evacuation
- Utilize Resident Evacuation Tracking Form
- Gather records, meds & belongings

Evacuate Residents from Unit to Holding:
- Initiate upon notification of the Command Center
- Confirm path of travel (stair, elevator)
- Confirm holding area locations

When complete, staff report to the Labor Pool (unless transported w/patients)

Account for all staff.

Planning Section Chief

Assign a **Labor Pool Unit Leader** to set up and manage the Labor Pool.

On announcement, non-resident care staff report to the Labor Pool.

Departments utilize staff call list as necessary to bring in additional staff.

Labor Pool & Credentialing Unit Leader
Assign Evacuation Group Leaders:
- Floor Evacuation Group(s)
- Elevator Evacuation Group(s)
- Stair Evacuation Group(s)
- Discharge Evacuation Group(s)

- Inventory & gather evacuation equipment (wheelchair, gurney, etc.)
- Assign equipment turn around team
- Advise transportation pick-up points

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[1] Revise highlighted area of chart as necessary

SECTION D: FULL BUILDING EVACUATION PLAN

INTRODUCTION

In the event of a partial or full evacuation of the building, the following plan should be used as a guide. The order to evacuate the entire building or campus[2] should be a combination decision made by the Facility Incident Commander, in conjunction with Emergency Services (when available).

This plan is not intended to address horizontal evacuation. Many disasters (including fire) may require the evacuation of a unit or wing. Horizontal evacuation to another "compartment" on the same floor may be necessary.

The decision to evacuate a compartment when there is an immediate threat should be made by the Charge Person of the area at the time. The facility fire procedures can be referenced in such situations.

In the event of an **Emergent Evacuation**, an external holding area(s), otherwise known as the **Stop-Over Point**, may be established at the following location:

> **Primary Location:**
> Covenant Living of Keene 95 Wyman Road Keene NH 1.603.283.5150

If the aforementioned facility cannot be used, an "**Alternate Stop Over Point**" will be selected by the Incident Commander, taking into consideration other nearby facilities that could temporarily shelter residents (churches, schools, community/civic center, etc.).

The Stop-Over Point can be utilized until residents can either re-occupy the building or be evacuated to other receiving healthcare facilities.

This plan assumes limited assistance from the local Emergency Services. However, the plan can be implemented without such assistance if the facility has transportation and communication resources and/or agreements.

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[2] Delete if single building

SECTION D: FULL BUILDING EVACUATION PLAN

ACTION PLAN

INCIDENT COMMANDER

To activate the Full Building Evacuation Plan, the Command Center (Incident Commander) will follow this plan of action. The decision to evacuate should be made with input from Emergency Service Agencies. Consider implementing building lockdown or restricting access.

Ensure the following agencies are notified:
- Emergency Services – 911 (if not already involved)
- Local/County/State Office of Emergency Management[3]
- Local/County/State Department of Health[4]

COMMAND CENTER LOCATIONS[5]	
PRIMARY	**ALTERNATE**
Community Center Lobby	Health Center Lobby

ACTIVATION OF PLAN

- **Announce "Code BLACK_____[6]"**
- All **Resident Care** Staff / Department Managers / Supervisors return to respective units / departments if not already there. Begin **preparing** for evacuation (see *Resident Preparation* section of plan).
- All Department Heads will complete the appropriate parts of the "***Department Rapid Assessment Form***" to determine the resources available at the time and census information. Provide this completed form to the Command Center.
- All **non-clinical** (non-resident care) staff should report to the Labor Pool unless assigned to the Command Center.
  - Staff with special needs or disabilities should also report to the Labor Pool. If they are not able to access the Labor Pool (elevators are not functional), they should remain on their floor and be evacuated vertically in the same manner as residents.

ACTIVATE LABOR POOL

LABOR POOL LOCATIONS[7]	
PRIMARY	**ALTERNATE**

---

[3] Insert proper terminology for your area/region
[4] Insert proper terminology for your area/region
[5] Insert Primary and Alternate Command Center locations. Should be the same locations as outlined in Section B and Section C of the EOP.
[6] Insert code word used for Building Evacuation preparation
[7] Insert locations of primary and alternate Labor Pool locations

SECTION D: FULL BUILDING EVACUATION PLAN

Community Center Lobby	Barn at 88 Wyman Road

- The Planning Section Chief shall assign the Labor Pool Unit Leader (provide this position with the Labor Pool Job Action Sheet found in the Incident Command Section).
- Have department heads initiate their staff "call-back" plan as necessary with staff reporting <u>directly to the Labor Pool</u>.

TRANSPORTATION (INTERNAL / EXTERNAL)

- The Logistics Section Chief shall designate staff in coordination with the Labor Pool Unit Leader to coordinate internal resident transportation needs, collecting and dissemination of internal transportation equipment:
  - Collect transportation equipment (see list below) from throughout the facility and stage in the Labor Pool.

TRANSPORTATION EQUIPMENT TO BE GATHERED[8]	
EQUIPMENT	LOCATION
Wheelchairs	Health Center
Evacuation Sleds	Health Center
Stair Chairs	Health Center
Evacuation Chairs	Health Center
Evacuation Slings	Health Center
Other:	

  - The Labor Pool Unit Leader should direct that cleaning supplies be brought to the Labor Pool or other designated equipment staging area so any equipment being reused for evacuation can be disinfected and cleaned.
  - If different than the Labor Pool, inform the Labor Pool Unit Leader of the transportation equipment staging location.
- The Safety/Security/Liaison Officer is responsible for the organization of **external** transportation resources and assigning staging locations for arriving transportation units.

TRANSPORTATION STAGING AREAS[9]	
Ambulance and Wheel Chair Vans	88 Wyman Road (Barn)
Buses, Vans, other transport vehicles	88 Wyman Road (barn)

---

[8] Revise list to reflect the type of equipment to be gathered to assist in the evacuation and list where it is typically stored. If vertical evacuation equipment (sleds and chairs) is not available, delete from list.
[9] Insert vehicle staging locations where they can stage prior to approaching the facility to pick up residents.

SECTION D: FULL BUILDING EVACUATION PLAN

- - Safety/Security/Liaison Officer to assign personnel to direct the on-site staging of vehicles and establish traffic flow from staging to the appropriate resident pick-up locations.
- Safety/Security/Liaison Officer to attain information on the number and type of transportation resources needed through coordination with the Operations Section Chief. Information can be obtained from completed *Department Rapid Assessment Forms*.
  - Coordinate obtaining transportation resources with the Emergency Services/EMS via their Field Incident Command Post if they are on-site.
- Consider the following transportation resources for movement of residents and staff (see Emergency Resources and Lists Section):
  - Facility owned vehicles[10] and/or other healthcare facility vehicles
  - Ambulance
  - Local/Regional Buses
  - Wheelchair vans
  - Taxis
- Consider the following transportation resources for transportation of equipment and supplies (see Emergency Resources and Lists Section):
  - Consider renting a truck:[11]
    - Penske Truck Rental
    - Budget Truck Rental
    - U-Haul Truck Rental
    - Ryder Truck Rental

CENSUS REDUCTION

- The Operations Section Chief will instruct resident care units / departments to identify residents that can be discharged or sent home with families.

ASSIGNMENT OF RESIDENT EVACUATION STAFF

- The Planning Section Chief should direct the Labor Pool Unit Leader to assign Leaders for the following "Evacuation Groups", as necessary:
  - Floor Evacuation Group(s)
  - Elevator Evacuation Group(s)[12]
  - Stairwell Evacuation Group(s)[13]
  - Discharge Floor Evacuation Group(s)[14]

---

[10] Delete if no facility owned vehicles
[11] Insert rental company name, address and phone number
[12] Delete if single story facility
[13] Delete if single story facility
[14] Delete if single story facility

SECTION D: FULL BUILDING EVACUATION PLAN

> NOTE: Evacuation Groups are to be formed but <u>remain in the Labor Pool</u> until directed to report to a specific location (see "Labor Pool" section of the plan).

HOLDING AREAS

- The Operations Section Chief will assign a Triage Unit Leader who will initiate the set-up of the Holding Area(s).
- The Triage Team Leader will assign a Holding Area Coordinator to each Holding Area and provide the Holding Area Job Action Sheet to each Holding Area Coordinator(s).

HOLDING AREA TYPE AND LOCATION[15]	DISCHARGE POINT
Independent Living Residents **INSERT LOCATION**	**Performing Arts Center CC**
Assisted Living/Skilled Nursing Residents Ambulatory Residents **INSERT LOCATION**	HC 1st floor lobby
Non-Ambulatory Residents - Holding Area **INSERT LOCATION**	HC 2nd floor lobbies
Memory Care Residents **INSERT LOCATION**	HC LL common area

The Incident Commander, through Operations Section Chief, will verify the appropriateness of the predetermined locations of the Holding Area(s), and make changes as necessary.

- It may be necessary to isolate **Memory Care** residents from the general resident population. Consider establishing a separate Holding Area and pickup point, as indicated above. This will be determined by the Incident Commander in consultation with the Operations Section Chief at the time of the evacuation.[16]
- Each Holding Area shall be cleared for use as a resident staging area, appropriately staffed with clinical staff, and set up with equipment and supplies.

HOLDING AREA SUPPLIES (as applicable)[17]
Emergency Cart/Box, AED, Portable Suction, Portable Oxygen w/ regulators, Oxygen concentrators, Medical Supplies such as: Vital Sign Equipment, Linen Supplies, Commodes – Personal Disposables (briefs, etc) supply of wristbands and markers, evacuation tracking forms.

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[15] Revise to reflect proper pre-determined locations
[16] Delete paragraph if no memory care residents
[17] Revise as necessary

SECTION D: FULL BUILDING EVACUATION PLAN

COMMUNICATIONS

- The Command Center shall establish communications with the following areas:
  - Section Chiefs
  - Resident Care Areas
  - Holding Area(s)
  - Labor Pool
  - Evacuation Group Leaders
- Communications to take place utilizing the following, as appropriate:
  - Standard telephones
  - Runners
  - Portable radios[18]
  - Cell phones
  - E-mail

NOTE: In the event of a Bomb Threat, limit or eliminate the use of two-way radios or cell phones without permission from on-site law enforcement officials.

EVACUATION PRIORITIZATION

- Determine evacuation prioritization for all Units / Departments with feedback from and in consultation with:
  - Operations, Planning and Logistics Section Chiefs in consultation with the Safety/Security/Liaison Officer
  - Emergency Services (Fire, EMS, etc.)
- Consider evacuating residents by ambulatory status and acuity level, if possible (consider the following order):
  - **General Resident Population**
    - Ambulatory
    - Non-ambulatory, lower acuity
    - Non-ambulatory, higher acuity
    - Non-ambulatory bariatric, if any (consider transferring non-ambulatory bariatric residents directly to EMS stretchers to avoid multiple transfers)
  - **Dementia Population[19]**
    - Lower Elopement Risk
    - High Elopement Risk

    NOTES:
    1. The areas / departments being utilized as Holding Areas must be evacuated prior to initiating evacuation of other areas.

---

[18] Delete if no radios
[19] Revise to reflect proper levels of care at your facility

2. As evacuation of a unit/department is complete, the staff from the evacuated unit shall report to the Labor Pool.

3. Consideration should be given to holding any higher acuity units for later evacuation, since this gives a chance to assemble additional staff in the Labor Pool. This also allows more time to stabilize the resident and prep them for evacuation.

4. If the evacuation is taking place in advance of predicted severe weather or other incident (hurricane, wildfire, etc.) or other pending disaster, the evacuation order may be reversed to evacuate higher acuity residents first. Additionally, if elevators are functioning, the order of evacuation may be altered as well. The capabilities of regional Receiving Facilities (sites where residents are being evacuated to) will impact the order of evacuation as well.

5. Staff from non-resident care departments should be evacuated from the building only after it is known that they will not be needed to assist as part of the Labor Pool.

STAFF AND EMERGENCY SERVICES INTERNAL ROUTES OF TRAVEL (MAY CHANGE BASED ON THE DISASTER)[20]

- To provide support to the evacuating units, staff and Emergency Services can access upper floors via the following designated stairs and elevators:
    - **Stairs: Stairwells 1-8**
    - **Elevators: Elevators 1-8** (if elevators are cleared for use).

EVACUATION ORDER

- Initiate evacuation of specific units / departments, as determined previously in EVACUATION PRIORITIZATION.
    - Notify Labor Pool Unit Leader to dispatch Evacuation Group(s) as follows:
        - **Floor Evacuation Group:** Dispatched to the specific unit/area to be evacuated (this group will evacuate residents from their unit to the designated stair or elevator to be utilized for the area being evacuated).
        - [21]**Elevator Evacuation Group:** Dispatched to the specific elevator(s) that will be utilized for evacuation from a specific unit/area (this group will evacuate residents vertically down the pre-designated elevator(s) for the area being evacuated).
        - [22]**Stairwell Evacuation Group:** Dispatched to the specific stairwell that will be utilized for evacuation from a specific unit/area (this group will evacuate residents vertically down the pre-designated stair(s) for the area being evacuated).

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[20] Delete paragraph if single story facility
[21] Delete paragraph if single story facility
[22] Delete paragraph if single story facility

SECTION D: FULL BUILDING EVACUATION PLAN

> [23]**Discharge Evacuation Group:** Dispatched to the discharge points of stairwells and elevators being utilized for vertical evacuation (this group will move residents from the discharge points of elevators and stairs to the appropriate Holding Area).

- The Command Center shall notify each unit/area that they are to begin evacuation once Evacuation Group(s) arrive. The charge person of the evacuating area will indicate each resident's designated Holding Area.
- As residents are taken out of their rooms, mark doors with a/an "all clear" placard to indicate room has been evacuated.
- Once evacuation of initial area has been completed, notify the Command Center. The Labor Pool will direct Evacuation Group(s) to the next area to be evacuated. As each area is told to evacuate, they are given the following information:
  - Locations of Holding Areas
  - Evacuation route (specific Elevator or Stairwell) to be used, as applicable[24].
- Continue this routine until evacuation has been completed. Use "*Resident Care Department / Unit Evacuation Status*" form to document evacuation status of each area.
  - NOTES:
    1. The Command Center, through the Operations Section Chief, should ensure the Holding Area(s) has sufficient capacity to receive additional residents prior to directing the next unit / area to evacuate.
    2. If possible, the Holding Area Departure Team Leader will notify the evacuation vehicle driver of the intended destination of residents as they are placed in vehicles. This should be documented on the "*Resident Evacuation Tracking Form*".
    3. Residents that leave the facility with family, friends, etc. should be tracked and logged out. This can be accomplished via the Holding Area or another designated location.

RESIDENT PLACEMENT INTO OTHER FACILITIES

- Moving residents out of the facility will be ordered by the Incident Commander in consultation with the Operations & Planning Section Chiefs, EMS and possibly the Fire Department. The facility shall attempt to evacuate to other similar facilities.
- Selecting Receiving Facilities for evacuated residents will be the responsibility of the Operations & Planning Section Chiefs. Contact with Receiving Facilities will be the responsibility of the Command Center, Safety/Security/Liaison Officer or designee.
- Ensure the "*Resident Evacuation Tracking Form*" is completed prior to each resident leaving the facility. Receiving Facility availability shall be reported to the Holding Area.
- Consider communicating with the following potential evacuation sites:
  - Evacuate to facilities within any established Mutual Aid Agreement such as:
    > Facilities listed in ___EPP_____ Mutual Aid Plan[25]

---

[23] Delete paragraph if single story facility
[24] Delete if single story facility
[25] List facilities or delete if no mutual aid plan

> ➤

- ▪ Evacuate <u>Independent Residents</u> to Hotels within the area/region[26]:
  - ➤

- ▪ Evacuate <u>Assisted Living Residents</u> to facilities in the area/region[27]:
  - ➤

- ▪ Evacuate <u>Skilled Nursing Residents</u> to facilities in the area/region[28]:
  - ➤

  A complete listing of Receiving Facilities is attached to this plan.

- When possible, Independent[29] and other eligible residents should be sent home with family members.
- It may be necessary to consider evacuating some Independent residents to Assisted Living or Skilled Nursing facilities, depending upon their medical needs and condition[30].
- Residents' responsible parties (families) should be notified of the situation. All general messages to families should prepared by the Public Information Officer should be approved by the Incident Commander.
- Correlate evacuated residents by evacuation site using the *"Evacuation Destination Form"*.

RESIDENT MEDICAL RECORDS In the event that the care center needs to be evacuated, each care center resident's basic demographic and clinical information has been made portable. As soon as the facility is advised that evacuation is imminent, the following steps should be taken to ensure that the disaster recovery flash drives and netbooks are sent with each group:

- Notify HCA and DON of the situation.

- Access the four Disaster Recovery (DR) flash drives. The DON and HCA can advise the user on the physical location of these devices if unknown to the user.

- Access the three Disaster Recovery netbooks – and their carry bags. The DON and/or HCA can advise the user on the physical location of these devices if unknown to the user.

- Distribute one flash drive with each netbook. There will be one flash drive left – and should be utilized if necessary.

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[26] List hotels or other locations, delete if no Independent Living residents
[27] List facilities, delete if no Assisted Living residents
[28] Insert name and locations of the 10 closest facilities
[29] Delete if no Independent Living residents
[30] Delete paragraph if no Independent Living residents

SECTION D: FULL BUILDING EVACUATION PLAN

- Netbook sign on ID is formatted in the following manner:

    CAMPUSNAME-dr

    EXAMPLE: The 'user ID' for the Northbrook campus would be: CVON-dr

- Netbook sign on password: offline

    The password used with the netbook log in ID is the same for all campuses – the word 'offline' – no spaces and no capital letters (no apostrophes).

- Once signed in, plug the flash drive into one of the device USB ports.

- When the 'new hardware' box displays for the flash drive – open the folder with the most recent date. When you open this folder you will be asked for a password. This password has been provided to the DON and HCA, and FSE via e-mail. Enter the special password.

- The files that are contained in each dated folder are – print out the reports that are necessary:

    i. All SNF resident face sheets

    ii. All SNF resident POSs

    iii. All SNF resident MAR report

    iv. All SNF resident TAR report

Refer to Appendix M for additional information: Electronic Records Access Policy

MEDICATIONS & FEDERALLY CONTROLLED SUBSTANCES

- Resident medications, if time allows, will be put into a Ziploc[31] plastic bag or pillowcase, labeled (use marker), and sent with the resident.
- Obtain medications from Health Office Nurse for Independent Residents being evacuated to another healthcare facility. Consider bringing medications on carts to the Independent Living Holding Area.[32]
- Federally controlled substances will not go with the resident unless a Nurse or approved medical practitioner accompanies the resident. Federally controlled substances may be taken to a Receiving Facility by a licensed medication administration nurse (after the evacuation is complete). A controlled substance count will be done and documented at the Receiving Facility.

---

[31] Revise if different
[32] Delete paragraph if no IL residents

CARE AND TREATMENT OF EVACUEES

- Unless transported via ambulance, critically ill residents will be accompanied en route by qualified staff who can assess and manage their needs.
- Critical supplies such as water and medical supplies will be stocked on each transport vehicle for use during transport.

RESIDENT PERSONAL BELONGINGS

- Resident valuables, if any, will be secured by the facility as the resident is evacuated. Once the situation stabilizes, Administration will be responsible for returning these valuables to the resident.

SECTION D: FULL BUILDING EVACUATION PLAN

RESIDENT PREPARATION GUIDE:

INDEPENDENT LIVING RESIDENTS[33]

RESIDENT / DESTINATION / TRACKING
Some residents may be able leave on their own if they are capable to leave under their own power, or have a responsible party (i.e.: family member) available to pick them up. Determine which residents, by necessity, will need to be evacuated to another Independent Living or healthcare facility and follow the following guidelines.

- When possible send vital medical information with each resident being evacuated to another facility.
- Complete the "*Resident Evacuation Tracking Form"* for each resident being evacuated and attach to front of resident's medical file or packet of information being sent with the resident.
- Independent Living residents will be evacuated vertically using the stairs and/or elevators as depicted on the evacuation floor plans.[34]
- Independent Living residents will initially be evacuated to the labeled assembly areas and then picked up at Health Center Parking lot .
  - The actual location of the internal Holding Area may be amended and will ultimately be determined by the Command Center.

RESIDENT IDENTIFICATION
- Ensure resident is properly identified by wristband or other method. Apply wristband or other identification method on the resident prior to being evacuated from the facility.

PERSONAL EFFECTS
- Essential personal effects (eyeglasses, dentures, hearing aides, clothing, etc.) are to be placed in a plastic bag, pillowcase or other bag and accompany resident, if possible. Label with residents name using a marker.

MEDICATIONS / SUPPLIES
- Any needed medications, medical supplies or equipment will be packaged and evacuated with the resident.

SPECIAL CONSIDERATIONS
- Staff should utilize the appropriate personal protective equipment (PPE) and always exercise Universal Precautions.
- As needed, request wheelchairs and/or walkers from the Labor Pool.

---

[33] Delete page if no IL resident
[34] Delete paragraph if single story facility

- Staff may need to accompany certain residents to the Holding Area, as necessary. Staff should then return to the unit. Staff should report to the Labor Pool once the floor/unit evacuation is completed.

SECTION D: FULL BUILDING EVACUATION PLAN

RESIDENT PREPARATION GUIDE:

ASSISTED LIVING RESIDENTS[35]

RESIDENT / DESTINATION / TRACKING
Some residents may be able leave on their own if they are capable to leave under their own power, or have a responsible party (i.e.: family member) available to pick them up.

Determine which residents, by medical necessity, will need to be evacuated to another healthcare facility and follow the following guidelines.

- Complete the "*Resident Evacuation Tracking Form"* for each resident prior to evacuation and attach to front of resident's medical file or packet of medical information being sent with the resident.
- Assisted Living residents will be evacuated vertically using the following stairs and/or elevators to the designated Holding Area[36]:
  - **Stairwell # 9-10**
  - **Elevators #9-10** (if permitted for use)

RESIDENT IDENTIFICATION
- Ensure resident is properly identified by wristband or other method. Apply wristband or other identification method on the resident prior to being evacuated from the floor/unit to another healthcare facility.

MEDICAL RECORDS
- When possible send the hardcopy resident medical chart/file (including face sheet and MAR) with each resident.
- At a minimum copy the following resident care documentation, to accompany the resident if the hard copy medical file is not sent[37]:
  - Face sheet
  - Physician Orders and Nursing Notes, as applicable
  - Medications List and/or MAR, as applicable
  - Physicians History & Physical Findings, as applicable
  - Advanced directives
  - Responsible Party Information, as applicable
  - If resident is off the unit, gather personal effects, label with resident's name, and prepare to send with medical file or medical information to area where they are at the time. The area the resident is in should coordinate this process.

---

[35] Delete page if no AL residents
[36] Delete paragraph if a single story facility
[37] Revise list, as necessary, to reflect proper terminology

SECTION D: FULL BUILDING EVACUATION PLAN

- Attach the "*Resident Evacuation Tracking Form"* to the front of the medical chart/file or packet of medical information being sent with the resident.

PERSONAL EFFECTS
- Essential personal effects (eyeglasses, dentures, hearing aides, clothing, etc.) are to be placed in a plastic bag, pillowcase or other bag and accompany resident, if possible. Label with residents name using a marker.
- Valuables, if any, should be given to responsible party or secured by facility, as applicable.

MEDICATIONS / SUPPLIES
- Any medications, medical supplies or equipment needed for specialized treatment will be packaged and evacuated with the resident.
- Resident medications to accompany resident, if possible:
  - Must be dosage-specific for each resident.
  - Must be identified with resident name and Medical Record/File number.
    - Federally controlled substances, if any, will not go with the resident unless a Nurse or approved medical practitioner accompanies the resident. Federally controlled substances may be taken to a Receiving Facility by a licensed medication administration nurse (after the evacuation is complete). A controlled substance count will be done and documented at the Receiving Facility.

SPECIAL CONSIDERATIONS
- Staff should utilize the appropriate personal protective equipment (PPE) and always exercise Universal Precautions.
- As needed, request wheelchairs and/or walkers from the Labor Pool.
- Staff may need to accompany certain residents to the Holding Area, as necessary. Staff should then return to the unit. Staff should report to the Labor Pool once the floor/unit evacuation is completed.
- Family members/visitors should be taken or directed to the Responsible Party (Resident Family) Area.

SECTION D: FULL BUILDING EVACUATION PLAN

ASSISTED LIVING HOLDING AREA(S) AND RESIDENT PICK-UP LOCATIONS[38]

HOLDING AREA	DISCHARGE POINT
Ambulatory Residents	Main entrance doors to health center
Non-Ambulatory Residents	Main entrance door to health center
Memory Care Residents	Main entrance door to health center

The actual location of the Holding Area may be amended and will ultimately be determined by the Command Center.

NOTE: It may be necessary to isolate **Memory Care** residents from the general resident population for their safety and security. A separate Holding Area and pickup point (see above) may be established at the time of the evacuation.

Special precautions should be implemented to prevent elopement and to maintain resident safety & security. Ensure sufficient staffing are always present in the Memory Care Holding Area.[39]

This will be determined by the Incident Commander in consultation with the Operations and Planning Section Chiefs.

---

[38] Insert pre-determined locations
[39] Delete paragraph if no Memory Care residents

SECTION D: FULL BUILDING EVACUATION PLAN

RESIDENT PREPARATION GUIDE:

SKILLED NURSING RESIDENTS[40]

RESIDENT / DESTINATION / TRACKING
- Determine which Holding Area residents will be evacuated to and complete the "*Resident Evacuation Tracking Form"* for each resident prior to evacuation and attach to front of resident's medical file or packet of medical information being sent with the resident.
- Skilled Nursing[41] Residents will be evacuated vertically using the following stairs and/or elevators to the designated Holding Area:
    - **Stairwell #9-10**
    - **Elevators #9-10** (if permitted for use)

RESIDENT IDENTIFICATION
- Ensure resident is properly identified by wristband or other method. Apply wristband or other identification method on the resident prior to being evacuated from the floor/unit to another healthcare facility.

MEDICAL RECORDS
- When possible send the hardcopy resident medical chart/file (including face sheet and MAR) with each resident.
- At a minimum copy the following resident care documentation, to accompany the resident if the hard copy medical file is not sent[42]:
    - Face sheet
    - Physician Orders and Nursing Notes, as applicable
    - Medications List and/or MAR, as applicable
    - Physicians History & Physical Findings, as applicable
    - Advanced directives
    - Responsible Party Information, as applicable
- Attach the "*Resident Evacuation Tracking Form"* to the front of the medical chart/file or packet of medical information being sent with the resident.

CRITICAL CARE SUPPLIES AND STAFF
- High acuity residents who are not transported via ambulance will be accompanied by qualified clinical staff who can assess and meet their medical needs en route.
- A supply of drinking water and critical medical supplies will be sent on each transport vehicle for use en route as needed.

PERSONAL EFFECTS

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[40] Revise as necessary to reflect proper care level
[41] Revise as necessary to reflect proper care level
[42] Revise list to reflect proper terminology

SECTION D: FULL BUILDING EVACUATION PLAN

- Essential personal effects (eyeglasses, dentures, hearing aides, clothing, etc.) are to be placed in a plastic bag, pillowcase or other bag and accompany resident, if possible. Label with residents name using a marker.
- Valuables should be given to responsible party or secured by facility, as applicable.

MEDICATIONS / SUPPLIES
- Any supplies or equipment needed for specialized treatment will be packaged and evacuated with the resident (bedside and special medications).
- Resident medications to accompany resident, if possible:
  - Must be dosage-specific for each resident.
  - Must be identified with resident name and Medical Record/File number.
    - Federally controlled substances will not go with the resident unless a Nurse or approved medical practitioner accompanies the resident. Federally controlled substances may be taken to a Receiving Facility by a licensed medication administration nurse (after the evacuation is complete). A controlled substance count will be done and documented at the Receiving Facility.

SPECIAL CONSIDERATIONS
- Staff should utilize the appropriate personal protective equipment (PPE) and always exercise Universal Precautions.
- As needed, request oxygen, wheelchairs and/or walkers from the Labor Pool.
- Staff may need to accompany certain residents to the Holding Area, as necessary. Staff should then return to the unit. Staff should report to the Labor Pool once the floor/unit evacuation is completed.
- Family members/visitors should be taken or directed to the Responsible Party (Resident Family) Area.

SKILLED NURSING HOLDING AREA(S) AND RESIDENT PICK-UP LOCATIONS[43]

HOLDING AREA	DISCHARGE POINTS
Ambulatory Residents	Main entrance to the health center
Non-Ambulatory Residents	Main entrance to the health center
Memory Care Residents	Main entrance to the health center

The actual location of the Holding Area may be amended and will ultimately be determined by the Command Center.

---

[43] Insert pre-determined locations

SECTION D: FULL BUILDING EVACUATION PLAN

NOTE: It may be necessary to isolate **Memory Care** residents from the general resident population for their safety and security. A separate Holding Area and pickup point (see above) may be established at the time of the evacuation.

Special precautions should be implemented to prevent elopement and to maintain resident safety & security. Ensure sufficient staffing is always present in the Memory Care Holding Area.[44]

This will be determined by the Incident Commander in consultation with the Operations and Planning Section Chiefs.

---

[44] Delete paragraph if no Memory Care residents

RESIDENT EVACUATION TRACKING FORM[45]
INSERT FACILITY NAME AND PHONE #[46]

RESIDENT INFORMATION - **To be completed prior to resident movement from the Unit (or Holding Area)**

Resident Name: _____ **DOB:**_____ **Room #:** _____ **Primary Physician:** _____

Significant Diagnosis: _____ **Isolation Type:** _____ **Language:** _____ **MR#:**_____

Care Category: ☐ Independent ☐ Assisted ☐ Skilled   **SENT TO HOLDING:** ☐ Yes ☐ No

RECOMMENDED TRANSPORT: ☐ Ambulance (ALS) ☐ Ambulance (BLS) ☐ Wheelchair Van ☐ Other: _____

Item	From Sending Facility			Arrived at Receiving Facility?	
				Y/N	Initials
Medical Record (File, MAR, etc.)	With Resident ☐	Left on Unit ☐			
Resident Belongings	With Resident ☐	Left in Room ☐	None Listed ☐		
Medications (To sustain in Holding)	With Resident ☐	Left on Unit ☐	None Listed ☐		

Resident ID Band or Nametag Confirmed? ☐ Yes - By (Staff Member Name): _____ ☐ No ☐ N/A

Allergies: _____

Latex Allergy: ☐ Yes ☐ No   **Code Status:** ☐ DNR ☐ DNI   **Advance Directives:** Healthcare POA / Living Will

Special Requirements: NPO / Aspiration Precautions / Seizure Precautions / O2 Mask / Cannula

Other: _____

Mental Status: Alert / Lethargic / Oriented / Mildly Confused / Severely Confused   **Deaf / HOH**: Y / N   **Mute**: Y / N

High Fall Risk: Yes / No   **Behavior Problems/Safety:** None / Wanders / Verbally Abusive / Phys. Abusive

Transfers: Independent / Supervision / Partial Assist 1 / Partial Assist 2 / Total Assist

Equipment: None / Cane / Walker / Wheelchair / Glasses / Hearing Aid / Dentures / Prosthesis – Type _____

ADL: Independent / Supervision / Partial Assist / Total Assist / Continent / Incontinent Bowel / Incontinent Bladder

Diet: Regular / Other _____   Consistency - Regular / Ground / Pureed / Thickened Liquids

This Portion of Form Completed by (Name): _____

HOLDING AREA - To be completed upon arrival into and departure from Holding Area

Time arrived at Holding Area: _____   Received by (Name): _____

Time Departed:_____ Destination (Facility Name): _____ Vehicle Ident. (Name, Unit #, etc.): _____

Accompanied by (facility staff name): _____ **Family Member/Physician Notification: YES / NO**

Family Contact/Time/Phone #: _____ **Physician Name/Time/Phone #:** _____

This Portion of Form Completed by (Name): _____

RECEIVING FACILITY - To be completed at time of arrival

Time Arrived: _____   Facility Name: _____   Initial Care Location: _____
                                                                            (Reception Area, etc.)

This Portion of Form Completed by (Name/Phone #): _____

NOTE: Check **Resident Information** section at top of page and indicate items received.

Top Copy - *to accompany Resident - Receiving Facility to return completed top copy to Sending Facility Command Center*
Middle Copy – *To be retained by Receiving Facility*
Bottom Copy – *To be retained by Sending Facility*

---

[45] Consider developing a triplicate form and maintaining enough copies for your resident population
[46] Insert Facility Name and Telephone Number

EVACUATION FLOOR PLANS[47]

---

[47] Insert floor plans designating which stairwells and elevators are to be used for resident evacuation and which one will be used by staff and emergency responders. Indicate the location of the Holding Area(s) on the floor plans along with the resident pick up locations

RECEIVING FACILITIES FOR EVACUATION

RECEIVING FACILITIES FOR EVACUATION[48]

Evacuation Destination:

Facility Name:
Address:
Phone:
Fax:

Primary Contact:
       Name:
       Title:
       Email:
       Phone:
       Cell Phone:

Secondary Contact:
       Name:
       Title:
       Email:
       Phone:
       Cell Phone:

Facility Type (IL/AL/NH/SNF):

Facility Use:

MOA:

# of Beds:

Maximum Surge Capacity:

---

[48] Complete for each facility in your region, listing at a minimum the 10 closest facilities and at least one or more 50 miles away.

RECEIVING FACILITIES FOR EVACUATION

Evacuation Destination:

Facility Name:
Address:
Phone:
Fax:

Primary Contact:
      Name:
      Title:
      Email:
      Phone:
      Cell Phone:

Secondary Contact:
      Name:
      Title:
      Email:
      Phone:
      Cell Phone:

Facility Type (IL/AL/NH/SNF):

Facility Use:

MOA:

# of Beds:

Maximum Surge Capacity:

RECEIVING FACILITIES FOR EVACUATION

Evacuation Destination:

Facility Name:
Address:
Phone:
Fax:

Primary Contact:
      Name:
      Title:
      Email:
      Phone:
      Cell Phone:

Secondary Contact:
      Name:
      Title:
      Email:
      Phone:
      Cell Phone:

Facility Type (IL/AL/NH/SNF):

Facility Use:

MOA:

# of Beds:

Maximum Surge Capacity:

RECEIVING FACILITIES FOR EVACUATION

Evacuation Destination:

    Facility Name:
    Address:
    Phone:
    Fax:

    Primary Contact:
        Name:
        Title:
        Email:
        Phone:
        Cell Phone:

    Secondary Contact:
        Name:
        Title:
        Email:
        Phone:
        Cell Phone:

    Facility Type (IL/AL/NH/SNF):

    Facility Use:

    MOA:

    # of Beds:

    Maximum Surge Capacity:

RECEIVING FACILITIES FOR EVACUATION

Evacuation Destination:

> Facility Name:
> Address:
> Phone:
> Fax:
>
> Primary Contact:
> > Name:
> > Title:
> > Email:
> > Phone:
> > Cell Phone:
>
> Secondary Contact:
> > Name:
> > Title:
> > Email:
> > Phone:
> > Cell Phone:
>
> Facility Type (IL/AL/NH/SNF):
>
> Facility Use:
>
> MOA:
>
> # of Beds:
>
> Maximum Surge Capacity:

RECEIVING FACILITIES FOR EVACUATION

Evacuation Destination:

    Facility Name:
    Address:
    Phone:
    Fax:

    Primary Contact:
        Name:
        Title:
        Email:
        Phone:
        Cell Phone:

    Secondary Contact:
        Name:
        Title:
        Email:
        Phone:
        Cell Phone:

    Facility Type (IL/AL/NH/SNF):

    Facility Use:

    MOA:

    # of Beds:

    Maximum Surge Capacity:

SECTION E:

EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

TABLE OF CONTENTS[1]

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[1] The facility HVA should be utilized to determine applicable specific disaster plans

[2] Delete procedure if no alarms in facility

[3] Delete if not applicable to facility

[4] Delete if not applicable to facility

---

[5] Delete if not applicable to facility

[6] Revise to reflect type of gas service, if not applicable delete procedure

[7] Delete if not applicable to facility

[8] Delete if not applicable to facility

[9] Delete if not applicable to facility

[10] Revise to reflect type of gas service, if not applicable delete procedure

[11] Delete if not applicable to facility

[12] Delete if not applicable to facility

[13] Delete if not applicable to facility

[14] Delete if not applicable to facility

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ACTIVE SHOOTER / PERSON WITH WEAPON

OVERVIEW

An active shooter is defined as a person or persons who appear to be actively engaged in killing or attempting to kill people in or around the building. In most cases, active shooters use a firearm(s) and display no pattern or method for selection of their victims.

Additionally, a person with a weapon may be observed approaching or inside the facility, which poses a potentially life threatening situation to residents, staff and others.

The purpose of this procedure is to provide guidance for staff response to an active shooting situation or observation of a person with a weapon.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

Staff in the Immediate Area of Threat
- If an Active Shooter or Person with a Weapon enters your area, you should:
  - First, **run away** from the shooter, if possible, encouraging others to follow. If that is not possible, seek a secure place to **hide and deny** the shooter access. As a last resort, each person must consider if he or she can and will fight to survive, **incapacitate the shooter**, and protect others from harm.
  - If it is safe to do so, the first course of action is to run out of the facility or away from the area under attack and move as far away as possible until they are in a safe location.
    - ➢ Proceed to the Assembly area, located community Center PAC.
- Despite the complexity of this situation; personnel, residents, and visitors who can evacuate safely should do so.
- RUN and:
  - Leave personal belongings behind.
  - Visualize possible escape routes, including physically accessible routes for residents, visitors, or staff with disabilities and others with access and functional needs.
  - Avoid elevators[15].
  - Take others with them, but do not stay behind because others will not go.
  - Proceed to the Assembly area, located at the PAC and call 911 when safe to do so.
- If running is not a safe option, staff should hide in as safe a place as possible where the walls might be thicker and have fewer windows. Likewise, for residents that cannot "run" because of mobility issues (e.g., they are unable to leave their bed), hiding may be the only option.
  - Lock the doors if door locks are available.
  - Barricade the doors with heavy furniture or wedge items under the door. Those in the resident care areas should secure the unit entrance(s) by locking the doors and/or securing the doors by any means available (e.g., furniture, cabinets, bed, equipment,

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[15] Delete if not applicable

etc.). In a resident room, move a bed against the room door, lock the bed wheels and consider staying with the resident in the bathroom.

- Close and lock windows, close blinds or cover windows.
- Turn off lights; silence all cell phones and other devices; remain silent.
- Look for other avenues of escape.
- Identify ad-hoc weapons, such as a fire extinguisher that can be discharged into the shooter's face/eyes.
- When safe to do so, use strategies to silently communicate with first responders, if possible (e.g., in rooms with exterior windows, make signs to silently signal law enforcement and emergency responders to indicate the status of the room's occupants).
- Hide along the wall closest to the exit but out of view from the hallway (which would allow the best option for ambushing the shooter and for possible escape if the shooter enters or passes by the room).
- Remain in place until given an "All Clear" by identifiable law enforcement.

- Consider these additional actions:
  - Barricade areas where residents, visitors, and/or staff are located. Close and secure cross corridor smoke/fire barrier doors when safe to do so. Consider parking a bed with wheels locked against the doors to deny the shooter entry, otherwise use large furnishings, carts, etc.
  - Transport residents in wheelchairs or carry them to a safe location, if possible.
  - A checklist[16] (attached) of instructions will be available on the back of identified "Safe Room" doors.

- If neither running nor hiding is a safe option, as a last resort and only when confronted by the shooter, staff in immediate danger should consider trying to disrupt or incapacitate the shooter by using aggressive force and items in their environment, such as fire extinguishers, chairs, etc.

- The first employee to identify an active shooter or a person with a weapon situation should:
  - Call 911 and give the following information (if possible):
    - Facility name and address
    - Location of incident within the building
    - The number of suspects, if known
    - Type of weapon(s) involved

- If you are outside the building and encounter an active shooter or person with a weapon, you should:
  - Try to remain calm.
  - Move away from the active shooter, the sound of gunshot(s) and/or explosion(s), or person with a weapon.
  - Proceed to the Assembly area located the Barn.
  - Look for appropriate locations for cover/protection (e.g., buildings, brick walls, retaining walls, parked vehicles, etc.).
  - Call 911.

---

[16] Consider use of a checklist posted on the rear side of "staff only" rooms, delete if checklists will not be posted.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Staff <u>Not</u> in the Immediate Area of Threat

- If you are at a location distant from the active shooter, such as on a different unit or floor, or if you are not able to leave the non-resident care area safely:
  - Remain calm.
  - Warn other staff and visitors to take immediate shelter; protect residents by placing them into rooms and closing room doors.
    - ➢ People with a mobility disability may need assistance leaving the building and may need accessible modes of transportation to move to an evacuation point.
    - ➢ People needing accessible communications, such as individuals who are blind or who have low vision or individuals who have limited English proficiency or who are non-English speaking may not be able to independently use traditional orientation and navigation methods such as exit or evacuation signs and should be assisted by staff.
    - ➢ An individual who is deaf or who has a cognitive or intellectual disability may be trapped somewhere and unable to communicate if they cannot hear or speak to responders.
    - ➢ Children require adult supervision and require support to evacuate safely and avoid becoming lost or separated.
- Go to a room that can be locked or barricaded. Lock and barricade doors or windows, turn off lights and close blinds, block windows, if possible.
  - Optimal locations include areas or rooms with thick walls made of cinder block, or brick and mortar; solid doors with locks; and areas with minimal glass and interior windows.
  - Silence cell phones. Turn off radios or other devices that emit sound.
  - Keep yourself out of sight and take adequate cover/protection (i.e., concrete walls, thick desks, filing cabinets).
- Have one person call 911 and state: *"This is (your name) at Covenant Living of Keene, We have an active shooter in the building (give your exact location), gunshots fired."*

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Safe Rooms[17]:

Designated spaces where staff, residents, and even visitors can retreat to in the event of an immediate threat of danger. A designated safe room may be equipped with a telephone, locking doors and/or an external lock with key access. Identified safe rooms provide physical accessibility for people with disabilities.

The following areas/rooms are to be used if staff cannot safely escape[18]:

(Staff Restrooms may also have locking doors)

Department/Unit	Floor/Wing	Safe Area/Room Location(s)	Telephone Available
Community Center	4th floor	**Library**	Y
Community Center	1st floor	**Pool area**	y
Health Center	1st floor	**Dry food storage**	y
Health Center	Lower Level	Memory care. (Locked unit)	y

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[17] Pre-determine rooms that can be used as safe rooms. Rooms that can secured, have minimal or no glass, preferably equipped with a telephone

[18] Complete chart of safe rooms. Identify a room for each department and resident care area such as a med room.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Denotes area equipped with a fire extinguisher

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

POLICE RESPONSE
Role of the Police Upon Arrival
- The objectives of responding law enforcement officers are to:
  - Immediately engage or contain the active shooter(s) in order to stop the killing or person with a weapon.
  - Identify threats such as improvised explosive devices.
  - Identify victims to facilitate medical care, interviews and counseling.
  - Investigate.
- Police officers responding to an active shooter are trained to proceed immediately to the area in which shots were last heard in order to stop the shooting as quickly as possible. Do exactly as the team of officers instructs. The first responding officers will be focused on stopping the active shooter and creating a safe environment for medical assistance to be brought in to aid the injured.
- How to react when the Police arrive at your location:
  - Staff should cooperate and not interfere with the law enforcement response. When law enforcement arrives, staff - including those providing emergency medical care - and all present must follow directions and display empty hands with open palms. Law enforcement may instruct everyone to get on the ground, place their hands on their heads, and they may search individuals.
  - Remain calm, and follow officers' instructions.
  - Put down any items in your hands (e.g., bags, jackets).
  - Immediately raise hands and spread fingers, keep hands visible at all times.
  - Avoid making quick movements toward officers.
  - Avoid pointing, screaming and/or yelling.
  - Do not stop to ask officers for help or direction when evacuating; just proceed in the direction from which officers are entering the area.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Ensure 911 has been notified.
- Ensure a plain language announcement has been made to alert building occupants, including a specific location. This may be accomplished using any available cell phone.
- For incidents within the building, institute Building Lockdown with a focus of restricting additional people from entering the building.
  - Determine method to communicate with those who have language barriers or need other accommodations, such as visual signals or alarms to advise deaf residents, staff, and visitors about what is occurring, should be included in the courses of action.
- For incidents external to the building, institute Building Lockdown with a focus of restricting people from exiting the building.
- Establish an internal Command Center when the situation permits.
- Determine the need for an off-site Command Center if the designated internal site cannot be used.
  - In the event the primary Command Center cannot be used, an off-site Command Center may be established at the 88 Wyman Road (Barn). Leadership staff notified afterhours of the incident and responding back to the facility should report there, as directed.

- ■ The following Leadership staff[19] should respond to the off-site Command Center location if notified afterhours: Executive Director, Facilities Director, Nursing Administrator, Director of Nursing, Assisted Living Director
  - ➢
- ● Designate a responsible staff member or Director to meet first responders to provide them with the with access to utilities, keys, access Fob's[20], building schematics, and other vital information as listed in the Law Enforcement Entry Kit which is located at the Concierge Main lobby .
  - ■ Law Enforcement Entry Kit Contents[21]:
    - ➢ The contents include building schematics and include information about door locks and access codes & controls.
    - ➢ List of the location(s) of available communications systems including two-way radio communications, security cameras, and alarm controls and information on access to utility controls and how to access secured or locked areas of the facility.
      - ♦ Recorded CCTV images can be viewed at Security desk main lobby .
    - ➢ List of locations where they are likely to find residents unable to evacuate.
- ● The **Executive Director, Director of Nursing and Facilities Maintenance Director[22]** should report to the Police Command Post and be prepared to provide facility specific information and to act as a liaison with law enforcement. The **Executive Director, Director of Nursing and Facilities Maintenance Director[23]** will provide responding police with essential information, such as the location and description of attackers, types of weapons, methods and direction of attack, and flight of attackers. Video surveillance that is accessible to smart phones and other electronic devices must be shared with responding units as soon as practical[24].

  Additionally, inform the police of any hazardous areas within the facility (**Oxygen Storage Room** and **Chemical Storage in the Laundry[25]**) along with locations where they may find residents who may be unable to evacuate.

  Provide police with a list of identified Safe Rooms or other areas where staff may be sheltering in place.
- ● Provide for resident, staff and visitor accountability to the extent possible. If safe to do so, assign a member of the Leadership Team/designee to proceed to the assembly area located at the Barn at 88 Wyman Road for accountability. Report any missing persons to Police.

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[19] Identify which leadership staff should report to this location versus the police command post.
[20] Revise to reflect access system in use, e.g.: keys, badges, Fobs, etc.
[21] Identify contents and location of the Law Enforcement Entry Kit. Coordinate with local police.
[22] Identify position titles that should report directly to the police command post while other leadership staff report to the off-site location. Typically this is limited to the person in charge and the person who is most familiar with building operations.
[23] Identify position titles that should report directly to the police command post while other leadership staff report to the off-site location. Typically this is limited to the person in charge and the person who is most familiar with building operations.
[24] Delete if not applicable.
[25] Customize if different, delete if not applicable

- Plan for a situation that may take several hours to resolve. While the violence may be over quickly, there may be an extensive crime scene over a wide area. See Return to Normal Operations/Recovery section.
- If necessary, contact staff on the next shift and provide reporting information based on Police guidance.
- Make provisions to notify families/responsible parties of any casualties. The Director of nursing or a designated Nurse will be assigned to make resident family notifications.
- Establish an off-site Media Center, in conjunction with the Police. Staff should not give out any information to the media. The Police will request that any and all official statements from the facility be discussed with a designated Police representative before being released.
- Consider need for an off-site reunification center where residents, visitors and/or staff can be picked-up. The Barn at 88 Wyman Road can be used for this purpose with Police permission.
- Have Maintenance standing by to shut off electrical power, natural gas, or other utilities upon Police request.
- At the direction of the Police, page or bull horn "All Clear". All affected personnel will be contacted immediately for debriefing purposes.
- When appropriate, make the following notifications:
  - Off-duty staff
  - Resident families/responsible parties
  - Department of Public Health[26]

RECEPTIONIST / SECURITY[27]
- Notify Police via 911. Give them any information that is known about the situation.
- Initiate plain language announcement over the Bull horns three (3) times and include location (e.g., Attention – there is an Active Shooter or Person with a Weapon located…).
- Notify the Executive Director, Facilities Maintenance Director and Director of Nursing[28] if safe to do so and time permits.

MAINTENANCE[29] (staff assigned Security responsibilities)
- Prevent others from entering an area where the active shooter or the person with a weapon may be.
- Secure doors, if appropriate and safe to do so, to isolate incident.
- First Maintenance[30] person to arrive on the scene will:
  - Assess the situation.
  - Secure the area, if not already completed. Prevent others from entering into an area where the active shooter may be.
- Secure building entrances and exits. Focus on keeping people from entering the building for internal incidents and from leaving the building for external incidents.

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[26] Insert correct name for regulatory agency
[27] Revise as necessary
[28] Revise position titles as necessary
[29] Revise as necessary
[30] Replace with Security if applicable

- Meet responding police and escort them to the incident. When the police arrive, the following information should be available:
  - Number of shooters.
  - Number of individual victims and any hostages.
  - The type of problem causing the situation.
  - Type and number of weapons possibly in the possession of the shooter.
  - All necessary individuals still in the area.
  - Identity and description of participants, if possible.
- Be prepared to provide the **Law Enforcement Entry Kit**, located at eh Concierge desk, to responding police. These kits should contain floor plans, keys and access Fobs[31].
- Be prepared to shut down utilities as requested by Police.
- Supply the Police and Command Center with a list of residents and/or staff known to be in the area of the incident.
- Consider a Building Lockdown. Assign monitoring of doors if incident is occurring on the exterior grounds. Assign additional staff to control access to the incident area as directed by the Police.
- If safe to do so, secure the crime scene pending Police arrival and isolate witnesses. Escort witnesses to separate rooms to await Police interview.
- Advise Police of:
  - CCTV coverage in area of incident and whether recordings are available[32]
  - Door locking arrangements in the area
  - Capability to lock down the building and/or campus
  - Known history or background information on the shooter
- When Law Enforcement arrives, they assume jurisdiction over the event. Staff will follow all reasonable directions by Law Enforcement, even when asked to leave the area.

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[31] Revise to reflect access system in use. E.g.: Badges, Fob's, etc.
[32] Delete if not applicable

NURSING / RESIDENT CARE STAFF

- Resident care staff will close and barricade doors to unit, if safe to do so. If no entry doors to unit, consider closing and barricading cross-corridor smoke barrier doors. Place residents back into rooms and close doors. Encourage residents to remain calm and quiet.
- Attempt to secure and/or barricade stairwell doors and elevator access to the floor if safe to do so[33].
- Barricade the doors with heavy furniture or other items.
- Secure residents in their rooms and close doors. Consider gathering multiple residents in a room and securing the resident room door by placing a bed, with the wheels locked, against the door.
- Utilize identified Safe Rooms as necessary.
- As a last resort and when confronted by the shooter, staff in immediate danger should consider trying to disrupt or incapacitate the shooter by using aggressive force and items in their environment, such as fire extinguishers, chairs, etc.
- Staff, visitors, and residents will be kept away from the area until the situation is fully resolved. Once police announce resolution of the situation, the Command Center will announce an "All Clear" three times on the overhead page.

RETURN TO NORMAL OPERATIONS / RECOVERY

Leadership and key personnel should plan for an extended, evolving situation, and the internal disaster plan may be activated to manage the continuing situation. This may include altering daily activities in order for law enforcement and first responders to adequately investigate, clear the scene, and restore the facility to an acceptable level for clinical activity.

Once the scene is secured, first responders will work with facility officials and victims on a variety of matters. This will include treating and transporting the injured, interviewing witnesses, and initiating the investigation.

After the active shooter has been incapacitated and is no longer a threat, Police and/or Leadership should engage in post-event assessments and activities, including:

- Accounting for all individuals to determine who, if anyone, is missing or potentially injured.
- Coordinating with first responders to account for any residents, visitors, and staff who were not evacuated.
- Determining the best methods for notifying families of individuals affected by the active shooter, including notification of any casualties; this must be done in coordination with law enforcement.
- Assessing the behavioral health of individuals at the scene, ensuring access to victim resources including distress helplines, Victims Assistance counselors or employee assistance personnel, and establishing platforms for contact and recovery support.

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[33] Delete if single story building

- Ensuring equal access to all such resources and programs for people who are deaf, hard of hearing, blind, have low vision, low literacy and other communication disabilities and individuals with limited English proficiency.
- Planning and activating an employee family reunification plan, communicating this to employees and providing a safe place, away from press to facilitate its execution.
- Identifying and filling any critical personnel or operational gaps left in the organization as a result of the active shooter.

When all threats have been eliminated:

- Within an ongoing and/or evolving emergency, where the immediate reunification of loved ones is not possible, providing family members with timely, accurate, accessible and relevant information is paramount. Consider establishment of a family reunification area to help family members locate their loved ones and determine whether or not they are among the casualties. This center should be placed away from media view or exposure. Consider use of the Barn for this purpose, with the permission of Police.
- Schedule periodic updates with family members even if no additional information is available; being prepared to speak with family members about what to expect when reunited with their loved ones; and ensuring effective communication with those who have language barriers or need other accommodations, such as sign language interpreters for deaf or hard of hearing family members.
- While law enforcement and medical examiner procedures must be followed, families should receive accurate information as soon as possible. Having trained personnel immediately available to talk to loved ones about death and injury can ensure the notification is provided to family members with clarity and compassion. Counselors should be on hand to immediately assist family members.
- Keep the scene secure. Follow Police instructions:
  - Isolate and protect the scene and evidence.
  - Do not alter the scene or try to investigate the crime or incident. The Police will advise you of the actions/procedures to follow.
  - Conduct a debriefing with on-duty staff and make provisions for Critical Incident Stress Debriefing following the All Clear.
- Provide for an assessment of the psychological state of individuals at the scene. Initiate staff debriefing through Meeting at the Barnand make provisions for the residents and their visitors.
- The Command Center should explicitly address how impacted families will be supported if they prefer not to engage with the media. This includes strategies for keeping the media separate from families and staff while the emergency is ongoing and support for families that may experience unwanted media attention at their homes.
- Identify the need to provide extra staffing and security during the next few days.
- Document everything while it is still fresh in your mind (Police, facility legal counsel, etc. may need this information as soon as possible for the follow-up/on-going investigation).
  - Prepare After-Action Report identifying improvement opportunities that occurred during the incident.

- Analyze existing procedures for effectiveness:
  - Active Shooter
  - Incident Command System
  - Communications (internal and external)
- All persons involved in the incident should remain available to talk to the Police.

HIPAA (as applicable)

For circumstances that may necessitate the disclosure of protected health information during an emergency, the Privacy Rule includes several permissions. Among the most relevant permissions are:

- To report protected health information to a law enforcement official or other person reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
- To report protected health information to law enforcement that the covered entity in good faith believes to be evidence of a crime that occurred on the premises.
- To alert law enforcement to the death of an individual when there is a suspicion that the death resulted from criminal conduct.
- When responding to an off-site medical emergency, as necessary to alert law enforcement to criminal activity.
- To report protected health information to law enforcement when required by law to do so (such as reporting gunshots or stab wounds).
- To respond to a request for protected health information from law enforcement for purposes of identifying or locating a suspect, fugitive, material witness, or missing person, but the information must be limited to basic demographic and health information about the person.

ADDITIONAL REFERENCES:
Building Lockdown Procedure – Section B
Security Situation

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Employee Active Shooter Response Checklist[34]

95 Wyman Road :
Phone #1.603.283.5150

Your location in the building: 1ˢᵗ Floor

1. Lock the door, turn off lights, close blinds and silence radios, cell phones or other devices that emit sound.

2. Dial **911** and provide the following information:
    - ➢ Facility name and address
    - ➢ Location of incident within the building
    - ➢ The number of suspects, if known
    - ➢ Type of weapon(s) involved
    - ➢ Injuries sustained (if any)
    - ➢ Your location within the building
    - ➢ Number of staff members within the building (Their possible locations, if known)

    ### *Follow the instructions of the 911 Dispatcher*

3. Barricade the door(s) with heavy furniture or wedge items under the door. Once barricaded, stay away from the door opening.

4. If there are no blinds, cover the windows, if possible.

5. Keep yourself out of sight and take adequate cover/protection (e.g., thick desks, filing cabinets, furniture). If possible, hide along the wall closest to the exit, but out of view from the hallway (which would allow the best option for ambushing the shooter and for possible escape if the shooter enters or passes by the room).

6. Look for other avenues of escape.

7. Identify possible improvised weapons such as a fire extinguisher, chairs, etc.

8. When safe to do so, use strategies to silently communicate with first responders. In rooms with exterior windows, make signs to silently signal law enforcement about your status.

9. Remain in place until given the "All Clear" by identifiable law enforcement.

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[34] Posting for the rear side of "staff only" safe rooms. Revise as necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BIOTERRORISM / TERRORISM

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[35] Revise titles and department names as necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BIOTERRORISM / TERRORISM – NATIONAL TERRORISM ADVISORY SYSTEM

OVERVIEW

In the event of a terrorism event in the vicinity of the facility, or a specific terror threat made toward healthcare facilities, refer to the following procedure for guidance on facility actions to be taken.

The National Terrorism Advisory System, or NTAS, has replaced the color-coded Homeland Security Advisory System (HSAS). This new system more effectively communicates information about terrorist threats by providing timely, detailed information to the public, government agencies, first responders, airports and other transportation hubs, and the private sector, specifically healthcare facilities.

In addition to Alerts the NTAS may issue a Bulletin which describes current developments or general trends regarding threats of terrorism. NTAS Alerts will only be issued when credible information is available.

These alerts will include a clear statement that there is an **imminent threat** or elevated **threat**. Using available information, the alerts will provide a concise summary of the potential threat, information about actions being taken to ensure public safety, and recommended steps that individuals, communities, businesses and governments can take to help prevent, mitigate or respond to the threat.

The NTAS Alerts will be based on the nature of the threat: in some cases, alerts will be sent directly to law enforcement or affected areas of the private sector, such as a healthcare facility, while in others, alerts will be issued more broadly to the American people through both official and media channels.

The NATS Alerts are classified as follows:

Bulletin
Describes current developments or general trends regarding threats of terrorism.
Imminent Threat Alert
Warns of a credible, specific and impending terrorist threat against the United States.
Elevated Threat Alert
Warns of a credible terrorist threat against the United States.

NTAS Alerts contain a **sunset provision** indicating a specific date when the alert expires - there will not be a constant NTAS Alert or blanket warning that there is an overarching threat. If threat information changes for an alert, the Secretary of Homeland Security may announce an updated NTAS Alert. All changes, including the announcement that cancels an NTAS Alert, will be distributed the same way as the original alert.

Sunset Provision
An individual threat alert is issued for a specific time period and then automatically expires. It may be extended if new information becomes available or the threat evolves.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BIOTERRORISM / TERRORISM RESPONSE

GENERAL ACTIONS APPLICABLE TO ALL STAFF
Healthcare must always be prepared to protect people within our buildings and treat residents. When applicable conditions exist in our community or surrounding area within the State, the facility should consider the following procedures for either type of alert:

> *Elevated Threat Alert: Warns of a credible terrorist threat against the United States.*

> *Imminent Threat Alert: Warns of a credible, specific and impending terrorist threat against the United States.*

Threat or Attack Procedures:
Terrorism Threats can be received by telephone, by means of letter or package, or by a person claiming contamination of self or a package they are carrying. Building contamination is also possible via the HVAC system.

Telephone Threat:
Person receiving the threatening Terrorism Phone Call:
- Listen carefully to everything the caller says, including background noises, speech patterns, etc. Attempt to prolong the conversation as long as possible. Do not put the caller on hold.
- Fill in the appropriate information on the Terrorism Threat Checklist as the call is being taken, including the first line below the "tear off line."
- Tear off the bottom portion of the checklist and quietly give it to another staff member.

Suspicious Package/Object:
The person suspecting or recognizing a contaminated envelope, box or other item should:
- Leave it on a flat surface, covering with a sheet or other material.
- Leave room and close the door.
- Wash hands and notify Supervisor as soon as possible.
- Note all others who may have come in contact with the suspected contamination.
- Stay away from others due to possible contamination.

Contaminated Person:
If you suspect a contaminated person:
- Keep them outside the facility. If already inside, isolate them.
- Notify Supervisor as soon as possible.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Elevated Threat Alert Procedures

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Consider activating the Command Center (follow Activation of Plan) to ensure procedures are in place.
- Review applicable procedures for handling of visitors, mail and supplies. Activate extra security precautions as necessary, such as:
    - Check identification of people entering the building
    - Surveillance and alarm systems
    - Consider having mail, packages, supplies, etc. enter through a designated entrance and be screened by trained and protected staff prior to delivery into the facility.
    - Professional Visitors: Have the person(s) wait in the designated **Lobby / Reception Area**[36]. Contact requested party to come for identification (issue visitors pass if available[37]) and escort professional visitor. Option would be pre-clearance for selected frequent professional visitors.
    - Resident Visitors: Go to the Reception Desk to request visitor badge[38], if available. Option would be pre-clearance for selected frequent visitors.
- Have departments:
    - Follow department-specific procedures for Elevated Threat Level.
    - Question people without facility ID or visitors without passes[39].
- Provide staff with incident updates, as necessary.
- Interact with other healthcare facilities and community emergency response organizations (Health Department, Haz-Mat Teams, Emergency Management Agency, etc.) to confirm procedures in the event of a terrorist attack in your community.
- Prepare media statements and statements to families of residents, as necessary.
- Review agreements with vendors and other healthcare facilities.
- Monitor Homeland Security Threat Level changes.
- Determine need for further staff education efforts, as necessary.
- Check communications systems, as applicable to ensure proper operation
    - Staff call-back – normal telephone system
    - Cell Phones
    - Portable Radios[40]
    - Computer systems
    - Agreements with amateur radio operators, as applicable
- Review staffing levels and scheduling.

Imminent Threat Alert or Attack Procedures
(*confirmed incident in your immediate area or targeted toward healthcare facilities*)

EXECUTIVE DIRECTOR / INCIDENT COMMANDER

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[36] Revise if necessary
[37] Delete if not applicable to your facility
[38] Delete if visitor badges/passes are not used
[39] Delete if visitor badges/passes are not used
[40] Delete if none

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Activate Command Center. Follow "Activation of Plan".
- Order a Building Lockdown via the Safety/Security/Liaison Officer through the Command Center. Follow the Building Lockdown Procedure.
- Ensure appropriate external and internal notifications have taken place.
- Notify all departments to follow the appropriate threat or attack procedures.
- If threat of item (i.e. package) is in the building, follow Bomb Threat Policy search procedure, to assist emergency agencies in locating any out of place or suspicious items.
    - Provide the 911 operator a phone number of the Command Center, if it is being setup inside the building.
    - Secure the isolated item and area. Do not allow anyone to enter or exit until Police and/or Fire Department has arrived. Isolate any individual who received the package or letter. This person must remain available for interviews by responding agencies.
    - Be prepared, upon orders from the Police or Fire Department, Health Department or FBI to evacuate as directed. If evacuation is ordered, DO NOT activate agreements to evacuate to another healthcare facility until checking with the Health Department Official on scene (due to potential contaminant).
    - Prepare media statements and statements to families of residents.
- Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements (see *Disaster Staffing*).
- Request an assessment of critical supplies throughout the facility using the *Department Rapid Assessment Form*.
- Consider the following extra security precautions:
    - Facility is in building lockdown (see Building Lockdown procedure).
    - Professional Visitors: No one allowed in facility without Command Center clearance.
    - Resident Visitors: No one allowed in facility. Relatives and responsible parties will be given appropriate information and location to wait as directed by the Command Center.
    - Deliveries: Only specific types of deliveries approved by the Command Center will be accepted. They will be opened and inspected outside.
    - Determine need to contact the following:
        - Fire Department
        - Police Department
        - Local Department of Health
        - Local FBI Field Office – **Bedford New Hampshire 15 Constitution Drive Bedford NH**
        - Infection Control staff member who will follow up with:
            - State and/or County Department of Health
            - CDC Emergency Response Hotline: 770-488-7100

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

DEPARTMENT SPECIFIC ACTIONS

DINING SERVICES[41]
Elevated Threat Alert Procedures
- Verify emergency menus/liquids and supplies in the event utilities are lost.

Imminent Threat Alert or Attack Procedures
- Modify menu if deliveries will not be possible. Also, establish plan for feeding staff and visitors if shift change will not be possible.
- Determine ability to continue operations if utilities and/or computers fail. Provide information to Command Center.
- Fax letter to suppliers to be used as identification at police checkpoints.
- If suspected contamination is through the air handlers, consult with the Local Health Department:
  - Before serving food/beverages.
  - To see if decontamination measures for the Kitchen/Dining area are necessary.

HOUSEKEEPING[42]
Elevated Threat Alert Procedures
- Review policies and ensure sufficient supplies in the event deliveries cannot be made.

Imminent Threat Alert or Attack Procedures
- Wear appropriate personal protective equipment if cleaning up any contaminate.
- Cleaning, disinfecting and sterilization of equipment and environment:
  - Utilize principles of Standard Universal Precautions.
  - Germicidal cleaning agents should be available in contaminated and/or isolated resident care areas for cleaning spills of contaminated materials and disinfecting non-critical equipment.
  - Discard single-use resident items appropriately.
  - Contaminated waste should be sorted and discarded in accordance with federal, state and local regulations.
  - Used resident care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions should be handled in a manner that prevents exposure to skin and mucous membranes, avoids contamination of clothing and minimizes the likelihood of transfer of microbes to other residents and environments.
  - Rooms and bedside equipment should be cleaned utilizing Standard Universal Precautions, unless the infecting microorganism and the amount of environmental contamination indicates special cleaning.
  - Resident linen should be handled in accordance with Standard Universal Precautions. Although linen may be contaminated, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to other residents, personnel and environments. Facility policy and

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[41] Insert correct department name
[42] Insert correct department name

local/state regulations should determine the methods for handling, transporting and laundering soiled linen.

NOTE: If Smallpox is the agent, linen must be handled using Standard Precautions, as the scab is infectious.

LAUNDRY STAFF[43]
Elevated Threat Alert Procedures
● Ensure adequate supplies, and increase supplies where possible, to prepare for possible loss of utilities.

Imminent Threat Alert or Attack Procedures
● Determine ability to continue operations if utilities and/or computers fail. Provide information to Command Center.
● Coordinate a linen reduction program, as necessary, with nursing and other appropriate departments.
● Fax letter to suppliers to be used as identification at Police checkpoints.

MAINTENANCE[44]
Elevated Threat Alert Procedures
● Determine ability to isolate sections of the building for contagious residents.
● Test generator and ensure sufficient fuel supply.

Imminent Threat Alert or Attack Procedures
● Assist security with implement the facility's emergency Building Lockdown policy including control of elevators and stairs.
● Determine ability to continue operations if utilities and/or computers fail. Provide information to Command Center.
● Shut down the HVAC systems if there is an attack in the area, or if the "threat" has stated the HVAC system has been "laced" with Biological or Chemical Agent. Under the direction of the Fire Department Haz-Mat / Health Department, examine the system for tampering. Report findings to the Command Center.
● Monitor areas affected by HVAC shut-down. Consider attaining portable air conditioning units for areas in need. Areas to monitor:
   ▪ IT & communications areas/equipment
   ▪ Other temperature-sensitive areas
● If other utilities (power, natural gas, water or communications) are affected by terrorism attack, follow procedures for loss of a particular central service.

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[43] Insert correct department name
[44] Insert correct department name

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NURSING STAFF[45]
Elevated Threat Alert Procedures
- Work with Incident Commander to prepare announcements for families of residents and staff.
- Consider the following to address staff concerns:
  - Provide terrorism readiness education, including frank discussions about potential risks and plans for protecting healthcare providers.

Imminent Threat Alert or Attack Procedures
- If you receive a Terrorism Threat, follow guidelines in the beginning of this plan.
- Determine ability to continue operations if utilities and/or computers fail. Provide information to the Command Center.
- Participate in lockdown of facility to control people coming into the facility. See Building Lockdown Procedure.

General Guidelines for Infection Control Practices for Resident Management
- Contact state and local Health Departments for updated information.
- Any symptomatic staff or residents with suspected or confirmed agents of terrorism related illnesses should, at a minimum, be managed utilizing Standard Precautions for certain diseases or syndromes (e.g. smallpox and pneumonic plague). Additional precautions may be needed to reduce the likelihood for transmission.

Elevated Threat Alert Procedures
General Guidelines for Contaminated Resident Placement
- If the situation is small-scale, follow routine resident placement and established infection control practices.
- If a large number of staff or residents are presenting with similar syndromes, group affected individuals into a designated area of the facility. Before grouping, consult with the Health Department and the facility Infection Control personnel regarding adequate isolation (i.e. ventilation).
- A separate location should be considered with the Health Department.
- Control entry into this area.
- Areas available for gathering residents could include[46]:
  - Activity Rooms
  - Dining Rooms
  - Chapel/Meditation Rooms
  - Other large rooms/areas within the facility

General Guidelines for Resident Transport
- Limit movement to that which is to provide proper resident care.
- Only the resident and transporter should be in an elevator.
- Mask resident if airborne or droplet organism is suspected or resident is coughing.

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[45] Insert correct department name
[46] Revise to reflect proper locations in your facility

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

General Guidelines for Discharge Management
- Refrain from discharge until resident is deemed non-infectious, if possible.
- Ensure those discharged have education and follow-up material.

General Guidelines for Post-Mortem Care
- Keep tracking records of all residents.

Psychological Aspects of Terrorism
Following a terrorism related event, fear and panic can be expected from both residents and healthcare providers. Psychological responses following a Terrorism event may include anger, panic, unrealistic concerns about infection, or fear of contagion.

To address resident and general public fears:
- Minimize panic by clearly explaining risks, offering careful but rapid medical evaluation/treatment, and avoiding unnecessary isolation or quarantine.
- Treat anxiety in unexposed persons who are experiencing somatic symptoms.

RECEPTION STAFF[47]
Imminent Threat Alert or Attack Procedures
- If you receive a Terrorism threat, follow guidelines in beginning of this plan and see the checklist at the end of the plan.

SECURITY[48] (or staff assigned security responsibilities)
Elevated Threat Alert Procedures
- Control public and unauthorized persons from access to utilities (power, gas, water, HVAC, communication). Control methods:
  - Door locking (follow Life Safety Code).
  - Door alarms, access control systems and camera monitoring[49].
  - People observation.
- Control entrances and exits to the building for staff and visitors.
- Ensure all personnel and visitors are wearing proper identification.
- Secure the areas for food and liquid supplies, etc. Ensure Maintenance[50] has all utilities secured.
- Remove unauthorized persons from restricted areas. Consider moving vehicles and other items, as applicable, away from the building. If possible, check vehicles allowed on property including the under carriage.
- In the event of a terrorism threat (phone or package), secure the person and area receiving the threat. Do not allow anyone other than Fire Department Haz-Mat Team, Department

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[47] Insert correct department name
[48] Insert Maintenance if no security
[49] Revise to reflect systems in use at your facility
[50] Insert correct department name

of Health or law enforcement official's access to the area/person. Start list of all people who have been in the area since the incident.

Imminent Threat Alert or Attack Procedures

- Contact local Police for help they may be able to provide.
- Implement the facility emergency Building Lockdown policy including control of elevators and stairs. Determine the need for additional staff to provide security or assist with the building lockdown.
- Determine ability to continue operations if utilities and/or computers fail. Provide information to Command Center.
- Fax letter to suppliers of critical supplies to be used as ID at police checkpoints.

SOCIAL SERVICES / PASTORAL CARE STAFF[51]
Imminent Threat Alert or Attack Procedures

- As assigned by the Command Center, work with families and other responsible parties on behalf of residents.
- Minimize panic by clearly explaining risks to residents.
- Treat anxiety in unexposed persons who are experiencing somatic symptoms with reassurance.
- Fearful or anxious healthcare workers may benefit from their usual sources of social support or by being asked to fulfill a useful role.
- Work with Incident Commander to ensure regular information updates are available to the public.

SUPPLY / RECEIVING AREA
Elevated Threat Alert Procedures

- If the Command Center orders all items to be screened, mail, packages, supplies, etc. should come to a central point of entry and the exterior of the packages will be screened by trained and protected staff prior to delivery into the facility.

Imminent Threat Alert or Attack Procedures

- Assess supplies and staff in-house to determine how long you can continue operations. Take results to Command Center.
- Establish receiving area for additional equipment and supplies. Plan storage and tracking.
- During Building Lockdown, all mail, packages, supplies, etc. will be stopped at the point of entry. Only pre-approved deliveries will be allowed in. Screen the outside and inside of items and call the appropriate person to identify and accept them.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Internal / External Contamination Eliminated

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[51] Insert correct department name or position titles

- ▪ Have Maintenance[52] and Housekeeping[53] ensure all hazardous materials are cleaned up.
- ▪ Have Maintenance[54] change necessary filters.
- ▪ Get clearance from Public and/ or Health Department Authorities for an All Clear.
- ▪ Assess facility, staff and department operations to determine ability to return back to normal operations.
- ▪ Communicate to the public that the facility is open for business.
- ▪ Have Finance Section collect cost for reimbursement.
- ▪ Have department heads re-stock supplies.
- ▪ Develop a full report for critique.
- ▪ Close down Incident Command.
- ▪ Critique reports and make necessary updates.

- ● The NTAS Alerts contain a **sunset provision** indicating a specific date and or time period when the alert expires. All changes, including the announcement that cancels an NTAS Alert, will be distributed the same way as the original alert.
  - ▪ Have departments "return to normal" those actions taken as a result of the threat level.
  - ▪ Restate actions still in place if the threat level has been reduced.
  - ▪ Follow applicable guidelines from "Internal / External Contamination Eliminated" section above.

NOTE: If the terrorism disaster resulted in any major operational building or utility damage, see Recovery Plan in Section G.

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[52] Insert correct department name
[53] Insert correct department name
[54] Insert correct department name

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

INSPECTION AND HANDLING OF PACKAGES / ENVELOPES FOR SCREENING PURPOSES

Guidelines for Staff Safety
- Workers should avoid touching their skin, eyes, or other mucous membranes, since contaminated gloves may transfer anthracis spores to other body sites.
- Workers should be wearing long-sleeved clothing and long pants to protect exposed skin, or similar gown over clothes.
- Gloves and other personal protective clothing (gowns could be washed and reused) and equipment can be discarded in regular trash once they are removed or if they are visibly torn, unless a suspicious piece of mail is recognized and handled. If a suspicious piece of mail is recognized and handled, the worker's protective gear should be handled as potentially contaminated material.
- Hands should be thoroughly washed with soap and water when gloves are removed, before eating, and when replacing torn or worn gloves. Soap and water will wash away most spores that may have contacted the skin; disinfectant solutions are not needed.

Indicators of Suspicious Packages / Envelopes
- Excessive postage, no postage, or non-cancelled postage.
- No return address or fictitious return address.
- Improper spelling of addressee's name, title and location.
- Address badly typed or written.
- Wrong title with name.
- Title with no name.
- Unexpected mail from foreign countries.
- Suspicious or threatening messages written on packages.
- Center mark showing different location from return address.
- Distorted handwriting or cut and paste lettering.
- Unprofessionally wrapped packages/excessive use of tape, string, etc.
- Packages marked "Fragile – Handle with Care," "Rush – Do Not Delay," "Personal," or "Confidential."
- Rigid, uneven, irregular or lopsided packages.
- Packages that are discolored, oily or have unusual odor or sound (sloshing, ticking, etc.).
- Packages with soft spots, bulges or excessive weight.
- Protruding wires or aluminum foil.

Discovery of a Suspicious Packages / Envelope

- DO NOT PANIC. For Anthrax to cause you "trouble," the organism must be able to enter the skin through a cut or scrape, swallowed, or inhaled as a fine, aerosolized mist. All forms of disease are generally treatable with antibiotics.
- Open packages and mail with appropriate tools such as letter openers (not your hands where you could get a paper cut).
- If you open a letter that claims to have contaminated you with anthrax and there is no substance on the letter or envelope, put the envelope down. Remove clothing, uniform or gown and gloves. Move to an adjacent area and wash your hands with soap and water. Report the incident to your department manager and he or she will notify law enforcement officials (911).
- If you open a letter or package and there is a substance in the letter, envelope or package:
    - Do not shake or empty the contents.
    - Put item on flat surface and COVER the envelope or package with anything (e.g. clothing, piece of paper, wastebasket, etc.). DO NOT REMOVE THE COVER. Turn off the ventilation system if possible.
    - Remove gown and gloves, LEAVE the room, and CLOSE the door to section off the area and prevent others from entering.
    - WASH your hands with soap and water to prevent spreading any powder to your face. Notify your immediate supervisor.
    - Ensure all persons who have touched the letter/package wash their hands with soap and water. If gross contamination has occurred, do not brush vigorously, or if advised by emergency responders.
    - List all people who were in the room or area when this suspicious letter/ package was first recognized. Give this list to the Law Enforcement Officials for follow-up investigations.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

TELEPHONE PROCEDURES – TERRORISM THREAT CHECKLIST

* DO NOT USE THIS SHEET IF YOU HAVE OPENED AND/OR TOUCHED A SUSPICIOUS PACKAGE OR LETTER

INSTRUCTIONS: BE CALM AND COURTEOUS. LISTEN, do not interrupt caller. Do not joke with caller. Sound very interested in what the caller wants to tell you.

TIME RECEIVED: _____   LENGTH OF CALL: _____   DATE: _____

1. Attempt to hold caller as long as possible, so tracing procedures may be started. Keep the person talking. Try to ask the following questions:

WHEN is the agent going to be released?   HOW will it be released?
WHERE is the agent?   WHY did you place it?
WHAT kind of agent is it?   Will it hurt people (Tell the person we have innocent people here.)

2. Pretend to have difficulty hearing to keep the caller on the phone. Keep caller talking. After other information has been gathered ask, "Where are you calling from?" and "Who is calling, please?"

a) Did the caller appear familiar with the building by his description of the agent location? Any other information?
_____
_____

b) While talking, and as soon after the call as possible, complete the following: Try to remember the caller's exact words.
_____
_____

CALLER'S IDENTITY: VOICE CHARACTERISTICS: SPEECH:

Male____   Loud____ Soft____   Fast___ Slow__ Excellent__ Good__
Female____   High Pitch____ Deep____   Distinct___ Distorted__ Fair__ Poor__
Adult_____   Raspy____ Pleasant____   Stutter__ Nasal__ Foul__ Squeaky__
Juvenile____   Intoxicated___ Other____   Slurred__ Lisp__ Broken__ Other___

ACCENT: MANNER: BACKGROUND NOISES:

Local___   Calm___ Angry___   Factory machines___ Trains____
Not local___   Rational___ Irrational____   Bedlam____ Animals_____
Foreign____   Coherent___ Incoherent____   Music___ Quiet____
Race_____   Deliberate_____ Emotional____ Office machines_____ Voices____
                         Righteous____ Laughing_____   Mixed____ Airplanes_____
                         Crying_____   Street traffic___ Party noises_____

When you have answered the questions above, **tear off the bottom of this paper** and **quickly give it to a colleague.** Your colleague should then bring it to the Executive Director or person in charge. **Stay on the line** until you are asked to get off.

A Terrorism threat has been received via the telephone. Notify the Executive Director[55], Department Manager or Person in Charge immediately.

Extension call received on: _____. Person receiving call: _____.

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[55] Revise as necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BOMB THREAT / SUSPICIOUS PACKAGE
CODE Brown

GENERAL ACTIONS APPLICABLE TO ALL STAFF

ACTIVATION
Bomb Threat (Code ORANGE) Procedure can be activated by any facility staff receiving the call / threat or any facility staff that identify a highly suspicious package.

PERSON RECEIVING THE <u>BOMB THREAT CALL</u>
- Listen **carefully** to everything the caller says, including background noises, speech patterns, etc. Attempt to prolong the conversation as much as possible. Do not put the caller on hold.
- Fill in the appropriate information on the Bomb Threat Checklist as the call is being taken.
- If a co-worker is available, have that person notify your supervisor of the threat. The supervisor will call 911 to summon Police.
- When the caller hangs up, hang up the phone at your end.
- If no one is around to help you, IMMEDIATELY after the call, notify your supervisor and give location and information known to this point. Complete the Bomb Threat Checklist and be ready to give information to Police.

PERSON RECEIVING AN <u>EMAILED BOMB THREAT</u>
- Leave the message open on the computer.
- Remain at computer to safeguard computer and prevent anyone from tampering with the message.
- If possible, print, photograph, or copy the message and subject line; note date and time.
- Notify your supervisor and security of the threat. The supervisor will call 911 to summon Police.

PERSON RECEIVING OR FINDING A <u>SUSPICIOUS PACKAGE OR MAIL</u>
(see Terrorism Procedure for mail screening process and more detailed information)
- *A suspicious letter or package may contain one or more of the following:*
    - Restricted endorsements such as "Personal" or "Private". Be cautious when the addressee does not normally receive personal mail at the work location.
    - The addressee's name or title is inaccurate.
    - There is excessive postage.
    - The letter feels rigid or appears uneven or lopsided.
    - The parcel may have soft spots, bulges, or irregular shapes.
    - The handwriting is distorted or prepared with "cut and paste" lettering or homemade labels.
    - Protruding wires, aluminum foil, or oil stains are present.
    - The letter or package emits a strange odor.
    - The package is unprofessionally wrapped and has several different types of tape.
    - The package is marked "Fragile - Handle with Care" or "Rush" – Do not Delay", etc.
    - The letter or package is making an unusual sound (buzzing, ticking, sloshing, etc.).

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- *Upon receiving suspicious mail:*
    - Isolate the suspicious mail. Place it between pieces of blank paper, if possible.
    - Avoid further unnecessary handling:
        - Do not open or squeeze envelope.
        - Do not pull or release any wires, strings, or hooks.
        - Do not turn or shake the letter.
        - Do not put the letter/parcel in water or near heat.
    - Evacuate the immediate area.
    - IMMEDIATELY notify your supervisor or Executive Director[56].

- *Follow the rest of the guidelines listed below, as applicable.*

EXECUTIVE DIRECTOR / INCIDENT COMMANDER

- Report to the Command Center and summon Leadership.
    NOTE: Staff will be searching for "out of place" object or situation, however, facility is still in normal operations.
- Consider building lockdown.
- Ensure Police have been notified and isolate person receiving call for the Police Department.
- If an emailed threat, consult with IT regarding identification of email properties (server ID, etc.).
- Assist any outside agencies responding to the facility.
- Upon consultation with Law Enforcement Authorities, determine duties that should be performed by facility staff. If search proceedings are recommended, follow guidelines established in the "Bomb Threat Building Inspection Procedure".
- Send notification by runner or by phone to Department Supervisors and Charge Nurses[57] in units. Ensure that all departments are covered. Generally, each area should be searched by staff who are normally assigned to and familiar with the particular area. Instruct Department Supervisors/Charge Nurses[58] in units to report search results to Command Center. Use a floor plan of the facility and building search checklist to check off areas reported to have been searched.
- Use of two way radios or cellular phones must be approved by local law enforcement officials. When a suspicious device **is** identified, all communications must be restricted to land-lines and intercom.
    - Two-way radios, cellular phones, cordless phones and two-way pagers can be used for communications when approved, but should be minimized and limited as much as possible and not used in the line of sight of any potential device.
- Some improvised explosive devices have been remotely detonated using relatively simple, low technology devices such as garage door openers, remote car starters and cellular telephones.

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[56] Insert correct position title
[57] Insert correct position title
[58] Insert correct position title

- Make decisions regarding evacuation, termination of search, etc. with input from Law Enforcement Authorities (see EVACUATION GUIDELINES which follow). If situation progresses to an evacuation, open Incident Command and appropriate sections.

RECEPTIONIST / SWITCHBOARD OPERATOR[59]– After receipt of or upon notification of a bomb threat:

- Obtain name, department, and phone number of the person that received the call. Ask this person to stand by and await a call from Security, Executive Director or Nursing Supervisor[60]. If Receptionist / Switchboard Operator[61] received the call directly, they should complete the "Bomb Threat Checklist".
- Contact Security, Executive Director or Nursing Supervisor[62] and provide them with the name, department and extension number of the bomb threat recipient.
- Make further phone calls to:
  - Police Department
  - Fire Department , as directed
- As directed by Executive Director / Nursing Supervisor[63], Announce a "CODE ORANGE" over the P.A. system[64] to summon Leadership to the Command Center.

NURSING STAFF / COORDINATED BY CHARGE NURSE[65]:

- Check resident care and related work areas for suspicious items or situations. Notify the charge person who will notify the Command Center of any suspicious or out-of-place items.
- Assign staff to:
  - Ensure facility pets are secured[66]
  - Check utility-type areas (linen & storage rooms, etc.)
- Reassure residents, visitors and family members.
- Account for all staff/ residents in your area. Be prepared to report the results to the Command Center.
- Be prepared to evacuate upon order from Executive Director[67] or person in charge.
- Follow Full Building Evacuation guidelines for resident packaging.

MAINTENANCE / HOUSEKEEPING[68]

- Assign staff to prevent elevators from being used[69].
- Search mechanical rooms, utility rooms, and other public accessible areas and common public areas. Report results to the Command Center.

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[59] Insert correct position titles

[60] Insert correct position titles

[61] Insert correct position titles

[62] Insert correct position titles

[63] Insert correct position titles

[64] Identify system in use to notify staff

[65] Insert correct position titles

[66] Delete if no facility pets

[67] Insert correct position title

[68] Insert correct position titles

[69] Delete if single story building

- Upon request of the Incident Commander or designee, make immediate plans to discontinue oxygen, gas and steam supplies within the facility[70]. In addition, the facility floor plans should be made available to the Command Center, if required. They can be found at the Concierge desk.

HUMAN RESOURCES[71]

- Provide information to Command Center on any recent employee terminations, disgruntled employees, labor actions, etc.

PUBLIC RELATIONS / COMMUNITY RELATIONS[72]

- At the request of the Incident Commander establish an area to contain the news media. Unless otherwise noted the Media Staging Area will be Community Center Lobby .

RECEPTIONIST[73]

- Check visitors sign-in log for any suspicious names[74].
- Copy log and provide to Command Center[75].
- When directed by Incident Commander, monitor entrances. Do not allow any non-staff persons into the facility until an all-clear is heard.

SECURITY[76]

- When directed, lock down the building to prevent persons from entering.
- Control entry.
- Assist Police.

SOCIAL WORKER[77]

- Provide information to Command Center on any recent employee terminations, disgruntled employees, labor actions, etc.

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[70] Revise as necessary

[71] Insert correct position title

[72] Insert correct position titles

[73] Insert correct position title

[74] Delete if visitors do not sign in

[75] Delete if visitors do not sign in

[76] Replace with Maintenance or other position if no security

[77] Insert correct position title

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BOMB THREAT BUILDING INSPECTION PROCEDURES

GENERAL SEARCH PROCESS
- Staff will search their normally assigned work areas **for an out-of-place object or suspicious item**. The Department Supervisor/Charge Nurse[78] for each area will coordinate the search.
- Once an assigned area has been searched, the results should be reported to the Charge Nurses[79] of the unit and Department Supervisor. As the search of a department/unit is completed, this information should be relayed to the Command Center through applicable Section Chief.
- Areas accessible to the public should be searched first.
- Assign staff to ensure facility pets are secured.

DO NOT TOUCH ANY SUSPICIOUS OBJECT

SPECIFIC SEARCH PROCEDURE
- Upon entering a room, pause and listen for unusual sounds: ticking, beeping, etc.
- Visually divide each room in half. Search the right half first. Divide the right half of the room into three levels: floor-to-waist level, waist-to-eye level, and eye-to-ceiling. If your vision is blocked by an object, look under or behind whatever is blocking your vision, such as objects on window sills, dressers, etc. Do not open closets, drawers, etc.
- Repeat the process above for the left half of the room.
- Be sure to search connecting rooms and bathrooms, as resident rooms are being searched.
- Mark the door with an all clear sign to indicate the room has been searched.
- Remain calm, not alarming residents as the search is taking place.

IF A SUSPICIOUS OBJECT/PACKAGE IS FOUND:
- Note precise location and description of object. **DO NOT TOUCH IT!**
- Remove residents / staff from the room.
- Notify the Department Head /Supervisor immediately.
- If the room has a window, close the room door and all room connecting doors. If this room has no window, leave the door open and evacuate the room across the hall. Close all other doors.

EVACUATION GUIDELINES
- If location of bomb **is** known:
  - First move horizontally through fire and smoke doors, trying to put two walls between the device and people; then, move vertically away from the device[80].
  - Establish evacuation site at least 1200 - 1800ft. away from building, depending upon the size of the device located.

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[78] Insert correct position title
[79] Insert correct position title
[80] Delete if single story building

- ▪ Account for staff and residents.
- If location of bomb **is not** known:
  - ▪ Consider advice from Law Enforcement officials regarding decision to evacuate and the evacuation route to be used.
- Do not use elevators unless approval is given by Police[81].

RETURN TO NORMAL OPERATIONS / RECOVERY

When "all clear" is received from Police Department:
- Alert all departments to the "all clear" and to resume operations.
- Have Nursing reassure residents.
- Have Public Information Officer make any necessary public announcements and converse, as necessary, with responsible parties.
- Debrief applicable staff.
- As applicable, capture cost of disaster.
- Develop a full report for critique.
- If there were any major operations, building, or utility damage, see Full Recovery Plan in Emergency Operations Plan.
- Close down Incident Command.

ADDITIONAL REFERENCES:
Building Lockdown Procedures – Section B

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[81] Delete if single story building

Building Search Checklist

Bomb Threat Building Search Checklist (For Use by Command Center)

SEARCH PRIORITY	UNIT / DEPARTMENT	Area Searched		ASSIGNED TO:
		Clear	Finish Time	

Page _____ of _____

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BOMB THREAT CALL LOG
KEEP THIS NEAR YOUR TELEPHONE

When a bomb threat is received: • Listen • Be calm and courteous • Do not interrupt the caller • Obtain as much information as you can	Date: Time: Duration of Call:
Questions to ask	**Identifying Characteristics**
☐ Where is the bomb or bombs right now? ☐ When is the bomb going to explode? ☐ Is there more than one bomb? ☐ What does it look like? ☐ What kind of bomb is it? ☐ What will cause it to explode? ☐ Did you place the bomb? ☐ Why? ☐ Where are you? ☐ What is your name? <u>Note caller's exact words:</u>	Sex : ☐ M ☐ F Estimated Age: ☐ Young ☐ Middle Age ☐ Old Accent: ☐ Yes ☐ No Speech Impediment: ☐ Yes ☐ No Sober: ☐ Yes ☐ No Voice (loud, soft, etc.): Speech (fast, slow, etc.): Manner (calm, emotional, etc.): Background noises (if any): Is voice familiar? ☐ Yes ☐ No Is caller familiar with area? ☐ Yes ☐ No

---Tear off and give to colleague---

Don't ask me any questions. Notify Executive Director[82] or Person in Charge. We have a phone call indicating a Bomb Threat.

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[82] Revise position title if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CARBON MONOXIDE ALARM ACTIVATION[83]

OVERVIEW

Carbon Monoxide is a dangerous gas produced as a result of incomplete combustion (i.e. heating system are not working correctly). You can't smell, taste or see Carbon Monoxide.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- Carbon Monoxide alarms are located in areas of the building where devices or appliances are located that could be a potential source of Carbon Monoxide. These alarms provide an audible alarm from the detector itself. They are not connected or part of the building fire alarm system.[84]
- If a Carbon Monoxide alarm is activated, staff should take the following actions:
  - Evacuate the immediate room/area of both residents and staff. Consider the evacuation of the entire compartment if several residents have displayed illnesses or symptoms of Carbon Monoxide poisoning. Move into fresh air immediately.
  - Contain the area where the alarm has been activated by closing doors.
  - Call 911 and the utility company and inform them that a Carbon Monoxide alarm has been activated.
  - Notify Department Head/Nurse in Charge/Supervisor and Maintenance of incident as quickly as possible.
  - Meet the fire department and inform them of the location of the alarm.
  - Administer immediate medical attention to anyone complaining of associated illness by bringing exposed individuals to an area of fresh air. Call EMS as needed.
  - Consult with fire department and utility company upon their arrival to see if further evacuation is necessary.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
  > Note: If fire department is responding they will establish a Command Post outside the facility. The Executive Director or designee should be present at the Fire Department Command Post along with a representative from Maintenance.
- Ensure the Fire Department (911) and Gas Company (have been notified.
- Inform all units and departments of the situation and be prepared to evacuate additional areas based upon the fire department or utility company's findings and recommendations.
- Have Department Heads in affected area account for staff and residents and report results to the Command Center.
- Determine need to contact EMS (911) if resident(s) exhibit any symptoms of Carbon Monoxide exposure.

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[83] Delete procedure if no CO alarms in building
[84] Revise as necessary

- Provide emergency responders with a list (see Sources of Potential Incomplete Combustion form) of potential sources of Carbon Monoxide within the facility.

MAINTENANCE[85]

- If safe to do so, turn off sources of incomplete combustion (boilers, stoves, water heaters, etc. - see attached list[86]).
- Investigate potential external sources of Carbon Monoxide (i.e. vehicle running).
- Shut down HVAC to limit spread throughout the building. If source is determined to be external, turn off air handling units that bring in outside air.
- If appropriate, check flues, vents and chimneys for proper operation.
- Advise emergency responders of "Emergency Utility Shut-Off Locations" (see Section F - Emergency Resources and Lists).
- Contact appropriate repair vendors, as necessary.

NURSING[87]

- Closely monitor any residents and staff who have been possibly exposed to Carbon Monoxide or display signs or symptoms of exposure:
    - Sudden flu-like illness
    - Dizziness, headaches, sleepiness
    - Nausea or vomiting
    - Fluttering or throbbing heart beat
    - Cherry-red lips, pallor
    - Unconsciousness
- Immediately administer medical attention to anyone exposed to Carbon Monoxide and ensure EMS has been notified via the Incident Commander.
- Document the incident. Complete all paperwork.
- Notify responsible party/family of resident, as necessary.
- Notify resident(s) physician, as necessary.

ADDITIONAL REFERENCES:

> Emergency Utility Shut-off Locations list in Emergency Resources and Lists
> Emergency Agency Phone Number list in Emergency Resources and Lists
> Emergency Contractor/Vendor List in Emergency Resources and Lists
> Full Building Evacuation Plan

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[85] Revise department name if necessary
[86] Amend as necessary
[87] Revise department name if necessary

SOURCES OF POTENTIAL INCOMPLETE COMBUSTION

ITEM[88]	LOCATION
WATER HEATERS / BOILERS	Lower level HC and 1st floor CC
KITCHEN APPLIANCES	3rd floor CC/ 1st floor HC
FIREPLACE	Great room Woodside
GENERATORS	North side HC/East side CC
VEHICLES / GARAGE	Under all wings CC
HEATING APPLIANCES	N/A
OTHER:	
OTHER:	
OTHER:	

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[88] Revise to reflect appliances/devices in use in your building

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CIVIL DISTURBANCE / DEMONSTRATION

OVERVIEW
Civil disturbance or demonstrations may take the form of peaceful picketing, inside or outside, attempts to block facility entrances or even more violent behavior.

To ensure continued service to residents and staff, the Civil Disturbance Procedure detailed below will be activated whenever any type of demonstration is observed.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
Upon observation of any unauthorized demonstration or assembly, inside or outside the facility, notify the Executive Director[89] or Person in Charge, and if necessary, Security[90] (Maintenance) and the police department.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
  - Determine if situation can be handled within normal operations, otherwise summon local Police.
- Coordinate activities with Police.
- Determine if Building Lockdown is necessary.
  - Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements. If shift change will not be possible, arrange to notify off-duty staff not to attempt to report until notified otherwise.
- Address shift change safety.
- Determine need to notify vendors regarding delivery; check staff and supply status of all departments.
- Address services for residents and alter as necessary.

SECURITY[91] (MAINTENANCE) RESPONSE
- Upon receipt of the information, go immediately to the location involved. If the person(s) have no official or medical business, they should be asked to leave the premises. If there are a large number of people, or violence erupts, there should be no direct communication with the protestors, but their purpose and numbers should be assessed. This information should be transmitted to the Executive Director[92] or Person in Charge, who will then notify the Police Department.
  - If the demonstration is peaceful, but the number involved is disruptive, summon more personnel to the area to minimize the disruption and contact Police to stand by for potential problems. A brief description of the situation should be given; **OR**

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[89] Revise position title if necessary
[90] Determine who will be assigned and revise as necessary. Delete Security if none.
[91] Determine who will be assigned and revise as necessary. Delete Security if none.
[92] Revise position title if necessary

- ▪ If there is violence of any kind or blockage of essential entrances to the facility, notify the Police Department to respond. This applies to any situation threatening to disrupt facility service or the safety of residents, visitors, and/or staff.
- If the disturbance is inside facility, isolate area.
- If situation dictates:
  - ▪ Have each department be responsible for securing exit doors and windows in their area. Staff should be assigned to watch and report anyone coming or going. Stop unauthorized individuals when safe to do so. As possible, have doors locked against outside entry. See Building Lockdown Procedure.
- Secure the outer perimeter by limiting vehicle access to your property. Request help from the local Police Department.
- Limit access to one or two staffed checkpoints.
- Lock off elevators and assign staff to operate using the elevator key[93].
- Direct all incoming people to the designated secure and monitored entrances (i.e. main entrance)
- Secure and observe building utilities: power (including generator) gas, water and medical gases[94], as applicable.
- Gather and identify responsible parties of residents in Lobby or other areas of the facility and provide with guidance, as appropriate.

RETURN TO NORMAL OPERATIONS / RECOVERY
- Have Security[95] (Maintenance) ensure all undesirable individuals are gone.
- Have Maintenance inspect facility for damage.
- Assess facility, staff and department operations.
- Have Public Information Officer communicate with the public regarding the fact that the facility is open for business.
- Collect cost for disaster, as necessary.
- Develop a full report for critique.
- Debrief and provide safety for any staff directly involved.
- Close down Incident Command.
- Critique reports and make necessary updates to plan.

ADDITIONAL REFERENCES:
Building Lockdown Procedure

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[93] Delete if single story building or no elevators
[94] Revise as necessary
[95] Determine who will be assigned and revise as necessary. Delete Security if none.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CONTAMINATION OF OUTSIDE AIR
(fire, smoke, chemical, radiological)

OVERVIEW
A contamination of the outside air can occur for a variety of reasons. Contaminants may be smoke, chemical vapors, odors or even radiological events. This procedure focuses on how to minimize the ability for such contaminants to enter the facility.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- Anyone outside should immediately be brought inside.
- Contamination of the outside air can occur whether intentional (e.g., act of terrorism) or accidental (e.g., transportation accident).
- Contamination of the Outside Air Procedure may be activated by responsible staff when:
  - You are notified by local authorities that your facility is involved
  - Facility staff identify a potential contamination of the outside air.
- All staff to check their assigned areas and ensure all doors, windows and window air conditioners[96] are off or closed.
- Staff on duty at the time of the incident may need to remain on duty.
- Off-duty staff may not be able to reach the facility.
- Disruption of resident services should be minimized to the extent possible.

ADMINISTRATION / INCIDENT COMMANDER
- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- Instruct staff to close windows and have Maintenance shut down air intakes if this results in no adverse affects.
- Determine the need to issue respiratory protection to staff and residents.
- If you have not received any information, and you feel you are within the perimeter of the problem:
  - Call the local Office of Emergency Management.
  - Determine if people and packages can travel to and enter the building.
- Accomplish the following in coordination with departments managers:
  - Ensure any residents or staff who are outside are immediately brought back into the building.
  - Ensure windows, doors and window air conditioner units[97] in all areas of the building have been closed and / or shut off.
  - Confirm that Maintenance has shut down outside air intake fans.
  - When notified, assign staff to doors to prevent people and supplies from entering or leaving the building, as appropriate.
  - Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements. If shift change will not be possible, arrange to notify off-duty staff not to attempt to report until notified otherwise.

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[96] Revise if no window air conditioners
[97] Revise if no window air conditioners

- Arrange for notification of residents' families/responsible parties.
- Maintain contact with outside authorities and monitor news reports for situation updates.
- Ensure all other guidelines of this procedure are carried out.

SECURITY[98]
- Initiate Building Lockdown procedure as required.
- Control all entry into the facility.

MAINTENANCE[99]
- Shut down the HVAC systems that would bring outside air into the building. Leave exhaust systems running if you feel pressure differential will not allow contaminated air into the building.
- If shut down of air intake would affect the medical air system, review the situation with Nursing before shutting down[100].
- Provide duct tape to seal any windows or doors that do not close airtight, where practical.
- If a Radiological Event, be prepared, if advised, to discontinue use of tap water. Follow Loss of Water Procedures.

HOUSEKEEPING[101]
- Assist Maintenance staff, as requested.
- Determine if deliveries will be possible. Advise departments to conserve.

NURSING
- Turn off all resident room air conditioning units[102].
- Closely monitor any residents who have the potential to open windows or doors. Those residents may have to be grouped together and monitored by staff.
- Monitor residents and staff for effects of heat or cold caused by the shutdown of the ventilation system and the inability to open windows.
- For Ventilator Units depending on outside air intake, switch residents to ventilators NOT dependent on outside air (ventilators with their own compressor). Another option would be the use of portable oxygen; check with appropriate medical staff.[103]
- Evaluate medications and other supplies on hand, and plan appropriately if deliveries will not be possible.
- If advised by local or state Health Department, or it is a Radiological Event, be prepared, if advised, to discontinue use of tap water. Follow Loss of Water Procedures.

EVACUATION, however slight, may be ordered by local officials depending on contamination, wind direction, and time.
- If evacuation is ordered:

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[98] If no security, delete reference to security and assign to maintenance
[99] Revise department name, if necessary
[100] Revise as necessary, delete if no piped in medical gas system
[101] Revise department name if necessary
[102] Delete if none or they do not take in outside air
[103] Review with nursing and revise as necessary. Delete if no ventilator dependent residents.

- ▪ Determine if there are any residents who cannot be evacuated and their medical care requirements (i.e. ventilator dependent, bariatric,[104] etc.). If the results of this indicate a need for additional personnel, supplies, or equipment, the facility should request help from local authorities or Office of Emergency Management. See Section D – Full Building Evacuation Plan.
- In conjunction with the Health Department, Administration may evacuate those medically ill individuals for whom an evacuation in this situation would have a minimum medical risk.
- If advised by the Health Department that a general evacuation may become / is necessary, it should be done in 4 stages:

  - ▪ **EVACUATION STAGE I: MOBILIZATION**
    - ➢ Prepare residents for evacuation by assembling necessary clothing, supplies, medications and records.
    - ➢ When evacuation is imminent, follow the **Full Building Evacuation Plan.**

  - ▪ **EVACUATION STAGE II: EGRESS FROM HOLDING AREAS**
    - ➢ As evacuation vehicles (buses, wheelchair vans, ambulances, etc.) arrive, assist residents into the vehicles.
    - ➢ If necessary, request assistance from EMS in loading residents into the vehicles.
    - ➢ Provide appropriate numbers of staff to accompany residents to other healthcare facilities.

  - ▪ **EVACUATION STAGE III**
    - ➢ Residents will remain at the receiving facility or alternate care site for the duration of the emergency, except as discharged to family or friends, at the discretion of the appropriate Administrative personnel of Sending / Receiving facility.

  - ▪ **EVACUATION STAGE IV: RETURN**
    - ➢ Upon determination by the local Health Department or Office of Emergency Management that it is safe to return, residents will be returned under the direction of the Health Department representative and the Office of Emergency Management, in consultation with Administration.

DINING SERVICES[105]
- Modify menu if deliveries will not be possible. Also, establish plan for feeding staff and visitors if shift change will not be possible.
- Check that the Kitchen Area has shut down and/or adjusted ventilation hoods to ensure no air intake.
- If a Radiological Event, be prepared, if advised, to discontinue use of tap water. Follow Loss of Water Procedures.

RETURN TO NORMAL OPERATIONS / RECOVERY
- Have Safety/Security/Liaison Officer ensure all exterior contamination has been eliminated or is cleaned up in coordination with local authorities and/or Office of Emergency Management.

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[104] Revise to reflect services provided at your facility
[105] Revise department name if necessary

- Have Maintenance[106] change necessary filters.
- Assess facility, staff and department operations if any activities were altered.
- Enable staff to communicate with their families.
- Have Public Information Officer communicate with the public regarding the fact that the facility is open for business, as necessary.
- Collect cost for disaster.
- Have department heads re-stock supplies if facility was isolated from deliveries.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates to plan.

NOTE: If the disaster resulted in any major operational building or utility damage, see Full Recovery Plan in Emergency Operations Plan.

ADDITIONAL REFERENCES:
      Loss of Heating System Procedures
      Loss of Air Conditioning System Procedures
      Loss of Cooking Procedures
      Emergency Utility Shut-Off Locations
      Emergency Agency Phone Numbers
      Emergency Contractor/Vendor Phone Numbers

NOTE: If you need information on hazards regarding chemical spills, inside or outside the facility, call the 24 hour Chemical Transportation Emergency Center at 1-800-424-9300.

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[106] Revise department name if necessary

EARTHQUAKE

OVERVIEW

Earthquakes occur suddenly and without notice. Staff must position themselves to avoid injury. Therefore, they will be able to assess residents and provide car once the shaking stops.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- As initial shaking begins, position yourself under sturdy furniture, away from windows and swinging doors.
- As initial shaking stops and a reasonable interval has passed with no further immediate "aftershocks":
  - Quickly position over-bed tables to shield residents' heads from falling debris.
  - In anticipation of more aftershocks, move residents away from windows and outside walls. Pull all drapes and curtains closed to reduce the potential of flying glass.
  - Perform an immediate assessment of all staff and residents for injuries and inform Command Center of findings.
  - Move residents away from damaged areas.
  - Perform an immediate assessment of structural damage and department's operational ability in your area; then, inform Administration / Command Center of findings.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Activate Incident Command and in coordination with Section Chiefs ensure all other guidelines of this procedure are carried out. If not all actions of the plan must be accomplished by Executive Director or person in charge.
- Assign staff to assess injuries or medical needs of residents immediately and provide care.
- Prepare for influx of patients that have been impacted by the disaster (community injuries) by determining if a triage area with basic medical supplies should be established.
- Prepare for influx of residents from another evacuating healthcare facility.
- Assign maintenance to assess damage to building, systems and building services.
- Establish and maintain communication with external emergency responders and the local Emergency Operations Centers for support and information.
- Prepare for evacuation, if necessary.
- Consider off-site Command Center and communication, only if necessary.
- Establish a process to communicate with resident families and prepare have the Public Information Officer prepare a consistent message for Social Workers, Case Managers[107] and other team members to use in calling families.
- Ensure all staff are communicated with to determine if they have damage to their homes or any emergencies with their families and address appropriately.

SWITCHBOARD/FRONT DESK/RECEPTIONIST[108]:
- Communicate as needed to all personnel.

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[107] Revise position titles if necessary
[108] Revise position titles if necessary

- Upon notification by the Executive Director[109] or designee, activate a "Code Alert[110]" as per the "Plan Activation" of this Emergency Operations Plan.
- Make the following notifications[111]:
  - Executive Director
  - Assistant Executive Director
  - Director of Nursing
  - Maintenance Director
  - Insert all titles of additional positions that should be notified

MAINTENANCE[112]

- Shut down utilities, as necessary.
- Perform an assessment of structural damage for the entire building. Advise Administration / Incident Command.
- Assess for possible water contamination due to broken pipes. If suspected, alert all staff to immediately switch to emergency water supply for all potable needs. See Loss of Water Service/Contamination of Water Supply Procedure.
- If evacuation is ordered: If some staff must stay behind to shut down operations and secure the building, contact offsite Command, or Police Department if you cannot get through to Command.

NURSING[113]

- If you are in a resident care area and are not seriously injured, your first responsibility is to the residents in the vicinity. If possible, reassure them and attempt to calm those who may be hysterical or panic stricken. If there are obvious injuries from falling objects, shattered glass, or if residents or personnel are trapped under debris, request assistance from Command Center and perform first aid within your capability, where possible, until additional clinical personnel arrive to assist in treatment or rescue.
- Be prepared for additional "aftershocks." Although most of these are smaller than the main shock, some may be large enough to cause additional damage. Move residents away from windows and outside walls. Pull all drapes and curtains closed. Push over-bed tables over residents' faces, where possible, to prevent debris from falling on them.
- Direct and assist with evacuation of residents, as necessary.
- Make sure all ambulatory residents wear shoes in areas near debris and glass.
- Assess damage of all involved nursing units and report information to Command Center. Maintain bed availability count by specialty and location.
- Check for fire or fire hazards from broken electrical lines or short circuits and follow the Fire Plan if a fire is discovered or reasonably expected.
- Immediately clean up spilled medications, drugs and other potentially harmful materials.
- Check to see that sewage lines are intact before permitting continued flushing of toilets. If necessary, force flushing of toilets may be required.

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[109] Revise position title if necessary
[110] Revise activation code if different
[111] Revise position titles if necessary
[112] Revise department name if necessary
[113] Revise department name if necessary

- Check closets and storage shelf areas. Open closet and cupboard doors carefully and watch for objects falling from shelves.

RETURN TO NORMAL OPERATIONS / RECOVERY
- Address life safety of residents and staff.
- Have Maintenance[114] inspect facility for damage to structure and utilities. Use checklist found in Disaster Recovery Plan.
- All departments should complete a Department Rapid Assessment Form and send it to the Command Center.
- If minimal damage, follow procedures for Loss of Central Services, as applicable.
- Inspect all hazardous material areas.
- Assess staff and department operations.
- Determine status of area hospitals and other area long term care providers.
- Have Public Information Officer communicate with the families regarding the fact that the facility is open for business.
- Document costs for disaster.
- Have department heads re-stock supplies.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates to plan.

NOTE: If the earthquake resulted in any <u>major</u> operational building or utility damage, see Disaster Recovery Plan.

ADDITIONAL REFERENCES:
>Loss of Heating System Procedures
>Loss of Air Conditioning System / High Heat Procedures
>Loss of Water Service Procedures
>Loss of Cooking Ability Procedures
>Loss of Telephone / Internal Communications Procedure
>Loss of Electric Service Procedures
>Loss of Sewer Service Procedures
>Loss of Natural Gas / Propane[115] Procedures
>Contamination of the Outside Air Procedures
>Emergency Utility Shut-Off Locations

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[114] Revise department name if necessary
[115] Revise to reflect proper gas service to the building

FIRE PROCEDURES[116]

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[116] Insert facility fire procedure into this place holder. If you maintain the facility fire procedures in another location and do not want to incorporate them into the EOP, remove this place holder and update the master Table of Contents and the Table of Contents for this Section.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FLOOD
(Internal or External)

OVERVIEW
Flooding can occur whether internal (e.g., pipe break) or external (i.e. rising flood waters from torrential rains, etc.).

Flood Procedure may be activated when:
- You are notified by local authorities that your facility is located in a flood area.
- Facility staff identifies a potential internal or external flooding event.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- Move residents and staff to unaffected portions of the building.
- Move important records, equipment, etc. to unaffected portions of the building, if possible.
- When possible, move computer hard drives to top of desks, place resident personal articles and drawers on top of beds or dressers. File cabinet containing important records should be moved to prevent damage.
- Where possible, build dikes, berms or take other actions to prevent the water from entering additional areas. Work with local authorities and the Office of Emergency Management.
- If advanced warning is available, prepare residents, supplies and staff for evacuation out of facility, or to safe areas of the facility, if directed.
- Continue to prepare for evacuation of building should it become necessary.
- See Full Building Evacuation Plan.

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

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- If advanced warning is available, consider census reduction of higher acuity residents.
- If life threatening, move residents immediately.
- Areas of concern in the facility if external flooding should occur include[145]:
    - _____community center 1st floor_____
    - _____health center lower level_____
    - _____community center on grade floor_____
- If threat is present from internal or external flooding, direct residents and articles to be moved to higher ground, away from water pooling.
- If advised by local agencies, prepare for building evacuation. See Full Building Evacuation Plan and begin to make arrangements for transportation resources.

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[145] Insert areas/locations in facility that are prone to flooding

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If full building evacuation is to take place, set up off-site communications / command for staff and responsible parties to contact.
- Request an assessment of staff and operations through the completion of the Department Rapid Assessment form. Direct department managers to complete and forward the form to the Command Center.
- Start planning Recovery:
  - Follow "First 24 Hour Checklist" at the end of the Flood Plan.
  - For major building or utility damage, see Recovery Plan.

MAINTENANCE[146]

- IF INTERNAL FLOODING: Immediately move to shut off or block the source of the water, and shut down electrical power to areas of the building affected by or expected to be affected by internal flood waters.
- IF EXTERNAL FLOODING: Monitor areas for exposure to electrical equipment and shut down electrical equipment if affected by rising water. Keep Command Center advised.
- Shut down elevators if water is expected to affect elevator pits or equipment rooms. Move elevators above high water mark. Mark and secure them.[147]
- Work with staff member responsible for Infection Control and handling of regulated medical waste to ensure that minimal contamination occurs.
- Secure any environmental contaminates (i.e. bio-waste, chemical drums) in the area that could be flooded.
- Secure any portable oxygen cylinders in the area that could be flooded.
- Raise or move any chemicals in areas that could be flooded that may react with water to produce heat or flammable or noxious gases (CHECK THE SDS).
- Ensure any storage tanks in area that could be flooded are either anchored securely, or removed.
- Contact local vendors/contractors for clean up of contaminated silt, debris, oil, chemicals, water, mildew, etc.

  NOTE: If Maintenance[148] staff remains in building after evacuation to shut down utilities and secure building, ensure a communications link is established with off-site Command, or notify local Police if you cannot get through to Command.

NURSING[149]

- Monitor staff and residents for signs and symptoms of hypothermia.
- Utilities of power, gas, water, and medical gases/air[150] may be shut down. Follow applicable procedures.

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[146] Revise position title, if necessary
[147] Delete paragraph if no elevators
[148] Revise position title, if necessary
[149] Revise department name if necessary
[150] Delete if not applicable

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

The following is a pre-designated list [151] of resident units and items that could be threatened by flood waters:

PEOPLE AND ITEMS TO BE MOVED TO A SAFE AREA	LOCATION OF SAFE AREA	RESPONSIBLE PARTY
Resident Units / Treatment Areas		
Performing Art Center	4th floor CC	HC Administrator
Non-resident Departments		
Community center Dining room	3rd floor CC	Health Nurse
Records		
Office managers office	4th floor CC	Business office manager
Medications		
Health Center	2nd Floor HC	Director of Nursing
Special Medical Equipment		
Health Center	2nd floor HC	AL director
Other (List)		

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[151] Populate list as appropriate

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY

As flood waters recede:

- Instruct staff to not step in pools of water where there is the danger of electrical outlets or cords in water.
- All departments will:
  - Complete "First 24 Hours Checklist" at the end of this Flood Plan.
  - Complete the Department Rapid Assessment Form.
- Have Maintenance[152]:
  - Survey building and utilities.
  - Re-establish communications if lost during the flooding.
  - Test water supplies (drinking).
  - Use emergency supplies of water until authorities announce the water supply to the facility is potable and deemed safe for use.
- As necessary obtain necessary clearance to reoccupy those areas which had been flooded and evacuated.
- Assess staff and department operations
- All departments, as applicable, will re-supply medical, food, equipment and other items necessary for normal operations.
- Residents who were relocated, either within or outside the facility, will be returned when approvals have been obtained.
- Incident Commander (Executive Director[153]) should consult with the City / County Emergency Operations Center, as applicable, and issue the "all clear".
- Have Public Information Officer communicate with the public regarding the fact that the facility is open for business.
- Have Finance Section collect cost for disaster, as necessary.
- Develop a full report and close down Incident Command.
- Critique reports and make necessary updates to plan.

NOTE: If the disaster resulted in any major operational building or utility damage, see Recovery Plan.

ADDITIONAL REFERENCES:

    Loss of Heating System Procedure
    Loss of Air Conditioning System / High Heat Procedure
    Loss of Telephone / Internal Communications Procedure
    Loss of Electric Service Procedure
    Loss of Emergency Power Procedure
    Full Building Evacuation Plan
    Disaster Recovery Plan

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[152] Revise position title if necessary
[153] Revise position title if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRST 24 HOUR CHECKLIST

NOTE: The following actions help your staff begin the cleanup process. Professional cleaners have the equipment necessary to quickly remove large volumes of water and properly clean and treat buildings and furnishings. Professional equipment restorers bring the experience and resources to effectively clean and repair electronic equipment and get it recertified, if necessary.

BUILDING	EQUIPMENT
➤ Remove wet items such as carpeting, padding & ceiling tile; to exterior location. ➤ Use available and rented vacuum equipment to eliminate water on. Also use squeegees and mops. ➤ Set up any available dehumidifiers (if outside temperature is >60° F. ➤ Open any doors and windows to help reduce humidity (if weather is appropriate). ➤ Use fans to help circulate air and assist drying. ➤ Open drawers and closet doors to enhance drying. ➤ Place non-staining blocks or aluminum foil under furniture legs. ➤ Lift draperies off carpet and suspend. ➤ Move photos, painting and art objects to a safe, dry location. ➤ Remove damp books from shelves and spread in a stable, dry environment. ➤ Leave the heat on if damage occurs during a cool season. Utilize air conditioning if it occurs during a warm season.	➤ Turn off power immediately! Do not energize wet equipment. ➤ Do not re-energize equipment until authorized by qualified restoration personnel or manufacturer's technical representative. ➤ Open cabinet doors/side panels/covers/chassis drawers – drain all water. ➤ Remove equipment to a cool, dry area after wiping down and eliminate as much moisture and contaminants as possible. ➤ Set up fans to move ambient air through equipment. ➤ Blow water out with clean compressed air (or preferably liquid nitrogen. ➤ Spray water displacement solvent on electronic components (such as contact cleaner, LPS 1 or alcohol/Freon mixture). ➤ Wipe down and dry metal surfaces as soon as possible – use protective surface treatments so slow corrosion (CRC, LPS 1). ➤ Follow up with professional restoration services.
RECORDING EQUIPMENT **(back-up drives)**	**MAGNETIC MEDIA**
➤ Do not operate if wet or dirty. ➤ Clean tape transport mechanism with alcohol solvents – dry out if wet. ➤ Wipe off surface contamination before drive system use. ➤ Treat electronics as detailed above. ➤ Do not re-energize equipment until authorized by qualified restoration personnel or manufacturer's technical representative. ➤ Follow up with professional restoration service.	➤ Do not use if wet or dirty. ➤ Clean and dry dirty tapes/disks / cassettes with alcohol-based solvents for one time data recovery. ➤ Send wet head disk assemblies (HDAs) to a specialist for data recovery. ➤ Save the data – not the media. ➤ Follow up with professional restoration service.

FIRST 24 HOUR CHECKLIST
Continued

SPILL RESPONSE CART AND PIPE REPAIR SUPPLIES

If not already available, assemble a spill kit/cart with emergency pipe repair supplies that can be used for quick accessibility and use anywhere in the facility. The following list contains items to be collected as part of the response kit.

SPILL RESPONSE CART AND PIPE REPAIR SUPPLIES	
➤ Plastic sheets to throw over & protect equipment (Make plastic sheets to cover electronic equipment readily available in the applicable areas for use by operators) ➤ Plastic bags to dispose of wet material ➤ Wet vacuums or other water removal equipment (commercial grade with effective GFIs, squeegees, mops, buckets) ➤ Portable pump(s) and hose ➤ Water displacing solvents for applying to electrical equipment (examples: contact cleaner, LPS 1) ➤ Preservatives for metal (examples: CRC, LPS 1) ➤ Towels for wiping up (assumed to be available from housekeeping	➤ Absorbent socks, to contain and absorb spills ➤ Alcohol for computer tapes and disks (ISA99 for purity) ➤ Pipe clamps to place around and stop a leak (pipe repair kit) ➤ Diagrams of piping systems with valve locations highlighted ➤ Dehumidifiers (or ready rental source) ➤ Boots ➤ Portable dikes for diverting surface water away from below grade doorways and possible points of water entry. This would be necessary during unusually heavy rains, especially if the hospital has a history of water accumulating near certain doorways, loading docks, parking ramps, etc.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HAZARDOUS MATERIAL SPILL OR LEAK / INTERNAL

OVERVIEW

This section of the plan presents procedures to be followed in a hazardous materials (chemicals such as cleaning supplies, pool chemical, oils, solvents, fuels, etc.) spill or leak. The procedures are provided for general emergency conditions that apply to all departments.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Maintenance[154] and Department Heads of the affected area have the authority to take immediate corrective actions whenever a hazardous situation exists that can cause injury to residents, employees, or visitors or damage to the physical plant or operations.
- If spill or leak be handled (cleaned up) within normal operations there may not be a need to activate the Incident Command System or notify external Emergency Agencies.
- If the situation requires additional external assistance, call 911 and set up Incident Command.
- Take initial actions detailed in the next sections if:
  - Hazardous material is involved in fire
  - Rescue of staff or residents is required
  - Evacuation of area is required
  - Hazardous material results in exposure of staff / residents if it spreads throughout the building
- Notify Executive Director[155], Person in Charge and Maintenance[156] of all spills.
- Ensure the Safety Data Sheets (SDS) for the hazardous material is available for Maintenance and emergency responders, if they had been notified, when they arrive.
- Evacuate any residents, visitors or staff from the area if not involved in the spill response.
- Department Manager or Supervisor will account for staff in a safe area.
- Ensure hazardous material is cleaned up, as detailed in this procedure.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER

- Consider initiating a Code _____[157] to manage the incident and in coordination with the Section Chiefs, ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- If applicable, have Maintenance[158] shut down HVAC.
- Once the situation is under control, complete injury and incident reports as applicable.

IF A HAZARDOUS MATERIALS SPILL RESULTS IN A FIRE: *RACE*

- *R – **Remove*** anyone in danger and close door.
- *A – **Activate*** fire alarm.
- *C – **Contain*** spill and fire – Warn others to stay away.
- *E – **Evacuate*** from the immediate area of the spill or vapor release.

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[154] Revise position title if necessary
[155] Revise position title if necessary
[156] Revise position title if necessary
[157] Insert code or delete reference to code word if none being used
[158] Revise position title if necessary

   o **Advise Fire Department of hazard.**

IF RESCUE OF PERSONNEL IS REQUIRED:
- Determine the level of hazard (reference SDS) presented by the hazardous material.
- Remove injured person(s) from immediate area if no risk of personal exposure. Treat as appropriate.
- If unsafe to enter area, secure area, set up a physical barrier (i.e.: shut door), and inform emergency responders of victim locations and hazards.
- Reference SDS and label information if available, or expert information. Contact Poison Control for first aid information as necessary.
- Complete an official injury report for all injured parties.
- Only trained personnel / contractors will participate in clean-up operations.

IF EVACUATION OF AREA IS REQUIRED:
- Any exposed individual should be transported to the hospital. (EMS will inform the hospital Emergency Department of the exposure before the exposed individuals enter the hospital, if this has not already been done. Decontamination may be necessary, depending on the type of exposure).
- Evacuate the smoke compartment of origin.
- Second, account for staff and residents.
- Evacuate vertically and then evacuate out of the building, when necessary. Follow Full Building Evacuation Plan.

SDS FORMS ARE LOCATED IN THE FOLLOWING AREAS[159]:
- _____Maintenance Department _____
- _____Kitchen and Laundry _____
- The following equipment is located in the facility's maintenance area

Absorbent	Broom
Eyewash	Water hose
Face shields	Rubber boots
Rubber gloves	Safety goggles or glasses
Shovel[160]	

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[159] Insert locations where Safety Data Sheets are located in the facility
[160] Revise list of spill cleanup items as necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HAZARDOUS MATERIAL SPILL CLEAN-UP

INCIDENTAL SPILLS

Definition

OSHA defines an incidental release as *"a release of hazardous substance which does not pose a significant safety or health hazard to employees in the immediate vicinity or to the employee cleaning it up, nor does it have the potential to become an emergency within a short time frame. Incidental releases are limited in quantity, exposure potential, or toxicity and present minor safety or health hazards to employees in the immediate work area or those assigned to clean them up. An incidental spill may be safely cleaned up by employees who are familiar with the hazards of the chemicals with which they are working."*

For Example:

- ◆ Small volume of one gallon or less and incidental to ordinary use.
- ◆ Material identified and hazard characteristics do not require specialized clean-up response.

Clean-up Response
- Chemical User can clean-up **when The Spill Does Not Involve Fire.**
- **IF IN DOUBT – CONTACT MAINTENANCE[161] AND THE FIRE DEPARTMENT; DO NOT ATTEMPT CLEAN-UP.**
- If possible, cover spill with linen or absorbent material to limit vapor spread.
- Notify Maintenance[162].
- Follow information on SDS and advice of knowledgeable person in area of spill regarding clean-up procedures.
- Adjust anything that is allowing a leak to continue (i.e. stand up knocked over container, adjust a leaking liquefied gas cylinder so it leaks gas and not liquid, close valves), if safe to do so.
- If available, use appropriate spill kits or spill equipment to stop the spread. Seal off any drains.
- Pick up any broken glass with tongs or mechanical device. Do not use your hands!
- Report any release to appropriate agencies (see information following).
- Dispose of hazardous material waste in a plastic bag. Label the bag with the material name. Call Housekeeping[163] for disposal.

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[161] Revise position title if necessary
[162] Revise position title if necessary
[163] Revise position title if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LARGE SPILLS / INCIDENTAL

Definition

Moderate to large volume, or the hazards of this material require such a response. Where spill clean-up is beyond capability for safe in-house response and/or presents possibilities for spread to other areas posing hazards to public health, safety, or the environment.

For Example:

- ♦ Greater than 1 Liter, possibly up to several gallons
- ♦ Hazards of material require such a response:
    - ▪ Mercury Spill
    - ▪ Acids

Clean-up Response

IMMEDIATE NOTIFICATION: **FIRE DEPARTMENT (911)**
                              POISON CONTROL CENTER

Large spills shall be handled by commercial emergency service providers with the required notifications to public authorities.

If you need to find local contractors to handle clean-up of your haz-mat situation, call **CHEMTREC at 1-800-424-9300**.

If hazardous waste discharge from facility threatens human health or the environment, or Reportable Quantities "RQ" Hazardous Substances are discharged into the environment, report this to the **National Response Center at 1-800-424-8802**.

**Department of Energy and REAC/TS (Radiation Emergency Assistance Center /Training Site)
24 hour Emergency Phone Number: 1-865-576-1005**

RETURN TO NORMAL OPERATIONS / RECOVERY
- Have Maintenance[164] ensure all hazardous materials are cleaned up.
- Have Maintenance[165] change necessary filters.
- Get clearance from applicable local authorities, as necessary.
- Assess facility, staff and department operations.
- Collect cost for disaster.
- Have Department Heads restock supplies, as needed.
- Develop a full report for critique and close down Incident Command.
- Critique reports and make necessary updates to the plan.

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[164] Revise position title if necessary
[165] Revise position title if necessary

NOTE: If disaster resulted in any major operational building or utility damage, see Disaster Recovery Plan.

ADDITIONAL REFERENCES:

Emergency Utility Shut-Off Locations
Emergency Agency Phone Numbers
Emergency Contractor/Vendor Phone Numbers

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HOSTAGE TAKING
CODE Purple

OVERVIEW
The purpose of this procedure is to provide assistance to staff members and/or visitors who are confronted by an individual who has taken hostages within the healthcare facility or within its property.

SUPPORTING INFORMATION
- The facility reserves the right to inspect the contents of all packages or articles entering or being removed from the facility. Firearms and illegal weapons are prohibited from being on the premises. Weapons, dangerous devices and illegal or unsafe items will be turned over to local law enforcement authorities.
- Weapons are not permitted on the facility's property, except for persons who are professionally exempted or authorized by law to carry a weapon in performance of their duties, such as City, County, State or Federal law enforcement officers.[166]

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- If threatened, call out Code Purple.
- **If you witness** a hostage situation at the facility, call 911 and give the following information:
  - Location of incident (building, floor and room)
  - 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)
  - Scope of security perimeters established around the location of hostage situation
- Contact Police/Executive Director and Security/Maintenance[167] via radio/phone.
- Provide safety to others. DO NOT FURTHER ENDANGER ANYONE.
- Contain the incident by preventing people from entering the area until Police arrive.
- If there is ANY sign of actual danger/violence, DO NOT attempt any direct contact type of action.
- **If You Are Taken Hostage**, follow these basic survival tips:
  - 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.

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[166] Amend to reflect facility policy
[167] Revise as necessary

- 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 Police 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 Police 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.) NOTE: You may be handcuffed or secured until all suspects are identified.
- Refrain from speaking to other hostages.

ALL FACILITY STAFF NOT IN IMMEDIATE AREA OF THREAT
- **UPON HEARING CODE Purple, <u>DO NOT </u>GO TO THE AREA SPECIFIED IN CODE Purple. THIS IS AN EXTREMELY DANGEROUS AND SENSITIVE SITUATION THAT SHOULD ONLY BE HANDLED BY TRAINED AUTHORITIES.**
- Staff near the area specified by CODE Purples hould evacuate if possible, or seek cover / protection and warn others in the area of the situation.
- Staff not in the area specified by CODE Purple should take cover behind locked doors if possible, and avoid the area. Also avoid windows facing the location and control entrances and exits to their units. Secure doors and stand by for further instructions.
- Department Heads should report to their respective units and assume control of their area with regard to the above procedures.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Activate the Command Center by notifying Section Chiefs and Command Center personnel by phone or pager notification and indicating a Code Purple. Manage the incident, and through the Section Chiefs, ensure all other guidelines of this procedure are carried out.
- Immediate life safety actions have probably been activated in area of threat.
- Decide on course of action to be taken pending arrival of Police. The facility should be closed to all except bona fide calls from staff, physicians, resident family members or other authentic sources.
- If necessary, call the next shift Nursing/Resident Care staff personnel and other departments and inform them of the situation. All personnel, except those on duty, should be instructed to remain out of the facility until further notice. Maintenance[168] (staff assigned security roles) should be directed to report immediately to assist in dealing with the situation.
- Instruct Maintenance[169] to prepare for a fire alert and to have personnel standing by to shut off electrical power, natural gas[170] or any source of ignition. It is imperative that all facility personnel cooperate fully with the Police and Fire Departments.

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[168] Revise position title if necessary. Insert security if appropriate.
[169] Revise position title if necessary.
[170] Revise as necessary to reflect type of gas

- At the direction of the Police, a "Code Indigo , All Clear" will be paged. All affected personnel will be contacted immediately for debriefing purposes.
- **Department Heads and Managers:**
    - All managers should report to their respective units and assume control of their area with regard to the above procedures.
        - Secure and search their area. Report results to the Command Center.
        - Endeavor to make sure all residents and staff are present or accounted for and advise the Command Center of any discrepancies.
        - They will be briefed about the situation and receive instruction and assignment from the Executive Director or person in charge of the incident.
        - Pass briefing information along to all staff.
- **Public / Community Relations[171]:**
    - All media coverage is to be directed by the Executive Director[172] or Incident Commander. Staff must NOT give out any information to the media. Media representatives may be quite assertive and some may not display official identification. The incident should not be discussed openly among the staff and is extremely confidential. The Police will request that any and all official statements of the facility be discussed with the designated Police representative before being released.

SWITCHBOARD[173]

- Notify Police via 911 if not already notified. Give them any information that is known about the situation, and advise if there is an approach out of site of the area of the threat.
- Notify Maintenance[174] via radio.
- As appropriate, initiate Code RED notifications and announce three (3) times, including location, via radio[175].
- Contact the Executive Director[176] or highest ranking person on-site.

SECURITY / MAINTENANCE / STAFF ASSIGNED SECURITY ROLES[177]

- Assess the situation.
- If you determine or suspect that a person with no official business or medically related reason for being in the facility is, in fact, circulating within the premises, they should be challenged. The person should be escorted out of the building as discreetly as possible, on the basis that they have no reason for being in any part of the facility, except the Reception area. If the person objects, back-off and try to isolate. Notify the Police Department.
- Take control until Police arrive. Provide logistical and manpower support.
- Initiate a Building Lockdown, as necessary.
- Secure immediate area, if possible, by removing all residents and personnel.
- Secure doors, if appropriate, to isolate incident.
- Identify phone extensions in the closest proximity of hostage-takers.

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[171] Revise position title if necessary
[172] Revise position title if necessary
[173] Revise position title if necessary. Insert security if appropriate.
[174] Revise position title if necessary
[175] Revise to reflect systems in use
[176] Revise position title if necessary
[177] Revise as necessary

- Identify door locking systems and keys controlling ingress and egress of the secured perimeter.
- Identify surveillance and recording systems monitoring the area of suspect and hostage and/or points of ingress and egress from the secured perimeter[178].
- All telephone extensions to the area should be identified and secured.
- Gather and report information to responding authorities.
- Ensure all delivery/vendor vehicles remain on facility grounds until searched by the Police Department.
- Provide floor plans of building to Police, including HVAC plans.
- Control elevator to affected area(s).
- Place staff at strategic safe points to guide unauthorized people away from the danger area.
- Special precautions should be taken to protect the oxygen storage area. The generator, boiler room and food storage shall also be guarded against actions by intruders.

RETURN TO NORMAL OPERATIONS / RECOVERY

When all threat has been eliminated:

- Notify the Police, if they have not already been called.
- Provide security for any residents or staff threatened by situation until appropriate responsible parties take over.
- Keep Crime Scene Secure:
  - Isolate and protect the scene and evidence. DO NOT ALTER THE SCENE OR TRY TO INVESTIGATE the crime or incident. The Police will advise you of the actions/procedures to follow.
  - Do not allow witnesses to leave before Police arrive.
  - Do not allow witnesses to "compare notes."
- Document everything while still fresh in your mind (Police, facility legal counsel, etc. may need this information as soon as possible for the follow-up/on-going investigation).
- Nursing/Resident Care[179] staff shall assess, treat and calm persons involved in the incident, completing any incident reports, as necessary. Debriefing should take place, as necessary, through the Employee Assistance Program[180].
- All persons actually involved in the incident should remain available to talk to the Police upon their arrival.
- Communicate to the public that the facility is open for business, if necessary.
- Post-incident stress debriefing should be made available to those involved in the incident.
- Have Finance Section collect cost for disaster, if applicable.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates to the plan.

ADDITIONAL REFERENCES:

Building Lockdown procedure

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[178] Delete if none exists in the facility
[179] Revise position title if necessary
[180] Revise as necessary

AGGRESSIVE OR VIOLENT BEHAVIOR GUIDE

GENERAL
If you recognize a situation where someone is displaying aggressive or violent behavior toward yourself or others:

- **Examine your surrounding environment:**
  - Look for a quick exit if the situation escalates to violence.
  - Don't back yourself into a corner where you can't get away.
  - Don't turn your back on the aggressor.
  - Is there anything you could use to place between you and the aggressor (i.e. chair, desk or furniture) if the situation escalates to violence?
  - Try to maintain a distance between you and the aggressor (i.e. don't lean in too closely if you talk with them).
  - If the situation escalates into violence immediately summon assistance from other staff and request police be notified, as appropriate.
- **Apply de-escalating techniques:**
  - Listen to the person displaying aggressive behavior. Many people are upset because they are hurting and believe that no one cares. Listening to them and displaying empathy may help calm them down.
  - Ask them what is the problem? What is the answer to that problem, i.e. what actions do they want to happen today?
  - Empathize. Reflect back to them the fact that you are listening and that you understand their feelings. Acknowledge their point of view (you don't have to agree with it, just understand how it might make them feel).
  - Lower your voice and speak calmly. When aggressive people are loud or shouting, lowering your voice may make them lower theirs just so they can hear you, or it may make them realize they are using excessive volume in their voice.
  - Encourage the person to physically sit down and talk with you. Aggressive behavior is more likely to escalate to violence if a person is standing up rather than sitting.
  - Assume a non-threatening posture (i.e. don't speak using wide sweeping motions with your hands or arms).
- **If possible, help the aggressor achieve the outcome they desire:**
  - Can you help this person achieve their desired outcome?
  - Can you direct them to someone else who can? If so, physically contact that person via phone and ensure that the issue is being taken care of (i.e. don't just walk away).

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HURRICANE[181]

OVERVIEW
One of healthcare's greatest threats is that of a tropical storm or hurricane. The typical season is June 1 – November 30, with the greatest number of hurricanes occurring in August, September, and early October.

TERMINOLOGY
Warnings and watches are two levels of alert issued by the National Weather Service forecasting the imminent approach of a tropical cyclone or tropical storm of hurricane intensity.

TROPICAL STORM WATCH: Issued when tropical storm conditions, including winds from 39 to 73 mph, pose a possible threat to a specified costal area within 36 hours.

HURRICANE WATCH: A hurricane watch is issued for a specified area for which a hurricane or hurricane related hazard is a possible threat within 36 hours.

HURRICANE WARNING: A hurricane warning is issued when a hurricane with sustained winds of 74 mph or higher is expected in a specified costal area in 24 hours or less.

STORM CATEGORIES

CATEGORY	WIND	APPROX. STORM SURGE	EXPECTED DAMAGE
Tropical Storm	39-73 mph		Flooding Possible
Hurricane I	74-95 mph	4-5 feet	Minimal
Hurricane II	96-110 mph	6-8 feet	Moderate
Hurricane III	111-130 mph	9-12 feet	Extensive
Hurricane IV	131-155 mph	13-18 feet	Extreme
Hurricane V	>156 mph	> 18 feet	Catastrophic

● If a hurricane does impact the area, it may result in disruption to the provision of supplies and services. All departments should always be prepared for a minimum of a 3-5 day isolation period, assuming no supplies coming into the facility from outside sources. When

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[181] Delete Procedure if not at risk from the effects of a hurricane

there is advance warning, such as during the hurricane season, departments should "stock up" for the possibility of a 5-7 day[182] isolation period, if deemed necessary.

- The facility will try to protect residents, staff and their families, when appropriate, within the facility. It may become necessary to evacuate. This decision will be made by the Administration/Incident Commander at the time of the event notification in coordination with local emergency officials.
- Continuous informational updates will be provided to residents through briefings provided by designated leadership staff.

GENERAL ACTIONS TO BE TAKEN BEFORE THE STORM

ANNUAL PREPARATION
- Annually, **Department Directors/Managers** should prepare for the upcoming hurricane season by reviewing with their employees preparedness procedures.
    - General preparedness includes:
        - Conduct annual reviews of Emergency Procedures and department specific plans, including the updating of staff phone lists.
        - Review insurance plans.
        - Review responsibilities with management and staff.
        - Order, store and/or preposition for a 7 day[183] supply of food, water, and other logistical/medical supplies, if deemed necessary. Top-off all fuel tanks, including the generator and vehicles, as practical.
        - Confirm evacuation transportation agreements and evacuation routes.
        - Confirm evacuation agreements with other healthcare nursing facilities who have agreed to accept evacuated residents.
        - Confirm/review agreements, if any, with local Police, National Guard, Security Contractors, etc. regarding the protection of staff, buildings or the entire campus.
        - Review procedures and supplies needed for physical building preparations, including agreements for back-up generators and fuel supplies.
        - Test emergency communications (radios, cell phones, etc).
- During the hurricane season the facility will monitor local weather forecasts and the weather alert radio when severe weather is anticipated.

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[182] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

[183] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

PREPARATION FOR THE HURRICANE SEASON

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS	Review emergency procedures, supplies and equipment on a regular basis to ensure information is up to date, supplies are at adequate levels and equipment used for disaster/emergency incidents is in good operating condition.	❏
	Review responsibilities with your staff.	❏
	Order, store and/or preposition for a 5-7 day[184] supply of food, water, and other logistical / medical supplies, if necessary.	❏
	Confirm back-up vendors/services for Pharmacy, Medical Supplies, etc.	❏
	Top-off all fuel tanks, including the generator and vehicles, as practical.	❏
	Review internal evacuation procedures for residents.	❏
	Review Insurance Plans.	❏
	Review emergency sanitary wastes and biohazard storage and disposal procedures.	❏
	Establish discharge review procedures.	❏
	Review procedures and supplies needed for physical building preparations. This includes agreements for back-up generators.	❏
	Test emergency communications.	❏
	Monitor National Weather Service.	❏
	Review agreements with Police and National Guard regarding protection of building and staff, if applicable.	❏

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[184] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HURRICANE WATCH

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Implement a "Hurricane Watch Alert" whenever a reasonable probability exists that your area is in the path of a potential hurricane. A Hurricane Watch is issued by the National Weather Service. A watch indicates hurricane conditions are a real possibility, usually within 24-36 hours, but it does not mean that it will happen. When the watch is issued, each department and Incident Command position should address the following and continue to monitor NWS advisories.
- Activate the Incident Command System, as necessary, and assemble the Command Center staff. The Command Center staff will assess the situation, review plans and take preventive measures.
  - Keep staff advised of hurricane development.
  - Confirm the following:
    - Facility is not general population shelter, although some community members may be sheltered at the discretion of the Incident Commander
    - Determine location of community shelters and/or evacuation pickup sites (if any). It is helpful to have the information available for staff and persons who may call the facility.
- Determine need to order cots and other supplies and equipment in advance of the storm.
- Determine need to cancel non-essential services and activities based on storm predictions. This may include transportation, doctor runs, etc. Update residents regarding facility preparations regular resident briefings.
- The facility will go under a hurricane watch as a Tropical Storm or Hurricane enters the region. If it is projected to possibly result in a category 4 storm, and your facility is in the projected path of landfall, consider:
  - Restricting admissions, limiting access to visitors and family members.
  - Discharging residents (as selected by clinical staff).
  - Evacuating high acuity and Dialysis[185] residents.
  - Directing resident relocation to safe areas in the facility.

NOTE: If contemplating Evacuation, refer to the Full Building Evacuation Plan.
All evacuation procedures must be completed before the onset of tropical/hurricane storm winds in the area. The facility must determine how long it will take to complete a full-scale evacuation. The amount of time it takes to evacuate the facility, then travel to the sheltering facility, should be multiplied x3 to account for evacuation traffic. Given the differences in storm tracks and speed, you must calculate and estimate this to the best of your ability.

- Test and inventory emergency communications[186]:
  - Facility cellular phones
  - Facility pagers
  - Portable radios

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[185] Delete if not applicable
[186] Revise list to reflect devices used

- Have **Public Information Officer** advise:
  - Public, residents, family members of facility status throughout the storm
  - Community Sheltering information (obtain through the **Safety/Security/Liaison Officer**), stressing that the facility is not a public shelter.
- Determine if any residents from other areas of the campus will be evacuated into the main building. Refer to Influx of People procedures if evacuees will be sheltered in the main building[187].
- Have **Department Directors / Managers** follow their department-specific tasks, as well as the following general guidelines:
  - Be prepared to remain in the facility for the duration of the hurricane emergency, should a hurricane warning alert be implemented.
    - ➢ Exceptions will be determined on a case-by-case basis.
    - ➢ Confirm staffing needs and implement Staff Recall Plan: Disasters have shown that it may become impossible for staff to return to the facility after the hurricane makes landfall.   Staffing needs will be supplied as necessary, and available, from the Labor Pool which will be coordinated by the **Labor Pool Unit Leader.**
  - Check emergency supplies such as food, water, flashlights & batteries, etc.
  - Review Hurricane Plan, including department-specific tasks, where applicable, with staff. For departments and supplies subject to flooding, start relocations as applicable.
  - Confirm and designate sheltering areas for staff and their family members, if authorized by the Incident Commander. Send an email reminding staff and families what can / cannot be brought into facility shelters:

Items to Bring	Do Not Bring
Sleeping bag, blanket, pillow	Alcoholic beverages
Personal toiletries and a towel	Fire arms
Change of clothing	Flammable or flame producing items
Prescription and Over the Counter meds for 3-5 days	TVs/Radios, DVD players or Laptops – Unless battery operated
Nonperishable food items to last for 3-5 days, per shelteree	Open food or food requiring refrigeration
Bottled water (1 gallon per shelteree per day)	Other electrical powered appliances (hair dryers, etc.)
Flashlight with extra batteries	Other:

  - Check on-hand supplies and inventories. Request deliveries for inadequate levels. Ensure appropriate supplies for 3-5 days[188]. Consider conservation and substitution plans.

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[187] Typically used for Continuing Care Communities with IL/AL and SNF residents. Revise as necessary.
[188] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NURSING[189]

- Analyze staffing needs for the next 3-5 days[190].
- Check department inventories and stock-up for 5 days. Report results to Command Center.
- Review charts from Resident Care Units to coordinate feasible discharges with attending physician.
  - Note family / responsible party contact numbers
  - Prepare discharge instructions and supplies
- With the possibility of lower staffing, predetermine what resident care changes could be reduced or eliminated.
- If Incident Command directs (based on storm size and tracking), <u>start</u>:
  - Early discharging and/or evacuation of High Acuity residents
  - Relocation of residents to safer areas in the facility
  - Moving residents from high wind exposure rooms to corridors
  - Drawing curtains in resident rooms to lessen anxiety
  - Moving residents as far away from windows as possible
  - Covering windows with blankets to protect residents from flying glass
- Provide an updated resident census to the Command Center as requested. Update as resident census changes.

HOUSEKEEPING[191]

- Analyze staffing needs for the next 3-5 days[192].
- Check department inventories and stock-up for 5 days[193]. Report results to Command Center.
- Contact contractor for garbage, sewage and bio-hazardous waste pick-up prior to the storm.
- Review plans to manage garbage and bio-hazardous waste during storm when pick-up is not possible.
- Request a 5 day[194] supply of linen supplies, as available.
- Secure a 5 day[195] supply of:
  - Red bags
  - Trash bags
  - Gallon size zip-lock bags

FINANCE

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[189] Revise position title if necessary

[190] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

[191] Revise position title if necessary

[192] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

[193] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

[194] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

[195] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

- Analyze staffing needs for the next 3-5 days[196].
- Advise each department to track staff hours and extra supplies used using tracking forms in the Incident Command System section.
- Ensure your department can financially support all departments as they acquire supplies and services.
- Make arrangements to secure cash in the event the storm forces banks and ATMs to close. Cash will be needed to make necessary purchases and help staff in the event they cannot get or cash their pay checks.

DINING SERVICES[197]
- Analyze staffing needs for the next 3-5 days[198].
- Check department inventories and stock-up for 5 days[199]. Report results to Command Center.
- Implement procedures to receive food / service orders with system vendors.
- Review rationing and conservation procedures, as well as emergency non-cooking menus. Inventory available food, water and other supplies and try to estimate the number of meals that can be served taking into consideration extra staff in the facility and any family members being sheltered.
- Drinking water supply for resident and staff meal service only.

SOCIAL SERVICES[200]
- Analyze staffing needs for the next 3-5 days[201].
- Check department inventories and stock-up for 5 days[202]. Report results to Command Center.
- Contact responsible parties for pick-up of discharged residents.

MAINTENANCE[203]
- Analyze staffing needs for the next 3-5 days[204].
- Check department inventories and stock-up for 5 days[205]. Report results to Command Center.

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[196] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended
[197] Revise position title if necessary
[198] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended
[199] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended
[200] Revise position title if necessary
[201] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended
[202] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended
[203] Revise position title if necessary
[204] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended
[205] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

- Start the pre-planned boarding of windows and, where applicable, flood prevention procedures and/or sand bagging of doors.
  NOTE: Bracing behind doors takes pressure off the latches. This is especially true for double doors with pins at top and bottom.
  Check roof drains to ensure they are clear, remove any debris from the roof.
- Check patio area to ensure furniture and other articles have been removed.
- Secure appropriate objects outside:
  o Eliminate / Secure loose debris and trash cans
  o Remove / lay down antennas and communication dishes[206]
- Top off generator and vehicle fuel tanks. Confirm fuel delivery from sources out of region.
- Review agreements for back-up generators and their connection to your building, should the need arise. See Loss of Electric Procedures.
- Attain gasoline powered generator and fill safety cans of gas, if applicable.
- Attain portable air conditioning units, if applicable.
- Attain 50-100 feet commercial grade extension cords, if necessary.
- Attain flashlights and batteries to last for 5 days[207].
- Attain wet-vacuums, if necessary.

SECURITY[208]
- Analyze staffing needs for the next 3-5 days[209].
- Check department inventories and stock-up for 5 days[210]. Report results to Command Center.
- Limit access to facility grounds to essential traffic only.
- If resident evacuation is being planned, set up vehicle staging area for evacuated resident pick-up. Refer to the Full Building Evacuation Plan.
- Secure parking for physicians and staff. Off-site parking plan may have to be activated. Refer to the Loss of Parking Procedures.
- Post Staff at Main Entrance doors to allow discharged residents to depart.
- Place directional signage on entrances to guide people to the correct entrance.

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[206] Revise as applicable
[207] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended
[208] Revise as necessary. If no security assign responsibilities to another department such as maintenance
[209] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended
[210] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HURRICANE "WATCH"

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS	Activate Incident Command Center and assign positions.	❏
	Establish liaison (communications) with City / State Emergency Operations Center, and other Healthcare facilities.	❏
	Consider starting evacuation of selected residents, if deemed necessary.	❏
	Test and inventory communications.	❏
	Advise local health department of facility status.	❏
	Ensure 5-7 days[211] of supplies.	❏
	If items, articles, records, equipment is subject to flooding, move to safe location.	❏
	Confirm shelter plan for staff and families, if deemed necessary.	❏
	Call in staff as necessary.	❏
	Complete department-specific plans.	❏
	Arrange for garbage and bio-hazardous waste pick-up before storm. Review how to manage garbage and bio-hazardous waste during storm.	❏
	Ensure food and liquid supplies for 5-7 days[212].	❏
	Start pre-planned boarding and/or bracing of windows and doors, if applicable.	❏
	Secure outside items, including antennas and furniture/canopies.	❏
	Prepare portable units (air conditioners, etc.) and generators for power loss.	❏
	Monitor National Weather Service.	❏
	Limit access to facility grounds and entrance.	❏

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[211] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended
[212] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

HURRICANE WARNING

A hurricane warning is issued when there is a high probability that the immediate area may be at or near the storm's landfall. A hurricane warning is normally issued 24 hours before the storm's anticipated landfall.

Once the warning is issued, all necessary precautions that were initiated with the hurricane watch should be **completed**. Residents should be relocated to safer areas within the facility, or evacuated out of the facility, depending on the pre-plan for your specific facility.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- Command Center staff should be given the NWS's landfall probability predictions. The team reviews hurricane preparations, resident reduction and evacuation, identified shortfalls, staffing problems, staff call-back, etc. The following type actions and decisions are addressed and / or implemented by the team:
- If you have not already activated resident movement, make decisions on the following:
  - Relocate residents to safer areas within the facility
  - Consider "Early Discharge" for appropriate residents
  - Evacuate pre-selected high acuity level residents and dialysis residents
  - Evacuate all residents – Refer to Full Building Evacuation Plan.

SAFETY/SECURITY/LIAISON OFFICER
- Update communications with:
  - Local Emergency Operations Center
  - Keep Command Center staff advised of hurricane development.
  - Confirm the following:
    - Facility is not general population shelter unless authorized by the incident Commander at the time of the event.
    - Location of community shelters and/or evacuation pickup sites (if any)
  - Test and inventory emergency communications[213]:
    - Facility cellular phones
    - Facility pagers
    - Portable radios

SECURITY / MAINTENANCE[214]
- Lock down the facility, with the exception of the Main Entrance[215].

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[213] Revise to reflect what is in use in the facility
[214] Revise position titles if necessary, delete security if none
[215] Revise as necessary

- Complete boarding and Flooding Prevention Measure (i.e. sandbagging) as outlined under Hurricane Watch.
- As landfall draws near, consider shut-down of electrical services and elevators [216]subject to flooding. Keep off until dry. Move elevators to second floor or higher.

NURSING
- Check emergency supplies in each resident care area including but not limited to: flashlights & batteries, food, water, linens, medical and other supplies.
- Ensure sufficient supplies of resident medications for 5-7 days[217]. As necessary contact pharmacy and order medication refills and stock items.
- Provide current resident census to the Command Center, update as necessary.
- As requested, provide a list of higher acuity residents who may need to be transferred to a higher level of care.
- Ensure all residents have identification bracelets in place.
- Distribute oxygen tanks to resident care areas as applicable.
- Complete or direct and assist in resident relocation and evacuation, when advised by the Command Center. Refer to the Full Building Evacuation Plan.
- Close windows, shades and drapes.
- Fill bathtubs and all available containers with water for bathing and toilet use.
- Place all loose items and materials in closets and ensure doors are closed and latched.

FINANCE
- Ensure sufficient cash is accessible to key department heads. They should have sufficient cash resources to perform their necessary functions during the course of the disaster. The storm may shut down banks, ATM and credit card machines. Cash may be needed to make necessary purchases and help staff if they cannot cash their paychecks.
- If time allows, additional ATM and facility credit cards should be ordered so that multiple authorized signers would have access to purchasing in this manner. At a minimum, increased credit limits should be requested to ensure availability of credit throughout the disaster. A list should always be maintained reflecting all individuals with cards, and purchases should be monitored after-the-fact. This is a good source of documentation for filing insurance claims and requests for reimbursements.
- As you may require the ability to process checks to acquire supplies or pay employees after a disaster, it is necessary to ensure that an adequate supply of checks be available on all bank accounts, maintained in a secure location.
- In order to preserve important financial history and support claims for insurance, tax, and reimbursement claims, it is necessary to secure historical records.

SOCIAL SERVICES[218]
- Contact responsible parties of residents who have been approved for discharge and pick-up, if not already done.

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[216] Delete if no elevators

[217] Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

[218] Revise position title if necessary

- Contact out of state resident family members and reassure. Request phone calls are held until after the storm subsides.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HURRICANE "WARNING"

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS	Assemble Incident Command Team. Review landfall probability and facility preparation.	❑
	Request assistance from local/state emergency agencies: • When your operations are overwhelmed • Assistance with evacuation is needed • Assistance with determining receiving facilities • Assistance with transportation resources • Assistance with supplies	❑
	Update all communications.	❑
	Keep Department Managers advised of hurricane development.	❑
	Complete or activate resident movement.	❑
	Complete and/or Activate: • Supply and conservation plans • Staff recall	❑
	Complete boarding of windows and doors, and sand-bagging operations.	❑
	Shut down electrical machinery and appliances subject to flooding.	❑
	Monitor National Weather Service.	❑
	Close windows, shades and drapes. Fill bathtubs with water. Place loose items in closets.	❑
	Lock down facility.	❑
	Preparations should be made to increase credit limits with all suppliers of goods and services. Additional vendors should be contacted to allow for the contingency of availability.	❑
	Ensure sufficient cash is accessible to key department heads.	❑
	If time allows, additional ATM and facility credit cards should be ordered. At a minimum, increased credit limits should be requested.	

LANDFALL

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Emergency actions are coordinated by the Command Center to counter adverse conditions resulting from the hurricane's impact. Staff members must remain flexible and prepared to respond decisively during this difficult and unpredictable period. In preparation for landfall, be ready to move residents to the safest available place, such as hallways.
- Instruct staff not to go outside of the building. After the first part of the storm passes, there may be a lull in the storm, but the rest of the storm usually follows shortly after the first impact. Monitor the local media on radio to await the "all clear".
- In conjunction with local, state and federal agencies, will determine if there is a need for a full or partial evacuation of the facility.
- The decision to evacuate <u>after</u> landfall will be based on the building's ability to function. Refer to Recovery Plan.
- Evacuations before landfall are selective (i.e. high acuity residents). After the hurricane passes the priority of resident evacuation may change.
  - What utilities are lost?
  - What part of the building is damaged?
  - What facility services are not operating?
  - Can we control the evacuation or must we move many residents quickly? If we must evacuate many residents quickly, the lowest acuity residents are evacuated first.
- Transportation for the resident will be arranged through your contracted transportation vendor and/or ambulance provider.
- When determined to be necessary (evacuation is a strong possibility based on predictions of the storm) the facility should contact a truck rental company in their immediate area to move selected equipment and files. (Depending upon the location of the sheltering facility transport could be a very short or quite lengthy trip. Prepare residents, staff and transport vehicles accordingly.)
- When facility is ready to evacuate, follow the Full Building Evacuation Plan.
- Modes of transportation that may be used:
  - Fixed wing aircraft and/or helicopter
  - Ambulances – Advance or Basic Life Support
  - Vans / buses
  - Private vehicles
- Nursing Staff will likely be required to accompany residents during transport and may be asked to care for residents by the receiving facility.
- The Command Center will keep staff apprised of key information in order to reduce anxiety and assures everyone is working with the same level of information. The Command Center will provide communication to residents and families.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LANDFALL

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS	Once residents are secure as possible, go to a safe place.	❏
	Evaluate residents for medical needs. Report results to the Command Center.	❏
	Evaluate the ability of department operations to continue. Report results to the Command Center.	❏
	Evaluate the physical building and utilities.	❏
	Monitor the National Weather Service.	❏
	Make decision to evacuate or recover-in-place. See Full Building Evacuation.	❏
	Develop Recovery Plan.	❏
	Monitor the National Weather Service.	❏

RETURN TO NORMAL OPERATIONS / RECOVERY

All Recovery Planning and guidelines will be developed in the Command Center:

- Ensure staff do not step in pools of water where there is the danger of loose or dangling electrical wires.
- Post storm, residents will be moved back into rooms, if possible. Employees will work in shifts to be available to relieve one another.
- Command Center will oversee labor pool of returning Employees and assign them accordingly.
- All departments, as applicable, will re-supply medical, food, equipment and other items necessary for normal operations.
- Plan and conduct other appropriate actions deemed necessary to restore the facility to normal operations.
- Consult with the City/State Emergency Operations Center[219] and issue the "all clear".
- Have Finance Section capture costs for reimbursement.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary Plan updates.
- **Maintenance[220]:**
  - Survey building and utilities.
  - Re-establish communications.
  - Test water supplies.
  - Use emergency supplies of water until authorities announce the water is potable.
  - Remove boards from windows as soon as possible to reduce the growth of mold and mildew.

ADDITIONAL REFERENCES:
> Section D – Full Building Evacuation Plan

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[219] Revise as necessary
[220] Revise position title if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF AIR CONDITIONING / HIGH HEAT

OVERVIEW
A high temperature/heat situation can be a true emergency, particularly to an elderly population. The ability to regain power, access portable air conditioning units or other mitigating efforts should be considered at the on-set of the situation. Partial or full building evacuation may be required depending on weather conditions and expected duration.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
● Use fans and portable air conditioning units, if available. Notify staff member responsible for Infection Control.
● Keep blinds, curtains, drapes, etc. closed in areas of building that receive direct sunlight.
● Open doors and windows, as necessary, to take advantage of available breezes.
● Avoid activities that may excite residents or require physical exertion.
● Keep residents out of direct sunlight.
● Turn off lights as well as other heat-producing appliances whenever possible.
● Provide plenty of liquids for residents and staff.
● Monitor vital signs of residents and staff.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
● Activate the Command Center by notifying the Section Chiefs and Command Center personnel by phone or pager notification and indicating a Code Alert[221], as necessary.
● Ensure all essential departments are functioning. Determine impact on resident care, if any.
● Notify departments to complete the Department Rapid Assessment Form and forward to the Command Center.
● Meet with Plant Operations to assess situation and develop an action plan.
● Consider:
   ▪ Consider relaxing dress code.
   ▪ Consider reduction of work time or rotating staff in high heat-producing areas.
● Determine if common and/or gathering areas (Dining Rooms, Dens, Activities Room,[222] etc.) can be cooled using portable A/C units which may have to be rented or purchased. As necessary, direct staff to move residents during high heat situations into these areas.
● Continue to monitor the situation through appropriate Section Chiefs (department heads).
● Monitor the television or radio for important heat-related announcements.
● Determine need to report situation to EMS services or other regulatory agency. Report any heat related illnesses/deaths to Police immediately.
● Determine if any evacuation is necessary.

MAINTENANCE[223]

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[221] Revise if using a different code word
[222] Revise to reflect locations within your facility
[223] Revise position title if necessary

- Attempt to determine the extent of the air conditioning system outage, if applicable. Report this information to the Executive Director[224], Person in Charge or Command Center, if activated.
- Institute actions necessary for the repair of the air conditioning system.
- If a long duration outage is expected determine ability to obtain portable air conditioning (e.g.: Movincool units) from vendors.
  - <insert vendor[225]>
- Consider spot cooling units for:
  - Selected high-acuity residents; seek advice from clinical staff.
  - Sensitive equipment that could be affected by high heat (i.e. communications, IT).
  - Common or gathering areas such as dining rooms, activity rooms, dens, etc.

NURSING[226]
- As applicable, dress residents in loose, non-restrictive clothing.
- Maintain adequate fluid intake for all residents. Ensure water and other fluids are within easy reach of residents and encourage consumption of liquids.
- Be alert for any changes in residents (physical, emotional or mental) that may indicate heat related illness. Monitor vital signs closely. Be alert for absence of perspiration.
- Identify medications that may be contraindicated or should be administered in modified dosages in high heat conditions.
- Give sponge baths, as necessary.
- Keep residents out of direct sunlight.
- Monitor staff conditions closely.
- Monitor resident treatments and activities, based on high heat conditions.
- Consider moving residents to common or gathering areas that are air conditioned.
- Give sponge baths, as necessary.
- Keep residents out of direct sunlight.
- Monitor staff conditions closely.
- Monitor resident treatments & activities, based on high heat conditions.

DINING SERVICES[227]
- Consider establishing a hydration station in the facility, where water and other fluids are always available to residents and staff.
- Avoid hot foods and heavy meals as they tend to add heat to the body.
- Consider the possibility of using a non-cooking menu.

RETURN TO NORMAL OPERATIONS / RECOVERY

Air conditioning operational, or high heat situation no longer in effect:

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[224] Revise position title if necessary
[225] Insert vendor information
[226] Revise position title if necessary
[227] Revise position title if necessary

- Have Maintenance[228] verify operational conditions of sensitive equipment.
- Determine operational ability of facility and what, if any, admission criteria will be established.
- With Nursing, evaluate residents' condition and care.
- Have Logistics Section Chief ensure there is no mold or related situations to affect existing residents or new admissions.
- Assess all other staff and department operations, through the Section Chiefs.
- Determine status of facility.
- Communicate to the public that the facility is open for business.
- Have Finance Section collect cost for reimbursement.
- Have department heads re-stock supplies.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

NOTE: If the loss of air conditioning / high heat disaster resulted in any major operational building or utility damage, see Disaster Recovery Plan in Section G.

ADDITIONAL REFERENCES:
    Emergency Agency Phone Numbers
    Emergency Contractor/Vendor Phone Numbers
    Loss of Cooking Ability
    Full Building Evacuation Plan

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[228] Revise position title if necessary

HEAT INDEX CHART

In an effort to alert you to the hazards of prolonged heat/humidity episodes, the National Weather Service devised the "heat index." The heat index (HI) is an accurate measure of how hot it really feels when the effects of humidity are added to high temperatures.

To use the heat index chart, find the appropriate temperature at the top of the chart and read down until you are opposite the humidity. The number that appears at the intersection of the temperature and humidity is the heat index.

Heat Index Chart (Temperature & Relative Humidity)

RH (%)	Temperature (ºF)															
	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
90	119	123	128	132	137	141	146	152	157	163	168	174	180	186	193	199
85	115	119	123	127	132	136	142	145	150	155	161	166	172	178	184	190
80	112	115	119	123	127	131	135	140	144	149	154	159	164	169	175	180
75	109	112	115	119	122	126	130	134	138	143	147	152	156	161	166	171
70	106	109	112	115	118	122	125	129	133	137	141	145	149	154	158	163
65	103	106	108	111	114	117	121	124	127	131	135	139	143	147	151	155
60	100	103	105	108	111	114	116	120	123	126	129	133	136	140	144	148
55	98	100	103	105	107	110	113	115	118	121	124	127	131	134	137	141
50	96	98	100	102	104	107	109	112	114	117	119	122	125	128	131	135
45	94	96	98	100	102	104	106	108	110	113	115	118	120	123	126	129
40	92	94	96	97	99	101	103	105	107	109	111	113	116	118	121	123
35	91	92	94	95	97	98	100	102	104	106	107	109	112	114	116	118
30	89	90	92	93	95	96	98	99	101	102	104	106	108	110	112	114
Note: Exposure to full sunshine can increase HI values by up to 15ºF																

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF COOKING ABILITY

OVERVIEW
The loss of power and/or fuel sources may lead to the inability to prepare meals. This procedure outlines a variety of cooking options and plans.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- Emergency menus are available using food that does not require cooking. (See meus attached to this procedure)
- Determine the availability of alternate areas within the facility to cook or warm food such as staff lounges, areas with microwaves or stoves.
- Depending on the situation, the facility may contract for off-site food preparation, mobile field kitchens, or they may use non-cooking menus.
- Dining Services will determine the needs of residents, staff and others sheltering at the facility, and they will address supply issues.
- Advise Dining Services[229] of food supplies on unit, as applicable
- Be aware of the schedule Dining Services sets up for staff dining.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Meet with Dining Services to determine if situation can be handled within normal operations.
- As necessary, open the Command Center to manage the incident. In coordination with Section Chiefs (department heads), ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.

DEPARTMENT SPECIFIC ACTIONS

DINING SERVICES[230]
- A minimum of a 4-day[231] supply of emergency food should be on hand at all times. (Menus must address medical and nutritional needs of residents / See Emergency Resource and Lists Section).
- Food service priorities will be as follows:
  - Residents (if limited food service, review with Medical Director & Nursing)
  - Staff (Set up separate area and meal times for visiting families who may also be sheltering in the facility)
  - Visitors (Families)
  - Catering will be suspended[232]
- Special Considerations:

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[229] Revise department name if necessary
[230] Revise department name if necessary
[231] Revise amount per facility supply as required by your state regulations
[232] Delete if not applicable

- - Meals will be served as close to normal times as possible
  - Follow Emergency Non-Cooking Menu
- Consider using any food preparation areas[233] that are still operational:
  - Main Kitchen
  - Coffee Shop
  - Cafeteria
  - Microwaves (throughout facility)
- Determine if outdoor grills can be utilized for food preparation[234].
- Consider contracting food prep/delivery from area healthcare facilities, restaurants, schools, etc., depending on expected duration of incident and outside conditions.
- If cooking will be lost for an extended period of time, consider mobile field kitchens.
- If Food Service staff are not in the building and cannot return in an acceptable length of time:
  - Kitchen can be entered (fill in location and method of entry) 3rd floor lobby Community Center
  - Emergency Food Supply is located (fill in location and method of entry) 2 floor community center
  - Follow Emergency Non-Cooking Menus attached to this procedure.
- Incident Command will work with departments to assign staff to emergency food preparation until normal staff arrives.
- The following is a list of companies to obtain prepared meals and mobile field kitchens:
  - Gardner H. Stern, Jr. Company: 1-800-738-0401
    - www.gardnerstern.com
    - Provides nationwide service
  - Stewart's Mobile Concepts: 1-800-919-9261
    - www.stewartsmobile.com
    - Provides nationwide service
  - Kitchens To Go
    - www.kitchens-2-go.com
    - Midwest Location 1-888-212-8011
    - West Coast Location 1-888-212-0801

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[233] Revise list to reflect what is available in your facility
[234] Revise as necessary

EMERGENCY (NON-COOKING) MENU - (STANDARD)[235]

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared. Recipes are kept: _____[236]

DAY ONE

Breakfast	Lunch	Dinner

DAY TWO

Breakfast	Lunch	Dinner

DAY THREE

Breakfast	Lunch	Dinner

---

[235] Complete for each listed diet as necessary, for three days. Insert existing menus that may already exist.
[236] Insert location

EMERGENCY (NON-COOKING) MENU - (SOFT/SEMI-SOFT)[237]

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared. Recipes are kept: _____ [238]

DAY ONE

Breakfast	Lunch	Dinner

DAY TWO

Breakfast	Lunch	Dinner

DAY THREE

Breakfast	Lunch	Dinner

---

[237] Complete for each listed diet as necessary, for three days
[238] Insert location

EMERGENCY (NON-COOKING) MENU - (PUREE)[239]

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared. Recipes are kept: _____[240]

DAY ONE

Breakfast	Lunch	Dinner

DAY TWO

Breakfast	Lunch	Dinner

DAY THREE

Breakfast	Lunch	Dinner

---

[239] Complete for each listed diet as necessary, for three days
[240] Insert location

EMERGENCY (NON-COOKING) MENU - (DIABETIC)[241]

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared. Recipes are kept: _____ [242]

DAY ONE

Breakfast	Lunch	Dinner

DAY TWO

Breakfast	Lunch	Dinner

DAY THREE

Breakfast	Lunch	Dinner

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[241] Complete for each listed diet as necessary, for three days
[242] Insert location

RETURN TO NORMAL OPERATIONS / RECOVERY

Ability to cook restored:

- Verify with Public Health, as necessary, the fact that the kitchen is approved to restart operations.
- If only limited food serving can be offered, review with Medical Director and Nursing to determine what, if any, effects to resident care or admissions.
- Collect cost for reimbursement and develop a full report for critique.
- Have department heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

  Loss of Natural Gas Procedures
  Loss of Water Procedures
  Loss of Sewer Service Procedures
  Loss of Electric Service Procedures
  Emergency Food Supply
  Emergency Agency Phone Numbers
  Emergency Contractor/Vendor Phone Numbers
  Appendix L: Food Service Reference Material

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF ELECTRIC SERVICE

OVERVIEW
The loss of power can be critical to a healthcare facility that relies on electric powered medical equipment. Loss of power is the leading cause of healthcare facility evacuations.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- The facility is serviced by one generator which is located on the east side of_ the building. The generator is a __2300__ KW fueled by a _500____ gallon diesel tank with a __120__ hours running capacity.[243]
- In the event of an emergency, problem or failure involving any portion of the electrical system any staff should:
    - Immediately notify the Executive Director[244], Maintenance[245] and the Director of Nursing[246].
    - Give your name, location and the nature of the emergency. Someone from Plant Operations will be dispatched immediately to evaluate the situation and provide emergency service.
- Emergency power circuits are identified by Red Covers[247]. See list of services provided by generator, in the Emergency Resources and Lists Section.
- All essential resident care equipment should be routinely connected to these receptacles. Check all such equipment to ensure it is properly plugged into these outlets and functioning.
- Backup electronic data and determine need to shut down computers and servers.
- While the facility is operating on emergency power, all non-essential equipment should be turned off or disconnected. Also turn off any equipment that may have been running when the power was lost.
- Open curtains and drapes to take advantage of natural or off-site lighting, as applicable.
- As necessary, request temporary lighting, flashlights and extension cords from Maintenance[248].
- Follow procedures for loss of any service which has been lost in the disaster.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Activate the Command Center by notifying the Section Chiefs and Command Center personnel by phone or pager notification and indicating a **Code RED,** as necessary.
- Ensure all essential departments are functioning. Determine impact on resident care, if any.
- Notify departments to complete the Department Rapid Assessment Form and forward to the Command Center.
- If all power is lost (commercial and emergency) staff would take immediate life safety actions.

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[243] Insert generator location, size, fuel type, etc.
[244] Revise position title if necessary
[245] Revise position title if necessary
[246] Revise position title if necessary
[247] Revise as necessary
[248] Revise position title if necessary

- Utilize Resident TV Channel to inform residents, as necessary[249].
- Determine need to report situation to Executive Director or other regulatory agency. See reporting procedures in the Appendices section.

MAINTENANCE[250]

WHEN ON GENERATOR POWER

- Check automatic transfer switch to ensure that load has transferred.
- Attempt to determine expected duration of electrical outage.
- Ensure Utility Company (Eversource) is aware that you are a healthcare facility and request priority restoral of power.
- Ensure that the generator is functioning properly. If fuel supply is low shut down generator before depletion.
- Check communications, IT, fire and security systems, exit alarms, electronic locks, and applicable medical equipment (i.e. suction, IV pump, ventilators) to determine what is functioning[251]. Provide status update to Command Center.
- Ensure emergency power to utility pumps throughout the building(s), including wells, if applicable[252].
- The generator should be checked periodically throughout the incident (monitor/record voltage, current, fuel level and temperature).
- Restart equipment following shutdown, as necessary.
- Advise Command and other Section Chiefs (department heads) of any electrical services that are not available due to the power loss.

IF OUTAGE IS EXPECTED TO BE FOR A LONG DURATION

- Be proactive in anticipation of replenishing fuel supplies (see Average Expected Fuel Consumption Calculations below).
  - Using a formula such as 2.5 gallons/hour per 10KW of power, project what your likely fuel consumption will be and make sure that you have supply contracts or arrangements in place. Advise Command Center how long the fuel supply will power the generator.
  - When fuel supply drops to approximately 50% contact vendors. You may have to make this call sooner if your supplier is out of your region.
- Confirm availability of back-up portable generators from Vendors or Office of Emergency Management.
- List of agreements with contractors who may be able to provide back-up building generators are listed in Emergency Resources and Lists.
- Confirm that a fuel supply and mechanic comes with the generators.
- Attain a portable, gasoline-fueled generators to run selective critical equipment (i.e. ventilators, portable A/C units, etc.). Ensure that generators operate in a safe, well-ventilated area that is outside. Use only approved safety cans for fuel. Refueling of generators will take place only after shut down and cool-off has taken place.

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[249] Delete if not applicable
[250] Revise position title, if necessary
[251] Revise equipment list, as necessary
[252] Revise as necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NURSING
- Set up portable oxygen where necessary.
- Operate life support equipment on battery back-up or manually (suction, IV pump, vent, etc.[253]), as necessary, until emergency power takes over.
- If necessary, place an extension cord by each portable suction machine to enable one to plug machine quickly into an outlet served by the emergency generator.
- Use extension cords to plug medication refrigerators into outlets (label the extension cord and medical refrigerator to be used only for this purpose) which are served by the emergency generator, **OR** move necessary medications that could spoil without refrigeration (i.e. vaccines) into a refrigerator already served by the generator[254].
- Contact Maintenance[255] for extension cords that will reach emergency outlets to enable beds to be raised and lowered if hand cranks are not available.
- If resident room bathroom lighting will not be served by emergency generator; keep doors open).
- Ensure operation ability and availability of flashlights and batteries.
- Exit door alarms should operate under generator power. If the system is not powered by emergency power, request additional staffing or security for Dementia / Alzheimer's Units, as necessary, based on loss of electronic security systems. Monitor stairwell and exit door alarms for resident safety.[256]
- Frequently check resident rooms if "nurse call system" is not working.
- **CRITICAL CARE RESIDENT AREAS[257]**:
    - For critical medication pumps and ventilator dependent residents, set up portable oxygen tanks and supervise manual ventilation and medication dosage, if necessary.
    - Evaluate need to transfer high acuity residents to acute care based on projected duration of outage and residents' conditions.

DINING SERVICES[258]
- Remove food from refrigerators and freezers not powered by the emergency generator and transfer food to refrigerators/freezers served by the generator. This would also apply to ice machines.
- For freezers not on emergency generators, keep doors closed as much as possible. If spoilage is possible, start cooking applicable items.

PHARMACY
- Reset electronic medication carts and scanners on each unit, as necessary[259].

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[253] Revise as necessary
[254] Revise as necessary
[255] Revise position title if necessary
[256] Revise paragraph to reflect your facility operations if necessary
[257] Revise to reflect services and care levels provided. Delete if not applicable
[258] Revise position title if necessary
[259] Delete if not applicable

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF ELECTRIC SERVICE DURING DIALYSIS[260]

DIALYSIS STAFF[261]
- If power fails while a resident is on dialysis, the following will occur:
  - The air foam detector alarms then clamps the venous line.
  - The blood pump stops.
  - The machine sounds a power failure alarm.
  - The generator should activate within __ [262]seconds.
  - The person in charge should notify Maintenance. Try to ascertain when the power might be restored.
  - Ensure machine plugs are properly planed in emergency outlets.
- If the generator does not activate, Nurse responsibilities are to:
  - Using Hand-crank during power failure:
    - ➤ Turn power switch off.
    - ➤ Clamp arterial and venous blood lines.
    - ➤ Raise blood level in venous drip chamber.
    - ➤ Remove venous blood line from air detector.
    - ➤ Locate hand crank and insert crank into blood pump (if applicable).
    - ➤ Open normal saline and observe venous drip chamber. If no air is present, unclamp the blood lines. Crank by hand in direction of blood flow.
    - ➤ If resident is able and instructed, he/she may perform procedure.
- If power **will be** restored in 10 -15 minutes:
  - Discontinue dialysis in usual manner using hand crank of blood pump.
  - Maintain minimum negative pressure.
  - Hand crank slowly to prevent rise in venous pressure.
  - Watch venous pressure monitor and watch for air in the lines.
  - Use heparinized saline to flush fistula needles and irrigate every 10 minutes until treatment is to be restarted.
- If power **will not be** restored in 10 -15 minutes:
  - Terminate dialysis.
  - Return blood manually, following routine rinse-back procedure.
- If dialysis treatment for residents cannot be safely rescheduled, transfer resident to a hospital.

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[260] Delete this part of the procedure if not applicable
[261] Validate the following emergency procedure with Dialysis staff, revise as necessary
[262] Insert time frame

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF EMERGENCY GENERATOR POWER

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- Where uninterrupted power supply and battery back-up is present, immediately save important data by powering down computer equipment and other applicable items before batteries run out.
- Complete the Department Rapid Assessment Form and inform the Command Center of your ability to function.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Activate the Command Center by notifying the Section Chiefs and Command Center personnel by phone or pager notification and indicating a **Code YELLOW**
- Resident care staff will begin life safety procedures for residents. Immediately assess needs in resident care areas.
- Establish which position will notify the Fire Department and/or Police Department if staff should call out a disaster code word or there is a fire. Use cell phone or runner to contact the Fire Department to advise them that your fire alarm and communications are down.
- In the event of a generator failure, <u>and</u> the loss of commercial power, the following would be required. If these items cannot be provided within an acceptable length of time, evacuation of the building would have to be considered. See Section D – Full Building Evacuation Plan.
  - <u>Essential Services Requiring Electrical Power:</u>
    - Egress illumination (corridors, stairways, and landings[263])
    - Exit and directional signs
    - Communications (telephone, nurse call, etc) and fire alarm system.
    - Resident care areas (lighting and power for life support systems such as suction, vents, etc.)
    - Task lighting and power in service areas and clinical areas
    - Oxygen
    - Elevators[264]
    - Air handling units
    - Critical water pumps
- Determine need to report situation to Executive Director or other regulatory agency.

NURSING
- Immediately address life support in high acuity areas (i.e. dialysis, ventilators[265]):
  - Provide portable oxygen tanks, as necessary.
  - Monitor battery backup for IV pumps. Be ready for manual operations if batteries should fail.

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[263] Revise if a single story building
[264] Delete if no elevators
[265] Revise as necessary to reflect proper levels of care and services provided

- For residents on ventilators, provide manual ventilation and oxygen tanks, as necessary. Respiratory Therapy should assist[266].
- Request security for Dementia / Alzheimer's areas is doors unlocked or monitoring is effected by loss of power.
- Evaluate need to transfer high acuity residents to acute care based on projected duration of outage and residents' conditions.
- Place heat sensitive medications in a cooler with ice.

MAINTENANCE[267]
- Secure portable generator(s).
- List of agreements with contractors who may be able to provide back-up building generators are listed in Emergency Resources and Lists.
- Portable generator can be positioned in the parking area adjacent to the existing generator and connected using a __50_ length of cable.
- When connecting a back-up generator to the building, open the main disconnect switches in the switchgear room to prevent back feed when commercial power is restored[268].
- If the fire detection system is out of service (4 hours in a 24 hr. period), the facility should notify the Fire Department and establish a fire watch. See Loss of Fire Protection Systems procedure.

RETURN TO NORMAL OPERATIONS / RECOVERY
Upon restoration of normal electric power:
- Determine status of facility.
- Cost for reimbursement and develop a full report for critique
- Have department heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

Maintenance:
- Verify stability of commercial power with utility company.
- Check generator for proper fluid levels and ensure that all circuits have transferred properly.
- Notify each department, as necessary, of procedure for turning equipment back on to avoid all equipment being turned on at once, resulting in a massive power draw.
- Check life support equipment.
- Check all communications systems.
- Check all refrigerators and freezers for proper operation.
- Check HVAC units and boilers for proper operation.
- Reset all clocks, lighting and other timers
- Check all pumps.

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[266] Delete if not applicable
[267] Revise position title if necessary
[268] Validate with maintenance staff

- Check fire alarm system to ensure proper operation.
- Check all elevators for proper operation on normal power[269].
- Check manual transfer switches.
- Check all motor control centers.
- Ensure generator is properly serviced and maintained if run for a long period of time.

IT Department:
- Check all computer systems. Retrieve information as necessary.

Nursing:
- Re-check medical equipment to ensure proper operation.
- Evaluate residents.

Dining Services[270]:
- Dispose of any perishable items that may have been exposed to unsafe storage temperatures.

ADDITIONAL REFERENCES:
>   Loss of Air Conditioning System / High Heat Procedure
>   Loss of Cooking Ability Procedure
>   Loss of Heating System Procedure
>   Loss of Telephone / Internal Communications Procedure
>   Loss of Water Service Procedure
>   Loss of Fire Protection System Procedure
>   Emergency Resources and Lists:
>>   Emergency Utility Shut-Off Locations
>>   List of Equipment Served By the Emergency Generator

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[269] Delete if no elevators

[270] Revise position title, if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF ELEVATOR SERVICE[271]

OVERVIEW
Elevator access to floor above and below grade is essential to the movement of people and supplies. In high rise buildings in particular, the loss of elevator service can significantly affect the ability to provide services and maintain operations.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- Notify Administration and Maintenance[272].
- Determine if anyone is on the elevator. Assure individuals inside the elevator that they will be rescued.
- Determine if there are injuries. If any occupants are injured, notify the Fire Department and Ambulance Service.
- While communicating with passengers, obtain the following information:
  - Number of passengers on elevator.
  - If there are residents in the elevator, their names, room numbers, and apparent condition.
  - If there are staff members in the elevator, their status and units or department numbers.
  - Any immediate problems in the elevator.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Determine extent of outage with Maintenance and impact it will have on facility operations and resident care. Activate Incident Command if necessary.
- If elevator is not operable for an extended period of time, notify staff and develop an action plan. Determine if resident movement, food or supply deliveries will be impacted.
- Post an individual at Reception/Lobby area to explain the situation to incoming persons, or post signs at elevator indicating that it is out of service. Provide directions to alternate elevator[s] and/or stairwells.
- If elevators will be out of service for an extended time, handicapped staff will be assisted to the ground floor by appropriate persons.

NURSING
- Plan to take necessary services and supplies to residents.
- If all elevators are out of service, arrange for emergency related vertical transport of residents, as necessary, via Fire Department, EMS, and facility staff.
- Consider:
  - Relocation of selected residents to lower floors
  - Any temporary suspension of services or admissions
- Provide medical assistance, as necessary, to injured occupants.
- Determine if any non-ambulatory residents are scheduled to leave the facility during the outage for doctor appointments, testing, etc.

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[271] Delete procedure if no elevators
[272] Revise position title if necessary

MAINTENANCE[273]

- Notify elevator service contractor. Request estimated time of arrival of service personnel.
- Do not attempt to force open doors or remove occupants without advice from the elevator service contractor.

DINING SERVICES[274]

- If elevator will be out of service during mealtimes, staff should be organized into a "transport line" for moving meals to upper floors.

RETURN TO NORMAL OPERATIONS / RECOVERY

Upon restoration of elevator service:

- Have Maintenance verify with contractor that the elevators are fully functional.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

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[273] Revise department name if necessary

[274] Revise department name if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF FIRE PROTECTION SYSTEMS

OVERVIEW
A fire detection and alarm system is installed in the facility. The system includes manual pull stations, smoke detectors, audible/visual alerting devices, automatic sprinkler water flow indicators, and valve position monitors to indicate tampering. Additionally, the fire alarm system causes the notification to the Fire Department[275].

The facility also has automatic suppression systems as follows[276]:
- Automatic Sprinkler System throughout the building
- Kitchen cooking area hood suppression system

If staff observe the failure of any of these systems, or observe any problems related to the Fire Protection Systems, this should be immediately reported to both Maintenance[277] and the Executive Director[278].

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Activate the Command Center by notifying Section Chiefs and Command Center.
- In the event of a system failure of the fire alarm system, smoke detection system, power systems, or sprinkler system, the following actions shall be taken immediately by the facility:
    - Notify the local fire department (<insert FD name and telephone #>[279]) and document instructions.
    - Notify all staff working in the building of the impairment
- Assess the extent of the condition and effect corrective action, with a documented period. If the corrective action to repair the Fire Alarm Detection System will take more than four (4) hours, or the Fire Suppressions System will take more than 10 hours, the following items shall be completed:
    - Implement a contingency plan to the facility fire plan containing: a description of the problem, a specific description of the system failure, and the projected correction period.
    - Establish a fire watch for Fire Alarm Detection impairments of more than 4 hours in duration, or Fire Suppression impairments of more than 10 hours in duration (see fire watch procedure).
    - For extended impairments notify the facility insurance company.
- All staff on shifts involved shall have documented in-service training for the emergency contingency. Provide education to staff on steps to take during the impairment, as appropriate:

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[275] Revise statement to reflect buildings fire alarm system
[276] Revise as necessary
[277] Revise position title if necessary
[278] Revise position title if necessary
[279] Insert FD information

- Fire alarm impairment – review the use of the facility code word "Code Red[280]", method for announcing fire situations and locations via the fire alarm system (if operational) or via portable phones/radios carried by staff, and the necessity for contacting 911 directly to notify the fire department of a fire emergency.
  - Sprinkler system impairment – review the location and use (P.A.S.S.) of fire extinguishers with staff.
- Ensure notifications have been made to the local fire department.
- Ensure the appropriate service vendor has been notified.
- Notify State Health Department or other regulatory agency, as necessary.[281]

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE [282]
- Review all system outages and provide the Incident Commander or Person in Charge with an assessment of the situation. Service contractors shall be notified as soon as possible.

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[280] Revise if different than Code Red
[281] Insert additional individuals or agencies, if any
[282] Revise position title if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Fire Watch Procedures

A fire watch will be implemented in the event the fire alarm system and/or the sprinkler system is out of service (OOS) for an extended period of time including:

- Fire Alarm System – OOS for 4 or more hours (NFPA 101, 2012 Edition)
- Fire Sprinkler System – OOS for 10 or more hours (NFPA 25, 2011 Edition)

It may also be implemented if requested by the Authority Having Jurisdiction.

In the event a fire watch becomes necessary, the following procedures will be implemented:

- The fire watch will be conducted by an individual specifically assigned for the purpose of the fire watch. The individual shall not have other facility responsibilities. Individuals assigned to perform a fire watch shall be looking for the signs of fire and or smoke. In addition, they shall monitor the facility in an attempt to mitigate the potential for a fire to occur by looking for:
  - Electric overloads
  - Overheated electrical equipment
  - Burners left on where stove tops are present
  - Dryer lint buildup in the laundry area
  - Smoking violations
  - Any other possible fire hazards

- If a fire is discovered when the fire alarm system is out of service, staff in the fire area will be responsible to make a page and/or radio announcement of the fire's location in place of activating the fire alarm.

  NOTE: See attached checklist for fire watch.

- The local fire department shall be notified that a fire watch has been established along with <Insert regulatory agency name[283]>.

- The facility will also notify the following when a fire watch has been initiated:
  - Applicable facility leadership (i.e. Maintenance[284], Executive Director[285], etc.)
  - Insurance carrier (if required by the carrier)
  - Notify State Health Department or other regulatory agency, as necessary.[286]

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[283] Insert regulatory agency name
[284] Revise position title if necessary
[285] Revise position title if necessary
[286] Insert additional individuals or agencies, if any

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRE WATCH FREQUENCY

A fire watch tour of the entire building shall occur and be logged <u>every hour</u>[287] unless otherwise required by the Authority Having Jurisdiction.

CANCELLATION OF THE FIRE WATCH

The fire watch may conclude when the projected correction period changes or when the system is restored to normal operation. The facility shall notify the _____[288] and local fire authorities.

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[287] Revise if Authority Having Jurisdiction has a different requirement
[288] Insert Regulatory Agency name

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRE WATCH CHECKLIST

Building: _____ Date/Time Fire Watch started: _____

Date/Time Fire Watch completed: _____

Reason for Fire Watch (explain):_____

ITEM	LIST LOCATIONS	CHECKED
EXITS UNOBSTRUCTED	Throughout	
FIRE EXTINGUISHERS UNOBSTRUCTED	Throughout	
SMOKE BARRIER DOORS UNOBSTRUCTED	Throughout	
FIRE ALARM PULL STATIONS UNOBSTRUCTED	Throughout	
CORRIDOR DOORS ARE NOT PROPPED OPEN	Throughout	
HAZARDOUS ROOM DOORS ARE NOT PROPPED OPEN	Soiled Utility Rooms Fuel Fired Equipment Rooms Storage Rooms >50 sq.ft.	
OXYGEN STORAGE IN PERMITTED LOCATIONS	Insert locations	
NO ELECTRICAL OVERLOADS	Throughout	
NO DRYER LINT BUILDUP	Laundry	
KITCHEN SUPPRESSION SYSTEM FUNCTIONAL	Kitchen	
EXTENSION CORDS ONLY USED AS PERMITTED	Throughout	
SMOKING ONLY OCCURS IN PERMITTED SMOKING AREAS	Amend as necessary	

Insert Notes Regarding Situations Found and How They Were Mitigated:

Name/Title of person conducting Fire Watch (Print): _____

Signature of person conducting fire watch: _____

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF HEATING SYSTEM

OVERVIEW
The inability to heat the facility can be a critical issue in many parts of the country. The loss of heating systems should be assessed quickly to determine if the situation can be remediated while temperatures remain steady in the building. If not, partial or full building evacuation may be necessary.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
Note: Loss of water and/or electric may result in the loss of heat in some buildings on the campus[289].

- Expected duration of outage, along with outside weather conditions, must be evaluated before possible building evacuation is considered. (If necessary, see Full Building Evacuation Plan.)
- All staff should survey their assigned areas to ensure that all windows and doors are closed. Any windows or doors that do not seal effectively should be reported to Maintenance[290].
- Heating in resident homes may be independent of systems that provide heat to common areas of the building.[291]

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Activate the Command Center by notifying the Section Chiefs and Command Center personnel.
- Determine extent of outage with Maintenance and impact it will have on facility operations and resident care.
- Determine if portions of the building can be used to safely house residents within the State temperature requirements. Continuously monitor building temperatures.
- Adjust employee dress code, as needed.
- Evaluate conditions for possible census reduction or evacuation of residents compromised by loss of heat. See Resident Census Reduction and Full Building Evacuation Plan.

MAINTENANCE[292]
- Attempt to determine expected duration of heating system outage.
- Shut down fresh air systems, as applicable, based on outside air temperature. Depending on outside conditions, if temperature is below 50º Fahrenheit, the ventilation fans will be shut down, and the fresh air systems will be shut down[293].
- Advise Infection Control.
- Monitor building temperatures.
- Institute actions necessary for the repair of the heating system.
- Determine if alternate heat source can be utilized to warm selected areas.

---

[289] Revise as necessary
[290] Revise position title if necessary
[291] Revise to reflect building heating systems in use
[292] Revise position title if necessary
[293] Revise as necessary

- Determine ability to switch to alternate methods of heat or consider contacting a vendor to provide a portable heat source (boiler), if practical.[294]

FREEZING OR LOW TEMPERATURES:
- **If Evacuating The Building:**
  - Ensure water-cooled equipment, which has not been otherwise protected, is drained.
  - Ensure condensed moisture from compressed air lines is drained frequently.
  - If heat loss will last for an extended period of time, drain compressors, condensate piping, hydraulically operate devices and air conditioning systems.
  - Institute emergency procedures for processes that depend on steam or water supply.
  - Drain piping systems that contain liquids, other than water, which are vulnerable to freeze-ups.
  - Check pressure-vessel vents as well as relief and safety valves for obstructions such as frozen condensate.
  - Ensure sprinkler systems are checked regularly to make sure they are operational.
  - Check the water temperature of the fire pump suction tank.
  - Maintain a temperature above 40ºF (4ºC) in rooms with wet/dry pipe sprinkler system valves and electric-powered fire pumps. Rooms housing diesel engine driven fire pumps should be maintained at 70ºF (21ºC).
  - Ensure air handlers remain on and temperatures are monitored in any areas where medications are stored.

NURSING
- Dress residents with several layers of loose clothing, two pair of socks, bathrobes, slippers, etc.
- Use extra blankets, including bath blankets.
- Group residents into rooms, if possible.
- Establish activities to keep residents active, as practical.

OT/PT/ACTIVITIES[295]
- Adjust therapy and activities, as appropriate.

HOUSEKEEPING/LAUNDRY[296]
- Provide blankets to Nursing Department.
- Consider using additional resident clothing that may be stored in the facility.

DINING SERVICES[297]
- Provide hot foods and drinks, as applicable.

RETURN TO NORMAL OPERATIONS / RECOVERY
Upon restoration of the heating system:

---

[294] Delete if not practical
[295] Revise department name if necessary
[296] Revise department name necessary
[297] Revise department name if necessary

- Have Maintenance[298] verify heating system operations and other utilities that may have been damaged due to heat loss.
- Collect cost for reimbursement and develop a full report for critique.
- Have department heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Emergency Utility Shut-Off Locations
Emergency Contractor/Vendor List
Full Building Evacuation Plan
Resident Census Reduction Plan

---

[298] Revise position title if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF INFORMATION TECHNOLOGY

OVERVIEW
The loss of IT affects everything in the facility from medical records to ordering pharmaceuticals. As such, it is considered critical infrastructure component.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- If advanced warning is possible, save and back up all work, then shut down your computer. Most UPS devices have a 30 – 60 minute battery back-up[299].
- With systems down, the facility will have to go to "Down Time" procedures for necessary records.
- Each department maintains its own "Down Time" procedures[300].

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- As necessary consider activating the Command Center by notifying the Section Chiefs and Command Center personnel**.**
- Together with IT staff, assess impact on facility operations and resident care and develop an action plan. Determine ability to access offsite backup data and/or Cloud storage for backup data[301].
- Notify all departments to activate down-time procedures.
- Determine need to report situation to your regulatory agency.

INFORMATION SYSTEMS
- Inform departments of disruption and duration via call lists or other contact information.
- Ensure departments are using paper back-up procedures, as appropriate.
- Request all departments to complete a **Departmental Rapid Assessment Form** and forward to the Command Center by fax or runner.
- Prioritize system recovery, if needed with focus on first priority systems[302]:
  - Resident Processing, Accounting, Pharmacy, Food Services
  - HR and Payroll
- Followed by other mission critical systems:
  - Material Management System
  - A/P General System
- Attempt to determine cause of problem and expected duration of systems down. Provide this information to the Command Center.
- Initiate repair process.

MAINTENANCE[303]

---

[299] Revise as necessary
[300] Revise as necessary
[301] Revise as necessary
[302] Revise list of services to be restored as priority with IT staff
[303] Revise position title, if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Utilize paper back-up procedures for building mechanical systems controlled by computer, or the electronic work order system[304].
- Go to manual ordering.

DINING SERVICES[305]
- Utilize paper back-up procedures.
- Use resident tray "hardcopy" list from unit to prepare meals.
- Utilize paper back-up procedure forms to record dietary needs of new admissions manually.
- Go to manual ordering.

CENTRAL SUPPLY[306]
- Utilize paper back-up procedures to record and maintain inventory use.
- Go to manual ordering.

NURSING / SUPERVISOR[307]
- Electronic Health Records including Pharmacy and EMAR's[308]:
  - Utilize paper back-up for records.
    - Distribute reports, as necessary.
    - Maintain manually.
    - Hand-write labels.
    - Go to manual ordering.
  - Once system is back up, re-enter new data.
- Manually open medication dispensing machine.[309]

  Refer to Appendix M for addition information regarding Electronic Records Access Policy

PHARMACY[310]
- Utilize paper back-up for records.
  - Distribute reports, as necessary.
  - Maintain manually.
  - Hand-write labels.
  - Go to manual ordering.
- Once system is back up, re-enter new data.
- Reset electronic medication carts, as needed.

RETURN TO NORMAL OPERATIONS / RECOVERY

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[304] Revise as necessary
[305] Revise position title, if necessary
[306] Revise position title, if necessary
[307] Revise position title, if necessary
[308] Revise if no Electronic Health Records
[309] Delete if no automated medication dispensing machines
[310] Delete if no pharmacy or medication dispensing location

Upon restoration of the IT system:
- Have IT/IS[311] staff verify electronic systems are up and running.
- Assess department operations, based on downtime.
- Have IT work with departments which may be having trouble coming back up or retrieving lost information.
- Determine if any financial impact on the facility and develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

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[311] Revise position title, if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF NATURAL GAS/PROPANE[312]

OVERVIEW
Fuels such as natural gas and propane can have a direct impact on heating, cooking and other critical functions.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- Services dependent upon equipment fueled by natural gas/propane[313] may be disrupted should there be a loss of gas service to the facility.
- The following equipment is fueled by natural gas/propane[314]:
  - ▪
  - ▪

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Activate the Command Center by notifying Section Chiefs and Command Center personnel.
- Evaluate conditions for possible evacuation if safe resident care cannot be continued.
- Request all departments to complete a Departmental Rapid Assessment Form and forward to the Command Center by fax or runner.
- Determine need to report situation to _____[315]or other regulatory agency.

DINING SERVICES[316]
- The following services will be affected[317]:
  - ▪ Resident meal service
  - ▪ Health Center resident meal service
- See Loss of Cooking Ability Procedures.
- Determine if alternate methods of cooking can be used such as microwaves, outdoor gas grills, butane burners, etc.

MAINTENANCE[318]
- Domestic boilers/hot water, dryers and kitchen appliances will be effected.[319]
- Attempt to determine expected duration of gas supply outage.
- Shut off valves supplying any appliances that have pilot lights (kitchens / boilers).

LAUNDRY[320]
- Dryers operate on gas, shut off gas until restored.

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[312] Revise to reflect type of gas in use. If no gas services in the building or any appliances, delete procedure.
[313] Revise to reflect type of gas in use.
[314] Revise to reflect type of gas in use. List all services and appliances dependent upon gas.
[315] Insert regulatory agency name
[316] Revise department name, if necessary
[317] List cooking appliance served by gas
[318] Revise position title, if necessary
[319] Revise as necessary
[320] Delete if no in-house laundry department

- Provide Linen inventory to the Command Center.
- Coordinate reduction of linen changes with Nursing.

NURSING
- The following services will be affected:
  - Hand washing and other resident care services that may depend upon hot water (bathing, showering)
  - Laundry – linen services may be reduced.
- Restrict resident bathing. Use wet wipes for hygiene needs.
- Use waterless hand cleanser or cold water where possible.
- Use disposable pads to reduce the need for linen changes.
- Use pre-mixed, pre-packaged enemas.

RETURN TO NORMAL OPERATIONS / RECOVERY
Upon restoration of the natural gas/propane[321]:
- Have Maintenance[322] verify integrity of natural gas/propane service[323].
- Upon restoration of gas supply, have Maintenance[324] re-light all pilot lights and check all gas appliances for proper operation.
- Collect cost for reimbursement and develop a full report for critique.
- Have department heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:
> Loss of Heating System Procedures
> Emergency Contractor/Vendor Phone Numbers
> Emergency Utility Shut-Off Locations

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[321] Revise to reflect type of gas in use.
[322] Revise position title, if necessary.
[323] Revise to reflect type of gas in use.
[324] Revise position title, if necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF OXYGEN / VACUUM[325]

OVERVIEW
The loss of medical gas systems have a direct impact on patient care.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
● Responsibilities of personnel discovering the malfunction:
  ▪ Immediately inform Respiratory Therapy, Nursing & Maintenance[326] that there is a problem with the medical gas or air central supply.
● The facility maintains a supply of oxygen tanks for use, should an emergency arise. This supply should satisfy the facility's needs until the situation can be corrected or additional temporary measures can be implemented.
● Staff must immediately assist with life support functions, as directed, and ensure that Respiratory Therapy[327] is informed.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
● Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
● Consult with Respiratory Therapy and Maintenance regarding the ability to meet the residents' needs with the supply on hand and determine the need to place orders for additional oxygen supplies.
● Inform applicable areas of the problem and the need to use portable units.

RESPIRATORY THERAPY[328]
● Determine the requirements for Oxygen. Notify Command Center of the need for additional portable units. Contact Oxygen vendor to determine estimated time of delivery.
● Distribute portable units to areas of need. **Prioritize by Acuity (i.e. ventilators).**
● Track where tanks are distributed.
● An emergency supply of portable oxygen tanks are stored second floor Health Center .

MAINTENANCE[329]
● Notify all resident care areas to use portable oxygen tanks until further notice.
● Determine the extent of the problem and arrange for repairs. Advise Command Center of status.
● The Oxygen delivery system emergency shutdown is located 2nd floor Health Center .
● If malfunction / failure of Oxygen delivery system: notify the supplier to send repair personnel and additional supply tanker for connect to "Emergency Low Pressure Gaseous Oxygen Inlet", located not appllicable
  NOTE: There are portable units if primary system fails.

---

[325] Delete procedure if no centralized, piped Medical Gas system in the building
[326] Revise position titles, if necessary
[327] Revise position title, if necessary
[328] Revise position title, if necessary
[329] Revise position title, if necessary

NURSING
- Determine need for portable suction machines. Notify Command Center.
- Portable suction machines are stored 2nd floor Health Center
- Evaluate need to transfer high acuity residents to acute care based on projected duration of outage and residents' conditions.

RETURN TO NORMAL OPERATIONS / RECOVERY

Upon restoration of oxygen:
- Assess department operations, based on situation.
- Determine status of facility oxygen supply.
- Develop a full report for critique.
- Have department heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Emergency Contractor/Vendor Phone Numbers

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF SEWER / WASTE SYSTEM

OVERVIEW
Sewage and waste systems are critical to maintain a safe environment within and around the facility.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- If you discover the situation, notify your Department Head, Maintenance and Administration.
- Selected toilets and areas will be used.
- If sewer system is damaged, bed pans, commode chairs or toilet bowls can be lined with waste bags and waste material collected if toilets cannot be force flushed.
  - A small amount of chlorine bleach or kitty litter should be poured into each bag prior to sealing. Large receptacles (linen barrels, garbage pails, etc.) with tight fitting lids may also be lined with waste bags for storing waste material collected in smaller bags.
- If sewer system is intact, and appropriate pumps are operable[330], toilets can be force-flushed by pouring a pail of water into the bowl.
- Use waterless hand sanitizer often.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- As necessary activate the Command Center by notifying Section Chiefs and Command Center personnel.
- Assess impact on campus operations and resident care. Develop an action plan.
- Notify Infection Control and all critical areas of outage.
- Together with Command Center staff, determine operational and serviceability of facility. Keep all updated.
- Determine need to report situation to Executive Director or other regulatory agency.

MAINTENANCE[331]
- Shut off applicable water valves.
- Contact plumber/sewer department and attempt to determine expected duration of incident. Arrange for repairs, if applicable.

HOUSEKEEPING[332]
- Establish an area to store containers of waste matter. Consider storage on the exterior of the building.
- Determine availability of portable toilets from outside vendors.
- If force flushing toilets, coordinate with Nursing and other departments regarding which toilets on each unit/floor will be used. Provide pails of water at site to be used to force flush the toilets. Water will be obtained from Generated Well at the barn .
- Post signs and place bags over toilets and urinals which are not to be used informing staff and others which toilets are for their use.

---

[330] Revise as necessary
[331] Revise position title, if necessary
[332] Revise position title, if necessary

- If using waste bags, keep a supply at all toilets that are to be used.
- Ensure liquid consumption is given primary consideration when assessing available potable water.
- Work closely with the person responsible for Infection Control to minimize contamination.
- Provide hand sanitizers at toilet sites.

ALL OTHER DEPARTMENTS

- Coordinate with Maintenance[333] to determine which toilets will be available for use (force flushing or waste bags).
- If force flushing, notify Maintenance / Housekeeping[334] when more water is needed.
- Complete Department Rapid Assessment Form for Incident Command, if requested.
- Use waterless hand sanitizers often.

RETURN TO NORMAL OPERATIONS / RECOVERY

Upon restoration of sewer and toilet system:

- Have Maintenance[335] verify repairs.
- Have Infection Control / Maintenance[336] ensure all waste materials are cleaned up.
- Get clearance from Public Health Authorities if necessary.
- Assess staff and department operations, based on situation.
- Have department heads re-stock supplies as applicable.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Loss of Water Service Procedures
Emergency Contractor/Vendor List

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[333] Revise position title, if necessary
[334] Revise position title, if necessary
[335] Revise position title, if necessary
[336] Revise position title, if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF STEAM PRESSURE[337]

OVERVIEW
The facility utilizes steam to heat the building.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- The services lost as a result of the loss of steam pressure include[338]:
  - Dining
  - Tavern
  - _____
- Take appropriate actions.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- Assess impact on facility operations and resident care. Develop an action.

MAINTENANCE[339]
- Investigate cause of loss of pressure and determine expected duration of outage, if possible.
- Notify Executive Director [340]/ Command Center of services lost.
- If boiler is affected, engage back-up boiler or switch to an alternate heating source. If loss is due to a power loss, and the generators are operable, restart the lead boiler on gas[341].
- Arrange for repairs to system.

HOUSEKEEPING / LAUNDRY[342]
- Notify Command Center regarding inventory of clean linen.
- Develop plan for linen reduction with Nursing.
- Arrange for alternate laundry service.

NURSING
- Suspend resident showering. Use bed baths or waterless bathing products.
- If the ability to sterilize equipment or instruments is lost, use disposable instruments or cold sterilization as applicable[343].

DINING SERVICES[344]
- Alter menus that require steam.
- Use non-cooking menu, as necessary.

---

[337] Delete if no steam in the building
[338] List services or appliances dependent upon a supply of steam
[339] Revise position title, if necessary
[340] Revise position title, if necessary
[341] Revise as necessary
[342] Revise position title, if necessary
[343] Delete if no sterilization process at facility
[344] Revise position title, if necessary

RETURN TO NORMAL OPERATIONS / RECOVERY

Upon restoration of steam pressure:

- Have Maintenance[345] verify operation of steam pressure operations.
- Assess department operations for return to normal operations, as necessary. Request Department Rapid Assessment Forms be completed.
- Develop a full report for critique.
- Have department heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Loss of Heat Procedures
Loss of Cooking Procedures

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[345] Revise position title, if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF TELEPHONE SERVICE, INTERNAL COMMUNICATION SYSTEM, AND/OR NURSE CALL SYSTEM

OVERVIEW
Internal communications systems such as phone and nurse call systems are critical for ensuring emergency communication.

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- If internal or external communications are found to be inoperable, notify your supervisor as soon as possible.
- The facility telephone system has the following safeguards[346]:
  - Back up copper lines
  - _____
- See alternate communication methods below if normal communication systems fail.
- See list of phones not part of the main phone system attached to this procedure, which may continue to be operational.

EXECUTIVE DIRECTOR / INCIDENT COMMANDER
- Activate the Command Center by notifying the Section Chiefs and Command Center personnel.
- Assess impact on facility operations and resident care. Develop an action plan.
- Consider:
  - Determine if telephones, not part of the main telephone system, are in service. (list attached to this procedure). Check different lines, such as the fax, modem, etc. If a line is found to be operable, assign someone to it.
  - Determine availability and effectiveness of cellular telephones from staff and visitors.
  - Assign runners to use off-site telephones, as applicable.
  - Establish methods to communicate within the building (runners, portable radios, etc.) if intercom/paging system is affected.
  - Notify telephone company and request a supply of cellular phones.
  - Notify Fire and Police Departments. Ensure that all staff are familiar with the method to notify Fire and Police Departments in the event of an emergency while experiencing a loss of telephone service. Methods of communication could include cell phones, portable radios, etc. Amateur radios and operators may be available through your local Office of Emergency Management.
  - If all phone systems are down, overhead paging / announcements will be done as follows[347]:
    - Use fire alarm system for voice messages
    - Overhead Paging System
    -
- Based on the down-time estimate, Maintenance[348] will determine if any of the following steps must be taken:

---

[346] Insert safeguards in place such as UPS battery back-up, power fail phones, redundant POTS lines, etc.
[347] Revise to reflect what will be utilized in your facility
[348] Revise position title, if necessary

- Set up off-site communications "tied" by radio, cell phone, or runner to Command Center.
- Public Information Officer will notify the news media (primarily TV and radio) that a problem has occurred and the estimated down time. Request they notify the public that only emergency calls should be attempted to the facility.
- Request that the phone service provider offer a temporary communication process if available and necessary.
- Determine if additional personnel should be called in.
- Ensure all other guidelines of this procedure are carried out.

INTERNAL COMMUNICATIONS - CONSIDER THE FOLLOWING:
- Assign portable radios to appropriate individuals/areas of the building[349].
- Assign runners to assist with communication throughout the building.

NURSING
- If Nursing Call System is inoperable, provide Tap or Hand Bells to residents and increase monitoring of residents. Tap or Hand Bells are store. Health Care Second Floor
- Consider moving residents closer to the nursing station that need closer supervision or monitoring.

MAINTENANCE[350]
- Advise all departments of the special fail-safe telephone systems in your building[351].
- Facility's telecommunications person (or vendor) should analyze problem and initiate repairs.
- Once outside communication is established, attempt to determine the extent and expected duration of the outage. Inform Command Center of status.
- Take portable radios to Command Center for assignment.

SECURITY[352]
- As requested, take portable radios or facility owned cell phones to Command Center for assignment.

---

[349] Delete if no radios
[350] Revise position title, if necessary
[351] Delete if no such system exists in your building
[352] Revise position title, if necessary. Delete security if none and assign responsibility to another position

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOCATIONS OF TELEPHONES NOT PART OF THE MAIN PHONE SYSTEM[353]

THE FOLLOWING PHONES ARE SUPPLIED FROM A SOURCE OTHER THAN THE MAIN PHONE SYSTEM; THEREFORE, **MAY** FUNCTION EVEN THOUGH THE MAIN PHONE SYSTEM IS OUT OF SERVICE.

POWER FAIL PHONES[354]

LOCATION	PHONE #
Health Care Center Lobby	1.603.352.3532
Community Center Lobby	1.603.283.5150

PAY PHONES[355]

LOCATION	PHONE #
N/A	

MODEM / FAX LINES

LOCATION	PHONE #

FIRE ALARM TRANSMITTER LINES

LOCATION	PHONE #
Health Center Lobby	1.603.352.3532
Community Center	1.603.283.5150

RESIDENT PHONES (If separate service from facility system)[356]

ROOM #	PHONE #

---

[353] Populate list with phones and numbers that are separate from your internal phone system.
[354] Delete if none
[355] Delete if none
[356] List only if separate from internal phone system

FACILITY CELLULAR PHONES

ASSIGNED TO	PHONE #
Security PHone	1.603.499.3070

RETURN TO NORMAL OPERATIONS / RECOVERY:

Upon restoration of communications:

- Have Maintenance[357] verify reliability of restored communications.
- When the phone / paging system has been restored, direct appropriate staff to announce over the public address system that the system has been returned to normal operations and regular phone calls and paging may be resumed.
- Assess department operations and determine status of facility.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

 Emergency Agency Phone Numbers
 Emergency Contractor/Vendor Phone Numbers

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[357] Revise position title, if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF WATER SERVICE / CONTAMINATION OF WATER SUPPLY

OVERVIEW

The facility's domestic cold water supply is derived from one water supply line from the town/village/city of Keene New Hampshire .

Expected potable water usage under restricted use of water conditions is approximately 50 gallons per day.

Additional non-potable (industrial) water supplies will be required for other building systems (e.g. boilers, toilets, HVAC, etc.).

GENERAL ACTIONS APPLICABLE TO ALL STAFF
- <u>Do not drink</u> water which is contaminated or suspected to be contaminated.
- If advanced notice is given, fill all containers and tubs with water.
- Services affected by loss of water[358]:
    - Hot water
    - Hand washing and resident care activities
    - Laundry services
    - Cooking, ice machines and dishwashing
    - Fire suppression system (sprinklers)
- Water currently stored in facility (storage tanks, bottled water, etc.) will be rationed for use depending upon the following priority:

Priorities for the use of Available Water and Liquids	Location Obtained
1. Personal Consumption (1-3 gallons per person per day).	Food Services: milk, soda, juice, bottled water – Outside Vendors
2. Personal Hygiene	SEE water loss contingency plans below. (Non-potable water can be used to force flush toilets)
3. Cooking	SEE water loss contingency plans below.
4. Housekeeping / Clean up	SEE water loss contingency plans below. (Non-potable water may be used to clean up spills or mop floors)

NOTE: If a "Contaminated Water Advisory" is issued, <u>do not drink the water</u>. If a "Boil Water" advisory or order is issued, there may be a need to sanitize the facility water supply system. Coordinate response and recovery efforts for Contamination of Water or Boil Water advisories with local public health, local water supplier and the state Department of Health.

INCIDENT COMMAND (EXECUTIVE DIRECTOR[359] OR PERSON IN CHARGE AT TIME)

---

[358] Revise list, as necessary
[359] Revise position title, if necessary

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- As applicable, ensure a Contaminated Water Advisory is issued, staff and residents are notified. Consider posting information and utilizing Resident TV Channel 2 to keep staff and residents informed.
- Water from faucets should only be used for flushing. It is not to be used for drinking, hand washing, or cooking. As applicable, place signage on drinking fountains, sinks and other areas.
- Request Department Rapid Assessment Forms be completed and returned to the Command Center.
- If loss of water supply to the fire suppression system, notify Fire Department and insurance carrier that the fire sprinkler system is out of service.
  - If fire sprinkler system is out of service for more than ten (10) hours, establish a "fire watch." See Fire Watch at end of this procedure. Make appropriate notifications to Director of Facilities .
- A list of potable and non-potable water supplies stored in the building is attached to this procedure as well as vendors who can provide resupply.
- Determine ability to obtain potable water and non-potable water from outside sources. Contact vendors or others to determine if a water tanker can be provided to supply non-potable water for building operations.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE[360]
- If contamination of the water supply is reported or suspected, shut down tap water to prevent anyone from drinking the water.
- If loss of water supply contact Water Department and attempt to determine the extent and expected duration of the outage. Inform Executive Director / Command Center.
  - Shut off main valves to prevent loss of water within piping.
  - Assist in obtaining stored water from within facility. Use food service containers to transfer water for consumption.
- If facility has received notification of a planned disruption of the water service, available containers (tubs, pots, sinks, etc.) should be filled prior to the shut-down.
- Check vacuum pumps, boiler water make-up, kitchen coolers/freezers, HVAC, steam sterilizers and the fire sprinkler system[361]. Shut down as necessary.
- Assess possible impact on water cooled heating/refrigeration systems and emergency generator. Shut down if necessary.
- Turn off water heaters and boilers if water is going to be drained for other uses[362].
- Have Maintenance[363] or plumber close all domestic water main valves.

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[360] Revise position title, if necessary
[361] Revise as necessary
[362] Revise as necessary
[363] Revise position title, if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- As necessary, obtain non-potable water tankers from vendors. Notify Fire Department and request one (1) pumper to respond. When water tanker responds from the vendor, use water tanker to supply the Fire Department pumper so a connection can be made to the Fire Department Connection (FDC) to supply the sprinkler system and/or standpipe connections.

DINING SERVICES[364]
- Advise Command Center of water and other liquids available for consumption.
- Use disposable/paper dishes and utensils.
- Institute Emergency (non-cooking) Menu, as necessary.
- Shut down water cooled refrigeration units and transfer food items to units which are not water-cooled.
- Provision for an adequate and continuous supply of ice should be made at once. Contact outside vendor as necessary.
- If loss of water is due to contamination, the Food Service dishwasher should be taken out of service, all ice machines should be emptied, including ice in the storage bins, and the water supply should be turned off.
- Coffee machines, soda and juice dispensers, and other appliances connected to the fresh water line should be turned off and valves closed.

CENTRAL SUPPLY[365]
- Use gas sterilization if available/possible.
- Consider using bottled water from an outside vendor to operate sterilizers if outage will be significant.
- Immediately arrange for the provision of potable drinking water.
- Check with clinical areas to see if you can help with water needs.

NURSING
- Restrict resident showers. Consider waterless bath products where applicable.
- Use waterless hand cleansers where possible.
- Use disposable swabs for oral care.
- Use disposable pads to reduce the need for linen changes.
- Disposable linens may be obtained from Central Supply[366] and substituted depending on the expected duration of the water interruption.
- Use bottled water for oxygen humidifiers, vaporizers, etc.
- Use pre-mixed, pre-packaged enemas.
- If it is determined that the water supply has become contaminated, dispose of water at residents bedside. Replace with bottled water.
- Ensure alternate treatment areas for displaced dialysis residents.[367]

HOUSEKEEPING[368]

---

[364] Revise position title, if necessary
[365] Delete if not applicable
[366] Revise as necessary
[367] Delete if not applicable
[368] Revise position title, if necessary

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Discontinue any routine cleaning that requires water. Use spray cleaners where necessary.
- As directed by Command Center, take containers of water for force flushing toilets to designated areas.
- If loss of water results from contamination of the water supply, all drinking fountains[369] and hand-washing facilities should be turned off and labeled "Not Suitable to Drink or Wash In."

LAUNDRY[370]
- Provide a linen inventory to the Command Center.
- Coordinate a plan to reduce linen use with Nursing.
- Disposable linens may be obtained from _____ [371] and substituted depending on the expected duration of the water interruption.
- Investigate ability of vendors to supply linen.

SOURCES OF POTABLE WATER[372]

Stored in the building

LOCATION	AMOUNT
Community Center	500 gallons

Other sources of consumable liquid stored in the building

TYPE OF LIQUID	LOCATION	AMOUNT
Ice Machines	Main Kitchen	4
Juice	Main kitchen	10 gallons
Milk	Main kitchen	10 gallons
Soda	Main Kitchen	3 cases

---

[369] Delete if none

[370] Delete if no in-house laundry services

[371] Insert location if applicable

[372] Insert sources of stored "potable" water and other liquid sources in the building. Include gallons in hot water storage tanks

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Vendors that can supply potable water[373]

VENDOR	PHONE #	AMOUNT
Nestle Water	[374]	

SOURCES OF NON-POTABLE WATER[375]

Stored in the building or on the campus

LOCATION	AMOUNT	METHOD TO ACCESS
2nd floor community center	100 gallons	Store room

Note: Indicate if there are any sources on or near the campus such as wells, streams, ponds, etc. where Non-potable water can be obtained.

Vendors that can supply non-potable water[376]

VENDOR	PHONE	AMOUNT

RETURN TO NORMAL OPERATIONS / RECOVERY

If water loss was due to contamination, upon restoration of clean water:

- Have Maintenance[377] ensure source of water contamination has been eliminated.

---

[373] Insert vendor information for those that can provide bottled or bulk potable water

[374] Insert contact information for your facility, Refer to Nestle Water information in Appendix L

[375] Insert sources of stored "non-potable" water in the building and on the campus. Include pools, wells, ponds, streams, boiler tanks, etc.

[376] Insert vendor information that can provide non-potable water, typically bulk tanker water that can be used for building operations and/or the fire suppression system

[377] Revise position title, if necessary

- Have Maintenance[378]:
    - Flush all water lines and strainers, and clean faucet aerators as necessary.
    - For ice machines: Change in-line filters; clean and disinfect hoppers/bins and storage bins; discard the first batch of ice.
    - For coffee machines, soda and juice dispensers and other appliances connected to the fresh water line: change the in-line filters; cycle 3 times before dispensing drinks.[379]
    - For dishwashers: Run empty dishwasher for full cycle; change in-line filters; clean and disinfect interior of unit.

If water loss was due to any other cause, upon restoration of water:
- Have Maintenance[380] check sprinkler system to ensure that no damage has occurred as a result of the disaster before water service is restored.
- Get clearance from Public Health Authorities, as applicable.
- Collect cost for reimbursement as necessary and develop a full report for critique
- Have department heads restock supplies, as needed.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Loss of Sewer/Waste System Procedure
Emergency Utility Shut-Off Locations
Emergency Contractor/Vendor List

---

[378] Revise position title, if necessary
[379] Revise as necessary
[380] Revise position title, if necessary

FIRE WATCH NOTE: Refer to Loss of Fire Protection System Procedure

Fire Watch Procedures

A fire watch will be implemented in the event the fire alarm system and/or the sprinkler system is out of service (OOS) for an extended period of time including:

- Fire Alarm System – OOS for 4 or more hours (NFPA 101, 2012 Edition)
- Fire Sprinkler System – OOS for 10 or more hours (NFPA 25, 2011 Edition)

It may also be implemented if requested by the Authority Having Jurisdiction.

In the event a fire watch becomes necessary, the following procedures will be implemented:

- The fire watch will be conducted by an individual specifically assigned for the purpose of the fire watch. The individual shall not have other facility responsibilities. Individuals assigned to perform a fire watch shall be looking for the signs of fire and or smoke. In addition, they shall monitor the facility in an attempt to mitigate the potential for a fire to occur by looking for:
  - Electric overloads
  - Overheated electrical equipment
  - Burners left on where stove tops are present
  - Dryer lint buildup in the laundry area
  - Smoking violations
  - Any other possible fire hazards

- If a fire is discovered when the fire alarm system is out of service, staff in the fire area will be responsible to make a page and/or radio announcement of the fire's location in place of activating the fire alarm.

  NOTE: See attached checklist for fire watch.

- The local fire department shall be notified that a fire watch has been established along with <Insert regulatory agency name[381]>.

- The facility will also notify the following when a fire watch has been initiated:
  - Applicable facility leadership (i.e. Maintenance[382], Executive Director[383], etc.)
  - Insurance carrier (if required by the carrier)
  - Notify State Health Department or other regulatory agency, as necessary.[384]

---

[381] Insert regulatory agency name
[382] Revise position title if necessary
[383] Revise position title if necessary
[384] Insert additional individuals or agencies, if any

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRE WATCH FREQUENCY

A fire watch tour of the entire building shall occur and be logged <u>every hour</u>[385] unless otherwise required by the Authority Having Jurisdiction.

CANCELLATION OF THE FIRE WATCH

The fire watch may conclude when the projected correction period changes or when the system is restored to normal operation. The facility shall notify the _____[386] and local fire authorities.

---

[385] Revise as necessary
[386] Insert regulatory agency name

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF WATER SERVICE DURING DIALYSIS[387]

DIALYSIS STAFF[388]

The Dialysis proportioning machine requires a constant supply of incoming water. If the water supply is interrupted during the dialysis procedure, the following measures should be taken:

- The water pressure light will illuminate.
  - Check to see that the water faucet is open.
  - Check to see that incoming water line is patent and not blocked.
  - If the above items are satisfactory, then dialysis can continue for up to 20 minutes in bypass

- To Remove Resident From Dialysis
  - Turn off blood pump
  - Clamp arterial and venous tubing coming from machine
  - Clamp arterial and venous tubing coming from patient
  - Disconnect the lines, maintaining sterility of the ends if possible. Place caps on ends of lines.
  - Attach saline syringes to both arterial and venous tubing from patient and flush, if able.
  - If unable to flush line, obtain other vascular access for saline replacement.
  - Check to see when water supply will be restored. If the interruption is for the whole day, patients should be rescheduled appropriately. In the event that the dialysis unit is unable to provide services to patients due to extended unit shut-downs, defined as greater than 24 hours, the following facilities should be notified for assistance:
    - ➢ _____n/a_____ Phone: _____
    - ➢ _____n/a_____ Phone: _____
    - ➢ _____n/a_____ Phone: _____

---

[387] Delete if not applicable
[388] Validate procedure with Dialysis staff

E.134

SECTION F:

EMERGENCY RESOURCES AND LISTS

EMERGENCY RESOURCES AND LISTS

TABLE OF CONTENTS

SECTION F: EMERGENCY RESOURCES AND LISTS

FACILITY INFORMATION DETAIL[1]

General Information:

Facility Name: Covenant Living of Keene

Address: 95 Wyman Road Keene New Hampshire 03431

County: Cheshire

Fire Department: Keene Fire department 1.603.357.9861

Average Daily Census:
　　　Patient: 38 in Health Center
　　　Staff: 60
　　　Visitors: 5-10

Facility Phone Numbers: 1.603.353.0601
　　　Main Number: 1.603.283.5150
　　　Main Fax: 1.888.650.5833

　　　Command Center Number: 1.603.283.5150
　　　Command Center Fax:1.888.650.5833

　　　Failsafe Phone[2]:1.603.352.3235

　　　Hear Tone Phone[3]:

　　　Other:

Command Center Locations:
　　　Primary: Community Center Lobby
　　　Alternate: Health Center Lobby

Command Center Email: Covlivingkeene.org

Emergency Alert System[4]:
　　　Radio: New Hampshire EMS
　　　TV: New Hampshire EMS
　　　Other:

---

[1] Insert facility specific information
[2] Delete if none
[3] Delete if none
[4] Insert how the facility receive regional and/or weather alerts

SECTION F: EMERGENCY RESOURCES AND LISTS

Local/Regional/State Healthcare Internet Based System[5]:

-

Emergency Contacts[6]:

Primary Contact:
       Name:
       Title:
       Email:
       Work Phone:
       Home Phone:
       Cell Phone:
       Cell Phone Carrier[7]:
       Alternate Cell Phone:
       Alternate Cell Phone Carrier:
       Text Pager:
       Other:

Secondary Contact:
       Name:
       Title:
       Email:
       Work Phone:
       Home Phone:
       Cell Phone:
       Cell Phone Carrier:
       Alternate Cell Phone:
       Alternate Cell Phone Carrier:
       Text Pager:[8]
       Other:

Alternate Contact:
       Name:
       Title:
       Email:
       Work Phone:
       Home Phone:
       Cell Phone:
       Cell Phone Carrier:
       Alternate Cell Phone:

---

[5] Insert web based system in use in your region or state to communicate facility status and/or surge capacity to the regional or state health department
[6] Insert primary, secondary and alternate contacts
[7] For example Verizon, Sprint, etc.
[8] Delete if none

SECTION F: EMERGENCY RESOURCES AND LISTS

Alternate Cell Phone Carrier:
Text Pager:
Other:

Alternate Contact:
Name:
Title:
Email:
Work Phone:
Home Phone:
Cell Phone:
Cell Phone Carrier:
Alternate Cell Phone:
Alternate Cell Phone Carrier:
Text Pager:
Other:

Alternate Contact:
Name:
Title:
Email:
Work Phone:
Home Phone:
Cell Phone:
Cell Phone Carrier:
Alternate Cell Phone:
Alternate Cell Phone Carrier:
Text Pager:
Other:

Associate VP of Operations:
Name:
Title:
Email:
Work Phone:
Home Phone:
Cell Phone:
Cell Phone Carrier:
Alternate Cell Phone:
Alternate Cell Phone Carrier:
Text Pager:
Other:

Regional Director of Operations Contact:
Name:
Title:

Email:
Work Phone:
Home Phone:
Cell Phone:
Cell Phone Carrier:
Alternate Cell Phone:
Alternate Cell Phone Carrier:
Text Pager:
Other:

Supply Delivery Location:

Delivery Location Type (e.g.: Loading Dock)[9]: Community Center receiving 95 Wyman Road Keene NH 03431

Location Description[10]:

Lift gate or ramp required to unload:

Latitude[11]:

Longitude[12]:

---

[9] For example loading dock, rear entrance or other
[10] Insert location where supplies are received
[11] If known insert, going to maps.google.com and typing the facility address can help to deteremine
[12] If known insert, going to maps.google.com and typing the facility address can help to deteremine

SECTION F: EMERGENCY RESOURCES AND LISTS

DISASTER KIT CONTENTS

An Emergency or Disaster Kit is located Health Center 2nd floor nurses station
The contents[13] of the kit are as follows:
- Satellite phone
- Laptop computers
- List of residents and Phone numbers
- List of employees and Phone numbers
- EMS information
- Evacuation plan
- First Aid Kit
-
-
-
-
-
-
-

<u>Suggested Contents</u>[14]:

First aid supplies kit (antibiotic ointment, assorted Band-Aids, roller gauze, triangular bandages, splints, etc.)

Disposable gloves, dressing tape, blood pressure cuff and stethoscopes

Surgical or N95 masks, sterile water for irrigation

Flashlight with spare batteries and bulbs

Note pads, pencils and portable pencil sharpener

Permanent markers, scissors, name tag stickers for Volunteers

Red bags, duct tape, safety pins

Battery operated radio with spare batteries

Emergency Operations Plan and Mutual Aid Plan

---

[13] Insert contents
[14] Suggested list; Delete once actual contents are inserted

SECTION F: EMERGENCY RESOURCES AND LISTS

Head lamps or "snake lights" with extra batteries and bulbs, Fluorescent lumi sticks (glow sticks, 8-12 hour type)

Rolls of heavy plastic and/or plastic tarps, rolls of "caution tape"

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY RESPONSE AGENCY PHONE NUMBERS[15]

SERVICE		PHONE
EMS	(Emergency)	911
	(Non-Emergency)	1.603.357.9861
Fire	(Emergency)	911
	(Non-Emergency)	1.603.357.9861
Local Emergency Operations Center		
Office of Emergency Management	(Regional)	1603.271.2231
	(State)	1.603.271.2231
Red Cross		
Sheriff/Police/State	(Emergency)	911
	(Non-emergency)	1.603.357.9815
Other:		
Other:		

EXTERNAL RESPONSE PARTNERS PHONE NUMBERS[16]

SERVICE		PHONE
Building Inspector		1.603.352.5440
Center for Disease Control & Prevention Hotline		770-488-7100
Coroner/Medical Examiner		
Department of Health	(State)	1.603.852.3345
	(County)	
Electric Company		1.800.662.7764
Environmental Protection Agency	(Federal)	1.800.424.8802
Fire Marshal		1.603.223.4289
Gas Company		1.800.776.7263
Hazardous Materials	(State)	1.603.852.3345
	(County)	
Highway Department	(State)	1.603.352.2302
	(Local)	1.603.352.6550
	(Non-Emergency)	
National Weather Service		1.603.225.5191
Poison Control Center		1800.222.2122
Sewer Department		1.603.352.6550
Telephone Company	(Business)	1.800.880.1077
	(Repair)	
U.S. Coast Guard		1.603.436.4415
Veterinarian	(Emergency)	
Water Department		1.603.352.6550

---

[15] Insert emergency and non-emergency phone number for each agency, as applicable. Revise listing as necessary.
[16] Insert phone numbers

Other:	

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY BEDDING MATERIALS[17]

EQUIPMENT	QUANTITY	LOCATION
Mattresses	10	HC building
Pillows	10	HC building
Beds	10	HC building
Blankets	20	HC building
Linens	20	HC building

---

[17] Revise listing as necessary. Include quantities and locations of "stored" (not in daily use) equipment and supplies that could support a surge event of sheltering of staff or their families.

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY FOOD SUPPLY LIST

EMERGENCY FOOD SUPPLIES ARE LOCATED: 2nd Floor community Center

The key to access the Emergency Food Supply area is located: Facilities Directors office

ITEM[18]	QUANTITY STORED[19]

Refer to Appendix L: Food Service Reference Material for Meals for All guides

---

[18] Insert food item

[19] Insert quantity stored

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY TRANSPORT EQUIPMENT TO MOVE RESIDENTS[20]

EQUIPMENT	QUANTITY	LOCATION
Wheelchairs	20	HC
Gurneys/Stretchers	0	
Hoyer Lifts	2	HC
Evacuation Chairs	2	HC
Canvas Stretchers	0	
Evacuation Sleds	0	
Other Items		

---

[20] Revise listing as necessary, Insert quantities and locations

SECTION F: EMERGENCY RESOURCES AND LISTS

ELEVATOR KEYS[21]

LOCATION OF KEYS[22]	ELEVATOR # CONTROLLED[23]	WHO HAS 24/7 ACCESS[24]
Director of facilities office	1-10	Schindler elevator and FM

---

[21] Delete if single story building
[22] Insert location where keys can be obtained
[23] Indicate which elevator(s) the key(s) will control
[24] Indicate who can access the keys (e.g., Security, Maintenance, etc.)

SECTION F: EMERGENCY RESOURCES AND LISTS

TRANSPORTATION RESOURCES - FACILITY-OWNED VEHICLES[25]

Vehicle 1:

   Year: 2017

   Make: Ford

   Model: Flex

   Vehicle Type (van, bus, truck, car): Station Wagon

   Fuel Type: Gasoline

   Registration #: 4518371

   Dept. Assigned to: Transportation

   Transportation Type (Residents or Equipment/Supplies): Residents

   # Seats 6

   # Wheelchairs 2 (folded)

   Load Capacity (Weight): NA

Vehicle 2:

   Year:2007

   Make: Chevrolet

   Model: 2500 Silverado

   Vehicle Type (van, bus, truck, car): pick up truck

   Fuel Type: Gasoline

   Registration #: 4518421

   Dept. Assigned to: Grounds Maintenance

   Transportation Type (Residents or Equipment/Supplies): supplies

   # Seats 2

   # Wheelchairs 0

   Load Capacity (Weight): 2500lbs

---

[25] Insert information on vehicles owned by the facility

TRANSPORTATION RESOURCES - FACILITY-OWNED VEHICLES (continued)

Vehicle 3:

Year: 2005

Make: Chevrolet

Model: Uplander

Vehicle Type (van, bus, truck, car): van

Fuel Type: gasoline

Registration #: 5177415

Dept. Assigned to: Grounds Maintenance

Transportation Type (Residents or Equipment/Supplies): supplies

Seats 4

Wheelchairs 0

Load Capacity (Weight): 1100lbs

Vehicle 4:

Year:

Make: Ford

Model: E350 Super Duty

Vehicle Type (van, bus, truck, car): Bus

Fuel Type: Gasoline

Registration #: HSVK

Dept. Assigned to: Transportation

Transportation Type (Residents or Equipment/Supplies): Resdidents

Seats 14

Wheelchairs 2

Load Capacity (Weight): 3000lba

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY UTILITY SHUT-OFF LOCATIONS[26]

UTILITY	SHUT-OFF LOCATION	METHOD TO SHUT OFF	WHO HAS 24/7 ACCESS TO LOCATION
Water			
(Domestic)	1st floor CC	Valve	Facilities Director
(Fire Protection)	1st floor CC	VALVE	Facilities director
Natural Gas / Propane	Outside farms	Valve	Suburban Propane
Electric – Main feeds to areas of the building	2 floor CC	Disconnect	Facilities Director
Emergency generators			
#1	East side back of CC	Disconnect at unit	Facilites Director
#2	North side HC	Disconnect at unit	Facilities Director
#3			
HVAC	Roof of CC/HC	Disconnect at units	Facilities Director
Refrigeration (water cooled)	All kitchens	Disconnect at units	Kitchen Director

---

[26] Insert locations, for each building (if more than one), where utilities can be shut down and how (method) to shut them down. Indicate who can access these areas 24/7. Often this information is provided to emergency responders when maintenance is not on duty and there is an immediate need to shut down one of these utilities.

SECTION F: EMERGENCY RESOURCES AND LISTS

GENERATOR INFORMATION[27]

Generator #1:

Area/Equipment Served (Describe in detail)[28]: 95 Wyman Road behind the Community center going towards 81 Wyman Road

Voltage / Amperage / Kilowatts[29]:

Primary Fuel Type: Diesel fuel

Alternate Fuel Type: None

Fuel Capacity (gallons, etc.): 500 gallons

Normal Runtime[30]: 5 days

Contingency / Reduced Load Runtime:[31] 7 days

Facility equipped with a Quick Connection: YES

Location of Quick Connection: 1st Floor CC

Length (feet) of cable needed to connect a portable generator[32]: 50 FT

Location to park portable generator (hard surface)[33]: east side of Community Center

Operate in parallel with other Generators? NO

Generator #2:

Area/Equipment Served (Describe in detail): North Side of Health Center 100 Wyman Road can be seen from the road

Voltage / Amperage / Kilowatts:

---

[27] List information for each generator serving the building(s). If only one generator, delete information for Generator #2
[28] Describe in detail what is served by the generator(s) so the Incident Commander will know what will not be operational when on generator power.
[29] Insert information on current generator
[30] Insert how long the generator will operate on a full fuel tank in either hours or days
[31] If load can be shed to extend runtime, indicate how long the extended time will be in either hours of days
[32] Indicate distance from a hard level surface where a portable generator can be positioned and how long of a cable run (50' sections) to connect to the building
[33] Insert location where a portable generator can be positioned

SECTION F: EMERGENCY RESOURCES AND LISTS

Primary Fuel Type: Deisel Fuel

Alternate Fuel Type: NONE

Fuel Capacity (gallons, etc.): 500 Gallons

Normal Runtime: 5 days

Contingency / Reduced Load Runtime: 7 days

Facility equipped with a Quick Connection: Yes

Location of Quick Connection Lower Level Health Center

Length (feet) of cable needed to connect a portable generator: 50 Feet

Location to park portable generator (hard surface): north side health center

Operate in parallel with other Generators? NO

SECTION F: EMERGENCY RESOURCES AND LISTS

VENDOR SOURCES OF FUEL

DIESEL[34]

Vendor name and location: Swanzy Oil 95 West Swanzy Road Swanzy New Hampshire

Vendor phone number: 1.603.357.5400
Emergency (24/7) phone number:1.603.357.5400

Delivery available 24/7: YES

Agreement in place: YES

GASOLINE[35]

Vendor name and location: N/A

Vendor phone number:
Emergency (24/7) phone number:

Delivery available 24/7:

Agreement in place:

PROPANE[36]

Vendor name and location: Suburban Propane Whippany NJ Local office Turners Falls Massachusetts

Vendor phone number: 1.800.776.7263
Emergency (24/7) phone number: 1.800.776.7263

Delivery available 24/7: YES

Agreement in place: YES

---

[34] Delete if not applicable
[35] Insert either vendor or locations where facility vehicles can be fueled
[36] Delete if not applicable

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

HOUSEKEEPING / LINEN SERVICES[37]

Local Sources (within a 90-mile radius of facility)

Vendor/Contractor
Name: Peoples Linen Service

Address: 9 Giffin Street, Keene NH

Primary Phone #:1.800.225.4654

24 Hour Phone #: NA

Service / Product Provided: linen cleaning and folding

Vendor/Contractor
Name:

Address:

Primary Phone #:

24 Hour Phone #:

Service / Product Provided:

Vendor/Contractor
Name:

Address:

Primary Phone #:

24 Hour Phone #:

Service / Product Provided:

---

[37] Insert information on vendors, for critical supplies, expand listing as necessary. Refer to page F.21 for listing of facility specific vendor information.

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

HOUSEKEEPING / LINEN SERVICES

Backup Sources (outside a 90-mile radius of facility)[38]

Vendor/Contractor
Name:

Address:

Primary Phone #:

24 Hour Phone #:

Service / Product Provided:

Vendor/Contractor
Name:

Address:

Primary Phone #:

24 Hour Phone #:

Service / Product Provided:

Vendor/Contractor
Name:

Address:

Primary Phone #:

24 Hour Phone #:

Service / Product Provided:

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[38] List vendors at least 90 miles outside your region if possible. Refer to page F.21 for listing of existing facility corporate contracts, use as applicable.

SECTION F: EMERGENCY RESOURCES AND LISTS

Hillyard Contacts for the Covenant Retirement Communities[39]

Location	Distributor	Distributor Rep	Business Development Manager
Covenant Shores	Walter E. Nelson Company - Dean Phillips	John Sollom	Brent Fridrich
9150 Fortuna Drive	7915 South 184th Street, Bldg. C	cell 206-795-3235	cell 503-320-3299
Mercer Island, WA 98040	Kent, WA 98032	jsollom@walterenelson.com	bfridrich@hillyard.com
	Phone: 253-893-1900		
Covenant Village of Colorado	Hillyard-Bill Weeks	Robin Catalan	Carl Larson
9153 Yarrow Street	4901 Moline Street	cell 720-323-9518	cell 720-530-4187
Westminster, CO 80021-4561	Denver, CO 80239-2616	rcatalan@hillyard.com	clarson@hillyard.com
	Phone: 303-321-1227		
Covenant Village of Cromwell	Hillyard-Dermot Pelletier	Mike McNickle	JP Mayo
52 Missionary Road	146 Sheldon Road, P O Box 1140	cell 860-573-5504	cell 508-612-7827
Cromwell, CT 06416-2143	Manchester, CT 06045	MMcNickle@Hillyard.com	jpmayo@hillyard.com
	Phone: 860-646-3322		
Covenant Village of Florida	Cosgrove Enterprises, Inc., - Greg Rogers	Irene Pena	Cal Gladstone
9215 West Broward Boulevard, Suite 100	14300 N.W. 77th Court	cell 305-213-4870	cell 954-931-0320
Plantation, FL 33324-2452	Miami Lakes, FL 33016	ipena@e-cosgrove.com	cglad@hillyard.com
	Phone: 305-623-6700		
Covenant Village of Golden Valley	Hillyard-John Dalman	John Hendrickson	John Dalman
5800 St. Croix Avenue	274 Apollo Drive	cell 612-327-1976	cell 612-578-2596
Golden Valley, MN 55422-4483	Lino Lakes, MN 55014	john.hendrickson@hillyard.com	jdalman@hillyard.com
	Phone: 763-746-2800		
		-	-
Covenant Village of the Great Lakes	KSS Enterprises, - Tom Hill, Jr.	Shannon Gibbon	Jeff Leathead
2510 Lake Michigan Drive N W	616 East Vine Street	616-292-3664	cell 517-879-9365
Grand Rapids, MI 49504	Kalamazoo, MI 49001	sgibbon@kssenterprises.com	jleathead@hillyard.com
	Phone: 269-349-6637		
Covenant Village of Northbrook	Pike Systems, - Howard Tiedt	Carolyn Quinn	Brian Harbaugh
2625 Techny Road	1770 Commerce Drive	cell 630-715-9015	cell 269-635-9105
Northbrook, IL 60062-5900	Montgomery, IL 60538	cquinn@pikesystems.com	bharbaugh@hillyard.com
	Phone: 630-896-6373		

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[39] Delete this page after referencing information

SECTION F: EMERGENCY RESOURCES AND LISTS

Hillyard Contacts for the Covenant Retirement Communities (continued)[40]			
CRC Corporate Office	Pike Systems, - Howard Tiedt	Carolyn Quinn	Brian Harbaugh
5700 Old Orchard Road, Suite 100	1770 Commerce Drive	cell 630-715-9015	cell 269-635-9105
Skokie IL 60077	Montgomery, IL 60538	cquinn@pikesystems.com	bharbaugh@hillyard.com
	Phone: 630-896-6373		
Covenant Village of Turlock	Central Sanitary Supply, Dave Martini	Gil Chavez	Tony Adams
2125 North Olive Avenue	416 North 9th Street	cell 209-495-9632	cell 916-216-9386
Turlock, CA 95382-1903	Modesto, CA 95350	gchavez@centralsanitary.com	tadams@hillyard.com
	Phone: 209-523-3002		dneal@hillyard.com
Brandel Manor	Central Sanitary Supply, Dave Martini	Gil Chavez	Tony Adams
1801 North Olive Avenue	416 North 9th Street	cell 209-495-9632	cell 916-216-9386
Turlock, CA 95380	Modesto, CA 95350	gchavez@centralsanitary.com	tadams@hillyard.com
	Phone: 209-523-3002		dneal@hillyard.com
The Holmstad	Pike Systems, - Howard Tiedt	Carolyn Quinn	Brian Harbaugh
700 West Fabyan Parkway	1770 Commerce Drive	cell 630-715-9015	cell 269-635-9105
Batavia, IL 60510-1247	Montgomery, IL 60538	cquinn@pikesystems.com	bharbaugh@hillyard.com
	Phone: 630-896-6373		
		-	-
Geneva Place	Pike Systems, - Howard Tiedt	Carolyn Quinn	Brian Harbaugh
27 North Bennett	1770 Commerce Drive	cell 630-715-9015	cell 269-635-9105
Geneva, IL 60134-2245	Montgomery, IL 60538	cquinn@pikesystems.com	bharbaugh@hillyard.com
	Phone: 630-896-6373		
Mount Miguel Covenant Village	Mission Janitorial, Stu Erck	Luis Navarro	Pete DeVries
325 Kempton Street	9292 Activity Road	cell 858-583-5805	cell 949-338-3421
Spring Valley, CA 91977-5810	San Diego, CA 92126-4425	lnavarro@missionjanitorial.com	pdevries@hillyard.com
	Phone: 858-566-6700		
The Samarkand	Hillyard-Steve Hunter	Skip Dallen	Pete DeVries
2550 Treasure Drive	6205-A Randolph Street	Office 323-888-2988	cell 949-338-3421
Santa Barbara, CA 93105-4892	Los Angeles, CA 90040	sdallen@hillyard.com	pdevries@hillyard.com
	Phone: 323-888-2988		
Windsor Park	Pike Systems, Howard Tiedt	Carolyn Quinn	Brian Harbaugh
124 Windsor Park Drive	1770 Commerce Drive	cell 630-715-9015	cell 269-635-9105
Carol Stream, IL 60188-1986	Montgomery, IL 60538	cquinn@pikesystems.com	bharbaugh@hillyard.com
	Phone: 630-896-6373		

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[40] Delete this page after referencing information

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

FOOD SERVICES DEPARTMENT[41]

Local Sources (within a 90-mile radius of facility)

Vendor/Contractor
Name: SYSCO Food services

Address: 36 Thomas Drive
Westbrook, ME, US, 04092

Primary Phone #: 1.207.871.0700

24 Hour Phone #: 1207.871.0700

Service / Product Provided: all foods required/delivered

Vendor/Contractor
Name:

Address:

Primary Phone #:

24 Hour Phone #:

Service / Product Provided:

Vendor/Contractor
Name:

Address:

Primary Phone #:

24 Hour Phone #:

Service / Product Provided:

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[41] Insert information on vendors; for critical supplies, expand list as necessary

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

FOOD SERVICES DEPARTMENT

Backup Sources (outside a 90-mile radius of facility)[42]

Vendor/Contractor

Name: SYSCO Food services

Address: 36 Thomas Drive
Westbrook, ME, US, 04092

Primary Phone #: 1.207.871.0700

24 Hour Phone #:1.207.871.0700

Service / Product Provided: all food products/delivery

Vendor/Contractor

Name:

Address:

Primary Phone #:

24 Hour Phone #:

Service / Product Provided:

Vendor/Contractor

Name:

Address:

Primary Phone #:

24 Hour Phone #:

Service / Product Provided:

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[42] List vendors at least 90 miles outside your region if possible

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

TRANSPORTATION RESOURCES[43]

FOR TRANSPORTATION OF RESIDENTS

Vendor/Contractor
Name: Tony's Taxi

Address: Keene New Hampshire

Primary Phone #:1.603.499.1900

24 Hour Phone #:1.603.499.1900

Transportation Service Provided: taxi service
(ALS/BLS Ambulance, Wheelchair, Bus, etc.)

Vendor/Contractor
Name: Diluzio Ambulance service

Address: 49 Court Street Keene, NH 03431

Primary Phone #: 1.603.357.0341

24 Hour Phone #:

Transportation Service Provided:
(ALS/BLS Ambulance, Wheelchair, Bus, etc.)

Vendor/Contractor
Name: Keene Fire EMS

Address: 31 Vernon Street Keene NH

Primary Phone #:1.603.357.9861

24 Hour Phone #:1.603.357.9861

Transportation Service Provided: Ambulance
(ALS/BLS Ambulance, Wheelchair, Bus, etc.)

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[43] Insert vendors who provide transportation for ambulance, wheelchair, vans/buses during a building evacuation

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

MAINTENANCE DEPARTMENT[44]

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Boiler Repair	Granite State Plumbing 17 Oil MIll Road Wear NH 03281	1.603.529.3322
Building Contractor	Bergeron Construction 27 Mathews Road Keene New Hampshire 03431	1.603.352.4447
Call-Light System Repair	CISCOR Systems	1.800.462.0191
Electrical Contractor	Hamblet Electric 29 Victoria Street Keene NH 03431	1.603.352.2330
Elevator Company	Schindler Elevator 20 Whippany Road Morristown, NJ 07960	1-800-225-3123.
Environmental Waste		
(non-hazardous)	Waste Management Co 29 Patriot Place Foxboro, MA	1.800.972.4545
(hazardous)	Same	
Fire Alarm Monitoring Service	Semiens Fire Protection Boston MA	1.781.575.1900
Fire Alarm Service	Semiens Fire Protection Boston MA	1.781.575.1900
Fire Sprinkler Service	Hampshire Fire Control 277 Old Hampstead Highway Swanzey, NH 03446	1.603.231.4971
Generator		
(Service)	Cumming Generator 12 Integra Drive Concord New Hampshire CC	1.207.510.2233
(Health Center)	Powers Generator Norwood MA	1.800.853.7202
(Fuel)	Deisel	

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[44] Insert information on vendors; expand list as necessary

SECTION F: EMERGENCY RESOURCES AND LISTS

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
HVAC Contractor	Granite State Plumbing 17 oil mill road Wear NH 03281	1.603.529.3322
Ice Machine Repair	GKS corp po box 413 Candia NH 03034	1.603.622.7300
Internal Telephone System	Single Digits	1.800.291.4411
Kitchen Appliance Repair	GKS corp po box 413 Candia NH 03034	1.603.622.7300
(Major)	same	same
(Small)	same	same
Laundry Equipment Repairs	Daniel's Equipment Repair 45 Priscilla Lane, Auburn NH 03032	1-800-258-
Locksmith	A1 Lock Smith	1.603.352.0611
Plumbing Contractor	Granite State Plumbing 17 Oil Mill Road Waer NH	1.603.622.7300
Toilet Rental (portable)	ACE Rental service Winchester Road Keene NH 03431	
Other		1.800.725.6506

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

MAINTENANCE DEPARTMENT

Backup Sources (outside a 90-mile radius of facility)[45]

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Boiler Repair		
Building Contractor		
Call-Light System Repair		
Electrical Contractor		
Elevator Company		
Environmental Waste		
(non-hazardous)		
(hazardous)		
Fire Alarm Monitoring Service		
Fire Alarm Service		
Fire Sprinkler Service		
Generator		
(Service)		
(Rental)		
(Fuel)		

---

[45] List vendors at least 90 miles outside your region if possible

SECTION F: EMERGENCY RESOURCES AND LISTS

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
HVAC Contractor		
Ice Machine Repair		
Internal Telephone System		
Kitchen Appliance Repair		
(Major)		
(Small)		
Laundry Equipment Repairs		
Locksmith		
Plumbing Contractor		
Toilet Rental (portable)		
Other		

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

MAINTENANCE DEPARTMENT

RESTORATION COMPANIES (MOLD, BUILDING, ETC.)[46]

Local Sources (within a 90 mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Dehumidification / Drying		
Mold / Mildew or other toxins		
Cleaning & Corrosion control		
Smoke & Odor Elimination		
Air Duct Cleaning		
Vital Document & Record Restoration		
Medical Waste Removal[47]		866-783-7422 (M-F, 8am -5pm) 859-576-3675 (24Hr.)

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[46] Insert information on vendors; expand list, as necessary

[47] Insert the local address for Stericycle, refer to the following page

SECTION F: EMERGENCY RESOURCES AND LISTS

			List of Stericycle Local Addresses[48]	
Service Name	**Service City**	**Service State**	**Local Stericycle Address**	**Phone number**
Covenant Shores	Mercer Island	WA	20320 80th Ave S. Kent, WA	866-783-7422
Covenant Village of Northbrook	Northbrook	IL	1901 Powis Rd West Chicago, IL	866-783-7422
Windsor Park Manor	Carol Stream	IL	1901 Powis Rd West Chicago, IL	866-783-7422
Covenant Village/Great Lakes	Grand Rapids	MI	2695 Elmridge Dr NW Ste B, Grand Rapids, MI 49534	866-783-7422
Colonial Acres	Golden Valley	MN	742 Vandalia St, Saint Paul, MN 55114	866-783-7422
Michealsen Health Center	Batavia	IL	1901 Powis Rd West Chicago, IL	866-783-7422
Covenant Care at Home	Saint Charles	IL	1901 Powis Rd West Chicago, IL	866-783-7422
Covenant Village of Colorado	Westminster	CO	6100 E Stapleton Dr S Ste G, Denver, CO 80216	866-783-7422
Covenant Village Care Center	Turlock	CA	4135 W Swift Ave, Fresno, CA 93722	866-783-7422
Brandel Manor	Turlock	CA	4135 W Swift Ave, Fresno, CA 93722	866-783-7422
Mt Miguel Covenant Village	Spring Valley	CA	9855 Distribution Ave Ste 110, San Diego CA 92121	866-783-7422
The Samarkand	Santa Barbara	CA	2775 E 26th St, Vernon, CA 90058	866-783-7422
Pilgrim Manor	Cromwell	CT	80 Industrial Park Rd, Middletown, CT 06457	866-783-7422
Covenant Village of Florida	Plantation	FL	14374 Commerce Way, Miami Lakes, FL 33016	866-783-7422
24 hour contact: National Account Manager Monica Dodson, 859-576-3675				

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[48] Delete this page after referencing information

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

MAINTENANCE DEPARTMENT

RESTORATION COMPANIES (MOLD, BUILDING, ETC.)

Backup Sources (outside a 90 mile radius of facility)[49]

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Dehumidification / Drying		
Mold / Mildew or other toxins		
Cleaning & Corrosion control		
Smoke & Odor Elimination		
Air Duct Cleaning		
Vital Document & Record Restoration		
Medical Waste Removal	24 Hr. Contact will connect you to a backup location as needed.	859-576-3675 (24Hr.)

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[49] List vendors at least 90 miles outside your region if possible

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

NURSING DEPARTMENT[50]

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Enteral Feeding Supplies	51	52
Medical Supplies		
Nursing Contract Agency		

Backup Sources (outside a 90-mile radius of facility)[53]

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Enteral Feeding Supplies	54	55
Medical Supplies		
Nursing Contract Agency		

Refer to Appendix N McKesson Emergency Preparedness Tools and Resources Document.

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[50] Insert information on vendors, for critical supplies, expand listing as necessary

[51] Insert the local McKesson distribution center location. Refer to the following page for this information by campus

[52] Insert the local McKesson distribution center contact information. Refer to the following page for this information by campus

[53] List vendors at least 90 miles outside your region if possible

[54] Insert the non-local McKesson distribution center location. Refer to the following page for this information

[55] Insert the non-local McKesson distribution center contact information. Refer to the following page for this information by campus

SECTION F: EMERGENCY RESOURCES AND LISTS

McKESSON MEDICAL-SURGICAL DISTRIBUTION CENTER DIRECTORY[56]						
Campus	Common Name	Facility Address	City	State	Zip	DC/Branch Main Phone
CVC	Kansas City	1405 N. Chouteau Street	Kansas City	MO	64120	(866) 653-5242
CVGV	Minn-Rogers	12999 Wilfred Lane, Suite 100	Rogers	MN	55374	(763) 428-2388
HOLM	Chicago-Glendale Heights	140 Exchange Boulevard	Glendale Heights	IL	60139	(630) 690-0999
WPM	Chicago-Glendale Heights	140 Exchange Boulevard	Glendale Heights	IL	60139	(630) 690-0999
CVON	Chicago-Glendale Heights	140 Exchange Boulevard	Glendale Heights	IL	60139	(630) 690-0999
CVGL	Chicago-Glendale Heights	140 Exchange Boulevard	Glendale Heights	IL	60139	(630) 690-0999
CVOF	Orlando	401 Gills Drive	Orlando	FL	32824	(407) 438-5477
CVOC	Northborough	55 Lyman Street, Suite 1	Northborough	MA	01532	(866) 502-3162
CVOT	Sacramento	4291 Pell Drive	Sacramento	CA	95838	(916) 922-3480
BRAN	Sacramento	4291 Pell Drive	Sacramento	CA	95838	(916) 922-3480
SAM	Chino	16043 El Prado Road	Chino	CA	91708	(909) 438-9230
MMCV	Chino	16043 El Prado Road	Chino	CA	91708	(909) 438-9230
SHOR	Seattle	2530 B Street NW, Suite #101	Auburn	WA	98001	(253) 508-5200

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[56] Delete this page after referencing information for your facility

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

PHARMACY[57]
(Supplies and Drugs)

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR/CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Pharmaceuticals	58	59

Backup Sources (outside a 90-mile radius of facility)[60]

SERVICE or PRODUCT PROVIDED	VENDOR/CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Pharmaceuticals	61	62

NOTE: All Omnicare phone numbers listed on automatically forward to the secondary pharmacy if the primary pharmacy has become inoperable. If the secondary pharmacy also becomes inoperable, it will then forward to the next closest operable pharmacy. All phone numbers listed are answered 24 hours/day.

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[57] Insert information on vendors, for critical supplies, expand listing as necessary
[58] Insert your primary Omnicare location, refer the following page
[59] Insert your primary Omnicare contact information, refer the following page
[60] List vendors at least 90 miles outside your region if possible
[61] Insert your secondary Omnicare location, refer the following page
[62] Insert your secondary Omnicare contact information, refer the following page

SECTION F: EMERGENCY RESOURCES AND LISTS

Covenant Retirement Communities -Primary and Secondary Pharmacy Locations and Phone Numbers[63]							
Facility Name	**Omnicare Regional Service Area**	**Primary Omnicare Pharmacy**	**Primary Pharmacy Address**	**Primary Pharmacy Phone**	**Secondary Omnicare Pharmacy**	**Secondary Pharmacy Address**	**Secondary Pharmacy Phone**
The Samarkand	Consolidated Southern California	Omnicare of Southern California	8220 Remmet Ave Canoga Park, CA 91304	(888) 452-4808	Omnicare of San Diego	5601 Oberlin Dr #124 San Diego, CA 92121	(888) 654-0446
Mount Miguel Covenant Village	Consolidated Southern California	Omnicare of San Diego	5601 Oberlin Dr #124 San Diego, CA 92121	(888) 654-0446	Omnicare of Southern California	8220 Remmet Ave Canoga Park, CA 91304	(888) 452-4808
Brandel Manor	Consolidated Northern California	Omnicare of Northern California	850 South Guild Ave. Suite 100 Lodi, CA 95240	(800) 468-4334	Omnicare of Southern California	8220 Remmet Ave Canoga Park, CA 91304	(888) 452-4808
Covenant Vill Of Turlock	Consolidated Northern California	Omnicare of Northern California	850 South Guild Ave. Suite 100 Lodi, CA 95240	(800) 468-4334	Omnicare of Southern California	8220 Remmet Ave Canoga Park, CA 91304	(888) 452-4808
Cypress Assisted Living	Consolidated Northern California	Omnicare of Sacramento	3630 Business Dr, Suite D Sacramento, CA 95820	(888) 458-9022	Omnicare of Southern California	8220 Remmet Ave Canoga Park, CA 91304	(888) 452-4808
Sequoia Covenant Vill of Turlo	Consolidated Northern California	Omnicare of Sacramento	3630 Business Dr, Suite D Sacramento, CA 95820	(888) 458-9022	Omnicare of Southern California	8220 Remmet Ave Canoga Park, CA 91304	(888) 452-4808
Covenant Village	Consolidated Colorado	Omnicare of Golden	15000 West 6th Ave. Golden, CO 80401	(800) 310-1008	Omnicare of Pueblo	4602 Elizabeth Street, Suite 190 Pueblo, CO 81008	(800) 517-9151
Pilgrim Manor	Consolidated Connecticut	Omnicare of Connecticut	525 Knotter Drive Cheshire, CT 06410	(800) 895-8427	Omnicare of N. Massachusetts	2 Technology Drive Peabody, MA 01960	(800) 552-4449
Covenant Village	Consolidated Florida	Omnicare of South Florida	2955 W. Corporate Lakes Blvd., Suite 600 Weston, FL 33331	(877) 446-7828	Omnicare of Tampa	8603 Florida Mining Blvd Tampa, FL 33534	(800) 619-5888
Palm Villa	Consolidated Florida	Omnicare of South Florida	2955 W. Corporate Lakes Blvd., Suite 600 Weston, FL 33331	(877) 446-7828	Omnicare of Tampa	8603 Florida Mining Blvd Tampa, FL 33534	(800) 619-5888
Michaelsen Health Center	Consolidated Chicago	Omnicare of Northern Illinois	2313 S Mt Prospect Rd Des Plaines, IL 60018	(800) 245-3784	Omnicare of Peoria	2305 West Altorfer Dr. Peoria, IL 61615	(800) 475-9209
Windsor Park	Consolidated Chicago	Omnicare of Northern Illinois	2313 S Mt Prospect Rd Des Plaines, IL 60018	(800) 245-3784	Omnicare of Peoria	2305 West Altorfer Dr. Peoria, IL 61615	(800) 475-9209
Axelson Manor	Consolidated Chicago	Omnicare of Northern Illinois	2313 S Mt Prospect Rd Des Plaines, IL 60018	(800) 245-3784	Omnicare of Peoria	2305 West Altorfer Dr. Peoria, IL 61615	(800) 475-9209

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[63] Delete this page after inserting your facility specific information

SECTION F: EMERGENCY RESOURCES AND LISTS

	Covenant Retirement Communities -Primary and Secondary Pharmacy Locations and Phone Numbers[63]						
Facility Name	**Omnicare Regional Service Area**	**Primary Omnicare Pharmacy**	**Primary Pharmacy Address**	**Primary Pharmacy Phone**	**Secondary Omnicare Pharmacy**	**Secondary Pharmacy Address**	**Secondary Pharmacy Phone**
Brandel Care Center	Consolidated Chicago	Omnicare of Northern Illinois	2313 S Mt Prospect Rd Des Plaines, IL 60018	(800) 245-3784	Omnicare of Peoria	2305 West Altorfer Dr. Peoria, IL 61615	(800) 475-9209
Covenant Village Great Lk	Consolidated Perrysburg	Omnicare of Grand Rapids	3650 Broadmoor Avenue SE, Suite 108 Grand Rapids, MI 49512	(800) 670-6702	Omnicare of Southern Michigan	33510 Schoolcraft Road Livonia, MI 48150	(800) 462-8757
Colonial Acres	District 12 Independent	Omnicare of Minnesota	4001 Lake Breeze Avenue Brooklyn Center, MN 55429	(888) 636-9960	Omnicare of Nebraska	8402 S. 117th Street, Suite 400 La Vista, NE 68128	(402) 896-3636
Covenant Shores AL	Consolidated Pacific Northwest	Omnicare of Seattle	12674 Gateway Drive S Tukwila, WA 98168	(800) 765-3852	Omnicare of Portland	11933 Glenn Widing Dr. Portland, OR 97220	(800) 454-1647
Covenant Shores LTC	Consolidated Pacific Northwest	Omnicare of Seattle	12674 Gateway Drive S Tukwila, WA 98168	(800) 765-3852	Omnicare of Portland	11933 Glenn Widing Dr. Portland, OR 97220	(800) 454-1647

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

RESPIRATORY THERAPY[64]
(Supplies and Drugs)

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Oxygen cylinders & regulators		
Portable suction		
Ventilators		

Backup Sources (outside a 90-mile radius of facility)[65]

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Oxygen cylinders & regulators		
Portable suction		
Ventilators		

---

[64] Insert information on vendors, for critical supplies, expand listing as necessary
[65] List vendors at least 90 miles outside your region if possible

SECTION G:

DISASTER RECOVERY PLAN

DISASTER RECOVERY PLAN

TABLE OF CONTENTS

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[1] Insert correct department name

SECTION G: DISASTER RECOVERY PLAN

RECOVERY PLAN OVERVIEW

The three stages of Disaster Recovery contained with the Emergency Operations Plan include:

- **Immediate Recovery:** Comprised of the internal actions taken until external services can reach the facility.

- **Long Term Temporary Recovery:** Considered to be the actions and equipment that allow the facility to operate at some level until operations return to pre-disaster conditions.

- **Full Recovery:** The return of the facility to its pre-disaster conditions.

Generalized actions for the Recovery Plan reside in each disaster-specific procedure. The Recovery Plan is supported by the Emergency Resources and Lists found in Section F.

The facility Command Center will manage the recovery process through the use of the Incident Command System.

Plan of Action:

- Follow guidelines for specific disasters, such as loss of utilities, located in Section E – Emergency Procedures for Specific Events.
- Complete an assessment (*See Department Rapid Assessment)* of your department's operational ability and report the status to the Command Center.

DAMAGE AND OPERATIONAL ASSESSMENTS
(Including Checklists)

Maintenance, with special expertise support (i.e.: Architect and/or Structural Engineering), will evaluate structure and utilities.

Department Heads should assess their own areas and provide a report to the Command Center via the *Department Rapid Assessment Form*.

The following assessment priority should be considered:

- Structural and utility stability
- Life support functions
- Food and liquids
- Infection control ability
- Pharmaceuticals/Medications
- Electronic and Information Systems
- Vital consumable materials
- Staff housing
- Other areas, as time allows

This information will allow the Incident Commander to make a decision to sustain operations within the facility or conduct a full or partial evacuation.

Note: If the facility is severely damaged, residents may have to be relocated / evacuated to allow the facility to recover fully.

SECTION G: DISASTER RECOVERY PLAN

FACILITY SYSTEM STATUS REPORT			
1. Operational Period Date/Time	**2. Date Prepared**	**3. Time Prepared**	**4. Building Name:**

5. SYSTEM STATUS CHECKLIST[2]		
COMMUNICATION SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Fax	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Information Technology System (email/resident records/time card system/intranet, etc.)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Nurse Call System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Paging - Public Address	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Satellite System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Telephone System, External	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Telephone System, Proprietary	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Video-Television-Internet-Cable	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
INFRASTRUCTURE SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Campus Roadways	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Fire Detection/Suppression System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Food Preparation Equipment	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Ice Machines	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Laundry/Linen Service Equipment	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	

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[2] Revise checklist as necessary

SECTION G: DISASTER RECOVERY PLAN

Structural Components (building integrity: columns, beams, walls, ceiling, roof)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
RESIDENT CARE SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Isolation Rooms (positive/negative air)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
SECURITY SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Door Lockdown Systems	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Surveillance Cameras	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
UTILITIES, EXTERNAL SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Electrical Power-Primary Service	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Sanitation Systems	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Water Supplies: Domestic	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	(Reserve supply status)
Water Supplies: Industrial	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	(Reserve supply status)
Water Removal Systems	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Natural Gas	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
UTILITIES, INTERNAL SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** *(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)*
Air Compressor	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	

SECTION G: DISASTER RECOVERY PLAN

Electrical Power, Backup Generator	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	(Fuel status)
Electrical Power: Life Support Functions	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Elevators/Escalators	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Hazardous Waste Containment System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Heating, Ventilation, and Air Conditioning (HVAC)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Oxygen	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	(Reserve supply status)
Steam Boiler	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Sump Pump	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Well Water System	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Vacuum (for resident use)	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Water Heater and Circulators	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other Areas: Internal Command Center	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other Areas: Medical Director's Office	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	
Other Areas: Staff Housing	☐ Fully functional ☐ Partially functional ☐ Nonfunctional	

6. CERTIFYING OFFICER

7. FACILITY NAME
Covenant Living of Keene NH

SECTION G: DISASTER RECOVERY PLAN

Recovery Checklist[3]

This document is a checklist of potential issues to review after a disaster, to assist facilities in maintaining a safe environment of care.

ISSUE	ACTION ITEMS	YES/NO Initials
Access	1. Safe access and egress is assured to/from buildings for people and supply deliveries.	
	2. Safe access and egress is assured for ambulances.	
Comments:		
Building(s)	1. Building(s), or parts of building(s) in use, have been declared safe for their intended use by appropriate governmental/regulatory agencies for fire; environmental (water and air quality); engineering (Life Safety Code, structural and electrical integrity, environmental controls, medical gas system[4]); etc., as appropriate, prior to their use.	
	2. Community fire fighting services available.	
	3. Appropriate plan for pest control and/or containment.	
	4. Adequate staff and resources to maintain facilities (buildings and facility equipment) currently in use.	
	5. Adequate environmental control systems in place.	
Comments:		
Communication: Internal	1. Adequate call system enabling residents to summon staff for assistance.	
	2. Functional system in place for internal communication with all areas of the facility.	
	3. Emergency call system functional to summon assistance to a specific area (i.e. cardiac arrest, fire or security emergency).	
	4. Functional fire alarm system for receiving manual (pull station) or automatic (e.g., smoke/heat detectors, waterflow, etc.) inputs and issuing appropriate automatic outputs (visual and audible annunciators, elevator recall[5], HVAC shutdown, signal to fire department or central station alarm monitoring service, etc.).	
	5. Notification to staff of what is operational, what is not operational, and alternate means of communications in place.	

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[3] Revise Checklist as necessary
[4] Delete if not applicable
[5] Delete if not applicable

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SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
Comments:		
Communication Systems: External	1. Communication system functional to summon outside assistance for police, fire department, and other community resources.	
Comments:		
Food Services	1. Adequate facilities, personnel, and supplies onsite to meet the nutritional needs of residents (and personnel as necessary).	
	2. Adequate equipment and facilities, including refrigeration, for storage of foods and dietary supplies.	
	3. Adequate storage for all prepared food to ensure appropriate temperature and sanitation.	
	4. Food approved for re-use by appropriate governmental agencies if applicable.	
Comments:		
Electrical Systems	1. Vaults • Main switches operational. • Utilities transfer switches operational.	
	2. Distribution Panels • Fuses operational. • Breakers operational.	
	3. Transformers reviewed.	
	4. Emergency generators, backup batteries, and fuel available for any location where residents are incapable of self-preservation, as well as other critical areas. Transfer switches in working order. Sufficient fuel for generators.	
	5. Test equipment for confirming voltage and amperage.	
Comments:		

SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
Emergency Preparedness and Management	1. Disaster plan in place for timely evacuation of residents to a safe location for internal and external disasters and plan is adequate to address the safety of residents and/or staff.	
	2. The facility should be enabled to address subsequent emergency situations, indicating the establishment of a functional all hazards command structure and the replenishment of emergency supplies and other equipment.	
	3. Adequate equipment and supplies on site (including oxygen) for planned services.	
	4. Equipment is inspected and cleared for resident use prior to use.	
	5. Mechanism in place for replenishing supplies.	
	6. Ability to maintain resident care equipment that is in use.	
	7. Ability to provide oxygen in a safe manner, indicating the presence of materials such as: compressors/dryers, a piping system, vacuum piping and pumps, controls, and alarms[6].	
	8. Flashlights and batteries (including radio and ventilator batteries) available.	
Comments:		
Maintenance[7]	1. Cooling Plant • Chiller/DX/absorption unit operational. • Pumps operational. • Valves and controls operational. • Cooling towers operational. • Fan coil units operational.	
	2. Heating Plant • Boiler system operational. • Support systems (feedwater pumps, diesel tank, etc.) operational. • Heating system (converters, valves, etc.) operational. • Process steam (sterilizers, general building systems, etc.) operational. • Diesel tank re-filled. Diesel Vendor operational.	
	3. Distribution System • Ductwork, including functional smoke detection / alarm capability and dampers, operational. • Piping operational. • Valves and controls, including functional emergency fan shutdown tied into fire alarm system and emergency smoke purge capability, operational.	

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[6] Delete if not applicable

[7] Revise Checklist as necessary

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SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
	• Risers operational. • Filtration operational. • Negative pressure (ability to maintain CDC-compliant air exchanges) operational.	
	4. Treatment Chemicals • Water / Boiler treatment	
Comments:		
Infection Control	1. Procedures in place to prevent, identify, and contain infections and communicable diseases.	
	2. Procedures and mechanisms in place to isolate and prevent contamination from any unused portions of facility.	
	3. Adequate personnel and resources to maintain a sanitary environment.	
	4. Process in place to segregate until discarded previously contaminated supplies, medications, etc., prior to reopening of facility.	
Comments:		
Information Technology / Medical Records	1. Ensure that all usual internal and external systems, backup systems, clinical systems, medical information systems, and resident registration systems are functional, or there is an alternate method for capturing the information.	
	2. System in place to maintain a medical record for each resident served.	
	3. Storage space to ensure security and maintain integrity of medical records (i.e., protection from fire, environmental hazards, unauthorized access).	
	4. System in place to ensure medical records are readily accessible and promptly retrievable when needed.	
Comments:		

SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
Management	1. Resources and capability to deliver services assured by management prior to initiation of services.	
	2. Management staff onsite to ensure the health and safety of residents and staff.	
	3. Adequate resources, personnel and supplies onsite to meet the needs of residents for the services offered.	
	4. Adequate arrangements for care and services of individuals whose condition exceeds the capability of the facility have been established.	
	5. All initial services and each expansion of services approved by applicable government authorities prior to location being used and initiation of services.	
Comments:		
Morgue	1. Adequate arrangements for storage and management of deceased individuals.	
Comments:		
Personnel	1. Adequate types and numbers of personnel onsite for services.	
	2. Adequate staffing plan to maintain personnel (e.g., transportation, meals and lodging, laundry, etc.).	
	3. Any non-facility employed staff comply with State licensure requirements.	
Comments:		
Pharmaceuticals / Medications	1. Adequate facilities, equipment, supplies, and appropriate staff to meet the pharmaceutical needs of residents.	
	2. Adequate equipment and facilities, including refrigeration for storage of drugs.	
	3. Remove any unsafe/damaged medications from medication rooms and/or and residents.	
Comments:		

SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
Security	1. A system of security in place to ensure the safety of residents, visitors, and staff, including access control, securing sensitive areas, protection of property, processing identification cards, locks, and keys.	
	2. Outside law enforcement personnel conferred with regarding appropriate facility security, if necessary.	
Comments:		
Sterile Procedures Systems, as applicable[8]	1. Systems for sterile procedures (steam, gas, cold) are functional.	
Comments:		

ISSUE	ACTION ITEMS	YES/NO Initials
Vendors	1. Ensure all vendors are operational and supplies are available.	
Comments:		
Waste Management	1. System in place for trash handling (e.g., conveyors, compactors, etc.) and removal (solid and liquid).	
	2. System in place for regulated medical and hazardous waste storage and removal.	
Comments:		

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[8] Delete if not applicable

SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
Water Systems	1. Potable water for drinking, bathing, food service, and for all planned resident services.	
	2. Distribution pumps operational.	
	3. Water towers/tanks operational.	
	4. Sewer Systems • Sanitary • Storm	
	5. Fire suppression (fire pumps, sprinkler risers and lines, standpipes, and waterflow detection/alarm capability) operational.	
Comments:		

SECTION G: DISASTER RECOVERY PLAN

Covenant Living OF Keene	**Form 301 - Department Rapid Assessment Form**

THIS IS A TWO PAGE FORM
Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code _____** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

Date	*Time*	*Unit/Department & Location*	*Person in Charge (Name/Title/Best Phone #)*

1. Staffing *Show total staff presently on duty by title/position*

Are you staffed at a safe minimal level for the disaster? Yes / No   If no, do you need to recall staff from home? Yes / No

Type of Position	*Number Present*	*Available for the Labor Pool (if needed)*

2. Total Unit Resident Census: _____   3. Total Residents for Discharge to Home: _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility

Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	*Wheelchair Van:*	*Ambulatory -Van /Bus:*

5. Resource Status   *Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)*

Resource	*Quantity On Hand*	*Available for Deployment*	*Resource*	*Quantity On Hand*	*Available for Deployment*
Wheelchairs			Geri Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status *Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)*

Technology Item	*Status (OK or Not Working – Explain status if necessary)*
Lighting/Electricity	
Telephones	
Fax Machine/Line	
Red Outlets (emergency) power	
Nurse Call System	
Computers	
Heat / AC	
Water	

SECTION G: DISASTER RECOVERY PLAN

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)

7. Operational Status *Are you fully operational, limited capability, non-operational **(describe)**. Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)*

☐ Fully Operational	☐ Limited Capability	☐ Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: *If additional information is necessary, please send on a separate sheet.*

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

SECTION G: DISASTER RECOVERY PLAN

FULL RECOVERY

Full Recovery: This is the return of the facility and its operations to pre-disaster conditions.

The following information must be completed by applicable regulatory agencies such as local/state health or other noted individuals.

Structure

Structure has been surveyed by the following individuals and has been declared safe to be occupied, or is fully recovered.

	Areas Surveyed	**Areas Approved**	**Signature of Health Department Surveyor**
Architect			
Structural Engineer			
General Construction			

SECTION G: DISASTER RECOVERY PLAN

Utilities

Utilities have been returned to normal operation.

	Internal Equipment (Contractors)	Public Utility Company	Signature of Health Department Surveyor
Power			
Gas			
Water			
Communication Systems			
Oxygen System[9]			
HVAC System			
Fire Alarm System			

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[9] Delete if not applicable

SECTION G: DISASTER RECOVERY PLAN

Food Services

Food Services have been inventoried and foods and liquids have been found to be adequately stocked and able to return to normal operation:

Areas Surveyed	Areas Approved	Signature of Health Department Surveyor

SECTION G: DISASTER RECOVERY PLAN

Resident Services

Resident Services have been reviewed by the following individuals and have returned to normal operation.

	Areas Surveyed	Areas Approved	Signature of Health Department Surveyor
Pharmaceutical/ Medication Storage			
Clinical Supplies			
General Resident Areas			

SECTION G: DISASTER RECOVERY PLAN

Information Technology

Information Technology has been reviewed by the following individuals and has been approved to return to normal operation.

Systems Reviewed	Approved By

SECTION G: DISASTER RECOVERY PLAN

Staffing

Staffing has been reviewed by the following individuals and has been found adequate to return to normal operation.

	Areas Surveyed	Areas Approved	Signature of Internal Surveyor	Signature of Health Department Surveyor
Nursing				
Support Services				
Office / Clerical Staff				

equipment, supplies, vehicles and other resources may result in counseling and/or disciplinary action, up to and including termination of employment.

Employees who drive as part of their job responsibilities and/or who may occasionally use a community vehicle are required to operate the vehicle safely and in accordance with state law, including following speed limits, required seat belt use and are not to use a cell phone or send text messages while operating a vehicle on company business.

NAME BADGE

All employees are issued both a name badge and a door access card with their names and position, that must both always be worn while on community property. Name badges provide quick identification and are a courtesy to residents, resident family members, visitors and vendors. Keep your name badge and door access card secure. Immediately report loss of a name badge or door access card to your supervisor and arrange to have it replaced through the human resources office. Name badges and access cards are the property of the community and are to be returned to the Human Resources Director when employment terminates.

While on work time, employees may not wear or display any stickers, pins, buttons, badges, insignia, etc., that are not officially sponsored by Covenant Living.

ORIENTATION, TRAINING AND EMPLOYEE DEVELOPMENT

Training and development are an ongoing process in which all employees should regularly participate. Covenant Living strives to provide effective training and development opportunities for all employees.

New Employee Orientation: All new employees begin employment with orientation that provides an introduction to the community and its leadership, introduction to Covenant Living's mission, Common Purpose and Inspired to Serve, review the Handbook and other need-to-know information. The orientation will also include an orientation to the employee's department, review of the position description, job responsibilities, performance expectations, specific job training, and safety. The process varies depending on the job and length of time required to learn it.

Corporate Compliance: Corporate compliance policies and relevant procedures are explained in the Covenant Living Code of Conduct that is provided to and reviewed with every employee.

HIPAA: This orientation provides an overview and explanation of procedures related to confidentiality of protected health information of residents and co-workers. It further explains that access to such information is to be used under a "minimum necessary" basis. The employee's supervisor will explain any pertinent procedures that impact the employee's job.

In-service Education and Training: Periodically, there will be community and departmental in-service meetings on topics relating to program operations, topics required by regulations, and individual employee development and/or training. Departmental policies may require attendance at certain in-service education programs. Lack of participation in in-service education and training may impact an employee's qualifications for his/her job and continued employment.

Outside Seminar and Training Programs: Covenant Living encourages participation in programs that provide stimulation for career development and the enhancement of job skills. Certain training and development programs are considered mandatory. In such cases, the community will reimburse applicable expenses. Attendance at such programs will be paid as hours worked.

Education Programs: Employees are encouraged to pursue professional growth through education. Tuition reimbursement may be applicable.

Infection Control and Standard Precautions: All employees who are at-risk of exposure to blood, bodily fluids or other potentially infectious material as a part of their routine job duties must review the blood-borne pathogens policy and participate in a training program that includes standard precautions. Training is provided at no cost to the employee. At-risk employees will also be offered the Hepatitis B vaccine at no cost.

PUBLIC RELATIONS POLICY

Positive public relations, including ongoing communications with Covenant Retirement Communities (CRC) customers, are essential to CRC's success nationally. All employees and others representing CRC to its customers must assure a professional, competent impression. It is important that the campus executive director and other campus leadership be familiar with these guidelines and that they be followed as part of the campus public relations program. Ongoing public relations, major event public relations and crisis public relations are the key areas addressed in this policy.

I.   CRC customers play a vital role in CRC's sales and marketing plan. They are important influences who impact campus operations and relationships with surrounding communities, regulators and the general public. CRC customers are residents, staff, residents' families and friends, churches, vendors and others with whom a CRC representative comes into contact.

II.   Public Relations Activities: National public relations activities, as part of the national sales and marketing program, are under the direction of the CRC president with accountability for implementation of policies and procedures delegated to the national marketing leadership. The national public relations activities focus on media and audiences which have a broad impact on our organization.

   A.   Campus Program. Each campus shall incorporate campus public relations activities into the campus sales and marketing program. The campus executive director and campus sales director are accountable for the development and implementation of local public relations activities.

   B.   Key Contacts. CRC customers shall be addressed in campus public relations activities, subject to agreement between the campus sales director, campus executive director and executive vice president.

   C.   Interface with Sales and Marketing Plan. Campus public relations activities shall interface with the sales and marketing program. The campus sales director plays a key role in the planning and execution of the public relations program, reporting to, coordinating with and advising the campus executive director on all activities.

D. Communication with Sales Director. Various campus individuals including administrators, assisted living coordinator, clinical services director, residential services director, wellness coordinator, human resources director, stewardship officer or chaplain may be involved in planned activities, special projects and events, or communications with those identified as "key audiences" (see I.B.). The sales director must be made aware of these activities to assure consistent communications.

III. Ongoing Public Relations Activities

A. Public relations activities will be conducted throughout the year and may include special events on and off campus; membership in and regular meetings with civic and business groups; participation in exhibits, fairs, and expositions; speaking engagements with church, civic, business and professional groups; campus tours and hosted meetings, news media relations and all printed materials such as brochures, newsletters and fund raising appeals. All activities shall be at the direction of the sales director or campus executive director, with approval of the national sales leadership.

B. News media relations activities may include

1. Creation of a comprehensive and current list of media contacts names, telephone numbers, and addresses at all relevant media organizations in the area, including

Newspapers: All daily and weekly newspapers circulated on campus and within the surrounding community or local campus sales and marketing area

- City Desk Editor (for weekly newspapers, the editor)
- Writer/reporter(s) covering health care, senior issues, or general features; at major daily newspapers, this may include several individuals on city, business, and features desks
- Business Editor

Radio stations: News director, including regular and after-hours news telephone numbers

Television stations: Assignment editor (include regular and afterhours news telephone numbers

Internal print pieces: A compilation of all internal communication pieces distributed to any CRC customer (employee newsletters, marketing letters, fund development pieces, etc.).

2.   Preparation of non-paid editorial information in the form of news releases, by-lined stories, opinion-editorial (op-ed) columns and letters to the editor and press kit materials including fact sheets and biographies on key CRC personnel, speakers for special events, etc. All information should be updated annually in conjunction with national sales leadership.

3.   Contacts with news media representatives including print media, radio and TV news persons and talk show hosts to advise them of story ideas, propose interviews, invite them to attend special events which have news or feature value, or respond to inquiries from the news media. This information is submitted as the occasion arises. National sales and marketing leadership must pre-approve contacts.

4.   Crisis communications (see Section IV.)

C.   Preparation of Materials for News Media. The writing and preparation of news releases and other materials for the news media on behalf of the campus is handled by a public relations consultant designated by national sales and marketing leadership and approved by the campus executive director.

1.   News releases and announcements may be prepared on a routine basis in conjunction with key campus personnel announcements, special events to which the public is invited, announcement of plans for new building projects or expansion plans, groundbreakings and grand opening of new facilities and other campus news of interest to the surround community.

2.   All material released to the news media should be consistent with CRC terminology. See CRC No. 2, Sales and Marketing Policy.

3.   Prior to release, all materials must be approved by national sales and marketing leadership, the campus sales director and the campus executive director. Copies of all materials shall be sent to the executive vice president and national sales and marketing leadership.

4.   News media materials prepared for the sales director by other campus personnel relevant to their specific activities (residential services director,, chaplain, etc.) or an outside public relations consultant must be approved prior to release by national sales and marketing leadership and campus executive director.

5. The sales director and campus executive director must also approve the plan, timing, and distribution for release of news media information materials, in consultation with national marketing leadership.

D. Contacts with the news media on behalf of the campus shall be initiated or conducted by one of the following:

1. CRC officer (i.e, president, vice president, board chair, etc.).

2. campus executive director or other administrative staff.

3. spokesperson designated by campus executive director and trained or briefed in news media relations.

4. public relations consultant retained to represent the campus and/or CRC who has been briefed on the information to be communicated as well as CRC and campus policy regarding the subject being discussed. The consultant shall not place him/herself in the position of public spokesperson for the campus and will work at the direction of the executive director and sales director in cooperation with the national sales and marketing leadership.

IV. Major Events

A. Major special events and programs will be planned for both on and off campus as tools to target specific groups with a message in support of CRC sales and marketing objectives. Major events range from a public seminar featuring a key speaker at a CRC campus to an extended communications program for a new building project conducted over a 12 to 18-month period.

B. Planning: Major events shall be planned well in advance of implementation date and include the executive vice president, campus executive director and national sales and marketing leadership from the beginning of the planning process.

1. Plans should include a clear delineation of all event responsibilities and agreement on budget allocation.

2. The campus executive director and executive vice president must approve all plans.

C. News Media Relations. A specific plan shall be developed for the content and timing of the release of press kits and news releases prior to and through the staging of the event. A public relations consultant approved by the national marketing leadership shall be consulted in preparing press kits and news releases

1. All materials released to the news media shall be prepared in accordance with the acceptable CRC format. Each news release should clearly state a local campus contact, telephone number and address and the date of release. News releases should indicate FOR IMMEDIATE RELEASE.

2. News releases and press kits available through campus executive directors should be distributed to all appropriate news media that may include major daily newspapers, community newspapers, special senior publications and radio and telephone stations.

3. To assure information reaches the appropriate individual, all news release, media advisory or press kit material and correspondence with print or broadcast representatives shall be addressed to the individual by name (for example, Dave Smith, City Editor).

4. A campus representative involved in the event and who has background in news media relations shall be accountable for all news media contacts. The representative must be approved by the campus executive director and national sales and marketing leadership.

5. Prior to an event, it is considered good practice to contact (one time only) each news media representative who has been sent the advisory to confirm that the individual received the information and to answer any questions regarding the event.

6. At the event, it is appropriate to approach news media who are in attendance to supply additional materials, answer questions, or (when practical) to arrange an interview after the event with the key speaker, campus executive director or CRC representative.

V. Crisis Communications

A. Crises are unanticipated events that can adversely impact the campus and its residents and attract outside interest and media attention.

1. Crisis situations may include natural disasters such as fire, snowstorms, flooding, earthquakes; power outages; accidents involving residents, staff members, or suppliers; burglary or theft; acute illness or death or newspaper or other media exposés.

2. Even with CRC's adherence to high standards of continuing care, adverse situations are sometimes unavoidable. For this reason, it is critical that each CRC campus anticipate and prepare for crisis situations.

B.   Response to a crisis is dictated by the nature of the event. However several procedures are key to CRC policy. Each campus shall have a written procedure outlining the specific plans to manage crisis communication including

1.   Notification of Key Personnel. A plan for notifying key campus personnel in event of a crisis must be in effect. The first priority is to deal with any life-threatening or human needs. However, the CRC employee who first learns of the crisis also must immediately notify the campus executive director or administrator on call. It is the campus executive director's duty to notify or arrange for immediate notification of the following:
   - president (who is responsible for notifying key leadership in the Evangelical Covenant Church and Covenant Ministries of Benevolence, as appropriate)
   - executive vice president
   - vice president responsible for sales and marketing
   - senior vice president and general counsel
   - key leadership staff members including security representatives, as warranted
   - sales director
   - national risk manager
   - local law enforcement, as warranted

   Current home and cell telephone numbers for those who must be notified shall be distributed among key personnel and available for internal use only.

   As soon as practical, all CRC vice presidents should be notified of the event by the executive vice president.

2.   Notification of Campus Residents: In situations of impending danger to the campus, communications with residents must be personal and immediate. Other situations may call for rapid distribution of brief, written notices and/or "resident meetings" in a central location or in each building. The campus executive director in consultation with a representative of national sales and marketing leadership and executive vice president shall make a decision on what and how to communicate to residents.

3.   <u>Notification of Residents' Families.</u> If the situation or incident has potential direct impact on residents, (an outbreak of acute infectious disease or food poisoning are examples), the campus executive director, in consultation with a representative of national sales and marketing leadership, executive vice president and legal counsel, shall determine the advisability and method of contacting residents' families.

4,   <u>News Media Inquiries.</u> While experience indicates few incidents on campuses warrant coverage, news media inquiry into or coverage of any incident is always a possibility. These guidelines should be

    a.   The campus executive director, in consultation with a representative of national sales and marketing leadership team and the executive vice president, shall manage media relations in keeping with the best interests of CRC residents.

    b.   The campus executive director shall be trained in handling news media in crisis situations and be designated to handle all inquiries from the news media.

    c.   A statement outlining the incident and CRC's actions to address the situation shall be prepared by a representative of the national sales and marketing leadership team for the campus executive director for use in response to news media inquiries. The statement must be reviewed and approved by the executive vice president.

    d.   At no time shall a campus sales staff member handle news media inquiries related to crisis communication.

C.   There are situations in which CRC can best manage news media relations by proactively reporting a situation on campus. For example, if inaccurate or exaggerated details regarding a situation are widely reported throughout the community, CRC may seek to set the record straight by issuing a statement or news release with the facts.

VI.   Timeliness and clarity of communications with residents, families (if necessary), and the news media are very important aspects of campus operations and its importance cannot be overstated.

Rick K. Fisk

Rick K. Fisk
President

CAMPUS ASSESSMENT AND PHYSICAL ASSET MANAGEMENT PROGRAM

Maintaining campus assets is vital to Covenant Retirement Communities' (CRC) ability to fulfill its mission. Therefore a campus assessment and physical asset management program shall be the basis for developing long range capital project plans for each campus as set forth in CRC No. 3, Annual Operating and Capital Planning and CRC No. 16, Capital Projects and Expenditures.

I.   At the direction of the executive vice president and vice president of facilities management, every three years, each campus will conduct an in-depth evaluation of all aspects of the physical plant. This assessment will be coordinated by the vice president of facilities management in collaboration with Covenant Solutions Business and Development Support (CSB&DS).

II.   Following the on-site review, a report will be submitted to the vice president of facilities management and campus executive director, a detailed written report covering the findings on each of the elements identified on the evaluation sheet.

III.   Once the report is received a number of activities will take place.

A.   The report will be reviewed by the campus executive director, director of facilities management, vice president of facilities management and executive vice president.

B.   The recommendations will be listed in order of priority and included in the campus's capital projects plan in accordance with administrative policy CRC No. 16, Capital Projects and Expenditures.

C.   The campus executive director and director of facilities management will develop an addition, repair or replacement procedure, in accordance with the CRC preventative maintenance program and standard, including but not limited to:

1.   Establish a complete file on each building entity including
   a.   data for each building including construction, remodel and expansion dates and scope
   b,   data for each construction type (i.e., flat roof versus pitched roof).
2.   Establish a list of elements subject to
   a.   functional replacement (roof, carpet, appliances, black top, etc.)
   b.   aesthetic replacement (wall covering, landscaping, signage, etc.).

3. For each element, record the age, cost at the time of installation and the contractor who installed it.

4. Establish a probable life expectancy of the element based on
   a. normal use life
   b. location impact on life
   c. special problems resulting from installation
      -appropriate selection of material
      -application procedures
      -history of repairs which might affect life expectancy

5. Establish a probable cost at replacement date
   a. total cost including breakdown of all component parts (material, construction, permits, dislocation costs, etc.)
   b. delineate source of estimates.

6. Funnel into the capital project plan and approval processes as defined in CRC No. 3 and CRC No. 16.

IV. In establishing specific project priority the following process for evaluating and correcting failures should be followed:

A. Ascertain possibility of imminent danger to persons (staff, residents or public) and to structure.

B. Determine physical cause and extent of failure by staff observation and/or outside technical expert (original architect/engineer or independent third party)

C. Determine possible liability for failure
   1. act of God
   2. unpredictable occurrence
   3. design error
      a. miscalculation
      b. inappropriate selection or application of materials
      c. failure to check installation before approval
   4. construction error
      a. material failure
      b. non-compliance with design
      c. unauthorized variation from specifications.

D. Arrange for correction of unpredictable failures and acts of God

1. Contact insurance carrier for possible relief.

2. Corrections should be designed and specifications written by a specialist in the required discipline, so there can be accountability for subsequent problems. Negotiate before the fact as to cost and timeliness.

   a. The use of design professionals is mandated in most venues depending on the complexity and cost of the project and the inherent safety for the consumer using the facilities.

   b. In order to get competitive bids it is generally mandatory that all bidders use the same set of documented information. The construction documents produced by design professionals such as architects and engineers serve this purpose.

   c. It is mandatory that a clear understanding be given to the design professional as to the intent of the improvement, the scope of the work, the various criteria by which it will be accepted or rejected, and how much the facility can afford to spend on the improvement.

   d. Agreements shall be documented. Oral agreements and verbal descriptions cannot be confirmed.

   e. Authorization to proceed with any project for which a fee will be paid must be accompanied by a comprehensive written statement as to the scope of the work, the availability of funds and the architectural, aesthetic and functional characteristics which CRC wishes incorporated into the project.

3. Proceed with bids, arrange for contractor to carry out repair and restoration work.

4. Insist design agent be involved in the inspection process before signing off on the project.

E Arrange for correction of failure resulting from design or construction error.

1. Inform insurance carrier for possible relief.

2. Contact professional responsible (architect/engineer, contractor, etc.)

3. Obtain written commitment for rectification along with schedule of completion and payment.

4. If there is no response or cooperation from professional (IV E 2 above)

   a. obtain an expert third party professional opinion

   b. inform vice president of legal affairs of findings and seek direction.

F. In steps IV. A. to E. the vice president of facilities management must be kept informed and involved in all decisions, and if appropriate other professional counsel.

V. On an annual basis prior to capital project plan preparation, the vice president of facilities management and executive vice president will review the five year plan and ascertain progress and re-establish priorities. CSB&DS shall be consulted as appropriate. The CRC campus assessment form should be completed as a part of this process.

Rick K. Fisk

Rick K. Fisk
President

Life Safety Code and Physical Plant Checklist

Mechanical Rooms	1. High/low ventilation and combustion ductwork	
	2. All ceiling and wall penetration sealed with fire rated caulking	
	3. Doors- self closing and latch automatically	
	4. Not used for storage	
	5. Ceiling installed completely	
	6. Fire dampers installed at duct penetrations of walls	
	7. No grills or vents in doors	
	8. Separated with one hour fire rated construction to roof deck	
Kitchen	1. Doors- Self closing and latch automatically	
	2. Fusible links- on all doors held open	
	3. Can exit walk-in refrigerators and freezers from inside (latch or ax)	
	4. Check for air gap on sink drains	
	5. Check temperature log of water in hand wash sinks (38 degrees C or 100 degrees F minimum)	
	6. Check slipperiness of floors and use of floor mats	
Laundry	1. Dryers enclosed	
	2. High/low ventilation and combustion ductwork behind dryers	
	3. Doors- Self closing and latch automatically	
Soiled linen rooms	1. Doors- Self closing and latch automatically	
	2. Soiled linen receptacle capacity greater than 32 gallons-room shall be separated by one hour fire rated construction, self closing automatically latching door and sprinklered	
Oxygen storage	1. Vented to outside	
	2. Storage greater than 3000 cu.ft.- room separated by one hour fire rated construction and self closing automatically latching door	
	3. Check that oxygen tanks are properly supported in a stand or cart or properly chained	
	4. Full and empty tanks are separated	
	5. Door to corridor should be locked	
	6. Check for sign on door: "Caution Oxidizing gases stored within No Smoking" which is readable from a distance of 5 feet	
	7. No smoking sings shall be posted in areas where oxygen is being used.	
Storage rooms	1. 50 to 100 sq.ft.- separated by one hour fire rated construction and self closing and automatically latching door	
	2. Greater than 100 sq.ft.- separated by one hour fire rated construction, self closing and automatically latching door and sprinklered	
Patient rooms	1. Window or outside door	
	2. Window and cubicle curtains flame retardant	
	3. No furnishings and decorations of highly flammable character	
	4. Corridor door closes and latches without impediment, gaps and against jamb	
	5. No portable space heaters	

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	6. Class A or B flame spread rating	
Corridors and Exit ways	1. Class A or B rating- Walls and Ceiling	
	2. Continuously maintained free of all obstructions or impediments	
	3. Handrails secure and without damage	
	4. No items on wall extending out beyond the handrail below seven feet	
Stairways	1. One hour fire rated construction- up to three stories Four stories or more- Two hour fire rated construction	
	2. All penetrations sealed	
	3. Self closing automatically latching doors	
	4. No storage	
Exit lights	1. Illuminated	
	2. Signs located to show direction to exit from any point in a corridor- two directions	
	3. Illuminated by emergency power within ten seconds of loss normal power	
Alcohol based hand rub	1. The corridor is at least six feet wide	
	2. The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)	
	3. The dispensers shall have a minimum spacing of four feet from each other	
	4. Not more than ten gallons are used in a single smoke	
	5. Dispensers are not installed over or adjacent to an ignition source	
	6. If the floor is carpeted, the building is fully sprinklered	
Smoking regulations	1. Smoking shall be prohibited in any room, ward or compartment where flammable liquids, combustible gases or oxygen is used or stored in any other hazardous location and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking	
	2. Smoking by patients classified as not responsible shall be prohibited, except when under direct supervision	
	3. Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted	
	4. Metal containers with self-closing cover devices into which ashtrays can be emptied shall be available to all areas where smoking is permitted	
Electrical	1. All switch and outlet covers installed. None damaged	
	2. Panels installed on all electrical equipment	
	3. Three foot clearance on all four sides of main electrical panels	
	4. Circuit breaker panels labeled	
	5. Ground Fault Circuit Interrupters installed in all outlets- within six feet of any sink, bathrooms, garages, electrical vehicle charging systems, elevators, wet areas (utility rooms-outlets serving counter tops, janitor closets, dish washing rooms) kitchen (outlets serving counter tops), roof tops, and outdoor outlets	
	6. Bulbs installed in all lighting fixtures	
	7. No daisy-chained power strips	

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Kitchen Range Hood Fire Suppression System	1. Inspected monthly- Grease buildup on nozzles and ductwork	
	2. Inspected annually- Licensed individual	
	3. Eight inch shield installed between fryer and stove-on tallest appliance- not required if fryer is sixteen inches from stove	
Fire Extinguishers	1. Inspect monthly- proper location, not obstructed, operating instructions on nameplate facing outward, safety seal not broken, unit is full, obvious physical damage, pressure gauge in operable range, Document inspection	
	2. Annual inspection by licensed individual	
Fire Alarm System	1. Annual inspection by licensed individual- report available	
	2. Semi-annually- visual inspection of fire alarm components	

Single Station Smoke Detectors	1. Inspect and test according to manufacturer's instructions at least monthly	
	2. Replace batteries according to manufacturer's instructions	
	3. Document testing and maintenance	
Sprinkler system	1. Annual inspection by licensed individual- report available	
	2. Test tamper and flow switches quarterly- document	
	3. Storage eighteen (18) inches below sprinkler head deflector	
	4. Sprinkler heads free of lint and corrosion, pipes not used for clothes hangers	
	5. Sprinkler head unobstructed/not painted	
	6. Check spare sprinkler head cabinet for 2 sprinkler head for each type of sprinkler used in the facility	
Emergency Generator	1. Annual inspection by licensed individual- report available	
	2. Maintenance schedule per manufacturer's requirements- keep log	
	3. Monthly recordings of battery electrolyte specific gravity- lead acid batteries, all others- weekly recording of battery voltage	
	4. Monthly load test (30 %) for 30 minutes- record time and voltage	
	5. Switch to emergency power within 10 seconds	
	6. Outlets connected to emergency power identified by distinctive color unless total building on generator	
Fire Drills	1. Fire drills conducted monthly	
	2. A drill for each shift during each quarter (*for facilities with 12 hour shifts, a monthly drill is conducted, but the shifts are rotated between the two)	
	3. At unannounced times, not during shift change, not all on same day, 90% attendance	
	4. Do not mix drills and in-services	
	5. Document each drill with time, date, shift, procedures used, reactions of staff and signatures of staff participating	
Corridor, Fire and Smoke Barrier walls	1. All penetrations sealed with fire rated caulking or foam. Check behind service personnel. Maximum half inch gap around penetrations	

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Exits	1. Doors open without impediment.	
	2. Discharge path smooth hard surface. Maximum half inch elevation between surfaces. If higher, 20:1 ramp.	
	3. Dual bulb outside light fixture	
	4. After snowfall or ice storm, check that egress doors have been shoveled out	
	5. No miniblinds or curtains on exit doors	
	6. Exit paths have street lighting (one foot candle at floor level minimum)	
Eyewash Stations	1. Weekly check done on plumbed units and noted on checklist by each eyewash station.	
	2. Eyewash station may not be behind a locked door.	
	3. For self-contained eyewash units, do not continue to use after expiration date.	
Fire Pumps	1. For diesel-engine driven units, weekly churn testing and inspection noted on checklist.	
	2. For electric-motor driven, monthly testing churn testing and inspection noted on checklist.	
	3. Annual full-flow testing and pressure performance done against the manufacturer's rating of the pump.	
In General	1. Facility shall be maintained according to all applicable codes. Any renovations or alterations to the facility shall be submitted to OLTC for approval.	
	2. All top heavy equipment or equipment that could fall on someone is anchored	
	3. Appropriate PPE is available and shows signs of being used	
	4. Check for door wedges	
	5. Doors in SNF positively latch	
	6. Loading docks have appropriate chain/gate across edge and edge is painted yellow	
	7. Double fire doors in corridors –check they close and latch properly	
	8. Check for vessel boiler certificates – annual issuances of state inspection	

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RISK MANAGEMENT PROGRAM

The Covenant Retirement Communities (CRC) risk management program is intended to provide definition, organization, accountability and responsibility throughout the organization to assure a safe environment for the residents, visitors, employees and the general public of CRC.

I.   The purpose of CRC's risk management program is to define, identify, analyze, intervene and evaluate actual or potential clinical, business and operational risks through risk avoidance, prevention, reduction, retention, or transfer techniques.
- **Risk avoidance** involves <u>not</u> engaging in or abandoning an activity in order to eliminate the potential for an accidental loss.
- **Risk prevention** involves the act of minimizing the likelihood of accidental loss through measures such as staff education and development, facility assessments, record audits, etc.
- **Risk reduction** activities are aimed at minimizing the severity of accidental loss through measures such as claims investigation and administration, etc.
- **Risk retention** involves the process of internally-driven financing mechanisms to help pay for accidental losses.
- **Risk transfer** techniques involve the process of shifting the financial burden of losses to an external party or parties.

All management and staff members participate in this corporate-wide risk management program. The CRC board of directors authorizes the risk management program as part of the operations of CRC under the corporate compliance program.

II.   The risk management program is directed at minimizing the frequency and severity of accidental losses to CRC through risk control and risk financing measures.

III.   The risk management program serves to:
- Identify and report adverse events to the CRC identified individuals in a timely manner.
- Minimize the occurrence of potential and actual adverse and compensable events.
- Evaluate the findings.
- Institute interventions.
- Monitor the results of actions.

CRC has a corporate compliance program that is detailed in the CRC Code of Conduct. All new employees are to receive corporate compliance training as part of their initial orientation. During at least annual training sessions, all staff members are to be reminded about their responsibility to engage in practices that are compliant with all state and Federal laws and regulations, as well as all CRC and campus policies and procedures.

Rick K. Fisk

Rick K. Fisk
President

SAFETY

Covenant Retirement Communities (CRC) recognizes the importance of a safe and healthy environment for employees, residents and visitors. In order to provide such an environment, each CRC campus shall have a campus-wide safety procedure and safety committee consistent with all state and federal regulations to develop and oversee an ongoing, active safety program. Each campus will appoint a campus safety officer who will collaborate with the CRC national risk manager to assure that all safety regulations and expectations are met.

Each employee has a primary responsibility for the safety, health and well-being of all residents, visitors and co-workers. To meet this responsibility, employees shall work together to promote safe work practices, observe rules and regulations and maintain property and equipment in safe working condition. During both general and department-specific orientation, each new employee should be given basic instruction in safety practices and body mechanics, as appropriate.

Department managers are to enforce all rules and regulations and be alert for unsafe practices and conditions. They are to take appropriate action to correct any irregularities found. Department managers are to investigate incidents and accidents and thoroughly complete accident/incident report forms on all incidents and accidents in their areas of responsibility with the goal of eliminating or, at least, minimizing the potential for any such future incidents. Safety is an essential part of each manager's and supervisor's job.

The safety program of the campus is directed by the safety committee. The following activities are under the safety committee's direction:
- Review of accidents including the recommendation of corrective actions and procedure development.
- Review and act as necessary on near miss reports and safety suggestions.
- Coordinate an annual safety in-service training program for all employees and assist supervisors with ongoing safety training for all employees.
- As part of the fire safety program, conduct fire drills, fire protection training, and maintain records and critiques of all fires and fire prevention activities.
- Conduct disaster preparedness including at least an annual disaster drill with a critique of the drill.
- Appoint an injury review team (IRT) to review the accident/incident information with every involved employee and then review the IRT's report.
- Compile an annual evaluation of safety committee operations.

- Ensure that a hazard communication program exists with employee training and a hazardous chemical inventory with required material safety data sheets (MSDS) on file and available for employee review and training
- Require current departmental safety rules with employee training of the rules.
- Ensure that quarterly departmental safety inspections are done, reported, and maintained.
- Maintain all other aspects of the campus safety program.

The safety committee is to coordinate its activities and procedures and recommendations with the CRC national risk manager and possibly with the representative of the campus insurance broker or carrier. Besides consulting with the CRC national risk manager, experts from the insurance broker or company may be consulted for additional assistance in employee training as well as in the establishment and monitoring of an ongoing safety program.

The safety committee reports to the campus executive director and shall have representation from all areas of the campus. It is expected to meet monthly, but no less than ten times each year and to document its activities and recommendations. The CRC national risk manager will meet with each campus and safety committee at least one time every year.

Safety awareness and the safety culture are to be promoted at each Covenant retirement community.

Rick K. Fisk

Rick K. Fisk
President

EMPLOYEE SAFETY TRAINING CHECKLIST

Employee Name: _____   Date: _____

Position: _____   Hire Date: _____

☐ New Hire   ☐ Rehire   ☐ Job Reassignment   ☐ Reorientation   ☐ Other

INSTRUCTIONS: Director of Staff Development checks the boxes of the items for which training is to be provided.
Employee initials each section when training in a section is complete.
Manager, Supervisor, and Employee sign the form when all training is complete.
Form is returned to Director of Staff Development for recording.

_____ **Review safety rules and practices and provide basic safety training**
☐ Inspired to Serve philosophy regarding safety
☐ Review Safety rules and practices and their enforcement
☐ Review the safety sections of the employee handbook
☐ Review the Injury and Illness Prevention Program
☐ Explain how to report unsafe practices and conditions
☐ Explain the purpose of safety meetings and behavioral observations
☐ Explain Injury and Illness Prevention Program compliance requirements

_____ **In case of injury**
☐ Instructions to Immediately report all accidents and injuries no matter how minor
☐ Explain how to obtain treatment
☐ Show location of first aid supplies
☐ Introduce first aid trained personnel

_____ **Emergencies**
☐ Show location of Disaster Plan
☐ Show exit locations, emergency alarms and signals, and evacuation procedures and routes
☐ Explain how to report emergencies and emergency procedures for:
  ☐ Medical   ☐ Fire   ☐ Earthquake   ☐ Flood/Severe weather   ☐ Security/Violence

_____ **Infection control and hazard communication**
☐ Bloodborne pathogens
☐ Universal precautions
☐ Isolation
☐ Housekeeping and sanitation
☐ Employee health program—Annual physicals, TB tests, Hepatitis B vaccine
☐ Hazard communications (HAZ-MAT, HAZ-COM)

_____ **Safe practices and habits**
☐ No manual lifting
☐ Follow resident transfer protocols in the care plan
☐ Lift only loads that can be handled without strain
☐ Get help with heavy or bulky loads
☐ Maintain a clean, uncluttered work area
☐ Always keep corridors free of debris/furnishings, equipment, etc.
☐ Fire exits never blocked or obstructed

APPENDIX: B

- ☐ Horseplay is not tolerated
- ☐ Immediately report all unsafe work conditions and inoperable equipment
- ☐ Use caution when opening drawers and file cabinets
- ☐ Use personal protective equipment when needed
- ☐ Proper hygiene (e.g.-handwashing)

_____ **Safety training: NURSING, CAREGIVERS, REHABILITATION**

☐ No manual lifting	☐ Resident transfer protocols in the care plan
☐ Proper lift and body mechanics and ergonomics	☐ Equipment safety
☐ Slip and fall hazard, and non-slip footwear	☐ Bio and chemical hazards
☐ Sharps and biohazard waste	☐ Hazard communication and SDS
☐ Exposure control plan	☐ Bloodborne pathogens
☐ Infection control	☐ Resident incident reporting
☐ Universal precautions	☐ Equipment safety features and emergency shut-offs

Required PPE: ☐ Eye ☐ Hand ☐ Respiratory ☐ Head ☐ Footwear

_____ **Safety training: DINING SERVICES, KITCHEN**

☐ Slip and fall hazards and non-slip footwear	☐ Lifting and carrying body mechanics
☐ Ergonomics	☐ Use of wheeled carts and dollies
☐ Knife safety and storage	☐ Tool and equipment safety
☐ Hazard communications	☐ Ladders
☐ Hazardous energy (electric)	☐ Hazardous materials and SDS
☐ Flammable material use and storage	☐ Personal hygiene and wearing of jewelry
☐ Temperature and heat	☐ Trash and recycling
☐ Food safety	☐ Sanitation
☒ Equipment safety features and emergency shut-offs	

Required PPE: ☐ Eye ☐ Hand ☐ Body/Respiratory ☐ Head ☐ Footwear

_____ **Safety training: MAINTENANCE, HOUSEKEEPING, LAUNDRY**

☐ Slip and fall hazard, and non-slip footwear	☐ Proper lifting, carrying, and body mechanics
☐ Hallway hazard flow and safety	☐ Use of wheeled carts and dollies
☐ Ergonomics	☐ Tool and equipment safety
☐ Fall protection	☐ Lockout/tagout
☐ Ladders	☐ Hazardous energy (electric, air, hydraulic)
☐ Hazardous communication and SDS	☐ Compressed gas
☐ Temperature and heat	☐ Electrical safety (grounding, GFCIs)
☐ Equipment maintenance	☐ Chemical handling and storage
☐ Flammable materials use and storage	☒ Equipment safety features and emergency shut-offs

Required PPE: ☐ Eye ☐ Hand ☐ Respiratory ☐ Head ☐ Footwear

_____ **Safety training: OFFICE, ADMINISTRATION, NURSING STATION**

☐ Workstation setup and ergonomics	☐ Proper lifting, carrying, and body mechanics
☐ Slip and fall hazards and non-slip footwear	☐ Housekeeping for a clean and uncluttered work space
☐ Electrical cords out of walking paths	☐ File cabinet and desk drawers kept closed
☐ Hazard communication and SDS	☐ Personal appliances and coffee makers are prohibited
	☐ Equipment safety features and emergency shut-offs

Required PPE: ☐ Footwear

_____   _____
Employee Signature   Date   Manager/Supervisor Signature   Date

APPENDIX: B

Covenant Retirement Communities
Skokie, Illinois

CRC No. 8528
I.T

Date of initial implement   05-01-2017
Date of last revision   05-01-2017

SECURITY AWARENESS AND TRAINING POLICY

Policy Summary: An active security awareness program can greatly reduce many information security risks that cannot be addressed through security software and hardware devices alone. In these cases, the human element of security is a critical component of our information security strategy. An effective security awareness training strategy promotes:

- Awareness – recognition of nature and source of risks to CRC's business
- Knowledge – familiarity with concepts, issues, principles and tools of information security
- Skills - Competence with the practical application of security tools and behaviors to minimize information security risk

I.   PURPOSE and SCOPE

The purpose of this policy is to create a general framework of processes and procedures, aligned with applicable information security policies and standards, to ensure that Covenant Retirement Communities (CRC) develops, disseminates, and updates the Security Awareness and Training policy. This policy and procedure establishes the minimum requirements for the Security Awareness and Training program.

Security Awareness and Training is required for all CRC employees (including managers and executives) who require access to CRC's IT systems and information. Awareness training events will be optional for CRC residents and their guests.

II.   DEFINITIONS *(TBD)*

III.   BACKGROUND

The security awareness program at CRC is intended to educate users on information security policies and essential practices. In addition to general security education, the program is also intended to help foster an understanding of how the policy protects the business, its employees and residents from risks associated with the misuse of information and information system-enabled services. In addition, the program is seeks to equip employees and residents with the skills to implement recommended security practices.

IV.   ROLES & RESPONSIBILITIES

The following Roles and Responsibilities matrix provides a summary of the general roles and responsibilities for oversight and execution of CRC's Information Security program, by designating:

Date of initial implement   05-01-2017
Date of last revision   05-01-2017

Responsible (**R**) – Person working on activity
Accountable (**A**) – Person with decision authority and one who delegates the work
Consulted (**C**) – Key stakeholder or subject matter expert who should be included in decision or work activity
Informed (**I**) – Person who needs to know of decision or action

Roles Tasks	Employee	Management	CIO / Steering Committee	Training Admin	Information Security Officer (ISO)
DEVELOP AND UPDATE THE SECURITY AWARENESS AND TRAINING PROGRAM			A		R
CREATE/ACCEPT ROLE-BASED SECURITY RELATED TRAINING MATERIALS			A	C	R
COMPLETE SECURITY AWARENESS TRAINING	R	A, R			
USER ACCEPTANCE OF SECURITY POLICIES	R	A			
DOCUMENT AND MONITOR SYSTEM SECURITY TRAINING					A
COMPLETE ROLE-BASED SECURITY RELATED TRAINING	R	A	I	R	I
SECURITY TRAINING RECORDS			A	R	I

V.   STATEMENT OF POLICY

In accordance with Information Security Policy (8509), CRC will provide Security Awareness and Training for all CRC employees (including managers and executives). CRC's Security Awareness and Training program outlines roles, responsibilities, management commitment, and compliance. The training also includes general information security training, role-based training, system-specific training and general awareness.

Covenant Retirement Communities
Skokie, Illinois

CRC No. 8528
I.T

Date of initial implement   05-01-2017
Date of last revision   05-01-2017

A.   GENERAL SECURITY AWARENESS TRAINING

1. ..The Security Steering Committee will delegate responsibility to the ISO will oversee CRC'S Security Awareness and Training program, including development, implementation, and testing.

2. The ISO or designated Training Administrator will coordinate, monitor and track the completion of Security Awareness Training for all CRC employees and report incomplete training to the respective managers.

3. Security Awareness and Training content will be regularly reviewed by ISO and updated as appropriate. Security Awareness and Training will include, at a minimum, the following:

   a)   Social Engineering

   b)   Data Security & Privacy

   c)   Ethics & Acceptable Use

   d)   Password Management

   e)   Email & Internet Usage

   f)   Physical Security

   g)   Clean Desk

   h)   Laptop and Mobile Security

   i)   Phishing, Hacking & Cyber Threats

   j)   Reporting Security Incidents

   k)   Security Compliance

   l)   Personal Computer / Network Security

4. ..The ISO or designee will ensure that current versions of the Security policies and procedures are included in the Security Awareness Training.

5. ..Each manager is responsible for ensuring that his or her respective employees complete mandatory Security Awareness Training.

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6. All new CRC employees will complete a Security Awareness Training course within the first 30 days of commencing work and repeat the training throughout the year (at least on an annual basis).

7. ..All CRC employees will acknowledge that they have read, understand and accept the CRC Information Security policies and procedures included in the training.

8. ..The ISO or designee may revoke account rights until mandatory Security Awareness Training is completed.

B.   ROLE-BASED TRAINING

1. ..The ISO or designee shall identify opportunities to create the appropriate role-based information security training materials and communicate the training opportunities to managers.

2. ..Managers will ensure that CRC employees who manage, administer, operate, or design IT systems, receive additional role-based information security training that is commensurate with their level of expertise.

C.   INFORMATION SECURITY AWARENESS METHODOLOGY

A variety of methods will be used to deliver Security Awareness and Training to CRC employees regularly throughout the year. Methods of delivery include, but are not limited to, videos, posters, newsletters, emails, staff meeting presentations, contests and other events.

D.   SECURITY TRAINING RECORDS

1. The Training Administrator or designee will monitor and document individual information security training activities including basic awareness training and specific information system security training.

2. Individual training records will be retained for defined by CRC's records retention policy.

Date of initial implement   05-01-2017
Date of last revision   05-01-2017

Revision History:

Revision	Date	Description of Changes	Requested By
0	05/01/2017	Initial Release	B. Rabe

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Date of last revision   05-01-2017

SECTION F: EMERGENCY RESOURCES AND LISTS

Local/Regional/State Healthcare Internet Based System[5]:

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Emergency Contacts[6]:

Primary Contact:
Name: GREGG BURDETT
Title: EXECUTIVE DIRECTOR
Email: GBURDETT @ COVLIVING.ORG
Work Phone: 603 353 0608
Home Phone: ███████████
Cell Phone: ███████████
Cell Phone Carrier[7]: US CELLULAR
Alternate Cell Phone:
Alternate Cell Phone Carrier: N/A
Text Pager: N/A
Other:

Secondary Contact:
Name: KARYN MINER
Title: ADMINISTRATOR
Email: KMINER @ COVLIVING.ORG
Work Phone: 603 283 5150
Home Phone: ███████████
Cell Phone: ███████████
Cell Phone Carrier: VERIZON
Alternate Cell Phone:
Alternate Cell Phone Carrier: N/A
Text Pager:[8] N/A
Other:

Alternate Contact:
Name: KATE JOBMANN
Title: OFFICE MANAGER
Email: KJOBMANN @ COVLIVING.ORG
Work Phone: 603 283 5150
Home Phone: ███████████
Cell Phone: ███████████
Cell Phone Carrier: US CELLULAR
Alternate Cell Phone: N/A

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[5] Insert web based system in use in your region or state to communicate facility status and/or surge capacity to the regional or state health department

[6] Insert primary, secondary and alternate contacts

[7] For example Verizon, Sprint, etc.

[8] Delete if none