



**Congregate Living & Social Services Licensing Board**  
**Tuesday, June 27, 2023, 6:00 PM**  
**Council Chambers, 2<sup>nd</sup> fl of City Hall, 3 Washington St.**

**AGENDA**

- I. **Call to Order:** Roll Call
- II. **Minutes of Previous Meeting:** May 23, 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.

**LB 23-08:** Applicant, Patricia Forman, House Supervisor for Emerald House, is requesting a Congregate Living & Social Services License for a Residential Care Facility, located 32 Emerald St., and is in the Downtown Growth District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**LB 23-09:** Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Large Group Home, located at 361 Court St., and is in the Medium Density District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**LB 23-10:** Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Residential Drug/Alcohol Treatment Facility, located at 106 Roxbury St., and is in the Downtown Edge District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**LB 23-11:** Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Large Group Home, located at 26 Water St., and is in the Downtown Transition District and as defined in Chapter 46, Article X of the Keene City Ordinances.

**LB 23-12:** Applicant, Ryan Gagne, Executive Director for Live Free Recovery, is requesting a Congregate Living & Social Services License for a Residential Drug/Alcohol Treatment Facility, located at 881 Marlboro Rd., and is in the Rural District and as defined in Chapter 46, Article X of the Keene City Ordinances.

- I. **New Business:**
- II. **Non-Public Session:** (if required)
- III. **Adjournment:**

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1 City of Keene  
2 New Hampshire

3  
4  
5 CONGREGATE LIVING AND SOCIAL SERVICES LICENSING BOARD  
6 MEETING MINUTES  
7

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

8  
9  
10 **I. Call to Order: Roll Call**

11  
12 Chair Oram called the meeting to order at 6:00 PM and roll call ensued.

13  
14 **II. Minutes of Previous Meeting: March 28, 2023**

15  
16 A motion by Mr. Savastano to approve the March 28, 2023, meeting minutes was duly seconded  
17 by Chair Oram and the motion carried unanimously.

18  
19 **III. Unfinished Business:**

20  
21 No unfinished business was presented.

22  
23 **IV. Applications:**

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

29  
30 Chair Oram requested Staff comments. Mr. Rogers said this property is a legal non-conforming  
31 use in the Corporate Park District. Prior to being occupied by House of Hope, this building was a  
32 single-family home that was also a non-conforming use. Thus, House of Hope applied to the  
33 Keene Zoning Board of Adjustment to have one non-conforming use changed to another, which  
34 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

<b>For Office Use Only:</b>	
Case No.	LB 23-06
Date Filled	3/29/23
Rec'd By	cm
Page	_____ of _____

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

## SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input type="checkbox"/> Group Home, Large	<input type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input checked="" type="checkbox"/> 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
<b>NAME/COMPANY:</b> Peak Healthcare at Keene, LLC	<b>NAME/COMPANY:</b> Alpine Healthcare
<b>MAILING ADDRESS:</b> 2420 Knapp Street Brooklyn NY 11235	<b>MAILING ADDRESS:</b> 298 Main Street, Keene, NH 03431
<b>PHONE:</b> (603) 352-7311	<b>PHONE:</b> 603-352-7311
<b>EMAIL:</b> zmargulies@recover-care.com	<b>EMAIL:</b> MCastor@alpine-hc.com
<b>SIGNATURE:</b> <i>Zish Margulies</i>	<b>SIGNATURE:</b> <i>Melissa Castor</i>
<b>PRINTED NAME:</b> Zish Margulies as manager of Peak healthcare at keene LLC	<b>PRINTED NAME:</b> Melissa Castor

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

**SECTION 3: PROPERTY INFORMATION**

**PROPERTY ADDRESS:**

298 Main Street, Keene, NH 03431

**TAX MAP PARCEL NUMBER:**

**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 capacity 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

A handwritten signature in black ink, appearing to read "Melissa Glynn".

Chief Legal Officer

# State of New Hampshire



Board of Examiners of Nursing Home Administrators

*Authorized as*  
Nursing Home Administrator

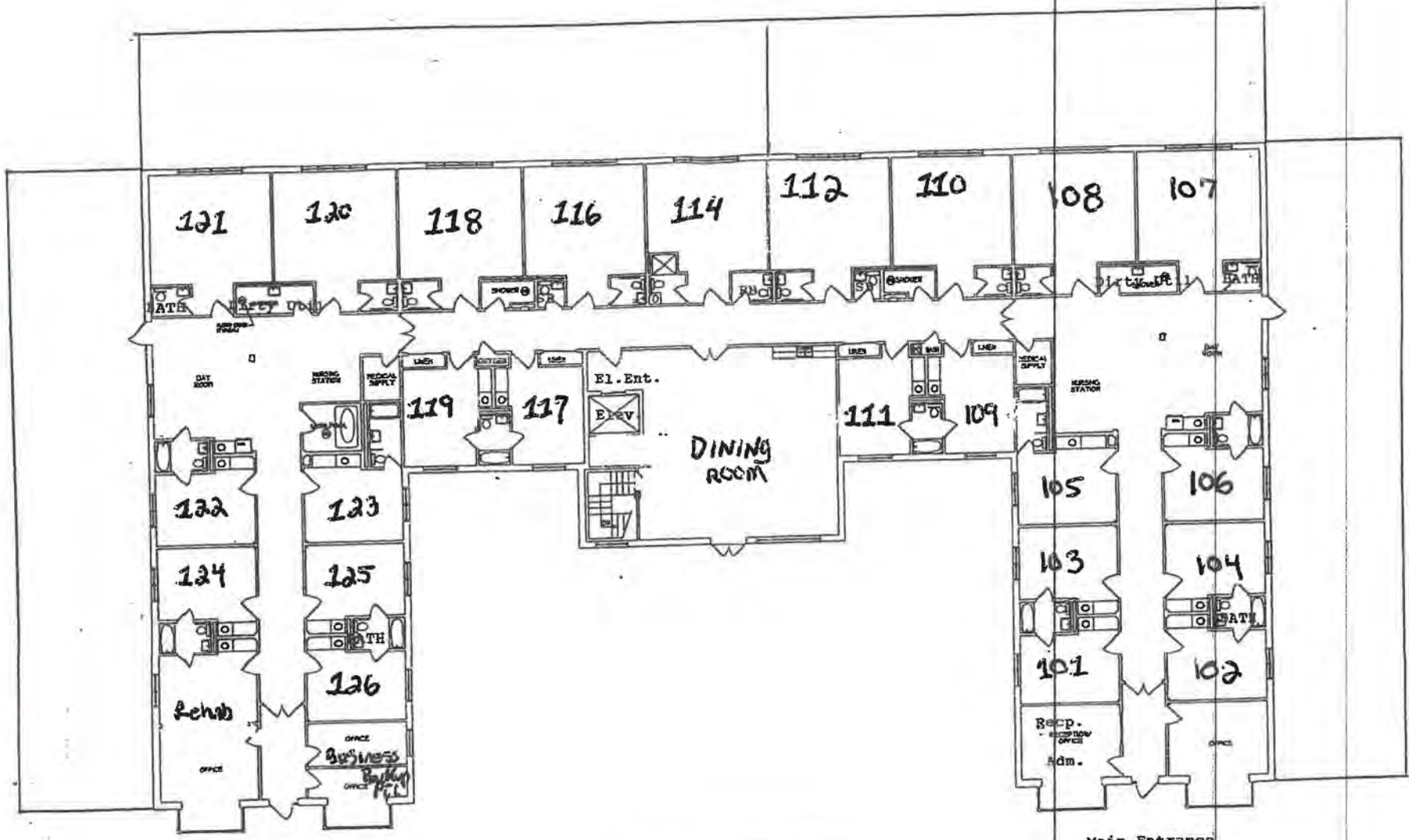
*Issued To*  
MELISSA LEIGH CASTOR NHA

**License Number:** 3856  
**Current**

**Issue Date:** 03/02/2022

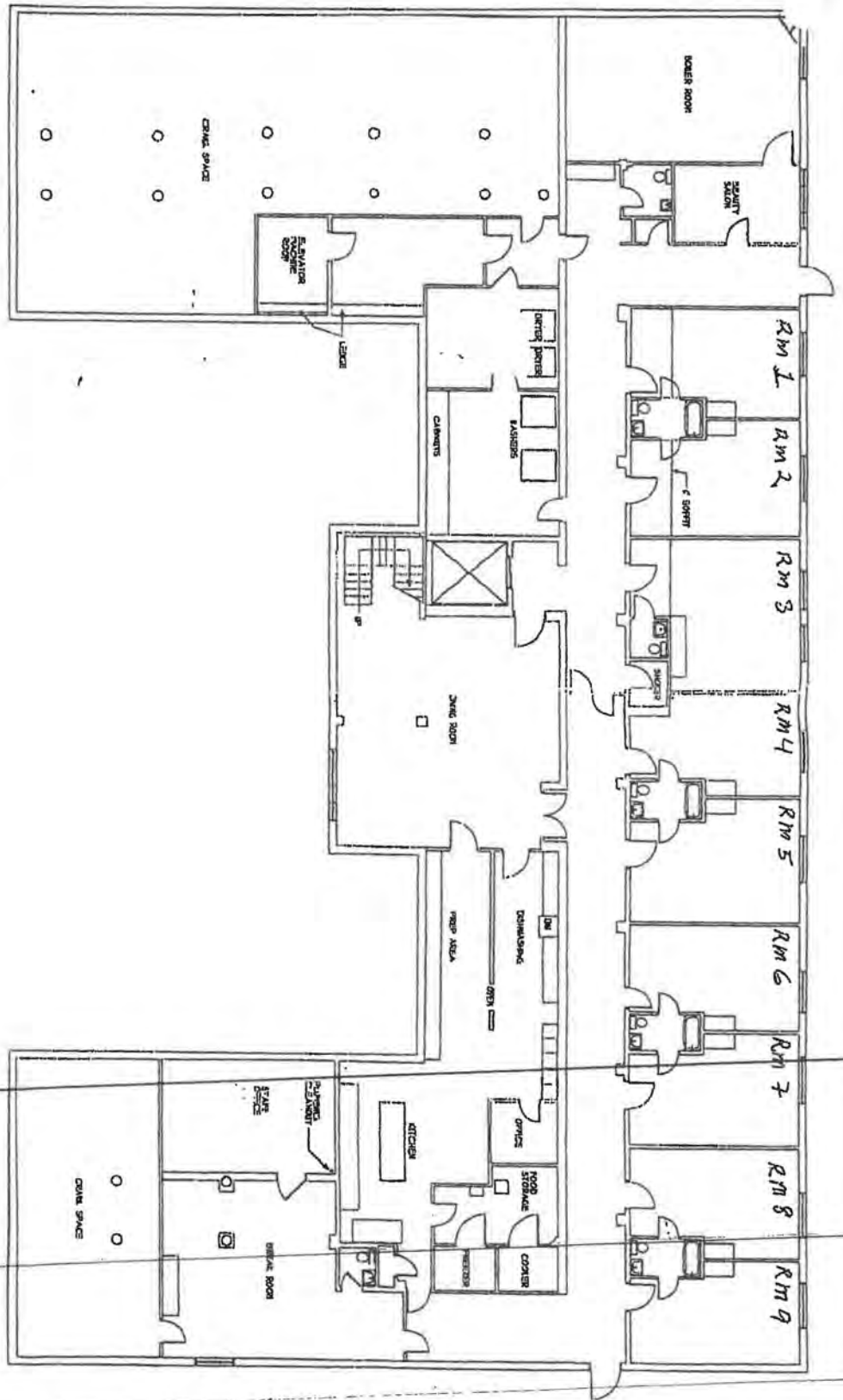
**Expiration Date:** 12/31/2024

## **Floor Plans**



Second Floor Plan

total square footage: 26,805 sq ft  
 Skilled : 4151 sq ft  
 LTC : 8556 sq ft



1 FIRST FLOOR PLAN  
SCALE 1/8" = 1'-0"

# **Emergency Preparedness Plan**

## **Contents within Plan:**

Security

Life Safety

Neighborhood relations

Emergency Response

Health and Safety



# **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.



# 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.*

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**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.

## 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: Appendix 1: Hazard Vulnerability Assessment (HVA)**



### **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:

- 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.***

#### **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**



## 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 APPROPRIATE)**



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**

## 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:

- 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.**



- 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 relocated 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.).

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.

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;

- 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.



- 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.



- 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.

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.

- 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.

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**



**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.

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*;



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**

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.

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.



## **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.

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 CIRCUMSTANCES 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.

### **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.**



## 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).

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.



## 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;

- 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.



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**

**XIII. UTILITY SHUTOFF: Refer to Appendix 15: Utility Shut-Off Procedures**

#### XIV. UTILITY, ELEVATOR & GENERATOR SYSTEM FAILURE

Failure	Contact	Action
Sewer drains backing up	Maintenance	<ul style="list-style-type: none"> <li>• Do not flush toilets or hoppers.</li> <li>• Do not use equipment that sends water to drain.</li> <li>• Be sure to turn off water except for drinking.</li> <li>• If long-term outage expected, consider:               <ul style="list-style-type: none"> <li>○ Evacuation;</li> <li>○ Bath in a Bag;</li> <li>○ Accessible Portable Showers; and</li> <li>○ Accessible Portable Toilets</li> </ul> </li> </ul>
Water-sinks and toilets inoperative.	Maintenance	<ul style="list-style-type: none"> <li>• Use distilled or sterile water for drinking.</li> </ul>
Fire sprinklers or alarm system inoperative.	Maintenance	<ul style="list-style-type: none"> <li>• Begin fire watch.</li> <li>• Minimize fire hazards.</li> <li>• NOTIFY LOCAL FIRE DEPARTMENT by calling 911</li> </ul>
Water non-potable (not drinkable)	Maintenance	<ul style="list-style-type: none"> <li>• Water cannot be used for drinking, washing or cooking.</li> <li>• 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.</li> </ul>
Elevator(s) out of service	Maintenance	<ul style="list-style-type: none"> <li>• Review fire and evacuation plans: modify plans if necessary.</li> <li>• If people are trapped inside elevator, notify them help is on the way and call fire department.</li> <li>• Notify elevator maintenance contractor.</li> </ul>
Telephones	Maintenance	<ul style="list-style-type: none"> <li>• Use pay phones, cell phones, and runners as needed.</li> <li>• Contact the phone company.</li> </ul>
Electrical power (emergency generators working)	Maintenance	<ul style="list-style-type: none"> <li>• Ensure life support systems are on emergency power (red outlets).</li> <li>• Distribute flashlights/glow sticks.</li> <li>• Never plug generator into wall outlet.</li> <li>• Keep generator dry.</li> <li>• Allow generator to cool completely before refueling.</li> <li>• Use only approved fuel containers.</li> <li>• Monitor the generator for overheating.</li> <li>• Always operate generators outdoors.</li> </ul>
Generator and all electric systems failure	Maintenance Nursing	<ul style="list-style-type: none"> <li>• Use battery powered lighting (flashlights, etc.).</li> <li>• Watch battery levels on all critical medical equipment.</li> <li>• Implement transfer agreements for residents on critical medical equipment.</li> <li>• Prepare center for evacuation</li> </ul>
Nurse call system or resident alarms.	Maintenance Nursing	<ul style="list-style-type: none"> <li>• Establish visual resident monitoring rounds or surveillance.</li> <li>• Call in additional staff if necessary.</li> </ul>
Natural Gas outage or natural gas odor.	Maintenance	<ul style="list-style-type: none"> <li>• Open windows/ventilate area.</li> <li>• Remove residents and employees from the area.</li> <li>• Turn off gas equipment.</li> <li>• Contact the gas company and the fire department.</li> </ul>

## **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.



**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.

## **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.)

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

Chemical Agents	Effects	Onset
<b>Nerve Agents</b> <ul style="list-style-type: none"> <li>• Tabun</li> <li>• Sarin</li> <li>• Soman</li> <li>• GF, VX</li> </ul>	<ul style="list-style-type: none"> <li>• Contraction of the pupils of eyes</li> <li>• Watery discharge from nose</li> <li>• Labored or difficult breathing</li> <li>• Convulsions</li> </ul>	<ul style="list-style-type: none"> <li>• Seconds to minutes</li> </ul>
<b>Blister Agents (Vesicants)</b> <ul style="list-style-type: none"> <li>• Mustard</li> <li>• Lewisite</li> <li>• Phosgene</li> <li>• Oxime</li> </ul>	<ul style="list-style-type: none"> <li>• Skin redness</li> <li>• Blisters</li> <li>• Eye Irritation</li> <li>• Blindness</li> <li>• Labored or difficult breathing</li> <li>• Coughing</li> </ul>	<ul style="list-style-type: none"> <li>• Minutes to hours</li> </ul>
<b>Blood Agents</b> <ul style="list-style-type: none"> <li>• Hydrocyanic Acid</li> <li>• Cyanogen Chloride</li> <li>• Arsine</li> <li>• Methyl Isocyanate</li> </ul>	<ul style="list-style-type: none"> <li>• Panting</li> <li>• Convulsions</li> <li>• Loss of consciousness</li> <li>• Breathing stops - usually temporary in nature</li> </ul>	<ul style="list-style-type: none"> <li>• Minutes</li> </ul>
<b>Choking Agents</b> <ul style="list-style-type: none"> <li>• Phosgene</li> <li>• Chlorine</li> <li>• Ammonia</li> </ul>	<ul style="list-style-type: none"> <li>• Tightness in the chest</li> <li>• Coughing</li> <li>• Labored or difficult breathing</li> </ul>	<ul style="list-style-type: none"> <li>• Minutes to hours</li> </ul>

Biological Agents	Effects Of Inhalation	Time From Exposure Until Symptoms Appear	Contagious?/Treatment
Anthrax	<ul style="list-style-type: none"> <li>• Fever</li> <li>• Headache</li> <li>• Fatigue</li> <li>• Labored or difficult breathing</li> <li>• Death if untreated</li> </ul>	1 to 5 days	<ul style="list-style-type: none"> <li>• Not contagious, but spores can survive outside host for years.</li> <li>• Treat with IV antibiotics for 30 days. Can also use vaccination which is effective only if begun before symptoms appear.</li> </ul>
Botulism	<ul style="list-style-type: none"> <li>• Blurred vision</li> <li>• Eyes sensitive to light</li> <li>• Difficulty speaking</li> <li>• Progressive paralysis</li> <li>• Respiratory failure</li> </ul>	1 to 5 days	<ul style="list-style-type: none"> <li>• Not contagious.</li> <li>• Treat with supportive therapy.</li> <li>• Antitoxin available from CDC.</li> </ul>
Hemorrhagic Fever	<ul style="list-style-type: none"> <li>• High fever</li> <li>• Low blood pressure</li> <li>• Bleeding from mucous membranes</li> <li>• Organ failure</li> <li>• Death</li> </ul>	4 to 21 days	<ul style="list-style-type: none"> <li>• Contagious: spread through body fluids.</li> <li>• Treat with supportive therapy.</li> <li>• Ribavirin for some viruses.</li> </ul>
Plague	<ul style="list-style-type: none"> <li>• Fever</li> <li>• Chills</li> <li>• Headache</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Pneumonia</li> <li>• Septicemia/blood poisoning</li> <li>• Death</li> </ul>	2 to 3 days	<ul style="list-style-type: none"> <li>• Highly contagious by aerosol/droplet route.</li> <li>• Medications available - Should be given within 8 to 24 hours of time symptoms begin.</li> </ul>
Smallpox	<ul style="list-style-type: none"> <li>• Fever</li> <li>• Severe fatigue</li> <li>• Headache</li> <li>• Backache</li> <li>• Abdominal pain</li> <li>• Blister-like skin lesions</li> <li>• Death - 20 to 30% of those infected</li> </ul>	7 to 17 days	<ul style="list-style-type: none"> <li>• Highly contagious by aerosol route or contact with pox scabs.</li> <li>• Symptomatic treatment.</li> <li>• Vaccine available through CDC.</li> </ul>

**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**

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.

- 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**

**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**



**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.



## **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.

## **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.

**Refer to Appendix 21: Elopement Drill Documentation Form**

## 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 VULNERABILITY 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 Appendix 2.
  - 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**



**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, an **“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

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

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

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.)



## 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.



- 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

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.

## **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 to 5 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**

Adapted from the National Weather Service, Originally Published 11/01/01.

**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	-61
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-64	-68
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-57	-63	-68	-72
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-54	-60	-66	-71	-75
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-50	-56	-62	-68	-73	-77
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-52	-58	-64	-70	-75	-79
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-54	-60	-66	-72	-77	-81
40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-56	-62	-68	-74	-79	-83
45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-57	-63	-69	-75	-80	-84
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-58	-64	-70	-76	-81	-85
55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-53	-59	-65	-71	-77	-82	-86
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-47	-54	-60	-66	-72	-78	-83	-87

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).

## **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.

### 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: Appendix 24: Annual Review and Sign-off**



### **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](#)

**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

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



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

#### **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**

“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

- 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.



# Hazard Vulnerability Assessment

Center Name Westwood Center Keene NH

Business Unit #: 57042 Date: 1/20/2019

EVENT TYPE	PROBABILITY				RISK					PREPAREDNESS			HV SCORE
	3	2	1	0	5	4	3	2	1	3	2	1	
SCORE													← 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
	3	2	1	0	5	4	3	2	1	3	2	1	
SCORE													← 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  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 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>

G. Fire Alarm System –

Name of Monitoring Service: Fire Impact

H. Generator Vendor Name: Power Up Generator

866-420-4906

Generator Vendor Phone Number:

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.

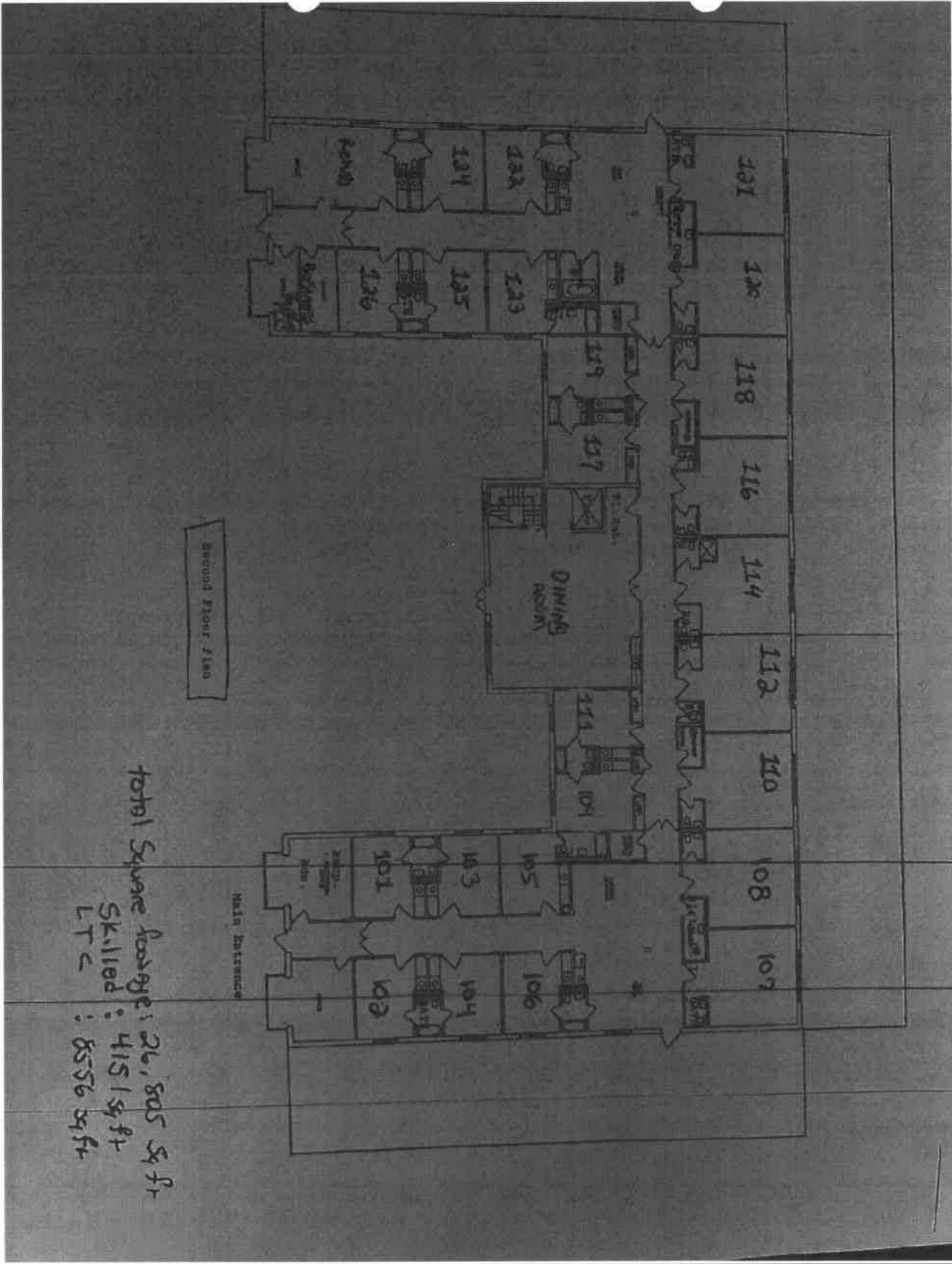
*Note: The best available refuge areas do **not** ensure the safety or survival of their occupants. They are simply the areas of a building in which survival is most likely.*

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

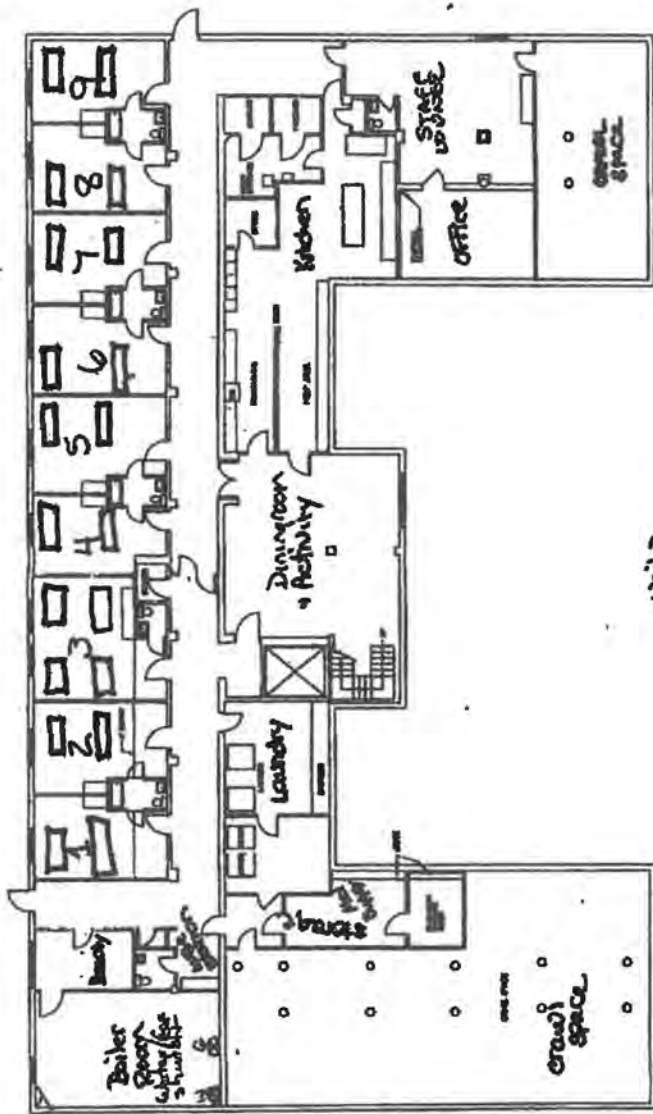
## **Part B: Refuge Areas**

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 Entrance- No Windows
13. Main Stairwell







① BEST 2-DOOR PLAN  
 □ = BEDS

Dementia unit: 4340 sq. ft.

## 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	<b>Very dangerous winds will produce some damage:</b> 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	<b>Extremely dangerous winds will cause extensive damage:</b> 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	<b>Devastating damage will occur:</b> 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	<b>Catastrophic damage will occur:</b> 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	<b>Catastrophic damage will occur:</b> 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.

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

**COMMUNITY RESOURCES CONTACTS:**

<b>Agency:</b>	<b>Name:</b>	<b>Phone:</b>
County Health Department	Health Department	603-352-5440
LTC Ombudsman	LTC Ombudsman Office	800-442-5640
State Licensing and Certification Agency	Health 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		<a href="http://www.ATSDR.cdc.gov/">www.ATSDR.cdc.gov/</a>
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	<a href="mailto:NHinfo@redcross.org">NHinfo@redcross.org</a>	<a href="http://www.redcross.org/local/New-Hampshire-Vermont/about-us/contact">www.redcross.org/local/New-Hampshire-Vermont/about-us/contact</a>
Biohazard Waste Company	Stericycle	1-866-783-7422			<a href="http://www.stericycle.com">www.stericycle.com</a>
Buses	Delano Company	603-399-4371			
Cab, City	Adventure Limousine	603-357-2933			<a href="http://www.advlimo.com">www.advlimo.com</a>
Emergency Management Agency	Cheshire County EMA	603-354-5454 ext3030			
CDC	CDC and prevention	(770) 455-0546			<a href="http://www.cdc.gov/contact/index.htm">www.cdc.gov/contact/index.htm</a>
Clinics	Cheshire Medical Center	603-354-5400			<a href="http://www.cheshire-med.com">www.cheshire-med.com</a>
Coroner/Medical Examiner	Medical Examiner	(603) 271-1235			<a href="http://www.doj.nh.gov/medical-examiner">www.doj.nh.gov/medical-examiner</a>
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:					



## Additional Resources

	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			<a href="http://www.epa.gov/NH">www.epa.gov/NH</a>
Epidemiologist	NH Dept of Health	603-624-6466			<a href="http://www.manchesternh.gov/dept/health">www.manchesternh.gov/dept/health</a>
Family	<i>SEE FAMILY CONTACT LIST</i>				
Fire Department	Keene Fire Department	603-209-1742			<a href="https://ci.keene.nh.us/fire">https://ci.keene.nh.us/fire</a>
Food Service	US Foods				
Fuel	Liberty Utilities	(800)833-4200			<a href="http://www.libertyutilities.com">www.libertyutilities.com</a>
Funeral Homes/Mortuary Services	Foley Funeral	(603) 352-0341			<a href="http://www.foleyfuneralhome.com/">www.foleyfuneralhome.com/</a>
Generators	Power up Generator	866-420-4906	603-657-9080		<a href="http://powerupgeneratorservice.com">powerupgeneratorservice.com</a>
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			<a href="http://www.cheshire-med.com">www.cheshire-med.com</a>

## 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			<a href="https://www.dhhs.nh.gov/contactus/index.htm">https://www.dhhs.nh.gov/contactus/index.htm</a>
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				

## 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				<a href="https://www.nnepc.org/">https://www.nnepc.org/</a>
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			<a href="http://joerns.com">joerns.com</a>
Biomedical Devices					
Medical Devices					
Oxygen Devices	All Purpose Llc	877-595-8317			
Radios					
Restoration Services (e.g., Service Master)					
Road Conditions					
Salvation Army					

## Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Shelter Sites					
Staff	<i>SEE STAFF CONTACT LIST</i>				
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			<a href="http://www.eversource.com">www.eversource.com</a>
Sewage	Keene water dept.	(603) 352-6550			<a href="https://keenetx.com/departments/utilities">https://keenetx.com/departments/utilities</a>
Telephone	Sentenia systems	978-536-4499			
Water					
Ventilators					
Water Vendor - Potable	US foods	See above			
Other:					



# Additional Resources

	CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
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## Appendix 9: Transfer Agreements

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**

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

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

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

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

<b>Type of Service:</b>	Long Term Care
<b>Name:</b>	Jaffry Rehabilitation and Nursing Center
<b>Address:</b>	20 Plantation Drive
<b>City, State, Zip</b>	Jaffrey, NH 03452
<b>Phone Number:</b>	( 603 ) 532-8762 Patrick Lyons, Administrator [REDACTED]

<b>Type of Service:</b>	Long Term Care
<b>Name:</b>	Keene Center
<b>Address:</b>	677 Court Street
<b>City, State, Zip</b>	Keene, NH 03431
<b>Phone Number:</b>	( 603 ) 357-3800 Michale Johnson, Admin [REDACTED]

## 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 2<sup>nd</sup> Floor,

Meeting Place 2: Dining Room 1<sup>st</sup> Floor Unit #3

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



## Appendix **A**: 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

## 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/Maintenance 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.)	<i>All 3 nursing stations</i>
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

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 gazebo
10 #ABC	Inside of garage roll-up door

### 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
<b>Total Additional Beds (Surge Capacity)</b>	<b>8</b>		

HEALTHCARE ~ WESTWOOD

SQUARE FOOTAGE SURVEY

<u>#</u>	<u>DESCRIPTION</u>	<u>SOFT</u>
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	<hr/> 1095.22
<u>#</u>	<u>DESCRIPTION</u>	
13	BOILER ROOM	599.74
19	ELEVATOR ROOM	123.84
20	ELEVATOR	25.01
	PLANT OPERATIONS	<hr/> 748.59
<u>#</u>	<u>DESCRIPTION</u>	
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	<hr/> 649.52
53	W2 JANITORS CLOSET	13.72
14	W3 JANITORS CLOSET	22.96
	HOUSEKEEPING	<hr/> 36.68



P.2 #	<u>DESCRIPTION</u>	<u>SO. FT.</u>
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
	<b>DIETARY</b>	<hr/>
		3647.30

#	<u>DESCRIPTION</u>	
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

P.3		
#	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	<u>10878.86</u>
#	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	<u>96.00</u>
#	DESCRIPTION	
12	BEAUTY SHOP	167.44
#	DESCRIPTION	
63	W1 SITTING AREA	391.00
64	W2 SITTING AREA	391.00
	SITTING AREAS	<u>782.00</u>

P.4		
#	<u>DESCRIPTION</u>	
31	LOUNGE SAND CELLAR	758.10
32	LAUNDRY SAND CELLAR	2340.56
65	STAIRWELL	126.50
		<hr/>
#	<u>DESCRIPTION</u>	3225.13
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
		<hr/>
	HALLWAY	3657.88
#	<u>DESCRIPTION</u>	
72	ACTIVITY ROOM	219.66
73	ACTIVITY CLOSET	29.55
#	<u>DESCRIPTION</u>	
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
		<hr/>
	BATH	436.30
	TOTAL FACILITY SQFT:	<hr/>
		25,917.71

## Appendix 14: Emergency Water Supply

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:  
\_\_\_\_\_

## **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: Underneath 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 valves, 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.)



## 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

## 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-naïve 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

## Appendix 1 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

## **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

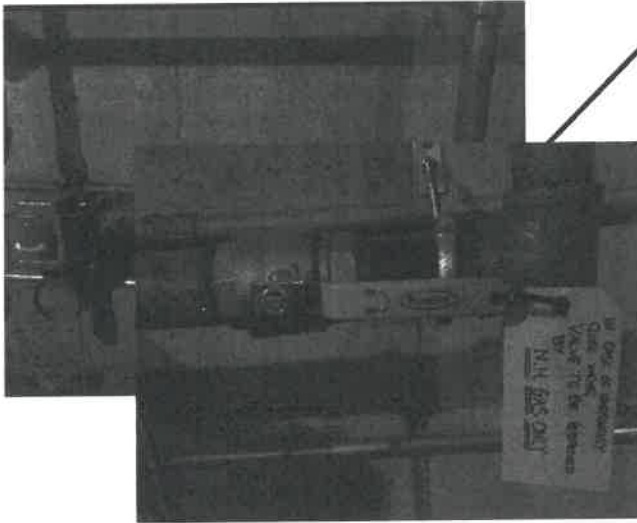
Step 3: Push code 1111 if needed

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

# 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.





## 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.**

### 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							
<i>Example: Kitchen Backdoor (by ramp)</i>	<i>Employees to take out trash; supply vendors.</i>	Y		Monthly, Qtrly	<i>Wander-guard, Watch Mate, IBI, or Catchall.</i>	<i>Marked as exit, no sign on outside of door</i>	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		

Downstairs Employee Breakroom Entrance	Emergency Only	Y						Locked	Locked	
---	----------------	---	--	--	--	--	--	--------	--------	--

## 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

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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.

## 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 bathrooms in the center
- Visitor Log Protocol.

All visitors sign in at the front desk.



## 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:

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### Plan of Correction (if indicated):

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Signature of Person Conducting Drill: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## **Appendix 22: Succession Pla**

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:

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

## **Appendix 24: Annual Review and Run-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 Maintenance**

**Safety Committee Chairman Signature and Date: April, 2023**

**Center Executive Director Name: Melissa Castor, CED**

**Center Executive Director Signature and Date: April, 2023**





## **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**

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

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
<b>BRK</b>	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
<b>LUN</b>	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
<b>DIN</b>	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
<b>S3</b>	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.*

## Level 2, Limited Power

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free
<b>BRK</b>	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
<b>LUN</b>	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
<b>DIN</b>	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
	<b>S3</b>	1 packet	Graham Crackers (S)	Pudding, (S) 1/2 cup	Pudding, (S) 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.*

### Level 3, Limited Power

Meal	Portion	Regular/Liberalized	Dysphagia Advanced	Dysphagia Puree	Gluten Free	
<b>BRK</b>	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	
<b>LUN</b>	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	
<b>DIN</b>	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	
<b>S3</b>	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*

**Exhibit 2. Sample Emergency Snack M 1**

<b>Portion</b>	<b>Regular/Liberalized</b>	<b>Dysphagia Advanced</b>	<b>Dysphagia Puree</b>	<b>Gluten Free</b>
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





**NHICS FORM 255 | MASTER RESIDENT EVACUATION TRACKING FORM**

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

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

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

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

5. CERTIFYING OFFICER:	7. DATE/TIME SUBMITTED:
------------------------	-------------------------

PURPOSE: RECORD INFORMATION CONCERNING RESIDENT DISPOSITION DURING A FACILITY EVACUATION  
 ORIGINATOR: OPERATIONS BRANCH  
 COMES TO: PLANNING SECTION CHIEF AND DOCUMENTATION UNIT LEADER LEADER

LJJ



**RESIDENT EVACUATION TRACKING FORM**

		2. DATE:	
		5. AGE:	
7. SIGNIFICANT MEDICAL HISTORY:			
<input type="checkbox"/> YES <input type="checkbox"/> NO	CONTACT INFORMATION:		_____

10. EQUIPMENT (CHECK THOSE THAT APPLY):

<input type="checkbox"/> IV PUMPS <input type="checkbox"/> OXYGEN <input type="checkbox"/> VENTILATOR <input type="checkbox"/> BLOOD GLUCOSE MONITOR <input type="checkbox"/> RESPIRATORY EQUIPMENT	<input type="checkbox"/> SERVICE ANIMAL <input type="checkbox"/> G TUBE PUMP <input type="checkbox"/> MONITOR <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER	<input type="checkbox"/> FOLEY CATHETER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER
<input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE: _____	

TIME:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE	
<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE	
<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE	

12. ARRIVING LOCATION

ROOM#:		TIME:	
ID BAND CONFIRMED:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ID BAND CONFIRMED BY:			
MEDICAL RECORD RECEIVED:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
FACE SHEET/TRANSFER TAG RECEIVED:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
BELONGINGS RECEIVED:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
VALUABLES RECEIVED:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICATIONS RECEIVED:		<input type="checkbox"/> YES <input type="checkbox"/> NO	

13. TRANSPORTATION

TIME DEPARTING TO RECEIVING FACILITY:	
ARRIVAL TIME:	
<input type="checkbox"/> AMBULANCE UNIT <input type="checkbox"/> HELICOPTER <input type="checkbox"/> BUS <input type="checkbox"/> OTHER: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO	ID BAND CONFIRMED BY: _____

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

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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	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
INFORMATION TECHNOLOGY SYSTEM (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM/INTRANET, ETC.)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
NURSE CALL SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
PAGING – PUBLIC ADDRESS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
RADIO EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SATELLITE SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
TELEPHONE SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
TELEPHONE SYSTEM – CELL	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
VIDEO-TELEVISION-INTERNET-CABLE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

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

<b>ISOLATION ROOMS</b> (POSITIVE/NEGATIVE AIR)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
<b>OTHER</b>	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	



SYSTEM STATUS CHECKLIST (CONTINUED)

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	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SURVEILLANCE CAMERAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> 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	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SANITATION SYSTEMS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WATER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
NATURAL GAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> 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	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ELECTRICAL POWER, BACKUP GENERATOR	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> 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)
ELEVATORS/ESCALATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HAZARDOUS WASTE CONTAINMENT SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OXYGEN	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
PNEUMATIC TUBE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
STEAM BOILER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SUMP PUMP	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WELL WATER SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WATER HEATER AND CIRCULATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

1. INCIDENT NAME:		2. CENTER NAME:	
3. DATE/TIME PREPARED:		4. OPERATIONAL PERIOD DATE/TIME:	
5. REPORTED CASUALTY/FATALITY			
INJURY	RESIDENT NAME:	TRANSFER DATE / TIME	RECEIVING HOSPITAL
			MEDICAL RECORD #:
			EXPIRED DATE / TIME
INJURY	RESIDENT NAME:	TRANSFER DATE / TIME	RECEIVING HOSPITAL
			MEDICAL RECORD #:
			EXPIRED DATE / TIME
INJURY	RESIDENT NAME:	TRANSFER DATE / TIME	RECEIVING HOSPITAL
			MEDICAL RECORD #:
			EXPIRED DATE / TIME
INJURY	RESIDENT NAME:	TRANSFER DATE / TIME	RECEIVING HOSPITAL
			MEDICAL RECORD #:
			EXPIRED DATE / TIME
INJURY	RESIDENT NAME:	TRANSFER DATE / TIME	RECEIVING HOSPITAL
			MEDICAL RECORD #:
			EXPIRED DATE / TIME





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

<b>6. FACILITY NAME:</b>		<b>8. TO DATE/TIME:</b>						
<b>7. FROM DATE/TIME:</b>		<b>10. TEAM LEADER:</b>						
<b>9. SECTION:</b>								
<b>11. TIME RECORD</b>								
#	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								

<b>1. CERTIFYING OFFICER:</b>	<b>2. DATE/TIME SUBMITTED:</b>
-------------------------------	--------------------------------

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

NHICS 252





**Exhibit 9.1 IDEMIC PREPAREDNESS CHECKLIST**

	Person Responsible	Date Completed
<b>Planning and Decision Making</b>		
<b>CED/Executive Director is responsible for preparedness planning</b>		
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		
<b>Develop plan to ensure that patient identification is on all patients/residents</b>		
<b>Complete the Emergency Numbers and Contacts List (refer to <i>Emergency Preparedness Plan: Attachment C</i>)</b>		
➤ <b>Include local, regional, or state emergency preparedness groups</b>		
Prepare updated employee contact list		
Ensure Test Kit is available, as indicated (i.e., Influenza)		
<b>Communications</b>		
Designate a person who will be responsible for <b>daily monitoring of updates (i.e., GHC Flu page)</b> 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		
<b>Education</b>		
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 <i>Influenza Preparedness PowerPoint, if applicable</i> )		
In-service staff on infection control procedures and precautions, respiratory hygiene/cough etiquette		
<b>Infection Control</b>		
<b>Post signage (Respiratory Hygiene/Cough Etiquette, Hand Hygiene, visitor sign in reception area)</b>		
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		
<b>General Staff Management</b>		
<b>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</b>		
In collaboration with Area leadership, develop plan for 30% absenteeism; submit plan to RVP		

	Person Responsible	Date Completed
<ul style="list-style-type: none"> <li>➤ Number and categories of personnel needed to keep facility open or take patient overload</li> <li>➤ Conduct a daily assessment of staffing status (refer to <i>Daily Review Form</i>)</li> <li>➤ Develop plan for work/rest schedule as needed (i.e., place to sleep when extended work hours are necessary)</li> </ul>		
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 <i>Altered Standards of Care</i>		
Discuss with staff the possibility of helping with essential patient care at times of severe staffing shortages		
<b>Sick Staff</b>		
Follow protocols for sick staff: <ul style="list-style-type: none"> <li>➤ Employees who develop symptoms during work hours should be sent home</li> <li>➤ Employees who have been ill but are recovered may provide care to patients</li> </ul>		
<b>Alternative Staff</b>		
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 <i>Alternative Staff Guidelines</i> )		
<b>Influx of Infectious Patients</b>		
Develop plan for patients requiring hospitalization <ul style="list-style-type: none"> <li>➤ Patient transport</li> <li>➤ Lists of hospitals with contact information</li> </ul>		
Develop plan to accommodate overcrowding and to ensure that an inflow of infectious patients does not overstretch the facility's resources <ul style="list-style-type: none"> <li>➤ Capacity of facility</li> <li>➤ Number of empty beds/cots</li> <li>➤ Patient care equipment</li> <li>➤ Availability of treatment options</li> <li>➤ Availability of vaccine and antiviral drugs</li> <li>➤ Staffing resources</li> </ul>		
Develop strategies to aid hospitals by admitting non-influenza patients not affected		
<b>Environment</b>		
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		
<b>Food Service</b>		
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)		



## **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 confidentiality 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.



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 handle 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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EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Frequency	Program	Component	Tasks
			<ul style="list-style-type: none"> <li>• <b>Decision Criteria for Executing Plan:</b> 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.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Communication Infrastructure Contingency:</b> Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, etc.).</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Develop Shelter-in-Place Plan:</b> 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: *                             <ul style="list-style-type: none"> <li>- Procedures to assess whether the facility is strong enough to withstand strong winds, flooding, etc.</li> <li>- Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified.</li> <li>- Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place.</li> <li>- Sufficient resources are in supply for sheltering-in-place for at least 7 days, including:                                     <ul style="list-style-type: none"> <li>- Ensuring emergency power, including back-up generators and accounts for maintaining a supply of fuel</li> <li>- An adequate supply of potable water (recommended amounts vary by population and location)</li> <li>- A description of the amounts and types of food in supply</li> <li>- Maintaining extra pharmacy stocks of common medications</li> <li>- Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment)</li> </ul> </li> <li>- Identifying and assigning staff who are responsible for each task</li> <li>- Description of hosting procedures, with details ensuring 24-hour operations for minimum of 7 days</li> <li>- Contract established with multiple vendors for supplies and transportation</li> <li>- Develop a plan for addressing emergency financial needs and providing security</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Develop Evacuation Plan:</b> Develop an effective plan for evacuation, by ensuring provisions for the following are specified: *                             <ul style="list-style-type: none"> <li>- Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given)</li> <li>- 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.</li> <li>- 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</li> <li>- Adequate food supply and logistical support for transporting food is described.</li> </ul> </li> </ul>

**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			
Facility	Program	Comments	Tasks
			<ul style="list-style-type: none"> <li>- The amounts of water to be transported and logistical support is described.</li> <li>- The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse.</li> <li>- Procedures for protecting and transporting resident/patient medical records.</li> <li>- The list of items to accompany residents/patients is described.</li> <li>- 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.</li> <li>- Identify staff responsibilities and how individuals will be cared for during evacuation, and the back-up plan if there isn't sufficient staff.</li> <li>- 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).</li> <li>- A description of how other critical supplies and equipment will be transported is included.</li> <li>- Determine a method to account for all individuals during and after the evacuation.</li> <li>- Procedures are described to ensure staff accompany evacuating residents.</li> <li>- Procedures are described if a patient/resident becomes ill or dies in route.</li> <li>- Mental health and grief counselors are available at reception points to talk with and counsel evacuees.</li> <li>- It is described whether staff/family can shelter at the facility and evacuate.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Transportation &amp; Other Vendors:</b> 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). *</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Train Transportation Vendors/Volunteers:</b> 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. *</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Facility Reentry Plan:</b> Describe who will authorize 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. *</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Residents &amp; Family Members:</b> 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.</li> </ul>

Note: Some of the recommended tasks may exceed the facility's minimum Federal regulatory requirements

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EMERGENCY PREPAREDNESS CHECKLIST			
RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Not Started	In Progress	Completed	Tasks
			<ul style="list-style-type: none"> <li>• <b>Resident Identification:</b> Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident:                             <ul style="list-style-type: none"> <li>- Name</li> <li>- Social security number</li> <li>- Photograph</li> <li>- Medicaid or other health insurer number</li> <li>- Date of birth, diagnosis</li> <li>- Current drug/prescription and diet regimens</li> <li>- Name and contact information for next of kin/responsible person/Power of Attorney)</li> </ul> <p>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.</p> </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Trained Facility Staff Members:</b> 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.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Informed Residents &amp; Patients:</b> Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including:                             <ul style="list-style-type: none"> <li>- 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.</li> <li>- 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.</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Needed Provisions:</b> 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.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Location of Evacuated Residents:</b> Determine the location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Helping Residents in the Relocation:</b> Suggested principles of care for the relocated residents include:                             <ul style="list-style-type: none"> <li>- Encourage the resident to talk about expectations, anger, and/or disappointment</li> <li>- Work to develop a level of trust</li> <li>- Present an optimistic, favorable attitude about the relocation</li> <li>- Anticipate that anxiety will occur</li> <li>- Do not argue with the resident</li> <li>- Do not give orders</li> </ul> </li> </ul>

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**Survey & Certification  
Emergency Preparedness for Every Emergency**

EMERGENCY PREPAREDNESS CHECKLIST RECOMMENDED TOOL FOR EFFECTIVE HEALTH CARE FACILITY PLANNING			
Task	Frequency	Priority	Tasks
			<ul style="list-style-type: none"> <li>- Do not take the resident's behavior personally</li> <li>- Use praise liberally</li> <li>- Include the resident in assessing problems</li> <li>- Encourage staff to introduce themselves to residents</li> <li>- Encourage family participation</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Review Emergency Plan:</b> 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:                             <ul style="list-style-type: none"> <li>- Regulatory change</li> <li>- New hazards are identified or existing hazards change</li> <li>- After tests, drills, or exercises when problems have been identified</li> <li>- After actual disasters/emergency responses</li> <li>- Infrastructure changes</li> <li>- Funding or budget-level changes</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Communication with the Long-Term Care Ombudsman Program:</b> 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.</li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Conduct Exercises &amp; Drills:</b> Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan:                             <ul style="list-style-type: none"> <li>- Exercises or drills must be conducted at least semi-annually</li> <li>- Corrective actions should be taken on any deficiency identified</li> </ul> </li> </ul>
			<ul style="list-style-type: none"> <li>• <b>Loss of Resident's Personal Effects:</b> 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. *</li> </ul>

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## **Building and Site Maintenance**


[Print List](#)

## Tasks in Use

 All task types

### Weekly

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

### Monthly

Category	Title	Assigned To
Ansul Systems	Clean hood filters (use dishwasher if appropriate)	<input checked="" type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Maintenance
Boiler Water Heaters	Flush to remove impurities, test pressure relief valve	<input checked="" type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Maintenance
Emergency Lighting	Check illumination of exit	<input checked="" type="checkbox"/> Regulatory <input checked="" type="checkbox"/> 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

	coils, clean as required	
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	<b>Firefighters' Emergency Operation Testing</b> Next due: April 2023	Regulatory Maintenance
Fire Drills	<b>Perform a fire drill during 1st shift - (Upload copy of drill with signature sheet to TELS when complete)</b> Next due: April 2023	Regulatory  Requires Doc  Logs Maintenance
Fire Drills	<b>Perform a fire drill during 2nd shift - (Upload copy of drill with signature sheet to TELS when complete)</b> Next due: May 2023	Regulatory  Requires Doc  Logs Maintenance
Fire Drills	<b>Perform a fire drill during 3rd shift - (Upload copy of drill with signature sheet to TELS when complete)</b> Next due: June 2023	Regulatory  Requires Doc  Logs Maintenance

Fire Sprinkler System	<b>Have fire sprinkler system certified/inspected.</b> Next due: April 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Maintenance
Facility Inspection	<b>Smoke Barriers and Fire Walls.</b> Next due: June 2023	<input type="checkbox"/> Maintenance
Ice Machines	<b>Check filters (if present), clean coils, sanitize interior, delime as necessary</b> Next due: June 2023	<input type="checkbox"/> Maintenance

## Every 6 Months

Category	Title	Assigned To
Ansul Systems	<b>Have Fire Suppression System inspected by outside contractor</b> Next due: April 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Maintenance
Ansul Systems	<b>Have hood cleaned by a certified contractor</b> Next due: June 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Maintenance
Emergency Power Generators	<b>Have generator serviced by contractor</b> Next due: August 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Maintenance
Emergency Preparedness Drills	<b>Conduct elopement drill (Missing Resident Drill)</b> Next due: August 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input checked="" type="checkbox"/> Logs <input type="checkbox"/> Maintenance
Emergency Preparedness Drills and Exercises	<b>Conduct a Facility-based exercise (Disaster Drill)</b> Next due: May 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Maintenance
Fire Alarm Test	<b>Have fire alarm system inspected by a contractor</b> Next due: July 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Maintenance

## Every 12 Months

Category	Title	Assigned To
Beds - Electric	<b>Rail Safety Audit.</b> Next due: January 2024	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Maintenance
Electrical	<b>Test and Document the Electrical Receptacle Inspections</b> Next due: March 2024	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Maintenance
Elevators	<b>Schedule certification and ensure certificate in unit is up-to-date</b> Next due: January 2024	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc <input type="checkbox"/> Maintenance
Emergency Lighting	<b>Conduct a 90 minute operational test</b> Next due: September 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Maintenance



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

### Every 24 Months

Category	Title	Assigned To
Boiler Water Heaters	<b>Confirm that the state inspection for insurance purposes has occurred.</b> Next due: September 2024	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance
Detectors	<b>Smoke detectors sensitivity test</b> Next due: July 2023	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance

### Every 36 Months

Category	Title	Assigned To
Emergency Generators	<b>Conduct a 4 hour Load test</b> Next due: November 2025	<input checked="" type="checkbox"/> Regulatory <input type="checkbox"/> Requires Doc Maintenance

# **Staff Training and Procedures**

## STAFF ORIENTATION - GENERAL

**Employee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

TASKS/TRAINING CONTENT	Completion Date
<b>Introduction to the Facility</b>	
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.	
<b>Training Content</b>	
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	
<b>Introduction to Department</b>	
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:**

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

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

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

**Notes:**

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

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



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



# 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: \_\_\_\_\_



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



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





# **Health and Safety**

<b>Infection Prevention and Control Program</b>					
<i>Date Implemented:</i>	8/15/2022	<i>Date Reviewed/ Revised:</i>	8/15/2022	<i>Reviewed/ Revised By:</i>	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

<b>For Office Use Only:</b>	
Case No.	LB 23-07
Date Filled	4/25/23
Rec'd By	CALL
Page	_____ of _____

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

## SECTION 1: LICENSE TYPE

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Drug Treatment Center | <input type="checkbox"/> Group Home, Small                           | <input type="checkbox"/> Homeless Shelter                     |
| <input type="checkbox"/> Fraternity/Sorority   | <input type="checkbox"/> Group Resource Center                       | <input type="checkbox"/> Lodginghouse                         |
| <input type="checkbox"/> Group Home, Large     | <input type="checkbox"/> Residential Drug/Alcohol Treatment Facility | <input checked="" type="checkbox"/> 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:
PHONE: 603 353 0608	PHONE: SLA
EMAIL: GBURDETT@COVLIVING.ORG	EMAIL:
SIGNATURE: <i>[Signature]</i>	SIGNATURE:
PRINTED NAME: BRAD A. BURDETT	PRINTED NAME:

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)
	<input checked="" type="checkbox"/> 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.

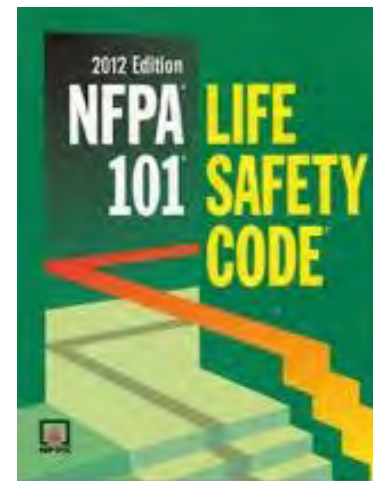
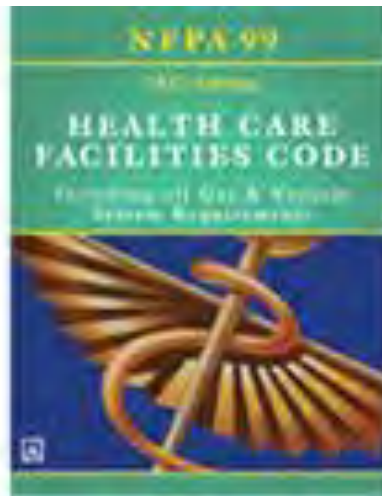
THE FACILITY IS APPROXIMATELY 350K SQUARE FEET ON 66 ACRES OF LAND. 140 INDEPENDENT LIVING UNITS HOUSING 180 RESIDENTS. 81 HEALTH CARE UNITS HOUSING 54 RESIDENTS. 24/7 OPERATION W/ SECURITY. 131 EMPLOYEES, APPROXIMATELY 50 VISITORS PER DAY.

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](mailto:kenn@qissurvey.com)





CMS



Disaster  
Rule



Life  
Safety  
Code  
2012



Healthcare  
Facilities  
Code  
2012



# CMS EMERGENCY RULE

# CMS Actions

- Emergency Preparedness Standards for Medicare and Medicaid Participating Providers and Suppliers
- Risk Assessment
- Policy and Procedures
- Communications Plan
- Training and Education





# CMS Announcement

May 2016

Life Safety Code

Health Care Facilities Code

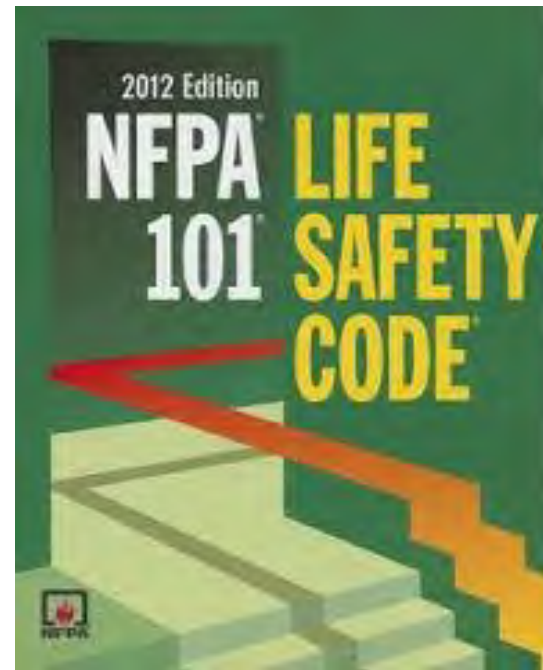
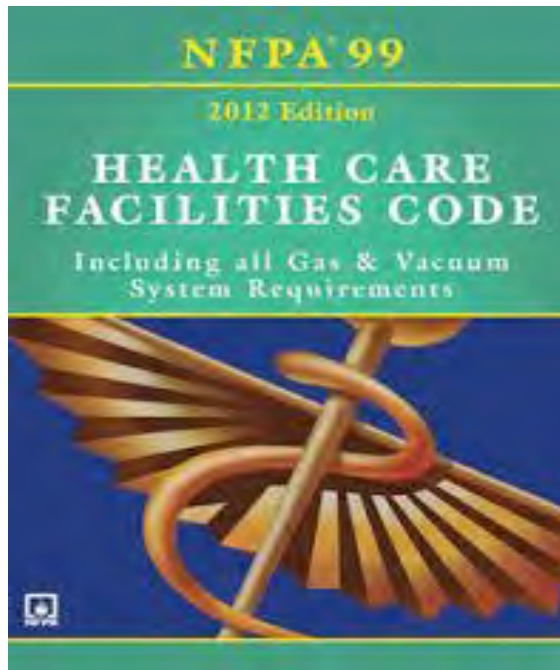
- Surveyor training
- <http://surveyortraining.cms.hhs.gov/index.aspx>
  - Click on “I am a Provider”
  - Click on the “**Web**-based Training” link on the top left side of the page
  - Click on the “Life Safety Code Transition Course”
- Produced new set of K tag with new numbering and regulatory expectations
- There are K tags for both NFPA 101 as well as **NEPA 99**

# NFPA

Codes adopted effective July 5, 2016

101 Chapter 19 – Existing

101 Chapter 18 -New Facilities

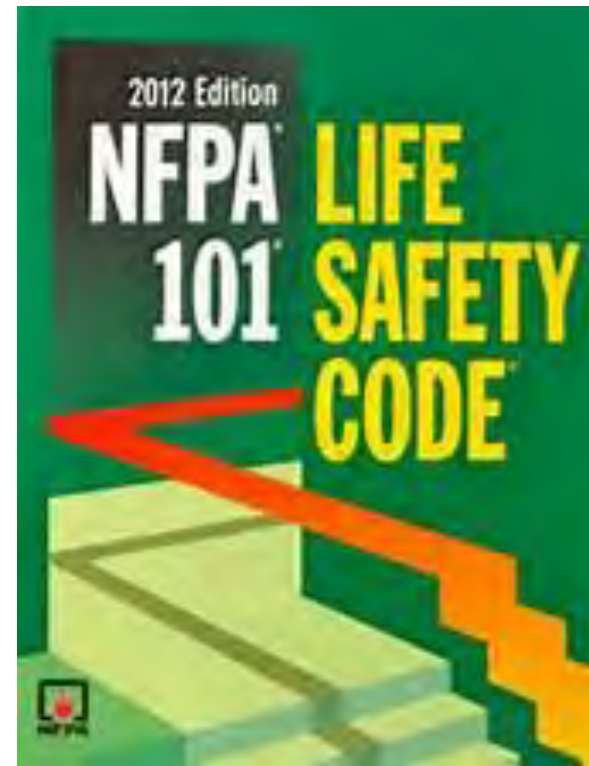


# NFPA 101 - Life Safety Code©

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



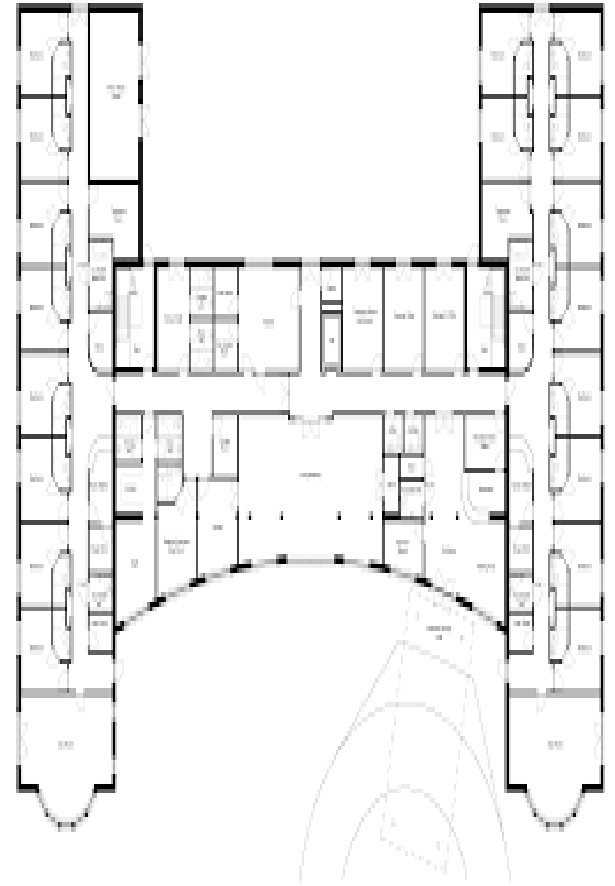
# Fundamental Principles

- 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 incapable 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





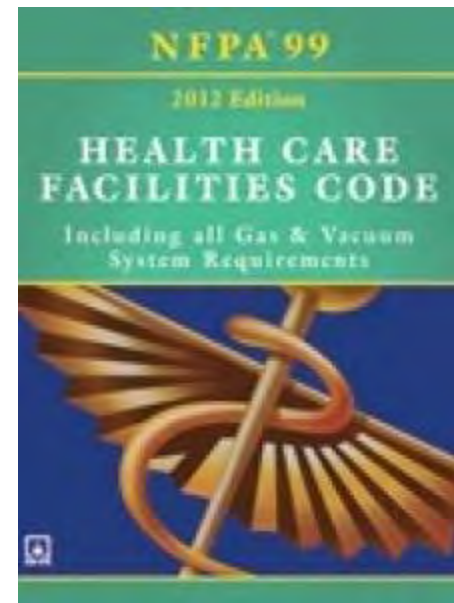
# Inspection, Testing and Maintenance and Record Keeping

- A majority of the citations of the TOP 10 deficiencies are a result of inspection, testing or maintenance issues, with many involving just record keeping
- If deficient issues are discovered by Contractor's testing or inspection report, you must fix it immediately
- 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)



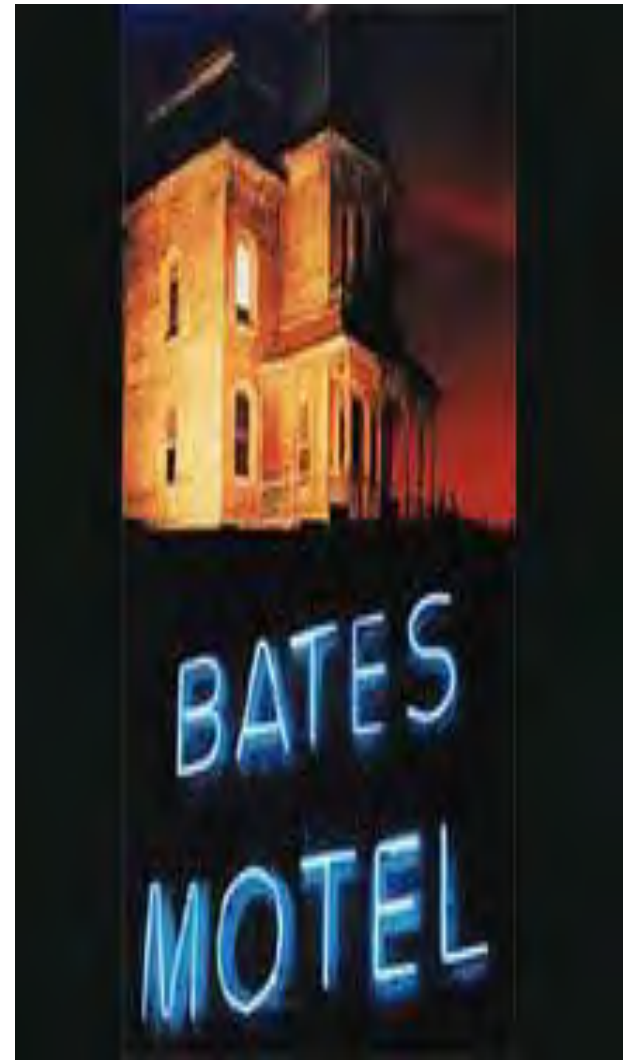
# NFPA 99 Risk Assessment



"...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

<b>New</b>	<b>Old</b>	<b>Deficiency</b>
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

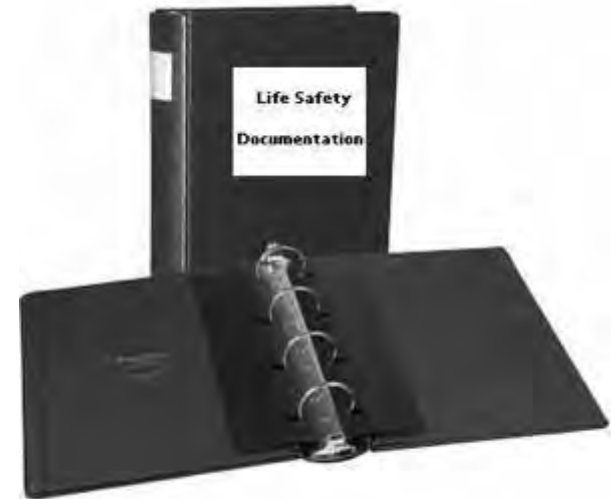


- LSC Note book – everything in one place
  - Maintain current survey cycle only
  - Archive older records
- Review past surveys and ensure that prior deficiencies are corrected
- Evacuation plans – correct, posted and staff familiar
- Audit vendor record keeping
  - Complete any recommended repairs
- **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)



# 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.

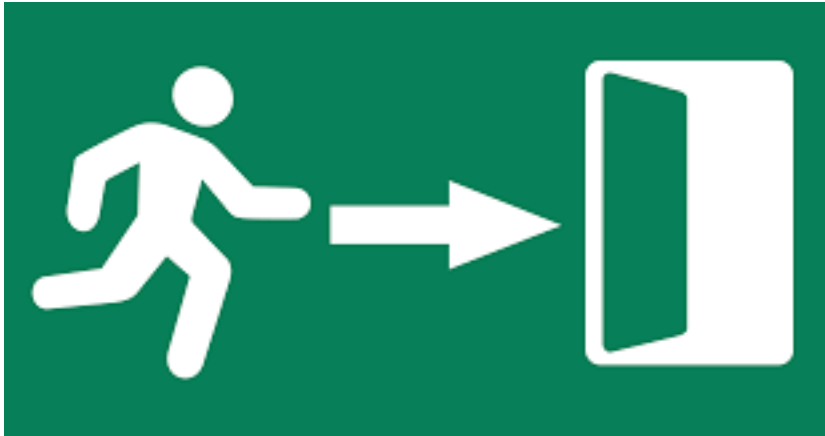
# Means of Egress

## 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**

# 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



## 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**



- Where corridor is at least 6', 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





# Fixed Furniture in Corridors

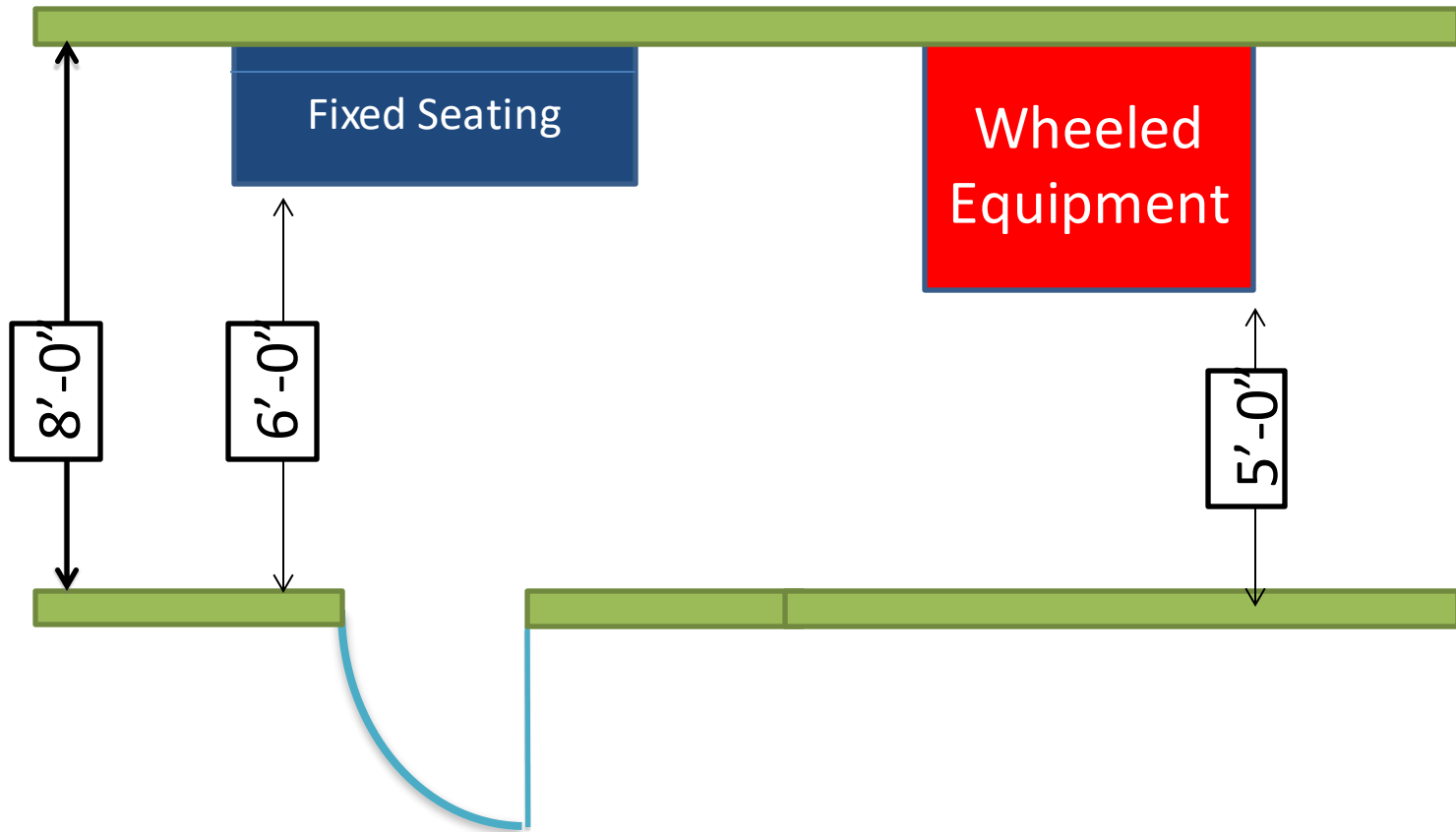
- Where the corridor width is at least **8'**
  - Securely attached to the floor or to the wall with
  - Clear unobstructed corridor width to less than **6'**
  - One side of the corridor.
  - Groupings do not exceed an area of 50 ft<sup>2</sup>.
  - Separated by a distance of at least 10 ft.
  - Does 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



# 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

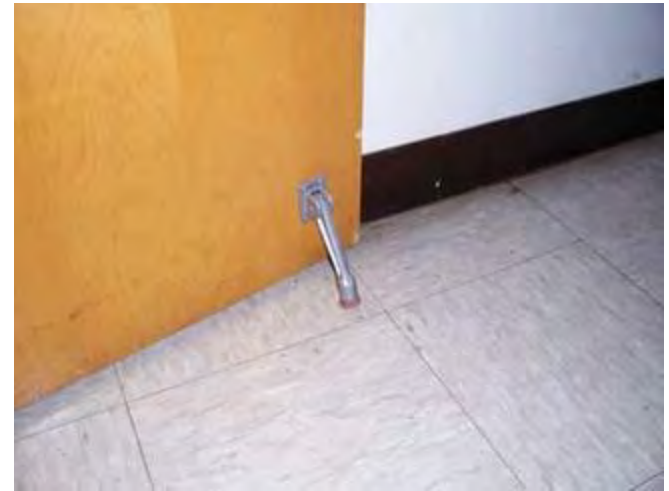
# Corridor Doors K363

- 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)**



**NEW**

# Roller Latches K363



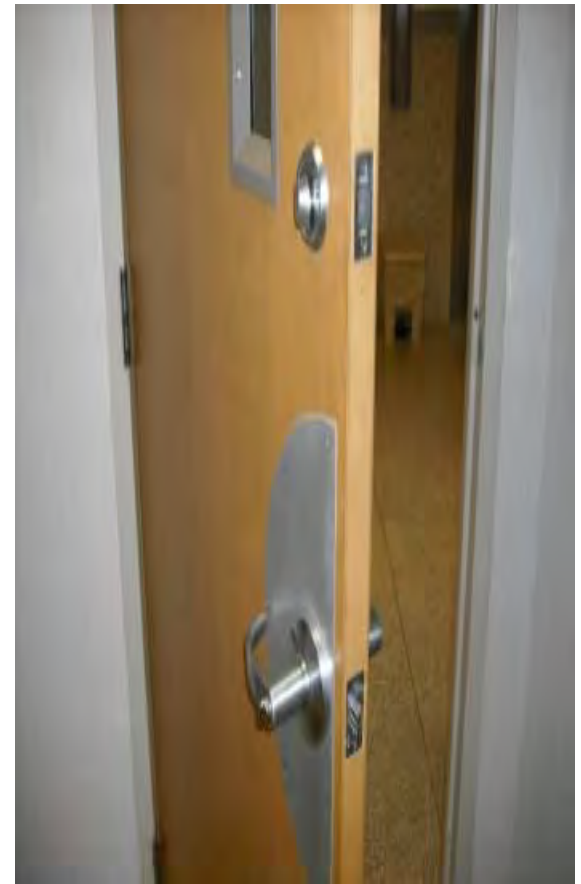
- Continue prohibition on corridors and doors to hazardous areas
- Permitted for other doors such as bathrooms, therapy rooms etc.
- LSC 18.3.6.3.9
- LSC 19.3.6.3.5





# Dead Bolt Locks

- 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

- 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.

**NEW**

# Door Inspection

- 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 FSEs 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

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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.

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# 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

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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

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# 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





NEW

# Sprinkler System

- Fire hose valves are required to be inspected quarterly to ensure
  - Hose caps are in place and 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



**NEW**

# Sprinkler Valves

- 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**



**NEW**

# Sprinkler Inspection Documentation

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





NEW

# 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

- 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.

**NEW**

# 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.



**NEW**

# Clean Waste & Record Recycling Containers

- Containers used solely for recycling are permitted to be excluded from the above requirements where **each container is  $\leq 96$  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





**NEW**

# 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), thus there is no minimum load for natural gas generators



**NEW**

# Fuel Testing



- NFPA 110 requires a fuel quality test to be performed annually using the approved ASTM standards.



# 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 are not evacuated 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

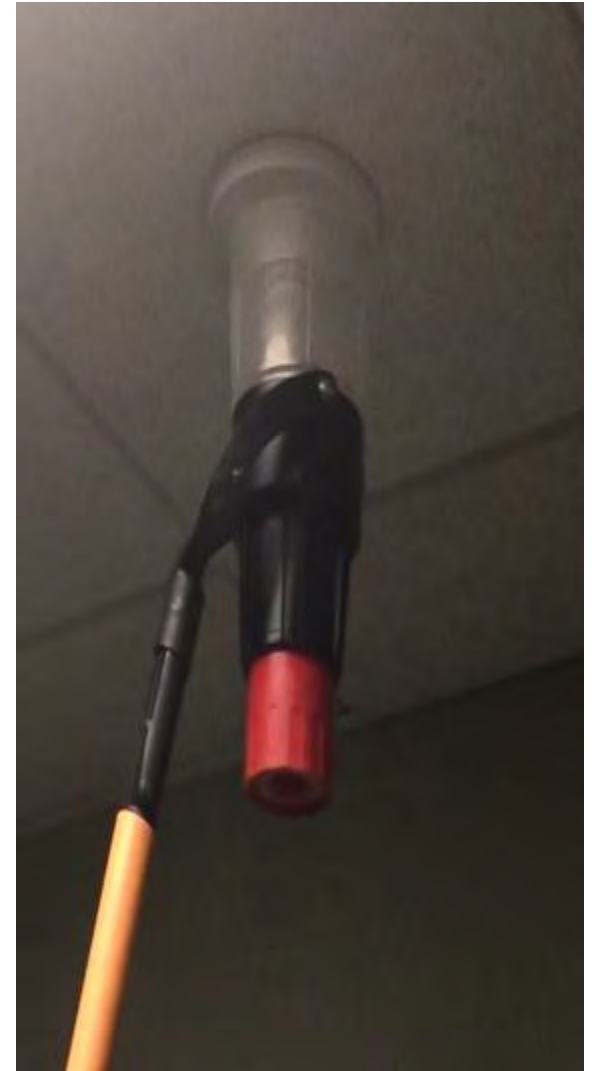
# Smoke Detection K347

- 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

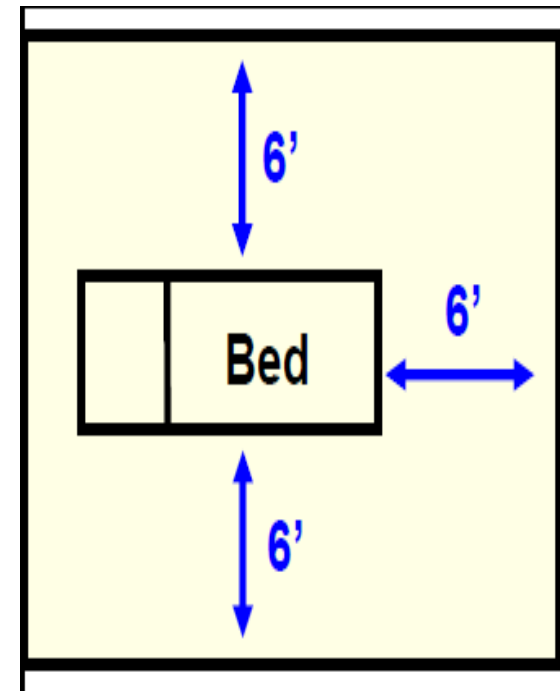
# Smoke Detectors

- 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) assemblies
- 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







# Electrical Equipment Testing K921

- 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
  - Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months.
- 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

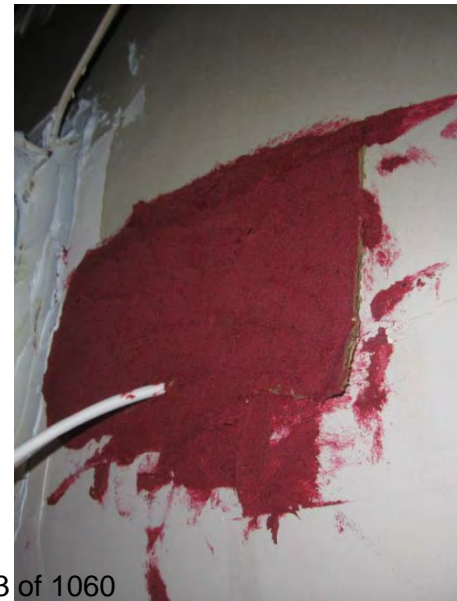
- Smoke barriers shall be constructed to a ½-hour fire resistance rating
- Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or less patient bed capacity.
- Size of compartments cannot exceed 22,500 square feet
- 200-foot travel distance from any 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

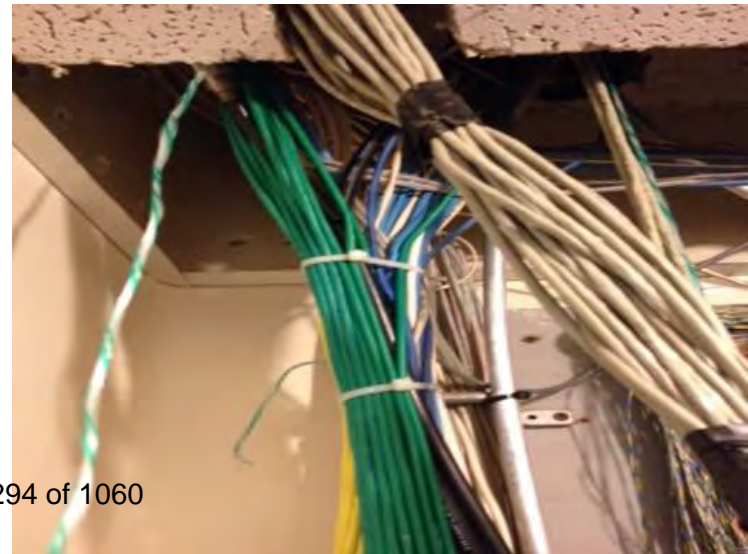
- Unsealed holes in electrical conduit, metal pipe, PVC pipe, and low-voltage wiring penetrations
- Suspended ceiling systems not one-hour fire resistive rated assemblies and/or missing
- Through penetrations of fire/smoke resistance rated construction shall be protected by a fire stop system



# 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 not be used
- Intumescent materials maybe used
- Smoke and fire ratings apply to the entire assembly
- **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 sprinklered compartments
  - 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 unless the building is fully sprinklered.
- 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.

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 O<sub>2</sub> ?

- 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 O<sup>2</sup>

- 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 combustibile (dry wall) with door that can be secured.
  - Minimum distance of 5 feet from combustibile 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 O<sub>2</sub> - 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 O<sub>2</sub> cylinders (12 H tanks or 124 E tanks) there are many more conditions that must be met.



# Alcohol Based Hand Rubs

## K 325

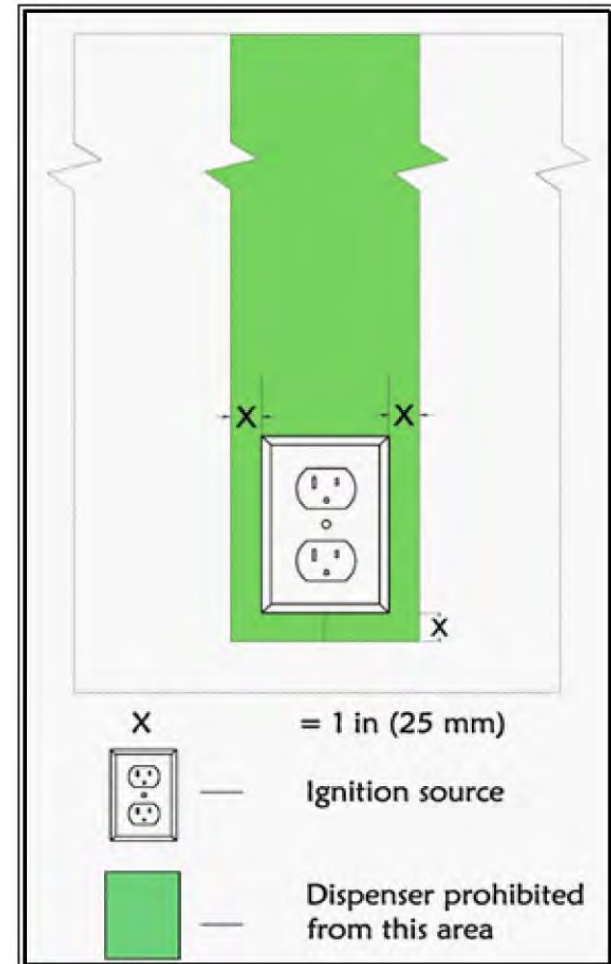
**NEW**



- May now use aerosol based hand sanitizers (cannot exceed 95% alcohol)
- Maximum individual capacity for aerosol is 18 oz.
- Maximum non-aerosol individual capacity is .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)



# 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, 1<sup>st</sup> 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

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## EMERGENCY PREPAREDNESS PROGRAM

### **TO ACTIVATE THIS PLAN:**

TURN DIRECTLY TO **PAGE 10**  
(SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES)

**Created:**

**Revised:** 09.08.22

**Covenant Living of Keene**

**EMERGENCY PREPAREDNESS PROGRAM**

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    Safety/Security/Liaison Officer .....

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Planning Section Chief .....  
    Labor Pool Unit Leader .....

Finance Section Chief.....  
Operations Section Chief .....  
    Nursing Supervisor / Director of Nursing / Charge Nurse / Department  
    Director .....

    Triage Unit Leader.....  
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<sup>1</sup> Delete procedure if no Carbon Monoxide alarms

<sup>2</sup> Delete reference to radiological if no nuclear facility or no major transportation route near facility

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Fire (PLACEHOLDER).....

Flood (Internal & External) .....

Hazardous Material Spill or Leak .....

Hostage Taking.....

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    Loss of Cooking Ability .....

    Loss of Electric Service .....

    Loss of Elevator Service.....

    Loss of Fire Protection Systems .....

    Loss of Heating System .....

    Loss of Information Technology.....

    Loss of Natural Gas / Propane<sup>4</sup> .....

    Loss of Oxygen / Vacuum<sup>5</sup> .....

    Loss of Sewer / Waste System .....

    Loss of Steam Pressure<sup>6</sup> .....

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<sup>3</sup> Delete if not a risk for your region

<sup>4</sup> Revise if propane versus natural gas

<sup>5</sup> Delete if no piped med gases in facility

<sup>6</sup> Delete if no steam service in facility

<sup>7</sup> Revise if propane versus natural gas

<sup>8</sup> Delete if not a risk for your region

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<sup>9</sup> Delete if not a risk for your region

<sup>10</sup> Delete if not a risk for your region

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  - 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

<sup>11</sup> Customize Appendices and insert into plan



**SECTION A:**

**POLICIES AND PLANNING**

**POLICIES AND PLANNING**

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Continuity of Operations .....

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# 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 Director 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 G: Disaster Recovery Plan*

*Appendices:<sup>1</sup>*

*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*

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*Appendix G: Resident and Responsible Party – Sample Emergency Communications Plan*

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*Appendix I: Collaborative and Cooperative Planning Efforts Documentation*

*Appendix J: Annual Analysis and Review*

*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<sup>2</sup> 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.

<sup>1</sup> Revise to match Table of Contents

<sup>2</sup> Insert correct position title

- 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<sup>3</sup> 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<sup>4</sup>**

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.

<sup>3</sup> Revise to reflect proper care level

<sup>4</sup> Revise content of this plan to best fit the facility needs

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<sup>5</sup>. 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).

<sup>5</sup> Revise if different than stated

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](http://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<sup>6</sup> that provides the following levels of service<sup>7</sup>:

- 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<sup>8</sup> and support from local/state emergency management.

<sup>6</sup> Revise to reflect proper care level

<sup>7</sup> Revise bulleted list to accurately reflect services provided by the facility

<sup>8</sup> Remove the reference to mutual aid plan support if the facility is not part of a mutual aid plan



Where specific outpatient services<sup>9</sup> 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<sup>10</sup>>
- 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<sup>11</sup>>.
- Home Care<sup>12</sup> 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<sup>13</sup>>.

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<sup>14</sup> 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.

<sup>9</sup> Delete paragraph if none of these services are provided by the facility

<sup>10</sup> Insert location where clients will be referred to

<sup>11</sup> Insert location where clients will be referred to

<sup>12</sup> 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.

<sup>13</sup> Insert service or location where clients will be referred to

<sup>14</sup> Insert applicable position title(s)

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<sup>15</sup>*
- 

## **Training and Testing Program**

The Training & Testing Program will be reviewed and updated at least annually<sup>16</sup>. 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<sup>17</sup> and evaluations during drills and exercises.

<sup>15</sup> 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.

<sup>16</sup> Some states require semi-annual review, revise as necessary

<sup>17</sup> Revise as needed

## 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<sup>18</sup> 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)<sup>19</sup>. 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.

<sup>18</sup> Delete bullet and reference to mutual aid if not part of a formal mutual aid plan

<sup>19</sup> 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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Activation of the Incident Command System .....	
Communications Plan .....	
Internal Communications during a Disaster .....	
External Communications during a Disaster.....	
Managing Resources and Assets during a Disaster .....	
Responsibilities for Ensuring Critical Supplies & Activities .....	
Baseline Assessment of 96 <sup>1</sup> Hr Capability.....	
Managing Security and Safety during a Disaster .....	
Building Lockdown for Exterior Threat .....	
Campus Lockdown .....	
Management of Staff during a Disaster.....	
Notification of Off-Duty Staff / Disaster Staffing Options .....	
Staff Sheltering.....	
Staff Family Sheltering .....	
Staff Pets Sheltering .....	
Critical Incident Stress Debriefing (CISD) for Staff.....	
Emergency Credentialing Program .....	
Loss of Parking / Inability to Commute.....	
Managing Utilities during a Disaster .....	
Managing Residents during a Disaster .....	
Census Reduction Plan .....	
Morgue / Mass Fatality Plan .....	
Surge Capacity Plan .....	

<sup>1</sup> Revise if different than 96 hours

## ACTIVATION OF EMERGENCY OPERATIONS PLAN (EOP)

### IMMEDIATE EOP ACTIVATION (CODE ALERT<sup>2</sup>):

**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**<sup>3</sup> 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<sup>4</sup>” for fire.
6. Notify the following<sup>5</sup>, 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

<sup>2</sup> 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.

<sup>3</sup> Insert code word

<sup>4</sup> Insert the facility code word or term to identify a fire situation

<sup>5</sup> 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<sup>6</sup>> 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<sup>7</sup>” 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.

<sup>6</sup> Insert name of county Emergency Management Agency

<sup>7</sup> If using Executive Director, change throughout Plan



## EMERGENCY CODES<sup>8</sup>

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<sup>9</sup>, as applicable.*

<b>Disaster Alert:</b>	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.
<b>Bomb Threat:</b>	Code Black
<b>Building Lockdown:</b>	Code Grey
<b>Evacuation (Full or Partial Building)</b>	Code Evacuation
<b>Fire:</b>	Code Red
<b>Haz-Mat Situation:</b>	Code Green
<b>Hostage/Intruder:</b>	Code Silver
<b>Missing Resident:</b>	Code Yellow
<b>Tornado/Hurricane<sup>10</sup>:</b>	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.).

<sup>8</sup> 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.

<sup>9</sup> Indicate method or means used to alert staff

<sup>10</sup> Delete if not applicable



- 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<sup>13</sup> 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.

<sup>13</sup> Insert code word if different than indicated

## 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<sup>14\*</sup>**
- **Portable Radios\***
  - Obtained from<sup>15</sup>: Tony Sgueglia FM and Shift Security \_\_\_\_\_
- **Cell Phone(s)\***
  - Obtained from<sup>16</sup>: 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<sup>17</sup>:** 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<sup>18</sup>:** All Public Pay Stations will operate for outgoing calls only (see Section F – Emergency Resources and Lists for list).

<sup>14</sup> Revise as necessary

<sup>15</sup> Insert location

<sup>16</sup> Insert location

<sup>17</sup> Delete if not applicable

<sup>18</sup> Delete if not applicable

- **VOCERA/SARA/Other Phones/Pagers<sup>19</sup>**: Wireless communication assigned primarily to resident care staff, transporters and others, to provide person to person communication.
- **Satellite Phone<sup>20</sup>**:
  - 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** \_\_\_\_\_<sup>21</sup>
- **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.

<sup>19</sup> Revise to indicate systems in place at facility

<sup>20</sup> Delete if not applicable

<sup>21</sup> Insert phone number

## 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<sup>22</sup>:

- 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<sup>23</sup> 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)<sup>24</sup>:** 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 through a web-based application.
- **Local/Regional/State provided radio system<sup>25</sup>,** New Hampshire Emergency Management: Provides communications among healthcare facilities, municipalities and New Hampshire State Agencies, located in:
  - **Satellite phone<sup>26</sup>:** Satellite phone communication located in:
    - 95 Wyman Road Main Server Room
  - **Amateur Radio Emergency Service (ARES)<sup>27</sup>:** 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 Facilities / 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.

<sup>22</sup> Revise list as applicable

<sup>23</sup> Revise list as applicable

<sup>24</sup> Revise to reflect correct terminology, if applicable

<sup>25</sup> Delete if not applicable

<sup>26</sup> Delete if not applicable

<sup>27</sup> Revise to reflect proper terminology or delete if not applicable

- **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<sup>28</sup>) 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.

<sup>28</sup> Delete if not applicable



## 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<sup>29</sup>. 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<sup>30</sup> hours. The section of this Plan titled “Baseline Assessment of 96<sup>31</sup> 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<sup>32</sup> Hr Capability” information
- EOP Section E – Emergency Procedures for Specific Events
- EOP Section F – Emergency Resources and Lists
- The Incident Command Structure<sup>33</sup>.

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.

<sup>29</sup> Revise as necessary

<sup>30</sup> Revise if different than 96 hours based upon the HVA or unique state or local requirements

<sup>31</sup> Revise if different than 96 hours

<sup>32</sup> Revise if different than 96 hours

<sup>33</sup> 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<sup>34</sup> 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<sup>35</sup> 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<sup>36</sup>, 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<sup>37</sup> as a guide.

- Re-supply depleted and/or damaged items

<sup>34</sup> Revise if different than 96 hours

<sup>35</sup> Revise if different than 96 hours

<sup>36</sup> Delete if not applicable

<sup>37</sup> The Department Rapid Assessment Form can be found in the Incident Command System (Section C).

- 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<sup>38</sup> 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<sup>39</sup> is responsible for:

- Staffing all areas

Director of Maintenance<sup>40</sup> 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<sup>41</sup>
- 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<sup>42</sup> is responsible for:

- Medical supplies
- PPE supplies
- Paper supplies
- Portable oxygen cylinders

<sup>38</sup> Revise as necessary to reflect proper terminology

<sup>39</sup> Revise title as necessary

<sup>40</sup> Revise title as necessary

<sup>41</sup> Revise as necessary

<sup>42</sup> Revise title as necessary

Director of Dining Services<sup>43</sup> is responsible for:

- Potable water (if during loss of water)
- Food - perishables
- Food - dry Stocks
- Paper plates / utensils

Director of Environmental Services<sup>44</sup> is responsible for:

- Linen supplies
- Housekeeping supplies
- Regulated medical waste
- Bedding supplies

Important Note: During a Code Alert<sup>45</sup> Activation and the implementation of Incident Command System, the responsibilities for these supplies will fall under appropriate ICS assignments.

## **BASELINE ASSESSMENT OF 96<sup>46</sup> HR CAPABILITIES**

This “Baseline Assessment of 96<sup>47</sup> 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<sup>48</sup> 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<sup>49</sup> hrs during a disaster response (see “Managing Staff During a Disaster” Section of this Plan).

<sup>43</sup> Revise title as necessary

<sup>44</sup> Revise title as necessary

<sup>45</sup> Insert Code Word if different than indicated

<sup>46</sup> Revise if different than 96 hours

<sup>47</sup> Revise if different than 96 hours

<sup>48</sup> Revise if different than 96 hours

<sup>49</sup> Revise if different than 96 hours



**BASELINE ASSESSMENT OF 96<sup>50</sup> HR CAPABILITIES**

Consumable		MINIMUM <sup>51</sup> (day just before delivery) Supplies available without outside resources <u>WITH NO Conservation / Contingency Measures</u>	EXPECTED <sup>52</sup> Supplies available without outside resources <u>WITH Conservation / Contingency Measures</u>	Conservation / Contingency Measures <sup>53</sup>
Domestic Water – Primary (Normal Conditions)		5 days	5 days	<ul style="list-style-type: none"> <li># of Main lines= 2</li> <li>Loss of 1 Main are cross connected to provide water to entire building – must be manually valved though</li> </ul>
Potable Water - if during loss of domestic water		<b>Generator to run well located on property</b>	<b>Generator to run well located on property</b>	<ul style="list-style-type: none"> <li>Some bottled water in storage (approx. _300_____ gals)</li> <li>Use of other liquids, as possible (brings total to ___400_____ gallons)</li> <li>Through &lt;insert vendor name&gt; have agreement for emergency water supplies with-in 48 hrs that relies on outside resources</li> </ul>
Industrial Water - if during loss of domestic water		<b>5 days</b>	<b>5 days</b>	<ul style="list-style-type: none"> <li>Have external tanker connection with pumps to provide external source of water to buildings, that relies on outside resources</li> </ul>
Fire Protection Water – Primary (Normal Conditions)		Fire hydrants		<ul style="list-style-type: none"> <li>Fire Protection water supplied by single feed / fire pump</li> </ul>
Fire Protection Water – if during loss of fire protection water		Well head on site	Well head on side	<ul style="list-style-type: none"> <li>Will institute fire watch internally</li> <li>Consider ____ &lt;insert name&gt; FD to connect pumper and water supply to sprinklers</li> </ul>
Electrical – Primary (Normal Conditions)				<ul style="list-style-type: none"> <li>Supply via two feeds, each provides independent supply to the complex</li> </ul>
Electrical Generator (Fuel) – if during loss of normal power		<b>5 days</b>	<b>5 days</b>	<ul style="list-style-type: none"> <li>No redundancy in coverage – loss of any one generator results in loss of power in that area</li> <li>Loss of one generator in one area would result in internal relocation of Residents</li> <li>There is a portable on-site generator that can serve any one area, however, it must be wired at the time of connection</li> <li><i>* Calculations based on 75% capacity which is a very conservative estimate</i></li> </ul>
Boilers (Steam) - Fuel (Normal Conditions) <sup>54</sup>		8 days	8 days	<ul style="list-style-type: none"> <li>Runs on piped in natural gas</li> <li>Provides heat and some cooking</li> </ul>

<sup>50</sup> Revise if different than 96 hours. Food, water, medical supplies and pharmaceuticals are specifically addressed by CMS in their EPP regulations.

<sup>51</sup> Indicate number of days or Unlimited Supply in this column

<sup>52</sup> Indicate number of days or Unlimited Supply in this column

<sup>53</sup> Examples only – revise to reflect facility’s capabilities in this column

<sup>54</sup> Revise to reflect proper system(s) in place

Consumable	MINIMUM <sup>51</sup> (day just before delivery) Supplies available without outside resources <u>WITH NO Conservation / Contingency Measures</u>	EXPECTED <sup>52</sup> Supplies available without outside resources <u>WITH Conservation / Contingency Measures</u>	Conservation / Contingency Measures <sup>53</sup>
Boilers Fuel (Steam) – Loss of Normal Conditions <sup>55</sup>	5 days	5 days	<ul style="list-style-type: none"> <li>• Would switch to Fuel Oil – approx., __1000__ gals on-site in __ tanks, each tank would last approx __5_ Days during coldest weather</li> <li>• Can tie in external temp boilers but no “quick connect”</li> <li>• Provides heat and _____</li> </ul>
Air Conditioning - Primary (Normal Conditions)	0	0	<ul style="list-style-type: none"> <li>• Air Conditioning relies on water &amp; electricity</li> </ul>
Air Conditioning - Loss of Primary Conditions	0	0	<ul style="list-style-type: none"> <li>• Loss of water results in loss of A/C to rest of building – see loss of water for possible contingency plans</li> </ul>
			<ul style="list-style-type: none"> <li>• Loss of electricity results in generator power for chillers</li> <li>• Loss of generator to Chillers – portable temporary generator can be wired to chiller</li> </ul>
Oxygen - Primary (Normal Conditions) <sup>56</sup>	> 4 Days	> 4 Days	<ul style="list-style-type: none"> <li>• Two Liquid O2 Supplies with reserve tanks serving Building II and Main Building</li> </ul>
Oxygen - Loss of Primary Conditions <sup>57</sup>	> 4 days (if one of two liquid Oxygen systems is still operational)	<b>Approx. 8 hrs (relies on cylinders being distributed, H and E)</b>	<ul style="list-style-type: none"> <li>• Loss of any one Liquid O2 Supply system automatically is provided by second system– relies on intact delivery system</li> <li>• Limited stored bottled oxygen</li> </ul>
Food - Perishables	5_ Days (meats) 5 Days (produce) 5 Days (Bread)	5__ Days	<ul style="list-style-type: none"> <li>• Use of alternate menus for any loss of utilities</li> </ul>
Food - Dry Stocks	5 days	5 days	<ul style="list-style-type: none"> <li>• Storage in storerooms, freezers and refrigerators</li> </ul>
Linen Supplies	<b>5 days</b>	<b>5 days</b>	<ul style="list-style-type: none"> <li>• Minimize Linen changes to necessary changes</li> </ul>
Pharmacy Supplies			<ul style="list-style-type: none"> <li>• Approx. 7 Days supplies for most medications, some exceptions</li> </ul>
Clinical Supplies			<ul style="list-style-type: none"> <li>• Limited supplies in the facility (use Just in Time delivery * Vendor’s warehouse is &lt; 10 min away and can provide 24/7 response that has been tested</li> </ul>
PPE Supplies	<b>2 weeks</b>	2 weeks	
Housekeeping (EVS) Supplies	<b>1 month</b>	1 month	
Paper Supplies	<b>2 weeks</b>	2 weeks	

<sup>55</sup> Revise to reflect proper system(s) in place

<sup>56</sup> Delete row if not applicable

<sup>57</sup> Delete row if not applicable



## 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<sup>58</sup> 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: BUILDING 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<sup>59</sup> 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: CAMPUS 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.

<sup>58</sup> Insert code word

<sup>59</sup> 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<sup>60</sup>/MAINTENANCE / OTHER STAFF - ASSIGNED SECURITY ROLES**

- Lock all entry doors to facility. The only points of entry will be the **Main Entrance<sup>61</sup>**.  
NOTE: This prevents entry, not exit. Thus, the facility may need to continue observance of exit doors. Also, the Main Entrance<sup>62</sup> must have a staff member(s) assigned to screen persons entering the building. These staff should have a portable radios<sup>63</sup>.
- 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.

<sup>60</sup> Delete if no Security staff

<sup>61</sup> Revise as necessary

<sup>62</sup> Revise as necessary

<sup>63</sup> Revise as necessary

## **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.

## **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.<sup>64</sup>
- 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.

<sup>64</sup> Delete paragraph if not applicable to your facility

## **DINING SERVICES<sup>65</sup>**

- 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.<sup>66</sup>
- 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)<sup>67</sup> 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.<sup>68</sup>

## **ENVIRONMENTAL SERVICES<sup>69</sup>**

- 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**

<sup>65</sup> Insert correct department name

<sup>66</sup> Remove if there are no specialty eateries

<sup>67</sup> Revise if different than 4 days based upon HVA or other regulations

<sup>68</sup> Insert correct department name

<sup>69</sup> Insert correct department name

- 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

## **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:



SHELTER	LOCATIONS <sup>70</sup>
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 <sup>71</sup> to set up areas
Pets	1. _____Stay with resident owner _____ 2. Local Pet Shelter (no MOUs in place, but consider calling <sup>72</sup> ).

- Also consider local hotels / shelters, etc. (no MOUs in place, but consider calling<sup>73</sup>).

<sup>70</sup> Insert pre-designated locations

<sup>71</sup> Insert correct department name

<sup>72</sup> Revise if MOU's in place

<sup>73</sup> Revise if MOU's in place

**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:

<p align="center"><b>Items to Bring (APPROVED)</b></p>	<p align="center"><b>DO NOT BRING (NOT APPROVED)</b></p>
<ul style="list-style-type: none"> <li>➤ Sleeping bag, blanket, pillow</li> <li>➤ Personal toiletries and a towel</li> <li>➤ Change of clothing</li> <li>➤ Prescription and OTC meds</li> <li>➤ Nonperishable food items to last for 3-5 days, per shelteree</li> <li>➤ Bottled water (1 gallon per shelteree / per day expected duration)</li> <li>➤ Flashlight with extra batteries</li> <li>➤ Cell phone with car charger</li> <li>➤ List of emergency numbers including physician and emergency contacts</li> <li>➤ Other:</li> </ul>	<ul style="list-style-type: none"> <li>➤ Alcoholic beverages</li> <li>➤ Fire arms</li> <li>➤ Flammable or flame producing items</li> <li>➤ TVs/Radios, DVD players or Laptops – unless battery operated</li> <li>➤ Open food or food requiring refrigeration</li> <li>➤ Other electrical appliances (hair dryers, etc.)</li> <li>➤ Other<sup>74</sup>:</li> </ul>

<sup>74</sup> Review and complete lists as appropriate

## 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	➤ Bowls, bottled water & food for 5-7 days
➤ Copies of medical & vaccination records and a current photo of your pet	➤ Paper towels, plastic bags for waste cleanup, as well as cat litter/pan
➤ Sturdy leash & muzzle	➤ Flashlights, batteries, bedding and pet toys
➤ Manual can opener for canned food	➤ List of emergency phone numbers, including emergency contact (relative or friend), veterinarian, Animal Control and local animal shelter.
➤ Spray disinfectant for waste cleanup	
➤ First-aid materials, including bandages & antiseptic ointments	
➤ Your pet's medications	
➤ Written instructions on feeding, medications, etc.	

## **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<sup>75</sup>.
- The facility maintains a contractual agreement with an outside source for EAP and Critical Incident Stress Debriefing. The Human Resources<sup>76</sup> department will make arrangements for CISD support as appropriate.
- All staff always have options for other support and counseling through the facility Employees Assistance Program<sup>77</sup>.

<sup>75</sup> Revise to reflect proper position titles

<sup>76</sup> Revise to reflect position/department responsible

<sup>77</sup> Revise as applicable to facility

## 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<sup>78</sup>, 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)<sup>79</sup>.
  - 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.

<sup>78</sup> Insert correct position title

<sup>79</sup> Revise if necessary

## **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.<sup>80</sup>
- 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<sup>81</sup>**

- 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.

<sup>80</sup> Insert pre-determined location if MOU in place

<sup>81</sup> Revise if no security

## 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<sup>82</sup>, 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<sup>83</sup>:

- Oxygen use, cell phone recharging for employees, residents

The following are types of services the facility cannot provide while operating on generator power<sup>84</sup>:

- 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:<sup>85</sup>

- 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<sup>86</sup>> under contingency conditions. The following services or areas will be impacted by shedding load<sup>87</sup>:

- The common area of the community center

<sup>82</sup> Revise as applicable

<sup>83</sup> Insert the services that are supported with emergency power

<sup>84</sup> Insert the services that cannot be provided when the facility is on emergency power

<sup>85</sup> Insert areas of facility and specific critical equipment that is supported by emergency generator power

<sup>86</sup> Estimated number of hours or days the generator can run with some of the load shed

<sup>87</sup> Insert pre-designated areas or services effected by load shed



The following services or areas<sup>88</sup> 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<sup>89</sup> and through assignments via the Incident Command System (consider the Baseline Assessment of 96<sup>90</sup> 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<sup>91</sup>
- Loss of Fire Protection Systems
- Loss of Heating System
- Loss of Information Technology
- Loss of Natural Gas/Propane<sup>92</sup>
- Loss of Sewer / Waste System
- Loss of Steam Pressure<sup>93</sup>
- 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.

<sup>88</sup> Insert areas of the facility & services not on emergency generator power (e.g.: A/C – Chillers, Heat –Boilers, etc.)

<sup>89</sup> Insert correct department name

<sup>90</sup> Revise if different than 96 hours

<sup>91</sup> Delete if no elevators

<sup>92</sup> Revise as applicable

<sup>93</sup> Delete if not applicable

- Continually monitor for need to evacuate if utilities can not be restored.

**MAINTENANCE<sup>94</sup> / 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.

<sup>94</sup> Insert correct department name

## 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:<sup>95</sup>
  - 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.

<sup>95</sup> Revise list to reflect care level and services provided

- 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.

### **HUMAN RESOURCES<sup>96</sup> / 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.

<sup>96</sup> Insert appropriate title for facility position that would oversee patient tracking and serve as the Planning Section Chief

## **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:<sup>97</sup>
  - 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<sup>98</sup> / 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.

<sup>97</sup> Revise to reflect proper position titles and assignments

<sup>98</sup> 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

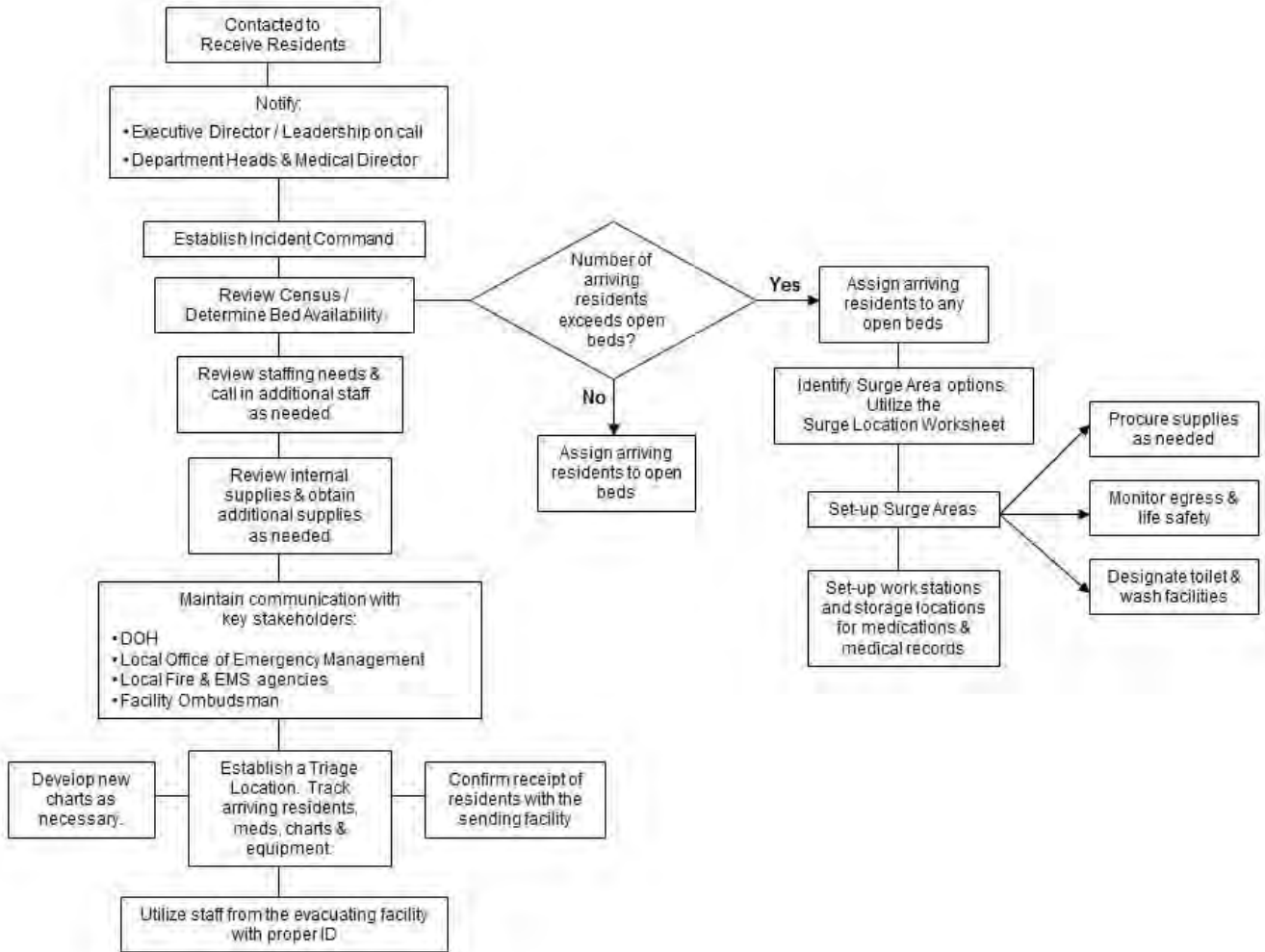
The Mass Fatality Plan is intended to be utilized in the event of a disaster or incident, either internal or external, which results in multiple deceased residents that exceed the facility's existing morgue or storage capacity.

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 1<sup>st</sup> 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<sup>99</sup> 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.

<sup>99</sup> Revise if necessary to reflect proper position titles

# SURGE CAPACITY PLAN



## **SURGE CAPACITY PLAN**

This Plan is for the surge of Skilled Nursing or Assisted Living Residents<sup>100</sup> 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<sup>101</sup> 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 (<sup>102</sup>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<sup>103</sup>) of staff that may be provided by the sending facility.
- Determine need to call in additional ancillary staff<sup>104</sup> such as Dining Services, EVS/Housekeeping, Laundry, Maintenance, etc.

<sup>100</sup> Revise as necessary

<sup>101</sup> Insert correct position title

<sup>102</sup> Revise as necessary based on services provided by facility

<sup>103</sup> Insert correct position titles

<sup>104</sup> Insert correct position titles

- 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<sup>105</sup> – types and quantity of food and beverage
  - Nursing<sup>106</sup> – types and quantity of medical equipment (pumps, oxygen cylinders/concentrators, oxygen tubing/cannulas/masks, etc.) and medications
  - EVS/Housekeeping / Laundry<sup>107</sup> – quantity of linens
  - Maintenance<sup>108</sup> – 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<sup>109</sup>. 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<sup>110</sup>
    - 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.)

<sup>105</sup> Insert correct department name

<sup>106</sup> Insert correct department name

<sup>107</sup> Insert correct department names

<sup>108</sup> Insert correct department name

<sup>109</sup> Revise to reflect proper regulatory agency name if applicable

<sup>110</sup> 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<sup>111</sup>**

- 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<sup>112</sup> / PLANNING SECTION CHIEF**

<sup>111</sup> Insert correct department name

<sup>112</sup> Insert correct department name

- 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.

## **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<sup>113</sup>:
  - 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.

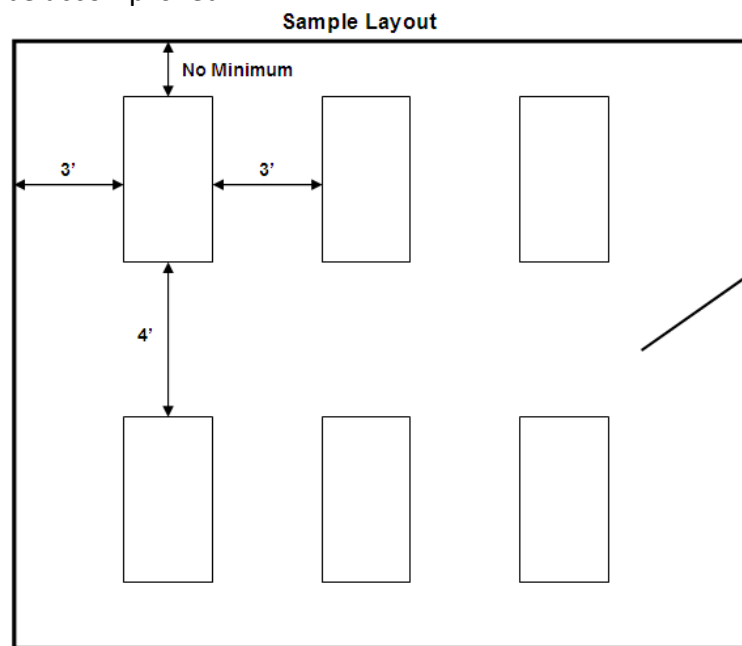
### **SURGE AREA SET-UP**

- 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.

<sup>113</sup> Revise list to reflect facility locations to be used



- 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<sup>114</sup> if spacing guidelines cannot be accomplished.



### **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**

<sup>114</sup> Revise to reflect proper regulatory agency name if applicable

- Monitor all costs and resources utilized throughout the duration of the situation. Maintain receipts for purchases directly related to the situation.

**ATTACHMENT A – SURGE EQUIPMENT STORAGE<sup>115</sup>**

Item	Quantity	Location
Beds		
Cots		
Mattresses		
Linen		
Pillows		
Blankets		
Tap Bells		
Privacy Partitions		
Oxygen Cylinders		
Oxygen Cylinder Regulators		
Other:		

<sup>115</sup> Tailor and complete the table with actual supplies that are consistently on-hand

**ATTACHMENT B – INFLUX/SURGE OF RESIDENTS LOG**  
 (Accounting for Incoming Residents and Equipment)

Make additional copies prior to use.

<b>1. FACILITY NAME<sup>116</sup></b>				<b>2. DATE/TIME PREPARED</b>				<b>3. INCIDENT DESCRIPTION</b>										
<b>4. TRIAGE AREA (for entry into the facility)</b>																		
Arrival Time	Facility Received From	Medical Record # or Triage #	Resident Name (Last, First)	Sex	DOB/ Age	Original Chart Arrived w/ Resident		Meds & MAR Arrived w/ Resident		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)		Y	N		Y	N			
<b>5. SUBMITTED BY</b>				<b>6. PHONE NUMBER</b>				<b>7. DATE/TIME SUBMITTED</b>										

<sup>116</sup> Insert facility name



Insert Surge Floor Plans<sup>119</sup>

<sup>119</sup> 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

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Finance Section Chief.....	
Operations Section Chief.....	
Nursing Supervisor .....	
Triage Unit Leader .....	
Holding Area Unit Leader .....	



## 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<sup>1</sup> 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<sup>2</sup>

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

<sup>1</sup> Revise list to reflect systems in place at your facility

<sup>2</sup> 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.

## 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**<sup>3</sup>.

### 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**<sup>4</sup>:     \_\_ **Community Center Lobby** \_\_\_\_\_
    - **Alternate Location**<sup>5</sup>:    \_\_ **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.*

<sup>3</sup> Insert appropriate code word if something other than Code Alert is utilized

<sup>4</sup> Insert location

<sup>5</sup> Insert alternate location

## 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<sup>6</sup>
- Normal Telephones
- \*Portable Radios<sup>7</sup>
  - 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<sup>8</sup>.
- 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

<sup>6</sup> Insert applicable paging system (overhead, through the Fire System) or other means to mass notify staff

<sup>7</sup> Revise as necessary

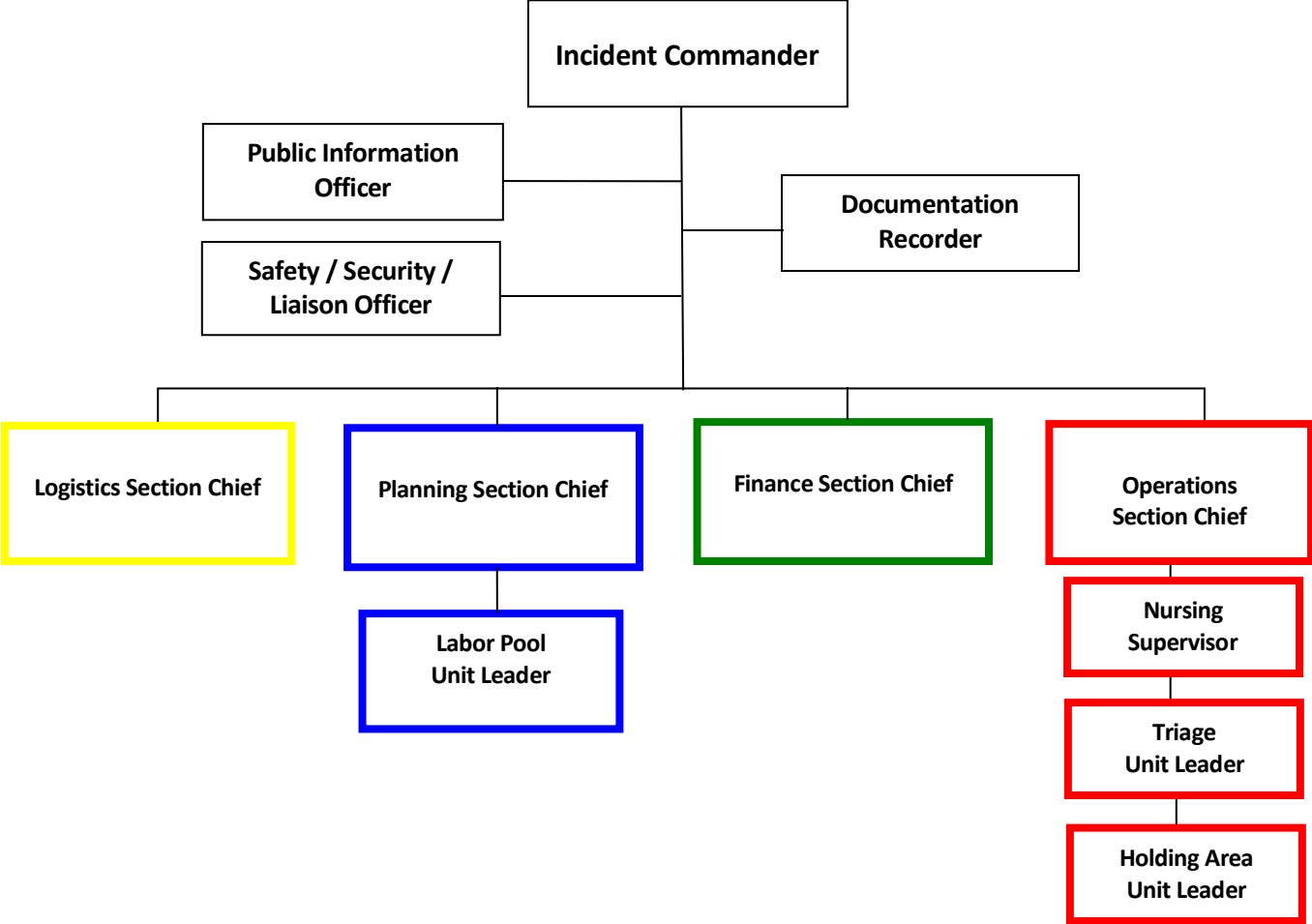
<sup>8</sup> Revise to reflect proper terminology

- Emergency Agencies and the Department of Health<sup>9</sup>
- 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<sup>10</sup>
- Regional contacts/vendors, media, pharmacies, etc.

<sup>9</sup> Indicate name of regulatory agency

<sup>10</sup> Delete if no elevators

**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

<sup>11</sup> Insert proper primary and alternate position title in each highlighted section of the above ICS boxes

## 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 <sup>12</sup> : <u>Gregg Burdett</u>	
Alternate(s) <sup>13</sup> : <u>Tony Sgueglia</u>	
You Report To: <b>Command Center</b>	
<b>Command Center Locations:</b> <sup>14</sup>	
Primary: <u>Community Center Lobby</u>	Telephone: <u>603.283.5150</u>
Alternate: <u>Health Center lobby</u>	Telephone: <u>603.352.3235</u>
Radio Title: <u>Comander</u>	
<b>Attached Forms and Information:</b>	
<ul style="list-style-type: none"> <li>▪ Incident Action Plan (IAP) Quick Start Form</li> <li>▪ 201A - Incident Briefing</li> <li>▪ 202A - Incident Objectives</li> <li>▪ 213A - Incident Message Form</li> <li>▪ 301 - Department Rapid Assessment Form</li> <li>▪ Resident Care Department / Unit Evacuation Status Form</li> </ul>	

### ALL HAZARDS INCIDENT COMMAND

<b>Immediate Actions:</b>	√
<b>Initiate</b> the Healthcare Incident Command System by assuming role of Incident Commander.	
Read disaster-specific procedures. Review Incident Command System organizational chart.	
<b>Activate</b> particular Section Chiefs positions, as necessary. Distribute: <ul style="list-style-type: none"> <li>▪ Job Action Sheets for each position</li> <li>▪ Identification for each position</li> <li>▪ Forms pertinent to Section and positions</li> </ul>	
<b>Activate</b> Public Information Officer, Safety/Security/Liaison Officer and Documentation Recorder, as necessary. Distribute Job Action Sheets.	

<sup>12</sup> Insert position title of primary for each job action sheet in the ICS section

<sup>13</sup> Insert position title of one or more alternates for each job action sheets in the ICS section

<sup>14</sup> Insert primary and alternate Command Center locations and phone numbers on each job action sheets in the ICS section



<b>Immediate Actions:</b>	<b>√</b>
Announce a <b>status/action plan</b> meeting of all activated Section Chiefs to be held within 5 to 10 minutes.	
Request all department heads and unit managers to complete the “ <b>Departmental Rapid Assessment Form</b> ” 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 <b>projection report</b> 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 <b>outside agencies</b> (i.e.: Police/Fire/EMS, local/state health, other healthcare facilities) through the Safety/Security/Liaison Officer.	

<b>Intermediate Actions:</b>	<b>√</b>
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.	

<b>Extended Actions:</b>	<b>√</b>
Approve <b>media releases</b> 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.	

<b>Full Building Evacuation Related Actions:</b>	<b>√</b>
Activate the Full Building Evacuation Plan via facility wide announcement.	

<b>Full Building Evacuation Related Actions:</b>	<b>√</b>
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.	

**DESIGNATED AREA LOCATIONS & TELEPHONES<sup>15</sup>**

<u><b>Command Center</b></u>	<u>Location:</u>	<u>Telephone #</u>
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 2 <sup>nd</sup> floor SNF unit	
Alternate Location: Large lobby area AL 2 <sup>nd</sup> Floor		.....

**Triage (Influx of Residents)<sup>16</sup>**

Primary Location: _____	Health Center Dining Room.	
-------------------------	----------------------------	--

**Triage (Internal Staging) during an Evacuation<sup>17</sup>: Health Center 1<sup>st</sup> floor open area**

**Assisted Living Residents<sup>18</sup>**

Primary Location: Third floor common areas	
--	--

**Skilled Nursing Residents**

**Ambulatory Residents - Holding Area**

Primary Location: Common area 2 <sup>nd</sup> floor	
---	--

**Non-Ambulatory Residents - Holding Area**

Primary Location: Dining room	
-------------------------------	--

<sup>15</sup> Insert pre-determined primary locations and phone numbers for each listed area. Add alternate locations/phone if available in facility.

<sup>16</sup> Determine a Triage location to accept evacuated residents from another healthcare facility.

<sup>17</sup> 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.

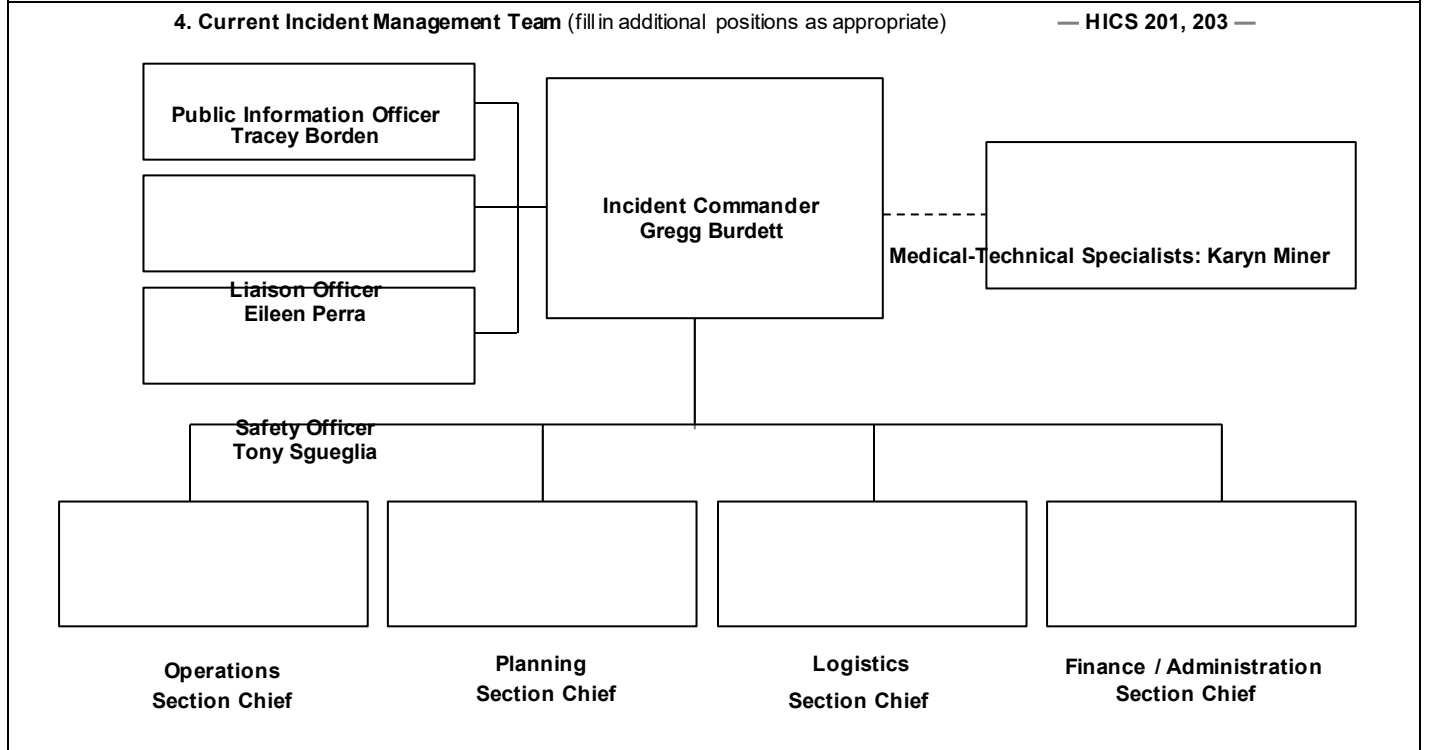
<sup>18</sup> Delete if no Assisted Living

# HICS INCIDENT ACTION PLAN (IAP) QUICK START

## COMBINED HICS 201—202—203—204

<b>1. Incident Name</b>	<b>2. Operational Period (# )</b>  DATE: FROM: _____ TO: _____  TIME: FROM: _____ TO: _____
-------------------------	---

**3. Situation Summary — HICS 201 —**



**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

**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

<b>HICS 201A – INCIDENT BRIEFING</b>	<b>PURPOSE: Document Initial Response Information and Actions Intake</b>	
<b>1. INCIDENT NAME / TYPE</b>	<b>2. DATE OF BRIEFING</b>	<b>3. TIME OF BRIEFING</b>
<b>4. EVENT HISTORY AND CURRENT ACTIONS SUMMARY – DOCUMENT INPUT FROM SECTION CHIEFS</b>		



<b>HICS 202A – INCIDENT OBJECTIVES</b>		<b>PURPOSE: Define Objectives and Issues for Operational Period</b>	
<b>1. INCIDENT NAME / TYPE</b>		<b>2. DATE PREPARED</b>	<b>3. TIME PREPARED</b>
<b>4. OPERATIONAL PERIOD DATE/TIME</b>			
<b>5. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)</b>			
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.			
<b>6. WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (include as appropriate: forecast, wind speed/direction, daylight)</b>			
<b>7. GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN</b>			
(Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions)			
<b>8. ATTACHMENTS (mark if attached)</b>			
<input type="checkbox"/> Incident Communications Plan - HICS 205		<input type="checkbox"/> Traffic Plan	
<input type="checkbox"/> Facility System Status Report – HICS 251		<input type="checkbox"/> Incident Map	
<input type="checkbox"/> Other _____			
<b>9. PREPARED BY:</b>		<b>10. APPROVED BY (INCIDENT COMMANDER):</b>	
<b>11. FACILITY NAME</b>			



**HICS 202A – INCIDENT OBJECTIVES**

Utilize a white board or flip chart to display information

<b>Operational Period Issues</b>	<b>Solution / Fix for Issue</b>	<b>Resources Necessary (staff, equipment, etc.)</b>	<b>Responsible Party</b>	<b>Considerations for Next Operational Period</b>

Operational Period:

**HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)**

<b>1. FROM (Sender):</b>		<b>2. TO (Receiver):</b>	
<b>3. DATE</b>	<b>4. TIME</b>	<b>5. SENT VIA</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	<b>6. REPLY REQUESTED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. PRIORITY</b>	<input type="checkbox"/> Urgent – <b>High</b> <input type="checkbox"/> Non Urgent – <b>Medium</b> <input type="checkbox"/> Informational – <b>Low</b>
--------------------	---

**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

**THIS IS A TWO PAGE FORM**  
**Sections to be filled out determined by Incident Commander**

Instructions: Immediately, when **Code Alert**<sup>19</sup> 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**<sup>20</sup> 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			Geriatric Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

**6. Technology/Utility Systems Status**<sup>21</sup>

*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	

<sup>19</sup> Insert Code Word if different than listed

<sup>20</sup> Revise listing as necessary

<sup>21</sup> Revise listing as necessary

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)

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> 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?


UNIT / AREA EVACUATION STATUS

For Use by Command Center

Checklist for Resident Areas Being Evacuated

EVACUATION PRIORITY <small>(complete at time of evacuation)</small>	UNIT / DEPARTMENT <sup>22</sup>	EVACUATED TO HOLDING		NOTES
		Start Time	Finish Time	
	INSERT UNIT NAME			
	INSERT UNIT NAME			
	<b>Independent Apartments<sup>23</sup></b> <input type="checkbox"/>			
	<b>Departments<sup>24</sup>:</b> <input type="checkbox"/> Rehab, PT/OT <input type="checkbox"/> Clinic <input type="checkbox"/> Other:			
	<b>Other areas<sup>25</sup>:</b> <input type="checkbox"/> Dining Rooms <input type="checkbox"/> Gathering and Activities Rooms <input type="checkbox"/> Library <input type="checkbox"/> Chapel/Medication Room <input type="checkbox"/> Patios <input type="checkbox"/> Public Restrooms <input type="checkbox"/> Beauty/Hair Salon			
	Other common areas not listed: _____ _____ _____ _____ _____			

<sup>22</sup> Insert nursing unit names / locations here

<sup>23</sup> Delete row if no IL or AL Apartments

<sup>24</sup> Revise to reflect proper names and department in your facility

<sup>25</sup> Revise to reflect names of other areas to be checked off during a building evacuation

## 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): _____	
<b>You Report To: Command Center</b>	
<b><u>Command Center Locations:</u></b>	
Primary: _____	Telephone: _____
Alternate: _____	Telephone: _____
Radio Title: _____	
<b>Attached Forms and Information:</b>	
<ul style="list-style-type: none"> <li>▪ 201A – Incident Briefing</li> <li>▪ 202A – Incident Objectives</li> <li>▪ 202B – Section Objectives</li> <li>▪ 213A – Incident Message Form</li> <li>▪ 214A – Operational Log</li> </ul>	

### ALL HAZARDS INCIDENT COMMAND

<b>Immediate Actions:</b>	<b>v</b>
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.	
<b>Establish a status board</b> 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 <b>hold all documentation related to internal facility communications.</b>	
Consider obtaining additional Documentation Aides from the Labor Pool to assist with radio and telephone communications, dependent upon the magnitude of the incident.	

<b>Intermediate Actions:</b>	<b>v</b>
Hold all documentation received at the Command Center.	
Obtain <b>status reports from all Section Chiefs</b> 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.	
<b>Publish an internal incident informational sheet for employee information</b> at least every 4-6 hours.	

<b>Extended Actions:</b>	<b>v</b>
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.	

<b>HICS 201A – INCIDENT BRIEFING</b>	<b>PURPOSE: Document Initial Response Information and Actions Intake</b>	
<b>1. INCIDENT NAME / TYPE</b>	<b>2. DATE OF BRIEFING</b>	<b>3. TIME OF BRIEFING</b>
<b>4. EVENT HISTORY AND CURRENT ACTIONS SUMMARY – DOCUMENT INPUT FROM SECTION CHIEFS</b>		





<b>HICS 202A – INCIDENT OBJECTIVES</b>		<b>PURPOSE: Define Objectives and Issues for Operational Period</b>	
<b>1. INCIDENT NAME / TYPE</b>		<b>2. DATE PREPARED</b>	<b>3. TIME PREPARED</b>
<b>4. OPERATIONAL PERIOD DATE/TIME</b>			
<b>5. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)</b> 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.			
<b>6. WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (include as appropriate: forecast, wind speed/direction, daylight)</b>			
<b>7. GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN</b> (Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions)			
<b>8. ATTACHMENTS (mark if attached)</b>			
<input type="checkbox"/> Incident Communications Plan - HICS 205		<input type="checkbox"/> Traffic Plan	
<input type="checkbox"/> Facility System Status Report – HICS 251		<input type="checkbox"/> Incident Map	
<input type="checkbox"/> Other _____			
<b>9. PREPARED BY:</b>		<b>10. APPROVED BY (INCIDENT COMMANDER):</b>	
<b>11. FACILITY NAME</b>			

**HICS 202A – INCIDENT OBJECTIVES**

Utilize a white board or flip chart to display information

<b>Operational Period Issues</b>	<b>Solution / Fix for Issue</b>	<b>Resources Necessary (staff, equipment, etc.)</b>	<b>Responsible Party</b>	<b>Considerations for Next Operational Period</b>

Operational Period:

**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)**

**HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)**

<b>1. FROM (Sender):</b>		<b>2. TO (Receiver):</b>	
<b>3. DATE</b>	<b>4. TIME</b>	<b>5. SENT VIA</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	<b>6. REPLY REQUESTED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. PRIORITY</b>	<input type="checkbox"/> Urgent – <b>High</b> <input type="checkbox"/> Non Urgent – <b>Medium</b> <input type="checkbox"/> Informational – <b>Low</b>
--------------------	---

<b>8. MESSAGE (KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):</b>

<b>9. ACTION TAKEN (if any): (TO BE FILLED OUT BY RECEIVER)</b>

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

<b>10. FACILITY NAME</b>	Covenant Living of Keene
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Sender should attempt to retain a copy



## 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.

<b>Date:</b> _____ <b>Start:</b> _____ <b>End:</b> _____	
<b>Position Assigned to:</b> _____	
<b>Alternate(s):</b> _____	
<b>You Report To: Command Center</b>	
<b><u>Command Center Locations:</u></b>	
<b>Primary:</b> _____	<b>Telephone:</b> _____
<b>Alternate:</b> _____	<b>Telephone:</b> _____
<b>Radio Title:</b> _____	
<b>Attached Forms and Information:</b>	
<ul style="list-style-type: none"> <li>▪ 205A – Incident Communications Log</li> <li>▪ 213A – Incident Message Form</li> <li>▪ IL Resident Departure – Tracking Form<sup>26</sup></li> </ul>	

### ALL HAZARDS INCIDENT COMMAND

<b>Immediate Actions:</b>	<b>√</b>
Obtain briefing from Incident Commander.	
Ensure <b>radios<sup>27</sup> &amp; cell phone(s)</b> are brought to the Command Center for emergency communication needs. Distribute radios <sup>28</sup> 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.	
<b>Secure</b> the Command Center, Resident Care, and other sensitive or strategic areas from unauthorized access.	

<sup>26</sup> Delete if no IL residents

<sup>27</sup> Delete if no radios

<sup>28</sup> Delete if no radios

<b>Immediate Actions:</b>	<b>√</b>
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.	
<p><b>Obtain information</b> to provide the inter-healthcare facility emergency communication network (HHAN<sup>29</sup>) and/or the municipal Command Center. Gather the following information for relay:</p> <ul style="list-style-type: none"> <li>▪ The number of "Long Term Care (LTC) and Alternate Level of Care (ALC)" residents that can be received and cared for</li> <li>▪ Any current/anticipated shortage of personnel, supplies, etc.</li> <li>▪ Current condition of facility structure and utilities (facility's overall status)</li> <li>▪ Any resources that are requested by other facilities (i.e., staff, equipment, supplies) that may be available for transfer</li> </ul>	
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 <sup>30</sup> ) 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.	

<b>Intermediate Actions:</b>	<b>√</b>
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.	

<sup>29</sup> Revise to reflect proper name of systems used in your facility

<sup>30</sup> Revise to reflect proper name of systems used in your facility



<b>Extended Actions:</b>	<b>√</b>
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: <ul style="list-style-type: none"> <li>▪ Number of Long Term Care qualified residents received (if a surge event)</li> <li>▪ Number discharged to home or other facilities</li> <li>▪ Number dead or injured, if any</li> <li>▪ Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition, if any</li> </ul>	
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.	

<b>Full Building Evacuation Related Actions:</b>	<b>√</b>										
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 _____ <sup>31</sup> 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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">HOLDING AREA<sup>32</sup></th> <th style="text-align: center;">DISCHARGE POINTS<sup>33</sup></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Independent Living Residents</b></td> <td style="text-align: center;"><b>Community center lobby</b></td> </tr> <tr> <td style="text-align: center;"><b>Assisted Living/Skilled Nursing Residents</b> Ambulatory Residents</td> <td style="text-align: center;">Health center lobby</td> </tr> <tr> <td style="text-align: center;">Non-Ambulatory Residents</td> <td style="text-align: center;">HC 2<sup>nd</sup> floor</td> </tr> <tr> <td style="text-align: center;"><b>Memory Care Residents</b></td> <td style="text-align: center;">HC 1<sup>st</sup> floor lobby</td> </tr> </tbody> </table>	HOLDING AREA <sup>32</sup>	DISCHARGE POINTS <sup>33</sup>	<b>Independent Living Residents</b>	<b>Community center lobby</b>	<b>Assisted Living/Skilled Nursing Residents</b> Ambulatory Residents	Health center lobby	Non-Ambulatory Residents	HC 2 <sup>nd</sup> floor	<b>Memory Care Residents</b>	HC 1 <sup>st</sup> floor lobby	
HOLDING AREA <sup>32</sup>	DISCHARGE POINTS <sup>33</sup>										
<b>Independent Living Residents</b>	<b>Community center lobby</b>										
<b>Assisted Living/Skilled Nursing Residents</b> Ambulatory Residents	Health center lobby										
Non-Ambulatory Residents	HC 2 <sup>nd</sup> floor										
<b>Memory Care Residents</b>	HC 1 <sup>st</sup> floor lobby										

<sup>31</sup> Insert a location where vehicles can stage prior to approaching the facility to pick up residents

<sup>32</sup> Revise as necessary

<sup>33</sup> Insert exit locations where residents will be picked up

<b>Full Building Evacuation Related Actions:</b>	<b>v</b>
<sup>34</sup> If applicable, assign security staff to ensure Independent residents who are leaving during the evacuation are properly signed out and accounted for. <ul style="list-style-type: none"> <li>▪ Utilize the attached IL Resident Departure Tracking Form to document IL residents leaving the facility.</li> </ul>	
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.	

<sup>34</sup> Delete paragraph if no IL residents

**INDEPENDENT LIVING RESIDENT DEPARTURE TRACKING FORM<sup>35</sup>**

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 \_\_\_

<sup>35</sup> Delete form if no IL residents

**Display Clearly in Command Center**

<b>HICS 205A –COMMUNICATIONS LIST (INTERNAL)</b>				<b>PURPOSE: Document Communications Equipment / Channels</b>			
<b>1. INCIDENT NAME</b>				<b>2. DATE/TIME PREPARED</b>		<b>3. OPERATIONAL PERIOD DATE/TIME</b>	
<b>4. BASIC CONTACT INFORMATION – Identify Assigned Person and their Communication Devices</b>							
<b>ASSIGNMENT/ NAME</b>	<b>RADIO CHANNEL / FREQUENCY</b>	<b>PHONE Primary &amp; Alternate</b>	<b>FAX</b>	<b>E-MAIL / PDA</b>	<b>PAGER</b>	<b>ALT. COMMUNICATION DEVICE</b>	<b>COMMENTS</b>
<b>5. PREPARED BY</b>			<b>6. FACILITY NAME</b>				

**Display Clearly in Command Center**

<b>HICS 205A –COMMUNICATIONS LIST (EXTERNAL / EMERGENCY AGENCIES)</b>				<b>PURPOSE: Document Communications Equipment / Channels</b>			
<b>1. INCIDENT NAME</b>			<b>2. DATE/TIME PREPARED</b>		<b>3. OPERATIONAL PERIOD DATE/TIME</b>		
<b>4. BASIC CONTACT INFORMATION – Identify External or Emergency Agency Assigned Person and their Communication Devices</b>							
<b>ASSIGNMENT/ NAME</b>	<b>RADIO CHANNEL / FREQUENCY</b>	<b>PHONE Primary &amp; Alternate</b>	<b>FAX</b>	<b>E-MAIL / PDA</b>	<b>PAGER</b>	<b>ALT. COMMUNICATION DEVICE</b>	<b>COMMENTS</b>
<b>5. PREPARED BY</b>			<b>6. FACILITY NAME</b>				

**HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)**

<b>1. FROM (Sender):</b>		<b>2. TO (Receiver):</b>	
<b>3. DATE</b>	<b>4. TIME</b>	<b>5. SENT VIA</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	<b>6. REPLY REQUESTED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. PRIORITY</b> <input type="checkbox"/> Urgent – <b>High</b> <input type="checkbox"/> Non Urgent – <b>Medium</b> <input type="checkbox"/> Informational – <b>Low</b>
---

<b>8. MESSAGE (KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):</b>

<b>9. ACTION TAKEN (if any): (TO BE FILLED OUT BY RECEIVER)</b>

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

<b>10. FACILITY NAME</b>

Sender should attempt to retain a copy

## PUBLIC INFORMATION OFFICER (PIO)

**Mission:** To provide information to the news media and resident responsible parties.

Date: _____ Start: _____ End: _____	
Position Assigned to: _____	
Alternate(s): _____	
<b>You Report To: Command Center</b>	
<b><u>Command Center Locations:</u></b>	
Primary: _____	Telephone: _____
Alternate: _____	Telephone: _____
<sup>36</sup> <b><u>Responsible Party (Family) Area Locations:</u></b>	
Primary: _____	Telephone: _____
Alternate: _____	Telephone: _____
<sup>37</sup> <b><u>Public Information (News Media) Area Locations:</u></b>	
Primary: _____	Telephone: _____
Alternate: _____	Telephone: _____
Radio Title: _____	
<b>Attached Forms and Information:</b>	
<ul style="list-style-type: none"> <li>▪ 213A – Incident Message Form</li> <li>▪ Pre-scripted messages</li> </ul>	

### ALL HAZARDS INCIDENT COMMAND

<b>Immediate Actions:</b>	<b>v</b>
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.	

<sup>36</sup> Insert primary and alternate pre-determined locations where resident families will be directed during a disaster event to receive information

<sup>37</sup> Insert a primary and alternate location where the news media, if allowed on the property, will be directed for a press release.

<b>Immediate Actions:</b>	<b>v</b>
<p>Develop a communications strategy and plan to inform the residents of the event and actions being taken.</p> <ul style="list-style-type: none"> <li>▪ Consider the use of the resident TV channel to assist in disseminating information.<sup>38</sup></li> <li>▪ Consider preparing an informational brief to be hand delivered to each resident.</li> <li>▪ Inform Incident Command of resident communication plan.</li> </ul>	
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.	

<b>Intermediate Actions:</b>	<b>v</b>
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.	

<b>Extended Actions:</b>	<b>v</b>
Update media about facility, injury/casualty or other status as authorized by the Incident Commander.	

<sup>38</sup> Delete if no internal resident television channel



<b>Extended Actions:</b>	<b>√</b>
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.	

<b>Full Building Evacuation Related Actions:</b>	<b>√</b>
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.	

**HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)**

<b>1. FROM (Sender):</b>		<b>2. TO (Receiver):</b>	
<b>3. DATE</b>	<b>4. TIME</b>	<b>5. SENT VIA</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	<b>6. REPLY REQUESTED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. PRIORITY</b> <input type="checkbox"/> Urgent – <b>High</b> <input type="checkbox"/> Non Urgent – <b>Medium</b> <input type="checkbox"/> Informational – <b>Low</b>
---

<b>8. MESSAGE (KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):</b>

<b>9. ACTION TAKEN (if any): (TO BE FILLED OUT BY RECEIVER)</b>

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

<b>10. FACILITY NAME</b> <p style="text-align: center;">Covenant Living of Keene</p>
---

Sender should attempt to retain a copy



## Pre-Scripted Messages

THIS MESSAGE IS FOR RESIDENTS ONLY

### SHELTERING IN-PLACE

This is an announcement from the Executive Director and/or Facilities 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)

THIS MESSAGE IS FOR **RESIDENTS** ONLY

**BUILDING EVACUATION – evacuation to other healthcare facilities**

This is an announcement from the Executive Director. Due to \_\_\_\_\_  
(incident type)  
\_\_\_\_\_, 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)

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)

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): _____	
<b>You Report To: Command Center</b>	
<b><u>Command Center Locations:</u></b>	
Primary: _____	Telephone: _____
Alternate: _____	Telephone: _____
Radio Title: _____	
<b>Attached Forms and Information:</b>	
<ul style="list-style-type: none"> <li>▪ 202B – Section Objectives</li> <li>▪ 213A – Incident Message Form</li> <li>▪ 214A – Operational Log</li> <li>▪ 251A – Facility System Status Report</li> <li>▪ 252A – Section Personnel Time Sheet</li> <li>▪ 257A – Resource Accounting Record</li> <li>▪ 301 – Department Rapid Assessment Form</li> </ul>	

### ALL HAZARDS INCIDENT COMMAND

<b>Immediate Actions:</b>	<b>v</b>
Obtain briefing from Incident Commander.	
Assign the follow tasks to department directors as necessary: <ul style="list-style-type: none"> <li>▪ Assign Maintenance Director<sup>39</sup> or designee to:             <ul style="list-style-type: none"> <li>➤ Check system components of entire facility.</li> <li>➤ Inspect the hazardous waste collection areas(s) to ensure patency of containment measures.</li> <li>➤ Coordinate the inspection of the facility’s sewage system</li> <li>➤ To prepare and deliver preliminary report on the physical status of the facility using the Facility System Status Report Form.</li> <li>➤ Identify, control, and eliminate hazards such as chemical spills, fire, etc.</li> <li>➤ Identify areas where immediate repair efforts should be directed to restore critical services.</li> </ul> </li> </ul>	

<sup>39</sup> Insert proper position title if different

<p><b>Immediate Actions:</b></p>	<p>v</p>
<ul style="list-style-type: none"> <li>➤ Inspect those areas of reported damage and photographically record damage.</li> <li>➤ Identify areas where immediate salvage efforts should be directed in order to save critical services and equipment.</li>   <li>▪ Assign Food Services Director<sup>40</sup> to: <ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ Inventory the current emergency drinking water supply and estimate time when re-supply will be necessary. Implement rationing if situation dictates.</li> <li>➤ 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.</li> </ul> </li>   <li>▪ Assign the Environmental Services/Housekeeping Director <sup>41</sup>to: <ul style="list-style-type: none"> <li>➤ Implement pre-established alternative waste disposal/collection plan, if necessary (see Loss of Water/Sewer procedures). Enlist assistance from Infection Control.</li> <li>➤ Ensure that all sections and areas of the facility are informed of the implementation of the alternative waste disposal/collection plan.</li> <li>➤ Position portable toilets in accessible areas, away from resident care and food preparation.</li> <li>➤ Ensure an adequate number of hand-washing areas are operational near resident care/food preparation areas, and adjacent to portable toilet facilities.</li> <li>➤ Inform Infection Control personnel of actions and enlist assistance where necessary.</li> </ul> </li>   <li>▪ Assign a staff member to: <ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ Assemble Geri-chairs, wheelchairs and stretchers, and special evacuation equipment as needed and provide to the Labor Pool.</li> </ul> </li>   <li>▪ Assign a staff member responsible for supplies to: <ul style="list-style-type: none"> <li>➤ Collect and coordinate essential medical equipment and supplies.</li> <li>➤ Communicate the status of Storeroom/Supply area and inventories to the Command Center. Identify additional equipment and medical supply needs</li> <li>➤ Dispatch disaster supplies, as needed or requested.</li> </ul> </li> </ul>	
<p>Brief department directors on current situation. Coordinate development of facility status report. Outline action plan and designate time for next briefing.</p>	

<sup>40</sup> Insert proper position title if different

<sup>41</sup> Insert proper position title if different

<b>Immediate Actions:</b>	<b>√</b>
Set up damage assessment meeting with Incident Commander and assigned Unit Leaders.	
Ensure Department managers complete a <b>Department Rapid Assessment Form</b> 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.	

<b>Intermediate Actions:</b>	<b>√</b>
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.	

<b>Extended Actions:</b>	<b>√</b>
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.	

<b>Full Building Evacuation Related Actions:</b>	<b>√</b>
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.	





**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)

**HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)**

<b>1. FROM (Sender):</b>		<b>2. TO (Receiver):</b>	
<b>3. DATE</b>	<b>4. TIME</b>	<b>5. SENT VIA</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	<b>6. REPLY REQUESTED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. PRIORITY</b> <input type="checkbox"/> Urgent – <b>High</b> <input type="checkbox"/> Non Urgent – <b>Medium</b> <input type="checkbox"/> Informational – <b>Low</b>
---

<b>8. MESSAGE (KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):</b>      
<b>9. ACTION TAKEN (if any): (TO BE FILLED OUT BY RECEIVER)</b>        

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

<b>10. FACILITY NAME</b> Covenant Living of Keene
--

Sender should attempt to retain a copy





HICS 251A – FACILITY SYSTEM STATUS REPORT <sup>43</sup>			
1. Operational Period Date/Time	2. Date Prepared	3. Time Prepared	4. Building Name:
<b>5. SYSTEM STATUS CHECKLIST</b>			
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	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Information Technology System (email/intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Nurse Call, Resident Lifeline Pendant System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Radio Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, External	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Video-Television-Internet-Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> 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	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Fire Detection/Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Structural Components (building integrity)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		

<sup>43</sup> Revise to reflect systems in use at your facility

Other Systems: _____	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>SECURITY SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (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	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Wander Guard, Exit Door Alarms, Other:	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>UTILITIES, EXTERNAL SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Electrical Power-Primary Service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Natural Gas / Propane	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>UTILITIES, INTERNAL SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Electrical Power, Backup Generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Fuel status)
Elevators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	



**HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail**

<b>1. FROM DATE/TIME</b>	<b>2. TO DATE/TIME</b>	<b>3. SECTION</b>	<b>4. UNIT LEADER</b>
--------------------------	------------------------	-------------------	-----------------------

**5. TIME RECORD**

#	Employee Name <i>(Please Print)</i>	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								

<b>6. Prepared By</b>	<b>7. Date/Time Submitted</b>
-----------------------	-------------------------------

<b>8. Facility Name</b>	Covenant Living of Keene
-------------------------	--------------------------

**HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources**

<b>1. DATE</b>	<b>2. SECTION</b>	<b>3. OPERATIONAL PERIOD DATE/TIME</b>
----------------	-------------------	--

**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

<b>5. PREPARED BY</b>	<b>6. DATE/TIME SUBMITTED</b>
-----------------------	-------------------------------

<b>7. FACILITY NAME</b>	Covenant Living of Keene
-------------------------	--------------------------

**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.

<b>Date</b>	<b>Time</b>	<b>Unit/Department &amp; Location</b>	<b>Person in Charge (Name/Title/Best Phone #)</b>

**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	

<sup>44</sup> Replace with the previously customized form

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)
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**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)*

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> 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?


## 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

<b>Immediate Actions:</b>	<b>v</b>
Obtain briefing from Incident Commander.	
Obtain Documentation Recorder from Labor Pool.	
Brief Unit Leaders after meeting with Incident Commander.	



<p><b>Immediate Actions:</b></p>	<p>v</p>
<p>Assign department directors or others to the following support services functions as necessary:</p> <ul style="list-style-type: none"> <li>▪ As needed assign a staff member to establish a Labor Pool and: <ul style="list-style-type: none"> <li>➤ Communicate operational status of the Labor Pool to Command Center and all resident care and non-resident care areas.</li> <li>➤ Inventory the number and classify staff presently available.</li> <li>➤ 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.</li> <li>➤ Coordinate long-term staffing needs and determine placement of staff and volunteers.</li> </ul> </li> <li>▪ During a Surge of residents assign a staff member to: <ul style="list-style-type: none"> <li>➤ Establish Responsible Party (Family) Area, in coordination with the Public Information Officer, away from Command Center.</li> <li>➤ Obtain resident census.</li> <li>➤ Establish an area to track resident arrivals, location and disposition. Obtain sufficient assistance to document current and accurate resident information.</li> </ul> </li> <li>▪ If sheltering staff or others assign a staff member to: <ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ If the disaster dictates sheltering of staff families establish an area that could be used for proper observation of the children. <ul style="list-style-type: none"> <li>• Assign staff to provide care and security for this area. Provide positive ID for child and parents.</li> </ul> </li> <li>➤ 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.</li> <li>➤ 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.</li> <li>➤ Monitor the Dependent Care area continuously for safety and dependent needs with a minimum of two facility Employees.</li> </ul> </li> <li>▪ Assign appropriate staff to provide psychological support as indicated by the disaster. <ul style="list-style-type: none"> <li>➤ Ensure the provision of psychological, spiritual and emotional support to the facility staff, residents, dependents and guests.</li> <li>➤ Establish teams comprised of staff, clergy and other mental health professionals for this purpose.</li> <li>➤ Initiate and organize the Critical Stress Debriefing process as indicated.</li> <li>➤ Designate a secluded debriefing area where individual and group intervention may take place.</li> <li>➤ Appoint psychological support staff to visit resident care and non-resident care areas on a routine schedule. Contact family members/employees as necessary.</li> </ul> </li> </ul>	
<p>Ensure the formation and documentation of an incident-specific facility Action Plan. Distribute copies to Incident Commander and all Section Chiefs.</p>	

<b>Immediate Actions:</b>	<b>√</b>
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.	

<b>Intermediate Actions:</b>	<b>√</b>
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.	

<b>Extended Actions:</b>	<b>√</b>
Continue to receive projected activity reports from Section Chiefs and Planning Section staff at appropriate intervals.	
Ensure all requests are routed/documentated 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.	

<b>Full Building Evacuation Related Actions:</b>	<b>√</b>
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.	



**HICS 202B – SECTION INCIDENT OBJECTIVES**

CHECK APPROPRIATE SECTION:  Operations  Planning  Logistics  Finance

<b>Operational Period:</b>			<b>Prepared by (Name):</b>	
<b>Operational Period Issues</b>	<b>Solution / Fix for Issue</b>	<b>Resources Necessary (staff, equipment, etc.)</b>	<b>Responsible Party</b>	<b>Considerations for Next Operational Period</b>

**Forward to Planning Section Chief by fax or runner (retain copy)**

**HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)**

<b>1. FROM (Sender):</b>		<b>2. TO (Receiver):</b>	
<b>3. DATE</b>	<b>4. TIME</b>	<b>5. SENT VIA</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	<b>6. REPLY REQUESTED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. PRIORITY</b> <input type="checkbox"/> Urgent – <b>High</b> <input type="checkbox"/> Non Urgent – <b>Medium</b> <input type="checkbox"/> Informational – <b>Low</b>
---

<b>8. MESSAGE (KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):</b>

<b>9. ACTION TAKEN (if any): (TO BE FILLED OUT BY RECEIVER)</b>

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

<b>10. FACILITY NAME</b>
<b>Covenant Living of Keene</b>

Sender should attempt to retain a copy



**HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail**

<b>1. FROM DATE/TIME</b>	<b>2. TO DATE/TIME</b>	<b>3. SECTION</b>	<b>4. UNIT LEADER</b>
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**5. TIME RECORD**

#	Employee Name <i>(Please Print)</i>	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								

<b>6. Prepared By</b>	<b>7. Date/Time Submitted</b>
-----------------------	-------------------------------

<b>8. Facility Name</b>	Covenant Living of Keene
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**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



**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.

<i>Date</i>	<i>Time</i>	<i>Unit/Department &amp; Location</i>	<i>Person in Charge (Name/Title/Best Phone #)</i>
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**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**

<i>Type of Position</i>	<i>Number Present</i>	<i>Available for the Labor Pool (if needed)</i>

**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*

<i>Ambulance:</i>	<i>Wheelchair Van:</i>	<i>Ambulatory -Van /Bus:</i>
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**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)

<i>Resource</i>	<i>Quantity On Hand</i>	<i>Available for Deployment</i>	<i>Resource</i>	<i>Quantity On Hand</i>	<i>Available for Deployment</i>
Wheelchairs			Geriatric 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)

<i>Technology Item</i>	<i>Status (OK or Not Working – Explain status if necessary)</i>
Lighting/Electricity	
Telephones	
Fax Machine/Line	
Red Outlets (emergency) power	
Nurse Call System	
Computers	
Heat / AC	
Water	

<sup>46</sup> Insert previously customized form

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)
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**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)*

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> 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.**



## 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.**

**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	

**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

## 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

<b>Full Building Evacuation Related Actions:</b>	<b>√</b>
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 _____. <sup>47</sup>	
Assign staff member(s) to log all staff in and out of the Labor Pool. Utilize the “ <i>Labor Pool Staff Log-In and Assignment Forms</i> ”. 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 <sup>48</sup> :	
<b>HOLDING AREA</b>	<b>DISCHARGE POINTS</b>
<b>Independent Living Residents</b>	
<b>Assisted Living/Skilled Nursing Residents</b>	
Ambulatory Residents	
Non-Ambulatory Residents - Holding Area	
<b>Memory Care Residents</b>	

<sup>47</sup> Insert pre-determined location of the Labor Pool

<sup>48</sup> Revise chart to reflect proper locations identified in previous used charts

<b>Full Building Evacuation Related Actions:</b>	<b>v</b>
<p>Assign an Equipment Cleaning Team as follows:</p> <ul style="list-style-type: none"> <li>▪ Assign 1-2 team members.</li> <li>▪ 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.</li> <li>▪ Obtain appropriate cleaning materials.</li> </ul>	
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 <sup>49</sup> .	
<p>Upon notification from the Command Center, direct Evacuation Teams with equipment to respond to their designated location based upon the site of evacuation.</p> <p>Inform Evacuation Teams that evacuation should not commence until directed through the Command Center.</p>	
Consider the need to provide seating, food and beverage to staff for a mid to long term duration incident.	
Continue to maintain <i>“Labor Pool Log-In and Assignment Forms”</i> for the duration of the incident.	
<p>Continue to advise the Planning Section Chief of the status of the Labor Pool.</p> <p>Request the implementation of staff call-back if the Labor Pool cannot maintain enough staff or staff becomes overworked.</p>	
When the Labor Pool is deactivated, take the <i>“Labor Pool Log-In and Assignment Forms”</i> to the Command Center.	

<sup>49</sup> Delete sentence if no radios



## 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<sup>50</sup>

**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: 1-2

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 necessary staff will ride on the elevator with residents.

### **Discharge:**

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):

<sup>50</sup> Delete page if no elevators

## Stairwell Evacuation Team – Team Leader<sup>51</sup>

**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:**

<sup>51</sup> Delete page if single story facility

## Discharge Floor Evacuation Team – Team Leader<sup>52</sup>

**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):**

<sup>52</sup> Delete if single story facility



## 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

<b>Immediate Actions:</b>	<b>v</b>
Read this entire Job Action Sheet and review section organizational chart.	
Obtain briefing from Incident Commander.	
Obtain Documentation Recorder from Labor Pool, if necessary.	

<b>Immediate Actions:</b>	<b>√</b>
<p>Assign staff to the following financial services functions as necessary:</p> <ul style="list-style-type: none"> <li>▪ Time/Payroll <ul style="list-style-type: none"> <li>➢ 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.</li> <li>➢ Collect all Emergency Incident Time Sheets from each work area for recording the tabulation every eight hours, as necessary.</li> </ul> </li> <li>▪ Cost/Procurement <ul style="list-style-type: none"> <li>➢ Prepare a "cost-to-date" report form for submission once every eight hours.</li> <li>➢ 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.</li> <li>➢ Prepare a Procurement Summary Report identifying all contracts initiated during the declared emergency incident.</li> </ul> </li> </ul>	
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.	
<b>Intermediate Actions:</b>	<b>√</b>
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.	
<b>Extended Actions:</b>	<b>√</b>
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.	

<b>Extended Actions:</b>	<b>v</b>
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<sup>53</sup>

### **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:

<sup>53</sup> Duplicate customized list from Incident Commander job action sheet

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)

**HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)**

<b>1. FROM (Sender):</b>		<b>2. TO (Receiver):</b>	
<b>3. DATE</b>	<b>4. TIME</b>	<b>5. SENT VIA</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	<b>6. REPLY REQUESTED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. PRIORITY</b>	<input type="checkbox"/> Urgent – <b>High</b> <input type="checkbox"/> Non Urgent – <b>Medium</b> <input type="checkbox"/> Informational – <b>Low</b>
--------------------	---

<b>8. MESSAGE (KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):</b>

<b>9. ACTION TAKEN (if any): (TO BE FILLED OUT BY RECEIVER)</b>

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

<b>10. FACILITY NAME</b>

Sender should attempt to retain a copy



**HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail**

<b>1. FROM DATE/TIME</b>	<b>2. TO DATE/TIME</b>	<b>3. SECTION</b>	<b>4. UNIT LEADER</b>
--------------------------	------------------------	-------------------	-----------------------

**5. TIME RECORD**

#	Employee Name <i>(Please Print)</i>	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								

<b>6. Prepared By</b>	<b>7. Date/Time Submitted</b>
-----------------------	-------------------------------

<b>8. Facility Name</b>
-------------------------

**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							
<b>2. PREPARED BY</b>				<b>3. DATE/TIME SUBMITTED</b>		<b>4. FACILITY NAME</b>		

**HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources**

<b>1. DATE</b>	<b>2. SECTION</b>	<b>3. OPERATIONAL PERIOD DATE/TIME</b>
----------------	-------------------	--

**4. RESOURCE RECORD (Fill in Below)**

<b>Time</b>	<b>Item/Facility Tracking ID #</b>	<b>Condition</b>	<b>Received from (Incoming)</b>	<b>Dispensed to (Department or other location)</b>	<b>Returned (Date/Time)</b>	<b>Condition (or indicate if nonrecoverable)</b>	<b>Initials</b>

<b>5. PREPARED BY</b>	<b>6. DATE/TIME SUBMITTED</b>
-----------------------	-------------------------------

<b>7. FACILITY NAME</b>
-------------------------





**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.

<i>Date</i>	<i>Time</i>	<i>Unit/Department &amp; Location</i>	<i>Person in Charge (Name/Title/Best Phone #)</i>

**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**

<i>Type of Position</i>	<i>Number Present</i>	<i>Available for the Labor Pool (if needed)</i>

**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*

<i>Ambulance:</i>	<i>Wheelchair Van:</i>	<i>Ambulatory -Van /Bus:</i>

**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)*

<i>Resource</i>	<i>Quantity On Hand</i>	<i>Available for Deployment</i>	<i>Resource</i>	<i>Quantity On Hand</i>	<i>Available for Deployment</i>
Wheelchairs			Geriatric 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)*

<i>Technology Item</i>	<i>Status (OK or Not Working – Explain status if necessary)</i>
Lighting/Electricity	
Telephones	
Fax Machine/Line	
Red Outlets (emergency) power	
Nurse Call System	
Computers	
Heat / AC	
Water	

<sup>55</sup> Replace with previously customized form

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)
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**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)

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> 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?


## 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<sup>56</sup>/Department Director Job Action Sheet
- Triage Unit Leader Job Action Sheet

### ALL HAZARDS INCIDENT COMMAND

<b>Immediate Actions:</b>	√
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: <ul style="list-style-type: none"> <li>▪ Resident Care Unit Leader(s) <ul style="list-style-type: none"> <li>➤ Oversee continued treatment of residents and manage the care area(s) during a disaster.</li> <li>➤ Direct staff to prepare residents if building is being evacuated (see Full Building Evacuation Plan).</li> <li>➤ Assist establishment of resident care areas in new locations within the facility, temporary stop-over or evacuation site, if necessary.</li> </ul> </li> </ul>	

<sup>56</sup> Revise to reflect proper position titles

<b>Immediate Actions:</b>	<b>√</b>
<ul style="list-style-type: none"> <li>▪ Triage Unit Leader (if receiving a surge of residents or are evacuating) <ul style="list-style-type: none"> <li>➤ Establish resident Holding Areas if evacuating the building. Appoint Holding Area Departure and Arrival Team Leaders. Ensure Holding Area is properly established and staffed.</li> <li>➤ 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.</li> <li>➤ Document resident destination in the appropriate section of the <i>Resident/Medical Record &amp; Equipment Tracking Sheet</i>.</li> <li>➤ Log out all staff and/or medical equipment accompanying residents during an evacuation. Use the Staff/Equipment Tracking Form.</li> <li>➤ Forward resident tracking documentation to the Planning Section Chief for overall facility tracking purposes.</li> </ul> </li> </ul>	
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.	

<b>Intermediate Actions:</b>	<b>√</b>
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.	

<b>Extended Actions:</b>	<b>√</b>
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.	

<b>Full Building Evacuation Related Actions:</b>	<b>√</b>
Provide the Nursing Supervisor/Director of Nursing/Charge Nurse <sup>57</sup> /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 “ <i>Evacuation Destination Form</i> ”.	
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 “ <i>Resident Care Department / Unit Evacuation Status Form</i> ”.	
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.	

<sup>57</sup> Revise to reflect proper position titles

**HOLDING AREAS AND RESIDENT PICK-UP LOCATIONS<sup>58</sup>**

<b>HOLDING AREA</b>	<b>DISCHARGE POINTS</b>
<b>Independent Living Residents</b>	<b>Portico of CC</b>
<b>Assisted Living/Skilled Nursing Residents</b>	Portico of Health Center
Ambulatory Residents	
Non-Ambulatory Residents	Individual floor lobbies Health Care
<b>Memory Care Residents</b>	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.**

<b>HOLDING AREA SUPPLIES (as applicable)<sup>59</sup></b>
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.

<sup>58</sup> Revise to reflect previously determined locations

<sup>59</sup> Revise as necessary

## DESIGNATED AREA LOCATIONS & TELEPHONES<sup>60</sup>

### **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:

<sup>60</sup> Duplicate customized list from Incident Commander job action sheet

**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)**



**HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)**

<b>1. FROM (Sender):</b>		<b>2. TO (Receiver):</b>	
<b>3. DATE</b>	<b>4. TIME</b>	<b>5. SENT VIA</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	<b>6. REPLY REQUESTED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>7. PRIORITY</b> <input type="checkbox"/> Urgent – <b>High</b> <input type="checkbox"/> Non Urgent – <b>Medium</b> <input type="checkbox"/> Informational – <b>Low</b>
---

<b>8. MESSAGE (KEEP ALL MESSAGES / REQUESTS BRIEF, TO THE POINT, AND VERY SPECIFIC):</b>

<b>9. ACTION TAKEN (if any): (TO BE FILLED OUT BY RECEIVER)</b>

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

<b>10. FACILITY NAME</b>  <p align="center"><b>Covenant living of Keene</b></p>
---

Sender should attempt to retain a copy



**HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail**

<b>1. FROM DATE/TIME</b>	<b>2. TO DATE/TIME</b>	<b>3. SECTION</b>	<b>4. UNIT LEADER</b>
--------------------------	------------------------	-------------------	-----------------------

**5. TIME RECORD**

#	Employee Name <i>(Please Print)</i>	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								

<b>6. Prepared By</b>	<b>7. Date/Time Submitted</b>
-----------------------	-------------------------------

**8. Facility Name**

**Covenant Living of Keene**



**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.

<i>Date</i>	<i>Time</i>	<i>Unit/Department &amp; Location</i>	<i>Person in Charge (Name/Title/Best Phone #)</i>
-------------	-------------	---------------------------------------	---

**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**

<i>Type of Position</i>	<i>Number Present</i>	<i>Available for the Labor Pool (if needed)</i>

**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*

<i>Ambulance:</i>	<i>Wheelchair Van:</i>	<i>Ambulatory -Van /Bus:</i>
-------------------	------------------------	------------------------------

**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)*

<i>Resource</i>	<i>Quantity On Hand</i>	<i>Available for Deployment</i>	<i>Resource</i>	<i>Quantity On Hand</i>	<i>Available for Deployment</i>
Wheelchairs			Geriatric 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)*

<i>Technology Item</i>	<i>Status (OK or Not Working – Explain status if necessary)</i>
Lighting/Electricity	
Telephones	
Fax Machine/Line	
Red Outlets (emergency) power	
Nurse Call System	
Computers	
Heat / AC	
Water	

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)*

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> 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?


**INSERT FACILITY NAME<sup>62</sup>**  
**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	

**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

<sup>62</sup> Insert facility name





## NURSING SUPERVISOR / DIRECTOR OF NURSING / CHARGE NURSE<sup>63</sup> / 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

<b>Full Building Evacuation Related Actions:</b>	√
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.	
<p>Additionally, ensure the following:</p> <ul style="list-style-type: none"> <li>▪ Complete a “<i>Resident Emergency Evacuation Information Tag</i>” for each resident that requires evacuation to another healthcare facility. This provides a summation of the resident for all future care givers.</li> <li>▪ Ensure all residents have ID.</li> <li>▪ Ensure medical information (including the MAR and nursing notes) is packaged with the resident.</li> <li>▪ Confirm the location of the Holding Area.</li> </ul>	
Assign a staff member to document each resident as they leave the unit, using the “ <i>Resident Destination – To Holding Area Form</i> ”.	
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.	

<sup>63</sup> Revise to reflect proper position titles

<b>Full Building Evacuation Related Actions:</b>		<b>v</b>
Unless otherwise notified, the Holding Area locations are as follows <sup>64</sup> :		
<b>HOLDING AREA</b>	<b>DISCHARGE POINTS</b>	
<b>Independent Living Residents</b>		
<b>Assisted Living/Skilled Nursing Residents</b> Ambulatory Residents		
Non-Ambulatory Residents - Holding Area		
<b>Memory Care Residents</b>		
As resident rooms are evacuated, mark rooms with <b>Orange</b> door tags <sup>65</sup> to identify they are empty.		
Once evacuation of the unit is complete: <ul style="list-style-type: none"> <li>▪ Survey the area to ensure all residents have been evacuated.</li> <li>▪ Account for all staff.</li> <li>▪ Direct all staff to report to the Labor Pool.</li> <li>▪ Report the evacuation status to the Holding Areas and the Command Center.</li> <li>▪ Return the <i>“Resident Destination – To Holding Area Form”</i> to the Command Center.</li> </ul>		

<sup>64</sup> Revise to reflect pre-determined locations from previous charts

<sup>65</sup> Revise to reflect proper method or color tag to mark evacuated rooms.



## 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

<b>Full Building Evacuation Related Actions:</b>	<b>√</b>												
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 <sup>67</sup> :													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">HOLDING AREA</th> <th style="width: 50%;">DISCHARGE POINTS</th> </tr> </thead> <tbody> <tr> <td><b>Independent Living Residents</b></td> <td></td> </tr> <tr> <td><b>Assisted Living/Skilled Nursing Residents</b></td> <td></td> </tr> <tr> <td>Ambulatory Residents</td> <td></td> </tr> <tr> <td>Non-Ambulatory Residents - Holding Area</td> <td></td> </tr> <tr> <td><b>Memory Care Residents</b></td> <td></td> </tr> </tbody> </table>	HOLDING AREA	DISCHARGE POINTS	<b>Independent Living Residents</b>		<b>Assisted Living/Skilled Nursing Residents</b>		Ambulatory Residents		Non-Ambulatory Residents - Holding Area		<b>Memory Care Residents</b>		
HOLDING AREA	DISCHARGE POINTS												
<b>Independent Living Residents</b>													
<b>Assisted Living/Skilled Nursing Residents</b>													
Ambulatory Residents													
Non-Ambulatory Residents - Holding Area													
<b>Memory Care Residents</b>													
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.													

<sup>67</sup> Revise to reflect pre-determined locations from previously customized charts



**HOLDING AREA SUPPLIES (as applicable)<sup>68</sup>**

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.

<sup>68</sup> Revise as necessary

## 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

<b>Full Building Evacuation Related Actions:</b>	<b>v</b>										
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 <sup>69</sup> :											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">HOLDING AREA</th> <th style="width: 50%;">DISCHARGE POINTS</th> </tr> </thead> <tbody> <tr> <td><b>Independent Living Residents</b></td> <td></td> </tr> <tr> <td><b>Assisted Living/Skilled Nursing Residents</b> Ambulatory Residents</td> <td></td> </tr> <tr> <td>Non-Ambulatory Residents - Holding Area</td> <td></td> </tr> <tr> <td><b>Memory Care Residents</b></td> <td></td> </tr> </tbody> </table>	HOLDING AREA	DISCHARGE POINTS	<b>Independent Living Residents</b>		<b>Assisted Living/Skilled Nursing Residents</b> Ambulatory Residents		Non-Ambulatory Residents - Holding Area		<b>Memory Care Residents</b>		
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<b>Independent Living Residents</b>											
<b>Assisted Living/Skilled Nursing Residents</b> Ambulatory Residents											
Non-Ambulatory Residents - Holding Area											
<b>Memory Care Residents</b>											
Gather and/or request the following equipment for the Holding Area (see form immediately following this Job Action Sheet):											

<sup>69</sup> Revise to reflect pre-determined locations from previously customized charts

<b>Full Building Evacuation Related Actions:</b>	<b>v</b>
<p>Assign an individual(s) to track residents as they <b>ARRIVE</b> in the Holding Area.</p> <p>Provide them with the <i>“Holding Area Arrival Tracking Form”</i>.</p> <p>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.</p>	
<p>Assign an individual(s) to track residents as they <b>DEPART</b> the Holding Area. Tracking will take place on the <i>“Resident Emergency Evacuation Information Tags and Resident Tracking Forms”</i>. The <i>Resident Emergency Evacuation Information Tag</i> should be a duplicate form that accompanies the resident as they arrive.</p> <p>The top copy shall remain in the Holding Area while the bottom copy will accompany the resident.</p> <p>As residents depart, ensure the following:</p> <ul style="list-style-type: none"> <li>▪ The transportation vehicle driver/crew is aware of the preferred destination and any unique resident clinical needs.</li> <li>▪ The preferred destination is outlined on the <i>“Resident Emergency Evacuation Information Tags and Resident Tracking Forms”</i>.</li> <li>▪ The top copy of the <i>“Resident Emergency Evacuation Information Tag”</i> is maintained at the Holding Area.</li> <li>▪ If the resident is leaving with family or friends, retain all copies of the <i>“Resident Emergency Evacuation Information Tag”</i>.</li> </ul> <p>Use the <i>“Staff and Equipment Tracking Form”</i> to document any staff and equipment leaving the facility to accompany residents.</p>	
<p>Continue to advise the Command Center of the status of the Holding Area. Request additional staff, as necessary, through the Labor Pool Unit Leader.</p>	
<p>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.</p>	
<p>Monitor staff for exhaustion and psychological wellness. Request beverages and food to the Holding Area as necessary.</p>	
<p>When the Holding Area is deactivated, take the <i>“Holding Area Arrival Tracking Forms”</i>, <i>“Resident Emergency Evacuation Information Tags and Resident Tracking Forms”</i>, and <i>“Staff and Equipment Tracking Forms”</i> to the Command Center.</p>	

<b>HOLDING AREA SUPPLIES (as applicable)<sup>70</sup></b>
<p>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.</p>

<sup>70</sup> Revise as necessary



**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 #<sup>71</sup>**

**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 <input type="checkbox"/>	Left on Unit <input type="checkbox"/>			
Resident Belongings	With Resident <input type="checkbox"/>	Left in Room <input type="checkbox"/>	None Listed <input type="checkbox"/>		
Medications (To sustain in Holding)	With Resident <input type="checkbox"/>	Left on Unit <input type="checkbox"/>	None Listed <input type="checkbox"/>		

**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

<sup>71</sup> Insert facility name and telephone number

**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		

**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







**SECTION D:**

**FULL BUILDING EVACUATION PLAN**

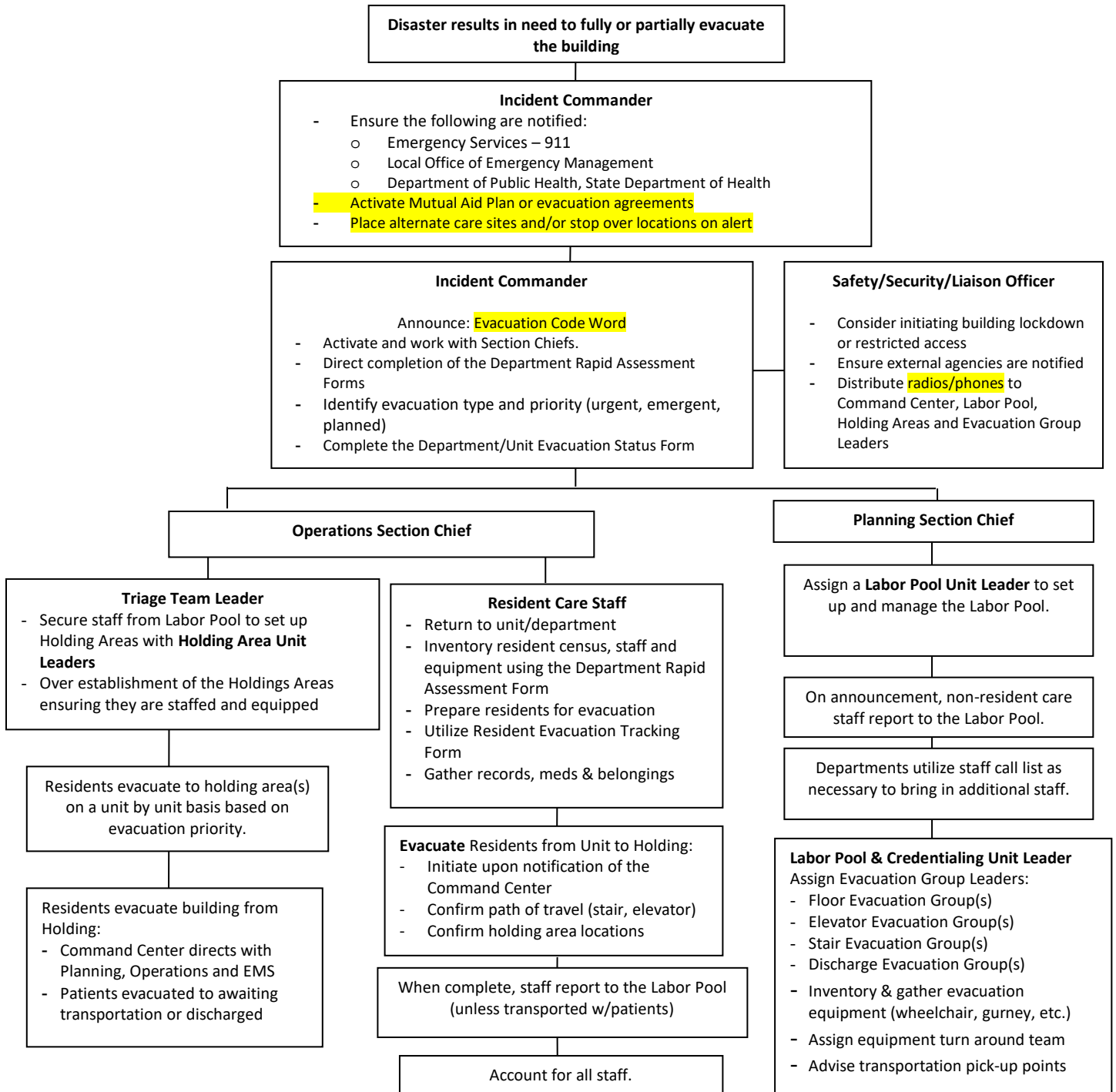
# FULL BUILDING EVACUATION PLAN

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# FULL BUILDING EVACUATION PLAN ALGORITHM<sup>1</sup>



<sup>1</sup> Revise highlighted area of chart as necessary

## 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<sup>2</sup> 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.

<sup>2</sup> Delete if single building

## 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<sup>3</sup>
- Local/County/State Department of Health<sup>4</sup>

COMMAND CENTER LOCATIONS <sup>5</sup>	
PRIMARY	ALTERNATE
Community Center Lobby	Health Center Lobby

### ACTIVATION OF PLAN

- **Announce “Code BLACK \_\_\_\_\_”<sup>6</sup>**
- 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 <sup>7</sup>	
PRIMARY	ALTERNATE

<sup>3</sup> Insert proper terminology for your area/region

<sup>4</sup> Insert proper terminology for your area/region

<sup>5</sup> Insert Primary and Alternate Command Center locations. Should be the same locations as outlined in Section B and Section C of the EOP.

<sup>6</sup> Insert code word used for Building Evacuation preparation

<sup>7</sup> Insert locations of primary and alternate Labor Pool locations

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 directly to the Labor Pool.

**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 <sup>8</sup>	
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 <sup>9</sup>	
Ambulance and Wheel Chair Vans	88 Wyman Road (Barn)
Buses, Vans, other transport vehicles	88 Wyman Road (barn)

<sup>8</sup> 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.

<sup>9</sup> Insert vehicle staging locations where they can stage prior to approaching the facility to pick up residents.

- 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<sup>10</sup> 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:<sup>11</sup>
    - 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)<sup>12</sup>
  - Stairwell Evacuation Group(s)<sup>13</sup>
  - Discharge Floor Evacuation Group(s)<sup>14</sup>

<sup>10</sup> Delete if no facility owned vehicles

<sup>11</sup> Insert rental company name, address and phone number

<sup>12</sup> Delete if single story facility

<sup>13</sup> Delete if single story facility

<sup>14</sup> Delete if single story facility

NOTE: Evacuation Groups are to be formed but remain in the Labor Pool 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).

<b>HOLDING AREA TYPE AND LOCATION<sup>15</sup></b>	<b>DISCHARGE POINT</b>
<b>Independent Living Residents</b> <b>INSERT LOCATION</b>	<b>Performing Arts Center CC</b>
<b>Assisted Living/Skilled Nursing Residents</b> Ambulatory Residents <b>INSERT LOCATION</b>	HC 1 <sup>st</sup> floor lobby
Non-Ambulatory Residents - Holding Area <b>INSERT LOCATION</b>	HC 2 <sup>nd</sup> floor lobbies
<b>Memory Care Residents</b> <b>INSERT LOCATION</b>	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.<sup>16</sup>
- 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.

<b>HOLDING AREA SUPPLIES (as applicable)<sup>17</sup></b>
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.

<sup>15</sup> Revise to reflect proper pre-determined locations

<sup>16</sup> Delete paragraph if no memory care residents

<sup>17</sup> Revise as necessary

## 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<sup>18</sup>
  - 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<sup>19</sup>**
    - 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.

<sup>18</sup> Delete if no radios

<sup>19</sup> 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)<sup>20</sup>**

- 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).
    - <sup>21</sup>**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).
    - <sup>22</sup>**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).

<sup>20</sup> Delete paragraph if single story facility

<sup>21</sup> Delete paragraph if single story facility

<sup>22</sup> Delete paragraph if single story facility



- <sup>23</sup>**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<sup>24</sup>.
- 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<sup>25</sup>

<sup>23</sup> Delete paragraph if single story facility

<sup>24</sup> Delete if single story facility

<sup>25</sup> List facilities or delete if no mutual aid plan

- 
- Evacuate Independent Residents to Hotels within the area/region<sup>26</sup>:
  -
- Evacuate Assisted Living Residents to facilities in the area/region<sup>27</sup>:
  -
- Evacuate Skilled Nursing Residents to facilities in the area/region<sup>28</sup>:
  -

A complete listing of Receiving Facilities is attached to this plan.

- When possible, Independent<sup>29</sup> 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<sup>30</sup>.
- 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.

<sup>26</sup> List hotels or other locations, delete if no Independent Living residents

<sup>27</sup> List facilities, delete if no Assisted Living residents

<sup>28</sup> Insert name and locations of the 10 closest facilities

<sup>29</sup> Delete if no Independent Living residents

<sup>30</sup> Delete paragraph if no Independent Living residents

- 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<sup>31</sup> 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.<sup>32</sup>
- 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.

<sup>31</sup> Revise if different

<sup>32</sup> 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.

## **RESIDENT PREPARATION GUIDE:**

### **INDEPENDENT LIVING RESIDENTS**<sup>33</sup>

#### **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.<sup>34</sup>
- 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.

<sup>33</sup> Delete page if no IL resident

<sup>34</sup> 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.

## **RESIDENT PREPARATION GUIDE:**

### **ASSISTED LIVING RESIDENTS<sup>35</sup>**

#### **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<sup>36</sup>:
  - **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<sup>37</sup>:
  - 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.

<sup>35</sup> Delete page if no AL residents

<sup>36</sup> Delete paragraph if a single story facility

<sup>37</sup> Revise list, as necessary, to reflect proper terminology

- 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.



**ASSISTED LIVING HOLDING AREA(S) AND RESIDENT PICK-UP LOCATIONS<sup>38</sup>**

<b>HOLDING AREA</b>	<b>DISCHARGE POINT</b>
Ambulatory Residents	Main entrance doors to health center
Non-Ambulatory Residents	Main entrance door to health center
<b>Memory Care Residents</b>	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.<sup>39</sup>

This will be determined by the Incident Commander in consultation with the Operations and Planning Section Chiefs.

<sup>38</sup> Insert pre-determined locations

<sup>39</sup> Delete paragraph if no Memory Care residents

## **RESIDENT PREPARATION GUIDE:**

### **SKILLED NURSING RESIDENTS<sup>40</sup>**

#### **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<sup>41</sup> 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<sup>42</sup>:
  - 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**

<sup>40</sup> Revise as necessary to reflect proper care level

<sup>41</sup> Revise as necessary to reflect proper care level

<sup>42</sup> Revise list to reflect proper terminology

- 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<sup>43</sup>**

<b>HOLDING AREA</b>	<b>DISCHARGE POINTS</b>
Ambulatory Residents	Main entrance to the health center
Non-Ambulatory Residents	Main entrance to the health center
<b>Memory Care Residents</b>	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.**

<sup>43</sup> Insert pre-determined locations

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.<sup>44</sup>

This will be determined by the Incident Commander in consultation with the Operations and Planning Section Chiefs.

<sup>44</sup> Delete paragraph if no Memory Care residents

# RESIDENT EVACUATION TRACKING FORM<sup>45</sup>

INSERT FACILITY NAME AND PHONE #<sup>46</sup>

## 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 <input type="checkbox"/>	Left on Unit <input type="checkbox"/>			
Resident Belongings	With Resident <input type="checkbox"/>	Left in Room <input type="checkbox"/>	None Listed <input type="checkbox"/>		
Medications (To sustain in Holding)	With Resident <input type="checkbox"/>	Left on Unit <input type="checkbox"/>	None Listed <input type="checkbox"/>		

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

<sup>45</sup> Consider developing a triplicate form and maintaining enough copies for your resident population

<sup>46</sup> Insert Facility Name and Telephone Number Page 541 of 1060

## **EVACUATION FLOOR PLANS<sup>47</sup>**

<sup>47</sup> 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<sup>48</sup>

## 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:

<sup>48</sup> 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

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<sup>1</sup> The facility HVA should be utilized to determine applicable specific disaster plans

<sup>2</sup> Delete procedure if no alarms in facility

<sup>3</sup> Delete if not applicable to facility

<sup>4</sup> Delete if not applicable to facility

Loss of Elevator Service<sup>5</sup> .....

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Wildfire<sup>14</sup> .....

<sup>5</sup> Delete if not applicable to facility

<sup>6</sup> Revise to reflect type of gas service, if not applicable delete procedure

<sup>7</sup> Delete if not applicable to facility

<sup>8</sup> Delete if not applicable to facility

<sup>9</sup> Delete if not applicable to facility

<sup>10</sup> Revise to reflect type of gas service, if not applicable delete procedure

<sup>11</sup> Delete if not applicable to facility

<sup>12</sup> Delete if not applicable to facility

<sup>13</sup> Delete if not applicable to facility

<sup>14</sup> Delete if not applicable to facility



## 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<sup>15</sup>.
  - 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,

<sup>15</sup> 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<sup>16</sup> (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.

<sup>16</sup> Consider use of a checklist posted on the rear side of "staff only" rooms, delete if checklists will not be posted.

### **Staff Not 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."*

**Safe Rooms<sup>17</sup>:**

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<sup>18</sup>:

*(Staff Restrooms may also have locking doors)*

Department/Unit	Floor/Wing	Safe Area/Room Location(s)	Telephone Available
Community Center	4 <sup>th</sup> floor	Library	Y
Community Center	1 <sup>st</sup> floor	Pool area	y
Health Center	1 <sup>st</sup> floor	Dry food storage	y
Health Center	Lower Level	Memory care. (Locked unit)	y

<sup>17</sup> Pre-determine rooms that can be used as safe rooms. Rooms that can be secured, have minimal or no glass, preferably equipped with a telephone

<sup>18</sup> Complete chart of safe rooms. Identify a room for each department and resident care area such as a med room.

*\*Denotes area equipped with a fire extinguisher*

## **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<sup>19</sup> 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<sup>20</sup>, 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<sup>21</sup>:
    - 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**<sup>22</sup> 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**<sup>23</sup> 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<sup>24</sup>.

Additionally, inform the police of any hazardous areas within the facility (**Oxygen Storage Room and Chemical Storage in the Laundry**<sup>25</sup>) 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.

<sup>19</sup> Identify which leadership staff should report to this location versus the police command post.

<sup>20</sup> Revise to reflect access system in use, e.g.: keys, badges, Fobs, etc.

<sup>21</sup> Identify contents and location of the Law Enforcement Entry Kit. Coordinate with local police.

<sup>22</sup> 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.

<sup>23</sup> 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.

<sup>24</sup> Delete if not applicable.

<sup>25</sup> 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<sup>26</sup>

**RECEPTIONIST / SECURITY<sup>27</sup>**

- 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<sup>28</sup> if safe to do so and time permits.

**MAINTENANCE<sup>29</sup> (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<sup>30</sup> 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.

<sup>26</sup> Insert correct name for regulatory agency

<sup>27</sup> Revise as necessary

<sup>28</sup> Revise position titles as necessary

<sup>29</sup> Revise as necessary

<sup>30</sup> 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 the Concierge desk, to responding police. These kits should contain floor plans, keys and access Fobs<sup>31</sup>.
- 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<sup>32</sup>
  - 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.

<sup>31</sup> Revise to reflect access system in use. E.g.: Badges, Fob's, etc.

<sup>32</sup> 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<sup>33</sup>.
- 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.

<sup>33</sup> 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 Barn and 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

## ***Employee Active Shooter Response Checklist<sup>34</sup>***

**95 Wyman Road :  
Phone #1.603.283.5150**

**Your location in the building: 1<sup>st</sup> 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.

<sup>34</sup> Posting for the rear side of "staff only" safe rooms. Revise as necessary

# BIOTERRORISM / TERRORISM

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<sup>35</sup> Revise titles and department names as necessary

## 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.

## **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.



## 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**<sup>36</sup>. Contact requested party to come for identification (issue visitors pass if available<sup>37</sup>) 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<sup>38</sup>, 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<sup>39</sup>.
- 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<sup>40</sup>
  - 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

<sup>36</sup> Revise if necessary

<sup>37</sup> Delete if not applicable to your facility

<sup>38</sup> Delete if visitor badges/passes are not used

<sup>39</sup> Delete if visitor badges/passes are not used

<sup>40</sup> Delete if none

- 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

## DEPARTMENT SPECIFIC ACTIONS

### DINING SERVICES<sup>41</sup>

#### 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<sup>42</sup>

#### 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

<sup>41</sup> Insert correct department name

<sup>42</sup> 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<sup>43</sup>**

### **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<sup>44</sup>**

### **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.

<sup>43</sup> Insert correct department name

<sup>44</sup> Insert correct department name

## **NURSING STAFF<sup>45</sup>**

### **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<sup>46</sup>:
  - 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.

<sup>45</sup> Insert correct department name

<sup>46</sup> Revise to reflect proper locations in your facility

### 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<sup>47</sup>**

#### **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<sup>48</sup> (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<sup>49</sup>.
  - 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<sup>50</sup> 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

<sup>47</sup> Insert correct department name

<sup>48</sup> Insert Maintenance if no security

<sup>49</sup> Revise to reflect systems in use at your facility

<sup>50</sup> 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<sup>51</sup>**

##### **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

<sup>51</sup> Insert correct department name or position titles

- Have Maintenance<sup>52</sup> and Housekeeping<sup>53</sup> ensure all hazardous materials are cleaned up.
  - Have Maintenance<sup>54</sup> 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.

<sup>52</sup> Insert correct department name

<sup>53</sup> Insert correct department name

<sup>54</sup> Insert correct department name



## **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.

# 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\_\_\_\_\_  
Female\_\_\_\_\_  
Adult\_\_\_\_\_  
Juvenile\_\_\_\_\_

Loud\_\_\_\_ Soft\_\_\_\_\_  
High Pitch\_\_\_\_ Deep\_\_\_\_\_  
Raspy\_\_\_\_ Pleasant\_\_\_\_\_  
Intoxicated\_\_\_\_ Other\_\_\_\_\_

Fast\_\_\_\_ Slow\_\_\_\_ Excellent\_\_\_\_ Good\_\_\_\_  
Distinct\_\_\_\_ Distorted\_\_\_\_ Fair\_\_\_\_ Poor\_\_\_\_  
Stutter\_\_\_\_ Nasal\_\_\_\_ Foul\_\_\_\_ Squeaky\_\_\_\_  
Slurred\_\_\_\_ Lisp\_\_\_\_ Broken\_\_\_\_ Other\_\_\_\_\_

ACCENT:

MANNER:

BACKGROUND NOISES:

Local\_\_\_\_\_  
Not local\_\_\_\_\_  
Foreign\_\_\_\_\_  
Race\_\_\_\_\_

Calm\_\_\_\_ Angry\_\_\_\_\_  
Rational\_\_\_\_ Irrational\_\_\_\_\_  
Coherent\_\_\_\_ Incoherent\_\_\_\_\_  
Deliberate\_\_\_\_ Emotional\_\_\_\_\_  
Righteous\_\_\_\_ Laughing\_\_\_\_\_  
Crying\_\_\_\_\_

Factory machines\_\_\_\_ Trains\_\_\_\_\_  
Bedlam\_\_\_\_ Animals\_\_\_\_\_  
Music\_\_\_\_ Quiet\_\_\_\_\_  
Office machines\_\_\_\_ Voices\_\_\_\_\_  
Mixed\_\_\_\_ Airplanes\_\_\_\_\_  
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<sup>55</sup>, Department Manager or Person in Charge immediately.**

Extension call received on: \_\_\_\_\_. Person receiving call: \_\_\_\_\_.

<sup>55</sup> Revise as necessary

## **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 BOMB THREAT CALL**

- 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 EMAILED BOMB THREAT**

- 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 SUSPICIOUS PACKAGE OR MAIL**

**(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.).

- *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<sup>56</sup>.
  
- *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<sup>57</sup> 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<sup>58</sup> 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.

<sup>56</sup> Insert correct position title

<sup>57</sup> Insert correct position title

<sup>58</sup> 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<sup>59</sup>– 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<sup>60</sup>. If Receptionist / Switchboard Operator<sup>61</sup> received the call directly, they should complete the “Bomb Threat Checklist”.
- Contact Security, Executive Director or Nursing Supervisor<sup>62</sup> 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<sup>63</sup>, Announce a “CODE ORANGE” over the P.A. system<sup>64</sup> to summon Leadership to the Command Center.

**NURSING STAFF / COORDINATED BY CHARGE NURSE<sup>65</sup>:**

- 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<sup>66</sup>
  - 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<sup>67</sup> or person in charge.
- Follow Full Building Evacuation guidelines for resident packaging.

**MAINTENANCE / HOUSEKEEPING<sup>68</sup>**

- Assign staff to prevent elevators from being used<sup>69</sup>.
- Search mechanical rooms, utility rooms, and other public accessible areas and common public areas. Report results to the Command Center.

<sup>59</sup> Insert correct position titles

<sup>60</sup> Insert correct position titles

<sup>61</sup> Insert correct position titles

<sup>62</sup> Insert correct position titles

<sup>63</sup> Insert correct position titles

<sup>64</sup> Identify system in use to notify staff

<sup>65</sup> Insert correct position titles

<sup>66</sup> Delete if no facility pets

<sup>67</sup> Insert correct position title

<sup>68</sup> Insert correct position titles

<sup>69</sup> 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<sup>70</sup>. 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<sup>71</sup>**

- Provide information to Command Center on any recent employee terminations, disgruntled employees, labor actions, etc.

#### **PUBLIC RELATIONS / COMMUNITY RELATIONS<sup>72</sup>**

- 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<sup>73</sup>**

- Check visitors sign-in log for any suspicious names<sup>74</sup>.
- Copy log and provide to Command Center<sup>75</sup>.
- When directed by Incident Commander, monitor entrances. Do not allow any non-staff persons into the facility until an all-clear is heard.

#### **SECURITY<sup>76</sup>**

- When directed, lock down the building to prevent persons from entering.
- Control entry.
- Assist Police.

#### **SOCIAL WORKER<sup>77</sup>**

- Provide information to Command Center on any recent employee terminations, disgruntled employees, labor actions, etc.

<sup>70</sup> Revise as necessary

<sup>71</sup> Insert correct position title

<sup>72</sup> Insert correct position titles

<sup>73</sup> Insert correct position title

<sup>74</sup> Delete if visitors do not sign in

<sup>75</sup> Delete if visitors do not sign in

<sup>76</sup> Replace with Maintenance or other position if no security

<sup>77</sup> Insert correct position title

## **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<sup>78</sup> for each area will coordinate the search.
- Once an assigned area has been searched, the results should be reported to the Charge Nurses<sup>79</sup> 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<sup>80</sup>.
  - Establish evacuation site at least 1200 - 1800ft. away from building, depending upon the size of the device located.

<sup>78</sup> Insert correct position title

<sup>79</sup> Insert correct position title

<sup>80</sup> 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<sup>81</sup>.

## **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

<sup>81</sup> Delete if single story building



**BOMB THREAT CALL LOG**  
**KEEP THIS NEAR YOUR TELEPHONE**

<p><b>When a bomb threat is received:</b></p> <ul style="list-style-type: none"> <li>• Listen</li> <li>• Be calm and courteous</li> <li>• Do not interrupt the caller</li> <li>• Obtain as much information as you can</li> </ul>	<p><b>Date:</b></p> <p><b>Time:</b></p> <p><b>Duration of Call:</b></p>
<p align="center"><b>Questions to ask</b></p>	<p align="center"><b>Identifying Characteristics</b></p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Where is the bomb or bombs right now?</li> <li><input type="checkbox"/> When is the bomb going to explode?</li> <li><input type="checkbox"/> Is there more than one bomb?</li> <li><input type="checkbox"/> What does it look like?</li> <li><input type="checkbox"/> What kind of bomb is it?</li> <li><input type="checkbox"/> What will cause it to explode?</li> <li><input type="checkbox"/> Did you place the bomb?</li> <li><input type="checkbox"/> Why?</li> <li><input type="checkbox"/> Where are you?</li> <li><input type="checkbox"/> What is your name?</li> </ul> <p><u>Note caller's exact words:</u></p>	<p>Sex :      <input type="checkbox"/> M      <input type="checkbox"/> F</p> <p>Estimated Age:  <input type="checkbox"/> Young   <input type="checkbox"/> Middle Age   <input type="checkbox"/> Old</p> <p>Accent:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Speech Impediment:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Sober:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Voice (loud, soft, etc.):</p> <p>Speech (fast, slow, etc.):</p> <p>Manner (calm, emotional, etc.):</p> <p>Background noises (if any):</p> <p>Is voice familiar?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Is caller familiar with area?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

-----Tear off and give to colleague-----

Don't ask me any questions. Notify Executive Director<sup>82</sup> or Person in Charge. We have a phone call indicating a Bomb Threat.

<sup>82</sup> Revise position title if necessary

## **CARBON MONOXIDE ALARM ACTIVATION<sup>83</sup>**

### **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.<sup>84</sup>
- 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.

<sup>83</sup> Delete procedure if no CO alarms in building

<sup>84</sup> 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<sup>85</sup>**

- If safe to do so, turn off sources of incomplete combustion (boilers, stoves, water heaters, etc. - see attached list<sup>86</sup>).
- 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<sup>87</sup>**

- 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

<sup>85</sup> Revise department name if necessary

<sup>86</sup> Amend as necessary

<sup>87</sup> Revise department name if necessary

## SOURCES OF POTENTIAL INCOMPLETE COMBUSTION

ITEM <sup>88</sup>	LOCATION
WATER HEATERS / BOILERS	Lower level HC and 1 <sup>st</sup> floor CC
KITCHEN APPLIANCES	3 <sup>rd</sup> floor CC/ 1 <sup>st</sup> 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:	

<sup>88</sup> Revise to reflect appliances/devices in use in your building

## **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<sup>89</sup> or Person in Charge, and if necessary, Security<sup>90</sup> (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<sup>91</sup> (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<sup>92</sup> 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**

<sup>89</sup> Revise position title if necessary

<sup>90</sup> Determine who will be assigned and revise as necessary. Delete Security if none.

<sup>91</sup> Determine who will be assigned and revise as necessary. Delete Security if none.

<sup>92</sup> 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<sup>93</sup>.
- 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<sup>94</sup>, 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<sup>95</sup> (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

<sup>93</sup> Delete if single story building or no elevators

<sup>94</sup> Revise as necessary

<sup>95</sup> Determine who will be assigned and revise as necessary. Delete Security if none.



## **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<sup>96</sup> 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<sup>97</sup> 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.

<sup>96</sup> Revise if no window air conditioners

<sup>97</sup> 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<sup>98</sup>**

- Initiate Building Lockdown procedure as required.
- Control all entry into the facility.

### **MAINTENANCE<sup>99</sup>**

- 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<sup>100</sup>.
- 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<sup>101</sup>**

- Assist Maintenance staff, as requested.
- Determine if deliveries will be possible. Advise departments to conserve.

### **NURSING**

- Turn off all resident room air conditioning units<sup>102</sup>.
- 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.<sup>103</sup>
- 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:

<sup>98</sup> If no security, delete reference to security and assign to maintenance

<sup>99</sup> Revise department name, if necessary

<sup>100</sup> Revise as necessary, delete if no piped in medical gas system

<sup>101</sup> Revise department name if necessary

<sup>102</sup> Delete if none or they do not take in outside air

<sup>103</sup> 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,<sup>104</sup> 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<sup>105</sup>**

- 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.

<sup>104</sup> Revise to reflect services provided at your facility

<sup>105</sup> Revise department name if necessary

- Have Maintenance<sup>106</sup> 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.*

<sup>106</sup> 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 care 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<sup>107</sup> 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<sup>108</sup>:

- Communicate as needed to all personnel.

<sup>107</sup> Revise position titles if necessary

<sup>108</sup> Revise position titles if necessary

- Upon notification by the Executive Director<sup>109</sup> or designee, activate a “Code Alert<sup>110</sup>” as per the “Plan Activation” of this Emergency Operations Plan.
- Make the following notifications<sup>111</sup>:
  - Executive Director
  - Assistant Executive Director
  - Director of Nursing
  - Maintenance Director
  - Insert all titles of additional positions that should be notified

#### **MAINTENANCE<sup>112</sup>**

- 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<sup>113</sup>**

- 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.

<sup>109</sup> Revise position title if necessary

<sup>110</sup> Revise activation code if different

<sup>111</sup> Revise position titles if necessary

<sup>112</sup> Revise department name if necessary

<sup>113</sup> 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<sup>114</sup> 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 major 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<sup>115</sup> Procedures  
 Contamination of the Outside Air Procedures  
 Emergency Utility Shut-Off Locations

<sup>114</sup> Revise department name if necessary

<sup>115</sup> Revise to reflect proper gas service to the building

## **FIRE PROCEDURES<sup>116</sup>**

<sup>116</sup> 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.



## **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<sup>145</sup>:
  - \_\_\_\_\_ community center 1<sup>st</sup> 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.

<sup>145</sup> Insert areas/locations in facility that are prone to flooding

- 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<sup>146</sup>**

- 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.<sup>147</sup>
- Work with staff member responsible for Infection Control and handling of regulated medical waste to ensure that minimal contamination occurs.
- Secure any environmental contaminants (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<sup>148</sup> 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<sup>149</sup>**

- Monitor staff and residents for signs and symptoms of hypothermia.
- Utilities of power, gas, water, and medical gases/air<sup>150</sup> may be shut down. Follow applicable procedures.

<sup>146</sup> Revise position title, if necessary

<sup>147</sup> Delete paragraph if no elevators

<sup>148</sup> Revise position title, if necessary

<sup>149</sup> Revise department name if necessary

<sup>150</sup> Delete if not applicable

The following is a pre-designated list <sup>151</sup>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
<b>Resident Units / Treatment Areas</b>		
Performing Art Center	4 <sup>th</sup> floor CC	HC Administrator
<b>Non-resident Departments</b>		
Community center Dining room	3 <sup>rd</sup> floor CC	Health Nurse
<b>Records</b>		
Office managers office	4 <sup>th</sup> floor CC	Business office manager
<b>Medications</b>		
Health Center	2 <sup>nd</sup> Floor HC	Director of Nursing
<b>Special Medical Equipment</b>		
Health Center	2 <sup>nd</sup> floor HC	AL director
<b>Other (List)</b>		

<sup>151</sup> Populate list as appropriate

## **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<sup>152</sup>:
  - 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<sup>153</sup>) 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

<sup>152</sup> Revise position title if necessary

<sup>153</sup> Revise position title if necessary

## 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.

<b>BUILDING</b>	<b>EQUIPMENT</b>
<ul style="list-style-type: none"> <li>➤ Remove wet items such as carpeting, padding &amp; ceiling tile; to exterior location.</li> <li>➤ Use available and rented vacuum equipment to eliminate water on. Also use squeegees and mops.</li> <li>➤ Set up any available dehumidifiers (if outside temperature is &gt;60° F.</li> <li>➤ Open any doors and windows to help reduce humidity (if weather is appropriate).</li> <li>➤ Use fans to help circulate air and assist drying.</li> <li>➤ Open drawers and closet doors to enhance drying.</li> <li>➤ Place non-staining blocks or aluminum foil under furniture legs.</li> <li>➤ Lift draperies off carpet and suspend.</li> <li>➤ Move photos, painting and art objects to a safe, dry location.</li> <li>➤ Remove damp books from shelves and spread in a stable, dry environment.</li> <li>➤ Leave the heat on if damage occurs during a cool season. Utilize air conditioning if it occurs during a warm season.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Turn off power immediately! Do not energize wet equipment.</li> <li>➤ Do not re-energize equipment until authorized by qualified restoration personnel or manufacturer's technical representative.</li> <li>➤ Open cabinet doors/side panels/covers/chassis drawers – drain all water.</li> <li>➤ Remove equipment to a cool, dry area after wiping down and eliminate as much moisture and contaminants as possible.</li> <li>➤ Set up fans to move ambient air through equipment.</li> <li>➤ Blow water out with clean compressed air (or preferably liquid nitrogen).</li> <li>➤ Spray water displacement solvent on electronic components (such as contact cleaner, LPS 1 or alcohol/Freon mixture).</li> <li>➤ Wipe down and dry metal surfaces as soon as possible – use protective surface treatments to slow corrosion (CRC, LPS 1).</li> <li>➤ Follow up with professional restoration services.</li> </ul>
<b>RECORDING EQUIPMENT (back-up drives)</b>	<b>MAGNETIC MEDIA</b>
<ul style="list-style-type: none"> <li>➤ Do not operate if wet or dirty.</li> <li>➤ Clean tape transport mechanism with alcohol solvents – dry out if wet.</li> <li>➤ Wipe off surface contamination before drive system use.</li> <li>➤ Treat electronics as detailed above.</li> <li>➤ Do not re-energize equipment until authorized by qualified restoration personnel or manufacturer's technical representative.</li> <li>➤ Follow up with professional restoration service.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Do not use if wet or dirty.</li> <li>➤ Clean and dry dirty tapes/disks / cassettes with alcohol-based solvents for one time data recovery.</li> <li>➤ Send wet head disk assemblies (HDAs) to a specialist for data recovery.</li> <li>➤ Save the data – not the media.</li> <li>➤ Follow up with professional restoration service.</li> </ul>

## 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.

<b>SPILL RESPONSE CART AND PIPE REPAIR SUPPLIES</b>	
<ul style="list-style-type: none"><li>➤ Plastic sheets to throw over &amp; protect equipment (Make plastic sheets to cover electronic equipment readily available in the applicable areas for use by operators)</li><li>➤ Plastic bags to dispose of wet material</li><li>➤ Wet vacuums or other water removal equipment (commercial grade with effective GFIs, squeegees, mops, buckets)</li><li>➤ Portable pump(s) and hose</li><li>➤ Water displacing solvents for applying to electrical equipment (examples: contact cleaner, LPS 1)</li><li>➤ Preservatives for metal (examples: CRC, LPS 1)</li><li>➤ Towels for wiping up (assumed to be available from housekeeping)</li></ul>	<ul style="list-style-type: none"><li>➤ Absorbent socks, to contain and absorb spills</li><li>➤ Alcohol for computer tapes and disks (ISA99 for purity)</li><li>➤ Pipe clamps to place around and stop a leak (pipe repair kit)</li><li>➤ Diagrams of piping systems with valve locations highlighted</li><li>➤ Dehumidifiers (or ready rental source)</li><li>➤ Boots</li><li>➤ 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.</li></ul>

## 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<sup>154</sup> 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<sup>155</sup>, Person in Charge and Maintenance<sup>156</sup> 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 \_\_\_\_\_<sup>157</sup> 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<sup>158</sup> 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.

<sup>154</sup> Revise position title if necessary

<sup>155</sup> Revise position title if necessary

<sup>156</sup> Revise position title if necessary

<sup>157</sup> Insert code or delete reference to code word if none being used

<sup>158</sup> Revise position title if necessary

- **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<sup>159</sup>:**

- \_\_\_\_\_ 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 <sup>160</sup>	

<sup>159</sup> Insert locations where Safety Data Sheets are located in the facility

<sup>160</sup> Revise list of spill cleanup items as necessary



## 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<sup>161</sup> AND THE FIRE DEPARTMENT; DO NOT ATTEMPT CLEAN-UP.**
- If possible, cover spill with linen or absorbent material to limit vapor spread.
- Notify Maintenance<sup>162</sup>.
- 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<sup>163</sup> for disposal.

<sup>161</sup> Revise position title if necessary

<sup>162</sup> Revise position title if necessary

<sup>163</sup> 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

## 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.<sup>166</sup>

#### 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<sup>167</sup> 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.

<sup>166</sup> Amend to reflect facility policy

<sup>167</sup> 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, DO NOT 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 should 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<sup>168</sup> (staff assigned security roles) should be directed to report immediately to assist in dealing with the situation.
- Instruct Maintenance<sup>169</sup> to prepare for a fire alert and to have personnel standing by to shut off electrical power, natural gas<sup>170</sup> or any source of ignition. It is imperative that all facility personnel cooperate fully with the Police and Fire Departments.

<sup>168</sup> Revise position title if necessary. Insert security if appropriate.

<sup>169</sup> Revise position title if necessary.

<sup>170</sup> 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<sup>171</sup>:**
  - All media coverage is to be directed by the Executive Director<sup>172</sup> 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<sup>173</sup>**

- 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<sup>174</sup> via radio.
- As appropriate, initiate Code RED notifications and announce three (3) times, including location, via radio<sup>175</sup>.
- Contact the Executive Director<sup>176</sup> or highest ranking person on-site.

### **SECURITY / MAINTENANCE / STAFF ASSIGNED SECURITY ROLES<sup>177</sup>**

- 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.

<sup>171</sup> Revise position title if necessary

<sup>172</sup> Revise position title if necessary

<sup>173</sup> Revise position title if necessary. Insert security if appropriate.

<sup>174</sup> Revise position title if necessary

<sup>175</sup> Revise to reflect systems in use

<sup>176</sup> Revise position title if necessary

<sup>177</sup> 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<sup>178</sup>.
- 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<sup>179</sup> 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<sup>180</sup>.
- 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

<sup>178</sup> Delete if none exists in the facility

<sup>179</sup> Revise position title if necessary

<sup>180</sup> 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).



## HURRICANE<sup>181</sup>

### 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

<sup>181</sup> 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<sup>182</sup> 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<sup>183</sup> 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.

<sup>182</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>183</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

## PREPARATION FOR THE HURRICANE SEASON

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
<b>ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS</b>	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.	<input type="checkbox"/>
	Review responsibilities with your staff.	<input type="checkbox"/>
	Order, store and/or preposition for a 5-7 day <sup>184</sup> supply of food, water, and other logistical / medical supplies, if necessary.	<input type="checkbox"/>
	Confirm back-up vendors/services for Pharmacy, Medical Supplies, etc.	<input type="checkbox"/>
	Top-off all fuel tanks, including the generator and vehicles, as practical.	<input type="checkbox"/>
	Review internal evacuation procedures for residents.	<input type="checkbox"/>
	Review Insurance Plans.	<input type="checkbox"/>
	Review emergency sanitary wastes and biohazard storage and disposal procedures.	<input type="checkbox"/>
	Establish discharge review procedures.	<input type="checkbox"/>
	Review procedures and supplies needed for physical building preparations. This includes agreements for back-up generators.	<input type="checkbox"/>
	Test emergency communications.	<input type="checkbox"/>
	Monitor National Weather Service.	<input type="checkbox"/>
	Review agreements with Police and National Guard regarding protection of building and staff, if applicable.	<input type="checkbox"/>

<sup>184</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

# 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<sup>185</sup> 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<sup>186</sup>:
  - Facility cellular phones
  - Facility pagers
  - Portable radios

<sup>185</sup> Delete if not applicable

<sup>186</sup> 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<sup>187</sup>.
- 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:

<b>Items to Bring</b>	<b>Do Not Bring</b>
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<sup>188</sup>. Consider conservation and substitution plans.

<sup>187</sup> Typically used for Continuing Care Communities with IL/AL and SNF residents. Revise as necessary.

<sup>188</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

## **NURSING<sup>189</sup>**

- Analyze staffing needs for the next 3-5 days<sup>190</sup>.
- 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), start:
  - 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<sup>191</sup>**

- Analyze staffing needs for the next 3-5 days<sup>192</sup>.
- Check department inventories and stock-up for 5 days<sup>193</sup>. 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<sup>194</sup> supply of linen supplies, as available.
- Secure a 5 day<sup>195</sup> supply of:
  - Red bags
  - Trash bags
  - Gallon size zip-lock bags

## **FINANCE**

<sup>189</sup> Revise position title if necessary

<sup>190</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>191</sup> Revise position title if necessary

<sup>192</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>193</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>194</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>195</sup> 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<sup>196</sup>.
- 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<sup>197</sup>**

- Analyze staffing needs for the next 3-5 days<sup>198</sup>.
- Check department inventories and stock-up for 5 days<sup>199</sup>. 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<sup>200</sup>**

- Analyze staffing needs for the next 3-5 days<sup>201</sup>.
- Check department inventories and stock-up for 5 days<sup>202</sup>. Report results to Command Center.
- Contact responsible parties for pick-up of discharged residents.

### **MAINTENANCE<sup>203</sup>**

- Analyze staffing needs for the next 3-5 days<sup>204</sup>.
- Check department inventories and stock-up for 5 days<sup>205</sup>. Report results to Command Center.

<sup>196</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>197</sup> Revise position title if necessary

<sup>198</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>199</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>200</sup> Revise position title if necessary

<sup>201</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>202</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>203</sup> Revise position title if necessary

<sup>204</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>205</sup> 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:
  - Eliminate / Secure loose debris and trash cans
  - Remove / lay down antennas and communication dishes<sup>206</sup>
- 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<sup>207</sup>.
- Attain wet-vacuums, if necessary.

## **SECURITY<sup>208</sup>**

- Analyze staffing needs for the next 3-5 days<sup>209</sup>.
- Check department inventories and stock-up for 5 days<sup>210</sup>. 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.

<sup>206</sup> Revise as applicable

<sup>207</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>208</sup> Revise as necessary. If no security assign responsibilities to another department such as maintenance

<sup>209</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>210</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended



## HURRICANE “WATCH”

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
<b>ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS</b>	Activate Incident Command Center and assign positions.	<input type="checkbox"/>
	Establish liaison (communications) with City / State Emergency Operations Center, and other Healthcare facilities.	<input type="checkbox"/>
	Consider starting evacuation of selected residents, if deemed necessary.	<input type="checkbox"/>
	Test and inventory communications.	<input type="checkbox"/>
	Advise local health department of facility status.	<input type="checkbox"/>
	Ensure 5-7 days <sup>211</sup> of supplies.	<input type="checkbox"/>
	If items, articles, records, equipment is subject to flooding, move to safe location.	<input type="checkbox"/>
	Confirm shelter plan for staff and families, if deemed necessary.	<input type="checkbox"/>
	Call in staff as necessary.	<input type="checkbox"/>
	Complete department-specific plans.	<input type="checkbox"/>
	Arrange for garbage and bio-hazardous waste pick-up before storm. Review how to manage garbage and bio-hazardous waste during storm.	<input type="checkbox"/>
	Ensure food and liquid supplies for 5-7 days <sup>212</sup> .	<input type="checkbox"/>
	Start pre-planned boarding and/or bracing of windows and doors, if applicable.	<input type="checkbox"/>
	Secure outside items, including antennas and furniture/canopies.	<input type="checkbox"/>
	Prepare portable units (air conditioners, etc.) and generators for power loss.	<input type="checkbox"/>
	Monitor National Weather Service.	<input type="checkbox"/>
Limit access to facility grounds and entrance.	<input type="checkbox"/>	

<sup>211</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>212</sup> 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<sup>213</sup>:
    - Facility cellular phones
    - Facility pagers
    - Portable radios

### SECURITY / MAINTENANCE<sup>214</sup>

- Lock down the facility, with the exception of the Main Entrance<sup>215</sup>.

<sup>213</sup> Revise to reflect what is in use in the facility

<sup>214</sup> Revise position titles if necessary, delete security if none

<sup>215</sup> 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 <sup>216</sup>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<sup>217</sup>. 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<sup>218</sup>**

- Contact responsible parties of residents who have been approved for discharge and pick-up, if not already done.

<sup>216</sup> Delete if no elevators

<sup>217</sup> Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended

<sup>218</sup> Revise position title if necessary

- Contact out of state resident family members and reassure. Request phone calls are held until after the storm subsides.

## HURRICANE “WARNING”

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
<b>ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS</b>	Assemble Incident Command Team. Review landfall probability and facility preparation.	<input type="checkbox"/>
	Request assistance from local/state emergency agencies: <ul style="list-style-type: none"> <li>• When your operations are overwhelmed</li> <li>• Assistance with evacuation is needed</li> <li>• Assistance with determining receiving facilities</li> <li>• Assistance with transportation resources</li> <li>• Assistance with supplies</li> </ul>	<input type="checkbox"/>
	Update all communications.	<input type="checkbox"/>
	Keep Department Managers advised of hurricane development.	<input type="checkbox"/>
	Complete or activate resident movement.	<input type="checkbox"/>
	Complete and/or Activate: <ul style="list-style-type: none"> <li>• Supply and conservation plans</li> <li>• Staff recall</li> </ul>	<input type="checkbox"/>
	Complete boarding of windows and doors, and sand-bagging operations.	<input type="checkbox"/>
	Shut down electrical machinery and appliances subject to flooding.	<input type="checkbox"/>
	Monitor National Weather Service.	<input type="checkbox"/>
	Close windows, shades and drapes. Fill bathtubs with water. Place loose items in closets.	<input type="checkbox"/>
	Lock down facility.	<input type="checkbox"/>
	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.	<input type="checkbox"/>
	Ensure sufficient cash is accessible to key department heads.	<input type="checkbox"/>
	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 after 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.

## LANDFALL

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
<b>ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS</b>	Once residents are secure as possible, go to a safe place.	<input type="checkbox"/>
	Evaluate residents for medical needs. Report results to the Command Center.	<input type="checkbox"/>
	Evaluate the ability of department operations to continue. Report results to the Command Center.	<input type="checkbox"/>
	Evaluate the physical building and utilities.	<input type="checkbox"/>
	Monitor the National Weather Service.	<input type="checkbox"/>
	Make decision to evacuate or recover-in-place. See Full Building Evacuation.	<input type="checkbox"/>
	Develop Recovery Plan.	<input type="checkbox"/>
	Monitor the National Weather Service.	<input type="checkbox"/>

## 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<sup>219</sup> 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<sup>220</sup>:**
  - 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

<sup>219</sup> Revise as necessary

<sup>220</sup> Revise position title if necessary



## **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<sup>221</sup>, 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,<sup>222</sup> 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<sup>223</sup>**

<sup>221</sup> Revise if using a different code word

<sup>222</sup> Revise to reflect locations within your facility

<sup>223</sup> 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<sup>224</sup>, 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<sup>225</sup>>
- 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<sup>226</sup>**

- 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<sup>227</sup>**

- 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:

<sup>224</sup> Revise position title if necessary

<sup>225</sup> Insert vendor information

<sup>226</sup> Revise position title if necessary

<sup>227</sup> Revise position title if necessary

- Have Maintenance<sup>228</sup> 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

<sup>228</sup> 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 (°F)															
	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 15°F

## **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 menus 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<sup>229</sup> 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<sup>230</sup>**

- A minimum of a 4-day<sup>231</sup> 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<sup>232</sup>
- Special Considerations:

<sup>229</sup> Revise department name if necessary

<sup>230</sup> Revise department name if necessary

<sup>231</sup> Revise amount per facility supply as required by your state regulations

<sup>232</sup> 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<sup>233</sup> that are still operational:
  - Main Kitchen
  - Coffee Shop
  - Cafeteria
  - Microwaves (throughout facility)
- Determine if outdoor grills can be utilized for food preparation<sup>234</sup>.
- 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) 3<sup>rd</sup> 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](http://www.gardnerstern.com)
    - Provides nationwide service
  - Stewart's Mobile Concepts: 1-800-919-9261
    - [www.stewartsmobile.com](http://www.stewartsmobile.com)
    - Provides nationwide service
  - Kitchens To Go
    - [www.kitchens-2-go.com](http://www.kitchens-2-go.com)
    - Midwest Location 1-888-212-8011
    - West Coast Location 1-888-212-0801

<sup>233</sup> Revise list to reflect what is available in your facility

<sup>234</sup> Revise as necessary

## EMERGENCY (NON-COOKING) MENU - (STANDARD)<sup>235</sup>

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared. Recipes are kept: \_\_\_\_\_<sup>236</sup>

### DAY ONE

Breakfast	Lunch	Dinner

### DAY TWO

Breakfast	Lunch	Dinner

### DAY THREE

Breakfast	Lunch	Dinner

<sup>235</sup> Complete for each listed diet as necessary, for three days. Insert existing menus that may already exist.

<sup>236</sup> Insert location

## EMERGENCY (NON-COOKING) MENU - (SOFT/SEMI-SOFT)<sup>237</sup>

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared. Recipes are kept: \_\_\_\_\_<sup>238</sup>

### DAY ONE

Breakfast	Lunch	Dinner

### DAY TWO

Breakfast	Lunch	Dinner

### DAY THREE

Breakfast	Lunch	Dinner

<sup>237</sup> Complete for each listed diet as necessary, for three days

<sup>238</sup> Insert location



## EMERGENCY (NON-COOKING) MENU - (PUREE)<sup>239</sup>

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared. Recipes are kept: \_\_\_\_\_<sup>240</sup>

### DAY ONE

Breakfast	Lunch	Dinner

### DAY TWO

Breakfast	Lunch	Dinner

### DAY THREE

Breakfast	Lunch	Dinner

<sup>239</sup> Complete for each listed diet as necessary, for three days

<sup>240</sup> Insert location

# EMERGENCY (NON-COOKING) MENU - (DIABETIC)<sup>241</sup>

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared. Recipes are kept: \_\_\_\_\_<sup>242</sup>

## DAY ONE

Breakfast	Lunch	Dinner

## DAY TWO

Breakfast	Lunch	Dinner

## DAY THREE

Breakfast	Lunch	Dinner

<sup>241</sup> Complete for each listed diet as necessary, for three days

<sup>242</sup> 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

## 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.<sup>243</sup>
- In the event of an emergency, problem or failure involving any portion of the electrical system any staff should:
  - Immediately notify the Executive Director<sup>244</sup>, Maintenance<sup>245</sup> and the Director of Nursing<sup>246</sup>.
  - 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<sup>247</sup>. 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<sup>248</sup>.
- 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.

<sup>243</sup> Insert generator location, size, fuel type, etc.

<sup>244</sup> Revise position title if necessary

<sup>245</sup> Revise position title if necessary

<sup>246</sup> Revise position title if necessary

<sup>247</sup> Revise as necessary

<sup>248</sup> Revise position title if necessary

- Utilize Resident TV Channel to inform residents, as necessary<sup>249</sup>.
- Determine need to report situation to Executive Director or other regulatory agency. See reporting procedures in the Appendices section.

## **MAINTENANCE<sup>250</sup>**

### **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<sup>251</sup>. Provide status update to Command Center.
- Ensure emergency power to utility pumps throughout the building(s), including wells, if applicable<sup>252</sup>.
- 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.

<sup>249</sup> Delete if not applicable

<sup>250</sup> Revise position title, if necessary

<sup>251</sup> Revise equipment list, as necessary

<sup>252</sup> Revise as necessary

## **NURSING**

- Set up portable oxygen where necessary.
- Operate life support equipment on battery back-up or manually (suction, IV pump, vent, etc.<sup>253</sup>), 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<sup>254</sup>.
- Contact Maintenance<sup>255</sup> 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.<sup>256</sup>
- Frequently check resident rooms if "nurse call system" is not working.
- **CRITICAL CARE RESIDENT AREAS**<sup>257</sup>:
  - 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**<sup>258</sup>

- 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<sup>259</sup>.

<sup>253</sup> Revise as necessary

<sup>254</sup> Revise as necessary

<sup>255</sup> Revise position title if necessary

<sup>256</sup> Revise paragraph to reflect your facility operations if necessary

<sup>257</sup> Revise to reflect services and care levels provided. Delete if not applicable

<sup>258</sup> Revise position title if necessary

<sup>259</sup> Delete if not applicable

## LOSS OF ELECTRIC SERVICE DURING DIALYSIS<sup>260</sup>

### DIALYSIS STAFF<sup>261</sup>

- 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 \_\_\_<sup>262</sup>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.

<sup>260</sup> Delete this part of the procedure if not applicable

<sup>261</sup> Validate the following emergency procedure with Dialysis staff, revise as necessary

<sup>262</sup> Insert time frame

## 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, and 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.
  - Essential Services Requiring Electrical Power:
    - Egress illumination (corridors, stairways, and landings<sup>263</sup>)
    - 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<sup>264</sup>
    - 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<sup>265</sup>):
  - Provide portable oxygen tanks, as necessary.
  - Monitor battery backup for IV pumps. Be ready for manual operations if batteries should fail.

<sup>263</sup> Revise if a single story building

<sup>264</sup> Delete if no elevators

<sup>265</sup> 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<sup>266</sup>.
- 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<sup>267</sup>**

- 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<sup>268</sup>.
- 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.

<sup>266</sup> Delete if not applicable

<sup>267</sup> Revise position title if necessary

<sup>268</sup> Validate with maintenance staff

- Check fire alarm system to ensure proper operation.
- Check all elevators for proper operation on normal power<sup>269</sup>.
- 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<sup>270</sup>:**

- 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

<sup>269</sup> Delete if no elevators

<sup>270</sup> Revise position title, if necessary

## **LOSS OF ELEVATOR SERVICE<sup>271</sup>**

### **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<sup>272</sup>.
- 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.

<sup>271</sup> Delete procedure if no elevators

<sup>272</sup> Revise position title if necessary

### **MAINTENANCE<sup>273</sup>**

- 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<sup>274</sup>**

- 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.

<sup>273</sup> Revise department name if necessary

<sup>274</sup> Revise department name if necessary

## 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<sup>275</sup>.

The facility also has automatic suppression systems as follows<sup>276</sup>:

- 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<sup>277</sup> and the Executive Director<sup>278</sup>.

### 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 #><sup>279</sup>) 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:

<sup>275</sup> Revise statement to reflect buildings fire alarm system

<sup>276</sup> Revise as necessary

<sup>277</sup> Revise position title if necessary

<sup>278</sup> Revise position title if necessary

<sup>279</sup> Insert FD information

- Fire alarm impairment – review the use of the facility code word “Code Red<sup>280</sup>”, 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.<sup>281</sup>

## **DEPARTMENT SPECIFIC ACTIONS**

### **MAINTENANCE** <sup>282</sup>

- 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.

<sup>280</sup> Revise if different than Code Red

<sup>281</sup> Insert additional individuals or agencies, if any

<sup>282</sup> Revise position title if necessary

## 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<sup>283</sup>>.
- The facility will also notify the following when a fire watch has been initiated:
  - Applicable facility leadership (i.e. Maintenance<sup>284</sup>, Executive Director<sup>285</sup>, etc.)
  - Insurance carrier (if required by the carrier)
  - Notify State Health Department or other regulatory agency, as necessary.<sup>286</sup>

<sup>283</sup> Insert regulatory agency name

<sup>284</sup> Revise position title if necessary

<sup>285</sup> Revise position title if necessary

<sup>286</sup> Insert additional individuals or agencies, if any

**FIRE WATCH FREQUENCY**

A fire watch tour of the entire building shall occur and be logged every hour<sup>287</sup> 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 \_\_\_\_\_<sup>288</sup> and local fire authorities.

<sup>287</sup> Revise if Authority Having Jurisdiction has a different requirement

<sup>288</sup> Insert Regulatory Agency name



## 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: \_\_\_\_\_

## 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<sup>289</sup>.

- 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<sup>290</sup>.
- Heating in resident homes may be independent of systems that provide heat to common areas of the building.<sup>291</sup>

### 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<sup>292</sup>

- 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 50° Fahrenheit, the ventilation fans will be shut down, and the fresh air systems will be shut down<sup>293</sup>.
- 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.

<sup>289</sup> Revise as necessary

<sup>290</sup> Revise position title if necessary

<sup>291</sup> Revise to reflect building heating systems in use

<sup>292</sup> Revise position title if necessary

<sup>293</sup> 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.<sup>294</sup>

#### **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 40°F (4°C) 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 70°F (21°C).
  - 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<sup>295</sup>**

- Adjust therapy and activities, as appropriate.

#### **HOUSEKEEPING/LAUNDRY<sup>296</sup>**

- Provide blankets to Nursing Department.
- Consider using additional resident clothing that may be stored in the facility.

#### **DINING SERVICES<sup>297</sup>**

- Provide hot foods and drinks, as applicable.

#### **RETURN TO NORMAL OPERATIONS / RECOVERY**

Upon restoration of the heating system:

<sup>294</sup> Delete if not practical

<sup>295</sup> Revise department name if necessary

<sup>296</sup> Revise department name necessary

<sup>297</sup> Revise department name if necessary

- Have Maintenance<sup>298</sup> 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

<sup>298</sup> Revise position title if necessary

## 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<sup>299</sup>.
- With systems down, the facility will have to go to “Down Time” procedures for necessary records.
- Each department maintains its own “Down Time” procedures<sup>300</sup>.

### 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<sup>301</sup>.
- 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<sup>302</sup>:
  - 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<sup>303</sup>

<sup>299</sup> Revise as necessary

<sup>300</sup> Revise as necessary

<sup>301</sup> Revise as necessary

<sup>302</sup> Revise list of services to be restored as priority with IT staff

<sup>303</sup> Revise position title, if necessary

- Utilize paper back-up procedures for building mechanical systems controlled by computer, or the electronic work order system<sup>304</sup>.
- Go to manual ordering.

### **DINING SERVICES<sup>305</sup>**

- 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<sup>306</sup>**

- Utilize paper back-up procedures to record and maintain inventory use.
- Go to manual ordering.

### **NURSING / SUPERVISOR<sup>307</sup>**

- Electronic Health Records including Pharmacy and EMAR’s<sup>308</sup>:
  - 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.<sup>309</sup>

Refer to Appendix M for addition information regarding Electronic Records Access Policy

### **PHARMACY<sup>310</sup>**

- 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**

<sup>304</sup> Revise as necessary

<sup>305</sup> Revise position title, if necessary

<sup>306</sup> Revise position title, if necessary

<sup>307</sup> Revise position title, if necessary

<sup>308</sup> Revise if no Electronic Health Records

<sup>309</sup> Delete if no automated medication dispensing machines

<sup>310</sup> Delete if no pharmacy or medication dispensing location

Upon restoration of the IT system:

- Have IT/IS<sup>311</sup> 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.

<sup>311</sup> Revise position title, if necessary

## LOSS OF NATURAL GAS/PROPANE<sup>312</sup>

### 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<sup>313</sup> may be disrupted should there be a loss of gas service to the facility.
- The following equipment is fueled by natural gas/propane<sup>314</sup>:
  - 
  -

### 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 \_\_\_\_\_<sup>315</sup> or other regulatory agency.

### DINING SERVICES<sup>316</sup>

- The following services will be affected<sup>317</sup>:
  - 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<sup>318</sup>

- Domestic boilers/hot water, dryers and kitchen appliances will be effected.<sup>319</sup>
- Attempt to determine expected duration of gas supply outage.
- Shut off valves supplying any appliances that have pilot lights (kitchens / boilers).

### LAUNDRY<sup>320</sup>

- Dryers operate on gas, shut off gas until restored.

<sup>312</sup> Revise to reflect type of gas in use. If no gas services in the building or any appliances, delete procedure.

<sup>313</sup> Revise to reflect type of gas in use.

<sup>314</sup> Revise to reflect type of gas in use. List all services and appliances dependent upon gas.

<sup>315</sup> Insert regulatory agency name

<sup>316</sup> Revise department name, if necessary

<sup>317</sup> List cooking appliance served by gas

<sup>318</sup> Revise position title, if necessary

<sup>319</sup> Revise as necessary

<sup>320</sup> 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<sup>321</sup>:

- Have Maintenance<sup>322</sup> verify integrity of natural gas/propane service<sup>323</sup>.
- Upon restoration of gas supply, have Maintenance<sup>324</sup> 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

<sup>321</sup> Revise to reflect type of gas in use.

<sup>322</sup> Revise position title, if necessary.

<sup>323</sup> Revise to reflect type of gas in use.

<sup>324</sup> Revise position title, if necessary.

## LOSS OF OXYGEN / VACUUM<sup>325</sup>

### 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<sup>326</sup> 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<sup>327</sup> 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<sup>328</sup>

- 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<sup>329</sup>

- 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 2<sup>nd</sup> 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 applicable

NOTE: There are portable units if primary system fails.

<sup>325</sup> Delete procedure if no centralized, piped Medical Gas system in the building

<sup>326</sup> Revise position titles, if necessary

<sup>327</sup> Revise position title, if necessary

<sup>328</sup> Revise position title, if necessary

<sup>329</sup> Revise position title, if necessary

**NURSING**

- Determine need for portable suction machines. Notify Command Center.
- Portable suction machines are stored 2<sup>nd</sup> 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

## **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<sup>330</sup>, 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<sup>331</sup>**

- Shut off applicable water valves.
- Contact plumber/sewer department and attempt to determine expected duration of incident. Arrange for repairs, if applicable.

### **HOUSEKEEPING<sup>332</sup>**

- 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.

<sup>330</sup> Revise as necessary

<sup>331</sup> Revise position title, if necessary

<sup>332</sup> 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<sup>333</sup> to determine which toilets will be available for use (force flushing or waste bags).
- If force flushing, notify Maintenance / Housekeeping<sup>334</sup> 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<sup>335</sup> verify repairs.
- Have Infection Control / Maintenance<sup>336</sup> 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

<sup>333</sup> Revise position title, if necessary

<sup>334</sup> Revise position title, if necessary

<sup>335</sup> Revise position title, if necessary

<sup>336</sup> Revise position title, if necessary

## LOSS OF STEAM PRESSURE<sup>337</sup>

### 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<sup>338</sup>:
  - 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<sup>339</sup>

- Investigate cause of loss of pressure and determine expected duration of outage, if possible.
- Notify Executive Director<sup>340</sup>/ 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<sup>341</sup>.
- Arrange for repairs to system.

### HOUSEKEEPING / LAUNDRY<sup>342</sup>

- 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<sup>343</sup>.

### DINING SERVICES<sup>344</sup>

- Alter menus that require steam.
- Use non-cooking menu, as necessary.

<sup>337</sup> Delete if no steam in the building

<sup>338</sup> List services or appliances dependent upon a supply of steam

<sup>339</sup> Revise position title, if necessary

<sup>340</sup> Revise position title, if necessary

<sup>341</sup> Revise as necessary

<sup>342</sup> Revise position title, if necessary

<sup>343</sup> Delete if no sterilization process at facility

<sup>344</sup> Revise position title, if necessary

## **RETURN TO NORMAL OPERATIONS / RECOVERY**

Upon restoration of steam pressure:

- Have Maintenance<sup>345</sup> 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

<sup>345</sup> Revise position title, if necessary

## **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<sup>346</sup>:
  - 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<sup>347</sup>:
    - Use fire alarm system for voice messages
    - Overhead Paging System
    -
- Based on the down-time estimate, Maintenance<sup>348</sup> will determine if any of the following steps must be taken:

<sup>346</sup> Insert safeguards in place such as UPS battery back-up, power fail phones, redundant POTS lines, etc.

<sup>347</sup> Revise to reflect what will be utilized in your facility

<sup>348</sup> 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<sup>349</sup>.
- 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<sup>350</sup>**

- Advise all departments of the special fail-safe telephone systems in your building<sup>351</sup>.
- 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<sup>352</sup>**

- As requested, take portable radios or facility owned cell phones to Command Center for assignment.

<sup>349</sup> Delete if no radios

<sup>350</sup> Revise position title, if necessary

<sup>351</sup> Delete if no such system exists in your building

<sup>352</sup> Revise position title, if necessary. Delete security if none and assign responsibility to another position

**LOCATIONS OF TELEPHONES NOT PART OF THE MAIN PHONE SYSTEM<sup>353</sup>**

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<sup>354</sup>**

LOCATION	PHONE #
Health Care Center Lobby	1.603.352.3532
Community Center Lobby	1.603.283.5150

**PAY PHONES<sup>355</sup>**

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)<sup>356</sup>**

ROOM #	PHONE #

<sup>353</sup> Populate list with phones and numbers that are separate from your internal phone system.

<sup>354</sup> Delete if none

<sup>355</sup> Delete if none

<sup>356</sup> 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<sup>357</sup> 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

<sup>357</sup> Revise position title, if necessary

## 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

- Do not drink 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<sup>358</sup>:
  - 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, do not drink the water. 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<sup>359</sup> OR PERSON IN CHARGE AT TIME)

<sup>358</sup> Revise list, as necessary

<sup>359</sup> 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<sup>360</sup>**

- 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<sup>361</sup>. 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<sup>362</sup>.
- Have Maintenance<sup>363</sup> or plumber close all domestic water main valves.

<sup>360</sup> Revise position title, if necessary

<sup>361</sup> Revise as necessary

<sup>362</sup> Revise as necessary

<sup>363</sup> Revise position title, if necessary

- 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<sup>364</sup>**

- 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<sup>365</sup>**

- 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<sup>366</sup> 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.<sup>367</sup>

#### **HOUSEKEEPING<sup>368</sup>**

<sup>364</sup> Revise position title, if necessary

<sup>365</sup> Delete if not applicable

<sup>366</sup> Revise as necessary

<sup>367</sup> Delete if not applicable

<sup>368</sup> Revise position title, if necessary

- 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<sup>369</sup> and hand-washing facilities should be turned off and labeled “Not Suitable to Drink or Wash In.”

**LAUNDRY<sup>370</sup>**

- Provide a linen inventory to the Command Center.
- Coordinate a plan to reduce linen use with Nursing.
- Disposable linens may be obtained from \_\_\_\_\_<sup>371</sup> and substituted depending on the expected duration of the water interruption.
- Investigate ability of vendors to supply linen.

**SOURCES OF POTABLE WATER<sup>372</sup>**

**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

<sup>369</sup> Delete if none

<sup>370</sup> Delete if no in-house laundry services

<sup>371</sup> Insert location if applicable

<sup>372</sup> Insert sources of stored “potable” water and other liquid sources in the building. Include gallons in hot water storage tanks

**Vendors that can supply potable water<sup>373</sup>**

VENDOR	PHONE #	AMOUNT
Nestle Water	374	

**SOURCES OF NON-POTABLE WATER<sup>375</sup>**

**Stored in the building or on the campus**

LOCATION	AMOUNT	METHOD TO ACCESS
2 <sup>nd</sup> 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<sup>376</sup>**

VENDOR	PHONE	AMOUNT

**RETURN TO NORMAL OPERATIONS / RECOVERY**

If water loss was due to contamination, upon restoration of clean water:

- Have Maintenance<sup>377</sup> ensure source of water contamination has been eliminated.

<sup>373</sup> Insert vendor information for those that can provide bottled or bulk potable water

<sup>374</sup> Insert contact information for your facility, Refer to Nestle Water information in Appendix L

<sup>375</sup> Insert sources of stored “non-potable” water in the building and on the campus. Include pools, wells, ponds, streams, boiler tanks, etc.

<sup>376</sup> 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

<sup>377</sup> Revise position title, if necessary



- Have Maintenance<sup>378</sup>:
  - 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.<sup>379</sup>
  - 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<sup>380</sup> 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

<sup>378</sup> Revise position title, if necessary

<sup>379</sup> Revise as necessary

<sup>380</sup> 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<sup>381</sup>>.
- The facility will also notify the following when a fire watch has been initiated:
  - Applicable facility leadership (i.e. Maintenance<sup>382</sup>, Executive Director<sup>383</sup>, etc.)
  - Insurance carrier (if required by the carrier)
  - Notify State Health Department or other regulatory agency, as necessary.<sup>384</sup>

<sup>381</sup> Insert regulatory agency name

<sup>382</sup> Revise position title if necessary

<sup>383</sup> Revise position title if necessary

<sup>384</sup> Insert additional individuals or agencies, if any

**FIRE WATCH FREQUENCY**

A fire watch tour of the entire building shall occur and be logged every hour<sup>385</sup> 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 \_\_\_\_\_<sup>386</sup> and local fire authorities.

<sup>385</sup> Revise as necessary

<sup>386</sup> Insert regulatory agency name

## LOSS OF WATER SERVICE DURING DIALYSIS<sup>387</sup>

### DIALYSIS STAFF<sup>388</sup>

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: \_\_\_\_\_

<sup>387</sup> Delete if not applicable

<sup>388</sup> Validate procedure with Dialysis staff

**SECTION F:**

**EMERGENCY RESOURCES AND LISTS**

# EMERGENCY RESOURCES AND LISTS

## TABLE OF CONTENTS

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## **FACILITY INFORMATION DETAIL<sup>1</sup>**

### **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<sup>2</sup>:1.603.352.3235

Hear Tone Phone<sup>3</sup>:

Other:

### Command Center Locations:

Primary: Community Center Lobby

Alternate: Health Center Lobby

Command Center Email: Covlivingkeene.org

### Emergency Alert System<sup>4</sup>:

Radio: New Hampshire EMS

TV: New Hampshire EMS

Other:

<sup>1</sup> Insert facility specific information

<sup>2</sup> Delete if none

<sup>3</sup> Delete if none

<sup>4</sup> Insert how the facility receive regional and/or weather alerts

Local/Regional/State Healthcare Internet Based System<sup>5</sup>:



**Emergency Contacts<sup>6</sup>:**

Primary Contact:

Name:  
Title:  
Email:  
Work Phone:  
Home Phone:  
Cell Phone:  
Cell Phone Carrier<sup>7</sup>:  
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:<sup>8</sup>  
Other:

Alternate Contact:

Name:  
Title:  
Email:  
Work Phone:  
Home Phone:  
Cell Phone:  
Cell Phone Carrier:  
Alternate Cell Phone:

<sup>5</sup> 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

<sup>6</sup> Insert primary, secondary and alternate contacts

<sup>7</sup> For example Verizon, Sprint, etc.

<sup>8</sup> Delete if none



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)<sup>9</sup>: Community Center receiving 95 Wyman Road Keene NH 03431

Location Description<sup>10</sup>:

Lift gate or ramp required to unload:

Latitude<sup>11</sup>:

Longitude<sup>12</sup>:

<sup>9</sup> For example loading dock, rear entrance or other

<sup>10</sup> Insert location where supplies are received

<sup>11</sup> If known insert, going to [maps.google.com](https://maps.google.com) and typing the facility address can help to determine

<sup>12</sup> If known insert, going to [maps.google.com](https://maps.google.com) and typing the facility address can help to determine

## DISASTER KIT CONTENTS

An Emergency or Disaster Kit is located Health Center 2<sup>nd</sup> floor nurses station  
The contents<sup>13</sup> 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
- 
- 
- 
- 
- 
- 
- 
- 

### Suggested Contents<sup>14</sup>:

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

<sup>13</sup> Insert contents

<sup>14</sup> Suggested list; Delete once actual contents are inserted

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”

## EMERGENCY RESPONSE AGENCY PHONE NUMBERS<sup>15</sup>

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<sup>16</sup>

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

<sup>15</sup> Insert emergency and non-emergency phone number for each agency, as applicable. Revise listing as necessary.

<sup>16</sup> Insert phone numbers

Other:	
--------	--

**EMERGENCY BEDDING MATERIALS<sup>17</sup>**

EQUIPMENT	QUANTITY	LOCATION
Mattresses	10	HC building
Pillows	10	HC building
Beds	10	HC building
Blankets	20	HC building
Linens	20	HC building

<sup>17</sup> 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.





**EMERGENCY TRANSPORT EQUIPMENT TO MOVE RESIDENTS<sup>20</sup>**

EQUIPMENT	QUANTITY	LOCATION
Wheelchairs	20	HC
Gurneys/Stretchers	0	
Hoyer Lifts	2	HC
Evacuation Chairs	2	HC
Canvas Stretchers	0	
Evacuation Sleds	<u>0</u>	
Other Items		

<sup>20</sup> Revise listing as necessary, Insert quantities and locations

## ELEVATOR KEYS<sup>21</sup>

LOCATION OF KEYS <sup>22</sup>	ELEVATOR # CONTROLLED <sup>23</sup>	WHO HAS 24/7 ACCESS <sup>24</sup>
Director of facilities office	1-10	Schindler elevator and FM

<sup>21</sup> Delete if single story building

<sup>22</sup> Insert location where keys can be obtained

<sup>23</sup> Indicate which elevator(s) the key(s) will control

<sup>24</sup> Indicate who can access the keys (e.g., Security, Maintenance, etc.)

## TRANSPORTATION RESOURCES - FACILITY-OWNED VEHICLES<sup>25</sup>

### 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

<sup>25</sup> 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): Residents

# Seats 14

# Wheelchairs 2

Load Capacity (Weight): 3000lba

**EMERGENCY UTILITY SHUT-OFF LOCATIONS<sup>26</sup>**

UTILITY	SHUT-OFF LOCATION	METHOD TO SHUT OFF	WHO HAS 24/7 ACCESS TO LOCATION
Water			
(Domestic)	1 <sup>st</sup> floor CC	Valve	Facilities Director
(Fire Protection)	1 <sup>st</sup> 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	Facilities 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

<sup>26</sup> 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.

## GENERATOR INFORMATION<sup>27</sup>

### Generator #1:

Area/Equipment Served (Describe in detail)<sup>28</sup>: 95 Wyman Road behind the Community center going towards 81 Wyman Road

Voltage / Amperage / Kilowatts<sup>29</sup>:

Primary Fuel Type: Diesel fuel

Alternate Fuel Type: None

Fuel Capacity (gallons, etc.): 500 gallons

Normal Runtime<sup>30</sup>: 5 days

Contingency / Reduced Load Runtime:<sup>31</sup> 7 days

Facility equipped with a Quick Connection: YES

Location of Quick Connection: 1<sup>st</sup> Floor CC

Length (feet) of cable needed to connect a portable generator<sup>32</sup>: 50 FT

Location to park portable generator (hard surface)<sup>33</sup>: 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:

<sup>27</sup> List information for each generator serving the building(s). If only one generator, delete information for Generator #2

<sup>28</sup> 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.

<sup>29</sup> Insert information on current generator

<sup>30</sup> Insert how long the generator will operate on a full fuel tank in either hours or days

<sup>31</sup> If load can be shed to extend runtime, indicate how long the extended time will be in either hours or days

<sup>32</sup> 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

<sup>33</sup> Insert location where a portable generator can be positioned

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

## VENDOR SOURCES OF FUEL

### **DIESEL**<sup>34</sup>

Vendor name and location: Swanzey Oil 95 West Swanzey Road Swanzey 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**<sup>35</sup>

Vendor name and location: N/A

Vendor phone number:

Emergency (24/7) phone number:

Delivery available 24/7:

Agreement in place:

### **PROPANE**<sup>36</sup>

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

<sup>34</sup> Delete if not applicable

<sup>35</sup> Insert either vendor or locations where facility vehicles can be fueled

<sup>36</sup> Delete if not applicable



## **EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS**

### **HOUSEKEEPING / LINEN SERVICES<sup>37</sup>**

#### **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:

<sup>37</sup> Insert information on vendors, for critical supplies, expand listing as necessary. Refer to page F.21 for listing of facility specific vendor information.

## **EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS**

### **HOUSEKEEPING / LINEN SERVICES**

#### **Backup Sources (outside a 90-mile radius of facility)<sup>38</sup>**

##### **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:

<sup>38</sup> 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.

**Hillyard Contacts for the Covenant Retirement Communities<sup>39</sup>**

<b>Location</b>	<b>Distributor</b>	<b>Distributor Rep</b>	<b>Business Development Manager</b>
Covenant Shores 9150 Fortuna Drive Mercer Island, WA 98040	Walter E. Nelson Company - Dean Phillips 7915 South 184th Street, Bldg. C Kent, WA 98032 Phone: 253-893-1900	John Sollom cell 206-795-3235 <a href="mailto:jsollom@walterenelson.com">jsollom@walterenelson.com</a>	Brent Fridrich cell 503-320-3299 <a href="mailto:bfridrich@hillyard.com">bfridrich@hillyard.com</a>
Covenant Village of Colorado 9153 Yarrow Street Westminster, CO 80021-4561	Hillyard-Bill Weeks 4901 Moline Street Denver, CO 80239-2616 Phone: 303-321-1227	Robin Catalan cell 720-323-9518 <a href="mailto:rcatalan@hillyard.com">rcatalan@hillyard.com</a>	Carl Larson cell 720-530-4187 <a href="mailto:clarson@hillyard.com">clarson@hillyard.com</a>
Covenant Village of Cromwell 52 Missionary Road Cromwell, CT 06416-2143	Hillyard-Dermot Pelletier 146 Sheldon Road, P O Box 1140 Manchester, CT 06045 Phone: 860-646-3322	Mike McNickle cell 860-573-5504 <a href="mailto:MMcNickle@Hillyard.com">MMcNickle@Hillyard.com</a>	JP Mayo cell 508-612-7827 <a href="mailto:jpmayo@hillyard.com">jpmayo@hillyard.com</a>
Covenant Village of Florida 9215 West Broward Boulevard, Suite 100 Plantation, FL 33324-2452	Cosgrove Enterprises, Inc., - Greg Rogers 14300 N.W. 77th Court Miami Lakes, FL 33016 Phone: 305-623-6700	Irene Pena cell 305-213-4870 <a href="mailto:ipena@e-cosgrove.com">ipena@e-cosgrove.com</a>	Cal Gladstone cell 954-931-0320 <a href="mailto:cglad@hillyard.com">cglad@hillyard.com</a>
Covenant Village of Golden Valley 5800 St. Croix Avenue Golden Valley, MN 55422-4483	Hillyard-John Dalman 274 Apollo Drive Lino Lakes, MN 55014 Phone: 763-746-2800	John Hendrickson cell 612-327-1976 <a href="mailto:john.hendrickson@hillyard.com">john.hendrickson@hillyard.com</a>	John Dalman cell 612-578-2596 <a href="mailto:jdalman@hillyard.com">jdalman@hillyard.com</a>
Covenant Village of the Great Lakes 2510 Lake Michigan Drive N W Grand Rapids, MI 49504	KSS Enterprises, - Tom Hill, Jr. 616 East Vine Street Kalamazoo, MI 49001 Phone: 269-349-6637	Shannon Gibbon 616-292-3664 <a href="mailto:sgibbon@kssenterprises.com">sgibbon@kssenterprises.com</a>	Jeff Leathead cell 517-879-9365 <a href="mailto:jleathead@hillyard.com">jleathead@hillyard.com</a>
Covenant Village of Northbrook 2625 Techny Road Northbrook, IL 60062-5900	Pike Systems, - Howard Tiedt 1770 Commerce Drive Montgomery, IL 60538 Phone: 630-896-6373	Carolyn Quinn cell 630-715-9015 <a href="mailto:cquinn@pikesystems.com">cquinn@pikesystems.com</a>	Brian Harbaugh cell 269-635-9105 <a href="mailto:bharbaugh@hillyard.com">bharbaugh@hillyard.com</a>

<sup>39</sup> Delete this page after referencing information

<b>Hillyard Contacts for the Covenant Retirement Communities (continued)<sup>40</sup></b>			
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	<a href="mailto:cquinn@pikesystems.com">cquinn@pikesystems.com</a>	<a href="mailto:bharbaugh@hillyard.com">bharbaugh@hillyard.com</a>
	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	<a href="mailto:gchavez@centralsanitary.com">gchavez@centralsanitary.com</a>	<a href="mailto:tadams@hillyard.com">tadams@hillyard.com</a>
	Phone: 209-523-3002		<a href="mailto:dneal@hillyard.com">dneal@hillyard.com</a>
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	<a href="mailto:gchavez@centralsanitary.com">gchavez@centralsanitary.com</a>	<a href="mailto:tadams@hillyard.com">tadams@hillyard.com</a>
	Phone: 209-523-3002		<a href="mailto:dneal@hillyard.com">dneal@hillyard.com</a>
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	<a href="mailto:cquinn@pikesystems.com">cquinn@pikesystems.com</a>	<a href="mailto:bharbaugh@hillyard.com">bharbaugh@hillyard.com</a>
	Phone: 630-896-6373		
<b>Geneva Place</b>	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	<a href="mailto:cquinn@pikesystems.com">cquinn@pikesystems.com</a>	<a href="mailto:bharbaugh@hillyard.com">bharbaugh@hillyard.com</a>
	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	<a href="mailto:lnavarro@missionjanitorial.com">lnavarro@missionjanitorial.com</a>	<a href="mailto:pdevries@hillyard.com">pdevries@hillyard.com</a>
	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	<a href="mailto:sdallen@hillyard.com">sdallen@hillyard.com</a>	<a href="mailto:pdevries@hillyard.com">pdevries@hillyard.com</a>
	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	<a href="mailto:cquinn@pikesystems.com">cquinn@pikesystems.com</a>	<a href="mailto:bharbaugh@hillyard.com">bharbaugh@hillyard.com</a>
	Phone: 630-896-6373		

<sup>40</sup> Delete this page after referencing information

## **EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS**

### **FOOD SERVICES DEPARTMENT<sup>41</sup>**

#### **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:

<sup>41</sup> Insert information on vendors; for critical supplies, expand list as necessary

## **EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS**

### **FOOD SERVICES DEPARTMENT**

#### **Backup Sources (outside a 90-mile radius of facility)<sup>42</sup>**

##### **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:

<sup>42</sup> List vendors at least 90 miles outside your region if possible

## **EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS**

### **TRANSPORTATION RESOURCES<sup>43</sup>**

#### *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.)

<sup>43</sup> Insert vendors who provide transportation for ambulance, wheelchair, vans/buses during a building evacuation

## EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

### MAINTENANCE DEPARTMENT<sup>44</sup>

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)  (hazardous)		
	Waste Management Co 29 Patriot Place Foxboro, MA	1.800.972.4545
	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)  (Health Center)  (Fuel)		
	Cumming Generator 12 Integra Drive Concord New Hampshire CC	1.207.510.2233
	Powers Generator Norwood MA	1.800.853.7202
	Deisel	

<sup>44</sup> Insert information on vendors; expand list as necessary



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	<b>1-800-258-</b>
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

## EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

### MAINTENANCE DEPARTMENT

Backup Sources (outside a 90-mile radius of facility)<sup>45</sup>

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)		

<sup>45</sup> List vendors at least 90 miles outside your region if possible

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		

**EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS**

**MAINTENANCE DEPARTMENT**

**RESTORATION COMPANIES (MOLD, BUILDING, ETC.)<sup>46</sup>**

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 <sup>47</sup>		866-783-7422 (M-F, 8am -5pm)  859-576-3675 (24Hr.)

<sup>46</sup> Insert information on vendors; expand list, as necessary

<sup>47</sup> Insert the local address for Stericycle, refer to the following page

**List of Stericycle Local Addresses<sup>48</sup>**

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				

<sup>48</sup> Delete this page after referencing information

**EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS**

**MAINTENANCE DEPARTMENT**

**RESTORATION COMPANIES (MOLD, BUILDING, ETC.)**

Backup Sources (outside a 90 mile radius of facility)<sup>49</sup>

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.)

<sup>49</sup> List vendors at least 90 miles outside your region if possible

## EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

### NURSING DEPARTMENT<sup>50</sup>

#### 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)<sup>53</sup>

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.

<sup>50</sup> Insert information on vendors, for critical supplies, expand listing as necessary

<sup>51</sup> Insert the local McKesson distribution center location. Refer to the following page for this information by campus

<sup>52</sup> Insert the local McKesson distribution center contact information. Refer to the following page for this information by campus

<sup>53</sup> List vendors at least 90 miles outside your region if possible

<sup>54</sup> Insert the non-local McKesson distribution center location. Refer to the following page for this information

<sup>55</sup> Insert the non-local McKesson distribution center contact information. Refer to the following page for this information by campus





McKESSON MEDICAL-SURGICAL DISTRIBUTION CENTER DIRECTORY <sup>56</sup>						
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

<sup>56</sup> Delete this page after referencing information for your facility

## EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

### PHARMACY<sup>57</sup>

(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)<sup>60</sup>

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.

<sup>57</sup> Insert information on vendors, for critical supplies, expand listing as necessary

<sup>58</sup> Insert your primary Omnicare location, refer the following page

<sup>59</sup> Insert your primary Omnicare contact information, refer the following page

<sup>60</sup> List vendors at least 90 miles outside your region if possible

<sup>61</sup> Insert your secondary Omnicare location, refer the following page

<sup>62</sup> Insert your secondary Omnicare contact information, refer the following page

**Covenant Retirement Communities -Primary and Secondary Pharmacy Locations and Phone Numbers<sup>63</sup>**

<b>Facility Name</b>	<b>Omnicare Regional Service Area</b>	<b>Primary Omnicare Pharmacy</b>	<b>Primary Pharmacy Address</b>	<b>Primary Pharmacy Phone</b>	<b>Secondary Omnicare Pharmacy</b>	<b>Secondary Pharmacy Address</b>	<b>Secondary Pharmacy Phone</b>
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
Michealsen 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

<sup>63</sup> Delete this page after inserting your facility specific information

**Covenant Retirement Communities -Primary and Secondary Pharmacy Locations and Phone Numbers<sup>63</sup>**

<b>Facility Name</b>	<b>Omnicare Regional Service Area</b>	<b>Primary Omnicare Pharmacy</b>	<b>Primary Pharmacy Address</b>	<b>Primary Pharmacy Phone</b>	<b>Secondary Omnicare Pharmacy</b>	<b>Secondary Pharmacy Address</b>	<b>Secondary Pharmacy Phone</b>
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

## EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

### RESPIRATORY THERAPY<sup>64</sup>

(Supplies and Drugs)

#### Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADDRESS	PHONE NUMBERS - Primary - 24 HR
Oxygen cylinders & regulators		
Portable suction		
Ventilators		

#### Backup Sources (outside a 90-mile radius of facility)<sup>65</sup>

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADDRESS	PHONE NUMBERS - Primary - 24 HR
Oxygen cylinders & regulators		
Portable suction		
Ventilators		

<sup>64</sup> Insert information on vendors, for critical supplies, expand listing as necessary

<sup>65</sup> List vendors at least 90 miles outside your region if possible

**SECTION G:**

**DISASTER RECOVERY PLAN**

# DISASTER RECOVERY PLAN

## TABLE OF CONTENTS

Recovery Plan Overview.....	
Damage and Operational Assessments.....	
Facility System Status Report.....	
Recovery Checklist .....	
Department Rapid Assessment Form .....	
Full Recovery .....	
Structure .....	
Utilities .....	
Food Services <sup>1</sup> .....	
Resident Services .....	
Information Technology.....	
Staffing .....	

<sup>1</sup> Insert correct department name

## 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.

<b>FACILITY SYSTEM STATUS REPORT</b>			
<b>1. Operational Period Date/Time</b>	<b>2. Date Prepared</b>	<b>3. Time Prepared</b>	<b>4. Building Name:</b>
<b>5. SYSTEM STATUS CHECKLIST<sup>2</sup></b>			
<b>COMMUNICATION SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)	
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Information Technology System (email/resident records/time card system/intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Paging - Public Address	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Satellite System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, External	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Video-Television-Internet-Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
<b>INFRASTRUCTURE SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)	
Campus Roadways	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Fire Detection/Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		

<sup>2</sup> Revise checklist as necessary

Structural Components (building integrity: columns, beams, walls, ceiling, roof)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>Other</b>	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>RESIDENT CARE SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (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)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>SECURITY SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Door Lockdown Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>UTILITIES, EXTERNAL SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Electrical Power-Primary Service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Supplies: Domestic	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Water Supplies: Industrial	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Water Removal Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Natural Gas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>UTILITIES, INTERNAL SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

Electrical Power, Backup Generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Fuel status)
Electrical Power: Life Support Functions	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Elevators/Escalators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Steam Boiler	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sump Pump	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Well Water System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Vacuum (for resident use)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Heater and Circulators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Areas: Internal Command Center	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Areas: Medical Director's Office	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Areas: Staff Housing	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>6. CERTIFYING OFFICER</b>		
<b>7. FACILITY NAME</b> Covenant Living of Keene NH		

## Recovery Checklist<sup>3</sup>

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
<b>Access</b>	1. Safe access and egress is assured to/from buildings for people and supply deliveries.	
	2. Safe access and egress is assured for ambulances.	
<i>Comments:</i>		
<b>Building(s)</b>	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 <sup>4</sup> ); 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.	
<i>Comments:</i>		
<b>Communication: Internal</b>	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 <sup>5</sup> , 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.	

<sup>3</sup> Revise Checklist as necessary

<sup>4</sup> Delete if not applicable

<sup>5</sup> Delete if not applicable

ISSUE	ACTION ITEMS	YES/NO Initials
<i>Comments:</i>		
<b>Communication Systems: External</b>	1. Communication system functional to summon outside assistance for police, fire department, and other community resources.	
<i>Comments:</i>		
<b>Food Services</b>	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.	
<i>Comments:</i>		
<b>Electrical Systems</b>	1. Vaults <ul style="list-style-type: none"> <li>• Main switches operational.</li> <li>• Utilities transfer switches operational.</li> </ul>	
	2. Distribution Panels <ul style="list-style-type: none"> <li>• Fuses operational.</li> <li>• Breakers operational.</li> </ul>	
	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.	
<i>Comments:</i>		

ISSUE	ACTION ITEMS	YES/NO Initials
<b>Emergency Preparedness and Management</b>	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 <sup>6</sup> .	
	8. Flashlights and batteries (including radio and ventilator batteries) available.	
<i>Comments:</i>		
<b>Maintenance<sup>7</sup></b>	1. Cooling Plant <ul style="list-style-type: none"> <li>• Chiller/DX/absorption unit operational.</li> <li>• Pumps operational.</li> <li>• Valves and controls operational.</li> <li>• Cooling towers operational.</li> <li>• Fan coil units operational.</li> </ul>	
	2. Heating Plant <ul style="list-style-type: none"> <li>• Boiler system operational.</li> <li>• Support systems (feedwater pumps, diesel tank, etc.) operational.</li> <li>• Heating system (converters, valves, etc.) operational.</li> <li>• Process steam (sterilizers, general building systems, etc.) operational.</li> <li>• Diesel tank re-filled. Diesel Vendor operational.</li> </ul>	
	3. Distribution System <ul style="list-style-type: none"> <li>• Ductwork, including functional smoke detection / alarm capability and dampers, operational.</li> <li>• Piping operational.</li> <li>• Valves and controls, including functional emergency fan shutdown tied into fire alarm system and emergency smoke purge capability, operational.</li> </ul>	

<sup>6</sup> Delete if not applicable

<sup>7</sup> Revise Checklist as necessary

ISSUE	ACTION ITEMS	YES/NO Initials
	<ul style="list-style-type: none"> <li>• Risers operational.</li> <li>• Filtration operational.</li> <li>• Negative pressure (ability to maintain CDC-compliant air exchanges) operational.</li> </ul>	
	4. Treatment Chemicals <ul style="list-style-type: none"> <li>• Water / Boiler treatment</li> </ul>	
<i>Comments:</i>		
<b>Infection Control</b>	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.	
<i>Comments:</i>		
<b>Information Technology / Medical Records</b>	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.	
<i>Comments:</i>		



ISSUE	ACTION ITEMS	YES/NO Initials
<b>Management</b>	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.	
<i>Comments:</i>		
<b>Morgue</b>	1. Adequate arrangements for storage and management of deceased individuals.	
<i>Comments:</i>		
<b>Personnel</b>	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.	
<i>Comments:</i>		
<b>Pharmaceuticals / Medications</b>	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.	
<i>Comments:</i>		

ISSUE	ACTION ITEMS	YES/NO Initials
<b>Security</b>	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.	
<i>Comments:</i>		
<b>Sterile Procedures Systems, as applicable<sup>8</sup></b>	1. Systems for sterile procedures (steam, gas, cold) are functional.	
<i>Comments:</i>		
ISSUE	ACTION ITEMS	YES/NO Initials
<b>Vendors</b>	1. Ensure all vendors are operational and supplies are available.	
<i>Comments:</i>		
<b>Waste Management</b>	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.	
<i>Comments:</i>		

<sup>8</sup> Delete if not applicable

ISSUE	ACTION ITEMS	YES/NO Initials
<b>Water Systems</b>	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 <ul style="list-style-type: none"> <li>• Sanitary</li> <li>• Storm</li> </ul>	
	5. Fire suppression (fire pumps, sprinkler risers and lines, standpipes, and waterflow detection/alarm capability) operational.	
<i>Comments:</i>		

**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*

<b>Ambulance:</b>	<b>Wheelchair Van:</b>	<b>Ambulatory -Van /Bus:</b>
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**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			Geriatric 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	

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)
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**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)

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> 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?


## 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			

## 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 <sup>9</sup>			
HVAC System			
Fire Alarm System			

<sup>9</sup> Delete if not applicable

**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:

<b>Areas Surveyed</b>	<b>Areas Approved</b>	<b>Signature of Health Department Surveyor</b>



**Resident Services**

**Resident Services** have been reviewed by the following individuals and have returned to normal operation.

	<b>Areas Surveyed</b>	<b>Areas Approved</b>	<b>Signature of Health Department Surveyor</b>
Pharmaceutical/ Medication Storage			
Clinical Supplies			
General Resident Areas			

**Information Technology**

**Information Technology** has been reviewed by the following individuals and has been approved to return to normal operation.

Systems Reviewed	Approved By

## 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.

Date of initial implement: 12.01.1993

Date of last revision 02.01.2014

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## 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.

Date of initial implement: 12.01.1993

Date of last revision 02.01.2014

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- 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 EditorRadio stations: News director, including regular and after-hours news telephone numbers  
Television stations: Assignment editor (include regular and afterhours news telephone numbers

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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.

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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



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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.

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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.

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3. Notification of Residents' Families. 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. News Media Inquiries. 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

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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.).

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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.

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- 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.

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- 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

<b>Mechanical Rooms</b>	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	
<b>Kitchen</b>	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	
<b>Laundry</b>	1. Dryers enclosed	
	2. High/low ventilation and combustion ductwork behind dryers	
	3. Doors- Self closing and latch automatically	
<b>Soiled linen rooms</b>	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	
<b>Oxygen storage</b>	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 signs shall be posted in areas where oxygen is being used.	
<b>Storage rooms</b>	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	
<b>Patient rooms</b>	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	



	6. Class A or B flame spread rating	
<b>Corridors and Exit ways</b>	<ol style="list-style-type: none"> <li>1. Class A or B rating- Walls and Ceiling</li> <li>2. Continuously maintained free of all obstructions or impediments</li> <li>3. Handrails secure and without damage</li> <li>4. No items on wall extending out beyond the handrail below seven feet</li> </ol>	
<b>Stairways</b>	<ol style="list-style-type: none"> <li>1. One hour fire rated construction- up to three stories Four stories or more- Two hour fire rated construction</li> <li>2. All penetrations sealed</li> <li>3. Self closing automatically latching doors</li> <li>4. No storage</li> </ol>	
<b>Exit lights</b>	<ol style="list-style-type: none"> <li>1. Illuminated</li> <li>2. Signs located to show direction to exit from any point in a corridor- two directions</li> <li>3. Illuminated by emergency power within ten seconds of loss normal power</li> </ol>	
<b>Alcohol based hand rub</b>	<ol style="list-style-type: none"> <li>1. The corridor is at least six feet wide</li> <li>2. The maximum individual fluid dispenser capacity shall be 1.2 liters ( 2 liters in suites of rooms )</li> <li>3. The dispensers shall have a minimum spacing of four feet from each other</li> <li>4. Not more than ten gallons are used in a single smoke</li> <li>5. Dispensers are not installed over or adjacent to an ignition source</li> <li>6. If the floor is carpeted, the building is fully sprinklered</li> </ol>	
<b>Smoking regulations</b>	<ol style="list-style-type: none"> <li>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</li> <li>2. Smoking by patients classified as not responsible shall be prohibited, except when under direct supervision</li> <li>3. Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted</li> <li>4. Metal containers with self-closing cover devices into which ashtrays can be emptied shall be available to all areas where smoking is permitted</li> </ol>	
<b>Electrical</b>	<ol style="list-style-type: none"> <li>1. All switch and outlet covers installed. None damaged</li> <li>2. Panels installed on all electrical equipment</li> <li>3. Three foot clearance on all four sides of main electrical panels</li> <li>4. Circuit breaker panels labeled</li> <li>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</li> <li>6. Bulbs installed in all lighting fixtures</li> <li>7. No daisy-chained power strips</li> </ol>	

<b>Kitchen Range Hood Fire Suppression System</b>	<ol style="list-style-type: none"> <li>1. Inspected monthly- Grease buildup on nozzles and ductwork</li> <li>2. Inspected annually- Licensed individual</li> <li>3. Eight inch shield installed between fryer and stove-on tallest appliance- not required if fryer is sixteen inches from stove</li> </ol>	
<b>Fire Extinguishers</b>	<ol style="list-style-type: none"> <li>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</li> <li>2. Annual inspection by licensed individual</li> </ol>	
<b>Fire Alarm System</b>	<ol style="list-style-type: none"> <li>1. Annual inspection by licensed individual- report available</li> <li>2. Semi-annually- visual inspection of fire alarm components</li> </ol>	

<b>Single Station Smoke Detectors</b>	<ol style="list-style-type: none"> <li>1. Inspect and test according to manufacturer's instructions at least monthly</li> <li>2. Replace batteries according to manufacturer's instructions</li> <li>3. Document testing and maintenance</li> </ol>	
<b>Sprinkler system</b>	<ol style="list-style-type: none"> <li>1. Annual inspection by licensed individual- report available</li> <li>2. Test tamper and flow switches quarterly- document</li> <li>3. Storage eighteen (18) inches below sprinkler head deflector</li> <li>4. Sprinkler heads free of lint and corrosion, pipes not used for clothes hangers</li> <li>5. Sprinkler head unobstructed/not painted</li> <li>6. Check spare sprinkler head cabinet for 2 sprinkler head for each type of sprinkler used in the facility</li> </ol>	
<b>Emergency Generator</b>	<ol style="list-style-type: none"> <li>1. Annual inspection by licensed individual- report available</li> <li>2. Maintenance schedule per manufacturer's requirements- keep log</li> <li>3. Monthly recordings of battery electrolyte specific gravity- lead acid batteries, all others- weekly recording of battery voltage</li> <li>4. Monthly load test (30 %) for 30 minutes- record time and voltage</li> <li>5. Switch to emergency power within 10 seconds</li> <li>6. Outlets connected to emergency power identified by distinctive color unless total building on generator</li> </ol>	
<b>Fire Drills</b>	<ol style="list-style-type: none"> <li>1. Fire drills conducted monthly</li> <li>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)</li> <li>3. At unannounced times, not during shift change, not all on same day, 90% attendance</li> <li>4. Do not mix drills and in-services</li> <li>5. Document each drill with time, date, shift, procedures used, reactions of staff and signatures of staff participating</li> </ol>	
<b>Corridor, Fire and Smoke Barrier walls</b>	<ol style="list-style-type: none"> <li>1. All penetrations sealed with fire rated caulking or foam. Check behind service personnel. Maximum half inch gap around penetrations</li> </ol>	

<b>Exits</b>	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)	
<b>Eyewash Stations</b>	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.	
<b>Fire Pumps</b>	1. For diesel-engine driven units, weekly chum testing and inspection noted on checklist.	
	2. For electric-motor driven, monthly testing chum testing and inspection noted on checklist.	
	3. Annual full-flow testing and pressure performance done against the manufacturer's rating of the pump.	
<b>In General</b>	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 not 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

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## 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.

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- 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

- 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**

- |  |  |
|--|--|
| <input type="checkbox"/> No manual lifting                             | <input type="checkbox"/> Resident transfer protocols in the care plan      |
| <input type="checkbox"/> Proper lift and body mechanics and ergonomics | <input type="checkbox"/> Equipment safety                                  |
| <input type="checkbox"/> Slip and fall hazard, and non-slip footwear   | <input type="checkbox"/> Bio and chemical hazards                          |
| <input type="checkbox"/> Sharps and biohazard waste                    | <input type="checkbox"/> Hazard communication and SDS                      |
| <input type="checkbox"/> Exposure control plan                         | <input type="checkbox"/> Bloodborne pathogens                              |
| <input type="checkbox"/> Infection control                             | <input type="checkbox"/> Resident incident reporting                       |
| <input type="checkbox"/> Universal precautions                         | <input type="checkbox"/> Equipment safety features and emergency shut-offs |
- Required PPE:**    Eye    Hand    Respiratory    Head    Footwear

**Safety training: DINING SERVICES, KITCHEN**

- |   |  |
|---|--|
| <input type="checkbox"/> Slip and fall hazards and non-slip footwear                  | <input type="checkbox"/> Lifting and carrying body mechanics     |
| <input type="checkbox"/> Ergonomics   | <input type="checkbox"/> Use of wheeled carts and dollies        |
| <input type="checkbox"/> Knife safety and storage                                     | <input type="checkbox"/> Tool and equipment safety               |
| <input type="checkbox"/> Hazard communications  | <input type="checkbox"/> Ladders                                 |
| <input type="checkbox"/> Hazardous energy (electric)                                  | <input type="checkbox"/> Hazardous materials and SDS             |
| <input type="checkbox"/> Flammable material use and storage                           | <input type="checkbox"/> Personal hygiene and wearing of jewelry |
| <input type="checkbox"/> Temperature and heat   | <input type="checkbox"/> Trash and recycling                     |
| <input type="checkbox"/> Food safety  | <input type="checkbox"/> Sanitation                              |
| <input checked="" type="checkbox"/> Equipment safety features and emergency shut-offs |  |
- Required PPE:**    Eye    Hand    Body/Respiratory    Head    Footwear

**Safety training: MAINTENANCE, HOUSEKEEPING, LAUNDRY**

- |  |   |
|--|---|
| <input type="checkbox"/> Slip and fall hazard, and non-slip footwear | <input type="checkbox"/> Proper lifting, carrying, and body mechanics                 |
| <input type="checkbox"/> Hallway hazard flow and safety              | <input type="checkbox"/> Use of wheeled carts and dollies                             |
| <input type="checkbox"/> Ergonomics                                  | <input type="checkbox"/> Tool and equipment safety                                    |
| <input type="checkbox"/> Fall protection                             | <input type="checkbox"/> Lockout/tagout   |
| <input type="checkbox"/> Ladders                                     | <input type="checkbox"/> Hazardous energy (electric, air, hydraulic)                  |
| <input type="checkbox"/> Hazardous communication and SDS             | <input type="checkbox"/> Compressed gas   |
| <input type="checkbox"/> Temperature and heat                        | <input type="checkbox"/> Electrical safety (grounding, GFCIs)                         |
| <input type="checkbox"/> Equipment maintenance                       | <input type="checkbox"/> Chemical handling and storage                                |
| <input type="checkbox"/> Flammable materials use and storage         | <input checked="" type="checkbox"/> Equipment safety features and emergency shut-offs |
- Required PPE:**    Eye    Hand    Respiratory    Head    Footwear

**Safety training: OFFICE, ADMINISTRATION, NURSING STATION**

- |  |   |
|--|---|
| <input type="checkbox"/> Workstation setup and ergonomics            | <input type="checkbox"/> Proper lifting, carrying, and body mechanics         |
| <input type="checkbox"/> Slip and fall hazards and non-slip footwear | <input type="checkbox"/> Housekeeping for a clean and uncluttered work space  |
| <input type="checkbox"/> Electrical cords out of walking paths       | <input type="checkbox"/> File cabinet and desk drawers kept closed            |
| <input type="checkbox"/> Hazard communication and SDS                | <input type="checkbox"/> Personal appliances and coffee makers are prohibited |
| <b>Required PPE:</b> <input type="checkbox"/> Footwear               | <input type="checkbox"/> Equipment safety features and emergency shut-offs    |

Employee Signature

Date

Manager/Supervisor Signature

Date



Date of initial implement 05-01-2017  
Date of last revision 05-01-2017

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## 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:

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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

	Employee	Management	CIO / Steering Committee	Training Admin	Information Security Officer (ISO)
Roles					
Tasks					
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.

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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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Date of last revision 05-01-2017

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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

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**Revision History:**

<b>Revision</b>	<b>Date</b>	<b>Description of Changes</b>	<b>Requested By</b>
0	05/01/2017	Initial Release	B. Rabe

Date of initial implement 05-01-2017  
Date of last revision 05-01-2017

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**SECTION F: EMERGENCY RESOURCES AND LISTS**Local/Regional/State Healthcare Internet Based System<sup>5</sup>:

•

**Emergency Contacts<sup>6</sup>:**

## Primary Contact:

Name: GREGG BURDATT  
 Title: EXECUTIVE DIRECTOR  
 Email: GBURDATT@COVLIVING.ORG  
 Work Phone: 603 353 0608  
 Home Phone: [REDACTED]  
 Cell Phone: [REDACTED]  
 Cell Phone Carrier<sup>7</sup>: 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: [REDACTED]  
 Cell Phone: [REDACTED]  
 Cell Phone Carrier: VERIZON  
 Alternate Cell Phone:  
 Alternate Cell Phone Carrier: N/A  
 Text Pager:<sup>8</sup>  
 Other: N/A

## Alternate Contact:

Name: KATE JOBMANN  
 Title: OFFICE MANAGER  
 Email: KJOBMANN@COVLIVING.ORG  
 Work Phone: 603 283 5150  
 Home Phone: [REDACTED]  
 Cell Phone: [REDACTED]  
 Cell Phone Carrier: US CELLULAR  
 Alternate Cell Phone: N/A

<sup>5</sup> 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

<sup>6</sup> Insert primary, secondary and alternate contacts

<sup>7</sup> For example Verizon, Sprint, etc.

<sup>8</sup> Delete if none

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City of Keene, NH

## Congregate Living & Social Services License Application

For Office Use Only:	
Case No. _____	Date Filled _____
Rec'd By _____	Page _____ of _____

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

**SECTION 1: LICENSE TYPE**

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input type="checkbox"/> Group Home, Large	<input type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input checked="" type="checkbox"/> 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: <b>Monadnock Affordable Housing Corp.</b>	NAME/COMPANY: <b>Monadnock Family Services</b>
MAILING ADDRESS: <b>831 Court st</b>	MAILING ADDRESS: <b>64 Main St.</b>
PHONE: <b>(603) 352-6161</b>	PHONE: <b>603-352-6649</b>
EMAIL: <b>jmeehan@keenehousing.org</b>	EMAIL: <b>pforman@mfs.org</b>
SIGNATURE:	SIGNATURE: <b>Patricia Forman</b> <small>Digitally signed by Patricia Forman Date: 2023.05.09 14:16:17 -04'00'</small>
PRINTED NAME: <b>Joshua Meehan</b>	PRINTED NAME: <b>Patricia Forman</b>
AUTHORIZED AGENT <small>(if different than Owner/Applicant)</small>	OPERATOR / MANAGER <small>(Point of 24-hour contact, if different than Owner/Applicant)</small>
NAME/COMPANY:	NAME/COMPANY: <b>Monadnock Family Services</b>
MAILING ADDRESS:	MAILING ADDRESS: <b>64 Main St.</b>
PHONE:	PHONE: <b>(603) 352-6649</b>
EMAIL:	EMAIL: <b>pforman@mfs.org</b>
SIGNATURE:	SIGNATURE: <b>Patricia Forman</b> <small>Digitally signed by Patricia Forman Date: 2023.05.11 13:06:12 -04'00'</small>
PRINTED NAME:	PRINTED NAME:

**SECTION 3: PROPERTY INFORMATION**

**PROPERTY ADDRESS:**

32 Emerald St.

**TAX MAP PARCEL NUMBER:**

58406500000000

**ZONING DISTRICT:**

Downtown Growth



**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.**

Residents of Emerald House are clients of Monadnock Family Services, and qualify as adults with mental illness. Emerald House staff offers ADL's coaching and prompting, as well as making and keeping appointments, transportation to appointments, 1:1 support in the community, ordering and administering medications, meal planning and preparation and crisis intervention.

## SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keene.nh.gov, with "CLSS License Application" in the subject line
  - **Mail / Hand Deliver:**  
 Community Development  
 (4th Floor) Keene City Hall,  
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

*Note: Additional information may be requested to complete the review of the application.*

<input checked="" type="checkbox"/> <b>PROPERTY OWNER:</b> Name, phone number and address	<input checked="" type="checkbox"/> <b>POINT OF 24 HOUR CONTACT:</b> Name, phone number, and address of person acting as the operator, if not owner <p style="text-align: center;">Same as owner</p>
<input checked="" type="checkbox"/> <b>REQUIRED DOCUMENTATION:</b> Provide all required state or federal licenses, permits and certifications	<input checked="" type="checkbox"/> <b>WRITTEN NARRATIVE:</b> Provide necessary information to the submittal requirements
<input checked="" type="checkbox"/> <b>PROPERTY INFORMATION:</b> Description of the property location including street address and tax map parcel number	<input type="checkbox"/> <b>APPLICABLE FEES:</b> \$165.00 application (checks made payable to City of Keene)
<b>COMPLETED INSPECTION:</b> Inspection date: _____	or <b>SCHEDULED INSPECTION:</b> Inspection date: _____

**OPERATIONS AND MANAGEMENT PLAN:**

Plan based on the industry standard "Best Management Practices" to include:

- Security Plan
- Life Safety Plan
- Staff Training and Procedures Plan
- Health and Safety Plan
- Emergency Response Plan
- Neighborhood Relations Plan
- Building and Site Maintenance Procedures

In addition, Homeless Shelters will need to provide:

- Rules of Conduct, Registration System and Screening Procedures
- Access Policies and Procedures

**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.**

Emerald House is a 10 bed, 24 hour staffed facility. The 10 beds are consistently filled. During the day, from the hours of 7am-7pm, there may be 2-5 staff members working, while 1-2 other MFS providers may be in the house or on the grounds working with clients. Residents may host two visitors during the hours of 10am-5pm. The facility has 4,616 sq. ft. of living space and sits alone on a 0.24 acre lot.

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

The average stay at Emerald House is 3 years.

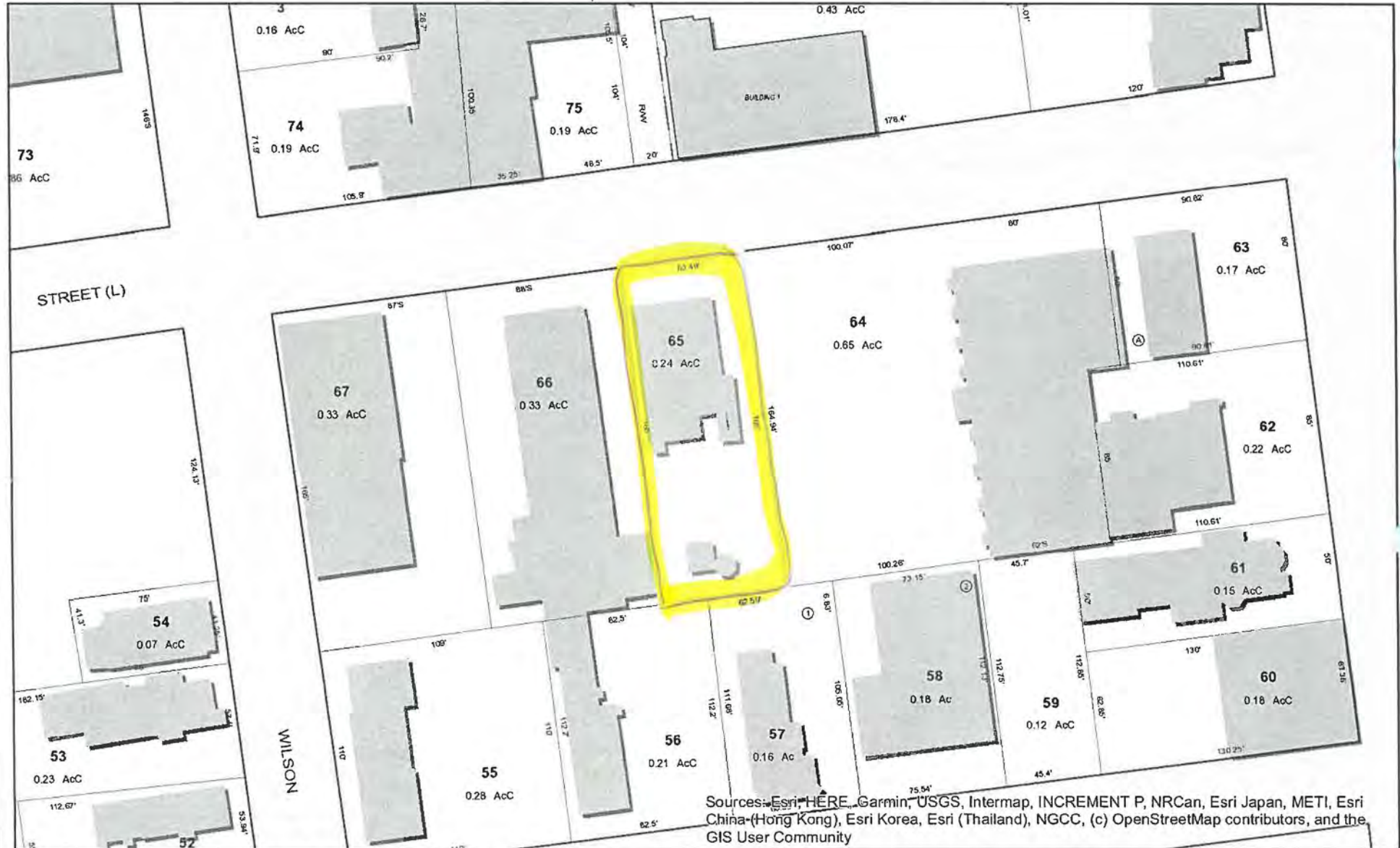




May 9, 2023

1 inch = 68 Feet

www.cai-tech.com



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, (c) OpenStreetMap contributors, and the GIS User Community

Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.

# Security Plan

## **Physical Security Plan**

**Lock all doors and windows:** Windows are always locked unless obstructed by air conditioning units. All house doors are locked between the hours of 11:00 p.m. to 6:00a.m.

**Identify Employees:** All employees are assigned a badge upon hire that includes the staff members' name, photo, and associated department within the agency.

**Secure important documents:** All documents containing sensitive information are dually locked. This means that files are kept within a locked cabinet, and that cabinet resides in an office that is also secured unless actively being used by an approved staff member.

**Secure all cash:** Staff do not hold, administer, or otherwise handle cash on the premises.

**Monitor Packages:** All mail is delivered to a locked mailbox and only Emerald House employees have access to the key. Emerald House staff collects, sorts, and distributes all mail and packages to the residents.

**Require Strong Passwords on Computer:** All computers with sensitive information reside in an office that is always locked unless actively occupied by Emerald House staff. Computers are password protected and require connection to a security wall to access any sensitive information. This security wall also requires passwords. Furthermore, all healthcare related documents require another level of security to access by signing onto a guarded electronic medical records system.

## **Systems and Staff**

**Record All Visitors:** Any non-resident or staff member of Emerald House must ring the doorbell and be allowed in by an employee. Each visitor records their name, time in/out, and the resident they are visiting. This allows staff to know who is on the premises at all times. Additionally, visitors are only allowed between the hours of 10:00 a.m. to 5:00 p.m.

**Install Video surveillance:** Due to HIPAA standards and expected privacy in a residential home, visitor surveillance would not be appropriate at this location.

**Install Intrusion Detection Systems:** All outdoor areas of the building are equipped with motion detection lighting.

**Install Other Detection Systems (smoke, heat, and carbon monoxide detectors):** The building is fully equipped with such systems as required by life safety licensing.

**Secure Public Areas:** The property is surrounded by fencing. Additionally, all outdoor areas are equipped with motion detecting light fixtures as well as two fixed lights that are on a timer.

## **Preparedness**

**Establish Security Guidelines:** Several security guidelines already outlined above include extensive lighting, a privacy fence and a "panic button." Moreover, Emerald House employees



have 24/7 access to on-call management for additional support, as well as a quick reference binder where staff can locate protocols to be used in security breach situations.

**Develop an Emergency Response Plan:** Please see attached.

**Stock Emergency Kits:** Emergency kits can be found in the medication administration area of the employee office. The medical kits include but are not limited to bandages, gauze, antibacterial ointments, alcohol preparation pads, tweezers, athletic tape, rubber tourniquets, gloves, masks, and other personal protective equipment. Staff also stock supplies for use in the event of natural emergencies. These include but are not limited to laminated papers (for water resistance) of all area emergency numbers, flashlights, batteries, nonperishable foods, and water bottles.

**Conduct Security Training:** Monthly fire drills are performed at Emerald House to ensure all residents are aware of how to exit safely in an emergency. Monadnock Family Services (MFS) provides staff training in deescalating tactics to assist staff with handling situations that may arise. All new hires are trained in the use of the panic button and related safety procedures.

**Manage Employee Turnover:** This is mainly a human resources task. However, staff at Emerald House assist in this by keeping a healthy, friendly, and professional environment where staff have room to grow and learn.

**Keep Systems Updated:** All systems are maintained and updated according to requirements for licensing.

### **Other Considerations**

**Secure Areas in the Building:** All rooms and offices in this facility are secured by locks. Staff has a master key that allows entry into any of these areas. This means that at any given moment, there is option of a secure place in an emergency or an event where one might need a safe place to isolate. All secure areas for documents and other items are listed above.

**Firearms:** Firearms are strictly prohibited on this property.

**Issue employees photo identification cards and assign passes to visitors:** As previously stated, all employees are issued identification badges upon hire. Visitors are required to sign in/out upon arrival/leaving.

## **Life Safety Plan**

Emerald House is licensed and certified through DHHS (Dept. of Health and Human Services). There are emergency evacuation maps posted in every room. Fire extinguishers and an alarm system are inspected on a yearly basis. All staff are trained in emergency response. Please see attached documentation.

## **Staff Training and Procedures Plan**

Upon accepting employment at Emerald House, staff are required to attend 14 hours of orientation and training, which include the following:

- Medication Administration
- EMR (Electronic Medical Records)
- CPR certification
- HIPAA
- Confidentiality
- Code of Ethics
- Client Rights
- General Fire and Safety Response

Staff also train 1:1 with experienced Emerald House staff for approximately 6 weeks.

## **Health and Safety Plan**

All residents of Emerald House are clients of Monadnock Family Services. There is a referral process which includes screening potential residents for past sexual misconduct and/or violence of any kind, as well as current drug and alcohol use. Clients are not accepted into the program if they are currently using drugs or alcohol. Furthermore, we abide by all CDC guidelines and update our guidance as per the MFS medical director. In the event that a client or staff is sick, we inform our health reporting team and follow their guidance. Emerald House also has an RN on the premises Wednesdays and Thursdays. Staff label and date food. Refrigerator/freezer temps are recorded daily. Food is rotated and/or purged every 2-3 days. Please see attached documentation.

## **Emergency Response Plan**

See attached documentation.



## **Neighborhood Relations Plan**

We are surrounded by businesses, except at the back, which is college student housing. Due to their transient nature, we don't have a plan with them. 75% of the time residents are supported by staff in the community, which gives staff and clients an opportunity to create healthy neighborhood relationships. Our residents frequent the local establishments and have a good rapport. There is no history of or current complaints of any nature.

## **Building and Site Maintenance Plan**

Emerald House is owned by Keene Housing. For any and all building repairs or emergencies, staff can contact our Keene Housing Maintenance Manager 24 hours a day, 7 days a week.



# Emerald House Emergency Preparedness

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MAY 3, 2023  
EMERALD HOUSE  
32 Emerald St. Keene NH, 03431

**Facility name:** Emerald House

**License #:** 0176

**License type:** Community Residence

**Location:** 32 Emerald St. Keene, NH 03431

**Telephone #:** 603-352-6649

**Fax#:** 603-355-5302

**Authority Having Jurisdiction:** Raymond Lagasse

**Signature:**

**Date:**

**Administrator:** Raymond Lagasse

**House Supervisor:** Patricia Forman

**Mobile Phone#:** [REDACTED]

**Mobile Phone#** [REDACTED]

**E-mail:** [rlagasse@mfs.org](mailto:rlagasse@mfs.org)

**E-mail:** [pforman@mfs.org](mailto:pforman@mfs.org)

### **Disaster Response Emerald House:**

Emergencies generally fall into three categories. The categories indicate the severity of the disaster, offer guidance about the level of involvement that can be expected from NH DHHS BMHS and Emerald House, and provide information regarding the likelihood that Regional Disaster Behavioral Health Response Teams will be mobilized to address community needs.

A local disaster is any event, real or perceived, that threatens the well-being of citizens in one municipality. It is confined geographically to a small area and primarily has an impact only on persons living in that area. A local disaster is manageable by local officials without a need for outside resources. Local governments such as police, fire, health, and municipal officials handle the response. The decision to involve the Disaster Behavioral Health Response Team is made on a case-by-case basis in concert with local officials. There is no set time for response to a local disaster. Costs associated with responding to this type of disaster are not reimbursable by federally funded sources.

A state disaster is any event real and/or perceived, that threatens the wellbeing of citizens in multiple towns, cities, or regions or overwhelms a local jurisdiction's ability to respond or affects state-owned property or interests. The Governor or his/her designee can only declare a state emergency. Response and recovery are the responsibility of the Homeland Security and Emergency Management (HSEM). A response by the Regional Disaster Behavioral Health Response Team may be required depending on the magnitude, nature, and duration of the emergency. BBH may supplement local resources with state employees and/or call upon Disaster Behavioral Health Response Teams from the other regions to assist. The duration of response is generally limited to the duration of the event, or until it is determined by the Governor's Office and HSEM that a response is no longer necessary.

### **Procedures for Activating the Plan:**

1. Disaster Notification – Emerald House may receive notification of an actual/potential disaster from a variety of sources, Bureau of Mental Health Services, HSEM, local public safety agencies, or federal agencies such as FEMA. The essential information to be obtained from the notification source includes the type and cause of the disaster incident, the approximate time and place the disaster occurred or is expected to occur, the number and condition of the person(s) involved, the current response plan (if any), the source for obtaining continued information and via telephone, the name/title of the caller and return phone number to verify information This information must be given immediately to the administrator or coordinator during business hours, overnight, weekends, and holidays.
2. Upon receipt of the initial information the administrator, in concert with the MFS incident command, will assess the situation and make a preliminary determination as to the nature and scope of the response. Depending on the scope, the administrator will contact other key personnel.
3. An Emergency Operations Center (EOC) will be established as needed and determined by the administrator. This Center will be the coordination area for disaster response activities. The location of this Center may be at any of the agency's sites, area of public safety facilities, or at an area hospital. The EOC will be staffed 24 hours a day for as long as necessary and serve as the

focal point of contact between state-level coordination and local needs, including gathering information about resource needs. The location of the Center will be communicated to BMHS, HSEM, the American Red Cross, and the local emergency management authority.

**Employee Emergency Notification** - In the event of a disaster, employees may need to be warned to stay away from an area/facility or to be called back into work to provide coverage for essential services or disaster response. The administrator will utilize the facility emergency notification call list to contact Emerald House staff at home. If telephone systems are not operational, cell phones will be utilized. If cellular towers are down, the Center will coordinate notification in person for those staff that needs to respond with the assistance of the local police departments. When notified, employees will be informed of the site to report to for orientation and deployment.

If employees are aware that a major disaster has occurred and telephones are not operational, they should consider not meeting at Emerald House. This should only be done if it can be determined that the Emerald House location is safe, and travel can occur without obstructing the activities of fire, police, or emergency medical personnel. On arrival, staff members will report to their respective supervisors to log in and be assigned to whatever tasks are required.

### **Media Communication**

All communication with the media regarding any disaster situation must be coordinated through Monadnock Family Services EOC to ensure that information is given consistently and appropriately. Community Relations staff will establish a media center in conjunction with the Emergency Services Director at the Disaster Control Center. All media requests should be referred to the Emerald House administrator. The CEO or his/her designee is the only person authorized to make public statements to the media. When communicating to the public, it is important to keep three communication fundamentals in mind. First, develop a key message to ease public concern and give guidance on how to respond. Second stay on the message, being clear and repetitive to ensure that the message is heard. Third, deliver accurate and timely information.

### **Essential Functions of Staff:**

Staff is required to prepare meals for clients, assist clients with chores, administer medications, provide fire drills, attend staff meetings, and other duties necessary for client care. A daily focus on ADL's falls under staff responsibilities. The staff is certified to administer medications, CPR certified, and issued a photo-id upon hire. Documentation is required in the EMR to report on client's behaviors, interventions, or anything related to client health. Vital records are stored at Emerald House and 93<sup>rd</sup> both on physical and cloud platforms.

**Emergency notifications and response:** All staff will be alerted via text message and phone. This will not be automated, but rather coordinated by the administrator. This includes keys, medications, cellphone, client-check lists, PPE, blood-pressure monitors, and glucose measuring devices.

**Emergency food:** Food and other provisions will be garrisoned in the Emerald House staff kitchen upon its utilization during an emergency. These items will be stored in the large wooden



cabinet in the Emerald House office. A monthly checklist will be added to ensure that food is being rotated and correctly documented.

**Building Security:** All working staff carry keys, panic buttons, and phones while monitoring the premises. Staff will alert the appropriate agency in case of the following:

- **Missing person:** notify police and guardian if applicable. To note, if a resident misses all medication windows; guardians, medical director, and police are notified.
- **First Aid:** First Aid will be administered upon a determination by the Emerald House nurse and staff. In case of emergency dial 9-11.

**Our response to Covid-19:** See attached.

**Resident Emergency Profile:** See attached.

**Staff list:** See attached.

**Monadnock Family Services Chain of Command:**

Monadnock Family Services Chief Executive Officer, Phil Wyzik, has overall authority for the Emerald House Response Plan and the agency Disaster Plan and will coordinate with various other key personnel to oversee implementation, maintenance, evaluation, and revisions of the plan.

Other key staff may include but are not limited to Gigi Pratt, Chief Financial Officer; Kevin Stevenson, Director of Emergency/Acute Care Services; Director of Community Support and Operations; and George Piers, .

Key Personnel to Oversee Disaster Plan: Director of Human Resources, Ana Gonzalez; Director of Payroll, Michelle Milton; Director of Safety Committee, Tony Malloy; Information and Technology Director, Kim Calkins; MFS's Acute Care Department is available 24 hours per day, seven days a week and 365 days a year. Requests for disaster behavioral health assistance will be directed to call (603) 357-4400 24 hours a day.

MFS Acute Care Staff will respond with available resources. Acute Care Staff will serve as the disaster reconnaissance for MFS Administration and will collect information as to the scope, general impact, special population impact, needs, and operational issues within the affected communities, other agencies, and outside resources, and within Monadnock Family Services departments.

If the Acute Care Staff response capacity is outstripped by demand, then the MFS Acute Care Staff will contact as needed the following:

- 1.) Director of Emergency/Acute Care Services, Kevin Stevenson, the Acute Care Director assumes responsibility to coordinate with other departments of MFS, coordinate and liaison with other agencies and muster primary response personnel and activate additional disaster resources such DBHRT or Granite State CISD, after consultation with the CEO and Chief Medical Officer. When warranted during a disaster, the Director of Acute Care Services will assume responsibility for activating these resources.
- 2.) Chief Executive Officer, Phil Wyzik, MA, or the Agency Administrator on call. The Chief Executive Officer/designee assumes overall responsibility for authorizing the

deployment of all agency resources. When warranted the CEO may activate mutual aid agreements allowing other CMHC's to provide and receive disaster assistance.

3) Chief Medical Officer, Marianne Marsh M.D., or the Agency Psychiatrist on call. The Chief Medical Officer/designee assumes overall responsibility for the inventory and mustering and deployment of medical staff resources.

### **Protocol for Emergencies:**

**Building Fire:** If a building fire occurs, staff should follow evacuation procedures established for each site. Barring the return of entering Emerald House due to damage by the fire. The 93rd Street Building will become the Emergency Command Center, and all coordination of program activities will be based out of that site.

- Short term plan: Establish with the Fire Department if the building is to return to. If not, the 93<sup>rd</sup> protocol will be initiated. **Found under Protection/Mitigation Plan**

**Bomb Threat:** If a bomb threat is received by a staff member or client in the agency, the building should be evacuated, and the police notified.

- See attached. The protocol from the Department of Homeland Security. A checklist will be available from the Cybersecurity and Infrastructure Security Agency. Staff will be given a copy of each and an annual review will take place during a staff meeting.

**Hostage Situation, Violent Client or Visitor:** If a staff person is made aware of a hostage situation, notify the police and a supervisor in the building. Protocols for using panic alarms, Dr. Powers, should be followed. If a client or visitor becomes violent or aggressive, notify the police and clear all other clients and staff out of the area.

- The administrator will also follow the protocol laid out by the Emergency and Safety Alliance.
- The protocol will be reviewed annually during a staff meeting by the administrator.

**Power Outage:** If electrical power is lost at one of the buildings, staff should notify the Director of Payroll, Michelle Milton, who will contact the power company or electrician.

- Short/Long term plan: If determined that the power will not be restored within a reasonable time or if conditions indicate the need to relocate (hot and cold weather) the administrator will initiate the protocol to establish residential care at 93<sup>rd</sup> street. Following the protocol established under a building fire. **Found under Protection/Mitigation Plan**

**Floods:** In the event a flood of seriousness arises on the Emerald House property, the administrator Raymond Lagasse will notify the CEO and other key staff to move EH operations to 93<sup>rd</sup> St. Coordination with staff will be conducted by the administrator.

**Building Systems and Equipment Failure:** Contact the Director of Payroll, Michelle Milton, with information about the building system and/or equipment in question. If the failure poses a hazard to life or other building property or has the potential to cause bodily injury, the fire drill procedure in the Fire Plan shall be implemented. Building Inspection Department. Should water be contaminated, or outage occurs, notify administrator Raymond Lagasse to contact the Water Dept.

- Short term plan: If there is no risk to life, and daily business could be conducted. The administrator would work with Keene Housing Authority to determine a time frame to resolve the issue.

**Found under Protection/Mitigation Plan**

**Gas Leak:** The administrator will notify the gas supplier, Liberty Utilities. Emerald House staff will alert residents and exit the building in an orderly fashion. Upon determination with Liberty Utilities, the Fire Department will be called.

Short/Long term plan: If it is determined that Emerald House residents and staff will not be allowed entry for a specified number of days. The administrator will initiate the 93<sup>rd</sup> street protocol.

**Loss of phone service:** Should there be a loss of phone service the administrator Raymond Lagasse will contact the telephone service provider to ascertain how long the service will be disrupted.

Short/long term plan: Emerald House will run normally, but changes in communication from phone and e-mail may be possible.

**Hazardous Spills:** Activate external responders by calling 911 and then follow evacuation procedures established for each site.

**Emergencies Involving Danger to Others:** A staff member is to assess the situation. If it is discerned that assistance is needed to provide a visible show of strength and control, the staff will activate the "Dr. Powers protocol. Should it be determined that additional response is required the police will be contacted.

- Short term/long term: Residents and staff will relocate under the 93<sup>rd</sup> protocol. **Found under Protection/Mitigation Plan**

**Medical Emergencies:** 1. Call 911 and request an ambulance. 2. Request assistance from a physician or nurse in the facility. 3. Life support measures should be initiated when appropriate.

**According to FEMA and the Community Development Department in the City of Keene, NH a flood is recognized as the most serious threat to Emerald House.**

**Prevention Plan:** Understanding risks is pivotal to addressing the safety of our residents. Steps have been taking to address each hazard at Emerald House. Part of the protocol is: training for staff on emergencies listed in this document, review of the Emergency Preparedness protocol, follow procedures presented at staff meetings.

**Protection Plan/Mitigation Plan:** 93<sup>rd</sup> protocol: If the facility is deemed unsafe the administrator will contact the CEO and utilize 93<sup>rd</sup> as a location for residents to stay at. The



administrator will coordinate with the team on providing the essentials for a long term stay. They are but are not limited to medications, cots, personal hygiene products, food, and clothing. This will be assessed daily under the guidance of the administrator and coordinator.

If cots are needed, we will reach out to the Greater Monadnock Public Health Network, via Jane Parayil the GMPHN Emergency Preparedness Coordinator; #603-354-5454 ext 3034 email [jparayil@cheshire-med.com](mailto:jparayil@cheshire-med.com) All Emerald House residents receive their medications from Genoa Pharmacy located at the MFS 93<sup>rd</sup> Street location. We will work with Genoa Pharmacy for any additional medication needs beyond the medication box that will accompany the clients during an evacuation.

All Emerald House staff will receive an orientation of the Disaster Response Plan and will be re-oriented on an annual basis. All new hires will receive an in-depth orientation to the Disaster Response Plan and clarification of their role in the event of a disaster.

### **Annual Drills:**

Emerald House led disaster response drills will be held at least once a year. The objective of these drills is to assess Emerald House's readiness to respond to a disaster and the opportunity to practice disaster-related skills by all available staff. Staff members will participate as necessary to fulfill the requirements for compliance. These drills may be coordinated with other community agencies.

After the drill, a written report will be drafted by a designated senior staff member, reviewed by the administrator Raymond Lagasse and presented to Emerald House staff to identify deficiencies and recommend opportunities for improvement based on lessons learned.

**Coordination with other Community Mental Health Center Regions:** In the development of this Disaster Plan Emerald House has entered into a Mutual Aid Agreement. This agreement states that in the event of a disaster that impacts the operational capabilities of any Community Mental Health Center or that the extent of the disaster is greater than the "home" CMHC resources to manage the event, the affected CMHC may request assistance from other CMHC. Such requests should be made through the Bureau of Mental Health Services. The Bureau of Mental Health Services will be responsible for identifying and deploying out of -region disaster response teams. Besides, a neighboring CMHC will be available for debriefings and one-on-one crisis evaluations for employees of the affected CMHC.

### **Additional Local, State, and Federal Emergency Resources & Phone Numbers:**

**Community Mental Health Centers:** Region I-Northern N. H. Mental Health & Developmental Services-447-3347 Region II-West Central Behavioral Health Services-448-0126 Region III-Genesis Behavioral Health-524-1100 Region IV- Riverbend Community Mental Health, Inc.- 228-1551 Region V- Monadnock Family Services- 357-4400 Region VI- Community Council of Nashua- 889-6147 Region VII- The Mental Health Center of Greater Manchester- 668-4111 Region VIII- Seacoast Mental Health Center, Inc. -431-6703 Region IX- Behavioral Health & Developmental Services of Strafford County- 332-6635 Region X- CLM Behavioral Health Systems- 893-3548

**American Red Cross Chapters:** Concord Area Chapter, Concord, N.H. 603-225-6697

**STATE RESOURCES:** Division of Behavioral Health-271-5300 Employee Assistance Program- 271-4336 New Hampshire Disaster Behavioral Health Coordinator-271-2231 New Hampshire National Guard- 225-1200 New Hampshire Bureau of Emergency Management-1-800-852-3792 New Hampshire State Police-1-800-525-5555 New Hampshire Fish and Game- 271-3421 New Hampshire Poison Control Center-1-800-562-8236 New Hampshire Marine Patrol-293-2037 New Hampshire Port Authority-436-8500 New Hampshire Wing Civil Air Patrol- 271-3225 Office of Community and Public Health- 271-4501

**Non-Emergency Contact Numbers:**

**Non-Emergency Police:** 357-9815

**Non-emergency fire:** 357-9861

**Poison Control:** 800-222-1222

**Hazardous Material/Spill-Clean-up:** 800-424-8802

**Public Health:** 228-2983

**NH Red Cross:** 225-6697

**Ever source:** 662-7764

**Liberty Utilities:** 352-1230

**Keene Water Dept.:** 352-6550

**Spectrum internet/cable:** 866-874-2389

**Wastewater Dept.:** 357-9836

**NH DHHS:** 271-9700

**Emerald House Incident Commander:** Ray Lagasse

**Alternate Incident Commander:** Patricia Forman

Appendix A.  
Staff List #'s:

All staff members will report changes of addresses and telephone numbers, as well as their Response time to the administrator Raymond Lagasse.

Name: Ryan Gilbert	Phone# [REDACTED]
Name: Jewel Wilson	Phone# [REDACTED]
Name: Meg Brodhead	Phone# [REDACTED]
Name: Melanie Diehl	Phone# [REDACTED]
Name: Patricia Forman (Supervisor)	Phone# [REDACTED]
Name: Amanda Moore (Coordinator)	Phone# [REDACTED]
Name: Raymond Lagasse (Manager)	Phone# [REDACTED]
Name: Jennina Esposito	Phone# [REDACTED]
Name: Joey Santalucito	Phone# [REDACTED]
Name: Thomas Connelly (Emerald House QA Nurse)	Phone# [REDACTED]

**Appendix C.**

**Covid-19 Response Plan**

**Appendix D.**

**HVA assessment**

**Chapter 4  
Assessing Probability, Severity, and Risk**

The vulnerability and risk assessment provides information to enable the city to identify and prioritize appropriate mitigation actions to reduce losses from the identified natural hazards. For each hazard type shown in the table below, the committee assigned a value (1-5) to reflect the Human, Property and Business impact of each hazard to determine the vulnerability. Then, the committee assigned a probability value (1-5) reflecting the likelihood that this hazard will occur in the next 25 years. The severity and risk was calculated from the inputted values. The final column indicates the risk of each hazard, allowing the committee to see which hazards pose the greatest risk to the community. Very Low to Very High risk was assigned as shown below.

**Human Impact, Property Impact, Business Impact and Probability rating scale:**



Potential Hazard	Human Impact	Property Impact	Business Impact	Probability	Severity	Risk	Risk Level
	Probability of death or injury	Physical losses and damages	Interruption of service	Likelihood this will occur in 25 years	Average of human, property, business impacts	Severity x Probability	
Flooding	4	5	5	5	4.7	24	Very High
Drought	2	3	3	5	2.7	14	Medium
Extreme Heat	4	2	4	5	3.3	17	High
Wild Fire	2	3	3	5	2.7	14	Medium
Lightning Strikes	3	4	3	5	3.3	17	High
Tornado/downburst/wind	4	4	4	5	4	20	High
Hurricane/tropical storm	4	5	4	5	4.3	22	Very High
Earthquake	4	4	4	2	4	8	Low
Severe Winter Weather	4	2	4	5	3.3	17	High
Erosion/Landslide	2	2	2	2	2	4	Very Low
HazMat Spills	3	3	4	5	3.3	17	High
Dam Failure	4	4	4	2	4	8	Low

**Natural Hazard Risk Assessment Table**

**Risk Level: 1-5 Very Low 6-10 Low 11-15 Medium 16-20 High 21-25 Very High**



## CHAPTER 5 POTENTIAL HAZARDS and VULNERABILITY ASSESSMENT

Existing and future structures have the potential of being affected by some of the hazards identified in this plan. Some hazards identified in this plan are regional or citywide risks and, as such, all structures, infrastructure and critical facilities fall into the hazard area.

In order to determine estimated losses due to natural and man-made hazards in Keene, each hazard area was analyzed; results are shown below. Human losses were not calculated during this exercise, but could be expected to occur depending on the type and severity of the hazard. These figures exclude both the land value and contents of the structure. The value of all structures, including exempt structures such as schools and churches, is \$1,876,512,800, according to the City Assessing records as of March 8, 2018, and the median value of a home in Keene is \$183,300. The data below was calculated using FEMA's Understanding Your Risks: Identifying Hazards and Estimating Losses. Since hazard vulnerability assessment is dependent on a range of variables, such as the type, magnitude and precise location of a future hazard, these assessments are far from an exact science. Therefore, it is understood that the monetary values arrived at through these assessments represent gross estimates.

**Flood - Very High Risk:** There is great potential for annual flood incidents in Keene due to the community's topography and numerous watercourses and water bodies. The City of Keene is a very complex hydrologic system. The City's floodplain, due to its size and complexity, may be one of the most important in New England. The complexity arises from the fact that 12 steep rivers and streams from 6 major watersheds eventually drain into the City. The outlet of the Keene floodplain is a flat stretch of river, which does not gain any significant slope for about 25 miles at the Town of Winchester. The result of having large volumes of water flowing into a flat bowl is frequent flooding. During major region-wide rainstorms or during spring snowmelt there can be basin-wide flooding. Since only so much water can flow past Winchester and Hinsdale to the Connecticut River, the City has experienced backwater flooding, as water backs up from Winchester and Swanzey northward into the Keene basin. However, flooding can occur along any one of the rivers or brooks, and there may be significant flooding on the east side of Keene (due to a local rainstorm in the Beaver Brook watershed, for example), while there is no flooding on the west side of the City. That is why the Keene floodplain is so complex, in terms of forecasting and in terms of management. The area most susceptible to major flooding is that portion of the City which extends southward from the Colony dam just north of West Street (next to Starbucks Coffee) down into Swanzey, and in a swath along each of the rivers and streams. The general extent of the floodplain is shown on the Hazard Identification Map at the end of this plan. In total, the 100-year floodplain extends over 1,400 acres. The extent of damage caused by any flood depends on the depth and duration of flooding, the topography of the area flooded, velocity of flow, rate of rise, and the amount and form of development in the floodplain. Deep floodwater carrying floating debris would create hazardous conditions for people and vehicles attempting to cross flooded areas. In depths of greater than 3 feet or in areas where the flow attains faster velocity, an adult could be swept off balance creating the danger of injury or drowning. Damaged sewer lines or septic systems could pollute floodwaters, creating a health hazard or contaminating City well fields. Hazardous or toxic materials could be released, causing pollution or injury. The provision of emergency medical, fire or police assistance could be seriously restricted or delayed due to obstructed access routes. Death or injury could occur. There could be significant damage to buildings. Many utilities could be damaged, including gas, electric, drainage, telephone, sewer and water lines. A major electrical substation and local propane gas company on Emerald Street are located within the floodplain. Many people could be out of work as the result of damage to local businesses and industries. In general, a major flood could affect the whole city, either directly or indirectly. In 1989, the U.S. Army Corps of Engineers estimated that a 100-

around water and wetlands may be more susceptible to lightning strike incidents. Lightning could strike tall trees anywhere in Keene and could potentially start wildfires in periods of drought, or create telephone and power outages. Church steeples are also at risk.

- This could occur citywide;
- There is a potential for interruption of service, and damage to structures;
- There is a potential for injury or death.
- Areas of high fuel load are at higher risk;
- Antennas and towers are at higher risk; and
- Hikers, fishermen and boaters are at higher risk.

**Tornado/Downburst/Severe Wind - High Risk: estimated cost - \$37,530,256.** Severe wind events (downburst, tornadoes or high winds associated with thunderstorms) can occur anywhere in Keene. Generally the higher elevations, such as Beech Hill, are more susceptible as well as more vulnerable due to the fact that they are home to many communication towers, including emergency response/mutual aid towers. Due to the sporadic nature of Tornadoes, they could occur anywhere in the City of Keene. Such events can cause small blocks of downed timber. Downbursts are sometimes mistaken for tornadoes and can cause very similar damage.

Tornadoes rarely occur in this part of the country; therefore, assessing damage is difficult. The estimated damages to 10% of structures with 20% damage is approximately \$37,530,256. The estimated cost does not include building contents, land values or damages to utilities.

- The potential for damage to structures from severe wind, downbursts, and tornadoes is citywide;
- There is a potential for interruption of service and damage to utilities; and
- There is a potential for injury or death.

**Hurricane/Tropical Storm - Very High Risk: estimated cost - \$46,912,820.** Keene's location in southwestern New Hampshire reduces the risk of extremely high winds that are associated with hurricanes. Hurricanes can, and do create flooding. The estimated wind damage of 5% of the structures with 10% damage is approximately \$9,382,564. The estimated flood damage of 10% of the structures with 20% damage is approximately \$37,530,256. The cost of repairing or replacing the roads, bridges, utilities and contents of structures is not included.

- The potential for damage to structures is citywide;
- There is a potential for injury or death;
- Damaged power lines could disrupt services; and
- Flooding could wash out evacuation routes.

**Earthquake - Low Risk: estimated cost - \$375,302,560.** According to the NH State Hazard Mitigation Plan, New Hampshire is considered to lie in an area of "Moderate" seismic activity with respect to other areas of the United States and is bordered to the North and Southwest by areas of "Major" activity. There are no identified fault lines for the entire state, therefore, an earthquake could occur and/or affect any location in the City. Keene is located on a lake bed (Connecticut River valley) that has high liquefaction factor which increases the impact of an earthquake. It is assumed that all of the buildings in the City have not been designed to withstand seismic activity. More specifically, the older historic buildings that are constructed of non-reinforced masonry are especially vulnerable to any moderate sized earthquake. If a strong earthquake were to occur, there is the potential for an estimated loss of 20% of city assessed structural valuation which is approximately \$375,302,560. The costs for repairing or replacing roads, bridges, power lines, or the contents of the structures area not included.

- There is the potential for damage to structures from earthquakes;



EMERGENCY RESPONSE PROTOCOL

## Hostage Situation

Depending on Assistance Needed, Call:	
Police, Fire, and EMS Emergency	911
Security	
EST Manager	
Other	

### Situation Description

Hostage situations are among the most serious and complex incidents which impact public school systems. Usually, hostage perpetrators are either mentally ill, political or religious extremists, or fleeing criminals seeking a hiding place. Typically, the hostage taker is agitated and unpredictable. Consequently, he/she should be considered extremely dangerous.

All school and office personnel must be prepared to carry out plans in the event of a hostage situation in the school or community. In the event of this incident occurring, the following actions should be taken to maintain the safety of all students and staff.

### Procedures

#### *Immediate response—*

- Call 911.
- Contact security.
- Implement School Emergency Response Plan.
- Initiate Lockdown procedures.
- Call EST Manager.
- Follow police direction.
- Goal is to de-escalate situation.
- Try not to allow additional hostages to be taken.
- Compartmentalize (contain) situation to one area if possible; try not to allow situation to go mobile. Utilizing active listening skills is crucial to de-escalating hostage situations.

#### *What to do—outside of the stage area—*

- If a hostage situation develops, call MPD (911) and security. When talking with police, be sure that the dispatcher understands clearly that there is a hostage situation in progress that (if applicable) involves school children.
- Immediately cordon off the area where the hostage situation is located. Attempt to evacuate everyone (except the hostages) from the immediate area. Do not attempt to

evacuate everyone if it would create an even more dangerous situation or enhance the chance of injury. For example, if a hostage is being held in a classroom and the hostage taker threatens anyone who comes near him or her; do not attempt to evacuate other classrooms (if occupied) in the immediate vicinity of where the hostage situation is located. Classroom doors should be locked from the inside, and the occupants should remain there and be as quiet as possible.

- Make no attempt to establish contact with the hostage taker. If, however, he/she makes demands, listen carefully and do not attempt to solicit additional information. Advise the hostage taker that you will pass on the demands to the superintendent. This is a stall tactic: accordingly, you must be calm and convincing.
- Take no further action. Await the arrival of the police and their Hostage Negotiation Team. Upon arrival, the police will evaluate the situation and give further direction regarding any evacuation attempts. Be prepared to give the police officers as much information on the hostage situation as you can (i.e., description of hostage taker; whether he/she displayed a weapon and if so what type; demands made (if any); number of people being held hostage and their approximate age, etc). Also, provide a floor plan of the building when the police arrive. Usually, the Emergency Fire Evacuation Plan will suffice.
- After notifying the police, advise the Executive Support Team.

***What to do—if you become a hostage—***

- Above all else try to maintain your composure. The object is to survive; therefore, do exactly as you are told. If you become emotional, it may cause the hostage taker to become angry and even more irrational.
- Look for and mentally plan an escape route. No attempts should be made to escape, however, unless the situation seriously deteriorates or you receive such instructions from the police.
- If more than one adult is taken hostage, one person should try to serve as spokesperson for the group. Obviously, this can't be discussed among the hostages. The rule of thumb to follow is that the oldest person present or the person with the most composure should respond to questions from the hostage taker.
- If children are included as hostages, make every effort to keep them calm. Exercise firm authority.
- Take no further action. Wait to be rescued or released.

***Followup response—***

- Follow Metropolitan Police instructions.
- Notify the Crisis Team as needed.
- Complete the After Action Report on the Web-Based Application (DC Emergency and Safety Alliance Web site) and submit to the Interagency Team.

## MFS COVID HEALTH REPORTING

January 23, 2023

Simplified process as COVID is here to stay.

No longer use Health Reporting – please consult with your supervisor.

### **DO NOT COME TO WORK SICK**

If you have any cold/allergy, or flu symptoms, including fever or fatigue, **DO NOT** come to work.  
Alert your supervisor.

### Testing:

Home COVID antigen test, if positive you have COVID and no need for a PCR.

If home test negative, schedule PCR test.

### If you have COVID:

Stay out of the building and do not see clients in person for 7 days.

Return after 7 days if you are improving and no fever.

When you return, wear an N95 mask for 10 days.

### High risk exposure:

Someone in your household has COVID or

Extended period in enclosed space with someone who has COVID unmasked.

Quarantine until you have a negative PCR, then wear an N95 for 10 days.

### Masks:

**Mask with clients** unless you are outside.

Mask in any area of the building (this may change depending on risk level in our community).

### No longer any difference in protocols for vaccinated vs unvaccinated staff:

We will continue to require vaccination for staff or apply for an exemption.

### Supervisors:

Tell people to stay home.

Follow the guidance above.

If you see someone at work with symptoms of any illness....tell them to go home!

Alert HR if a staff member has COVID with date of positive test.

Talk with HR if there are questions about time off and use of sick time.

Community Risk Level will be our primary guide to adjusting masking or other protocols.





Effective April 1, 2023  
**MASKS ARE OPTIONAL**

MFS will no longer require clients, visitors or staff to wear masks while in our buildings. However, the use of surgical or N95 masks is still very prudent for anyone who has a health risk. Please feel free to wear a mask if you want to do so. If you want a mask and don't have one, we'll be happy to supply one. MFS staff will ask you about your preference for using masks. If you would like that the MFS staff member(s) working with you to wear a mask, please ask them to do so.

## FIRE DRILL REPORTS

**FACILITY: EMERALD HOUSE**

**YEAR: 2023**

	<b>DATE</b>	<b>TIME</b>	<b>SHIFT</b>	<b># STAFF</b>	<b># RESIDENTS</b>	<b>EVACUATION TIME</b>
1.	1-14-23	9:05pm	3 overnight	3	9	1 min 18 secs
2.	2-7-23	12:52pm	1 <sup>st</sup> shift	3	7	1 min 20 secs
3.	3-29-23	7:02pm	2 <sup>nd</sup> shift	10	7	54 seconds
4.	4-21-23	3:51pm	2 <sup>nd</sup>	2	8	1 min 1 sec
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						

**1<sup>st</sup> Shift:** 6:30 AM – 2:00 PM

**2<sup>nd</sup> Shift:** 2 PM – 9 PM

**3<sup>rd</sup> Shift:** 9 PM – 6:30 AM

## FIRE DRILL REPORTS

**FACILITY: EMERALD HOUSE**

**YEAR: 2022**

	DATE	TIME	SHIFT	# STAFF	# RESIDENTS	EVACUATION TIME
1.	1/7/22	7:16 pm	2 <sup>nd</sup>	3	9	60 seconds
2.	2/2/22	11:06 am	1 <sup>st</sup>	3	6	1 minute 30 seconds
3.	2/26/22	12:05 pm	1 <sup>st</sup>	4	10	1 minute 15 seconds
4.	3/12/22	6:50 pm	2 <sup>nd</sup>	4	10	1 minute 30 seconds
5.	4/23/22	7:05 pm	2 <sup>nd</sup>	5	8	1 minute 28 seconds
6.	5/26/22	7 pm	2 <sup>nd</sup>	6	8	1 minute 20 seconds
7.	6/21/22	4:23 pm	2 <sup>nd</sup>	2	9	1 minute 2 seconds
8.	7/26/22	4:05 pm	2 <sup>nd</sup>	7	8	57 seconds
9.	9/4/22	9:10 pm	3 <sup>rd</sup>	2	6	1 minute 7 seconds
10.	9/9/22	2:10 pm	2 <sup>nd</sup>	7	7	48 seconds
11.	9/30/22	3:40 pm	2 <sup>nd</sup>	3	8	1 minute 23 seconds
12.	10/24/22	9:10 pm	3 <sup>rd</sup>	2	9	2 minutes
13.	11/07/22	7:05 pm	2 <sup>nd</sup>	7	9	56 seconds
14.	11/28/22	10:30 am	1 <sup>st</sup>	4	9	1 minute 30 seconds
15.	12/07/22	7:05 pm	2 <sup>nd</sup>	6	9	1 minute 17 seconds
16.	12/27/22	9:10 pm	3 <sup>rd</sup>	1	9	1 minute 20 seconds
17.						
18.						
19.						
20.						

1<sup>st</sup> Shift: 6:30 AM – 2:00 PM

2<sup>nd</sup> Shift: 2 PM – 9 PM

3<sup>rd</sup> Shift: 9 PM – 6:30 AM

# BOMB THREAT PROCEDURES

This quick reference checklist is designed to help employees and decision makers of commercial facilities, schools, etc. respond to a bomb threat in an orderly and controlled manner with the first responders and other stakeholders.

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of call, DO NOT HANG UP, but from a different phone, contact authorities immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call \_\_\_\_\_
- Handle note as minimally as possible.

If a bomb threat is received by e-mail:

- Call \_\_\_\_\_
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

\* Refer to your local bomb threat emergency response plan for evacuation criteria

## DO NOT:

- Use two-way radios or cellular phone. Radio signals have the potential to detonate a bomb.
- Touch or move a suspicious package.

## WHO TO CONTACT (Select One)

- 911
- Follow your local guidelines

For more information about this form contact the Office for Bombing Prevention at: [OBP@cisa.dhs.gov](mailto:OBP@cisa.dhs.gov)



# BOMB THREAT CHECKLIST

DATE:

TIME:

TIME CALLER HUNG UP:

PHONE NUMBER WHERE CALL RECEIVED:

## Ask Caller:

- Where is the bomb located? (building, floor, room, etc.) \_\_\_\_\_
- When will it go off? \_\_\_\_\_
- What does it look like? \_\_\_\_\_
- What kind of bomb is it? \_\_\_\_\_
- What will make it explode? \_\_\_\_\_
- Did you place the bomb? Yes No \_\_\_\_\_
- Why? \_\_\_\_\_
- What is your name? \_\_\_\_\_

## Exact Words of Threat:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Information About Caller:

- Where is the caller located? (background/level of noise) \_\_\_\_\_
- Estimated age: \_\_\_\_\_
- Is voice familiar? If so, who does it sound like? \_\_\_\_\_
- Other points: \_\_\_\_\_

Caller's Voice	Background Sounds	Threat Language
<input type="checkbox"/> Female	<input type="checkbox"/> Animal noises	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Male	<input type="checkbox"/> House noises	<input type="checkbox"/> Message read
<input type="checkbox"/> Accent	<input type="checkbox"/> Kitchen noises	<input type="checkbox"/> Taped message
<input type="checkbox"/> Angry	<input type="checkbox"/> Street noises	<input type="checkbox"/> Irrational
<input type="checkbox"/> Calm	<input type="checkbox"/> Booth	<input type="checkbox"/> Profane
<input type="checkbox"/> Clearing throat	<input type="checkbox"/> PA system	<input type="checkbox"/> Well-spoken
<input type="checkbox"/> Coughing	<input type="checkbox"/> Conversation	
<input type="checkbox"/> Cracking Voice	<input type="checkbox"/> Music	
<input type="checkbox"/> Crying	<input type="checkbox"/> Motor	
<input type="checkbox"/> Deep	<input type="checkbox"/> Clear	
<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Static	
<input type="checkbox"/> Disguised	<input type="checkbox"/> Office machinery	
<input type="checkbox"/> Distinct	<input type="checkbox"/> Factory machinery	
<input type="checkbox"/> Excited	<input type="checkbox"/> Local	
<input type="checkbox"/> Laughter	<input type="checkbox"/> Long distance	
<input type="checkbox"/> Lisp		
<input type="checkbox"/> Loud		
<input type="checkbox"/> Nasal		
<input type="checkbox"/> Normal		
<input type="checkbox"/> Ragged		
<input type="checkbox"/> Rapid		
<input type="checkbox"/> Raspy		
<input type="checkbox"/> Slow		
<input type="checkbox"/> Slurred		
<input type="checkbox"/> Soft		
<input type="checkbox"/> Stutter		

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 5. STAFF RESPONSE

### CONSIDERATIONS FOR SITE DECISION MAKER(S)

- Immediately contact local law enforcement if not done.
- Limit access to building
- Review Bomb Threat Response Plan
- Conduct Threat Assessment
- Determine if search is warranted based on Threat Assessment

### IF SEARCH IS INITIATED

- Enact Search Plan
- Communicate situation to staff/personnel and request that they make a quick and complete visual scan of their personal workspace for anything unusual
- Account for all personnel
- Assemble Search and Evacuation Team(s) and update about bomb threat condition

### GENERAL SEARCH TEAM GUIDELINES

- Search Teams make a quick and complete visual scan of the search area
- Divide individual rooms/areas into search levels
- Take special note of any object(s) that seem out of place
- Check ledges, balconies, waste baskets, and false ceilings and floors
- Check for unusual odors and listen for any unusual background noises
- If anything unusual is noticed, move people away from the potential hazard and immediately report the location of the object(s) to the Site Decision Maker(s)

**NOTE:** Use of radio communications is NOT recommended unless the area has been searched and cleared.

For additional information and products on bomb threats and improvised explosive device (IED) search procedures, please visit the Office for Bombing Prevention website at: [www.cisa.gov/what-to-do-bomb-threat](http://www.cisa.gov/what-to-do-bomb-threat)

## 6. SUSPICIOUS ITEM

A suspicious item is anything (e.g., package, vehicle) that is reasonably believed to contain explosives, an IED, or other hazardous material that requires a bomb technician to further evaluate it. Potential indicators are threats, placement, and proximity of the item to people and valuable assets. Examples include unexplainable wires or electronics, other visible bomb-like components, unusual sounds, vapors, mists, or odors. Generally anything that is Hidden, Obviously suspicious, and not Typical (HOT) should be deemed suspicious.

### IF SUSPICIOUS ITEM IS FOUND

- DO NOT touch, tamper with, or move the item
- Immediately report item to the Site Decision Maker(s) and local law enforcement/first responders
- Site Decision Maker(s) must:
  - Ensure area is secured & cleared of personnel
  - Notify Search Teams
  - Ensure emergency responders are briefed
  - Evacuation & Search Teams should remain available to assist and inform evacuees, media, staff, and others

### CONSIDERATIONS FOR SITE DECISION MAKER(S)

- Not all items are suspicious
- An unattended item is anything (e.g., bag, package, vehicle) not in someone's possession and where there are no obvious signs of being suspicious (see above), especially if no threat was received

**NOTE:** The discovery of one device should not automatically mean the conclusion of a search; more devices may be present!

The Site Decision Maker(s) must take the discovery of multiple suspicious items into consideration during the planning and execution stages of the facility's Bomb Threat Response Plan.

## 7. LOCKDOWN / EVACUATION

### CONSIDERATIONS FOR SITE DECISION MAKER(S)

- Repeat Threat Assessment:
  - Is the threat still credible?
  - Were any suspicious items located (if search was initiated)?
- Based on the Threat Assessment, search (if initiated), and the totality of circumstances, determine if additional measures are warranted:
  - Partial or full lockdown?
  - Partial or full evacuation?
  - No further action?

### IF EVACUATION IS INITIATED

- Select evacuation routes and assembly areas that are not in the vicinity of the suspicious item; ensure these routes have been searched and cleared
- Notify police/fire/EMS of evacuation and request assistance
- Account for all personnel
- Evacuation Team confirms the building is empty
- Bring emergency kits and building trauma kits, if available
- Advise all evacuees to remove all personal items (e.g. purses, backpacks)

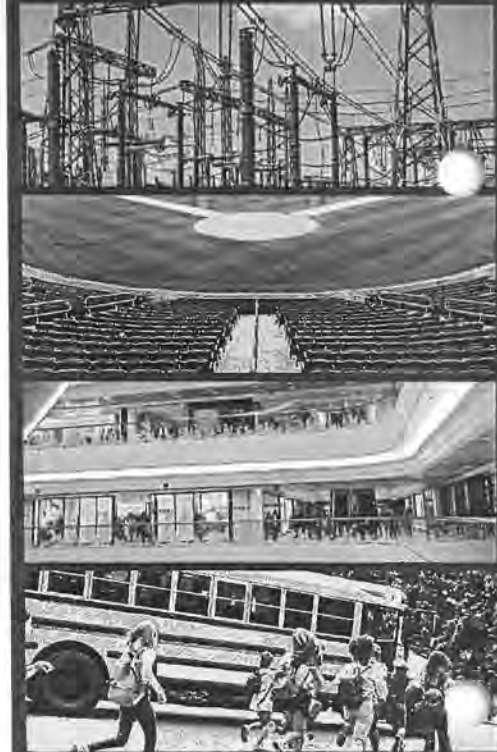
### CONTINUING ACTIONS AFTER EVACUATION

- Debrief emergency services and assist in coordinating further actions
- Take accountability and report
- Open media, medical and family areas—brief regularly
- As appropriate, determine reoccupy or dismiss action
  - Reoccupy when cleared and deemed appropriate
  - Dismiss in consultation with site administration
  - Notify all personnel of decision and ensure accountability
- Site Decision Maker(s) should remain on-scene until the situation is resolved or until relieved by another administrator

### A FINAL NOTE

Every bomb threat requires professional judgment and should be handled in accordance with the facility's needs. Site Decision Maker(s) and administrators should periodically review Federal guidance and work with local first responders to establish a Bomb Threat Response Plan that addresses each risk level appropriately and is optimal for their building(s) and personnel.

# BOMB THREAT GUIDANCE



*These guidelines help Site Decision Makers react to a bomb threat in an orderly and controlled manner.*



For more information contact the Office for Bombing Prevention at: [OBP@cisa.dhs.gov](mailto:OBP@cisa.dhs.gov)





**PRIOR TO THREAT**

- Plan and prepare
- Develop a Bomb Threat Response Plan
- Provide Bomb Threat Response Plan training to all personnel



**IF THREAT IS RECEIVED**

- Conduct threat assessment
- Execute appropriate actions outlined in Bomb Threat Response Plan

**1. PLANNING & PREPARATION**

**PLANNING CONSIDERATIONS**

- Coordinate with local law enforcement & first responders to ensure smooth handling of a bomb threat
- Develop clear-cut primary and alternate levels of authority (referred to in this document as "Site Decision Maker(s)")
- Select Evacuation Teams and Search Teams
- Develop training plan
- Determine search procedures
- Designate control center locations
- Plan for emergency assistance (police, fire, etc.)
- Establish primary and alternate evacuation routes and assembly areas
- Establish evacuation signal(s)
- Develop a communications plan
- Determine procedures for accessing/shutting off & reactivating utilities

**PREPARATION CONSIDERATIONS**

- Control building access
- Implement strict master key control
- Inspect incoming parcels
- Safeguard confidential material
- Keep exits unobstructed
- Ensure adequate internal/external emergency lighting
- Utilize electronic surveillance

**2. EMERGENCY TOOLKIT**      **3. RECEIVING A THREAT**      **4. THREAT ASSESSMENT**

*Items you may want to consider including in your Emergency Toolkit, which will be taken to the Incident Command Post.*

**BUILDING FACILITY**

- Complete set of master keys: coded to rooms and corresponding with a printed key list
- Blueprints and floor plans or site map of building
- Video, photographs, or a CD depicting building interior and exterior

**EMERGENCY RESPONSE PLANS**

- Copies of the Site Crisis Response Plan, Bomb Threat Plan, and Crisis Management Plan
- A list of the following phone numbers:
  - Site Decision Maker(s)
  - Police/Fire/Emergency Medical Services (EMS)
  - Federal Bureau of Investigation (FBI)
  - Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)
  - Postal Inspector
  - Nearest hospital
  - Facility emergency names and phone numbers

**PERSONNEL INFORMATION**

- Building Emergency Response Team member contact information and assignments
- List of personnel trained in CPR and/or first aid
- Updated list, with pictures if possible, of all staff/personnel
- Staff/visitors sign-in/out sheets that include names and dates; Include provision for staff/visitors transported to medical facilities
- List of staff with special needs and description of need
- Contact information for neighboring/contiguous buildings

**ADDITIONAL EMERGENCY ACTION RESOURCES**

- Reflective vests for building emergency response team members with identifying marks
- Bullhorn with charged batteries
- AM/FM portable radio
- Flashlights and batteries
- Local street and zone maps
- Clipboards
- Writing materials (legal pads, pens, pencils, markers)
- Plastic red/yellow tape for cordoning off areas

**PHONED THREAT**

- Remain Calm & DO NOT HANG UP
- If possible, signal other staff members to listen & notify Site Decision Maker(s) and authorities
- If the phone has a display, copy the number and/or letters on the window display
- Write down the exact wording of the threat
- Keep the caller on the line for as long as possible and use the Bomb Threat Checklist to gather as much information as you can
- Record, if possible
- Fill out the Bomb Threat Checklist immediately
- Be available for interviews with the building's emergency response team and law enforcement

**VERBAL THREAT**

- If the perpetrator leaves, note which direction they went
- Notify the Site Decision Maker(s) and authorities
- Write down the threat exactly as it was communicated
- Note the description of the person who made the threat:
 

• Name (if known)	• Race
• Gender	• Type/color of clothing
• Body size (height/weight)	• Hair & eye color
• Distinguishing features	• Voice (loud, deep, accent, etc.)

**WRITTEN THREAT**

- Handle the document as little as possible
- Notify the Site Decision Maker(s) and authorities
- Rewrite the threat exactly as is on another sheet of paper and note the following:
  - Date/time/location document was found
  - Any situations or conditions surrounding the discovery/delivery
  - Full names of any personnel who saw the threat
  - Secure the original threat; DO NOT alter the item in any way
  - If small/removable, place in a bag or envelope
  - If large/stationary, secure the location

**E-MAILED THREAT**

- Leave the message open on the computer
- Notify the Site Decision Maker(s) and authorities
- Print, photograph, or copy the message and subject line, note the date and time

All threats should be carefully evaluated. One must consider the facts and the context, and then conclude whether there is a possible threat.

**Low Risk**  
**Lacks Realism: A threat that poses a minimum risk to the victim and public safety. Probable motive is to cause disruption.**

- Threat is vague and indirect
- Information contained within the threat is inconsistent, implausible, or lacks detail
- Caller is definitely known and has called numerous times
- The threat was discovered instead of delivered (e.g. a threat written on a wall)

**Medium Risk**

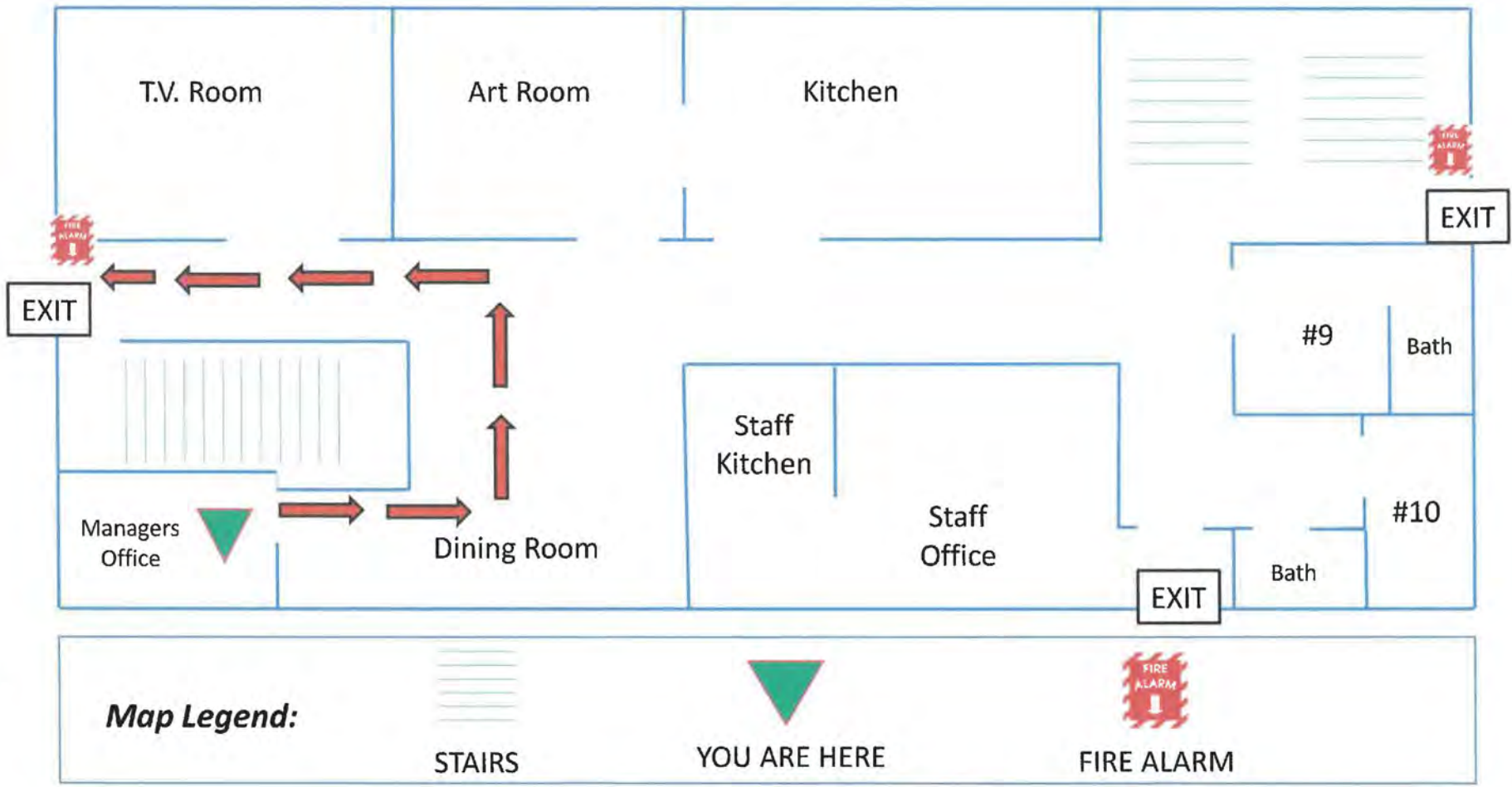
**Increased Level of Realism: Threat that could be carried out, although it may not appear entirely realistic.**

- Threat is direct and feasible
- Wording in the threat suggest the perpetrator has given some thought on how the act will be carried out
- May include indications of a possible place and time
- No strong indication the perpetrator has taken preparatory steps, although there may be some indirect reference pointing to that possibility
- Indication the perpetrator has details regarding the availability of components needed to construct a bomb
- Increased specificity to the threat (e.g. "I'm serious" or "I really mean this!")

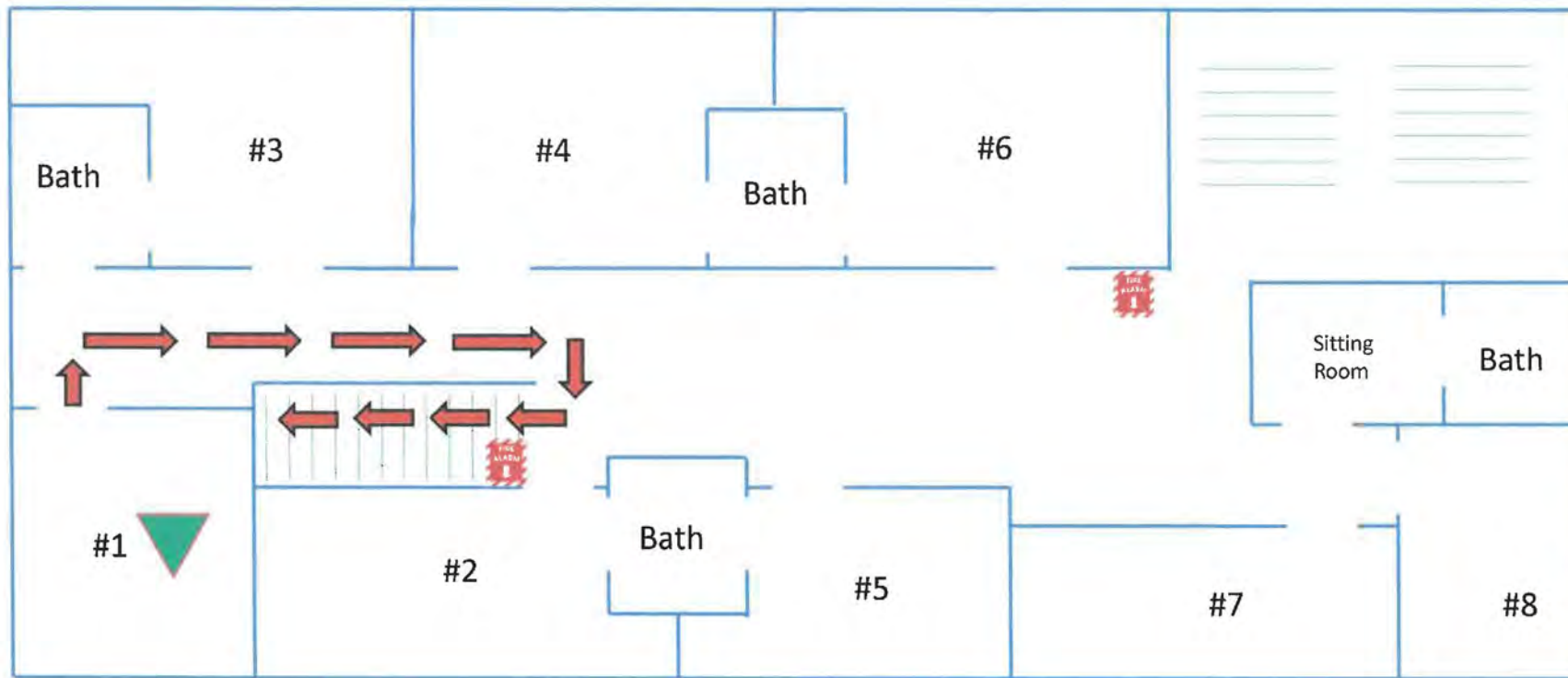
**High Risk**

**Specific and Realistic: Threat appears to pose an immediate and serious danger to the safety of others.**

- Threat is direct, specific, and realistic; may include names of possible victims, specific time, and location of device
- Perpetrator provides his/her identity
- Threat suggests concrete steps have been taken toward carrying out the threat
- Perpetrator indicates they have practiced with a weapon or have had the intended victim(s) under surveillance



# FIRST FLOOR



**Map Legend:**

- STAIRS
- YOU ARE HERE
- FIRE ALARM

# SECOND FLOOR

# Annual Water-Based Fire Protection Systems Inspection

## Life Safety Fire Protection Inc NH

MA Lic#SC-006025  
97 Lower Jaffrey Road, Dublin, NH, 03444  
Phone (603) 563-7700  
Fax (603) 563-7070  
Website <http://www.lifesafetyfire.com>



Inspector: Tony Banish

Inspection date: 08/11/2022

### Inspection Location

#### **Emerald Street House**

32 Emerald Street  
Keene, NH 03431  
Phone:

### Customer

**Keene Housing**  
831 Court Street  
Keene, NH 03431  
Phone:

*Inspection performed in accordance with  
NFPA 25 Standard for the Inspection, Testing, and Maintenance  
of Water-Based Fire Protection Systems, 2017 edition.*



<b>System Summary</b>	<b>Number of Systems at Site</b>
<b>Items</b>	<b>Total Systems</b>
<b>Dry System</b>	<b>1</b>

**Dry System**  
**Dry System Inspection**

Sprinkler heads free of leakage, corrosion, external loading, damage or loss of fluid in glass bulb element, painted heads, and pointed in proper direction. (5.2.1.1.1; 5.2.1.1.2)	PAR
Escutcheons and coverplates in place, if applicable. (5.2.1.1.5)	Pass
Minimum clearance maintained below all sprinklers (5.2.1.2)	Pass
Correct # of replacement sprinkler heads in head box to include all types and ratings installed. (5.4.1.5 & 5.4.1.5.4)	Pass
Sprinkler head wrench for each type head provided in head box (5.4.1.5.5)	Pass
List of sprinklers installed on the property posted on head box. (5.4.1.5.6)	N/A
System piping free of mechanical damage, leaks, corrosion, or external loads resting on or hung from pipe. (5.2.2)	Pass
Pipe hangers, braces and supports are secure and undamaged. (5.2.3)	Pass
Sprinklers in the building in service for 50 years, have been replaced or sample tested. (5.3.1.1.1)	N/A
Sprinklers with fast-response elements in service for 20 years have been replaced or sample tested. (5.3.1.1.1.3)	N/A
Dry sprinklers in service for 10 years have been replaced or sample taken. (5.3.1.1.1.6)	Yes Dry Pendants Tested And Passed 2014, Need To Be Tested Again 2024

**Dry Pipe Valve**

Air and water pressure gauges operating properly (13.2.7.1.1)	Pass
Exterior of valve free of physical damage, trim valves in normal position and intermediate chamber not leaking (13.4.5.1.3)	Pass
Valve free of leaks, properly secured, accessible. (13.3.2.2)	Pass
Hydraulic nameplate securely attached legible (5.2.5)	Fail
Information sign securely attached and legible. (5.2.7)	N/A
If system has auxiliary drains, is sign in place indicating number and location of each drain. (13.4.5.1.2)	Pass
Priming water level correct (13.4.5.2.1)	Pass
Size of main drain	2"
Pressure (psi) shown on System side pressure gauge.	43 PSI
Pressure (psi) shown on Supply Water pressure gauge. (13.2.5)	95 PSI
Residual Pressure with valve open (13.2.5)	90 PSI
Static Pressure after valve closed (13.2.5)	95 PSI
Main Drain Test Pressure less than 10% reduction in flow from original acceptance test or previous test results (13.2.5.3)	Pass
Partial trip test of the dry pipe valve conducted with control valve partially opened. (13.4.5.2.2.3)	Pass
Air pressure (psi) at trip of dry valve. (A.13.4.5.2.2.3)	12 PSI
Time (sec) between start of test and trip of valve. (13.4.5.2.5.2)	32 Seconds
Internal inspection - components operate properly and move freely, valve cleaned and in good condition. (13.4.5.3.1)	Pass
Auxiliary drains and low-point drains opened, pipe drained or where weep holes provided, inspected to ensure they are clear and unobstructed (13.4.5.3.2)	Pass
Full flow trip test of dry valve conducted with control valve opened fully. (13.4.5.2.2.2)	N/A
System testing for gas leakage (13.4.5.2.9)	N/I
Time (sec) between start of test and water flow from inspectors test connection. (13.4.5.2.5.2)	N/A Partial Trip
Valve strainers, filters, and restriction orifices free from obstructions, operating properly, and in good condition (13.4.5.1.5)	N/I
Gauges on valve, when compared to calibrated gauge error less than 3% full scale or gauge has been recalibrated or replaced. (13.2.7.3)	N/I
Valve Status Test - Valves open when returned to service. (13.3.3.4)	Pass

Air Compressor	
Compressor free of physical damage, wiring and piping intact and without damage. (13.10.2.1)	Pass
Compressors requiring oil, ensure correct amount is in oil reservoir. (13.10.2.1)	N/A
Anchoring of air compressor is secure, tight and without damage. (13.10.2.1)	Pass
Air compressor operates as intended, restores normal air pressure within required time, and does not overheat while running. (13.10.3.1)	Pass

Control Valves								
Type	Area/Location	Model Size	Accessible	Condition	Secured	Exercised	Seal	Valve Test
Control Valve - locked/tamper		OS and Y 4"	Pass	Pass	Pass	Pass	N/A	Pass

Supervisory Devices			
Type	Area/Location	Visual Insp	Functional Test
High/Low Air Pressure Switch		Pass	Pass

Alarm Devices			
Type	Area/Location	Visual Insp	Functional Test
Water Motor Alarm		Pass	Pass
Waterflow - Pressure Switch	Main Flow	Pass	Pass

Common Components	
Fire Department Connection	
FDC visible and accessible, and signs in place. (13.8.1)	Pass
Couplings and swivels free of damage and rotate smoothly. (13.8.1)	Pass
Caps, plugs and gaskets in place and free from damage. (13.8.1)	Pass
Check valve free from leaks, automatic drain valve and clapper in place and operating properly. (13.8.1)	Pass
Interior of the connection free of obstructions. (13.8.1)	Pass
Visible piping supplying FDC undamaged. (13.8.1)	Pass
Internal inspection of check valve - components operate properly, cleaned/repared as needed. (13.4.2.1)	N/I
Hydrostatic test results of piping from FDC to check valve acceptable. (13.8.5)	N/I

**Deficiencies**

*\*PAR response indicated "Pass After Repair". Technician notes a deficiency of a device, and repairs the deficiency during inspection.*

**Dry Pipe Valve**

Ques: Hydraulic nameplate securely attached legible (5.2.5)  
 Technician Response: Missing

**Dry System Inspection**

**Ques:** Sprinkler heads free of leakage, corrosion, external loading, damage or loss of fluid in glass bulb element, painted heads, and pointed in proper direction. (5.2.1.1.1; 5.2.1.1.2)

Technician Response: PAR



Room 9 bat

### Not Inspected

#### Fire Department Connection

**Question:** Internal inspection of check valve - components operate properly, cleaned/repaired as needed. (13.4.2.1)

**Technician Response:** Internal Inspection Conduction 01/18/21

**Question:** Hydrostatic test results of piping from FDC to check valve acceptable. (13.8.5)

**Technician Response:** Hydrostatic Testing Conducted 01/18/21

#### Dry Pipe Valve

**Question:** System testing for gas leakage (13.4.5.2.9)

**Technician Response:** Gas Leakage Testing Conducted 01/18/21

**Question:** Valve strainers, filters, and restriction orifices free from obstructions, operating properly, and in good condition (13.4.5.1.5)

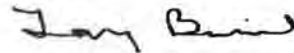
**Technician Response:** Internal Inspection Conducted 01/18/21

**Question:** Gauges on valve, when compared to calibrated gauge error less than 3% full scale or gauge has been recalibrated or replaced. (13.2.7.3)

**Technician Response:** (1) Air Gauge Replaced 2021 And (1) Water Gauge Replaced 2018.

#### Liability Release Statement:

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.



8/11/22

Customer: Sandy Clark

Tech: Tony Banish

# Semi-Annual Exhaust Hood Fire Suppression System

## Cintas Fire Protection

79 DOW RD

BOW, NH 03304

USA

03304



Inspector: Christopher Owen 00F9516

Inspection Date: 04/06/2023

### Inspection conducted at location:

**EMERALD HOUSE 00F9531792**

32 EMERALD ST

KEENE, NH 034313601

Phone: 6033525459 Fax:

### For Customer:

**EMERALD HOUSE 00F9531792**

32 EMERALD ST

KEENE, NH 034313601

Phone: 6033525459 Fax:

*Inspection performed in accordance with  
NFPA 96. Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations  
and NFPA 17A Standard for Wet Chemical Extinguishing Systems.*



**System Overall Condition**

Overall condition of the system at end of test..

Pass

**Location:**

**System Mfr:**

**System Model:**

***Hood System***

Seals intact with no signs of tampering?	Yes
Kitchen system is tied into the Fire Alarm system..	Yes
System size	5#
Cylinder agent	Wet Chemical
Expellant gas type	Nitrogen
Hood size	36"
Alarm monitoring company notified before system activated?	Not Monitored
Number of cylinders?	1
System connected to a fire alarm control unit?	Yes
Hazard appears unchanged since last visit?	Yes
Duct size	6"

***Detection***

Remote manual pull at proper height, in path of egress and unobstructed?	N/A
Replaced fusible links with proper temperature rating?	Yes
Heat detector other than fusible links, free of damage, clean & functions properly?	N/A
Mechanical detection link line tested and found to operate properly?	Yes
Remote manual pull tested and operated properly?	N/A
Fusible links clean and free of obstructions or damage?	Yes
Number of links replaced? (also indicate temperature ratings)	4@280
System operated/tested by manual activation?	Yes
Proper number and placement of detectors/links?	Yes

***Alarms***

Alarm monitoring entity receive alarm?	N/A
Audio/visual device(s) installed and operating properly?	Yes

***Nozzles***

Agent distribution piping blown through with dry air or nitrogen with blow-off caps off?	Yes
Piping & conduit securely bracketed?	Yes
Correct type and # of nozzle(s) properly positioned over appliances and in ducts and plenums?	Yes
Nozzle caps or seals in place and replaced as required?	N/A
Nozzles inspected and found to be clear of visible obstructions?	Yes

***Fuel Shutoff***

Return air fans shut down upon system activation?	N/A
Automatic shutoff working properly?	Yes
Automatic shutoff devices shut down sources of fuel/power to cooking equipment system?	Yes
Exhaust fans continue to run upon system activation?	N/A
All gas/electric appliances shut down upon system activation?	Yes
Gas shutoff valve works properly, if applicable?	N/A
Manual reset working properly?	Yes

***Portable Extinguisher***

Required service performed?	Yes
Portable extinguisher of proper type mounted with sign/placard?	Yes

**Hood**

Proper clearance from cooking surface to filters? Yes  
Hood condition? -  
Observable hood and duct penetrations sealed with a weld or a UL listed device? Yes  
Advised personnel on the importance of keeping hood, ducts, and filters clean? Yes  
Proper separation between fryers & flame? N/A

**Reactivation**

Inspection tag affixed to system? Yes  
Fuel sources and power restored? Yes  
Test adapters/links, pins, etc removed from system? Yes  
Filters and baffles in place? N/A  
Alarm monitoring company notified of completion of inspection? N/A  
Tandem system reset and operational? N/A  
System operational and seals in place? Yes  
Cartridges reinstalled? N/A  
System meets UL300 standard? Yes  
Microswitch/relays reset - electrical appliances on? Yes  
Control head reset? Yes  
Pilot lights supplied by gas valve reset? N/A  
Detection link line has proper tensioning? Yes  
Instructions for manual operation posted in the kitchen area? N/A



# Site Survey Report

Location: CINTAS FIRE 636525  
LOC: 00F95  
Route: 16

Receipt No: 0F95537786  
Receipt Date: 12/08/2022  
Customer: EMERALD HOUSE  
Customer No: 31792

Seq	Description	Location	Mfg	Mfg Year	Next Exch
0	KITCHEN SYSTM WET CHEM	RANGE	GUARDIAN	1900	1900
10	10 LB ABC DRY CHEM	BSMT	BADGER	2006	2025
30	2.5 LB ABC DRY CHEM	KITCHEN	AMEREX	2000	2026
40	2.5 LB ABC DRY CHEM	OFFICE BY KITCHEN	AMEREX	1999	2023
50	5 LB ABC DRY CHEM	FLOOR 1 HALL	AMEREX	2007	2025
60	5 LB ABC DRY CHEM	FLOOR 2 HALL	AMEREX	2007	2025
70	10 LB ABC DRY CHEM	BOILER ROOM BASEMENT	AMEREX	2018	2024
80	5 LB ABC DRY CHEM	upstairs hallway	BADGER	2022	2028

Date Completed: 12/08/2022

*Maintain With Your Fire and Safety Records - Thank You for Your Business*

**Fire Protection Service Report**  
CINTAS FIRE 636525 BOW, NH 1742210004

Cintas is your single source for all your fire protection needs - [www.cintas.com](http://www.cintas.com). Fire Extinguishers - Fire Alarms - Sprinkler Systems - Emergency & Exit Lighting - Kitchen Suppression Systems - Special Hazards Suppression Systems

**CUSTOMER INFORMATION**

EMERALD HOUSE	31792	SERVICE DATE: 12/08/2022		
32 EMERALD ST	KEENE	NH	7444353	
FIRE TECHNICIAN: Owen, Christopher				
SERVICED BY: Owen, Christopher			ACCEPTED BY: patty forman	

**PORTABLE EQUIPMENT - SERVICED: (1)**

EQUIPMENT-SERVICES	Monthly	Annual	Recharge	Internal	Hydro-Test	Other
5 LB ABC DRY CHEM	0	1	0	0	0	0

**PORTABLE EQUIPMENT INTERNAL MAINTENANCE/HYDROSTATIC TESTS COMING DUE: (1)**

Equipment	Year	Quantity
2.5 LB ABC DRY CHEM	2023	1

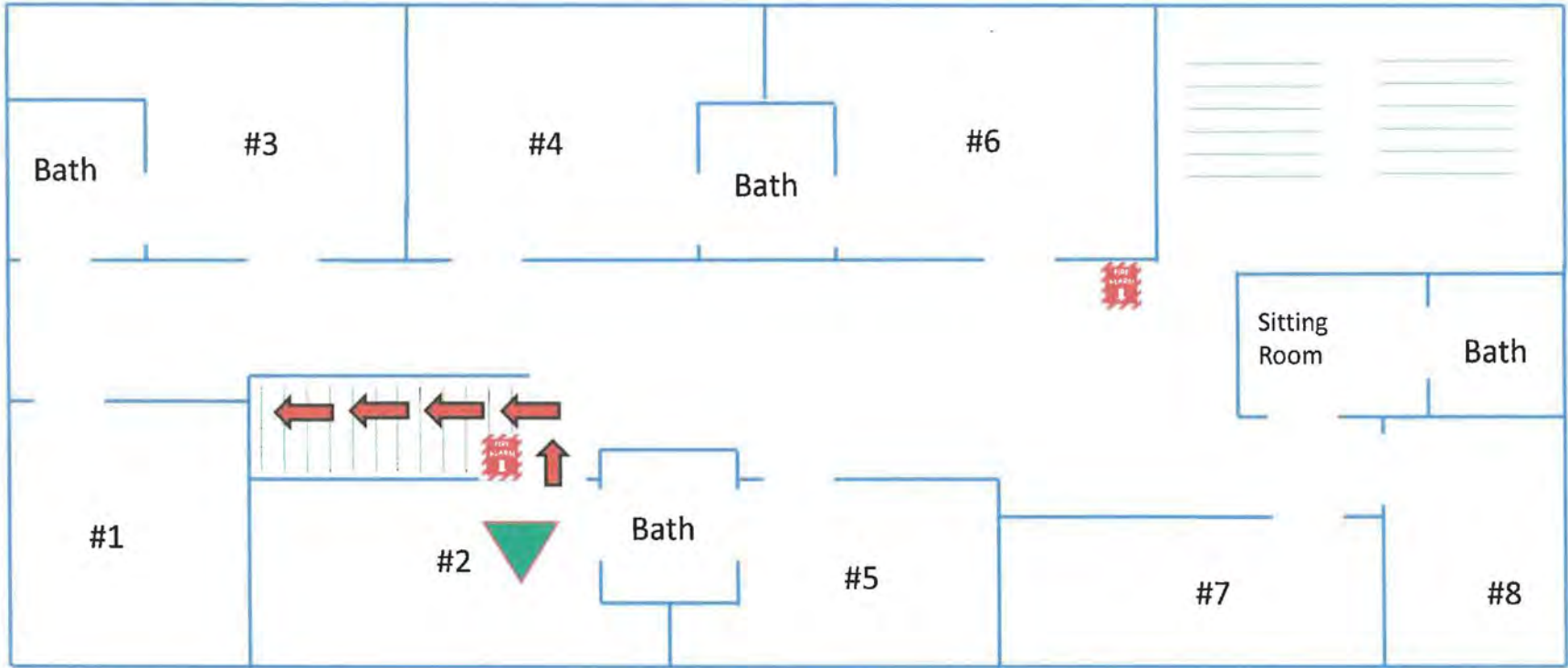
During our inspection of your fire safety equipment, our fire service technician noted the above deficiencies with the current condition of your fire safety equipment. These deficiencies result in your equipment not complying with current national fire codes (NFPA).

This condition poses or may pose an immediate risk to life safety. We recommend you take immediate action to upgrade, repair, or replace your equipment to assure adequate fire protection and life safety.

We urge you to contact our office to obtain a quotation for upgrading, repairing, or replacing your fire safety equipment to help assure it will function as needed in the event of a fire.

ACCEPTED BY: patty forman



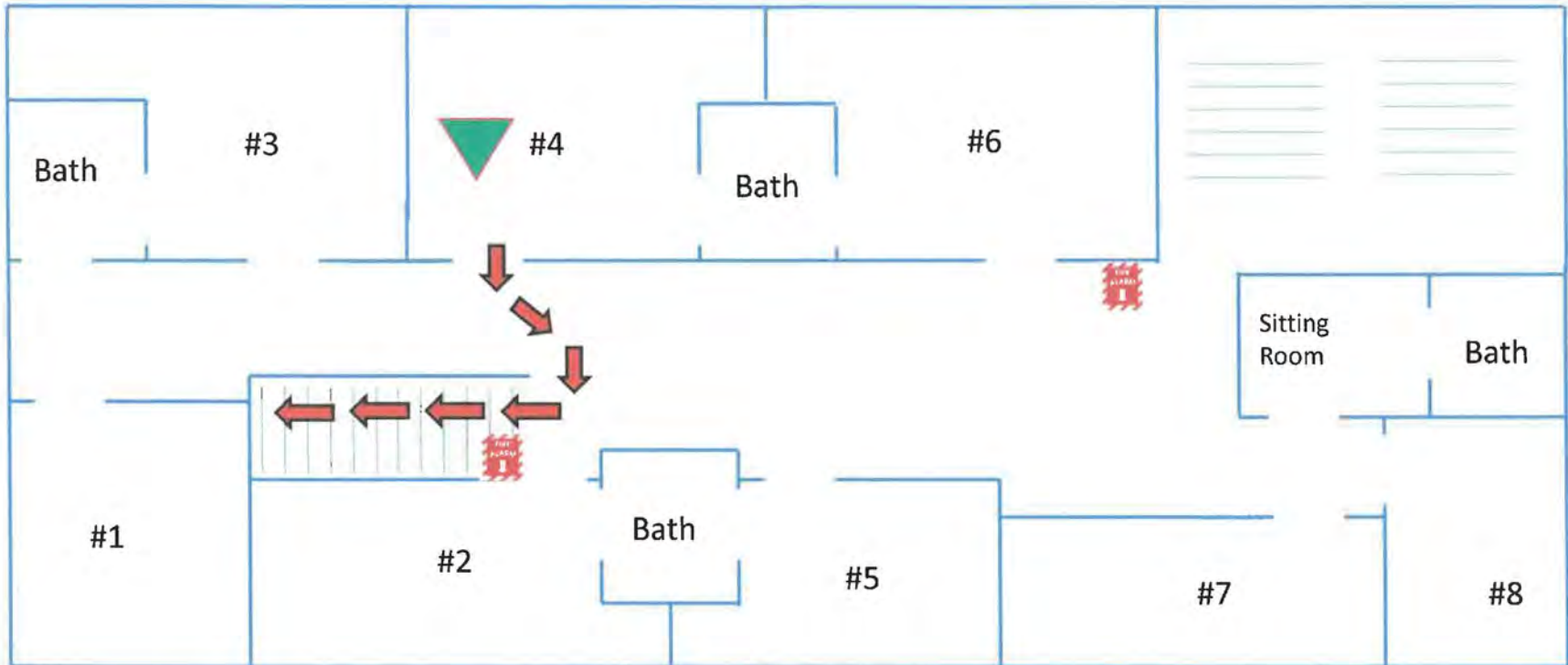


**Map Legend:**

		
STAIRS	YOU ARE HERE	FIRE ALARM

# SECOND FLOOR





**Map Legend:**

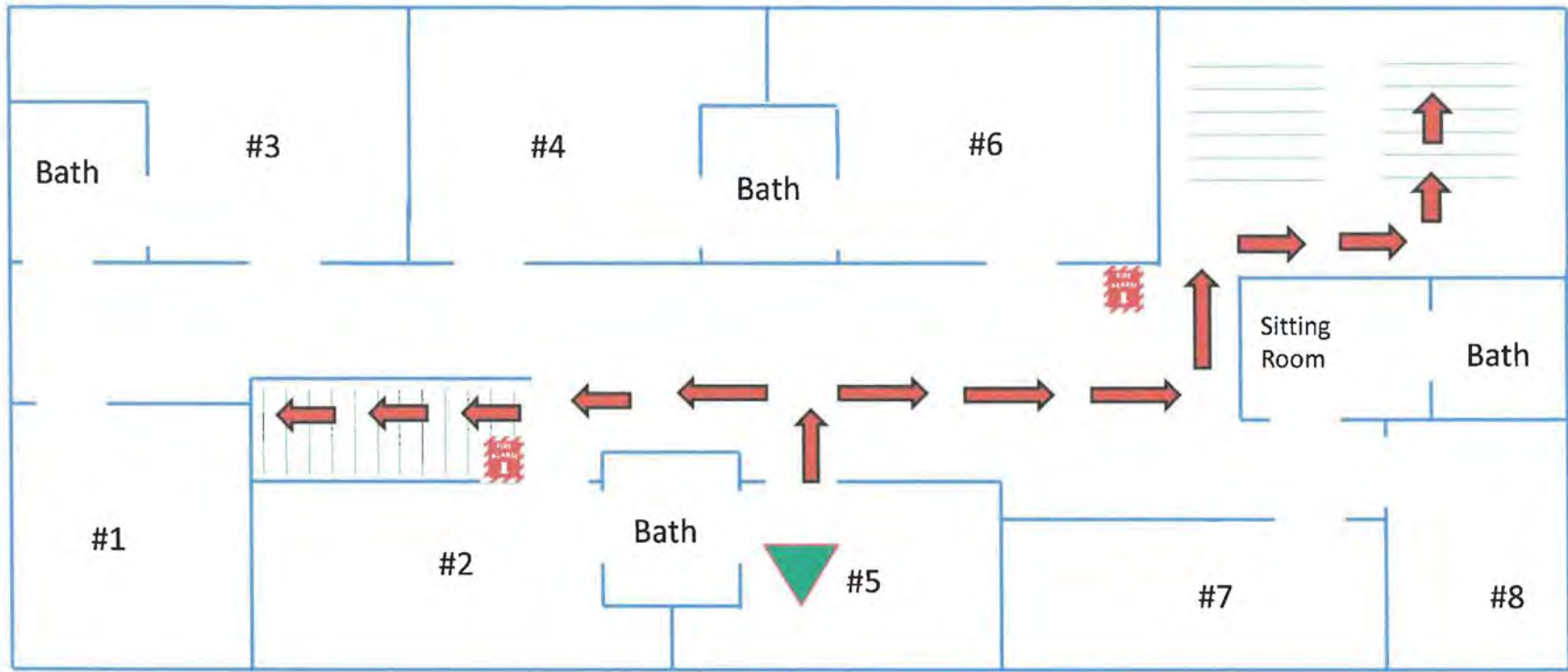
  
STAIRS

  
YOU ARE HERE

  
FIRE ALARM

# SECOND FLOOR

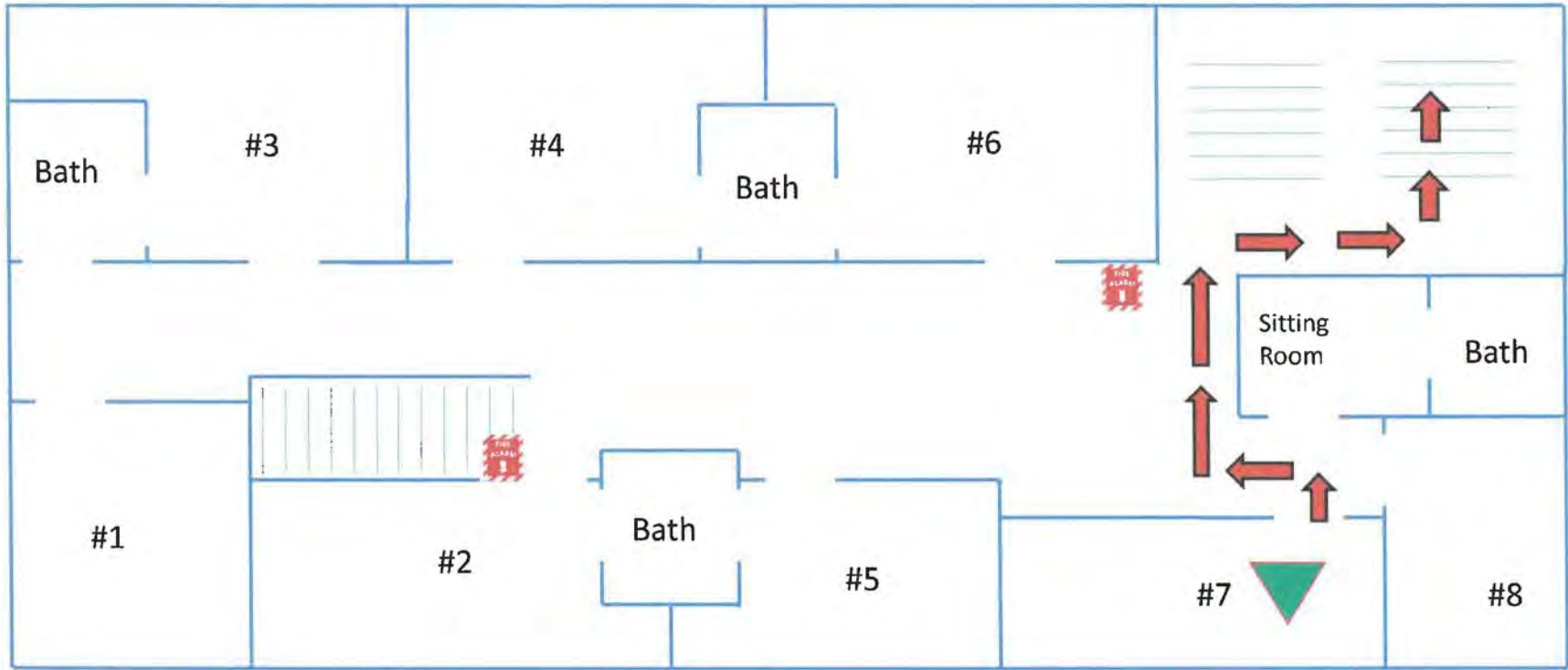




**Map Legend:**

- STAIRS
- YOU ARE HERE
- FIRE ALARM

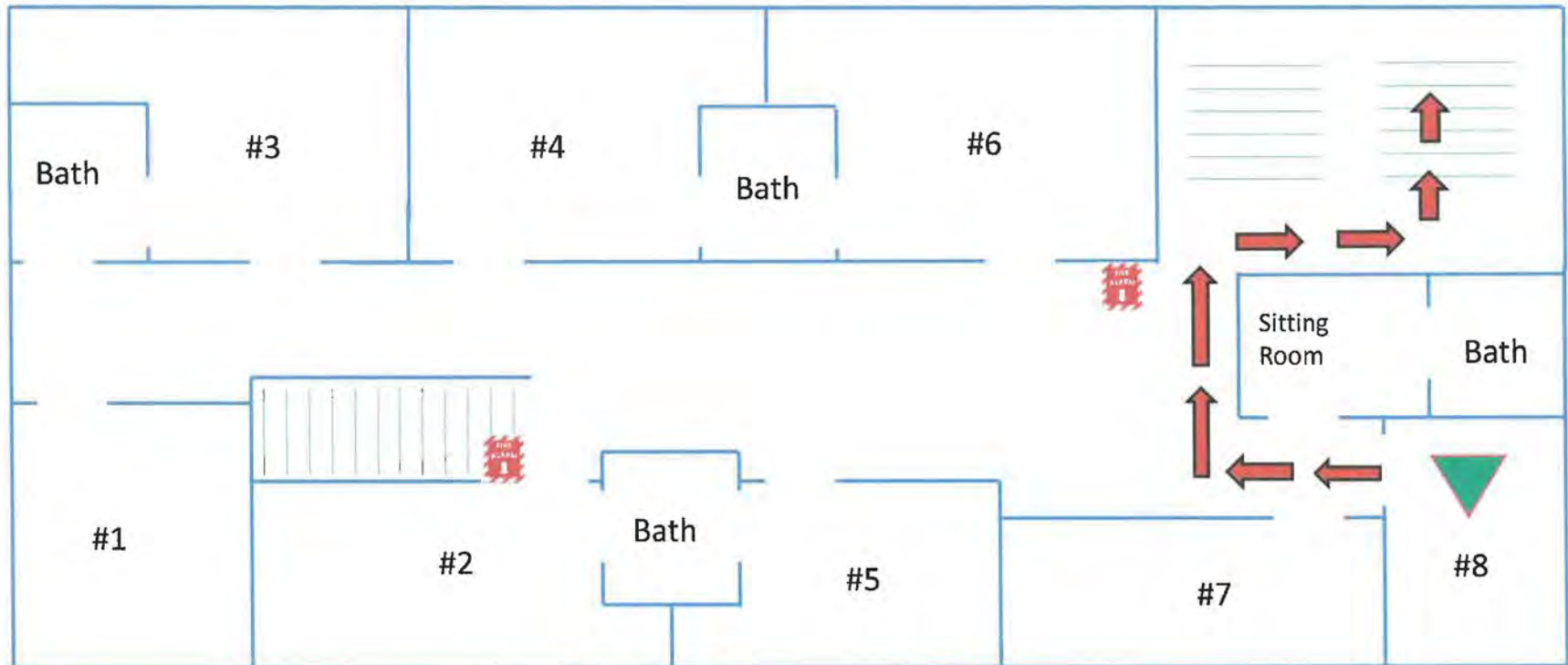
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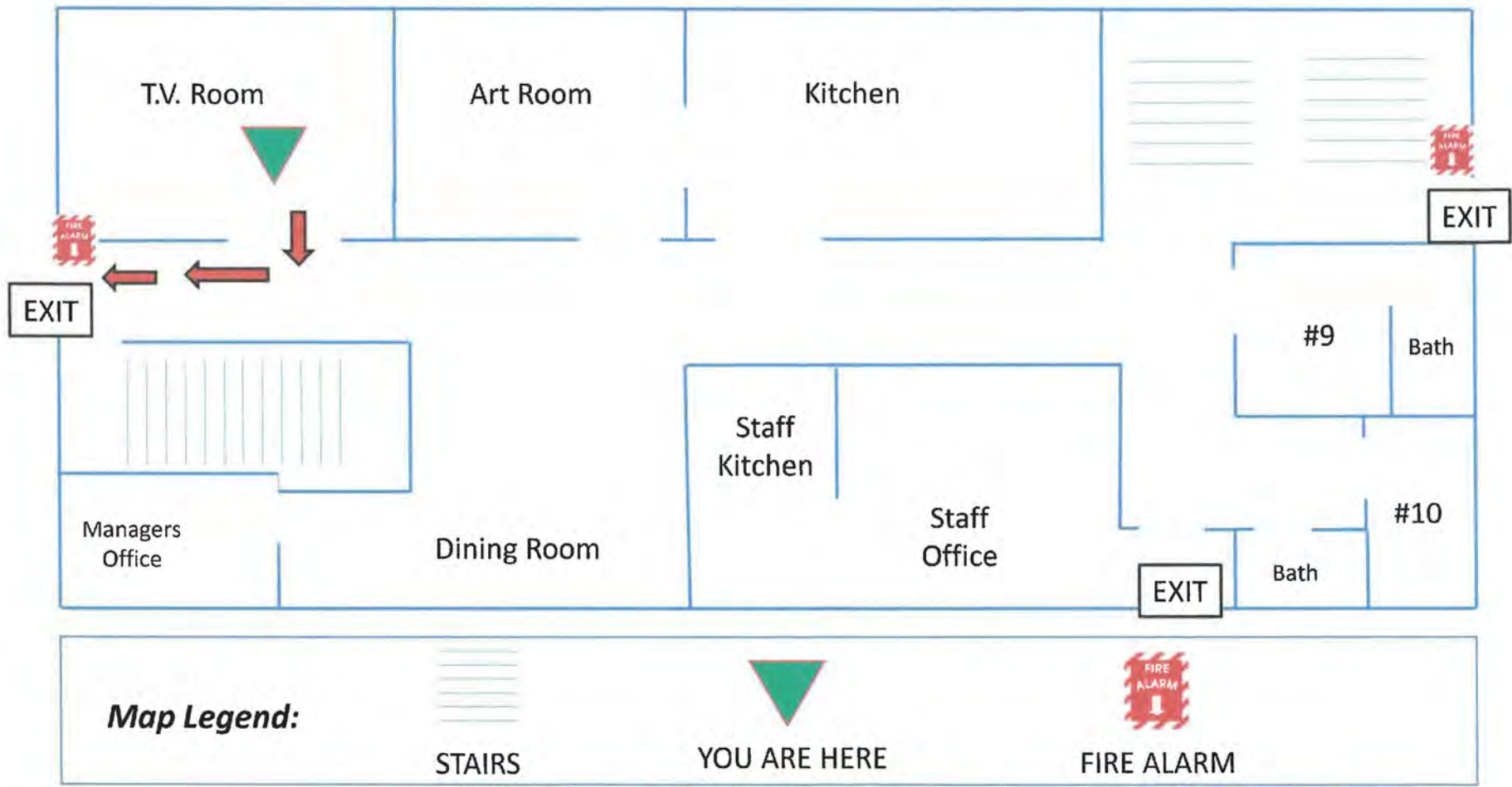
**Map Legend:**

STAIRS	YOU ARE HERE	FIRE ALARM

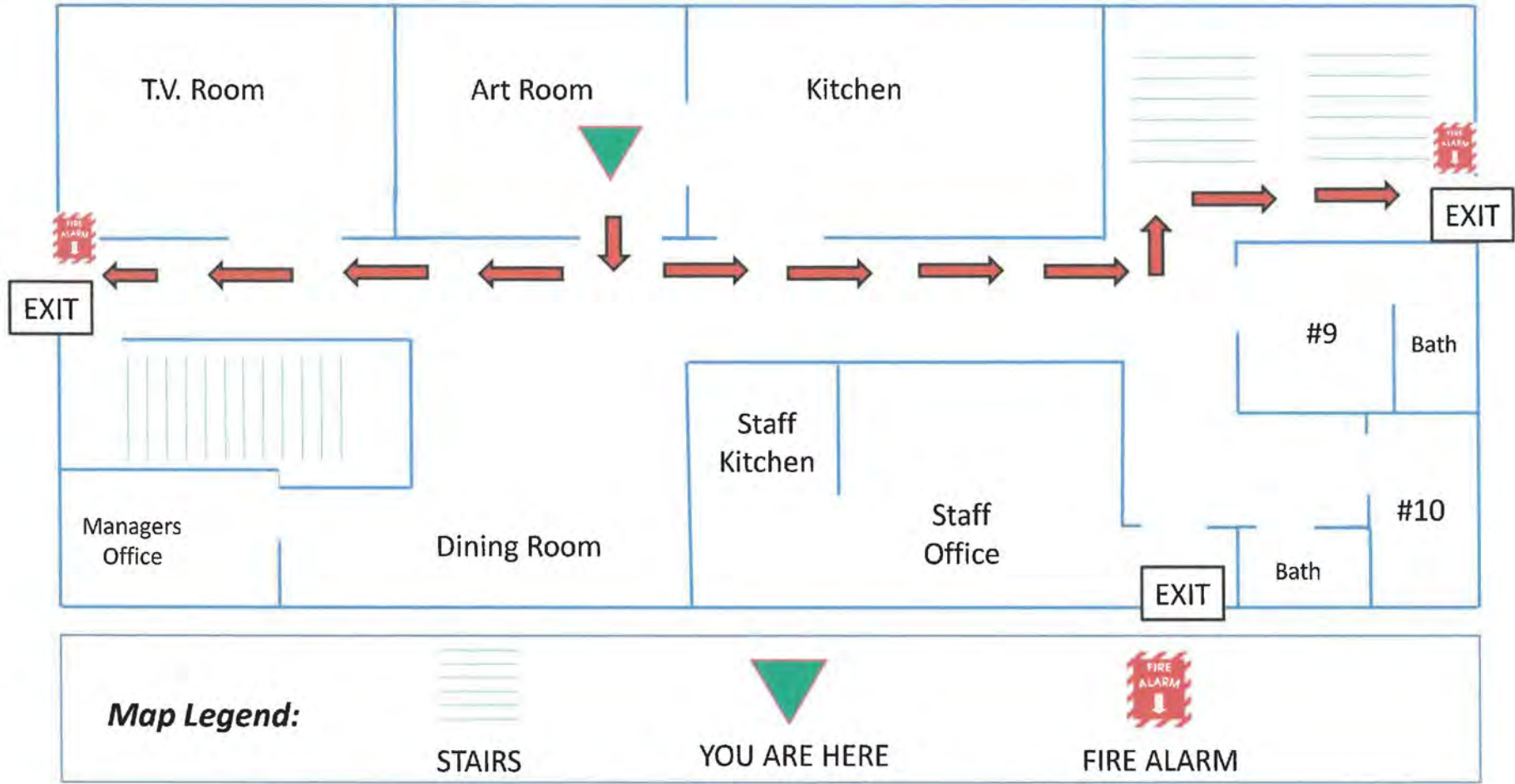
# SECOND FLOOR



# SECOND FLOOR

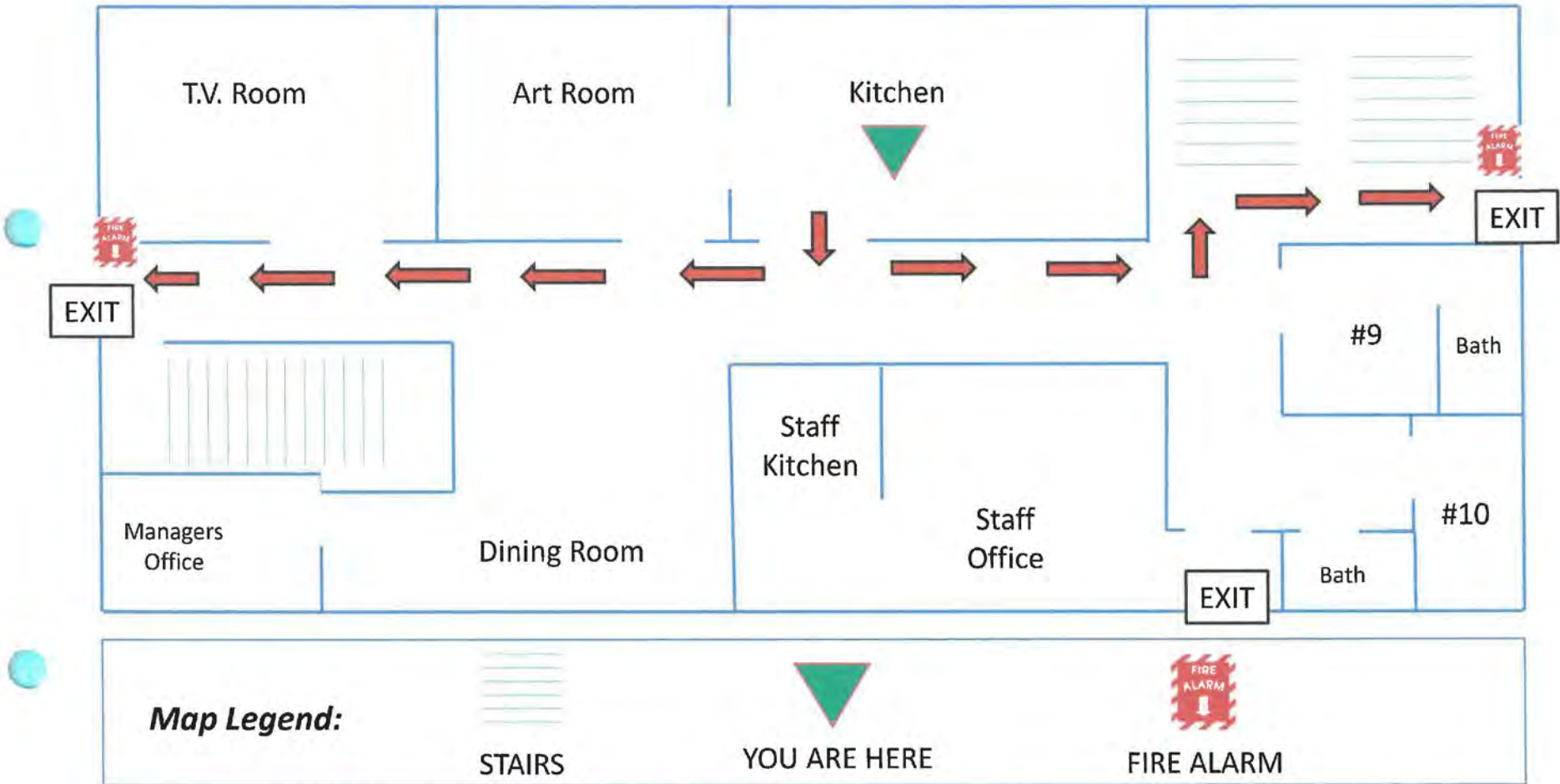


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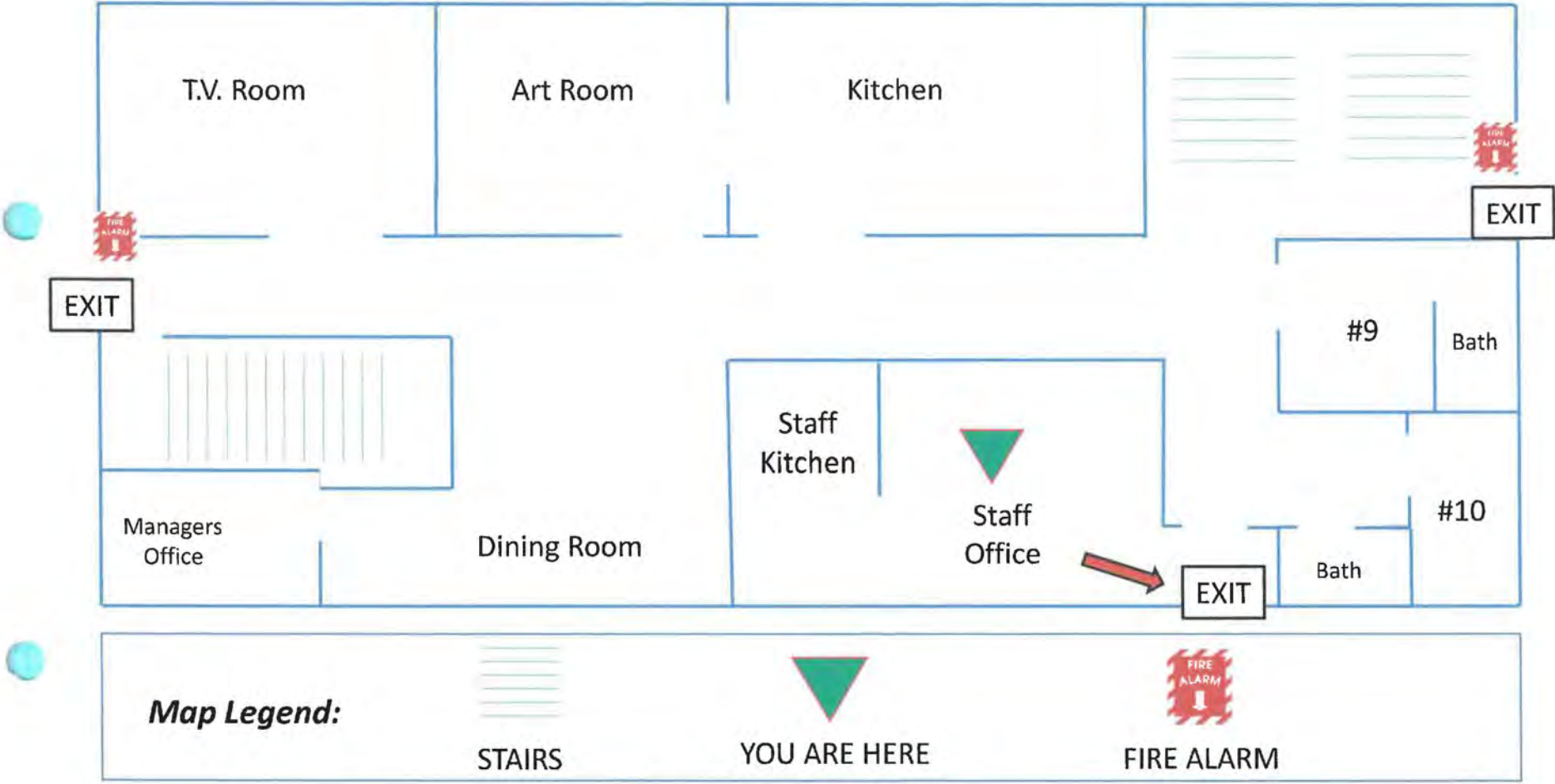


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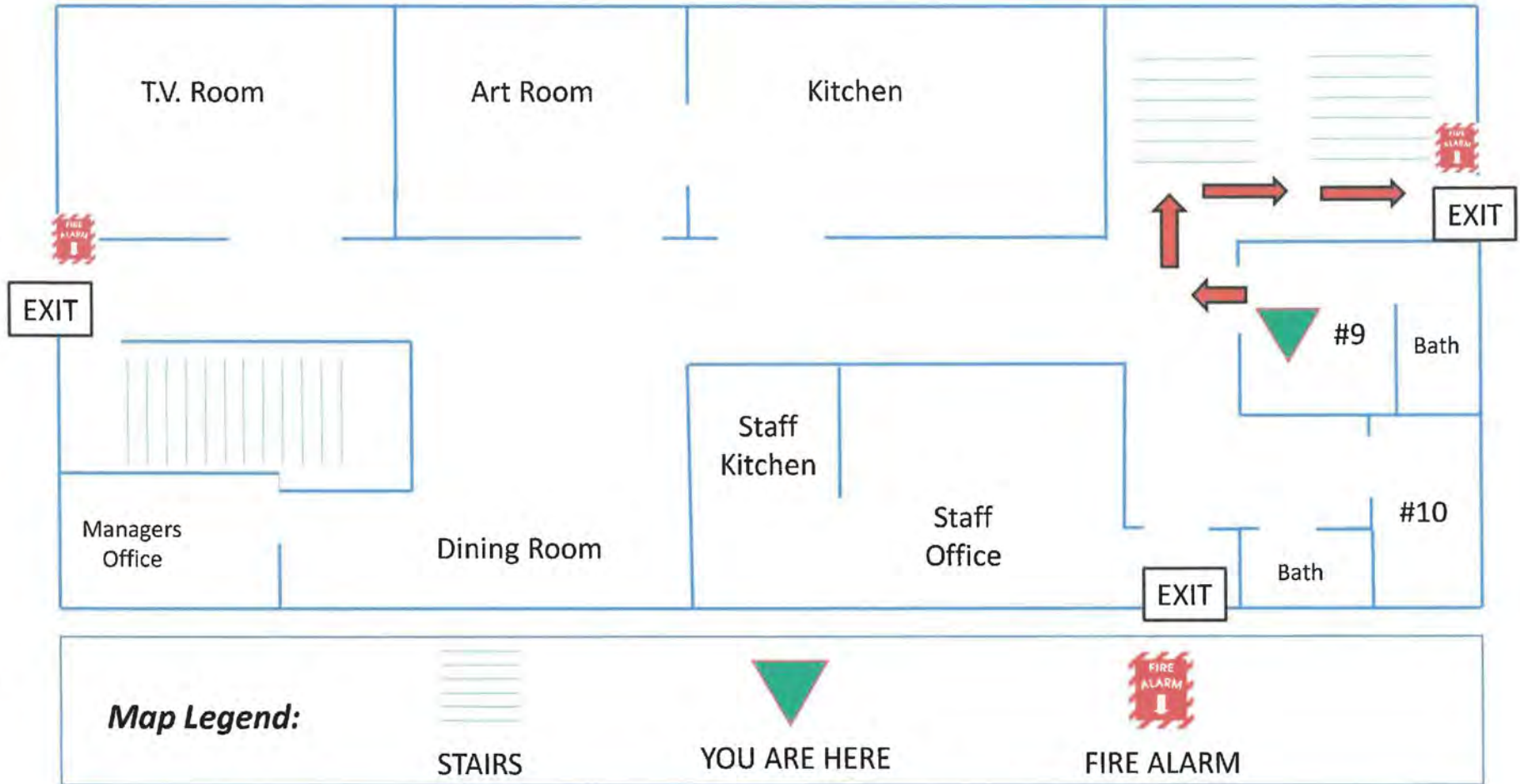




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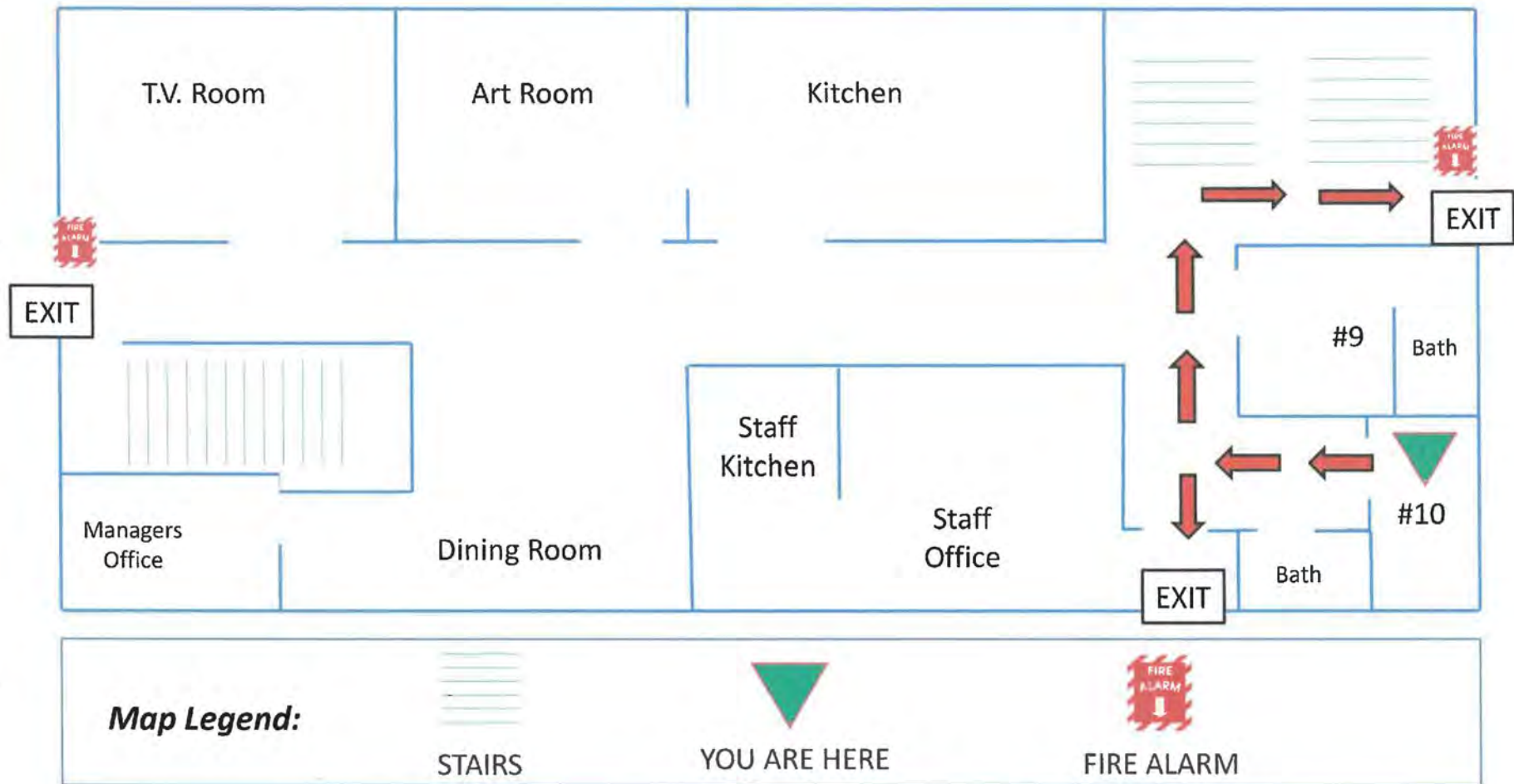


# FIRST FLOOR



# FIRST FLOOR





# FIRST FLOOR

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City of Keene, NH

# Congregate Living & Social Services License Application

<b>For Office Use Only:</b>	
Case No.	_____
Date Filled	_____
Rec'd By	_____
Page _____ of _____	

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

## SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input checked="" type="checkbox"/> Group Home, Large	<input type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input type="checkbox"/> 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: <i>361 Court Street, LLC</i>	NAME/COMPANY: <i>Live Free Recovery Services, LLC</i>
MAILING ADDRESS: <i>07057</i> <del>9 Dutton</del> <i>106 Roxbury St Keene, NH 03431</i>	MAILING ADDRESS: <i>106 Roxbury St Keene NH 03431</i>
PHONE: <i>603-438-3276</i>	PHONE: <i>877-932-6757</i>
EMAIL: <i>rgagne@livefreerecoverynh.com</i>	EMAIL: <i>info@livefreerecoverynh.com</i>
SIGNATURE: <i>[Signature]</i>	SIGNATURE: <i>[Signature]</i>
PRINTED NAME: <i>Ryan Gagne</i>	PRINTED NAME: <i>Ryan Gagne</i>

## AUTHORIZED AGENT (if different than Owner/Applicant) vs OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)

AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant)
NAME/COMPANY:	NAME/COMPANY: <i>Live Free Recovery Services, LLC</i>
MAILING ADDRESS:	MAILING ADDRESS: <i>106 Roxbury St Keene, NH 03437</i>
PHONE:	PHONE: <i>877-932-6757</i>
EMAIL:	EMAIL: <i>info@livefreerecoverynh.com</i>
SIGNATURE:	SIGNATURE: <i>[Signature]</i>
PRINTED NAME:	PRINTED NAME: <i>Jennifer Houston</i>

**SECTION 3: PROPERTY INFORMATION**

**PROPERTY ADDRESS:**

361 Court Street

**TAX MAP PARCEL NUMBER:**

537-056-000-000

**ZONING DISTRICT:**

MD

**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.**

This property has 16 beds used for a living accommodations and care. This property is staffed 24/7. Residents live here for 30-45 days. The population is all males, over the age 18 with substance use disorders.



**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 number of occupants is 16. There is staff 24/7. There are no scheduled visitation hours.

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

Residents stay between 30 to 45 days.

## SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with "CLSS License Application" in the subject line
  - **Mail / Hand Deliver:**  
 Community Development  
 (4th Floor) Keene City Hall,  
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

*Note: Additional information may be requested to complete the review of the application.*

<input type="checkbox"/> <b>PROPERTY OWNER:</b> <i>Name, phone number and address</i>	<input type="checkbox"/> <b>POINT OF 24 HOUR CONTACT:</b> <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: center;">Same as owner</p>
<input type="checkbox"/> <b>REQUIRED DOCUMENTATION:</b> <i>Provide all required state or federal licenses, permits and certifications</i>	<input type="checkbox"/> <b>WRITTEN NARRATIVE:</b> <i>Provide necessary information to the submittal requirements</i>
<input type="checkbox"/> <b>PROPERTY INFORMATION:</b> <i>Description of the property location including street address and tax map parcel number</i>	<input type="checkbox"/> <b>APPLICABLE FEES:</b> \$165.00 application <i>(checks made payable to City of Keene)</i>
<input type="checkbox"/> <b>COMPLETED INSPECTION:</b> <i>Inspection date: _____</i>	<input type="checkbox"/> <b>SCHEDULED INSPECTION:</b> <i>Inspection date: _____</i>

**OPERATIONS AND MANAGEMENT PLAN:**

Plan based on the industry standard "Best Management Practices" to include:

- ◇ Security Plan
- ◇ Life Safety Plan
- ◇ Staff Training and Procedures Plan
- ◇ Health and Safety Plan
- ◇ Emergency Response Plan
- ◇ Neighborhood Relations Plan
- ◇ Building and Site Maintenance Procedures

In addition, Homeless Shelters will need to provide:

- ◇ Rules of Conduct, Registration System and Screening Procedures
- ◇ Access Policies and Procedures

NORTH

47

0.37 AcC

148'S

69'

77'

41.25'

87.5'

56

0.76 AcC

226'S

148.5'

STREET (L)

144'S

232'S

76

0.13 Ac

84'

59.07'

85.4'

28.67'

56.8'

12.09'

15.69'

9.45'

16.93'

121'

77

0.11 AcC

Page 839 of 1060







**Live Free Recovery Services - Rules and Regulations**  
**Contract**

1. Possession, seeking, or use of alcohol, drugs, paraphernalia, or weapons is strictly prohibited anywhere on the property. This includes any product that contains alcohol, including but not limited to mouthwash, aftershave, and over counter medicines. Violation may result in discharge. Relapse, as indicated by either positive alcohol/drug testing results or self-admission, is grounds for immediate discharge.
2. **Search Policy and Prohibited Items:** Staff reserves the right to search a resident's person or his personal belongings at any time for the safety of all house members. In addition, Staff may search the belongings of any house member at any time if there is suspicion of contraband being stored in the member's belongings. Suspicion will be determined by the sole discretion of staff.
3. **Prohibited items (i.e. contraband) include, but are not limited to:** any alcohol or alcohol containing products, illicit or intoxicating substances, paraphernalia, prescription medication (all prescription medication should be held by Staff in the safe), weapons (knives, guns, bats, etc.), tattoo/piercing equipment, pornographic materials, pre-work out supplements, animals of any kind unless prior permission granted by Director, stolen property, space heaters or any personal appliances that create fire or carbon monoxide hazards, fireworks, etc. Specific over-the-counter medications that are prohibited include any medication containing pseudoephedrine, ephedrine, dextromethorphan, and/or alcohol.
4. Live Free Recovery Services is a zero-tolerance home. The consequences of prohibited item possession range from notifying law enforcement and immediate expulsion from the home to warnings or loss of privileges. Prohibited items will always be confiscated. What constitutes a prohibited item is determined by Staff and is not limited to those identified above
5. **Alcohol and/or Drug Testing is mandatory if asked to submit to one by Staff.** It is our policy that all residents must submit to this test upon request. The test will be witnessed by the administrator or staff on duty. If the results are positive or the resident refuses/manipulatively delays the test, for any reason, the resident will be immediately discharged or offered appropriate consequences to be determined by the Staff.
6. Any attempt to alter the screen in any way (e.g. diluting urine) will be considered a



positive result for drugs or alcohol and is grounds for immediate discharge. If an in-home drug or alcohol screen produces ambiguous results or in claims of false positive results, the sample will be submitted to a lab for further testing. In cases where the resident claims ambiguous or false positive results, further testing will be at the resident's expense.

7. Threatening, violent, and/or aggressive behavior, be it verbal or physical is grounds for discharge.
8. No smoking, vaping, or dipping is allowed, except in the designated area outside the house. No incense, candles, or anything flammable is allowed anywhere in the house at any time. **Smoking is allowed only in designated areas.**
9. Residents must attend AA/NA/CA and/or some type of peer-based recovery meetings, 5 per week and can drop to 4 per week once employment is secured. Additional meeting requirements at the discretion of Staff may be added. Failure to comply may result in discharge.
10. No changes, improvements, decorating, or repairs are to be done to any part of the property without the approval of the Director. This includes appliances, moving and/or adding furniture, moving and/or adding pictures, photos and posters on the walls.
11. House Recovery Support Meetings are held every week, typically on Sunday evenings, and require attendance by all residents.
12. **Medication policy:** All prescription medications must be turned into Staff and will be held in the staff office in the safe. Prescription medications are logged, and residents must self-administer prescription medication in front of staff member on duty during medication times, then sign medication log every time when taking medication. Medication refill and pick up is the sole responsibility of the resident. Staff will not be tracking when refills are needed, although they may verbally let you know that you are running low. Staff performs regular medication audits to ensure medication logs are accurate.
  - i. Live Free Recovery Services is an MAT accessible home, meaning that buprenorphine, methadone, or naltrexone is allowed provided the medication is prescribed by a legitimate physician for purposes of treating substance use disorder.
  - ii. Under no circumstances may residents share, trade, buy, sell, give, or take prescription medication from others.
13. Etiquette for speaking on the phone will be enforced. Please be respectful of others while on the phone. Do not be loud and please use good judgement.
14. A chore list will be posted weekly. Chores are to be done daily and must be checked and signed off by Staff. Residents are responsible for keeping their own area orderly.

Beds must be made each morning. Everything else is to be put away. No open food or drink in bedrooms. Each person is responsible for washing his own dishes at the time they are used. Please make sure to turn lights off and the heat down when leaving bedrooms or the house.

15. No debt shall be incurred between any residents. This includes loans and sales. This includes any kind of bartering or trading.
16. An attitude of gratitude is required. Dishonesty, undermining, and enabling are grounds for immediate discharge. Bad mouthing of Staff, or any other recovery organization will not be tolerated. House problems should be discussed in house meetings. Enabling another resident to break a rule may have the same consequences as breaking the rule. Violation of any part of this rule could result in discharge.
17. Any disputes or concerns that arise in the house between residents should be brought to Staff's attention. Please do not confront any residents at any time! Follow the grievance policy if appropriate. Threatening, violent and/or aggressive behaviors will not be tolerated and may result in immediate discharge.
18. Transportation is the resident's responsibility.
19. **Please be respectful of the neighborhood. Good neighbor policy!** Your behavior in public is representative of Live Free as a whole. Do not smoke in non-smoking areas, be courteous and respectful of others, do not loiter around businesses/private property, avoid using lewd or offensive language, and avoid littering public or private property. Do not leave garbage outside of the house, on the lawn, in the parking area, etc.
20. Lost or stolen property is not the responsibility of the House at any time regardless of what anyone says or does. Residents are discouraged from bringing expensive jewelry and other valuables.
21. Residents may not lock, barricade, or deliberately jam doors at any time. Doors must always remain unlocked.
22. If a resident leaves or is discharged for any reason, there are no refunds. Resident's property is to be taken with them upon discharge. Personal property left behind by discharged residents will be stored in the staff office for up to 30 days after discharge for the discharged resident to make arrangements to recover them, however Live Free Recovery Services is not responsible in any way for items that have not been physically claimed.
23. If for whatever reason damage is done to resident's property (including, but not limited to, insects, pests, or water damage) the operator, Staff, and/or House will not be held responsible.

24. Please do not get the mail. Staff will be responsible for bringing in the mail and distributing it.
25. Staff may take pictures during weekend activities and post them on social media. Please let the house manager know if you would not like to have your picture taken and he will respect your request. Also, please review and sign the Confidentiality/Privacy Policy.
26. Staff may open any mail that comes to the house in front of the client.
27. **Audio/video recording:** There are security cameras recording both audio and video throughout the property, both interior and exterior, including inside the living room off the kitchen and in the medicine cabinet room. These cameras are for your security and may be viewed in live action or by reviewing footage, if deemed necessary by Staff.
28. Live Free Recovery Services assumes no responsibility or liability for the cost or anything else that may occur during the transportation to and from off-site meetings/events.
29. All residents must attend in house meetings and house dinner on Sunday night. At times, there may be house restrictions if there are ever any situations that need to be addressed. This may result in the occasional canceling of plans.
- i. **Violations of any of these rules and regulations may result in immediate discharge from the program. There is no lease signed for our program, so residents of Live Free Recovery Services have no tenant rights.**
  - ii. **By signing below, I acknowledge that I have read and understand the above rules and regulations and agree to adhere to them, as well as the Resident Code of Rights, the Confidentiality/Privacy Policy, the Grievance Policy and Procedures, and the Weekly Fee and Services Provided Acknowledgement Form. I understand that any violation of the above terms may result in my immediate discharge from the residence and the program.**

30. Resident name \_\_\_\_\_

31. Resident Signature \_\_\_\_\_

Date \_\_\_\_\_

32. Staff member name \_\_\_\_\_

## Live Free Recovery Services - Emergency Procedures

Live Free Recovery Services has specific plans and protocols that will be initiated and followed in the event of disaster. Diagram of the location of all exits and fire suppression equipment on each floor in public areas such as hallways, outside the office, etc.

Live Free Recovery Services will designate, maintain, and provide a phone number for residents, staff and others for after hour emergencies. The afterhours emergency phone number will be provided as a part of resident and employee orientation and conspicuously posted outside the staff office. If it is an imminent medical emergency, we suggest you dial 911 for assistance.

### **Fire Drill Procedure:**

***Get out of the building by heading to the nearest exit, please walk and do not run.***

***Meet the group at the designated gathering area (parking lot) and wait for the all clear before re-entering the building.***

### **Suspected Overdose Procedure:**

***In the event of a suspected opioid overdose, the first person to arrive on scene is to administer the Narcan. Narcan is in each of the apartment units in their respective kitchens.***

***If able, a second person should be instructed to call 9-1-1. If nobody else is available, 9-1-1 is to be called after the first Narcan has been administered.***

***If the person remains unresponsive after 2-3 minutes, administer a second dose of Narcan.***

I have been oriented to Live Free Recovery Services's emergency procedures and have been given the opportunity to ask questions.

Resident signature \_\_\_\_\_

Date \_\_\_\_\_

Staff signature \_\_\_\_\_

Date \_\_\_\_\_



### LIVE FREE RECOVERY SERVICES - CONFIDENTIALITY/PRIVACY POLICY

Resident records, files, information, contracts, etc. will be kept secure in a locked file and accessed only by authorized staff.

Private resident files will be shared outside the residence only at the written request of the resident, by court order, or in case of emergency (when the release of private information would be essential to the safety of the resident(s))

Residents are responsible for maintaining the privacy of other residents. Residents will not release or share identifying information about housemates in conversation, in writing, or on social media platforms without expressed permission.

No identifiable images of or information about a resident will be shared by the home on social media platforms without a written release by the resident.

I, \_\_\_\_\_, agree to abide by this confidentiality/privacy policy.

\_\_\_\_\_ I give Live Free Recovery Services permission to use my identifiable image on social media platforms or in marketing materials.

\_\_\_\_\_ I do not give Live Free Recovery Services permission to use my identifiable image on social media platforms or in marketing materials.

Resident Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **LIVE FREE RECOVERY SERVICES - RESIDENT CODE OF RIGHTS**

As a resident of Live Free Recovery Services, you have the right to:

Be treated with dignity and respect in an environment that supports your recovery.

Be free from verbal and physical abuse.

Participate actively in your recovery, set your own recovery goals, and rely on fellow residents for honest appraisal, encouragement, and continued support of your positive actions towards building recovery capital.

Receive information regarding cost, refund policies, rights, responsibilities, rules, expectations, and policies governing resident conduct before making a financial commitment to Live Free Recovery Services.

Initiate a verbal or written complaint or grievance without retaliation and have the complaint investigated in a reasonable amount of time.

Request referral resources in the event of your dismissal.

Have any records or private information kept confidential and secure.

Retain personal property that does not jeopardize your own or others' safety or health.

Freedom from requirement to perform tasks that may cause injury or emotional trauma.

Freedom to express your personal values, belief systems, and cultural practices when these beliefs and practices will not harm others or interfere with their recovery.

Safe and clean accommodations.

Be provided an atmosphere free of sexual harassment from any source.

Be provided privacy that is consistently balanced with community goals and support of individual residents. This includes, but is not limited to privacy of person, personal belongings, and communications.

To reside in a home that is alcohol and drug-free.

To expect that, in the event the resident were to return to active alcohol and/or drug use, management will follow the established relapse policy.

To expect fellow residents to honor their commitment to maintain a clean, orderly and safe residence for all inhabitants to share equally.

To be provided a clear, safe and accessible path for communication of concerns regarding your own well-being, the well-being of fellow residents and/or the wellness and safety of the entire household.

To expect that, should an assessment be made that you need a higher level of care, Staff will communicate with you regarding this assessment and make reasonable effort to transition you to a more appropriate provider.

To receive, upon request and within a reasonable response time, copies of all documents that you signed upon admittance, receipts for all payments made directly by you and/or on your behalf by any third party, transcripts of any entries made by staff in your file, any drug urinalysis report(s) conducted through a confirmatory laboratory specific to you.

I have been informed at admission of my rights as listed above.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_





At Court Street and Water Street, staff are working towards CRSW certification. This is a State of NH program and is outlined below

## CRSW Credentialing in NH

How do you become a Certified Recovery Support Worker (CRSW) or Certified Recovery Coach in NH?

First and foremost, in the state of NH the term Certified Recovery Coach does not exist. If you went through a Recovery Coach Academy you are a Trained Recovery Coach. Should you wish to pursue a state certification/credential you will need to follow the criteria set for Certified Recovery Support Worker (CRSW) licensing below.

Here are the documents you will need to navigate your way through the credentialing.

- To understand **the requirements to become a Certified Recovery Support Worker Requirements** read the NH ALC300 Laws - the CRSW information beginning on page 4, specifically 303, 304 and 305 rules, [ALC300Laws for CRSW in NH](#)

Be sure to check out [this webinar](#) addressing frequently asked questions, and sponsored by Community of Practice. For all past recordings of webinars for NH Center for Excellence Community of Practice, and to register for future recordings, visit [Here](#).

Steps for submitting the application:

Prior to submitting your application for CRSW, it is highly recommended you take the exam. The exam process can take anywhere from 2 weeks to 2 months.

- Complete your application for the exam and send it in to the Board with your check for \$115.00.
- In two-three weeks you should receive an email from the exam company giving you instructions to select your date and location.
- At this time, when you schedule your exam date and location you can opt to take the practice test for \$30.00. This is the only time you have this option.
- Upon completing the exam you will be given preliminary results and they may tell you to wait for your official results before submitting them to the Board. This is NOT necessary. You are free to proceed with your application process. When you submit your CRSW application, the board will pull your exam results automatically.

NEXT: When you have all of your training, 500 hours and supervision complete prepare your packet to mail into the board which will include:

- Complete CRSW application prepared
- Copies of all of your training certificates
- Supporting letters for criminal records/ arrest restoration and rehabilitation





## **LIVE FREE RECOVERY SERVICES**

- 2 Passport photos
- \$110 must be a separate check
- Background check application or receipt with a check for \$48.25 separate check.

**Just prior to mailing in the CRSW application:**

Download and schedule your appointment for your criminal record check.

Call the State to schedule an appointment for fingerprints. You cannot use any other fingerprints or background checks. It MUST be a new background check. To make an appointment call 223-3867.

Upon completion of that appointment, send in the Background check application with the check attached, with your CRSW application.

The state only has 30 days after your appointment to request the results from the background check. If you don't plan this out timely, you'll have to do another background check which is why I say have all your stuff ready to mail in after your appointment.

In a couple of weeks, you will receive an email to schedule your test date and location site.

Supervision Rules and CRSW Code of Ethics

[ALC 400-500- Rules Adopted July, 2018](#)

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Should you have any questions, you can contact the licensing board:

Office of Professional Licensure and Certification

Philbrook Building

121 South Fruit Street

Concord, NH 03301

Telephone: (603)-271-6761

Fax: (603) 271-6702

E-mail: [NHLADC@nh.gov](mailto:NHLADC@nh.gov)

NORTH



**47**

0.37 AcC

148'S

**56**

0.76 AcC

226'S

148.5'

STREET (L)

144'S

232'S

84'

**76**

0.13 Ac

121'

**77**

0.11 AcC

85.4'

59.07'

28.61'

56.8'

12.09'

15.69'

9.45'

16.93'



**Good neighbor policy!**

## **ADDRESSING NEIGHBOR CONCERNS POLICY**

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, “love thy neighbor as thyself.” even if those same behaviors and attitudes are not returned. New Foundations takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not “drug houses” or “trap houses”, but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree BEFORE moving forward in our program. If this is not something you’re comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you’ve taken or obstacles you’ve overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use “Please” and “Thank you”. Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.





**By signing below, you are agreeing to the above code of conduct while living in our recovery home.**

---

PROGRAM PARTICIPANT SIGNATURE:*(Required)*



At Court Street and Water Street, staff are working towards CRSW certification. This is a State of NH program and is outlined below

## CRSW Credentialing in NH

How do you become a Certified Recovery Support Worker (CRSW) or Certified Recovery Coach in NH?

First and foremost, in the state of NH the term Certified Recovery Coach does not exist. If you went through a Recovery Coach Academy you are a Trained Recovery Coach. Should you wish to pursue a state certification/credential you will need to follow the criteria set for Certified Recovery Support Worker (CRSW) licensing below.

Here are the documents you will need to navigate your way through the credentialing.

- To understand **the requirements to become a Certified Recovery Support Worker Requirements** read the NH ALC300 Laws – the CRSW information beginning on page 4, specifically 303, 304 and 305 rules, [ALC300Laws for CRSW in NH](#)

Be sure to check out [this webinar](#) addressing frequently asked questions, and sponsored by Community of Practice. For all past recordings of webinars for NH Center for Excellence Community of Practice, and to register for future recordings, visit [Here](#).

Steps for submitting the application:

Prior to submitting your application for CRSW, it is highly recommended you take the exam. The exam process can take anywhere from 2 weeks to 2 months.

- Complete your application for the exam and send it in to the Board with your check for \$115.00.
- In two-three weeks you should receive an email from the exam company giving you instructions to select your date and location.
- At this time, when you schedule your exam date and location you can opt to take the practice test for \$30.00. This is the only time you have this option.
- Upon completing the exam you will be given preliminary results and they may tell you to wait for your official results before submitting them to the Board. This is NOT necessary. You are free to proceed with your application process. When you submit your CRSW application, the board will pull your exam results automatically.

NEXT: When you have all of your training, 500 hours and supervision complete prepare your packet to mail into the board which will include:

- Complete CRSW application prepared
- Copies of all of your training certificates
- Supporting letters for criminal records/ arrest restoration and rehabilitation



## **LIVE FREE RECOVERY SERVICES**

- 2 Passport photos
- \$110 must be a separate check
- Background check application or receipt with a check for \$48.25 separate check.

**Just prior to mailing in the CRSW application:**

Download and schedule your appointment for your criminal record check.

Call the State to schedule an appointment for fingerprints. You cannot use any other fingerprints or background checks. It MUST be a new background check. To make an appointment call 223-3867.

Upon completion of that appointment, send in the Background check application with the check attached, with your CRSW application.

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## ADMISSION CONSENT

I, \_\_\_\_\_ consent to a voluntary admission to Live Free Recovery Services on \_\_\_\_\_. I understand that I am required to follow the rules and regulations at Live Free Recovery Services.

I understand that my treatment may include evaluations, tests, psychotherapy (counseling) and medication management/observation. I will also participate in a treatment program which consist of group therapy, vocational services, and case management as deemed appropriate by Live Free Recovery Services staff or Licensed Independent Practitioners and carried out by Live Free Recovery Services staff.

I understand that I am agreeing to stay a minimum of 30 days, at approximately \$120.00 dollars per day, which will be billed to my medical insurance. I understand that I am responsible for any expenses not covered by my medical insurance to include but not limited to co-pays, medications, and other incidentals. I understand that expected length of stay is 90 days, unless otherwise indicated by my Licensed Practitioner or Live Free Recovery Services Treatment Team. Should I wish to remove myself from treatment earlier than what my Treatment Team recommends, I will inform Live Free Recovery Services staff in order to evaluate my safety, review risks of terminating treatment, discuss alternatives, and to finalize arrangements for follow up care. If the results of the evaluation indicate that I am an immediate risk to myself or others, Live Free Recovery Services may petition for an involuntary Emergency Admission to New Hampshire State Hospital, according to State Law.

I have received and read the following:

- a) Client's Bill of Rights
- b) The Live Free Recovery Services Notice of Privacy Practices
- c) The Live Free Recovery Services Client Handbook

Live Free Recovery Services ensures the confidentiality of all client information. Any discussion of your treatment will require your signature on a separate authorization or release form for this purpose.





During my stay, Live Free Recovery Services will provide me with nutritious meals and will maintain the facility to have reasonable accommodations including onsite laundry appliances, television, internet, phone, and music designed to sustain and promote intellectual, social, and spiritual wellbeing. Live Free Recovery Services staff will provide me with assistance with taking and ordering my medications as well as arranging medical and dental appointments if needed. Live Free Recovery Services staff is available for me 24 hours per day, 7 days per week.

My signature below indicates that I consent to treatment and agree to participate in my care and adhere to the following safety guidelines:

1. There is no smoking in any Live Free Recovery Services facility
2. All belongings are searched, and my room may be searched at Live Free Recovery Services' discretion.
3. Drugs, alcohol, weapons, and other sharp items that may put myself or others at risk, are not allowed.
4. Soliciting or offering medications/substances to other clients is not allowed.
5. Live Free Recovery Services may use CPR, Narcan, Heimlich, EpiPen and other rescue/life saving techniques in an emergency or crisis situation without my prior consent. I will provide Live Free Recovery Services staff with a copy of my Advanced Directive.
6. I am responsible for active participation in my treatment and aftercare.
7. Group attendance is required unless otherwise indicated by treatment team.
8. Disruptive behavior, violence or threats of violence, inappropriate language or physical contact is not permitted.
9. I understand that I could be administratively discharged if I become non-compliant in my treatment or for breaking the Live Free Recovery Services rules and regulations.
10. I have signed a financial agreement and understand its contents.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Service Place: **N/A**

Billing Location:

**N/A** Provider: **N/A**

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397.501 Rights of individuals. Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(1) RIGHT TO INDIVIDUAL DIGNITY. - The dignity of the individual served must be respected at all times and upon all occasions, including any occasion when the individual is admitted, retained, or transported. Individuals served who are not accused of a crime or delinquent act may not be detained or incarcerated in jails, detention centers, or training schools of the state, except for purposes of protective custody in strict accordance with this chapter. An individual may not be deprived of any constitutional right.

(2) RIGHT TO NONDISCRIMINATORY SERVICES.

(a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician access to substance abuse services solely on that basis. Service providers who receive state funds to provide substance abuse services may not, if space and sufficient state resources are available, deny access to services based solely on inability to pay.

(b) Each individual in treatment must be afforded the opportunity to participate in the formulation and periodic review of his or her individualized treatment or service plan to the extent of his or her ability to so participate.



(c) It is the policy of the state to use the least restrictive and most appropriate services available, based on the needs and the best interests of the individual and consistent with optimum care of the individual.

(d) Each individual must be afforded the opportunity to participate in activities designed to enhance self-image.

### (3) RIGHT TO QUALITY SERVICES.

(a) Each individual must be delivered services suited to his or her needs, administered skillfully, safely, humanely, with full respect for his or her dignity and personal integrity, and in accordance with all statutory and regulatory requirements.

(b) These services must include the use of methods and techniques to control aggressive behavior that poses an immediate threat to the individual or to other persons. Such methods and techniques include the use of restraints, the use of seclusion, the use of time-out, and other behavior management techniques. When authorized, these methods and techniques may be applied only by persons who are employed by service providers and trained in the application and use of these methods and techniques. The department must specify by rule the methods that may be used and the techniques that may be applied by service providers to control aggressive behavior and must specify by rule the physical facility requirements for seclusion rooms, including dimensions, safety features, methods of observation, and contents.

### (4) RIGHT TO COMMUNICATION.

(a) Each individual has the right to communicate freely and privately with other persons within the limitations imposed by service provider policy.

(b) Because the delivery of services can only be effective in a substance abuse free environment, close supervision of each individual's communications and correspondence is necessary, particularly in the initial stages of treatment, and the service provider must therefore set



reasonable rules for telephone, mail, and visitation rights, giving primary consideration to the well-being and safety of individuals, staff, and the community. It is the duty of the service provider to inform the individual and his or her family if the family is involved at the time of admission about the provider's rules relating to communications and correspondence.

(5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS. - An individual has the right to possess clothing and other personal effects. The service provider may take temporary custody of the individual's personal effects only when required for medical or safety reasons, with the reason for taking custody and a list of the personal effects recorded in the individual's clinical record.

(6) RIGHT TO EDUCATION OF MINORS. - Each minor in a residential service component is guaranteed education and training appropriate to his or her needs. The service provider shall coordinate with local education agencies to ensure that education and training is provided to each minor in accordance with other applicable laws and regulations and that parental responsibilities related to such education and training are established within the provisions of such applicable laws and regulations. This chapter does not relieve any local education authority of its obligation under law to provide a free and appropriate education to every child.

(7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL RECORDS.

(a) The records of service providers which pertain to the identity, diagnosis, and prognosis of and service provision to any individual are confidential in accordance with this chapter and with applicable federal confidentiality regulations and are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such records may not be disclosed without the written consent of the individual to whom they pertain except that appropriate disclosure may be made without such consent:

1. To medical personnel in a medical emergency.
2. To service provider personnel if such personnel need to know the



information in order to carry out duties relating to the provision of services to an individual.

3. To the secretary of the department or the secretary's designee, for purposes of scientific research, in accordance with federal confidentiality regulations, but only upon agreement in writing that the individual's name and other identifying information will not be disclosed.

4. In the course of review of service provider records by persons who are performing an audit or evaluation on behalf of any federal, state, or local government agency, or third-party payor providing financial assistance or reimbursement to the service provider; however, reports produced as a result of such audit or evaluation may not disclose names or other identifying information and must be in accordance with federal confidentiality regulations.

5. Upon court order based on application showing good cause for disclosure. In determining whether there is good cause for disclosure, the court shall examine whether the public interest and the need for disclosure outweigh the potential injury to the individual, to the service provider and the individual, and to the service provider itself.

(b) The restrictions on disclosure and use in this section do not apply to communications from provider personnel to law enforcement officers which:

1. Are directly related to an individual's commission of a crime on the premises of the provider or against provider personnel or to a threat to commit such a crime; and

2. Are limited to the circumstances of the incident, including the status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

(c) The restrictions on disclosure and use in this section do not apply to the reporting of incidents of suspected child abuse and neglect to the appropriate state or local authorities as required by law. However, such





restrictions continue to apply to the original substance abuse records maintained by the provider, including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

(d) Any answer to a request for a disclosure of individual records which is not permissible under this section or under the appropriate federal regulations must be made in a way that will not affirmatively reveal that an identified individual has been or is being diagnosed or treated for substance abuse. The regulations do not restrict a disclosure that an identified individual is not and has never received services.

(e) 1. Since a minor acting alone has the legal capacity to voluntarily apply for and obtain substance abuse treatment, any written consent for disclosure may be given only by the minor. This restriction includes, but is not limited to, any disclosure of identifying information to the parent, legal guardian, or custodian of a minor for the purpose of obtaining financial reimbursement.

2. When the consent of a parent, legal guardian, or custodian is required under this chapter in order for a minor to obtain substance abuse treatment, any written consent for disclosure must be given by both the minor and the parent, legal guardian, or custodian.

(f) An order of a court of competent jurisdiction authorizing disclosure and use of confidential information is a unique kind of court order. Its only purpose is to authorize a disclosure or use of identifying information which would otherwise be prohibited by this section. Such an order does not compel disclosure. A subpoena or a similar legal mandate must be issued in order to compel disclosure. This mandate may be entered at the same time as, and accompany, an authorizing court order entered under this section.

(g) An order authorizing the disclosure of an individual's records may be applied for by any person having a legally recognized interest in the disclosure which is sought. The application may be filed separately or as part of a pending civil action in which it appears that the individual's records are needed to provide evidence. An application must use a fictitious



name, such as John Doe or Jane Doe, to refer to any individual and may not contain or otherwise disclose any identifying information unless the individual is the applicant or has given a written consent to disclosure or the court has ordered the record of the proceeding sealed from public scrutiny.

(h) The individual and the person holding the records from whom disclosure is sought must be given adequate notice in a manner which will not disclose identifying information to other persons, and an opportunity to file a written response to the application, or to appear in person, for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order.

(i) Any oral argument, review of evidence, or hearing on the application must be held in the judge's chambers or in some manner which ensures that identifying information is not disclosed to anyone other than a party to the proceeding, the individual, or the person holding the record, unless the individual requests an open hearing. The proceeding may include an examination by the judge of the records referred to in the application.

(j) A court may authorize the disclosure and use of records for the purpose of conducting a criminal investigation or prosecution of an individual only if the court finds that all of the following criteria are met:

1. The crime involved is extremely serious, such as one which causes or directly threatens loss of life or serious bodily injury, including but not limited to homicide, sexual assault, sexual battery, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.
2. There is reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.
3. Other ways of obtaining the information are not available or would not be effective.



4. The potential injury to the individual, to the physician-individual relationship, and to the ability of the program to provide services to other individuals is outweighed by the public interest and the need for the disclosure.

(8) RIGHT TO COUNSEL. - Each individual must be informed that he or she has the right to be represented by counsel in any involuntary proceeding for assessment, stabilization, or treatment and that he or she, or if the individual is a minor his or her parent, legal guardian, or legal custodian, may apply immediately to the court to have an attorney appointed if he or she cannot afford one.

(9) RIGHT TO HABEAS CORPUS. - At any time, and without notice, an individual involuntarily retained by a provider, or the individual's parent, guardian, custodian, or attorney on behalf of the individual, may petition for a writ of habeas corpus to question the cause and legality of such retention and request that the court issue a writ for the individual's release.

(10) LIABILITY AND IMMUNITY.

(a) Service provider personnel who violate or abuse any right or privilege of an individual under this chapter are liable for damages as determined by law.

(b) All persons acting in good faith, reasonably, and without negligence in connection with the preparation or execution of petitions, applications, certificates, or other documents or the apprehension, detention, discharge, examination, transportation, or treatment of a person under the provisions of this chapter shall be free from all liability, civil or criminal, by reason of such acts.

History. s. 4, ch. 93-39; s. 736, ch. 95-148; s. 3, ch. 95-407; s. 223, ch. 96-406; s. 2, ch. 98-107; s. 25, ch. 2009-132.

- If I am a Spanish-speaking client, this information has been translated to me.

FORM SIGNATURES



**POLICY:**                    Program Admission and Exclusionary Criteria

**PURPOSE:**                To ensure for the timely admission of clients in need of service

**PROCEDURE:**

- All individuals seeking services will be seen face-to-face or have a telephone interview within 10 working days of initial contact to complete the intake to ensure appropriateness of the potential admission.
- Assessment will occur face-to-face and include an assessment tool which will assist in diagnosis and placement criteria, a bio-psycho-social assessment, and other information that is required by the funding source.
- If an individual is found ineligible for services, the individual and the referring agency will be notified of the ineligibility and will be offered alternative referrals for admission (release of information needed for the referral source).
- Priority of admissions are based on seriousness of need:
  1. Pregnant injecting drug users
  2. Pregnant substance abusers
  3. Injecting drug users
  4. All other substance abusers
- The client is assessed as meeting diagnostic criteria of the American Society of Addiction Medicine - Patient Placement Criteria for the Treatment of Substance-Related Disorders; Second Edition- revised.
- The client may be assessed as having a secondary





diagnosis of a mental health problem.

- Any of the client's biomedical conditions, if persistent, continue to be sufficiently stable to permit participation in outpatient services.
- Mental status of client does not preclude his or her ability to comprehend and understand material presented. Client can participate in treatment process.
- Client expresses a willingness to cooperate and attend all scheduled activities.
- Client presents as not a danger to self or others.
- Client is free of communicable disease, or if a client had a communicable disease, that the client is treated, or if the disease is not curable, that the client is managed to prevent transmission to other clients.
- The client is assessed as being able to achieve or maintain abstinence and recovery goals only with support and scheduled therapeutic contact to deal with such issues as, but not limited to, mental preoccupation with alcohol/drug use, mental health issues, craving, peer pressure, lifestyle, and attitudinal changes.

The following are exclusionary criteria:

- An individual who is unconscious at the time of presentation but shall transfer such an individual immediately to a hospital.
- An individual who manifests such a degree of behavioral disorder that the individual is a danger to him/herself or others, or whose behavior interferes with the health or safety of staff or other clients. The program shall aid in referring such individuals to an appropriate treatment program.



- All requests for admission will be reviewed by the treatment team consisting of Executive Director, Director of Admission, and clinicalstaff.



**POLICY:**                    Treatment Planning and Review

**PURPOSE:**                To ensure each client receives complete and appropriate service planning assuring that treatment is appropriate to client needs.

**PROCEDURE:**

- Upon admission, the Primary Therapist will ask the client what his/her goals/plans for treatment are and will reflect that information in the admission note.
- The client's primary therapist will provide and/or coordinate the individualized treatment plan.
- The primary therapist will utilize the referral sources, family members, clinical team, and client interview in determining client's needs and the development of goals for services.
- The treatment planning process will be holistic in approach focusing on all domains that impact on the client (i.e.: recovery issues, vocational, educational, housing, relationships, etc.).
- In developing a client's treatment plan, the primary therapist will utilize client input ascertained during focused interviews, as well as the input of family members via phone conversations, family therapy and informal interviews.
- Client and family will receive education and be provided with information regarding symptoms, effects, and treatment of mental illness, medications, substance abuse; co-dependency and its effect on substance abuse treatment; the implementation of self-care rehabilitation (including, but not limited to, Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Nar-Anon, Alateen) and community



agencies/resources available during treatment services. Clinical team will provide above mentioned education and information.

- The treatment plan will include goals, timeframes, measurable objectives that relate to the goals and specific criteria for termination or reduction in services.
- The treatment plan will be completed by the 3rd face-to-face visit not to exceed 30 days.
- Client's treatment plan will be evaluated monthly by the multidisciplinary team during Case Review and in Clinical Supervision.
- Criteria for a decrease in services or discharge include: The client has achieved the goals articulated in his/her treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Or the client has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to treatment plan. Or the client has demonstrated a lack of capacity to resolve his/her problem(s). Or the client has experienced an intensification of his/her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.
- Before completion of treatment and discharge from facility, primary therapist will secure referrals to community agencies and resources for aftercare, as assessed and developed by client and multidisciplinary team.
- Primary therapist will utilize representatives of support groups including, but not limited to, Alcoholics and Narcotics Anonymous, to secure sponsorship and/or contacts to accompany clients to support groups prior to discharge.
- For clients who are receiving medication monitoring, that is to be included in the treatment plan.



- The client is to sign the treatment plan as an indication of client's participation in the development of the treatment plan.



## **Aggression Management and Communication Skills**

### **Course Description:**

The overall goal of this program is to familiarize the participant with ways to effectively manage aggression through effective verbal and non-verbal communication, by learning and implementing diffusion strategies as well as de-escalation techniques and skills

### **GOAL 1: OBJECTIVES**

1. Participants will gain an understanding of signs and aspects of aggression.
2. Participants will be familiar with effective verbal and non-verbal communication.
3. Participants will learn about various diffusion techniques and de-escalation techniques.
4. Participants will improve ability to keep clients safe on a consistent basis.

### **Managing Aggression**

The effective handling of aggression is one of the most demanding aspects of working in Behavior Health. It is an area where good interaction and communication skills are required.

- Most situations where there is a potential for violence can be handled through communication.
- Aggression: any behavior that is perceived by the victim as being deliberately harmful and damaging either psychologically or physically.

**Goal: Prevent aggression** from escalating into actual physical violence. People may become aggressive for several reasons, including:

- Frustration Unfairness, perceived or real
- Humiliation Immaturity
- Excitement Learned Behavior (it get results)
- Reputation Means to an end
- Decoy Duty
- Mental Illness (i.e., Paranoia, psychosis, delusions)



### **Signs of Aggression:**

- Standing tall
- Red faced
- Raised voice
- Rapid breathing
- Direct, prolonged eye contact
- Exaggerated gestures
- Tensing of muscles

### **Additional signs of aggression:**

- Any major change in behavior that varies from what is normal for the person
- Clenched fists
- Focusing/narrowing of the gaze
- Tight jaw/facial muscles
- Increased agitation and disturbance in behavior (e.g., pacing)

### **Risk Factors to Consider:**

- Is the person facing a high level of stress? (e.g., recent bereavement, pending court date)
- Does the person seem to be under the influence of drugs or alcohol?
- Does the person have a history of violence?
- Does the person have a history of psychiatric illness?
- Has the person verbally abused staff in the past?
- Has the person threatened staff with violence in the past?
- Has the patient experienced trauma?

### **Communication**

Communication: a two-way process that relates to verbal interaction (listening, speaking, and hearing), and non-verbal interaction (interpretation and observational skills – looking and seeing).

To minimize communication problems:





- Use language appropriate to the person (his/her language if possible; use an interpreter when necessary)
- Take time to communicate
- Check that you are understood
- Encourage and give feedback
- Conversation should take place at an appropriate time and place (whenever possible)

## Aggression Management and Communication Skills Training

### Common inhibitions to effective communication:

- Noise
- Language (native lang./demeaning lang.)
- Perception and prejudice
- Intrusion of personal space
- Communication: We cannot necessarily avoid or overcome all these barriers, but we need to find ways of minimizing them.

### Noise:

- Major distraction
- Hard to hold a discussion against noisy background
- Speaking loudly can be misinterpreted as yelling

### Language:

- Express yourself in as direct and explicit manner as possible
- Avoid emotive language (Words used deliberately to create an emotional impact or response)
- Avoid demeaning language/belittling
- Find assistance for a person who does not speak the same language as you.
- Perception and Prejudice: everybody has a unique background and history with influences and experiences that form our way of looking at the world.





- ❖ Recognize our prejudices
- ❖ Work around prejudices of others
- ❖ Maintain professional attitude (not allowing our perceptions to get in the way of duties and responsibilities to others, particularly in promoting equal opportunities)
- ❖ Not to let our prejudices influence the way we communicate

### **Intrusion of personal space:**

- Avoid standing too close to the person
- Amount of space required for a person differs based on gender, familiarity, culture, mood, etc.
- In addition, standing too close to an angry individual can make the person feel unsafe, and make YOU unsafe.
- Step-Kick distance Non-verbal communication: Staff should be aware of non-verbal messages that how a person is feeling or may respond. De-escalation Prevention Steps

### **Recognize:**

- Anger is a choice of a range of behaviors that could be used to get what one needs in a situation.
- It is a behavior that has benefit for its user.
- Anger can get people the attention they need, escape things they do not want to do, gain control over another person/situation
- Pump them up when they are feeling small/insignificant

### **Perform a quick self-assessment:**

- ❖ Can I avoid criticizing and finding fault with the angry person?
- ❖ Can I avoid being judgmental?
- ❖ Can I keep myself removed from the conflict?
- ❖ Can I try to see the situation from the angry person's point of view or understand the need s/he is trying to satisfy?



- ❖ Can I remember that my job is to keep the peace and protect the client and staff?

Recognize Early Warning Signs: Many incidents can be prevented by recognizing subtle changes in behavior.

-Quiet people may become agitated

-Loud, outgoing people may become quiet and introspective.

Commenting on the changes may open conversation and minimize frustration/buildup

### Diffusion Strategies

#### **Before anything else happens:**

- Staff should seek to defuse the situation
- People that are out of control are under the influence of an “adrenal cocktail”
- Do nothing to escalate state of mind
- Be prepared to defend yourself

#### **Seek to:**

- Appear confident
- Display calmness
- Create some space
- Speak slowly, gently, and clearly
- Lower your voice
- Avoid staring
- Avoid arguing and confrontation
- Show that you are listening
- Calm the person and assure she/he feels heard before trying to solve the problem

#### **Adopt a non-threatening body posture:**

- Use a calm, open posture (sitting or standing)
- Reduce direct eye contact (may be taken as a confrontation) without affirmative acknowledgment
- Allow the person adequate personal space
- Keep both hands visible



- Avoid sudden movements that may startle or be perceived as an attack
- Avoid audiences (when possible) – an audience may escalate the situation

### **TO DO: Give clear, brief, assertive instructions**

- Explain your purpose or intention
- Negotiate options
- Avoid threats
- Move towards a “safer place” (i.e., avoid being trapped in
- Ensure your non-verbal communication is non-threatening:
  - Consider which techniques are appropriate for situation
  - Pay attention to non-verbal clues (i.e., eye contact)
  - Allow greater body space than normal
  - Be aware of own non-verbal behavior (posture and eye contact)
  - Appear calm, self-controlled, and confident without being dismissive or over-bearing

## **De-Escalation Techniques**

### 1. Technique #1: Simple Listening

Sometimes all an angry person needs is for someone to take the time to allow them to vent his/her anger and frustrations. Simply listen to what he/she is saying, give encouragers (i.e., uh-huh, yes, go on, etc.).

### 2. Technique #2: Active Listening

...really attempting to hear, acknowledge and understand what a person is saying. A genuine attempt to put oneself in the other's situation. LISTENING...not only to the words, but the underlying emotion as well as the body language.

### 3. Technique #3: Acknowledgement

...occurs when the listener is attempting to sense the emotion underlying the words.

Relaying that you understand what a person is feeling helps the person to release



that feeling.

#### 4. Technique #4: Allow Silence

...although many find silence unbearable, sometimes the angry person may need the time to reflect or think.

#### 5. Technique #5: Agreeing

...often when people are angry about something, there is something true in what they are saying. When attempting to diffuse someone's anger, it is important to find that truth and agree with it.

#### 6. Technique #6: Apologizing

...an excellent de-escalation skill! ...Not for an imaginary wrong, but a sincere apology for anything in the situation that was unjust; a simple acknowledgment that something occurred was not right or fair. It is possible to apologize without accepting blame.

#### 7. Technique #7: Inviting Criticism

The final skill...The listener should simply ask the angry person to voice his/her criticism of the listener

(What am I doing wrong that makes you so angry at me? Tell me, I can take it. Do not hold anything back. I want to hear about everything you are angry about.).

#### 8. Technique #8: Develop a Plan

Have a plan before one is needed. Think about options of what you could do before such a circumstance occurs. Decisions made before a crisis occurs are more likely to be more effective/rational than those thought of "on the fly"

WHEN NOTHING WORKS



There may be occasions, particularly with the mentally ill, when the listener is unsuccessful. Your safety and the safety of others should always be of primary concern.

NEVER THREATEN unless you are prepared to take the next step:

Once you have made a threat, or given an ultimatum, you have ceased all negotiations and put yourself in a potential win-lose situation.... and for safety's sake, you must be the winner. However, your rapport will suffer, leading to potential future problems, fear, or distrust from those you interact with daily. Last resort.

### **De-escalation Closure**

De-escalation is a very difficult and humbling skill.

- You cannot be unsure of your own pride or self-esteem.
- You must be able to control your own anger.
- You must be able to see the bigger picture.
- You must be willing to practice what you have learned.



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**Aggression Management Quiz**

1) Name 5 signs of Aggression

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2) Name 2 risk factors to Aggression

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3) Anger is a choice in a range of available behaviors.

(Circle one) True False

4) Explain how Perception and Prejudice can inhibit Communication.

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5) Staring a client down is a sign of being in charge and can help to calm an aggressive person. (Circle one)

True False



6) Apologizing to an angry client simply validates their anger and perpetuates a stressful situation. (Circle one)

True False





### **De-escalation Policy and Procedure:**

Live Free Recovery Services is a non-hands on, non-restraint using facility. De-escalation practices are to be used while keeping staff and clients as safe as possible. If a situation becomes escalated and de-escalation techniques are not effective, emergency services will be called for assistance.

Remember when dealing with an upset client to not take the situation personally. Our clients do not have the same skillset to manage their discomfort or ability to express what is troubling them. It is okay to switch out staff if the client has a better rapport with someone else. Remember the goal is to support the client in the best way possible. Remember, staff response is the key to avoiding physical confrontation, frustration, and verbal escalation.

#### **TIP 1 BE EMPATHIC AND NONJUDGMENTAL**

When someone says or does something you perceive as weird or irrational, try not to judge or discount their feelings. Whether or not you think those feelings are justified, they are real to the other person. Pay attention to them. Keep in mind that whatever the person is going through, it is the most important thing in their life at this moment

#### **TIP 2 RESPECT PERSONAL SPACE.**

If possible, stand 1.5 to three feet away from a person who is escalating. Allowing personal space tends to decrease a person's anxiety and can help you prevent acting-out behavior. If you must enter someone's personal space to provide care, explain your actions so the person feels less confused and frightened.

#### **TIP 3 USE NONTHREATENING NONVERBALS.**

The more a person loses control, the less they hear your words—and the more they react to your nonverbal communication. Be mindful of your gestures, facial





expressions, movements, and tone of voice. Keeping your tone and body language neutral will go a long way toward defusing a situation.

**TIP 4 AVOID OVERREACTING.**

Remain calm, rational, and professional. While you cannot control the person's behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses. Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the person down.

**TIP 5 FOCUS ON FEELINGS.**

Facts are important, but how a person feels is the heart of the matter. Yet some people have trouble identifying how they feel about what is happening to them. Watch and listen carefully for the person's real message. Try saying something like "That must be scary." Supportive words like these will let the person know that you understand what is happening—and you may get a positive response.

**TIP 6 IGNORE CHALLENGING QUESTIONS.**

Answering challenging questions often results in a power struggle. When a person challenges your authority, redirect their attention to the issue at hand. Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem.

**TIP 7 SET LIMITS.**

If a person's behavior is belligerent, defensive, or disruptive, give them clear, simple, and enforceable limits. Offer concise and respectful choices and consequences. A person who is upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.



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### **TIP 8 CHOOSE WISELY WHAT YOU INSIST UPON.**

It is important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person does not want to shower in the morning, can you allow them to choose the time of day that feels best for them? If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

### **TIP 9 ALLOW SILENCE FOR REFLECTION.**

We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it is the best choice. It can give a person a chance to reflect on what is happening, and how he or she needs to proceed. Believe it or not, silence can be a powerful communication tool

### **TIP 10 ALLOW TIME FOR DECISIONS.**

When a person is upset, they may not be able to think clearly. Give them a few moments to think through what you have said. A person's stress rises when they feel rushed. Allowing time brings calm.



**POLICY:**                    **Contents of Clinical Records**

**PURPOSE:**                To ensure that all client records have the appropriate and necessary data as well as to ensure that all information is entered as scheduled.

**PROCEDURE:**

- ✓ The Clinical Director at Live Free Recovery Services ensures that the clinical records are current and contain all the documentation required.
  
- ✓ Live Free Recovery Services requires the following to be included in the clinical record:
  - Client identification data, including name, date of admission, address, date of birth, gender, and the name, address, and telephone number of the person(s) to be notified in an emergency which is completed at time of admission
  - Previous treatment records and correspondence to include but not limited to Biopsychosocial, History and Physical, Medication list.
  
  - The client's signed acknowledgment that he or she has been informed of and received a copy of client rights at time of admission





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- A summary of the admission interview/intake (interpretive summary) at time of admission.
- A client treatment plan signed and dated by clinical personnel and the client. Initial treatment plan completed at time of admission and Master Treatment Plan completed within 7 days of admission
- Progress notes for individual, group, psycho-educational groups, shall be documented in each client's record by a summary note listing the date and topic of all treatment sessions attended, and a narrative of his/her participation and treatment progress within 24 hours of when the session occurred
- Medical notes for services provided by Physicians, nurses and other licensed medical practitioners shall be entered in the client record on the day of service
- Documentation of the client's participation in the development of his/her treatment plan when treatment planning occurs which is upon admission, within 7 days of admission and based on ASAM criteria.
- Documentation of allergies in the clinical record and on its outside front cover at time of admission
- The results of laboratory, radiological, diagnostic, and/or screening tests performed on date services were provided



- Reports of accidents at the time accident occurred
- A record of referrals to other health care providers
- Summaries of consultations
- Any signed, written informed consent forms or an explanation of why an informed consent was not obtained
- A record of any treatment, drug, or service offered by program staff and refused by the client
- Instructions given to the client and/or the client's family for care following discharge.
- The discharge/continuum of care plan
- The discharge/continuum of care summary is to be completed within a week from the last treatment or discharge
- The clinical record shall be available to the program's assigned substance abuse practitioner that is always involved in the client's care during the hours of operation



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Entries in the clinical record should be typewritten or written legibly in ink, dated, and signed by the person entering them.



**POLICY:**                    **Psychiatric and Mental Health Screenings/Services**

**PURPOSE:**                    To ensure that clients are provided with psychiatric and mental health services when indicated in a prompt and professional manner.

**PROCEDURE:**

- The initial phone assessment will determine if there is a present mental health concern, a history of mental health diagnosis, and/or if the client is on mental health medications.
  
- The initial assessment on admission will further determine the need for mental health services.
  
- If the client is already linked to mental health services on admission, the primary therapist will ensure that services are not interrupted.



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- If the client is on mental health medications, the primary therapist will ensure that medications are continued as prescribed.
- If a present mental health need has been identified, an appointment for a psychiatric assessment will be made by the primary therapist at Live Free Recovery Services Clinical Director or psychiatric medication provider
- Client will sign the necessary releases and a Live Free Recovery Services CM will accompany the client to the initial appointment.
- Upon discharge, clients will be given the contact information and encouraged to continue with mental health services and/or medications.





### **Decision Tree**

*Seek consultation if applicant, family or referring facility provides any of these diagnoses:*

#### **Depressive Disorders**

Major Depressive Disorder **WITH** Psychosis or Psychotic Features

#### **Bipolar and Related Disorders:**

Bipolar Disorder **WITH** Mania or Psychosis or Psychotic Features

#### **Trauma and Stressor-Related Disorders:**

Post-Traumatic Stress Disorder **INCLUDING** Combat Stress Disorder  
**HISTORY OF** Reactive Attachment Disorder

#### **Schizophrenic Spectrum and Other Psychotic Disorders:**

Schizophrenia  
Schizotypal Disorder  
Schizoaffective Disorder  
Schizophreniform Disorder

#### **Personality Disorders:**

Paranoid Personality Disorder  
Schizoid Personality Disorder



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Schizotypal Personality Disorder  
Antisocial Personality Disorder  
Borderline Personality Disorder: inquire about self-injury history

**Neurodevelopmental Disorders:**

Tourette's Disorder  
Autism Spectrum Disorder **INCLUDING** Asperger's Syndrome

**Feeding and Eating Disorders:**

Anorexia Nervosa  
Bulimia Nervosa

**Sleep Wake Disorders:**

Narcolepsy

**Disruptive-Impulse Control and Conduct Disorders:**

Kleptomania

**Paraphilic Disorders:**

Exhibitionistic Disorder  
Voyeuristic Disorder

**Neurocognitive Disorders:**

Neurocognitive Disorders due to Traumatic Brain Injury



**Suicidal/Homicidal Ideation**

Recent/current thoughts of suicide **with a plan or Recent attempts**

**Self-Injurious Behavior**

Cutting, Burning, Picking, (ED) that becomes more acute when not using substances. Recent and no prior treatment

**Legal**

Hx of Arson, weapons charges, sexual assault, assault, homicide



### **Policy: Medication handling, administering, orders**

The following procedures will be in place for all clients in order to ensure proper medication handling.

- At time of admission, client shall have a list of current medications from their licensed practitioner
- A list of approved over the counter medications will be signed by licensed practitioner
- All medications will be available to the client within 24hours of their admission
- All medications shall be listed in the medication book and include the following information:
  - Client's name
  - Medication Name
  - Medication Strength
  - The prescribed does
  - The route of medication administration if not by mouth
  - The frequency of administration
  - The indication that the medication is intended for usage
  - The dated signature of the prescriber
- All medication orders will include the information listed above
- Refill medications will be confirmed by the prescriber and called in as needed





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- For any PRN (as needed) medications, the indications for use, and any limitations of the use of the medication including the maximum dose allowed in a 24-hour period, will be clearly documented.
- All prescriptions that are brought by client to admission will be in the original container and have all prescription information legibly read on the original container

### **Change orders:**

When the med provider changes any medication for a client when the medication will not be reordered to indicate the change the following will happen:

- The original container will be clearly flagged and marked with an orange sticker
- Indicate that a change has been made and indicate dose change
- This change will also be indicated in the medication log by drawing one line through the current order and writing the new order in the next empty space

All medications will be locked in the medicine cabinet in the locked tech office which will remain closed and locked at all times, except when medications are being observed. Over the counter medication will also be locked in the medicine cabinet.

### **Controlled substances:**

When the med provider has prescribed a controlled substance, it will be documented in the medication book and will remain locked in the medicine cabinet.

Along with the medication orders, a count sheet will be started for each medication. At time of administration, a count of medication will be done



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by client with staff oversight. This count will occur at each time the medication is administered following the prescription order.

All medication will be given to client upon discharge.



**POLICY: Smoke Free Environment & Smoking Policy**

As a healthcare facility, and Residential Living facility, Live Free Recovery Services reserves the right to maintain a Smoke Free Environment to ensure the safety and promote the health and wellbeing of our clients, visitors, and staff.

Smoking and or vaping is always prohibited within the structure of the facility. Visitors, clients, and staff who choose to engage in smoking activities may do so only in the area outside of the facility structure that are designated for smoking. This area is a minimum of 25'ft from the building and is clearly labeled.

Clients who smoke will be encouraged to seek physician assistance in initiating a smoking cessation program.

At no time are resident's smoking materials or paraphernalia to be stored in resident care areas. Cigarettes, cigars, pipes, tobacco, lighters, matches, etc., must be stored at the in the identified storage location in the staff office.

Visitors identified as violating the facility's Smoke Free Environment policy will be provided with counseling. Any subsequent violations will be considered a threat to resident health and safety and will be grounds for involuntary discharge from the facility in accordance with State and Federal rules and regulations.





All employees are required to participate in infection prevention and control training on an annual basis. This study guide is designed to assist in preparing employees to perform in a way that protects patients, employees, students, and visitors from spreading pathogens and communicable diseases to one another.

### **Bloodborne Diseases**

Bloodborne diseases are diseases that are spread by contact with infected blood and other infectious body fluids.

Transmission of bloodborne pathogens, including HIV, Hepatitis B virus and Hepatitis C virus, may occur if infectious blood or body fluids contact the mucous membranes of the eyes, nose, or mouth. They can be transmitted by needlesticks and puncture wounds or cuts from other contaminated sharps. Non-intact skin also provides a way to contact these organisms. This is especially true if you have abrasions, cuts, rashes, or burns on your hands and you touch blood, other potentially infectious materials, or a contaminated surface with your bare non-intact hands. These pathogens can be present long before the infected person shows any signs of the disease. Sometimes they are present without the patient or the employee developing signs of the disease.

Contaminated objects can transmit Hepatitis B, as the virus can live on inanimate objects for up to four (4) weeks. The HIV virus, however, cannot live outside the body. The pathogens that cause bloodborne diseases may be present in:

- Blood
- Body fluids which has visible blood
- Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, plural fluid, pericardial fluid, amniotic fluid
- Blood-tinged saliva in dental procedures unfixed tissue or body organs other than intact skin
- Organ cultures, HIV containing culture media, or similar solutions
- Blood, organs, and tissue from experimental animals infected with HIV or HBV
- Items contaminated with any of the above. (An item is contaminated if it is, or is being suspected of being, soiled with blood or other infectious materials.) (Only blood, semen, vaginal secretions, and breast milk have been shown scientifically to transmit HIV.) Bloodborne pathogens may enter your body in a variety of ways including:
  - Through open cuts, nicks, skin abrasions, dermatitis, and acne, as well as the mucous membranes of your mouth, eyes, or nose
  - By touching an object soiled with infectious material and then indirectly transferring the infectious material to your mouth, eyes, nose, or open skin lesion
  - An accidental injury that results in a puncture or cut of your skin by a sharp object soiled with infectious material (for example, a needle, knife, broken glass, dental wires, etc.).





Surfaces such as walls, floors, counters, and furniture that are contaminated with infectious material are a major danger for spreading diseases such as hepatitis B. The hepatitis B virus can survive on surfaces for up to four (4) weeks. Infectious materials such as serum or plasma, without visible signs, can soil surfaces and objects. Therefore, we use standard housekeeping procedures for cleaning and disinfecting of all equipment and work surfaces outside of the host and on an environmental surface. Hepatitis B is a much stronger and more viable virus than HIV.

Some of the bloodborne diseases that healthcare employees can be exposed to on the job include:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV), the virus that causes AIDS The most common and the most contagious of these bloodborne diseases is Hepatitis B (HBV).

The other infection that is becoming of great concern to hospital employees is Hepatitis C and as in the past human immunodeficiency virus (HIV) that causes AIDS.

### **Hepatitis B (HBV)**

Hepatitis B is an inflammation of the liver that can lead to cirrhosis and death. Hepatitis B (HBV) is a major risk for health care workers. It is estimated that 1 to 1.25 million persons in the U.S. have chronic Hepatitis B and are potentially infectious to others. It affects about 8,500 health care workers each year. Studies show the infection rate for Hepatitis B from a contaminated needle, a common mode of transmission, is as high as one in six. Symptoms include weakness, fatigue, anorexia, nausea, abdominal pain, jaundice (yellow skin), fever, headache, vomiting, diarrhea, decreased appetite, and generalized muscle aches.

Hepatitis B virus may be transmitted when a person's mucous membranes or breaks in the skin are exposed to an infected person's blood, semen, vaginal secretions, or other potentially infectious materials. Of those who are infected with hepatitis B, 1/3 will have no signs, 1/3 will have mild, flu-like illness, and 1/3 will have severe symptoms of the illness.

The signs of severe clinical hepatitis B include jaundice (yellowing of the skin and eyeballs), dark urine, extreme fatigue, loss of appetite, nausea, abdominal (belly) pain, joint pain, rash, and fever.

The Hepatitis B virus may be spread by sexual or other contact with semen, vaginal secretions, blood, and other body fluids of an infected person. Hepatitis B can also be spread from a pregnant woman to her unborn child. Health care workers can control the spread of Hepatitis B and protect themselves by acting as if EVERY patient they meet has the disease. (Remember, 2/3 of infected people either do not have signs or have signs that can be mistaken for flu!)



By using Standard Precautions, which will be discussed later in this module, health care workers can protect themselves from illnesses such as Hepatitis B. Using Standard Precautions and becoming vaccinated is the best way to protect yourself from the Hepatitis B virus. Employees whose job description requires that they meet blood and body fluids may consider having the vaccine. (The Hepatitis B vaccine does not protect against other bloodborne diseases.) Hepatitis B vaccine is used to immunize people of all ages against infection caused by all subtypes of Hepatitis B virus. There is no danger of getting Hepatitis B from the vaccine because no human substances are used to make it. At this point, we do not know how long the protection lasts, or whether periodic booster doses will be needed. Antibody levels that develop from the vaccine drop steadily over time.

Up to 50% of adults who develop enough antibodies with the vaccine will have low or no antibody levels 7 years after the vaccination. However, it appears that they still are protected against infection and clinical disease from the Hepatitis B virus. Human Immunodeficiency Virus (HIV) A person who is HIV positive (HIV+) is infected with the human immunodeficiency virus. This virus causes Acquired Immune Deficiency Syndrome (AIDS). Being HIV+ does not mean that the person has AIDS, or that they will become seriously ill soon. The virus may be inactive for periods of time, sometimes for several years. During this time, an infected person may have no signs of disease.

It is estimated that 36.7 million cases worldwide, 1.1 million cases in the United States and 106,585 in the state of Florida. The HIV virus attacks the immune system. It eventually affects the body's ability to fight off "opportunistic infections" which are caused by organisms that usually do not cause disease in people who have healthy immune systems. People infected with the HIV virus are also more likely to develop contagious diseases such as tuberculosis, because the immune system is not able to fight them off.

A person infected with HIV may have the following characteristics:

- Carry the virus for years without developing any signs
  - Suffer from flu-like symptoms of fever, diarrhea, and fatigue
  - Develop HIV-related illnesses such as nervous system problems, cancer, Pneumonia, tuberculosis, and opportunistic infection
- HIV is spread through contact with infected blood, semen, and vaginal fluids.

HIV is not spread by casual contact such as touching or working around patients who are infected. The main behavior that transmits HIV is sexual contact. Vaginal, penile, rectal intercourse, and/or sharing of needles during I.V. drug abuse also transmit the virus. Occupational needlestick injuries show the rate of infection, after being stuck with an HIV contaminated needle, is one in 300. Health care workers can help control the spread of HIV and protect themselves by acting as if EVERY patient they meet is infected with the virus. (Remember, patients may carry the virus for years without developing any signs, or the signs can be mistaken for other health problems! Early on when an individual is





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exposed, and prior to any symptoms, a person is 1,000 times more infectious. Yet when tested prior to developing antibodies the test will be negative.)

By using Standard Precautions, which will be addressed later in this module, health care workers can protect themselves from infections such as HIV.

### **Hepatitis C Virus (HCV)**

Hepatitis C Virus is spread mainly through blood transfusions and intravenous drug abuse. It resembles Hepatitis B in that it attacks the liver. Symptoms of active HCV are milder than those of HBV - or may not even be present. However, HCV is more likely to cause chronic carrier state and more likely to lead to cirrhosis, liver cancer, and death.

### **AIRBORNE DISEASES**

Airborne diseases are spread by breathing in air which has droplets or droplet nuclei (5mm or smaller in size), that can cause airborne disease.

Some examples of airborne diseases include:

- Tuberculosis
  - Chickenpox
  - Measles
  - Shingles in a person whose immune system is weak
- There are many ways to protect staff and other patients from airborne diseases.
- Patients who have airborne diseases will be discharged and/or transferred to another facility until they are free from the airborne disease.
  - Staff will be notified any airborne diseases to ensure proper care is given to individual.

### **Tuberculosis (TB) Tuberculosis**

(TB) is an infectious disease that occurs most often in the lung. TB is a serious and growing threat to everyone. Some TB infections are treatable with drugs. There are strains of the disease that are resistant to most drugs now available. Although anyone can get TB, there are some groups that are at a greater risk than others. These high-risk groups include low socio-economic levels without a strong social support system, the homeless, the elderly, those who live in nursing or retirement homes, IV drug users, migrant workers, and those who live in areas where the disease is common.

In addition to a positive TB skin test the patient may have one or more of the following symptoms if infected with TB:

- Productive cough
- Coughing up blood



- Fever and chills
- Night sweats
- Recent weight loss

Patients who are HIV (AIDS) infected may have TB without showing these typical signs. TB is most spread by breathing in the airborne droplet nuclei <5 microns. Organisms transmitted in this manner can be suspended in air for long periods of time and can be dispersed in air currents. An important way to control the spread of tuberculosis is to find out early who has been exposed to the disease. Persons can have a positive tuberculosis skin test (PPD) without being infectious with TB. Live Free Recovery Services employees are required to have a tuberculin skin test or chest x-ray prior at time of pre-employment health screening.

Any client suspected of having tuberculosis should be put on air-born precautions right away and be prepared for transfer to a medical facility for further evaluation and/or treatment.

#### **Droplet Precautions**

Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets (5mm or larger in size). Droplets are generated from the person primarily during coughing, sneezing, or talking. Droplets usually travel short distances of 3 ft. or less.

Diseases that are spread by droplets include:

- Invasive Hemophilus influenza type b disease, including meningitis, pneumonia, epiglottitis, and sepsis
- Invasive Neisseria meningitides disease, including meningitis, pneumonia, epiglottitis, and sepsis
- Diphtheria (pharyngeal)
- Mycoplasma pneumonia
- Pertussis
- Pneumonic plague
- Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children
- Adenovirus
- Influenza
- Mumps
- Parvovirus
- Rubella

#### **EXPOSURE CONTROL PLAN**

The Occupational Safety and Health Act (OSHA) defines occupational exposure as "reasonably anticipated skin, eye, mucous membrane, or parenteral [piercing the skin] contact with blood or other





potentially infectious materials that may result from the performance of an employee's duties." The OSHA regulations require the organization to develop an Exposure Control Plan and to make it available to all employees.

The Exposure Control Plan is in the Infection Prevention and Control Manual and the plan is available to all employees. Be sure to read the Exposure Control Plan. It has important information that will help you protect yourself from getting diseases that you might be exposed to because of your work. The Exposure Control Plan lists tasks and procedures, which could cause you to be exposed to infectious diseases. Let this list serve as a reminder for you to protect yourself when doing these tasks or procedures. Because we do not always know what diseases or pathogens a patient may have, we need to learn to lower our risk and protect ourselves. We need to act as if EVERY patient has an infectious disease such as hepatitis, malaria, syphilis, and HIV/AIDS. (This behavior is part of Standard Precaution, which is discussed in detail later in this module.) It is harmful and may be life threatening not to protect ourselves from these diseases or pathogens.

There is no way to tell with certainty that any person is free of Bloodborne disease. Any person can be infected without being aware of the infection. The infected person may not have any signs or symptoms of disease. We cannot make safe judgements about absence of infection by appearance, age, sex, socioeconomic level, or any other factor. The best way for health care workers to protect themselves from exposure to bloodborne infections is to treat ALL patients as if they were infected with Hepatitis B, Hepatitis C, HIV, or other bloodborne diseases. Some major ways to reduce the risk of exposure to bloodborne organisms on the job are:

#### **Engineering Controls**

Engineering controls are physical or mechanical systems designed to stop hazards before they start. Examples of engineering controls are self-sheathing needles, bio-safety bags, sharps disposal containers, appropriate hand washing facilities.

#### **Personal Protective Equipment (PPE)**

Personal Protective Equipment is intended to protect you from contact with possible infectious materials. Examples of such equipment include gloves, masks, protective eye wear, fluid resistant gowns, resuscitation bags and other resuscitation devices.

To be effective, personal protective equipment must be fluid resistant and help prevent blood or other potentially infectious materials from passing through to the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, and other mucous membranes. This protection should be effective under normal conditions of use for the length of time for which it will be used.

Some general guidelines for selection and use of protective equipment are:



- The employee must be taught to use it properly.
- Appropriate protective equipment must be used each time a task is done.
- The equipment must be free of flaws that would make it unsafe.
- Gloves must fit properly.
- If infectious materials go through the protective equipment, remove it as soon as possible and wash the exposed intact skin surface with an antimicrobial soap for 10 minutes.
- When the task is complete, remove all protective equipment and place it in the appropriate place or container for washing, decontamination, or disposal.

Once personal protective equipment has been used, it must be properly disposed of. Disposable items (for example gloves, masks, fluid resistant gowns,) should be handled as follows:

- If items are visibly contaminated and could cause dripping with blood or other body fluids, they are disposed of in red plastic bags for medical service waste disposal.
- If items are not contaminated and cannot cause dripping, splattering, or splashing, they are disposed of in regular trash.

### **HOUSEKEEPING PRACTICES**

- When cleaning up broken glass, do not pick it up with gloves or bare hands. Use tongs or a brush and dustpan.
- Spill kits may be used for blood and body fluid spills.
- Do not place contaminated laundry on the floor. Handle contaminated laundry as little as possible. Do not hold up to the body. Place all contaminated laundry in blue laundry bags.
- Place ALL sharp items in a sharp's container.
- Clean up contaminated areas first with soap and water (while wearing PPE) follow with an EPA registered disinfectant or a fresh solution of 5.25% of sodium hypochlorite mixed 1:10 with water.
- All bio-medical waste will be placed in red bags that have a biohazard symbol on it. Red bags will be located for disposal in various locations.

Sharp's container must be properly closed when line indicates FULL, for pick-up.

### **EMPLOYEE WORK PRACTICES**

Employee work practices are specific procedures that are aimed at reducing the chances of exposure to infectious material. Examples of employee work practices are:

**Handwashing:** Comply with current CDC hand hygiene guidelines to reduce the risk of healthcare acquired infections.

The generally accepted correct handwashing time and method is a 10-15 second vigorous rubbing together of all soapy surfaces followed by rinsing in a flowing stream of water. If hands are visibly soiled,





more time may be required. Handwashing should occur after every patient contact, each time gloves are removed, and when skin or mucous membranes come in direct contact with blood or other body fluids. Handwash with an antimicrobial soap or flush eyes and mucous membranes immediately with water for 10 minutes in the event direct contact with blood or other body fluids. Purell handwashing stations are available on each unit.

**Needlesticks:** Avoiding injuries from needles and other sharps: use only safe needle devices, do not bend, hand-recap, shear or break contaminated needles or other sharps; and dispose of sharps promptly in puncture-resistant, leak-proof containers.

**Personal hygiene:** Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses, where you may be exposed to potentially infectious materials; avoid petroleum-based lubricants that may "eat" through latex gloves; do not keep food or drinks in refrigerator, freezers, cabinets, or on shelves, counter tops or bench tops where possible infectious materials may be present.

### **STANDARD PRECAUTIONS**

Standard Precautions are meant to protect workers from biohazards and is inclusive of Body Substance Isolation and Universal Precautions. Live Free Recovery Services has adopted Standard Precautions as its isolation technique for all patient care that is based on the idea that "Anything that's wet and not yours is potentially infectious!"

Three basic principles apply in Standard Precautions:

- 1) Strict hand washing technique is used in all cases of contact with patients, blood/body fluids, secretions, excretions, and contaminated items. Wash hands after removing gloves.
- 2) Contaminated needles and sharps are handled and disposed of according to policy and procedure.
- 3) Personal protective equipment that is adequate and appropriate is used. The type of protective equipment appropriate for a given task depends on the expected exposure.

\* If you expect to be splashed, sprayed, or spattered with droplets of infectious material, use a mask, eye protection, and fluid resistant gown, gloves.

**SIGNS AND LABELS** The universal biohazard symbol shown below is used on all containers of medical waste, refrigerators, and freezers that hold blood or other infectious material. There are several ways to warn that a piece of equipment or material is contaminated or possibly contaminated. You can attach a biohazard symbol or a warning label or put it in a red bag or red container. Also, you should always treat all blue bagged linen as contaminated.



## **LIVE FREE RECOVERY SERVICES**



### **BIOHAZARD**

#### **EXPOSURE INCIDENTS**

When an employee is exposed to blood or potentially infectious body fluids the employee should: • Remove all contaminated clothing as soon as possible (The employee's supervisor will provide alternate clothing).

- Immediately wash or flush contaminated skin with antimicrobial soap and water for 10 minutes. If you obtained a needlestick squeeze/milk the area of blood and then wash for 10 minutes.
- Employees are responsible for reporting incidents to their supervisors immediately after they happen and reporting to Employee Health immediately.
- You and the source will be tested for HIV, HBV after the consents and counseling is completed.
- You will be seen by the workmen's compensation physician for an evaluation and any treatment. You will receive a written opinion in 15 days.
- The protocol that will be followed is detailed in the exposure control plan.

#### **REPORTING EMPLOYEE SIGNS OF DISEASE**

Employees who have any of the following signs of disease should contact the Clinical and/or Executive Director of Live Free Recovery Services: eye infection (conjunctivitis); signs of respiratory illness; skin rashes, open lesions, cold sores; recent exposure to chickenpox, mumps, measles, whooping cough; cast, and/or bandages that prevent effective hand washing. Employees who feel that they are infectious or who are too sick to work are encouraged not to come to work.

#### **INFECTION PREVENTION AND CONTROL TEST**

1. What type of personal protective equipment (PPE) is needed when performing a task when touching of human blood/body fluid may occur?

a. Gloves

b. Mask Goggles





## LIVE FREE RECOVERY SERVICES

c. Gowns

d. All the above.

2. What is the correct response to clean up a spill containing blood/body fluids?

a. Call your supervisor

b. Call 911

c. Put on gloves, wipe up spill (utilize spill kit\_ then disinfect with an EPA registered disinfectant and/or a 1:10 sodium hypochlorite (bleach)

3. The best way to protect yourself from Hepatitis B is to be vaccinated and utilize Standard Precautions with all patients.

TRUE  FALSE

4. Good handwashing techniques keep you from transferring contamination to other areas of your body or the environment.

TRUE  FALSE

5. Every time you remove your gloves you must wash your hands with soap and running water.

TRUE  FALSE

6. Never pick up broken glass with your hands. Use tongs or a brush and dustpan.

TRUE  FALSE

7. Blood is the only body fluid that can carry blood-borne diseases.

TRUE  FALSE

8. HIV can live on inanimate objects for up to 4 weeks.

TRUE  FALSE

(Infection Prevention and Control Test Continued)



**LIVE FREE**  
**RECOVERY SERVICES**

9. Hepatitis B virus (HBV) and Human Immunodeficiency virus (HIV) are spread through:

- a. Casual contact or contact with toilet seats, doorknobs, etc.
- b. Exposure to blood/body fluids by percutaneous exposure (needlesticks) and/or mucous membrane (mouth or eye) exposures.

10. Any task that involves human blood/body fluid, tissues and/or a needle or sharp contaminated with human blood/body fluids is a task where there is a chance of exposure to HBV OR HIV.

TRUE       FALSE

11. Standard Precautions are utilized based on the premise that any contact with human blood/body fluids is potential infectious risk.

TRUE       FALSE

Your Name \_\_\_\_\_



## **Policy: Calculating and Determining Census**

Statistical data should be compiled routinely and reported in a manner that allows review and analysis of the information over time (i.e., the current month and year-to-date). The use of spread sheets can be very helpful in compiling, reporting, and graphically depicting statistical data. The statistical data can be helpful to administration, the facility quality assurance/quality improvement committee, and corporate office staff.

The following statistical formulas are shown for a monthly reporting period.

### **Total Admissions**

Each month the total number of new admissions or readmission is reported. This number should not reflect residents who were out on a bed hold or temporary leave of absence.

### **Total Discharges**

Each month the total number of discharges is reported excluding residents who were transferred/discharged on bed hold or left for a temporary leave of absence.

### **Average Daily Census**

To calculate the average daily in-house census in a month, add the daily census for each day of the calendar month and divide the total by the number of days in a month. Each census day begins at 12:00am and ends at 11:59 p.m. This standard is generally used by the industry.

- Formula: Sum of the Daily Census for each day of the month
- Total number of days in the month



- This formula can be adopted for any period. For example, to calculate the average daily in-house census for a year, add the daily in-house census for each day of the year and divide by the number of days in the year.
- When a resident is both admitted and discharged in one census day, they are usually counted in the daily census.

### **Total Census Days**

The sum of the daily census for a given period for each day in the month.

### **Length of Stay**

To calculate the length of stay for a resident admission, total the number of days the resident has been in the facility. Count the day of admission but not the day of discharge. Typically, bed hold days or temporary leaves are not subtracted from the total length of stay for a resident.

- Average Length of Stay: The average length of stay is calculated by adding the total length of stay for each discharged resident in the month and dividing by the number of discharge residents in a month. The average length of stay can be calculated for the entire facility or by specialty unit/program. When there are short-term stay or dementia units, calculating a separate average length of stay can be helpful in accurately reporting the average length of stay for that specific population.
- Formula:
- Total length of stay for discharges (for facility or for a unit) in a one-month period
- Number of discharges in the month
- Discharge Days or Length of Stay: The discharge days also known as the length of stay is the total number of calendar days a resident is in the facility from admission to discharge. When calculating the length of stay,





## **LIVE FREE** **RECOVERY SERVICES**

count the day of admission but not the day of discharge. Days when the resident is not in the facility due to a temporary leave of absence or bed hold are not subtracted from the length of stay. If a resident is admitted and discharged on the same day, one discharge day is assigned.

- Total Length of Stay: The total length of stay is the sum of the length of stay/discharge days for a given population and discharged during a specified period. Usually, the total length of stay is calculated for the entire facility but could also be calculated by unit particularly when there are short-term or dementia units.

### **Percentage of Occupancy**

The percentage of occupancy is calculated by adding the daily census for each day of the month and dividing by the total bed count days. The total bed count is the number of beds available multiplied by the number of days in the month.

Formula:
Sum of the daily census for the month
Total bed count days in the month
$(\text{Bed count} \times \text{number of days in the month})$

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City of Keene, NH

# Congregate Living & Social Services License Application

<b>For Office Use Only:</b>	
Case No. _____	
Date Filled _____	
Rec'd By _____	
Page _____ of _____	

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

## SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input type="checkbox"/> Group Home, Large	<input checked="" type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input type="checkbox"/> 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: 106 Roxbury, LLC		NAME/COMPANY: Live Free Recovery Services	
MAILING ADDRESS: 106 Roxbury Keene, NH 03431		MAILING ADDRESS: 106 Roxbury St Keene, NH 03431	
PHONE: 603-438-3276		PHONE: 877-932-6757	
EMAIL: rgagne@livefreerecoverynh.com		EMAIL: rgagne@livefreerecoverynh.com	
SIGNATURE: 		SIGNATURE: 	
PRINTED NAME: Ryan Gagne		PRINTED NAME: Ryan Gagne	
AUTHORIZED AGENT (if different than Owner/Applicant)		OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) <input type="checkbox"/> Same as owner	
NAME/COMPANY:		NAME/COMPANY: Live Free Recovery Services	
MAILING ADDRESS:		MAILING ADDRESS: 106 Roxbury St Keene, NH 03431	
PHONE:		PHONE: 877-932-6757	
EMAIL:		EMAIL: info@livefreerecoverynh.com	
SIGNATURE:		SIGNATURE: 	
PRINTED NAME:		PRINTED NAME: Jennifer Houston	



**SECTION 3: PROPERTY INFORMATION**

**PROPERTY ADDRESS:**

106 Roxbury St Keene, NH 03431

**TAX MAP PARCEL NUMBER:**

569-066-000-000

**ZONING DISTRICT:**

DT-E



**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.**

Residential services will be provided to men above the age of 18. Peer recovery, case management, clinical services, and psychiatric services will be provided.



**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.**

There will be 28 clients at a time. This facility is staffed 24/7

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

Average length of stay is between 18 and 30 days

## SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with "CLSS License Application" in the subject line
  - **Mail / Hand Deliver:**  
 Community Development  
 (4th Floor) Keene City Hall,  
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

*Note: Additional information may be requested to complete the review of the application.*

<input type="checkbox"/> <b>PROPERTY OWNER:</b> <i>Name, phone number and address</i>	<input type="checkbox"/> <b>POINT OF 24 HOUR CONTACT:</b> <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: center;"><b>Same as owner</b></p>
<input type="checkbox"/> <b>REQUIRED DOCUMENTATION:</b> <i>Provide all required state or federal licenses, permits and certifications</i>	<input type="checkbox"/> <b>WRITTEN NARRATIVE:</b> <i>Provide necessary information to the submittal requirements</i>
<input type="checkbox"/> <b>PROPERTY INFORMATION:</b> <i>Description of the property location including street address and tax map parcel number</i>	<input type="checkbox"/> <b>APPLICABLE FEES:</b> \$165.00 application <i>(checks made payable to City of Keene)</i>
<input type="checkbox"/> <b>COMPLETED INSPECTION:</b> <i>Inspection date: _____</i>	<input type="checkbox"/> <b>SCHEDULED INSPECTION:</b> <i>Inspection date: _____</i>

**OPERATIONS AND MANAGEMENT PLAN:**

Plan based on the industry standard "Best Management Practices" to include:

- ◇ Security Plan
- ◇ Life Safety Plan
- ◇ Staff Training and Procedures Plan
- ◇ Health and Safety Plan
- ◇ Emergency Response Plan
- ◇ Neighborhood Relations Plan
- ◇ Building and Site Maintenance Procedures

In addition, Homeless Shelters will need to provide:

- ◇ Rules of Conduct, Registration System and Screening Procedures
- ◇ Access Policies and Procedures



Keene, NH

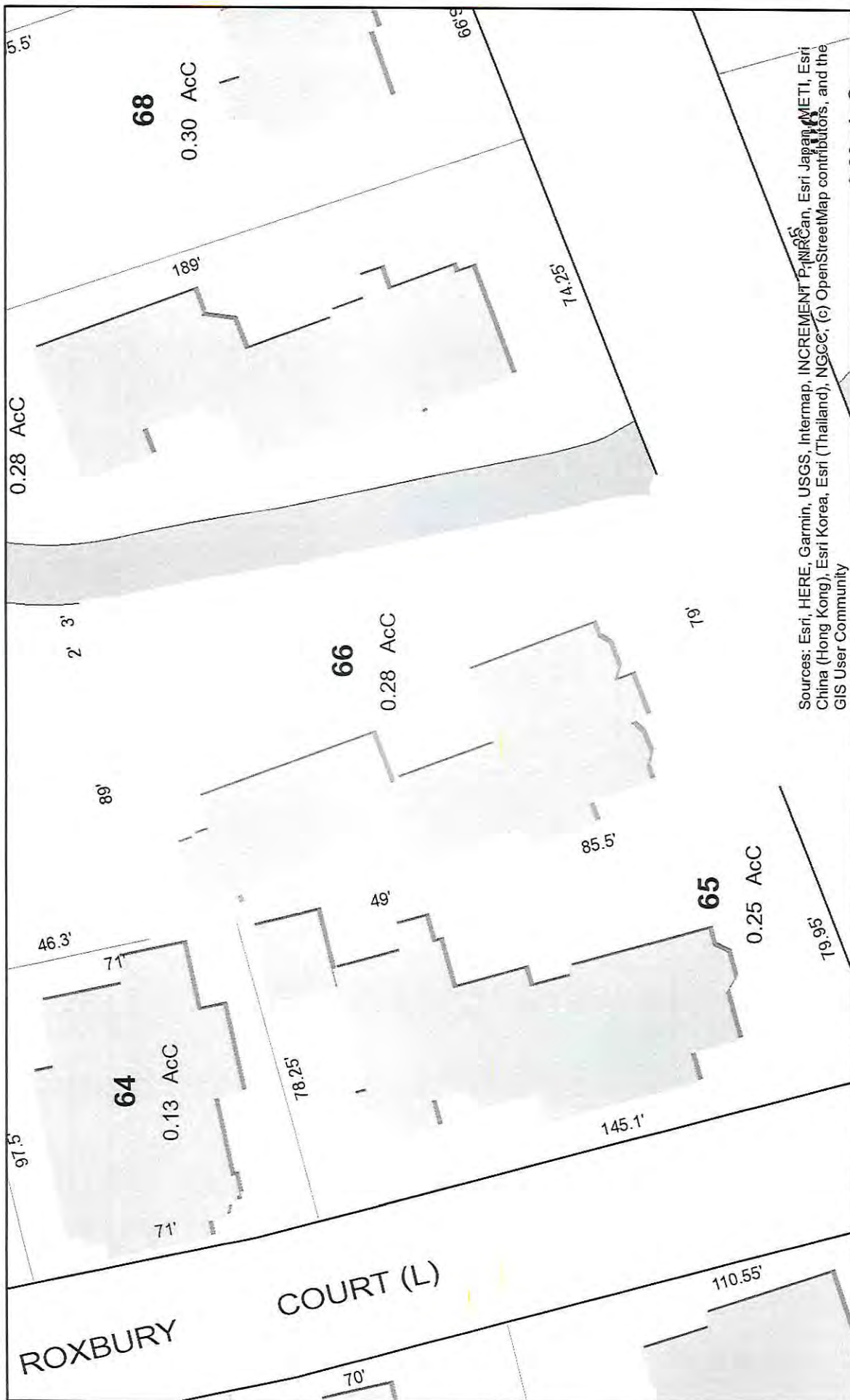
May 1, 2023

1 inch = 34 Feet



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# 2023 EMERGENCY ACTION PLAN



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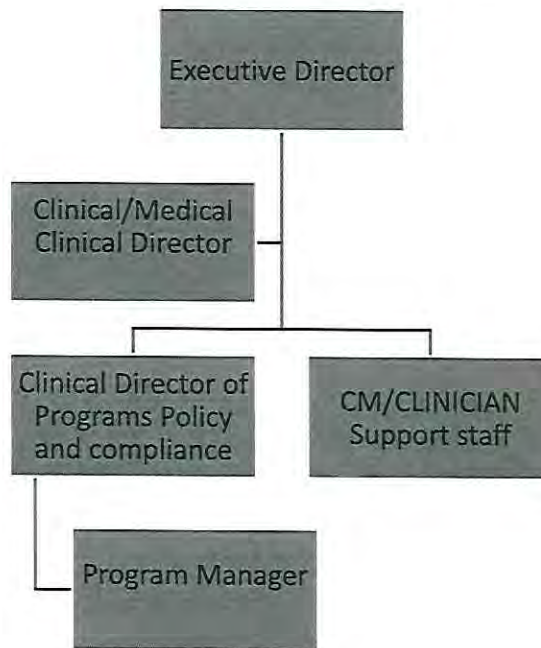
## EMERGENCY ACTION PLAN

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### General Preparedness

- ✓ Establish relationships with essential partners, such as law enforcement, first responders.
- ✓ Coordinate transportation to medical treatment, if required.
- ✓ Develop training programs and drills.
- ✓ Identify local radio and television stations to be sources of broadcast communications.
- ✓ Have a contact number for each client and employee.
- ✓ Know mass evacuation plans for the community and identify what resources will be needed to transport clients quickly and safely.
- ✓ Establish Incident Commander (person responsible for front-line management of the incident).

## COMMAND STRUCTURE



### Facility/Program Chain of Command

#### Live Free Recovery Services Phone Numbers:

**Admissions** – (877) 932-6757

**Crisis/Suicide Hotline** – (603) 448-4400

1. Ryan Gagne – **Executive Director**  
Cell Phone: 603-438-3276  
Email: [rgagne@Livefreessl.com](mailto:rgagne@Livefreessl.com)
2. Jennifer Houston– **Clinical Director**  
Phone: 603-247-8786  
Email: [jhouston@Livefreessl.com](mailto:jhouston@Livefreessl.com)
3. Doug Hohenberger – **Clinical Director of Program Policy & Compliance**  
Phone: (603) 903-5461  
Email: [dhohenberger@Livefreessl.com](mailto:dhohenberger@Livefreessl.com)
4. Tony Basil – **Program Manager**  
Phone: 952-855-2033  
Email: [tbasil@Livefreessl.com](mailto:tbasil@Livefreessl.com)



## Live Free Recovery Services

<b>Address</b>	106 Roxbury Street Keene, NH 03431
<b>Main Phone #</b>	877-932-6757
<b>Radio Source for Emergency Broadcasting</b>	(i.e., Emergency Alert System, program closings): 97.7 WSNI
<b>TV Source for Emergency Broadcasting</b>	(i.e., Emergency Alert System, program closings): Channel 9, WMUR
<b>Facility/Program Crisis Management Plan Location</b>	Front BHT office, Marlboro Road
<b>Electronic File Location</b>	In Microsoft Shared Folder ("Emergency Plan")

Radio source for emergency broadcasting:

WSNI 97.7

TV source for emergency broadcasting (i.e., Emergency Alert System, program closings) Channel 9 or any of the New Hampshire's cable TV franchises.

### Additional Numbers

<b>Fire/Police/Medical - Emergency</b>	<b>911</b>
<b>Fire (non-emergency)</b>	Keene Fire Dept. – 603-357-9861
<b>Police (non-emergency)</b>	Keene Police Dept. - 603-357-9815
<b>Medical Hospital (non-emergency)</b>	Cheshire Medical Center- 603-354-5400
<b>Center for Disease Control</b>	<b>1-800-311-3435</b>
<b>Poison Control</b>	<b>1-800-222-1222</b>
<b>Area Red Cross</b>	(603) 225-6697

## UTILITIES

### Location of Utilities

Water Main	Located on the first floor inside the maintenance room
Gas Main	Located on the first floor inside the maintenance room
Electrical Main	Located on the first floor inside the maintenance room
Electric Panel	Located on the first floor inside the maintenance room

Fire Panel	On the electrical panel in maintenance room, communication box is located on top of the building
------------	--

### How to Shut Off Utilities

Water Main	Close the shutoff valve in the basement. Contact Municipal Services to shut off the valve from the street. 603-352-0133
Gas Main	Close the shutoff valve. Call Dead River-603-352-5240
Electrical Main	Shut off the electrical main in the basement. Eversource – 866-554-6025

## MEDICAL

### Medical Emergencies

- Check breathing and pulse before administering first aid.
- Administer first aid, as needed.
- First aid supplies are located in the RSW Office.
- Blood spill supplies are located in the Med room.
- Personal Protective Equipment (i.e., disposable gloves) is located in the First Aid kits.
- An AED (Automatic External Defibrillator) is hanging on the wall in the Med room.
- Narcan Kits are located:
  - In the tech office
  - Each apartment has a kit
  - The community room has a kit
- Call **911** or, if time allows, contact your supervisor and/or Clinical Director immediately. They will make the appropriate calls to the local police or **911**.
- Routes to medical care/hospital
  - Cheshire Medical Center (15 minutes) – see below
  - Monadnock Hospital (31 minutes)

## DRIVING DIRECTIONS TO Cheshire Medical Center

106 Roxbury Street  
Keene, NH 03431

Follow Roxbury St to Central Square  
(39 ft)

Turn right on to Central Square  
Slight left to stay on Central Square  
Keep right and continue on Court Street

Turn right to stay on Court St  
1.2 mi

Drive to your destination  
1 min (0.1 mi)

At the traffic circle, take the 3rd exit  
394 ft

Turn left  
30 ft

Continue straight  
95 ft

Turn right  
Destination will be on the right  
131 ft  
Cheshire Medical Center  
580 Court St, Keene, NH 03431

## FIRE

### Reporting a Fire

- Activate the alarm system by pulling the lever on the nearest fire alarm box.
  - Fire Alarms are located throughout the building at each exit.
- **Call 911**

### Alarm System

- What is the facility alarm system? The facility alarms are wall-mounted horns and sight alarms. (flashing light)
- Is the facility equipped with a fire alarm system that is directly connected to a local station? Yes
- If not, 911 needs to be called when there is an unscheduled fire alarm.
- How is the alarm system activated and turned off? The doors are alarmed and are turned off by a key.

### Fire Exits

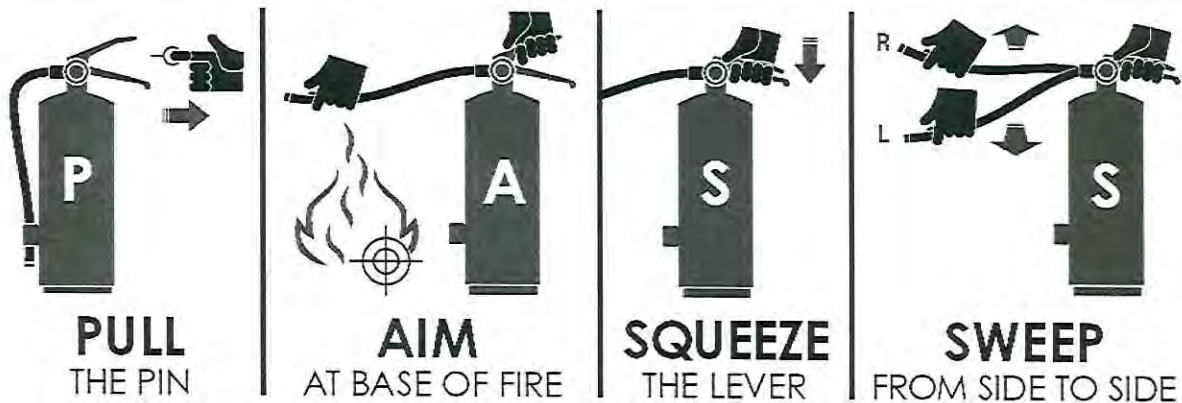
- Fire exits are located throughout the building. Each residential floor has two fire exits that are visibly marked as Fire Exit.

### Fire Extinguisher

- Fire extinguishers are in major corridors of the facility.
- Fire extinguisher use:
  - **P** - Pull the extinguisher pin.
  - **A** - Aim extinguisher at base of fire.
  - **S** - Squeeze handle.
  - **S** - Sweep extinguisher back and forth.



# HOW TO USE A FIRE EXTINGUISHER



## Fire Drills

- Does your facility hold fire drills? Yes, quarterly will create a logbook.
- Designated meeting place: All staff and residents will meet on the lawn to the right of the building when facing the main entrance
- Fire drill procedure: Staff and clients will exit via the nearest emergency exit (see floor plan). Floor staff/senior staff on each unit will carry census & sign-in sheets outside. Staff and clients will meet in the designated meeting places. Staff will take attendance and ensure everyone evacuated quickly & safely. Staff is to write their names on the sign in sheet, along with the total headcount of clients per unit. All sign-in sheets are given to the Clinical Director or Senior Staff prior to reentering the building to ensure that all clients and staff have been accounted for. If someone is missing, do not re-enter the building. The EXECUTIVE DIRECTOR/Clinical Director/Manager will communicate to the fire department any information pertaining to missing people.
- Once the EXECUTIVE DIRECTOR/Clinical Director/Manager gives the okay, clients and staff will re-enter the building. Sign in sheets are given to the Clinical Director.
- The Program Clinical Director at the main entrance will collect the Emergency Contact Binder(s) for clients and staff and the Visitor Log. If there is no front desk staff, the senior staff member in the building should collect these.

## Evacuation Procedure

Events that warrant evacuation from the facility include, but are not limited to fire, explosion, bomb threat, etc.

Evacuation of the building is the same as for a fire or fire drill. Residents are to exit the building promptly and quietly. All staff and residents will meet in the side yard to the right of the building when facing the main entrance.

**Evacuation is to begin immediately after pulling the fire box and calling 911.**

- Evacuate all persons using the closest emergency exit(s). (See floor plan)
- Procedure for getting people with special needs out when elevators cannot be used:
  - Mobility Impairment: If a person cannot exit the building, ask if assistance is needed. If needed, assist the person in calling 911. After you leave the building, immediately inform emergency personnel on site, or call 911. *Some individuals with mobility impairments who can walk independently may be able to negotiate stairs in an emergency with minor assistance.*
  - Blindness or Visual Impairment: A person assisting an individual who is visually impaired should:
    - Give verbal instructions about the safest route or direction using directional terms and estimated distances.
    - Ask if assistance is needed. If so, offer your elbow and provide guidance through the evacuation route. This may be especially helpful when navigating debris or a crowd. (Never grasp the arm of a person you are assisting)
    - While escorting a person out of the building, explain along the way where you are going and what you are doing.
  - Deafness, Hearing Loss, Language Difficulty. If a person appears to be unaware of the need for immediate evacuation, use the following guidelines:
    - Get their attention by touch or eye contact. State the problem clearly and simply, including the need to evacuate. Gestures and pointing are helpful, but be prepared to write a brief statement if the person does not seem to understand.
    - Offer visual instructions to designate the safest route or direction by pointing toward exits for evacuation maps.
    - Offer to escort them from the building.
- Posted evacuation maps are required throughout the facility.
  - Evacuation maps must show two unobstructed evacuation routes for each area of the facility.
- The senior staff member is responsible for either collecting, or delegating the collection of, the emergency contact information on each client.
- Emergency Contact Information is in each client file.
  - The senior staff member or (Program Clinical Director) is responsible for collecting program items such as keys, cell phone, and walkie talkies (as applicable).
- Staff not evacuating people should:

- Close all windows and doors before leaving the building.
- Turn off electrical equipment.
- The senior staff member or Program Coordinator will carefully sweep the center to ensure everyone has been evacuated.
- The ASSEMBLY AREA IS LOCATED in the right-side lawn area when facing the main entrance of the building.
- Begin taking a census once the facility has been evacuated. Census includes clients, visitors, vendors, and employees. Use the Sign-In Sheet, Visitor's Log, and schedules to account for staff and visitors.
  - If someone is missing, do NOT re-enter the building. The Incident Commander will communicate to the fire department any information pertaining to missing people.
- Only re-enter the building when the alarm is silenced, and employees are notified by a representative from the Fire Department, maintenance, or senior staff that it is safe to re-enter the building.
- In the event the building cannot be occupied for safety reasons, the Clinical Director and/or highest-level administrator on duty will coordinate with the Executive Director to make all decisions.

In the event that the building needs to be evacuated during inclement weather, the following precautions need to be taken:

- Hat, gloves or mittens, and coats need to be taken during cold/snowy conditions.

#### Medication

- In the event of an evacuation, the Incident Commander or senior staff member is responsible for taking the clients' medications, located in the medicine closet.

## SHELTER-IN-PLACE

**Shelter-in-place means staying *inside the building*. Local authorities issue orders for shelter-in-place. No one may leave the building until there is official notification that the shelter-in-place has been lifted.**

Conditions that warrant sheltering-in-place include but are not limited to extreme weather/cold, outside air quality concerns, community chemical spill, terrorist attack, nuclear disaster.

- If there are customers, or visitors in the building, provide for their safety by asking them to stay – not leave. Do not drive or walk outdoors.
- If time permits, employees, customers, clients, and visitors may call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternative telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise that the Shelter-In-Place is no longer in effect.
- Quickly lock exterior doors, close windows, and shut air vents as well as fireplace dampers. Have employees familiar with the building's mechanical systems turn off all fans, heating and air



- conditioning systems, and clothes dryers. Some systems automatically provide for the exchange of inside air with outside air. These systems need to be turned off, sealed, or disabled.
- There is an “Emergency” box located on shelving adjacent to the commercial laundry area. The box will contain directions for sealing windows and doors. The box also contains duct tape, scissors, and rolls of plastic. An emergency radio is in the emergency box. The Clinical Director will assign a staff member to secure all windows and doors. While this is being done, a staff member will be assigned to help the clients move to the dining area, or other designated area, depending on the situation.
- Gather essential disaster supplies, such as nonperishable food, bottled water, hygienic supplies, first aid and blood-spill supplies, communication devices (i.e., cell phone, walkie talkie), battery-powered radios, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- The staff and clients will gather in the dining room)
  - The selected interior room should be above the ground floor with the fewest windows or vents. The room should have adequate space for everyone to be able to sit. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- Take a census of all clients, visitors, and employees once everyone has gathered.
- If vapors begin to bother individuals, hold wet clothes over their nose and mouth.
- If you are told that there is danger of explosion, close the window shades, blinds, or curtains.
- For a higher degree of protection, go into the bathrooms, close the door, and turn on the shower in a strong spray to “wash” the air.
- Staff will be permitted to phone their families.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- The Incident Commander is responsible for notifying everyone when sheltering in place can end or when offsite sheltering is needed.

**Note: In many instances it would be a serious risk for anyone to travel during a terrorist event. Staff would be putting themselves at risk and should have a plan to cover what they and their families would do in the event of an act of terrorism.**

### Communication

- The Clinical Director will contact the Executive Director and update him/her on the condition of the facility.
- The Clinical Director is responsible for listening to the radio and keeping the staff up to date on what is happening in the area.
- The Clinical Director/EXECUTIVE DIRECTORS/Executive Director/Assistant Director or Incident Commander are the only people authorized to release staff from duty.
- The Clinical Director will utilize the Emergency Call List if additional staff is needed at the facility.
  - If needed, the Executive Director will be contacted to assist in providing extra staffing support.



- The Clinical Director or Program Director will assign staff members to phone the families of the clients.
- The Clinical Director and Program Director need to be sure the portable phone is always charging.
- In the event that there is no portable phone service, individual cell phones may be used to communicate.

#### Programming

- Each facility must have plans in place for indoor activities for the clients.

## OFF-SITE SHELTERING

**In the event the building cannot be occupied for safety reasons, the Clinical Director and Incident Commander will finalize plans. As soon as practically possible, the Executive Director should notify DHHS that an evacuation is taking place.**

- Offsite sheltering plan for clients (if sending them home is the plan, please indicate): Utilize facility vehicles to transport clients to the relocation site. Otherwise, clients are sent home or to a homeless shelter. Staff may use personal vehicles to help with transporting the clients, as needed for overflow.
- Offsite sheltering plan for employees (if sending them home is the plan, please indicate): Non-essential employees should return home. Essential employees will provide transportation to the relocation site.
  - Bring all clients to the location at Court Street. If additional space is needed, remaining clients can be brought to the location on Roxbury Street.
- Is there any special licensing agreement or documentation that goes along with the relocation site (such as if the relocation site is licensed as a treatment center)? No
  - If yes, is the required documentation completed? N/A
- The Clinical Director or Incident Commander will be responsible for transporting the client's information from the facility to the alternate location.
  - Emergency information
  - Census sheet/attendance books
  - Staff sign-in log
- Procedure for notifying clients, visitors, employees, vendors, etc. that the site is closed:
  - Change the voicemail, put signs on the main entrances, and call any clients scheduled to come in.
  - The Program Director will give designated staff the responsibility of calling each client's family/guardian (because clients are adults, they will have the option to call & notify their own family).
  - Emergency supplies and documentation to take to the offsite sheltering:
    - Medication
    - Client files

- Census
  - Procedure for taking census of clients and employees:
    - Utilize the current census sheet for residents.
    - Use Sign In log for visitors.
    - Use a schedule for employees.
  - Staff will be transported via Live Free Recovery Services van(s) and/or Live Free Recovery Services Staff's vehicles from the facility to the relocation site.
    - Routes to offsite shelter with comments on travel restrictions (more than one route recommended):
- 
- The Clinical Director will personally check the file of each client and refer to the contact referral form to ensure that the person picking up the client has the authority to do so. All ID's will need to be checked by the Clinical Director/Program Director before allowing a client to leave the facility.

## CHEMICAL ACCIDENTS

- Refer to Material Safety Data Sheet (MSDS) for the proper clean up procedure. Data sheet binders are in the Front Office in Binder Labeled MSDS and on the Google Docs Shared Folder called "MSDS".
- The poison control number is 1-800-222-1222.
- Refer to the Shelter in Place if a community-wide toxic material release occurs and you cannot leave the facility.

## GAS LEAKS

If gas odors are strongly detected inside or outside of a building, and/or if the odors are accompanied by hissing sounds, then an immediate emergency exists.

### Procedure

- If you detect strong natural gas odors in an outdoor location, immediately proceed to the nearest non-affected area, call 911, and contact the Clinical Director. Alert any passers-by to stay clear of the affected area.
- If you detect strong natural gas odors inside a building and cannot determine the source, immediately vacate the room/space, close any doors behind you, and initiate a building evacuation by manually engaging the nearest fire alarm pull station.
- Proceed to your designated meeting place on the lawn to the right of the main entrance.
- Emergency shut off: Is inside the cover of the tank.
- Staff will follow the Evacuation procedures outlined in the Emergency Action Plan.
- No one is permitted to re-enter an area suspected of a gas leak unless told to do so by local authorities and a senior staff member.

## POWER FAILURE

- Procedure for power failure: Back up power from the county jail grid
  - Notify the electric company: EVERSOURCE 866-554-6025
  - Emergency lighting will come on automatically.
  - If the power outage seems widespread, listen to the radio for general instructions for the community.
  - If water needs to be conserved due to the outage, limit the use of faucet water and flush toilets sparingly.
  - If the power outage is temporary (a few hours) normal operations of the facility will be maintained as much as possible.
- Procedure for water use during power failure (as applicable):
  - Water use is not restricted. Hot water will be limited to that on hand at the time of the failure.
- Procedure for heat during power failure (i.e., prevent pipes from freezing):

- Extended power outage and a temperature below 45 degrees will require evacuation. The Clinical Director will make arrangements with contractors to prevent damage by draining the plumbing or using a backup power system and heat tapes.
- Procedure for food in cold storage during a power failure:
  - Refrigeration is maintained by the backup power system; however, it is still prudent to:
    - Restrict access to cold storage.
    - Monitor the temperature.
- Live Free Recovery Services staff and/or vendor to notify when there is an extended power failure:
  - Executive Director, Clinical Director
  - Power Service of New Hampshire: EVERSOURCE 866-554-6025
- Does the facility have the use of a backup power system for power failures? The facility is tied into the power grid for the County Jail.
- Who makes the decision if the facility needs to be evacuated due to power failure? Incident Commander in conjunction with the Clinical Director.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.
- In the case of an electrical storm, clients should be removed from window areas.
  - Electrical appliances should be unplugged.

## LOSS OF HEAT

- Procedure for loss of heat to the facility:
  - Any staff noticing heat loss is responsible for notifying the appropriate maintenance staff or administrator/Clinical Director. That person is then responsible for contacting the heating vendor as needed.
- Live Free Recovery Services staff and/or vendor to notify when there is a loss of heat.
- Follow the evacuation procedure if the temperature falls below 45 degrees.
- Procedure for notifying employees, clients, visitors, etc. that there is loss/contamination of water. Program Clinical Director will announce:
- Who makes the decision if the facility needs to be evacuated due to loss of heat? Clinical Director or Incident Commander.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

## LOSS/CONTAMINATION OF WATER

- Procedure for loss/contamination of water to the facility:
- Any staff noticing a loss of water or water contamination is responsible for notifying the appropriate staff or Clinical Director. The staff or Clinical Director is then responsible for attempting to locate the source of the problem and determining if it is confined to the facility or is neighborhood wide. If the problem is internal, then a plumber is to be notified. If the problem is external, the Keene Water Department is to be contacted at 603-352-0133. If water pressure is lost for more than four hours, the Fire Department must be notified, and a fire watch instituted for the duration of the event.
- In the event of water contamination, the senior staff member, or designated person will:

- Contact the local Health Department. (603) 357-3510. If the Health Department cannot be reached, listen to the local TV or radio for details on the procedure to follow.
- Advise staff to closely supervise individuals and ensure that no one drinks the water.
- Determine the expected duration of the contamination and the procedure for making the water safe for use. Advise the program managers of the anticipated duration of water loss or contamination.
- Assess the water supply for the facility and need to ration available water.
- Determine the ability to maintain individuals at the location.
- If deemed necessary, instruct staff to purchase bottled water or obtain water as advised by the Health Department for drinking, washing and brushing teeth.
- Prevent usage and access to tap locations. Utilize only factory-sealed water or water stored specifically for emergencies.
- Live Free Recovery Services staff and/or vendor to notify when there is loss/contamination of water (i.e., water authority): Clinical Director.
- Who makes the decision if the facility needs to be evacuated due to loss/contamination of water? Clinical Director in conjunction with the EXECUTIVE DIRECTOR
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

## OPERATIONAL DISTURBANCE

An operational disturbance is when an emergency causes normal operations to shut down.

- Who makes the decision to close the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying clients, visitors, employees, and vendors of the facility closing:
  - Change the answering machine message.
  - Utilize the phone tree to notify employees.
  - Post a notice at the building's entrances.
- Procedure for accounting for the building's occupants when it is closed:
  - Utilize the census for residents.
  - Utilize the Sign-In sheet for visitors.
  - Utilize the schedule for employees.
- Procedure for dealing with an operational disturbance:
  - Check for any structural damage (once the building has been cleared to enter).
  - Take photos of any damage.
  - Report any damage to the insurance company.
  - Document damage in an incident report.
  - Check for downed or damaged utilities and report any to the proper authorities.
  - The Executive Director will make the decision on when operations can be moved back into the facility.
  - Facility shut – offs (water, gas, electricity, other): Who is responsible for shut-offs?  
Program Clinical Director
- Key operations that need to continue for the facility/program to regain normal operations:
- Procedure for assessing and reporting utility issues:
  - Keene Water Department 603-352-6550

- Contact Eversource (866) 554-6025
- Who makes the decision to reopen the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying employees and clients of the facility's reopening?
  - Phone tree to notify staff.
  - Change voicemail message.
  - Remove signs from doors.
  - Call clients

## LOCKDOWN

Conditions that warrant lockdown include, but are not limited to violent intruder, hostage, civil disturbance.

- Procedure for full lockdown (i.e., 911 notification): Clinical Director, Incident Commander, Senior staff, or designee
- Procedure for partial lockdown (those not in lockdown area evacuate):
- Evacuate as for a fire. Staff outside of the lockdown area may be instructed to go home, clients outside of the lockdown area will be managed per Executive Director or designee.
- What doors get locked during a lockdown?
  - All exterior doors
- Procedure for accounting for building occupants when it is in lockdown (i.e., census):
  - Reconcile Census, Sign-In/Out sheets, employee schedules, Visitors' Log.
- Who makes the decision to discontinue the lockdown? Executive Director, Clinical Director, or other senior staff in conjunction with the authorities

## PANDEMIC

### Level 1 Plan – Standard Influenzas

- Maintain strict infection control practices, including good hand washing, disinfecting, disposing of waste materials, collecting, and laundering items.
- Encourage flu vaccination for both employees and children where appropriate.
- Maintain disaster supplies.

### Level 2 Plan – Influenza Pandemic Confirmed

- Continue activities initiated in the previous phase.
- Isolate and/or group clients with influenza.
- All clients and staff to immediately begin to wear masks in all common areas
- Refer to the most current Center for Disease Control (CDC) or Dept. of Health and Human Services (DHHS) guidelines at <http://www.cdc.gov/flu> and <http://www.dhhs.nh.gov>.
- Arrange coverage for staff shortages.

### Isolation & Quarantine

Isolation and quarantine are optimally performed on a voluntary basis. Different levels of government have the legal authority to mandate isolation and quarantine to protect the public's health. At the State



of NH level, the Commissioner of DHHS has the authority to mandate involuntary quarantine and isolation.

A variety of quarantine strategies that may affect employees and their ability to work are:

- Restrictions on mass transit
- Restrictions on access routes
- Use of monitoring checkpoints, curfews, travel permits, health certificates to minimize movement into or out of quarantined areas.
- Consideration should be given to quarantine of contacts with high-risk exposures, even in the absence of symptoms.

### Isolation of Individuals with Influenza

Minimizing the transmission of influenza requires limiting interactions between influenza cases and others. Individuals with influenza should be placed in a room with others who have suspected or confirmed influenza. When a private room is not available, or grouping is not possible, spatial separation of at least 6 feet should be maintained between the infected person and others. Doors may remain open, as appropriate.

Minimize the number of staff who have contact with infected residents by assigning all influenza residents to a small group of staff who have been vaccinated and/or are taking antiviral medications for prophylaxis (if medications are available and appropriate).

Interactions between clients with influenza and other residents should be minimized. Persons at risk of serious influenza complications (those with underlying medical conditions) should not interact with the infected person.

- Who makes the decision if the facility needs to be closed due to pandemic? Clinical Director in conjunction with the EXECUTIVE DIRECTOR

## HURRICANE/TORNADO/SEVERE WEATHER

If the National Weather Service issues a hurricane, tornado, or severe weather warning, contact your supervisor/Clinical Director/Incident Commander for instructions.

- Monitor the radio or TV for updates/conditions.
- Gather your emergency supplies.
- Stay indoors until the National Weather Service declares the storm is over.
- Stay away from all windows and exterior doors – seek shelter in the basement or bathroom.
  - Go to the innermost part of the building on the lowest possible floor.
- Do not use elevators.
- Protect your head with your arms and crouch down on the floor.

If programs close (and there is time to prepare):

- Notify clients that the program is closing and make arrangements for the pick-up or drop off of the client.

- Take clients home with you or take them to the local shelter.

If you are ordered to evacuate:

- Follow the designated evacuation routes for your area. Floor Plan/Exits

If you are on the road during a tornado:

- Get out of your car.
- Avoid areas with a lot of trees.
- Lie down flat in a gully, ditch, or low spot on the ground.
- Protect your head with an object or with your arms.

## EMERGENCY SUPPLIES

### Water Supplies

In an emergency, having a supply of clean drinking water is a top priority.

- Store at least a three-day supply of water for each person.
- One gallon (16 cups, 128 ounces) per person for consumption and 3 gallons (48 cups, 384 ounces) per person for hygiene.
- How many people in the facility does the water supply need to support? 26
- Store in a cool, dark place.
- An emergency water supply is located on shelving adjacent to the commercial laundry area.
- Store in original, factory-sealed containers. Alternatively, food-grade quality containers made for storing water may be used. These must be thoroughly washed, sanitized, and rinsed. If the water is from a tap, it may need to be treated before being stored.
- Change stored water every 6 months.
- Who is responsible for keeping the water supply updated? Program Clinical Director
- If a disaster happens without a stored supply of clean water and if any of the following are safe, use water in:
  - Hot water tank
  - Pipes and faucets
  - Ice cubes
  - Rainwater

DO NOT drink:

- Flood water
- Water with floating material, an odor, or dark color

### Food Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

- The Kitchen Supervisor/Chef is responsible for food distribution.
- Live Free Recovery Services' kitchen and pantry have a regularly replenished, one-week stock of both perishables and canned/sealed foods such as cereal, vegetables, snacks, dried fruits, grains etc.



The food supply needs to be kept updated.

- Who is responsible for keeping the food supply updated? Chef (food supply at Live Free Recovery Services is regularly replenished stock)
- How many people in the facility does the food supply need to support? 26; Enough to ensure a 3-day supply of food for all staff and clients at any given time.

A suggested food supply may contain the following items (there will be special dietary needs sheet with the supplies):

- sealed jars of protein such as peanut butter- 2 jars, 2 cases of individual sized servings
- sealed jars of jelly- 2 jars, 2 cases of individual sized servings
- cases of prepared foods (Spaghetti O's, beef stew, tuna)- 10 cases
- cases of canned fruit and/or vegetables- 3 cases
- cases of dry cereal- 10 cases
- cases of canned juice (juice boxes)- powdered mix with water- 2 cases
- cases of snack items (granola bars, raisins)- 5 cases
- cases crackers/chips- 4 cases

### General Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

The following areas will contain a supply of general supplies consisting of the following items:

#### Kitchen

- Can opener
- Paper goods (plastic utensils, napkins, paper plates)
- Toilet paper and other hygienic supplies
- Garbage bags
- Cleaning supplies

#### Office

- Medical: Client medications, first aid supplies, blood spill supplies, personal protective equipment (i.e., disposable gloves), "Go Kit" with proper documentation (as applicable)
- Safety: flashlights, batteries, duct tape, plastic sheeting, extra blankets, etc.
- Communication: cell phone, walkie talkie, portable/chargeable radio with cell phone charger
- Documentation: Client records (DOB, contact information, allergies, etc.), insurance company information
- Keys

General emergency supplies need to be kept updated (i.e., batteries).

- Who is responsible for keeping the general emergency supplies updated? Program Manager
- How many people in the facility do the general emergency supplies need to support? 26

## CASUALTIES

### Casualties

In the event that there are any casualties, emergency services will be called immediately, staff will isolate the area and move the rest of clients to a safe location.

## COMMUNITY EMERGENCIES

What resources could your facility/program provide if there is an emergency in the community and your location is fully operational (shelter, supplies, power, etc.)?

- Live Free Recovery Services would be able to provide immediate, short-term shelter for twenty (16) people. This sheltering would only provide protection from the elements, restrooms, and the most basic of foodstuffs. Live Free Recovery Services does not have additional availability for overnight sheltering.



#### Scope of services

##### Residential (ASAM/DHCS Level 3.5) Clinically Managed High-Intensity:

Provides 24-hour care with trained and credentialed personnel providing clinical directed program activities and professionally directed treatments to stabilize and maintain SUD symptoms, develop, and apply recovery skills specific for individuals with co-occurring mental health disorders. A minimum of 5 hours per day of individual, group, and education sessions and/or structured therapeutic activities specific for individuals with cooccurring mental health disorders.

Residential treatment is a non-institutional, 24-hour, short-term residential program that provides rehabilitation services to clients with a substance use disorder diagnosis when determined by a Medical Director or Licensed Practitioner as medically necessary and in accordance with the individual treatment plan.

The components of Residential Treatment Services include:

- **Intake:** The process of determining that a client meets the medical necessity criteria and admitting the client into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- **Individual and Group Counseling:** Contacts between a client and a therapist or counselor. Services are provided in-person.
- **Client Education:** Provide evidence-based education on addiction, treatment, recovery, and associated health risks
- **Family Therapy:** The effects of addiction are far-reaching and client's family members and loved ones also are affected by the disorder. By including family members in the treatment process, education about factors that are important to the client's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the client, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.
- **Safeguarding Medications:** Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.



- **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the client.
- **Treatment Planning:** The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed within regulatory timeframes, reviewed every 30 days, or after 4 sessions have been completed with the client.
- **Discharge Services:** The process to prepare the client for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.

The components of case management include:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of case management;
  - Transition to a higher or lower level of SUD care;
  - Communication, coordination, referral, and related activities.
  - Monitoring service delivery to ensure client access to service and the service delivery system;
  - Monitoring the client's progress; and
  - Client advocacy, linkages to physical and mental health care, transportation, and retention in primary care services
- The components of Recovery Services are:
- **Support Groups:** Linkages to self-help and support, spiritual and faith-based support; and
  - **Ancillary Services:** Linkages to housing assistance, transportation, case management, individual services coordination.





**Good neighbor policy!**

## **ADDRESSING NEIGHBOR CONCERNS POLICY**

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, “love thy neighbor as thyself.” even if those same behaviors and attitudes are not returned. New Foundations takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not “drug houses” or “trap houses”, but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree BEFORE moving forward in our program. If this is not something you’re comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you’ve taken or obstacles you’ve overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use “Please” and “Thank you”. Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.



By signing below, you are agreeing to the above code of conduct while living in our recovery home.

---

PROGRAM PARTICIPANT SIGNATURE: *(Required)*



Roxbury St and Marlboro Rd

Staff are working towards or have obtained licensure in the state of NH. Again, ongoing CEU's (continuing education units) are required to be completed yearly.

All trainings are approved by the appropriate licensing board in the State of NH

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City of Keene, NH

# Congregate Living & Social Services License Application

<b>For Office Use Only:</b>	
Case No.	_____
Date Filled	_____
Rec'd By	_____
Page _____ of _____	

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

## SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input checked="" type="checkbox"/> Group Home, Large	<input type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input type="checkbox"/> 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: <i>26 Water St, LLC</i>	NAME/COMPANY: <i>Live Free Recovery Services, LLC</i>
MAILING ADDRESS: <i>106 Roxbury St. Keene, NH 03431</i>	MAILING ADDRESS: <i>106 Roxbury St Keene, NH 03431</i>
PHONE: <i>603-438-3276</i>	PHONE: <del>603-438-3276</del> <i>877-932-6757</i>
EMAIL: <i>rgagne@livefreerecoverynh.com</i>	EMAIL: <i>info@livefreerecoverynh.com</i>
SIGNATURE: <i>[Signature]</i>	SIGNATURE: <i>[Signature]</i>
PRINTED NAME: <i>Ryan Gagne</i>	PRINTED NAME: <i>Ryan Gagne</i>
AUTHORIZED AGENT (if different than Owner/Applicant)	OPERATOR / MANAGER (Point of 24-hour contact, if different than Owner/Applicant) <input type="checkbox"/> Same as owner
NAME/COMPANY:	NAME/COMPANY: <i>Live Free Recovery Services, LLC</i>
MAILING ADDRESS:	MAILING ADDRESS: <i>106 Roxbury St Keene, NH 03431</i>
PHONE:	PHONE: <i>877-932-6757</i>
EMAIL:	EMAIL: <i>info@livefreerecoverynh.com</i>
SIGNATURE:	SIGNATURE: <i>[Signature]</i>
PRINTED NAME:	PRINTED NAME: <i>Jennifer Houston</i>

### SECTION 3: PROPERTY INFORMATION

**PROPERTY ADDRESS:**

26 Water St Keene, NH 03431

**TAX MAP PARCEL NUMBER:**

585-015-000-000

**ZONING DISTRICT:**

DT-T



**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.**

Peer recovery services provided to men in substance use disorder recovery

**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.**

This property has 16 beds, there are 2 house managers who live in the house.

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

This is structured sober living and clients stay for about a year in most cases



## SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with “CLSS License Application” in the subject line
  - **Mail / Hand Deliver:**  
 Community Development  
 (4th Floor) Keene City Hall,  
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

*Note: Additional information may be requested to complete the review of the application.*

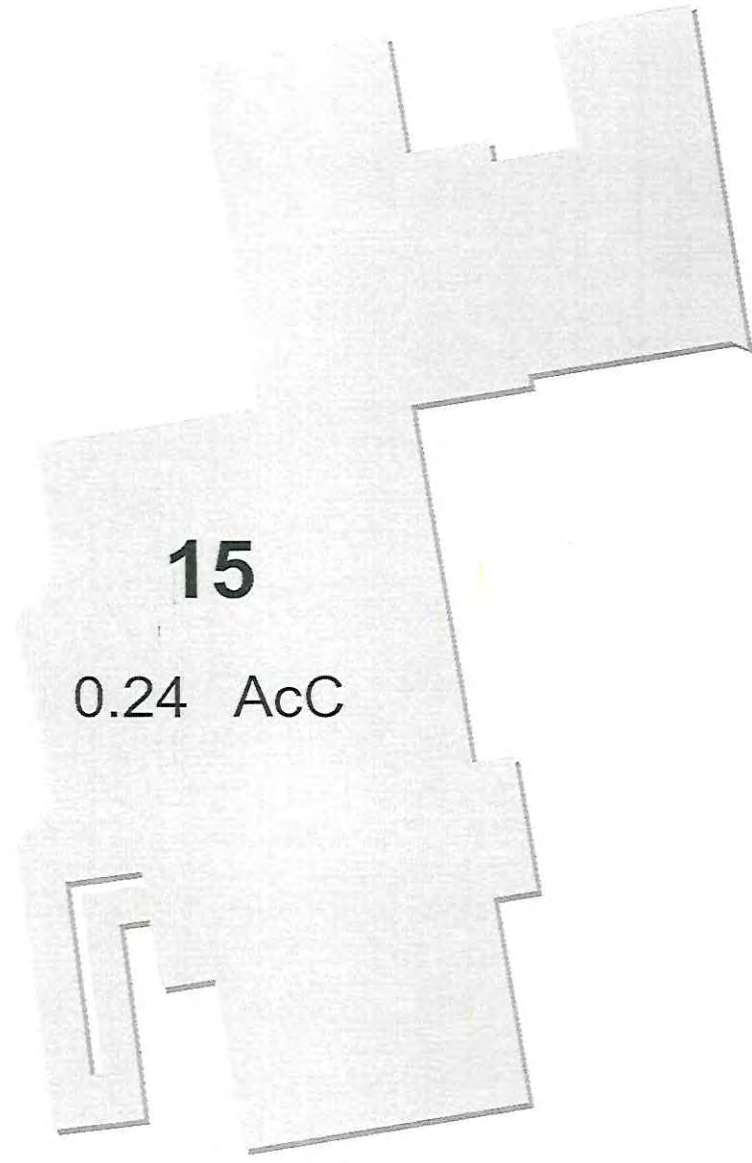
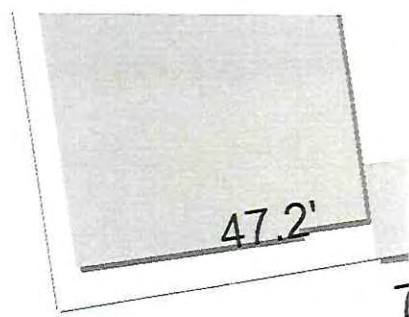
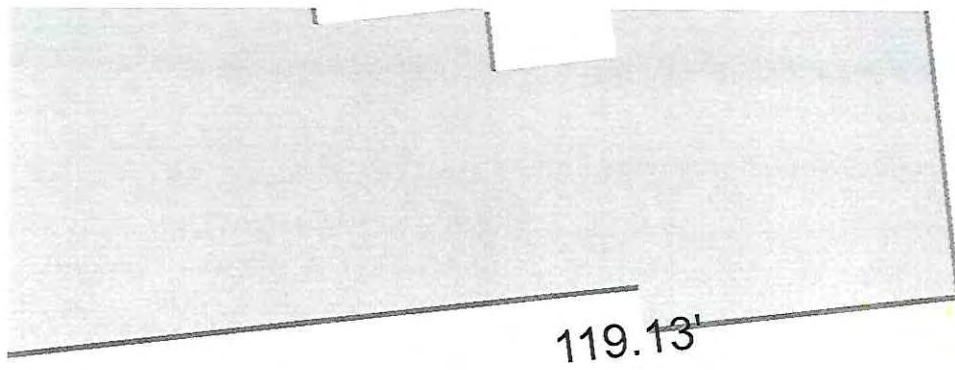
<input type="checkbox"/> <b>PROPERTY OWNER:</b> <i>Name, phone number and address</i>	<input type="checkbox"/> <b>POINT OF 24 HOUR CONTACT:</b> <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: center;">Same as owner</p>
<input type="checkbox"/> <b>REQUIRED DOCUMENTATION:</b> <i>Provide all required state or federal licenses, permits and certifications</i>	<input type="checkbox"/> <b>WRITTEN NARRATIVE:</b> <i>Provide necessary information to the submittal requirements</i>
<input type="checkbox"/> <b>PROPERTY INFORMATION:</b> <i>Description of the property location including street address and tax map parcel number</i>	<input type="checkbox"/> <b>APPLICABLE FEES:</b> \$165.00 application <i>(checks made payable to City of Keene)</i>
<input type="checkbox"/> <b>COMPLETED INSPECTION:</b> <i>Inspection date: _____</i>	<input type="checkbox"/> <b>SCHEDULED INSPECTION:</b> <i>Inspection date: _____</i>

**OPERATIONS AND MANAGEMENT PLAN:**  
 Plan based on the industry standard “Best Management Practices” to include:

- ◇ Security Plan
- ◇ Life Safety Plan
- ◇ Staff Training and Procedures Plan
- ◇ Health and Safety Plan
- ◇ Emergency Response Plan
- ◇ Neighborhood Relations Plan
- ◇ Building and Site Maintenance Procedures

In addition, Homeless Shelters will need to provide:

- ◇ Rules of Conduct, Registration System and Screening Procedures
- ◇ Access Policies and Procedures



115.9'

116.5'





**Live Free Recovery Services - Rules and Regulations**  
**Contract**

1. Possession, seeking, or use of alcohol, drugs, paraphernalia, or weapons is strictly prohibited anywhere on the property. This includes any product that contains alcohol, including but not limited to mouthwash, aftershave, and over counter medicines. Violation may result in discharge. Relapse, as indicated by either positive alcohol/drug testing results or self-admission, is grounds for immediate discharge.
2. **Search Policy and Prohibited Items:** Staff reserves the right to search a resident's person or his personal belongings at any time for the safety of all house members. In addition, Staff may search the belongings of any house member at any time if there is suspicion of contraband being stored in the member's belongings. Suspicion will be determined by the sole discretion of staff.
3. **Prohibited items (i.e. contraband) include, but are not limited to:** any alcohol or alcohol containing products, illicit or intoxicating substances, paraphernalia, prescription medication (all prescription medication should be held by Staff in the safe), weapons (knives, guns, bats, etc.), tattoo/piercing equipment, pornographic materials, pre-work out supplements, animals of any kind unless prior permission granted by Director, stolen property, space heaters or any personal appliances that create fire or carbon monoxide hazards, fireworks, etc. Specific over-the-counter medications that are prohibited include any medication containing pseudoephedrine, ephedrine, dextromethorphan, and/or alcohol.
4. Live Free Recovery Services is a zero-tolerance home. The consequences of prohibited item possession range from notifying law enforcement and immediate expulsion from the home to warnings or loss of privileges. Prohibited items will always be confiscated. What constitutes a prohibited item is determined by Staff and is not limited to those identified above
5. **Alcohol and/or Drug Testing is mandatory if asked to submit to one by Staff.** It is our policy that all residents must submit to this test upon request. The test will be witnessed by the administrator or staff on duty. If the results are positive or the resident refuses/manipulatively delays the test, for any reason, the resident will be immediately discharged or offered appropriate consequences to be determined by the Staff.
6. Any attempt to alter the screen in any way (e.g. diluting urine) will be considered a



- positive result for drugs or alcohol and is grounds for immediate discharge. If an in-home drug or alcohol screen produces ambiguous results or in claims of false positive results, the sample will be submitted to a lab for further testing. In cases where the resident claims ambiguous or false positive results, further testing will be at the resident's expense.
7. Threatening, violent, and/or aggressive behavior, be it verbal or physical is grounds for discharge.
  8. No smoking, vaping, or dipping is allowed, except in the designated area outside the house. No incense, candles, or anything flammable is allowed anywhere in the house at any time. **Smoking is allowed only in designated areas.**
  9. Residents must attend AA/NA/CA and/or some type of peer-based recovery meetings, 5 per week and can drop to 4 per week once employment is secured. Additional meeting requirements at the discretion of Staff may be added. Failure to comply may result in discharge.
  10. No changes, improvements, decorating, or repairs are to be done to any part of the property without the approval of the Director. This includes appliances, moving and/or adding furniture, moving and/or adding pictures, photos and posters on the walls.
  11. House Recovery Support Meetings are held every week, typically on Sunday evenings, and require attendance by all residents.
  12. **Medication policy:** All prescription medications must be turned into Staff and will be held in the staff office in the safe. Prescription medications are logged, and residents must self-administer prescription medication in front of staff member on duty during medication times, then sign medication log every time when taking medication. Medication refill and pick up is the sole responsibility of the resident. Staff will not be tracking when refills are needed, although they may verbally let you know that you are running low. Staff performs regular medication audits to ensure medication logs are accurate.
    - i. Live Free Recovery Services is an MAT accessible home, meaning that buprenorphine, methadone, or naltrexone is allowed provided the medication is prescribed by a legitimate physician for purposes of treating substance use disorder.
    - ii. Under no circumstances may residents share, trade, buy, sell, give, or take prescription medication from others.
  13. Etiquette for speaking on the phone will be enforced. Please be respectful of others while on the phone. Do not be loud and please use good judgement.
  14. A chore list will be posted weekly. Chores are to be done daily and must be checked and signed off by Staff. Residents are responsible for keeping their own area orderly.

Beds must be made each morning. Everything else is to be put away. No open food or drink in bedrooms. Each person is responsible for washing his own dishes at the time they are used. Please make sure to turn lights off and the heat down when leaving bedrooms or the house.

15. No debt shall be incurred between any residents. This includes loans and sales. This includes any kind of bartering or trading.
16. An attitude of gratitude is required. Dishonesty, undermining, and enabling are grounds for immediate discharge. Bad mouthing of Staff, or any other recovery organization will not be tolerated. House problems should be discussed in house meetings. Enabling another resident to break a rule may have the same consequences as breaking the rule. Violation of any part of this rule could result in discharge.
17. Any disputes or concerns that arise in the house between residents should be brought to Staff's attention. Please do not confront any residents at any time! Follow the grievance policy if appropriate. Threatening, violent and/or aggressive behaviors will not be tolerated and may result in immediate discharge.
18. Transportation is the resident's responsibility.
19. **Please be respectful of the neighborhood. Good neighbor policy!** Your behavior in public is representative of Live Free as a whole. Do not smoke in non-smoking areas, be courteous and respectful of others, do not loiter around businesses/private property, avoid using lewd or offensive language, and avoid littering public or private property. Do not leave garbage outside of the house, on the lawn, in the parking area, etc.
20. Lost or stolen property is not the responsibility of the House at any time regardless of what anyone says or does. Residents are discouraged from bringing expensive jewelry and other valuables.
21. Residents may not lock, barricade, or deliberately jam doors at any time. Doors must always remain unlocked.
22. If a resident leaves or is discharged for any reason, there are no refunds. Resident's property is to be taken with them upon discharge. Personal property left behind by discharged residents will be stored in the staff office for up to 30 days after discharge for the discharged resident to make arrangements to recover them, however Live Free Recovery Services is not responsible in any way for items that have not been physically claimed.
23. If for whatever reason damage is done to resident's property (including, but not limited to, insects, pests, or water damage) the operator, Staff, and/or House will not be held responsible.



24. Please do not get the mail. Staff will be responsible for bringing in the mail and distributing it.
25. Staff may take pictures during weekend activities and post them on social media. Please let the house manager know if you would not like to have your picture taken and he will respect your request. Also, please review and sign the Confidentiality/Privacy Policy.
26. Staff may open any mail that comes to the house in front of the client.
27. **Audio/video recording:** There are security cameras recording both audio and video throughout the property, both interior and exterior, including inside the living room off the kitchen and in the medicine cabinet room. These cameras are for your security and may be viewed in live action or by reviewing footage, if deemed necessary by Staff.
28. Live Free Recovery Services assumes no responsibility or liability for the cost or anything else that may occur during the transportation to and from off-site meetings/events.
29. All residents must attend in house meetings and house dinner on Sunday night. At times, there may be house restrictions if there are ever any situations that need to be addressed. This may result in the occasional canceling of plans.
- i. **Violations of any of these rules and regulations may result in immediate discharge from the program. There is no lease signed for our program, so residents of Live Free Recovery Services have no tenant rights.**
  - ii. **By signing below, I acknowledge that I have read and understand the above rules and regulations and agree to adhere to them, as well as the Resident Code of Rights, the Confidentiality/Privacy Policy, the Grievance Policy and Procedures, and the Weekly Fee and Services Provided Acknowledgement Form. I understand that any violation of the above terms may result in my immediate discharge from the residence and the program.**

30. Resident name \_\_\_\_\_

31. Resident Signature \_\_\_\_\_

Date \_\_\_\_\_

32. Staff member name \_\_\_\_\_

## Live Free Recovery Services - Emergency Procedures

Live Free Recovery Services has specific plans and protocols that will be initiated and followed in the event of disaster. Diagram of the location of all exits and fire suppression equipment on each floor in public areas such as hallways, outside the office, etc.

Live Free Recovery Services will designate, maintain, and provide a phone number for residents, staff and others for after hour emergencies. The afterhours emergency phone number will be provided as a part of resident and employee orientation and conspicuously posted outside the staff office. If it is an imminent medical emergency, we suggest you dial 911 for assistance.

### **Fire Drill Procedure:**

***Get out of the building by heading to the nearest exit, please walk and do not run.***

***Meet the group at the designated gathering area (parking lot) and wait for the all clear before re-entering the building.***

### **Suspected Overdose Procedure:**

***In the event of a suspected opioid overdose, the first person to arrive on scene is to administer the Narcan. Narcan is in each of the apartment units in their respective kitchens.***

***If able, a second person should be instructed to call 9-1-1. If nobody else is available, 9-1-1 is to be called after the first Narcan has been administered.***

***If the person remains unresponsive after 2-3 minutes, administer a second dose of Narcan.***

I have been oriented to Live Free Recovery Services's emergency procedures and have been given the opportunity to ask questions.

Resident signature \_\_\_\_\_

Date \_\_\_\_\_

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

## LIVE FREE RECOVERY SERVICES - CONFIDENTIALITY/PRIVACY POLICY

Resident records, files, information, contracts, etc. will be kept secure in a locked file and accessed only by authorized staff.

Private resident files will be shared outside the residence only at the written request of the resident, by court order, or in case of emergency (when the release of private information would be essential to the safety of the resident(s))

Residents are responsible for maintaining the privacy of other residents. Residents will not release or share identifying information about housemates in conversation, in writing, or on social media platforms without expressed permission.

No identifiable images of or information about a resident will be shared by the home on social media platforms without a written release by the resident.

I, \_\_\_\_\_, agree to abide by this confidentiality/privacy policy.

\_\_\_\_\_ I give Live Free Recovery Services permission to use my identifiable image on social media platforms or in marketing materials.

\_\_\_\_\_ I do not give Live Free Recovery Services permission to use my identifiable image on social media platforms or in marketing materials.

Resident Name: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## LIVE FREE RECOVERY SERVICES - RESIDENT CODE OF RIGHTS

As a resident of Live Free Recovery Services, you have the right to:

Be treated with dignity and respect in an environment that supports your recovery.

Be free from verbal and physical abuse.

Participate actively in your recovery, set your own recovery goals, and rely on fellow residents for honest appraisal, encouragement, and continued support of your positive actions towards building recovery capital.

Receive information regarding cost, refund policies, rights, responsibilities, rules, expectations, and policies governing resident conduct before making a financial commitment to Live Free Recovery Services.

Initiate a verbal or written complaint or grievance without retaliation and have the complaint investigated in a reasonable amount of time.

Request referral resources in the event of your dismissal.

Have any records or private information kept confidential and secure.

Retain personal property that does not jeopardize your own or others' safety or health.

Freedom from requirement to perform tasks that may cause injury or emotional trauma.

Freedom to express your personal values, belief systems, and cultural practices when these beliefs and practices will not harm others or interfere with their recovery.

Safe and clean accommodations.

Be provided an atmosphere free of sexual harassment from any source.

Be provided privacy that is consistently balanced with community goals and support of individual residents. This includes, but is not limited to privacy of person, personal belongings, and communications.

To reside in a home that is alcohol and drug-free.

To expect that, in the event the resident were to return to active alcohol and/or drug use, management will follow the established relapse policy.

To expect fellow residents to honor their commitment to maintain a clean, orderly and safe residence for all inhabitants to share equally.

To be provided a clear, safe and accessible path for communication of concerns regarding your own well-being, the well-being of fellow residents and/or the wellness and safety of the entire household.

To expect that, should an assessment be made that you need a higher level of care, Staff will communicate with you regarding this assessment and make reasonable effort to transition you to a more appropriate provider.

To receive, upon request and within a reasonable response time, copies of all documents that you signed upon admittance, receipts for all payments made directly by you and/or on your behalf by any third party, transcripts of any entries made by staff in your file, any drug urinalysis report(s) conducted through a confirmatory laboratory specific to you.

I have been informed at admission of my rights as listed above.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_







At Court Street and Water Street, staff are working towards CRSW certification. This is a State of NH program and is outlined below

## CRSW Credentialing in NH

How do you become a Certified Recovery Support Worker (CRSW) or Certified Recovery Coach in NH?

First and foremost, in the state of NH the term Certified Recovery Coach does not exist. If you went through a Recovery Coach Academy you are a Trained Recovery Coach. Should you wish to pursue a state certification/credential you will need to follow the criteria set for Certified Recovery Support Worker (CRSW) licensing below.

Here are the documents you will need to navigate your way through the credentialing.

- To understand **the requirements to become a Certified Recovery Support Worker Requirements** read the NH ALC300 Laws - the CRSW information beginning on page 4, specifically 303, 304 and 305 rules, [ALC300Laws for CRSW in NH](#)

Be sure to check out [this webinar](#) addressing frequently asked questions, and sponsored by Community of Practice. For all past recordings of webinars for NH Center for Excellence Community of Practice, and to register for future recordings, visit [Here](#).

Steps for submitting the application:

Prior to submitting your application for CRSW, it is highly recommended you take the exam. The exam process can take anywhere from 2 weeks to 2 months.

- Complete your application for the exam and send it in to the Board with your check for \$115.00.
- In two-three weeks you should receive an email from the exam company giving you instructions to select your date and location.
- At this time, when you schedule your exam date and location you can opt to take the practice test for \$30.00. This is the only time you have this option.
- Upon completing the exam you will be given preliminary results and they may tell you to wait for your official results before submitting them to the Board. This is NOT necessary. You are free to proceed with your application process. When you submit your CRSW application, the board will pull your exam results automatically.

NEXT: When you have all of your training, 500 hours and supervision complete prepare your packet to mail into the board which will include:

- Complete CRSW application prepared
- Copies of all of your training certificates
- Supporting letters for criminal records/ arrest restoration and rehabilitation



## **LIVE FREE RECOVERY SERVICES**

- 2 Passport photos
- \$110 must be a separate check
- Background check application or receipt with a check for \$48.25 separate check.

**Just prior to mailing in the CRSW application:**

Download and schedule your appointment for your criminal record check.

Call the State to schedule an appointment for fingerprints. You cannot use any other fingerprints or background checks. It MUST be a new background check. To make an appointment call 223-3867.

Upon completion of that appointment, send in the Background check application with the check attached, with your CRSW application.

The state only has 30 days after your appointment to request the results from the background check. If you don't plan this out timely, you'll have to do another background check which is why I say have all your stuff ready to mail in after your appointment.

In a couple of weeks, you will receive an email to schedule your test date and location site.

Supervision Rules and CRSW Code of Ethics

[ALC 400-500- Rules Adopted July, 2018](#)

CRSW Application Process Forms

- [Exam Form & Cover Letter](#)
- [CRSW Initial Application](#)
- [Criminal Background Check](#)
- [Checklist](#)

The [Four Domains](#)

[Candidate Guide for IC & RC Exam](#)

[CRSW Exam Study Guide created by an organization in Rhode Island](#)

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Should you have any questions, you can contact the licensing board:

Office of Professional Licensure and Certification

Philbrook Building

121 South Fruit Street

Concord, NH 03301

Telephone: (603)-271-6761

Fax: (603) 271-6702

E-mail: [NHLADC@nh.gov](mailto:NHLADC@nh.gov)

NORTH

**47**

0.37 AcC

148'S

89'

77'

41.25'

87.5'

**56**

0.76 AcC

226'S

148.5'

STREET (L)

144'S

232'S

84'

**76**

0.13 Ac

121'

**77**

0.11 AcC

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59.07'

85.4'

28.61'

56.8'

12.09'

15.69'

9.45'

16.93'







**Good neighbor policy!**

## **ADDRESSING NEIGHBOR CONCERNS POLICY**

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, “love thy neighbor as thyself.” even if those same behaviors and attitudes are not returned. New Foundations takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not “drug houses” or “trap houses”, but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree BEFORE moving forward in our program. If this is not something you’re comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you’ve taken or obstacles you’ve overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use “Please” and “Thank you”. Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.



By signing below, you are agreeing to the above code of conduct while living in our recovery home.

---

PROGRAM PARTICIPANT SIGNATURE: *(Required)*



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E-mail: [NHLADC@nh.gov](mailto:NHLADC@nh.gov)



## ADMISSION CONSENT

I, \_\_\_\_\_ consent to a voluntary admission to Live Free Recovery Services on \_\_\_\_\_. I understand that I am required to follow the rules and regulations at Live Free Recovery Services.

I understand that my treatment may include evaluations, tests, psychotherapy (counseling) and medication management/observation. I will also participate in a treatment program which consist of group therapy, vocational services, and case management as deemed appropriate by Live Free Recovery Services staff or Licensed Independent Practitioners and carried out by Live Free Recovery Services staff.

I understand that I am agreeing to stay a minimum of 30 days, at approximately \$120.00 dollars per day, which will be billed to my medical insurance. I understand that I am responsible for any expenses not covered by my medical insurance to include but not limited to co-pays, medications, and other incidentals. I understand that expected length of stay is 90 days, unless otherwise indicated by my Licensed Practitioner or Live Free Recovery Services Treatment Team. Should I wish to remove myself from treatment earlier than what my Treatment Team recommends, I will inform Live Free Recovery Services staff in order to evaluate my safety, review risks of terminating treatment, discuss alternatives, and to finalize arrangements for follow up care. If the results of the evaluation indicate that I am an immediate risk to myself or others, Live Free Recovery Services may petition for an involuntary Emergency Admission to New Hampshire State Hospital, according to State Law.

I have received and read the following:

- a) Client's Bill of Rights
- b) The Live Free Recovery Services Notice of Privacy Practices
- c) The Live Free Recovery Services Client Handbook

Live Free Recovery Services ensures the confidentiality of all client information. Any discussion of your treatment will require your signature on a separate authorization or release form for this purpose.



During my stay, Live Free Recovery Services will provide me with nutritious meals and will maintain the facility to have reasonable accommodations including onsite laundry appliances, television, internet, phone, and music designed to sustain and promote intellectual, social, and spiritual wellbeing. Live Free Recovery Services staff will provide me with assistance with taking and ordering my medications as well as arranging medical and dental appointments if needed. Live Free Recovery Services staff is available for me 24 hours per day, 7 days per week.

My signature below indicates that I consent to treatment and agree to participate in my care and adhere to the following safety guidelines:

1. There is no smoking in any Live Free Recovery Services facility
2. All belongings are searched, and my room may be searched at Live Free Recovery Services' discretion.
3. Drugs, alcohol, weapons, and other sharp items that may put myself or others at risk, are not allowed.
4. Soliciting or offering medications/substances to other clients is not allowed.
5. Live Free Recovery Services may use CPR, Narcan, Heimlich, EpiPen and other rescue/life saving techniques in an emergency or crisis situation without my prior consent. I will provide Live Free Recovery Services staff with a copy of my Advanced Directive.
6. I am responsible for active participation in my treatment and aftercare.
7. Group attendance is required unless otherwise indicated by treatment team.
8. Disruptive behavior, violence or threats of violence, inappropriate language or physical contact is not permitted.
9. I understand that I could be administratively discharged if I become non-compliant in my treatment or for breaking the Live Free Recovery Services rules and regulations.
10. I have signed a financial agreement and understand its contents.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Service Place: **N/A**

Billing Location:

**N/A** Provider: **N/A**

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397.501 Rights of individuals. Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(1) RIGHT TO INDIVIDUAL DIGNITY. - The dignity of the individual served must be respected at all times and upon all occasions, including any occasion when the individual is admitted, retained, or transported. Individuals served who are not accused of a crime or delinquent act may not be detained or incarcerated in jails, detention centers, or training schools of the state, except for purposes of protective custody in strict accordance with this chapter. An individual may not be deprived of any constitutional right.

(2) RIGHT TO NONDISCRIMINATORY SERVICES.

(a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician access to substance abuse services solely on that basis. Service providers who receive state funds to provide substance abuse services may not, if space and sufficient state resources are available, deny access to services based solely on inability to pay.

(b) Each individual in treatment must be afforded the opportunity to participate in the formulation and periodic review of his or her individualized treatment or service plan to the extent of his or her ability to so participate.



(c) It is the policy of the state to use the least restrictive and most appropriate services available, based on the needs and the best interests of the individual and consistent with optimum care of the individual.

(d) Each individual must be afforded the opportunity to participate in activities designed to enhance self-image.

### (3) RIGHT TO QUALITY SERVICES.

(a) Each individual must be delivered services suited to his or her needs, administered skillfully, safely, humanely, with full respect for his or her dignity and personal integrity, and in accordance with all statutory and regulatory requirements.

(b) These services must include the use of methods and techniques to control aggressive behavior that poses an immediate threat to the individual or to other persons. Such methods and techniques include the use of restraints, the use of seclusion, the use of time-out, and other behavior management techniques. When authorized, these methods and techniques may be applied only by persons who are employed by service providers and trained in the application and use of these methods and techniques. The department must specify by rule the methods that may be used and the techniques that may be applied by service providers to control aggressive behavior and must specify by rule the physical facility requirements for seclusion rooms, including dimensions, safety features, methods of observation, and contents.

### (4) RIGHT TO COMMUNICATION.

(a) Each individual has the right to communicate freely and privately with other persons within the limitations imposed by service provider policy.

(b) Because the delivery of services can only be effective in a substance abuse free environment, close supervision of each individual's communications and correspondence is necessary, particularly in the initial stages of treatment, and the service provider must therefore set





reasonable rules for telephone, mail, and visitation rights, giving primary consideration to the well-being and safety of individuals, staff, and the community. It is the duty of the service provider to inform the individual and his or her family if the family is involved at the time of admission about the provider's rules relating to communications and correspondence.

(5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS. - An individual has the right to possess clothing and other personal effects. The service provider may take temporary custody of the individual's personal effects only when required for medical or safety reasons, with the reason for taking custody and a list of the personal effects recorded in the individual's clinical record.

(6) RIGHT TO EDUCATION OF MINORS. - Each minor in a residential service component is guaranteed education and training appropriate to his or her needs. The service provider shall coordinate with local education agencies to ensure that education and training is provided to each minor in accordance with other applicable laws and regulations and that parental responsibilities related to such education and training are established within the provisions of such applicable laws and regulations. This chapter does not relieve any local education authority of its obligation under law to provide a free and appropriate education to every child.

(7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL RECORDS.

(a) The records of service providers which pertain to the identity, diagnosis, and prognosis of and service provision to any individual are confidential in accordance with this chapter and with applicable federal confidentiality regulations and are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such records may not be disclosed without the written consent of the individual to whom they pertain except that appropriate disclosure may be made without such consent:

1. To medical personnel in a medical emergency.
2. To service provider personnel if such personnel need to know the



information in order to carry out duties relating to the provision of services to an individual.

3. To the secretary of the department or the secretary's designee, for purposes of scientific research, in accordance with federal confidentiality regulations, but only upon agreement in writing that the individual's name and other identifying information will not be disclosed.

4. In the course of review of service provider records by persons who are performing an audit or evaluation on behalf of any federal, state, or local government agency, or third-party payor providing financial assistance or reimbursement to the service provider; however, reports produced as a result of such audit or evaluation may not disclose names or other identifying information and must be in accordance with federal confidentiality regulations.

5. Upon court order based on application showing good cause for disclosure. In determining whether there is good cause for disclosure, the court shall examine whether the public interest and the need for disclosure outweigh the potential injury to the individual, to the service provider and the individual, and to the service provider itself.

(b) The restrictions on disclosure and use in this section do not apply to communications from provider personnel to law enforcement officers which:

1. Are directly related to an individual's commission of a crime on the premises of the provider or against provider personnel or to a threat to commit such a crime; and

2. Are limited to the circumstances of the incident, including the status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

(c) The restrictions on disclosure and use in this section do not apply to the reporting of incidents of suspected child abuse and neglect to the appropriate state or local authorities as required by law. However, such



restrictions continue to apply to the original substance abuse records maintained by the provider, including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

(d) Any answer to a request for a disclosure of individual records which is not permissible under this section or under the appropriate federal regulations must be made in a way that will not affirmatively reveal that an identified individual has been or is being diagnosed or treated for substance abuse. The regulations do not restrict a disclosure that an identified individual is not and has never received services.

(e) 1. Since a minor acting alone has the legal capacity to voluntarily apply for and obtain substance abuse treatment, any written consent for disclosure may be given only by the minor. This restriction includes, but is not limited to, any disclosure of identifying information to the parent, legal guardian, or custodian of a minor for the purpose of obtaining financial reimbursement.

2. When the consent of a parent, legal guardian, or custodian is required under this chapter in order for a minor to obtain substance abuse treatment, any written consent for disclosure must be given by both the minor and the parent, legal guardian, or custodian.

(f) An order of a court of competent jurisdiction authorizing disclosure and use of confidential information is a unique kind of court order. Its only purpose is to authorize a disclosure or use of identifying information which would otherwise be prohibited by this section. Such an order does not compel disclosure. A subpoena or a similar legal mandate must be issued in order to compel disclosure. This mandate may be entered at the same time as, and accompany, an authorizing court order entered under this section.

(g) An order authorizing the disclosure of an individual's records may be applied for by any person having a legally recognized interest in the disclosure which is sought. The application may be filed separately or as part of a pending civil action in which it appears that the individual's records are needed to provide evidence. An application must use a fictitious





name, such as John Doe or Jane Doe, to refer to any individual and may not contain or otherwise disclose any identifying information unless the individual is the applicant or has given a written consent to disclosure or the court has ordered the record of the proceeding sealed from public scrutiny.

(h) The individual and the person holding the records from whom disclosure is sought must be given adequate notice in a manner which will not disclose identifying information to other persons, and an opportunity to file a written response to the application, or to appear in person, for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order.

(i) Any oral argument, review of evidence, or hearing on the application must be held in the judge's chambers or in some manner which ensures that identifying information is not disclosed to anyone other than a party to the proceeding, the individual, or the person holding the record, unless the individual requests an open hearing. The proceeding may include an examination by the judge of the records referred to in the application.

(j) A court may authorize the disclosure and use of records for the purpose of conducting a criminal investigation or prosecution of an individual only if the court finds that all of the following criteria are met:

1. The crime involved is extremely serious, such as one which causes or directly threatens loss of life or serious bodily injury, including but not limited to homicide, sexual assault, sexual battery, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.

2. There is reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.

3. Other ways of obtaining the information are not available or would not be effective.



4. The potential injury to the individual, to the physician-individual relationship, and to the ability of the program to provide services to other individuals is outweighed by the public interest and the need for the disclosure.

(8) RIGHT TO COUNSEL. - Each individual must be informed that he or she has the right to be represented by counsel in any involuntary proceeding for assessment, stabilization, or treatment and that he or she, or if the individual is a minor his or her parent, legal guardian, or legal custodian, may apply immediately to the court to have an attorney appointed if he or she cannot afford one.

(9) RIGHT TO HABEAS CORPUS. - At any time, and without notice, an individual involuntarily retained by a provider, or the individual's parent, guardian, custodian, or attorney on behalf of the individual, may petition for a writ of habeas corpus to question the cause and legality of such retention and request that the court issue a writ for the individual's release.

(10) LIABILITY AND IMMUNITY.

(a) Service provider personnel who violate or abuse any right or privilege of an individual under this chapter are liable for damages as determined by law.

(b) All persons acting in good faith, reasonably, and without negligence in connection with the preparation or execution of petitions, applications, certificates, or other documents or the apprehension, detention, discharge, examination, transportation, or treatment of a person under the provisions of this chapter shall be free from all liability, civil or criminal, by reason of such acts.

History. s. 4, ch. 93-39; s. 736, ch. 95-148; s. 3, ch. 95-407; s. 223, ch. 96-406; s. 2, ch. 98-107; s. 25, ch. 2009-132.

If I am a Spanish-speaking client, this information has been translated to me.

FORM SIGNATURES



**POLICY:**                    Program Admission and Exclusionary Criteria

**PURPOSE:**                To ensure for the timely admission of clients in need of service

**PROCEDURE:**

- All individuals seeking services will be seen face-to-face or have a telephone interview within 10 working days of initial contact to complete the intake to ensure appropriateness of the potential admission.
- Assessment will occur face-to-face and include an assessment tool which will assist in diagnosis and placement criteria, a bio-psycho-social assessment, and other information that is required by the funding source.
- If an individual is found ineligible for services, the individual and the referring agency will be notified of the ineligibility and will be offered alternative referrals for admission (release of information needed for the referral source).
- Priority of admissions are based on seriousness of need:
  1. Pregnant injecting drug users
  2. Pregnant substance abusers
  3. Injecting drug users
  4. All other substance abusers
- The client is assessed as meeting diagnostic criteria of the American Society of Addiction Medicine - Patient Placement Criteria for the Treatment of Substance-Related Disorders; Second Edition- revised.
- The client may be assessed as having a secondary





diagnosis of a mental health problem.

- Any of the client's biomedical conditions, if persistent, continue to be sufficiently stable to permit participation in outpatient services.
- Mental status of client does not preclude his or her ability to comprehend and understand material presented. Client can participate in treatment process.
- Client expresses a willingness to cooperate and attend all scheduled activities.
- Client presents as not a danger to self or others.
- Client is free of communicable disease, or if a client had a communicable disease, that the client is treated, or if the disease is not curable, that the client is managed to prevent transmission to other clients.
- The client is assessed as being able to achieve or maintain abstinence and recovery goals only with support and scheduled therapeutic contact to deal with such issues as, but not limited to, mental preoccupation with alcohol/drug use, mental health issues, craving, peer pressure, lifestyle, and attitudinal changes.

The following are exclusionary criteria:

- An individual who is unconscious at the time of presentation but shall transfer such an individual immediately to a hospital.
- An individual who manifests such a degree of behavioral disorder that the individual is a danger to him/herself or others, or whose behavior interferes with the health or safety of staff or other clients. The program shall aid in referring such individuals to an appropriate treatment program.



- All requests for admission will be reviewed by the treatment team consisting of Executive Director, Director of Admission, and clinicalstaff.





**POLICY:**                    Treatment Planning and Review

**PURPOSE:**                To ensure each client receives complete and appropriate service planning assuring that treatment is appropriate to client needs.

**PROCEDURE:**

- Upon admission, the Primary Therapist will ask the client what his/her goals/plans for treatment are and will reflect that information in the admission note.
- The client's primary therapist will provide and/or coordinate the individualized treatment plan.
- The primary therapist will utilize the referral sources, family members, clinical team, and client interview in determining client's needs and the development of goals for services.
- The treatment planning process will be holistic in approach focusing on all domains that impact on the client (i.e.: recovery issues, vocational, educational, housing, relationships, etc.).
- In developing a client's treatment plan, the primary therapist will utilize client input ascertained during focused interviews, as well as the input of family members via phone conversations, family therapy and informal interviews.
- Client and family will receive education and be provided with information regarding symptoms, effects, and treatment of mental illness, medications, substance abuse; co-dependency and its effect on substance abuse treatment; the implementation of self-care rehabilitation (including, but not limited to, Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Nar-Anon, Alateen) and community



agencies/resources available during treatment services. Clinical team will provide above mentioned education and information.

- The treatment plan will include goals, timeframes, measurable objectives that relate to the goals and specific criteria for termination or reduction in services.
- The treatment plan will be completed by the 3rd face-to-face visit not to exceed 30 days.
- Client's treatment plan will be evaluated monthly by the multidisciplinary team during Case Review and in Clinical Supervision.
- Criteria for a decrease in services or discharge include: The client has achieved the goals articulated in his/her treatment plan, thus resolving the problem(s) that justified admission to the present level of care. Or the client has been unable to resolve the problem(s) that justified admission to the present level of care, despite amendments to treatment plan. Or the client has demonstrated a lack of capacity to resolve his/her problem(s). Or the client has experienced an intensification of his/her problem(s), or has developed a new problem(s), and can be treated effectively only at a more intensive level of care.
- Before completion of treatment and discharge from facility, primary therapist will secure referrals to community agencies and resources for aftercare, as assessed and developed by client and multidisciplinary team.
- Primary therapist will utilize representatives of support groups including, but not limited to, Alcoholics and Narcotics Anonymous, to secure sponsorship and/or contacts to accompany clients to support groups prior to discharge.
- For clients who are receiving medication monitoring, that is to be included in the treatment plan.



- The client is to sign the treatment plan as an indication of client's participation in the development of the treatment plan.



## **Aggression Management and Communication Skills**

### **Course Description:**

The overall goal of this program is to familiarize the participant with ways to effectively manage aggression through effective verbal and non-verbal communication, by learning and implementing diffusion strategies as well as de-escalation techniques and skills

### **GOAL 1: OBJECTIVES**

1. Participants will gain an understanding of signs and aspects of aggression.
2. Participants will be familiar with effective verbal and non-verbal communication.
3. Participants will learn about various diffusion techniques and de-escalation techniques.
4. Participants will improve ability to keep clients safe on a consistent basis.

### **Managing Aggression**

The effective handling of aggression is one of the most demanding aspects of working in Behavior Health. It is an area where good interaction and communication skills are required.

- Most situations where there is a potential for violence can be handled through communication.
- Aggression: any behavior that is perceived by the victim as being deliberately harmful and damaging either psychologically or physically.

**Goal: Prevent aggression** from escalating into actual physical violence. People may become aggressive for several reasons, including:

- Frustration Unfairness, perceived or real
- Humiliation Immaturity
- Excitement Learned Behavior (it get results)
- Reputation Means to an end
- Decoy Duty
- Mental Illness (i.e., Paranoia, psychosis, delusions)



### **Signs of Aggression:**

- Standing tall
- Red faced
- Raised voice
- Rapid breathing
- Direct, prolonged eye contact
- Exaggerated gestures
- Tensing of muscles

### **Additional signs of aggression:**

- Any major change in behavior that varies from what is normal for the person
- Clenched fists
- Focusing/narrowing of the gaze
- Tight jaw/facial muscles
- Increased agitation and disturbance in behavior (e.g., pacing)

### **Risk Factors to Consider:**

- Is the person facing a high level of stress? (e.g., recent bereavement, pending court date)
- Does the person seem to be under the influence of drugs or alcohol?
- Does the person have a history of violence?
- Does the person have a history of psychiatric illness?
- Has the person verbally abused staff in the past?
- Has the person threatened staff with violence in the past?
- Has the patient experienced trauma?

### **Communication**

Communication: a two-way process that relates to verbal interaction (listening, speaking, and hearing), and non-verbal interaction (interpretation and observational skills – looking and seeing).

To minimize communication problems:



- Use language appropriate to the person (his/her language if possible; use an interpreter when necessary)
- Take time to communicate
- Check that you are understood
- Encourage and give feedback
- Conversation should take place at an appropriate time and place (whenever possible)

## Aggression Management and Communication Skills Training

### Common inhibitions to effective communication:

- Noise
- Language (native lang./demeaning lang.)
- Perception and prejudice
- Intrusion of personal space
- Communication: We cannot necessarily avoid or overcome all these barriers, but we need to find ways of minimizing them.

### Noise:

- Major distraction
- Hard to hold a discussion against noisy background
- Speaking loudly can be misinterpreted as yelling

### Language:

- Express yourself in as direct and explicit manner as possible
- Avoid emotive language (Words used deliberately to create an emotional impact or response)
- Avoid demeaning language/belittling
- Find assistance for a person who does not speak the same language as you.
- Perception and Prejudice: everybody has a unique background and history with influences and experiences that form our way of looking at the world.





- ❖ Recognize our prejudices
- ❖ Work around prejudices of others
- ❖ Maintain professional attitude (not allowing our perceptions to get in the way of duties and responsibilities to others, particularly in promoting equal opportunities)
- ❖ Not to let our prejudices influence the way we communicate

### **Intrusion of personal space:**

- Avoid standing too close to the person
- Amount of space required for a person differs based on gender, familiarity, culture, mood, etc.
- In addition, standing too close to an angry individual can make the person feel unsafe, and make YOU unsafe.
- Step-Kick distance Non-verbal communication: Staff should be aware of non-verbal messages that how a person is feeling or may respond. De-escalation Prevention Steps

### **Recognize:**

- Anger is a choice of a range of behaviors that could be used to get what one needs in a situation.
- It is a behavior that has benefit for its user.
- Anger can get people the attention they need, escape things they do not want to do, gain control over another person/situation
- Pump them up when they are feeling small/insignificant

### **Perform a quick self-assessment:**

- ❖ Can I avoid criticizing and finding fault with the angry person?
- ❖ Can I avoid being judgmental?
- ❖ Can I keep myself removed from the conflict?
- ❖ Can I try to see the situation from the angry person's point of view or understand the need s/he is trying to satisfy?



- ❖ Can I remember that my job is to keep the peace and protect the client and staff?

Recognize Early Warning Signs: Many incidents can be prevented by recognizing subtle changes in behavior.

-Quiet people may become agitated

-Loud, outgoing people may become quiet and introspective.

Commenting on the changes may open conversation and minimize frustration/buildup

### Diffusion Strategies

#### **Before anything else happens:**

- Staff should seek to defuse the situation
- People that are out of control are under the influence of an “adrenal cocktail”
- Do nothing to escalate state of mind
- Be prepared to defend yourself

#### **Seek to:**

- Appear confident
- Display calmness
- Create some space
- Speak slowly, gently, and clearly
- Lower your voice
- Avoid staring
- Avoid arguing and confrontation
- Show that you are listening
- Calm the person and assure she/he feels heard before trying to solve the problem

#### **Adopt a non-threatening body posture:**

- Use a calm, open posture (sitting or standing)
- Reduce direct eye contact (may be taken as a confrontation) without affirmative acknowledgment
- Allow the person adequate personal space
- Keep both hands visible





- Avoid sudden movements that may startle or be perceived as an attack
- Avoid audiences (when possible) – an audience may escalate the situation

### **TO DO: Give clear, brief, assertive instructions**

- Explain your purpose or intention
- Negotiate options
- Avoid threats
- Move towards a “safer place” (i.e., avoid being trapped in
- Ensure your non-verbal communication is non-threatening:
  - Consider which techniques are appropriate for situation
  - Pay attention to non-verbal clues (i.e., eye contact)
  - Allow greater body space than normal
  - Be aware of own non-verbal behavior (posture and eye contact)
  - Appear calm, self-controlled, and confident without being dismissive or over-bearing

### **De-Escalation Techniques**

#### **1. Technique #1: Simple Listening**

Sometimes all an angry person needs is for someone to take the time to allow them to vent his/her anger and frustrations. Simply listen to what he/she is saying, give encouragers (i.e., uh-huh, yes, go on, etc.).

#### **2. Technique #2: Active Listening**

...really attempting to hear, acknowledge and understand what a person is saying. A genuine attempt to put oneself in the other's situation. LISTENING...not only to the words, but the underlying emotion as well as the body language.

#### **3. Technique #3: Acknowledgement**

...occurs when the listener is attempting to sense the emotion underlying the words.

Relaying that you understand what a person is feeling helps the person to release



that feeling.

#### 4. Technique #4: Allow Silence

...although many find silence unbearable, sometimes the angry person may need the time to reflect or think.

#### 5. Technique #5: Agreeing

...often when people are angry about something, there is something true in what they are saying. When attempting to diffuse someone's anger, it is important to find that truth and agree with it.

#### 6. Technique #6: Apologizing

...an excellent de-escalation skill! ...Not for an imaginary wrong, but a sincere apology for anything in the situation that was unjust; a simple acknowledgment that something occurred was not right or fair. It is possible to apologize without accepting blame.

#### 7. Technique #7: Inviting Criticism

The final skill...The listener should simply ask the angry person to voice his/her criticism of the listener

(What am I doing wrong that makes you so angry at me? Tell me, I can take it. Do not hold anything back. I want to hear about everything you are angry about.)

#### 8. Technique #8: Develop a Plan

Have a plan before one is needed. Think about options of what you could do before such a circumstance occurs. Decisions made before a crisis occurs are more likely to be more effective/rational than those thought of "on the fly"

WHEN NOTHING WORKS



There may be occasions, particularly with the mentally ill, when the listener is unsuccessful. Your safety and the safety of others should always be of primary concern.

NEVER THREATEN unless you are prepared to take the next step:

Once you have made a threat, or given an ultimatum, you have ceased all negotiations and put yourself in a potential win-lose situation.... and for safety's sake, you must be the winner. However, your rapport will suffer, leading to potential future problems, fear, or distrust from those you interact with daily. Last resort.

### **De-escalation Closure**

De-escalation is a very difficult and humbling skill.

- You cannot be unsure of your own pride or self-esteem.
- You must be able to control your own anger.
- You must be able to see the bigger picture.
- You must be willing to practice what you have learned.



**LIVE FREE**  
**RECOVERY SERVICES**

**Aggression Management Quiz**

1) Name 5 signs of Aggression

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2) Name 2 risk factors to Aggression

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3) Anger is a choice in a range of available behaviors.

(Circle one) True False

4) Explain how Perception and Prejudice can inhibit Communication.

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5) Staring a client down is a sign of being in charge and can help to calm an aggressive person. (Circle one)

True False



6) Apologizing to an angry client simply validates their anger and perpetuates a stressful situation. (Circle one)

True False



### **De-escalation Policy and Procedure:**

Live Free Recovery Services is a non-hands on, non-restraint using facility. De-escalation practices are to be used while keeping staff and clients as safe as possible. If a situation becomes escalated and de-escalation techniques are not effective, emergency services will be called for assistance.

Remember when dealing with an upset client to not take the situation personally. Our clients do not have the same skillset to manage their discomfort or ability to express what is troubling them. It is okay to switch out staff if the client has a better rapport with someone else. Remember the goal is to support the client in the best way possible. Remember, staff response is the key to avoiding physical confrontation, frustration, and verbal escalation.

### **TIP 1 BE EMPATHIC AND NONJUDGMENTAL**

When someone says or does something you perceive as weird or irrational, try not to judge or discount their feelings. Whether or not you think those feelings are justified, they are real to the other person. Pay attention to them. Keep in mind that whatever the person is going through, it is the most important thing in their life at this moment

### **TIP 2 RESPECT PERSONAL SPACE.**

If possible, stand 1.5 to three feet away from a person who is escalating. Allowing personal space tends to decrease a person's anxiety and can help you prevent acting-out behavior. If you must enter someone's personal space to provide care, explain your actions so the person feels less confused and frightened.

### **TIP 3 USE NONTHREATENING NONVERBALS.**

The more a person loses control, the less they hear your words—and the more they react to your nonverbal communication. Be mindful of your gestures, facial





expressions, movements, and tone of voice. Keeping your tone and body language neutral will go a long way toward defusing a situation.

**TIP 4 AVOID OVERREACTING.**

Remain calm, rational, and professional. While you cannot control the person’s behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses. Positive thoughts like “I can handle this” and “I know what to do” will help you maintain your own rationality and calm the person down.

**TIP 5 FOCUS ON FEELINGS.**

Facts are important, but how a person feels is the heart of the matter. Yet some people have trouble identifying how they feel about what is happening to them. Watch and listen carefully for the person’s real message. Try saying something like “That must be scary.” Supportive words like these will let the person know that you understand what is happening—and you may get a positive response.

**TIP 6 IGNORE CHALLENGING QUESTIONS.**

Answering challenging questions often results in a power struggle. When a person challenges your authority, redirect their attention to the issue at hand. Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem

**TIP 7 SET LIMITS.**

If a person’s behavior is belligerent, defensive, or disruptive, give them clear, simple, and enforceable limits. Offer concise and respectful choices and consequences. A person who is upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.



## **LIVE FREE** RECOVERY SERVICES

### **TIP 8 CHOOSE WISELY WHAT YOU INSIST UPON.**

It is important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person does not want to shower in the morning, can you allow them to choose the time of day that feels best for them? If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

### **TIP 9 ALLOW SILENCE FOR REFLECTION.**

We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it is the best choice. It can give a person a chance to reflect on what is happening, and how he or she needs to proceed. Believe it or not, silence can be a powerful communication tool

### **TIP 10 ALLOW TIME FOR DECISIONS.**

When a person is upset, they may not be able to think clearly. Give them a few moments to think through what you have said. A person's stress rises when they feel rushed. Allowing time brings calm.





**POLICY:**                    **Contents of Clinical Records**

**PURPOSE:**                To ensure that all client records have the appropriate and necessary data as well as to ensure that all information is entered as scheduled.

**PROCEDURE:**

- ✓ The Clinical Director at Live Free Recovery Services ensures that the clinical records are current and contain all the documentation required.
  
- ✓ Live Free Recovery Services requires the following to be included in the clinical record:
  - Client identification data, including name, date of admission, address, date of birth, gender, and the name, address, and telephone number of the person(s) to be notified in an emergency which is completed at time of admission
  - Previous treatment records and correspondence to include but not limited to Biopsychosocial, History and Physical, Medication list.
  
  - The client's signed acknowledgment that he or she has been informed of and received a copy of client rights at time of admission



## **LIVE FREE** **RECOVERY SERVICES**

- A summary of the admission interview/intake (interpretive summary) at time of admission.
- A client treatment plan signed and dated by clinical personnel and the client. Initial treatment plan completed at time of admission and Master Treatment Plan completed within 7 days of admission
- Progress notes for individual, group, psycho-educational groups, shall be documented in each client's record by a summary note listing the date and topic of all treatment sessions attended, and a narrative of his/her participation and treatment progress within 24 hours of when the session occurred
- Medical notes for services provided by Physicians, nurses and other licensed medical practitioners shall be entered in the client record on the day of service
- Documentation of the client's participation in the development of his/her treatment plan when treatment planning occurs which is upon admission, within 7 days of admission and based on ASAM criteria.
- Documentation of allergies in the clinical record and on its outside front cover at time of admission
- The results of laboratory, radiological, diagnostic, and/or screening tests performed on date services were provided



- Reports of accidents at the time accident occurred
- A record of referrals to other health care providers
- Summaries of consultations
- Any signed, written informed consent forms or an explanation of why an informed consent was not obtained
- A record of any treatment, drug, or service offered by program staff and refused by the client
- Instructions given to the client and/or the client's family for care following discharge.
- The discharge/continuum of care plan
- The discharge/continuum of care summary is to be completed within a week from the last treatment or discharge
- The clinical record shall be available to the program's assigned substance abuse practitioner that is always involved in the client's care during the hours of operation



**LIVE FREE**  
**RECOVERY SERVICES**

Entries in the clinical record should be typewritten or written legibly in ink, dated, and signed by the person entering them.



**POLICY:**                    **Psychiatric and Mental Health Screenings/Services**

**PURPOSE:**                    To ensure that clients are provided with psychiatric and mental health services when indicated in a prompt and professional manner.

**PROCEDURE:**

- The initial phone assessment will determine if there is a present mental health concern, a history of mental health diagnosis, and/or if the client is on mental health medications.
- The initial assessment on admission will further determine the need for mental health services.
- If the client is already linked to mental health services on admission, the primary therapist will ensure that services are not interrupted.





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- If the client is on mental health medications, the primary therapist will ensure that medications are continued as prescribed.
- If a present mental health need has been identified, an appointment for a psychiatric assessment will be made by the primary therapist at Live Free Recovery Services Clinical Director or psychiatric medication provider
- Client will sign the necessary releases and a Live Free Recovery Services CM will accompany the client to the initial appointment.
- Upon discharge, clients will be given the contact information and encouraged to continue with mental health services and/or medications.



### **Decision Tree**

*Seek consultation if applicant, family or referring facility provides any of these diagnoses:*

#### **Depressive Disorders**

Major Depressive Disorder **WITH** Psychosis or Psychotic Features

#### **Bipolar and Related Disorders:**

Bipolar Disorder **WITH** Mania or Psychosis or Psychotic Features

#### **Trauma and Stressor-Related Disorders:**

Post-Traumatic Stress Disorder **INCLUDING** Combat Stress Disorder  
**HISTORY OF** Reactive Attachment Disorder

#### **Schizophrenic Spectrum and Other Psychotic Disorders:**

Schizophrenia  
Schizotypal Disorder  
Schizoaffective Disorder  
Schizophreniform Disorder

#### **Personality Disorders:**

Paranoid Personality Disorder  
Schizoid Personality Disorder



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Schizotypal Personality Disorder

Antisocial Personality Disorder

Borderline Personality Disorder: inquire about self-injury history

**Neurodevelopmental Disorders:**

Tourette's Disorder

Autism Spectrum Disorder **INCLUDING** Asperger's Syndrome

**Feeding and Eating Disorders:**

Anorexia Nervosa

Bulimia Nervosa

**Sleep Wake Disorders:**

Narcolepsy

**Disruptive-Impulse Control and Conduct Disorders:**

Kleptomania

**Paraphilic Disorders:**

Exhibitionistic Disorder

Voyeuristic Disorder

**Neurocognitive Disorders:**

Neurocognitive Disorders due to Traumatic Brain Injury





**Suicidal/Homicidal Ideation**

Recent/current thoughts of suicide **with a plan or Recent attempts**

**Self-Injurious Behavior**

Cutting, Burning, Picking, (ED) that becomes more acute when not using substances. Recent and no prior treatment

**Legal**

Hx of Arson, weapons charges, sexual assault, assault, homicide



### **Policy: Medication handling, administering, orders**

The following procedures will be in place for all clients in order to ensure proper medication handling.

- At time of admission, client shall have a list of current medications from their licensed practitioner
- A list of approved over the counter medications will be signed by licensed practitioner
- All medications will be available to the client within 24hours of their admission
- All medications shall be listed in the medication book and include the following information:
  - Client's name
  - Medication Name
  - Medication Strength
  - The prescribed does
  - The route of medication administration if not by mouth
  - The frequency of administration
  - The indication that the medication is intended for usage
  - The dated signature of the prescriber
- All medication orders will include the information listed above
- Refill medications will be confirmed by the prescriber and called in as needed



- For any PRN (as needed) medications, the indications for use, and any limitations of the use of the medication including the maximum dose allowed in a 24-hour period, will be clearly documented.
- All prescriptions that are brought by client to admission will be in the original container and have all prescription information legibly read on the original container

#### **Change orders:**

When the med provider changes any medication for a client when the medication will not be reordered to indicate the change the following will happen:

- The original container will be clearly flagged and marked with an orange sticker
- Indicate that a change has been made and indicate dose change
- This change will also be indicated in the medication log by drawing one line through the current order and writing the new order in the next empty space

All medications will be locked in the medicine cabinet in the locked tech office which will remain closed and locked at all times, except when medications are being observed. Over the counter medication will also be locked in the medicine cabinet.

#### **Controlled substances:**

When the med provider has prescribed a controlled substance, it will be documented in the medication book and will remain locked in the medicine cabinet.

Along with the medication orders, a count sheet will be started for each medication. At time of administration, a count of medication will be done



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by client with staff oversight. This count will occur at each time the medication is administered following the prescription order.

All medication will be given to client upon discharge.





**POLICY: Smoke Free Environment & Smoking Policy**

As a healthcare facility, and Residential Living facility, Live Free Recovery Services reserves the right to maintain a Smoke Free Environment to ensure the safety and promote the health and wellbeing of our clients, visitors, and staff.

Smoking and or vaping is always prohibited within the structure of the facility. Visitors, clients, and staff who choose to engage in smoking activities may do so only in the area outside of the facility structure that are designated for smoking. This area is a minimum of 25'ft from the building and is clearly labeled.

Clients who smoke will be encouraged to seek physician assistance in initiating a smoking cessation program.

At no time are resident's smoking materials or paraphernalia to be stored in resident care areas. Cigarettes, cigars, pipes, tobacco, lighters, matches, etc., must be stored at the in the identified storage location in the staff office.

Visitors identified as violating the facility's Smoke Free Environment policy will be provided with counseling. Any subsequent violations will be considered a threat to resident health and safety and will be grounds for involuntary discharge from the facility in accordance with State and Federal rules and regulations.



All employees are required to participate in infection prevention and control training on an annual basis. This study guide is designed to assist in preparing employees to perform in a way that protects patients, employees, students, and visitors from spreading pathogens and communicable diseases to one another.

### **Bloodborne Diseases**

Bloodborne diseases are diseases that are spread by contact with infected blood and other infectious body fluids.

Transmission of bloodborne pathogens, including HIV, Hepatitis B virus and Hepatitis C virus, may occur if infectious blood or body fluids contact the mucous membranes of the eyes, nose, or mouth. They can be transmitted by needlesticks and puncture wounds or cuts from other contaminated sharps. Non-intact skin also provides a way to contact these organisms. This is especially true if you have abrasions, cuts, rashes, or burns on your hands and you touch blood, other potentially infectious materials, or a contaminated surface with your bare non-intact hands. These pathogens can be present long before the infected person shows any signs of the disease. Sometimes they are present without the patient or the employee developing signs of the disease.

Contaminated objects can transmit Hepatitis B, as the virus can live on inanimate objects for up to four (4) weeks. The HIV virus, however, cannot live outside the body. The pathogens that cause bloodborne diseases may be present in:

- Blood
- Body fluids which has visible blood
- Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, plural fluid, pericardial fluid, amniotic fluid
- Blood-tinged saliva in dental procedures unfixed tissue or body organs other than intact skin
- Organ cultures, HIV containing culture media, or similar solutions
- Blood, organs, and tissue from experimental animals infected with HIV or HBV
- Items contaminated with any of the above. (An item is contaminated if it is, or is being suspected of being, soiled with blood or other infectious materials.) (Only blood, semen, vaginal secretions, and breast milk have been shown scientifically to transmit HIV.) Bloodborne pathogens may enter your body in a variety of ways including:
  - Through open cuts, nicks, skin abrasions, dermatitis, and acne, as well as the mucous membranes of your mouth, eyes, or nose
  - By touching an object soiled with infectious material and then indirectly transferring the infectious material to your mouth, eyes, nose, or open skin lesion
  - An accidental injury that results in a puncture or cut of your skin by a sharp object soiled with infectious material (for example, a needle, knife, broken glass, dental wires, etc.).





Surfaces such as walls, floors, counters, and furniture that are contaminated with infectious material are a major danger for spreading diseases such as hepatitis B. The hepatitis B virus can survive on surfaces for up to four (4) weeks. Infectious materials such as serum or plasma, without visible signs, can soil surfaces and objects. Therefore, we use standard housekeeping procedures for cleaning and disinfecting of all equipment and work surfaces outside of the host and on an environmental surface. Hepatitis B is a much stronger and more viable virus than HIV.

Some of the bloodborne diseases that healthcare employees can be exposed to on the job include:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV), the virus that causes AIDS The most common and the most contagious of these bloodborne diseases is Hepatitis B (HBV).

The other infection that is becoming of great concern to hospital employees is Hepatitis C and as in the past human immunodeficiency virus (HIV) that causes AIDS.

### **Hepatitis B (HBV)**

Hepatitis B is an inflammation of the liver that can lead to cirrhosis and death. Hepatitis B (HBV) is a major risk for health care workers. It is estimated that 1 to 1.25 million persons in the U.S. have chronic Hepatitis B and are potentially infectious to others. It affects about 8,500 health care workers each year. Studies show the infection rate for Hepatitis B from a contaminated needle, a common mode of transmission, is as high as one in six. Symptoms include weakness, fatigue, anorexia, nausea, abdominal pain, jaundice (yellow skin), fever, headache, vomiting, diarrhea, decreased appetite, and generalized muscle aches.

Hepatitis B virus may be transmitted when a person's mucous membranes or breaks in the skin are exposed to an infected person's blood, semen, vaginal secretions, or other potentially infectious materials. Of those who are infected with hepatitis B, 1/3 will have no signs, 1/3 will have mild, flu-like illness, and 1/3 will have severe symptoms of the illness.

The signs of severe clinical hepatitis B include jaundice (yellowing of the skin and eyeballs), dark urine, extreme fatigue, loss of appetite, nausea, abdominal (belly) pain, joint pain, rash, and fever.

The Hepatitis B virus may be spread by sexual or other contact with semen, vaginal secretions, blood, and other body fluids of an infected person. Hepatitis B can also be spread from a pregnant woman to her unborn child. Health care workers can control the spread of Hepatitis B and protect themselves by acting as if EVERY patient they meet has the disease. (Remember, 2/3 of infected people either do not have signs or have signs that can be mistaken for flu!)



By using Standard Precautions, which will be discussed later in this module, health care workers can protect themselves from illnesses such as Hepatitis B. Using Standard Precautions and becoming vaccinated is the best way to protect yourself from the Hepatitis B virus. Employees whose job description requires that they meet blood and body fluids may consider having the vaccine. (The Hepatitis B vaccine does not protect against other bloodborne diseases.) Hepatitis B vaccine is used to immunize people of all ages against infection caused by all subtypes of Hepatitis B virus. There is no danger of getting Hepatitis B from the vaccine because no human substances are used to make it. At this point, we do not know how long the protection lasts, or whether periodic booster doses will be needed. Antibody levels that develop from the vaccine drop steadily over time.

Up to 50% of adults who develop enough antibodies with the vaccine will have low or no antibody levels 7 years after the vaccination. However, it appears that they still are protected against infection and clinical disease from the Hepatitis B virus. Human Immunodeficiency Virus (HIV) A person who is HIV positive (HIV+) is infected with the human immunodeficiency virus. This virus causes Acquired Immune Deficiency Syndrome (AIDS). Being HIV+ does not mean that the person has AIDS, or that they will become seriously ill soon. The virus may be inactive for periods of time, sometimes for several years. During this time, an infected person may have no signs of disease.

It is estimated that 36.7 million cases worldwide, 1.1 million cases in the United States and 106,585 in the state of Florida. The HIV virus attacks the immune system. It eventually affects the body's ability to fight off "opportunistic infections" which are caused by organisms that usually do not cause disease in people who have healthy immune systems. People infected with the HIV virus are also more likely to develop contagious diseases such as tuberculosis, because the immune system is not able to fight them off.

A person infected with HIV may have the following characteristics:

- Carry the virus for years without developing any signs
  - Suffer from flu-like symptoms of fever, diarrhea, and fatigue
  - Develop HIV-related illnesses such as nervous system problems, cancer, Pneumonia, tuberculosis, and opportunistic infection
- HIV is spread through contact with infected blood, semen, and vaginal fluids.

HIV is not spread by casual contact such as touching or working around patients who are infected. The main behavior that transmits HIV is sexual contact. Vaginal, penile, rectal intercourse, and/or sharing of needles during I.V. drug abuse also transmit the virus. Occupational needlestick injuries show the rate of infection, after being stuck with an HIV contaminated needle, is one in 300. Health care workers can help control the spread of HIV and protect themselves by acting as if EVERY patient they meet is infected with the virus. (Remember, patients may carry the virus for years without developing any signs, or the signs can be mistaken for other health problems! Early on when an individual is





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exposed, and prior to any symptoms, a person is 1,000 times more infectious. Yet when tested prior to developing antibodies the test will be negative.)

By using Standard Precautions, which will be addressed later in this module, health care workers can protect themselves from infections such as HIV.

### **Hepatitis C Virus (HCV)**

Hepatitis C Virus is spread mainly through blood transfusions and intravenous drug abuse. It resembles Hepatitis B in that it attacks the liver. Symptoms of active HCV are milder than those of HBV - or may not even be present. However, HCV is more likely to cause chronic carrier state and more likely to lead to cirrhosis, liver cancer, and death.

### **AIRBORNE DISEASES**

Airborne diseases are spread by breathing in air which has droplets or droplet nuclei (5mm or smaller in size), that can cause airborne disease.

Some examples of airborne diseases include:

- Tuberculosis
  - Chickenpox
  - Measles
  - Shingles in a person whose immune system is weak
- There are many ways to protect staff and other patients from airborne diseases.
- Patients who have airborne diseases will be discharged and/or transferred to another facility until there are free from the airborne disease.
  - Staff will be notified any airborne diseases to ensure proper care is given to individual.

### **Tuberculosis (TB) Tuberculosis**

(TB) is an infectious disease that occurs most often in the lung. TB is a serious and growing threat to everyone. Some TB infections are treatable with drugs. There are strains of the disease that are resistant to most drugs now available. Although anyone can get TB, there are some groups that are at a greater risk than others. These high-risk groups include low socio-economic levels without a strong social support system, the homeless, the elderly, those who live in nursing or retirement homes, IV drug users, migrant workers, and those who live in areas where the disease is common.

In addition to a positive TB skin test the patient may have one or more of the following symptoms if infected with TB:

- Productive cough
- Coughing up blood



- Fever and chills
- Night sweats
- Recent weight loss

Patients who are HIV (AIDS) infected may have TB without showing these typical signs. TB is most spread by breathing in the airborne droplet nuclei <5 microns. Organisms transmitted in this manner can be suspended in air for long periods of time and can be dispersed in air currents. An important way to control the spread of tuberculosis is to find out early who has been exposed to the disease. Persons can have a positive tuberculosis skin test (PPD) without being infectious with TB. Live Free Recovery Services employees are required to have a tuberculin skin test or chest x-ray prior at time of pre-employment health screening.

Any client suspected of having tuberculosis should be put on air-born precautions right away and be prepared for transfer to a medical facility for further evaluation and/or treatment.

#### **Droplet Precautions**

Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets (5mm or larger in size). Droplets are generated from the person primarily during coughing, sneezing, or talking. Droplets usually travel short distances of 3 ft. or less.

Diseases that are spread by droplets include:

- Invasive Hemophilus influenza type b disease, including meningitis, pneumonia, epiglottitis, and sepsis
- Invasive Neisseria meningitides disease, including meningitis, pneumonia, epiglottitis, and sepsis
- Diphtheria (pharyngeal)
- Mycoplasma pneumonia
- Pertussis
- Pneumonic plague
- Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children
- Adenovirus
- Influenza
- Mumps
- Parvovirus
- Rubella

#### **EXPOSURE CONTROL PLAN**

The Occupational Safety and Health Act (OSHA) defines occupational exposure as "reasonably anticipated skin, eye, mucous membrane, or parenteral [piercing the skin] contact with blood or other





potentially infectious materials that may result from the performance of an employee's duties." The OSHA regulations require the organization to develop an Exposure Control Plan and to make it available to all employees.

The Exposure Control Plan is in the Infection Prevention and Control Manual and the plan is available to all employees. Be sure to read the Exposure Control Plan. It has important information that will help you protect yourself from getting diseases that you might be exposed to because of your work. The Exposure Control Plan lists tasks and procedures, which could cause you to be exposed to infectious diseases. Let this list serve as a reminder for you to protect yourself when doing these tasks or procedures. Because we do not always know what diseases or pathogens a patient may have, we need to learn to lower our risk and protect ourselves. We need to act as if EVERY patient has an infectious disease such as hepatitis, malaria, syphilis, and HIV/AIDS. (This behavior is part of Standard Precaution, which is discussed in detail later in this module.) It is harmful and may be life threatening not to protect ourselves from these diseases or pathogens.

There is no way to tell with certainty that any person is free of Bloodborne disease. Any person can be infected without being aware of the infection. The infected person may not have any signs or symptoms of disease. We cannot make safe judgements about absence of infection by appearance, age, sex, socioeconomic level, or any other factor. The best way for health care workers to protect themselves from exposure to bloodborne infections is to treat ALL patients as if they were infected with Hepatitis B, Hepatitis C, HIV, or other bloodborne diseases. Some major ways to reduce the risk of exposure to bloodborne organisms on the job are:

### **Engineering Controls**

Engineering controls are physical or mechanical systems designed to stop hazards before they start. Examples of engineering controls are self-sheathing needles, bio-safety bags, sharps disposal containers, appropriate hand washing facilities.

### **Personal Protective Equipment (PPE)**

Personal Protective Equipment is intended to protect you from contact with possible infectious materials. Examples of such equipment include gloves, masks, protective eye wear, fluid resistant gowns, resuscitation bags and other resuscitation devices.

To be effective, personal protective equipment must be fluid resistant and help prevent blood or other potentially infectious materials from passing through to the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, and other mucous membranes. This protection should be effective under normal conditions of use for the length of time for which it will be used.

Some general guidelines for selection and use of protective equipment are:



- The employee must be taught to use it properly.
- Appropriate protective equipment must be used each time a task is done.
- The equipment must be free of flaws that would make it unsafe.
- Gloves must fit properly.
- If infectious materials go through the protective equipment, remove it as soon as possible and wash the exposed intact skin surface with an antimicrobial soap for 10 minutes.
- When the task is complete, remove all protective equipment and place it in the appropriate place or container for washing, decontamination, or disposal.

Once personal protective equipment has been used, it must be properly disposed of. Disposable items (for example gloves, masks, fluid resistant gowns,) should be handled as follows:

- If items are visibly contaminated and could cause dripping with blood or other body fluids, they are disposed of in red plastic bags for medical service waste disposal.
- If items are not contaminated and cannot cause dripping, splattering, or splashing, they are disposed of in regular trash.

#### **HOUSEKEEPING PRACTICES**

- When cleaning up broken glass, do not pick it up with gloves or bare hands. Use tongs or a brush and dustpan.
- Spill kits may be used for blood and body fluid spills.
- Do not place contaminated laundry on the floor. Handle contaminated laundry as little as possible. Do not hold up to the body. Place all contaminated laundry in blue laundry bags.
- Place ALL sharp items in a sharp's container.
- Clean up contaminated areas first with soap and water (while wearing PPE) follow with an EPA registered disinfectant or a fresh solution of 5.25% of sodium hypochlorite mixed 1:10 with water.
- All bio-medical waste will be placed in red bags that have a biohazard symbol on it. Red bags will be located for disposal in various locations.

Sharp's container must be properly closed when line indicates FULL, for pick-up.

#### **EMPLOYEE WORK PRACTICES**

Employee work practices are specific procedures that are aimed at reducing the chances of exposure to infectious material. Examples of employee work practices are:

**Handwashing:** Comply with current CDC hand hygiene guidelines to reduce the risk of healthcare acquired infections.

The generally accepted correct handwashing time and method is a 10-15 second vigorous rubbing together of all soapy surfaces followed by rinsing in a flowing stream of water. If hands are visibly soiled,





more time may be required. Handwashing should occur after every patient contact, each time gloves are removed, and when skin or mucous membranes come in direct contact with blood or other body fluids. Handwash with an antimicrobial soap or flush eyes and mucous membranes immediately with water for 10 minutes in the event direct contact with blood or other body fluids. Purell handwashing stations are available on each unit.

**Needlesticks:** Avoiding injuries from needlesticks and other sharps: use only safe needle devices, do not bend, hand-recap, shear or break contaminated needles or other sharps; and dispose of sharps promptly in puncture-resistant, leak-proof containers.

**Personal hygiene:** Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses, where you may be exposed to potentially infectious materials; avoid petroleum-based lubricants that may "eat" through latex gloves; do not keep food or drinks in refrigerator, freezers, cabinets, or on shelves, counter tops or bench tops where possible infectious materials may be present.

### **STANDARD PRECAUTIONS**

Standard Precautions are meant to protect workers from biohazards and is inclusive of Body Substance Isolation and Universal Precautions. Live Free Recovery Services has adopted Standard Precautions as its isolation technique for all patient care that is based on the idea that "Anything that's wet and not yours is potentially infectious!"

Three basic principles apply in Standard Precautions:

- 1) Strict hand washing technique is used in all cases of contact with patients, blood/body fluids, secretions, excretions, and contaminated items. Wash hands after removing gloves.
- 2) Contaminated needles and sharps are handled and disposed of according to policy and procedure.
- 3) Personal protective equipment that is adequate and appropriate is used. The type of protective equipment appropriate for a given task depends on the expected exposure.

\* If you expect to be splashed, sprayed, or spattered with droplets of infectious material, use a mask, eye protection, and fluid resistant gown, gloves.

**SIGNS AND LABELS** The universal biohazard symbol shown below is used on all containers of medical waste, refrigerators, and freezers that hold blood or other infectious material. There are several ways to warn that a piece of equipment or material is contaminated or possibly contaminated. You can attach a biohazard symbol or a warning label or put it in a red bag or red container. Also, you should always treat all blue bagged linen as contaminated.



### EXPOSURE INCIDENTS

When an employee is exposed to blood or potentially infectious body fluids the employee should: • Remove all contaminated clothing as soon as possible (The employee's supervisor will provide alternate clothing).

- Immediately wash or flush contaminated skin with antimicrobial soap and water for 10 minutes. If you obtained a needlestick squeeze/milk the area of blood and then wash for 10 minutes.
- Employees are responsible for reporting incidents to their supervisors immediately after they happen and reporting to Employee Health immediately.
- You and the source will be tested for HIV, HBV after the consents and counseling is completed.
- You will be seen by the workmen's compensation physician for an evaluation and any treatment. You will receive a written opinion in 15 days.
- The protocol that will be followed is detailed in the exposure control plan.

### REPORTING EMPLOYEE SIGNS OF DISEASE

Employees who have any of the following signs of disease should contact the Clinical and/or Executive Director of Live Free Recovery Services: eye infection (conjunctivitis); signs of respiratory illness; skin rashes, open lesions, cold sores; recent exposure to chickenpox, mumps, measles, whooping cough; cast, and/or bandages that prevent effective hand washing. Employees who feel that they are infectious or who are too sick to work are encouraged not to come to work.

### INFECTION PREVENTION AND CONTROL TEST

1. What type of personal protective equipment (PPE) is needed when performing a task when touching of human blood/body fluid may occur?

a. Gloves

b. Mask Goggles



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c. Gowns

d. All the above.

2. What is the correct response to clean up a spill containing blood/body fluids?

a. Call your supervisor

b. Call 911

c. Put on gloves, wipe up spill (utilize spill kit\_ then disinfect with an EPA registered disinfectant and/or a 1:10 sodium hypochlorite (bleach)

3. The best way to protect yourself from Hepatitis B is to be vaccinated and utilize Standard Precautions with all patients.

TRUE  FALSE

4. Good handwashing techniques keep you from transferring contamination to other areas of your body or the environment.

TRUE  FALSE

5. Every time you remove your gloves you must wash your hands with soap and running water.

TRUE  FALSE

6. Never pick up broken glass with your hands. Use tongs or a brush and dustpan.

TRUE  FALSE

7. Blood is the only body fluid that can carry blood-borne diseases.

TRUE  FALSE

8. HIV can live on inanimate objects for up to 4 weeks.

TRUE  FALSE

(Infection Prevention and Control Test Continued)





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9. Hepatitis B virus (HBV) and Human Immunodeficiency virus (HIV) are spread through:

- a. Casual contact or contact with toilet seats, doorknobs, etc.
- b. Exposure to blood/body fluids by percutaneous exposure (needlesticks) and/or mucous membrane (mouth or eye) exposures.

10. Any task that involves human blood/body fluid, tissues and/or a needle or sharp contaminated with human blood/body fluids is a task where there is a chance of exposure to HBV OR HIV.

TRUE       FALSE

11. Standard Precautions are utilized based on the premise that any contact with human blood/body fluids is potential infectious risk.

TRUE       FALSE

Your Name \_\_\_\_\_





## Policy: Calculating and Determining Census

Statistical data should be compiled routinely and reported in a manner that allows review and analysis of the information over time (i.e., the current month and year-to-date). The use of spread sheets can be very helpful in compiling, reporting, and graphically depicting statistical data. The statistical data can be helpful to administration, the facility quality assurance/quality improvement committee, and corporate office staff.

The following statistical formulas are shown for a monthly reporting period.

### **Total Admissions**

Each month the total number of new admissions or readmission is reported. This number should not reflect residents who were out on a bed hold or temporary leave of absence.

### **Total Discharges**

Each month the total number of discharges is reported excluding residents who were transferred/discharged on bed hold or left for a temporary leave of absence.

### **Average Daily Census**

To calculate the average daily in-house census in a month, add the daily census for each day of the calendar month and divide the total by the number of days in a month. Each census day begins at 12:00am and ends at 11:59 p.m. This standard is generally used by the industry.

- Formula: Sum of the Daily Census for each day of the month
- Total number of days in the month



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- This formula can be adopted for any period. For example, to calculate the average daily in-house census for a year, add the daily in-house census for each day of the year and divide by the number of days in the year.
- When a resident is both admitted and discharged in one census day, they are usually counted in the daily census.

### **Total Census Days**

The sum of the daily census for a given period for each day in the month.

### **Length of Stay**

To calculate the length of stay for a resident admission, total the number of days the resident has been in the facility. Count the day of admission but not the day of discharge. Typically, bed hold days or temporary leaves are not subtracted from the total length of stay for a resident.

- Average Length of Stay: The average length of stay is calculated by adding the total length of stay for each discharged resident in the month and dividing by the number of discharge residents in a month. The average length of stay can be calculated for the entire facility or by specialty unit/program. When there are short-term stay or dementia units, calculating a separate average length of stay can be helpful in accurately reporting the average length of stay for that specific population.
- Formula:
- Total length of stay for discharges (for facility or for a unit) in a one-month period
- Number of discharges in the month
- Discharge Days or Length of Stay: The discharge days also known as the length of stay is the total number of calendar days a resident is in the facility from admission to discharge. When calculating the length of stay,



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count the day of admission but not the day of discharge. Days when the resident is not in the facility due to a temporary leave of absence or bed hold are not subtracted from the length of stay. If a resident is admitted and discharged on the same day, one discharge day is assigned.

- Total Length of Stay: The total length of stay is the sum of the length of stay/discharge days for a given population and discharged during a specified period. Usually, the total length of stay is calculated for the entire facility but could also be calculated by unit particularly when there are short-term or dementia units.

### **Percentage of Occupancy**

The percentage of occupancy is calculated by adding the daily census for each day of the month and dividing by the total bed count days. The total bed count is the number of beds available multiplied by the number of days in the month.

Formula:
Sum of the daily census for the month
Total bed count days in the month
(Bed count x number of days in the month)

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City of Keene, NH

## Congregate Living & Social Services License Application

For Office Use Only:	
Case No. _____	Date Filled _____
Rec'd By _____	Page _____ of _____

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

### SECTION 1: LICENSE TYPE

<input type="checkbox"/> Drug Treatment Center	<input type="checkbox"/> Group Home, Small	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Fraternity/Sorority	<input type="checkbox"/> Group Resource Center	<input type="checkbox"/> Lodginghouse
<input type="checkbox"/> Group Home, Large	<input checked="" type="checkbox"/> Residential Drug/Alcohol Treatment Facility	<input type="checkbox"/> 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: <i>2nd Chance Solar, LLC</i>	NAME/COMPANY: <i>Live Free Recovery Services, LLC</i>
MAILING ADDRESS: <i>21 Madbury Rd <sup>03824</sup> Durham NH</i>	MAILING ADDRESS: <i>106 Roxbury St Keene, NH 03431</i>
PHONE:	PHONE: <i>877-932-6757</i>
EMAIL:	EMAIL: <i>Rgagne@livefreerecoverynh.com</i>
SIGNATURE:	SIGNATURE: <i>[Signature]</i>
PRINTED NAME:	PRINTED NAME: <i>Ryan Gagne</i>
AUTHORIZED AGENT <small>(if different than Owner/Applicant)</small>	OPERATOR / MANAGER <small>(Point of 24-hour contact, if different than Owner/Applicant)</small>
NAME/COMPANY:	NAME/COMPANY: <i>Live Free Recovery Services, LLC</i>
MAILING ADDRESS:	MAILING ADDRESS: <i>106 Roxbury St Keene, NH</i>
PHONE:	PHONE: <i>877-932-6757</i>
EMAIL:	EMAIL: <i>info@livefreerecoverynh.com</i>
SIGNATURE:	SIGNATURE: <i>[Signature]</i>
PRINTED NAME:	PRINTED NAME: <i>Jennifer Houston</i>

### SECTION 3: PROPERTY INFORMATION

**PROPERTY ADDRESS:**

880 Marlboro Rd Keene, NH 03431

**TAX MAP PARCEL NUMBER:**

240-033-000-000

**ZONING DISTRICT:**

R



**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.**

Men and women 18 years of age and old. Low-intensity medically managed detoxification services that do not require hospitalization. There are licensed nurses, clinical staff, and residential services staff. This facility is staffed 24/7.

There will also be residential services provided at this facility. This includes group therapy, case management, psychiatric services, and peer supports.

**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.**

This facility has 24 beds. There is a licensed nurse on site 24/7. There are clinical staff first and second shift. There are peer supports all 3 shifts.

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

For detoxification services clients will be in treatment for 5 to 7 days. Residential services are up to 30 days.



## SUBMITAL CHECKLIST

A complete application must include the following items and submitted by one of the options below:

- **Email:** communitydevelopment@keenenh.gov, with "CLSS License Application" in the subject line
  - **Mail / Hand Deliver:**  
 Community Development  
 (4th Floor) Keene City Hall,  
 3 Washington St, Keene, NH 03431

The submittal requirements for a Congregate Living & Social Services License application are outlined further in **Chapter 46, Article X** of the City of Keene Code of Ordinances.

*Note: Additional information may be requested to complete the review of the application.*

<input type="checkbox"/> <b>PROPERTY OWNER:</b> <i>Name, phone number and address</i>	<input type="checkbox"/> <b>POINT OF 24 HOUR CONTACT:</b> <i>Name, phone number, and address of person acting as the operator, if not owner</i> <p style="text-align: center;">Same as owner</p>
<input type="checkbox"/> <b>REQUIRED DOCUMENTATION:</b> <i>Provide all required state or federal licenses, permits and certifications</i>	<input type="checkbox"/> <b>WRITTEN NARRATIVE:</b> <i>Provide necessary information to the submittal requirements</i>
<input type="checkbox"/> <b>PROPERTY INFORMATION:</b> <i>Description of the property location including street address and tax map parcel number</i>	<input type="checkbox"/> <b>APPLICABLE FEES:</b> \$165.00 application <i>(checks made payable to City of Keene)</i>
<input type="checkbox"/> <b>COMPLETED INSPECTION:</b> <i>Inspection date: _____</i>	<input type="checkbox"/> <b>SCHEDULED INSPECTION:</b> <i>Inspection date: _____</i>

**OPERATIONS AND MANAGEMENT PLAN:**

Plan based on the industry standard "Best Management Practices" to include:

- ◇ Security Plan
- ◇ Life Safety Plan
- ◇ Staff Training and Procedures Plan
- ◇ Health and Safety Plan
- ◇ Emergency Response Plan
- ◇ Neighborhood Relations Plan
- ◇ Building and Site Maintenance Procedures

In addition, Homeless Shelters will need to provide:

- ◇ Rules of Conduct, Registration System and Screening Procedures
- ◇ Access Policies and Procedures





May 1, 2023

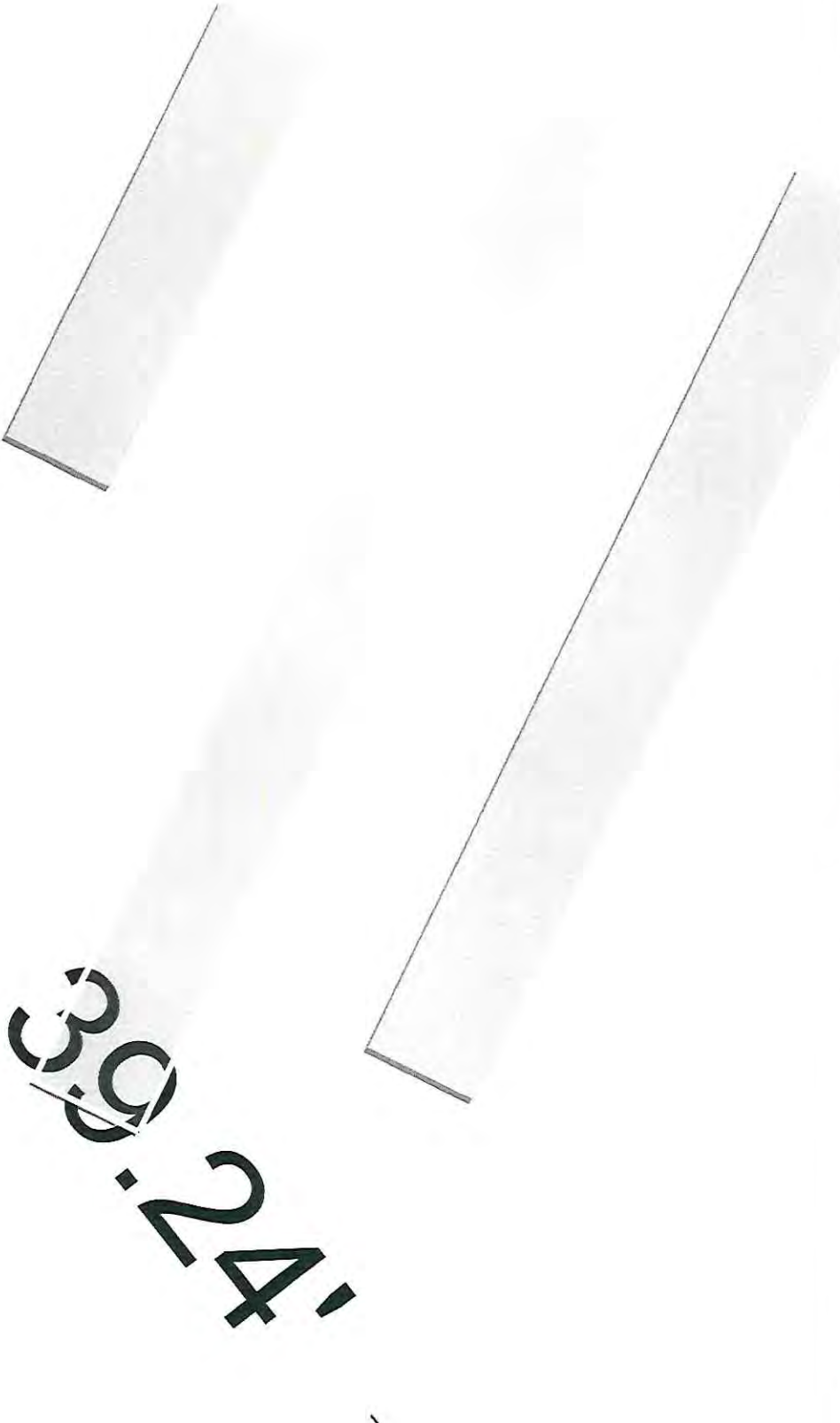
Keene, NH

1 inch = 17 Feet



CAI Technologies  
Professional Mapping Solutions

[www.cai-tech.com](http://www.cai-tech.com)



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# 2021 EMERGENCY ACTION PLAN

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## EMERGENCY ACTION PLAN

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### General Preparedness

- ✓ Establish relationships with essential partners, such as law enforcement, first responders.
- ✓ Coordinate transportation to medical treatment, if required.
- ✓ Develop training programs and drills.
- ✓ Identify local radio and television stations to be source of broadcast communications.
- ✓ Have contact number for each client and employee.
- ✓ Know mass evacuation plan for community and identify what resources will be needed to transport clients quickly and safely.
- ✓ Establish Incident Commander (person responsible for front-line management of the incident).

## COMMAND STRUCTURE



### Facility/Program Chain of Command

#### Live Free Recovery Services Phone Numbers:

Admissions – (877) 932-6757

Crisis/Suicide Hotline – (603) 448-4400

1. Ryan Gagne – **Executive Director**  
Cell Phone: 603-438-3276  
Email: [rgagne@Livefreessl.com](mailto:rgagne@Livefreessl.com)
2. Jennifer Houston– **Clinical Director**  
Phone: 603-247-8786  
Email: [jhouston@Livefreessl.com](mailto:jhouston@Livefreessl.com)
3. Doug Hohenberger – **Clinical Director of Program Policy & Compliance**  
Phone: (603) 903-5461  
Email: [dhohenberger@Livefreessl.com](mailto:dhohenberger@Livefreessl.com)
4. Tony Basil – **Program Manager**  
Phone: 952-855-2033  
Email: [tbasil@Livefreessl.com](mailto:tbasil@Livefreessl.com)

EMERGENCY ACTION PLAN

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**Live Free Recovery Services**

<b>Address</b>	881 Marlboro Road Keene, NH 03431
<b>Main Phone #</b>	877-932-6757
<b>Radio Source for Emergency Broadcasting</b>	(i.e., Emergency Alert System, program closings): 97.7 WSNI
<b>TV Source for Emergency Broadcasting</b>	(i.e., Emergency Alert System, program closings): Chanel 9, WMUR
<b>Facility/Program Crisis Management Plan Location</b>	Front BHT office, Marlboro Road
<b>Electronic File Location</b>	In Microsoft Shared Folder ("Emergency Plan")

Radio source for emergency broadcasting:

WSNI 97.7

TV source for emergency broadcasting (i.e., Emergency Alert System, program closings) Channel 9 or any of the New Hampshire’s cable TV franchises.

Additional Numbers

<b>Fire/Police/Medical - Emergency</b>	<b>911</b>
<b>Fire (non-emergency)</b>	Keene Fire Dept. – 603-357-9861
<b>Police (non-emergency)</b>	Keene Police Dept. - 603-357-9815
<b>Medical Hospital (non-emergency)</b>	Cheshire Medical Center- 603-354-5400
<b>Center for Disease Control</b>	<b>1-800-311-3435</b>
<b>Poison Control</b>	<b>1-800-222-1222</b>
<b>Area Red Cross</b>	(603) 225-6697

**UTILITIES**

Location of Utilities

<b>Water Main</b>	Located on the first floor inside the maintenance room
<b>Gas Main</b>	Located on the first floor inside the maintenance room
<b>Electrical Main</b>	Located on the first floor inside the maintenance room
<b>Electric Panel</b>	Located on the first floor inside the maintenance room
<b>Fire Panel</b>	On the electrical panel in maintenance room, communication box is located on top of the building

## How to Shut Off Utilities

Water Main	Close the shutoff valve in the basement. Contact Municipal Services to shut off the valve from the street. 603-352-0133
Gas Main	Close the shutoff valve. Call Dead River-603-352-5240
Electrical Main	Shut off the electrical main in the basement. Eversource – 866-554-6025

## MEDICAL

### Medical Emergencies

- Check breathing and pulse before administering first aid.
- Administer first aid, as needed.
- First aid supplies are located in the RSW Office.
- Blood spill supplies are located in the Med room.
- Personal Protective Equipment (i.e., disposable gloves) is located in the First Aid kits.
- An AED (Automatic External Defibrillator) is hanging on the wall in the Med room.
- Narcan Kits are located:
  - In the tech office
  - Each apartment has a kit
  - The community room has a kit
- **Call 911** or, if time allows, contact your supervisor and/or Clinical Director immediately. They will make the appropriate calls to the local police or **911**.
- Routes to medical care/hospital
  - Cheshire Medical Center (15 minutes) – see below
  - Monadnock Hospital (31 minutes)



DRIVING DIRECTIONS TO Cheshire Medical Center

881 Marlboro St  
Keene, NH 03431

Take County Jail Rd to NH-101 W/Marlboro St  
25 s (466 ft)

Head southwest toward County Jail Rd  
108 ft

Turn left onto County Jail Rd  
358 ft

Follow NH-101 W, Main St, and Court St  
10 min (4.9 mi)

Turn left onto NH-101 W/Marlboro St  
Continue to follow NH-101 W  
2.7 mi

Turn right onto Main St  
0.5 mi

At the traffic circle, continue straight to stay on Main St  
0.4 mi

Continue onto Central Square  
75 ft

Slight left to stay on Central Square  
223 ft

Keep right to continue on Court St  
95 ft

Turn right to stay on Court St  
1.2 mi

Drive to your destination  
1 min (0.1 mi)

At the traffic circle, take the 3rd exit  
394 ft

Turn left  
30 ft

EMERGENCY ACTION PLAN

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Continue straight  
95 ft

Turn right  
Destination will be on the right  
131 ft  
Cheshire Medical Center  
580 Court St, Keene, NH 03431

DRIVING DIRECTIONS TO MONADNOCK COMMUNITY HOSPITAL  
881 Marlboro St  
Keene, NH 03431

Take County Jail Rd to Marlboro St  
25 s (466 ft)

Head southwest toward County Jail Rd  
108 ft

Turn left onto County Jail Rd  
358 ft

Take NH-101 E to Parmalee Dr in Peterborough  
27 min (18.0 mi)

Turn right onto Marlboro St  
0.3 mi

Continue onto NH-101 E/Main St  
9.3 mi

At the traffic circle, continue straight onto NH-101 E  
5.9 mi

At the traffic circle, continue straight onto Dublin Rd  
0.6 mi

Continue onto Wilton Rd  
0.2 mi

Turn left onto Granite St  
0.5 mi

Continue onto Pine St  
0.1 mi

EMERGENCY ACTION PLAN

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Continue onto Concord St  
1.1 mi

Continue on Parmalee Dr to your destination  
3 min (0.7 mi)  
Monadnock Community Hospital  
452 Old Street Rd, Peterborough, NH 03458

## FIRE

### Reporting a Fire

- Activate the alarm system by pulling the lever on the nearest fire alarm box.
  - Fire Alarms are located throughout the building at each exit.
- **Call 911**

### Alarm System

- What is the facility alarm system? The facility alarms are wall-mounted horns and sight alarms. (flashing light)
- Is the facility equipped with a fire alarm system that is directly connected to a local station? Yes
- If no, 911 needs to be called when there is an unscheduled fire alarm.
- How is the alarm system activated and turned off? The doors are alarmed and are turned off by a key.

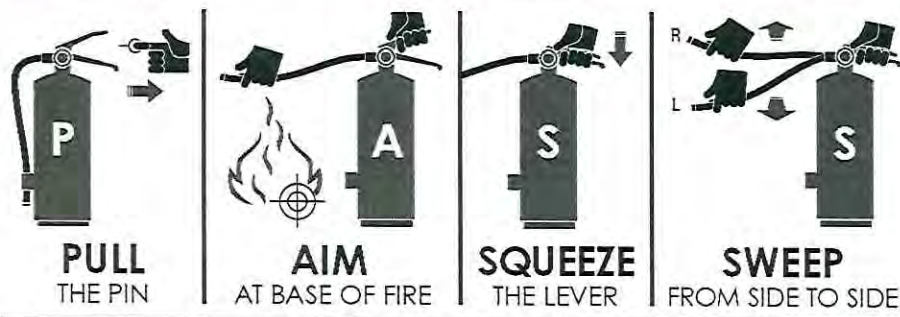
### Fire Exits

- Fire exits are located throughout the building. Each residential floor has two fire exits that are visibly marked as Fire Exit.

### Fire Extinguisher

- Fire extinguishers are in major corridors of the facility.
- Fire extinguisher use:
  - **P** - Pull the extinguisher pin.
  - **A** - Aim extinguisher at base of fire.
  - **S** - Squeeze handle.
  - **S** - Sweep extinguisher back and forth.

## HOW TO USE A FIRE EXTINGUISHER



## Fire Drills

- Does your facility hold fire drills? Yes, quarterly will create logbook.
- Designated meeting place: All staff and residents will meet on the lawn to the right of the building when facing the main entrance
- Fire drill procedure: Staff and clients will exit via the nearest emergency exit (see floor plan). Floor staff/senior staff on each unit will carry census & sign-in sheet outside. Staff and clients will meet in the designated meeting places. Staff will take attendance and ensure everyone evacuated quickly & safely. Staff is to write their names on the sign in sheet, along with the total head count of clients per unit. All sign-in sheets are given to the Clinical Director or Senior Staff prior to reentering the building to ensure that all clients and staff have been accounted for. If someone is missing, do not re-enter the building. The EXECUTIVE DIRECTOR/Clinical Director/Manager will communicate to the fire department any information pertaining to missing people.
- Once the EXECUTIVE DIRECTOR/Clinical Director/Manager gives the okay, clients and staff will re-enter the building. Sign in sheets are given to the Clinical Director.
- The Program Clinical Director at the main entrance will collect the Emergency Contact Binder(s) for clients and staff and the Visitor Log. If there is no front desk staff, the senior staff member in the building should collect these.

## Evacuation Procedure

Events that warrant evacuation from the facility include, but are not limited to fire, explosion, bomb threat, etc.

Evacuation of the building is the same as for a fire or fire drill. Residents are to exit the building promptly and quietly. All staff and residents will meet in the side yard to the right of the building when facing the main entrance.

**Evacuation is to begin immediately after pulling the fire box and calling 911.**

- Evacuate all persons using the closest emergency exit(s). (See floor plan)
- Procedure for getting people with special needs out when elevators cannot be used:
  - Mobility Impairment: If a person cannot exit the building, ask if assistance is needed. If needed, assist the person in calling 911. After you leave the building, immediately inform emergency personnel on site, or call 911. *Some individuals with mobility impairments who can walk independently may be able to negotiate stairs in an emergency with minor assistance.*
  - Blindness or Visual Impairment: A person assisting an individual who is visually impaired should:
    - Give verbal instructions about the safest route or direction using directional terms and estimated distances.

- Ask if assistance is needed. If so, offer your elbow and provide guidance through the evacuation route. This may be especially helpful when navigating debris or a crowd. (Never grasp the arm of a person you are assisting)
- While escorting a person out of the building, explain along the way where you are going and what you are doing.
- o Deafness, Hearing Loss, Language Difficulty. If a person appears to be unaware of the need for immediate evacuation, use the following guidelines:
  - Get their attention by touch or eye contact. State the problem clearly and simply, including the need to evacuate. Gestures and pointing are helpful, but, be prepared to write a brief statement if the person does not seem to understand.
  - Offer visual instructions to designate the safest route or direction by pointing toward exits or evacuation maps.
  - Offer to escort them from the building.
- Posted evacuation maps are required throughout the facility.
  - o Evacuation maps must show two unobstructed evacuation routes for each area of the facility.
- The senior staff member is responsible for either collecting, or delegating the collection of, the emergency contact information on each client.
- Emergency Contact Information is in each client file.
  - o The senior staff member or (Program Clinical Director) is responsible for collecting program items such as keys, cell phone, and walkie talkies (as applicable).
- Staff not evacuating people should:
  - o Close all windows and doors before leaving the building.
  - o Turn off electrical equipment.
- The senior staff member or Program Coordinator will carefully sweep the center to ensure everyone has been evacuated.
- The ASSEMBLY AREA IS LOCATED in the right-side lawn area when facing the main entrance of the building.
- Begin taking a census once the facility has been evacuated. Census includes clients, visitors, vendors, and employees. Use the Sign-In Sheet, Visitor's Log, and schedules to account for staff and visitors.
  - o If someone is missing, do NOT re-enter the building. The Incident Commander will communicate to the fire department any information pertaining to missing people.
- Only re-enter the building when the alarm is silenced, and employees are notified by a representative from the Fire Department, maintenance, or senior staff that it is safe to re-enter the building.
- In the event the building cannot be occupied for safety reasons, the Clinical Director and/or highest-level administrator on duty will coordinate with the Executive Director to make all decisions.

In the event that the building needs to be evacuated during inclement weather, the following precautions need to be taken:

- Hat, gloves or mittens, and coats need to be taken during cold/snowy conditions.

## Medication

- In the event of an evacuation, the Incident Commander or senior staff member is responsible for taking the clients' medications, located in the medicine closet.

## SHELTER-IN-PLACE

**Shelter-in-place means staying *inside the building*. Local authorities issue orders for shelter-in-place. No one may leave the building until there is official notification that the shelter-in-place has been lifted.**

Conditions that warrant sheltering-in-place include but are not limited to extreme weather/cold, outside air quality concerns, community chemical spill, terrorist attack, nuclear disaster.

- If there are customers, or visitors in the building, provide for their safety by asking them to stay – not leave. Do not drive or walk outdoors.
- If time permits, employees, customers, clients, and visitors may call their emergency contact to let them know where they are and that they are safe.
- Turn on call-forwarding or alternative telephone answering systems or services. If the business has voice mail or an automated attendant, change the recording to indicate that the business is closed, and that staff and visitors are remaining in the building until authorities advise that the Shelter-In-Place is no longer in effect.
- Quickly lock exterior doors, close windows, and shut air vents as well as fireplace dampers. Have employees familiar with the building's mechanical systems turn off all fans, heating and air conditioning systems, and clothes dryers. Some systems automatically provide for the exchange of inside air with outside air. These systems need to be turned off, sealed, or disabled.
- There is an "Emergency" box located on shelving adjacent to the commercial laundry area. The box will contain directions for sealing windows and doors. The box also contains duct tape, scissors, and rolls of plastic. An emergency radio is in the emergency box. The Clinical Director will assign a staff member to secure all windows and doors. While this is being done, a staff member will be assigned to help the clients move to the dining area, or other designated area, depending on the situation.
- Gather essential disaster supplies, such as nonperishable food, bottled water, hygienic supplies, first aid and blood-spill supplies, communication devices (i.e., cell phone, walkie talkie), battery-powered radios, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- The staff and clients will gather in the dining room)
  - The selected interior room should be above the ground floor with the fewest windows or vents. The room should have adequate space for everyone to be able to sit. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, copy and conference rooms without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors.
- Take a census of all clients, visitors, and employees once everyone has gathered.
- If vapors begin to bother individuals, hold wet clothes over their nose and mouth.
- If you are told that there is danger of explosion, close the window shades, blinds, or curtains.



- For a higher degree of protection, go into the bathrooms, close the door, and turn on the shower in a strong spray to “wash” the air.
- Staff will be permitted to phone their families.
- It is ideal to have a hard-wired telephone in the room(s) you select. Call emergency contacts and have the phone available if you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- The Incident Commander is responsible for notifying everyone when sheltering in place can end or when offsite sheltering is needed.

**Note: In many instances it would be a serious risk for anyone to travel during a terrorist event. Staff would be putting themselves at risk and should have a plan to cover what they and their families would do in the event of an act of terrorism.**

#### Communication

- The Clinical Director will contact the Executive Director and update him/her on the condition of the facility.
- The Clinical Director is responsible for listening to the radio and keeping the staff up to date on what is happening in the area.
- The Clinical Director/EXECUTIVE DIRECTORS/Executive Director/Assistant Director or Incident Commander are the only people authorized to release staff from duty.
- The Clinical Director will utilize the Emergency Call List if additional staff is needed at the facility.
  - If needed, the Executive Director will be contacted to assist in providing extra staffing support.
- The Clinical Director or Program Director will assign staff members to phone the families of the clients.
- The Clinical Director and Program Director need to be sure the portable phone is always charging.
- In the event that there is no portable phone service, individual cell phones may be used to communicate.

#### Programming

- Each facility must have plans in place for indoor activities for the clients.

## OFF-SITE SHELTERING

**In the event the building cannot be occupied for safety reasons, the Clinical Director and Incident Commander will finalize plans. As soon as practically possible, the Executive Director should notify DHHS that an evacuation is taking place.**

- Offsite sheltering plan for clients (if sending them home is the plan, please indicate): Utilize facility vehicles to transport clients to the relocation site. Otherwise, clients are sent home or to a homeless shelter. Staff may use personal vehicles to help with transporting the clients, as needed for overflow.



- Offsite sheltering plan for employees (if sending them home is the plan, please indicate): Non-essential employees should return home. Essential employees will provide transportation to the relocation site.
  - Bring all clients to the location at Court Street. If additional space is needed, remaining clients can be brought to the location on Roxbury Street.
- Is there any special licensing agreement or documentation that goes along with the relocation site (such as if the relocation site licensed as a treatment center)? No
  - If yes, is the required documentation completed? N/A
- The Clinical Director or Incident Commander will be responsible for transporting the client's information from the facility to the alternate location.
  - Emergency information
  - Census sheet/attendance books
  - Staff sign-in log
- Procedure for notifying clients, visitors, employees, vendors, etc. that the site is closed:
  - Change the voicemail, put signs on the main entrances, and call any clients scheduled to come in.
  - Program Director will give designated staff the responsibility of calling each client's family/guardian (because clients are adults, they will have the option to call & notify their own family).
  - Emergency supplies and documentation to take to the offsite sheltering:
    - Medication
    - Client files
    - Census
  - Procedure for taking census of clients and employees:
    - Utilize current census sheet for residents.
    - Use Sign In log for visitors.
    - Use schedule for employees.
  - Staff will be transported via Live Free Recovery Services van(s) and/or Live Free Recovery Services Staff's vehicles from the facility to the relocation site.
    - Routes to offsite shelter with comments on travel restrictions (more than one route recommended):

#### DRIVING DIRECTIONS TO OFF-SITE SHELTER

881 Marlboro St  
Keene, NH 03431

Take County Jail Rd to NH-101 W/Marlboro St  
25 s (466 ft)

Head southwest toward County Jail Rd  
108 ft

Turn left onto County Jail Rd  
358 ft

Follow NH-101 W and Main St to Court St  
9 min (4.4 mi)

Turn left onto NH-101 W/Marlboro St  
Continue to follow NH-101 W  
2.7 mi

Turn right onto Main St  
0.5 mi

At the traffic circle, continue straight to stay on Main St  
0.4 mi

Continue onto Central Square  
75 ft

Slight left to stay on Central Square  
223 ft

Keep right to continue on Court St  
95 ft

Turn right to stay on Court St  
Destination will be on the right  
0.7 mi  
361 Court St  
Keene, NH 03431

- The Clinical Director will personally check the file of each client and refer to the contact referral form to ensure that the person picking up the client has the authority to do so. All ID's will need to be checked by the Clinical Director/Program Director before allowing a client to leave the facility.

## CHEMICAL ACCIDENTS

- Refer to Material Safety Data Sheet (MSDS) for the proper clean up procedure. Data sheet binders are in Front Office in Binder Labeled MSDS and on the Google Docs Shared Folder called "MSDS".
- The poison control number is 1-800-222-1222.
- Refer to the Shelter in Place if a community-wide toxic material release occurs and you cannot leave the facility.

## GAS LEAKS

If gas odors are strongly detected inside or outside of a building, and/or if the odors are accompanied by hissing sounds, then an immediate emergency exists.

### Procedure

- If you detect strong natural gas odors in an outdoor location, immediately proceed to the nearest non-affected area, call 911, and contact Clinical Director. Alert any passers-by to stay clear of the affected area.
- If you detect strong natural gas odors inside a building and cannot determine the source, immediately vacate the room/space, close any doors behind you, and initiate a building evacuation by manually engaging the nearest fire alarm pull station.
- Proceed to your designated meeting place on the lawn to the right of the main entrance.
- Emergency shut off: Is inside the cover of the tank.
- Staff will follow the Evacuation procedures outlined in the Emergency Action Plan.
- No one is permitted to re-enter an area suspected of a gas leak unless told to do so by local authorities and a senior staff member.

## POWER FAILURE

- Procedure for power failure: Back up power from the county jail grid
  - Notify the electric company: EVERSOURCE 866-554-6025
  - Emergency lighting will come on automatically.
  - If the power outage seems widespread, listen to the radio for general instructions for the community.
  - If water needs to be conserved due to the outage, limit the use of faucet water and flush toilets sparingly.
  - If the power outage is temporary (a few hours) normal operations of the facility will be maintained as much as possible.
- Procedure for water use during power failure (as applicable):
  - Water use is not restricted. Hot water will be limited to that on hand at the time of the failure.
- Procedure for heat during power failure (i.e., prevent pipes from freezing):

- o Extended power outage and a temperature below 45 degrees will require evacuation. The Clinical Director will make arrangements with contractors will prevent damage by draining the plumbing or using a backup power system and heat tapes.
- Procedure for food in cold storage during a power failure:
  - o Refrigeration is maintained by the backup power system; however, it is still prudent to:
    - Restrict access to cold storage.
    - Monitor the temperature.
- Live Free Recovery Services staff and/or vendor to notify when there is an extended power failure:
  - o Executive Director, Clinical Director
  - o Power Service of New Hampshire: EVERSOURCE 866-554-6025
- Does the facility have the use of a backup power system for power failures? The facility is tied into the power grid for the County Jail.
- Who makes the decision if the facility needs to be evacuated due to power failure? Incident Commander in conjunction with the Clinical Director.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.
- In the case of an electrical storm, clients should be removed from window areas.
  - o Electrical appliances should be unplugged.

## LOSS OF HEAT

- Procedure for loss of heat to the facility:
  - o Any staff noticing heat loss is responsible for notifying the appropriate maintenance staff or administrator/Clinical Director. That person is then responsible for contacting the heating vendor as needed.
- Live Free Recovery Services staff and/or vendor to notify when there is a loss of heat.
- Follow the evacuation procedure if the temperature falls below 45 degrees.
- Procedure for notifying employees, clients, visitors, etc. that there is loss/contamination of water. Program Clinical Director will announce:
- Who makes the decision if the facility needs to be evacuated due to loss of heat? Clinical Director or Incident Commander.
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

## LOSS/CONTAMINATION OF WATER

- Procedure for loss/contamination of water to the facility:
- Any staff noticing a loss of water or water contamination is responsible for notifying the appropriate staff or Clinical Director. The staff or Clinical Director is then responsible for attempting to locate the source of the problem and determining if it is confined to the facility or is neighborhood wide. If the problem is internal, then a plumber is to be notified. If the problem is external, Keene Water Department is to be contacted at 603-352-0133. If water pressure is lost for more than four hours, the Fire Department must be notified, and a fire watch instituted for the duration of the event.
- In the event of water contamination, the senior staff member, or designated person will:

- Contact the local Health Department. (603) 357-3510. If the Health Department cannot be reached, listen to the local TV or radio for details on the procedure to follow.
- Advise staff to closely supervise individuals and ensure that no one drinks the water.
- Determine the expected duration of the contamination and the procedure for making the water safe for use. Advise the program managers of the anticipated duration of water loss or contamination.
- Assess the water supply for the facility and needs to ration available water.
- Determine the ability to maintain individuals at the location.
- If deemed necessary, instruct staff to purchase bottled water or obtain water as advised by the Health Department for drinking, washing and brushing teeth.
- Prevent usage and access to tap locations. Utilize only factory-sealed water or water stored specifically for emergencies.
- Live Free Recovery Services staff and/or vendor to notify when there is loss/contamination of water (i.e., water authority): Clinical Director.
- Who makes the decision if the facility needs to be evacuated due to loss/contamination of water? Clinical Director in conjunction with the EXECUTIVE DIRECTOR
- If the facility needs to be evacuated, follow the evacuation and/or offsite sheltering procedures.

## OPERATIONAL DISTURBANCE

An operational disturbance is when an emergency causes normal operations to shut down.

- Who makes the decision to close the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying clients, visitors, employees, and vendors of the facility closing:
  - Change the answering machine message.
  - Utilize the phone tree to notify employees.
  - Post a notice at the building's entrances.
- Procedure for accounting for the building's occupants when it is closed:
  - Utilize the census for residents.
  - Utilize the Sign-In sheet for visitors.
  - Utilize the schedule for employees.
- Procedure for dealing with an operational disturbance:
  - Check for any structural damage (once the building has been cleared to enter).
  - Take photos of any damage.
  - Report any damage to the insurance company.
  - Document damage in an incident report.
  - Check for downed or damaged utilities and report any to the proper authorities.
  - The Executive Director will make the decision on when operations can be moved back into the facility.
  - Facility shut – offs (water, gas, electricity, other): Who is responsible for shut-offs? Program Clinical Director
- Key operations that need to continue for the facility/program to regain normal operations:
- Procedure for assessing and reporting utility issues:
  - Keene Water Department 603-352-6550

- Contact Eversource (866) 554-6025
- Who makes the decision to reopen the facility? Executive Director in conjunction with the Clinical Director
- Procedure for notifying employees and clients of the facility's reopening?
  - Phone tree to notify staff.
  - Change voicemail message.
  - Remove signs from doors.
  - Call clients

## LOCKDOWN

Conditions that warrant lockdown include, but are not limited to violent intruder, hostage, civil disturbance.

- Procedure for full lockdown (i.e., 911 notification): Clinical Director, Incident Commander, Senior staff, or designee
- Procedure for partial lockdown (those not in lockdown area evacuate):
- Evacuate as for a fire. Staff outside of the lockdown area may be instructed to go home, clients outside of the lockdown area will be managed per Executive Director or designee.
- What doors get locked during a lockdown?
  - All exterior doors
- Procedure for accounting for building occupants when it is in lockdown (i.e., census):
  - Reconcile Census, Sign-In/Out sheets, employee schedules, Visitors' Log.
- Who makes the decision to discontinue the lockdown? Executive Director, Clinical Director, or other senior staff in conjunction with the authorities

## PANDEMIC

### Level 1 Plan – Standard Influenzas

- Maintain strict infection control practices, including good hand washing, disinfecting, disposing of waste materials, collecting, and laundering items.
- Encourage flu vaccination for both employees and children where appropriate.
- Maintain disaster supplies.

### Level 2 Plan – Influenza Pandemic Confirmed

- Continue activities initiated in previous phase.
- Isolate and/or group clients with influenza.
- All clients and staff to immediately begin to wear masks in all common areas
- Refer to the most current Center for Disease Control (CDC) or Dept. of Health and Human Services (DHHS) guidelines at <http://www.cdc.gov/flu> and <http://www.dhhs.nh.gov>.
- Arrange coverage for staff shortages.

Commented [11]:

## Isolation & Quarantine

Isolation and quarantine are optimally performed on a voluntary basis. Different levels of government have the legal authority to mandate isolation and quarantine to protect the public's health. At the State of NH level, the Commissioner of DHHS has the authority to mandate involuntary quarantine and isolation.

A variety of quarantine strategies that may affect employees and their ability to work are:

- Restrictions on mass transit
- Restrictions on access routes
- Use of monitoring checkpoints, curfews, travel permits, health certificates to minimize movement into or out of quarantined areas.
- Consideration should be given to quarantine of contacts with high-risk exposures, even in the absence of symptoms.

## Isolation of Individuals with Influenza

Minimizing the transmission of influenza requires limiting interactions between influenza cases and others. Individuals with influenza should be placed in a room with others who have suspected or confirmed influenza. When a private room is not available, or grouping is not possible, spatial separation of at least 6 feet should be maintained between the infected person and others. Doors may remain open, as appropriate.

Minimize the number of staff who have contact with infected residents by assigning all influenza residents to a small group of staff who have been vaccinated and/or are taking antiviral medications for prophylaxis (if medications are available and appropriate).

Interactions between clients with influenza and other residents should be minimized. Persons at risk of serious influenza complications (those with underlying medical conditions) should not interact with the infected person.

- Who makes the decision if the facility needs to be closed due to pandemic? Clinical Director in conjunction with the EXECUTIVE DIRECTOR

## HURRICANE/TORNADO/SEVERE WEATHER

If the National Weather Service issues a hurricane, tornado, or severe weather warning, contact your supervisor/Clinical Director/Incident Commander for instructions.

- Monitor the radio or TV for updates/conditions.
- Gather your emergency supplies.
- Stay indoors until the National Weather Service declares the storm is over.
- Stay away from all windows and exterior doors – seek shelter in the basement or bathroom.
  - Go to the innermost part of the building on the lowest possible floor.
- Do not use elevators.
- Protect your head with your arms and crouch down on the floor.

If programs close (and there is time to prepare):

- Notify clients that the program is closing and make arrangements for the pick-up or drop off of the client.
- Take clients home with you or take them to the local shelter.

If you are ordered to evacuate:

- Follow the designated evacuation routes for your area. Floor Plan/Exits

If you are on the road during a tornado:

- Get out of your car.
- Avoid areas with a lot of trees.
- Lie down flat in a gully, ditch, or low spot on the ground.
- Protect your head with an object or with your arms.

## EMERGENCY SUPPLIES

### Water Supplies

In an emergency, having a supply of clean drinking water is a top priority.

- Store at least a three-day supply of water for each person.
- One gallon (16 cups, 128 ounces) per person for consumption and 3 gallons (48 cups, 384 ounces) per person for hygiene.
- How many people in the facility does the water supply need to support? 26
- Store in a cool, dark place.
- An emergency water supply is located on shelving adjacent to the commercial laundry area.
- Store in original, factory-sealed containers. Alternately, food-grade quality containers made for storing water may be used. These must be thoroughly washed, sanitized, and rinsed. If the water is from a tap, it may need to be treated before being stored.
- Change stored water every 6 months.
- Who is responsible for keeping the water supply updated? Program Clinical Director
- If a disaster happens without a stored supply of clean water and if any of the following are safe, use water in:
  - Hot water tank
  - Pipes and faucets
  - Ice cubes
  - Rainwater

DO NOT drink:

- Flood water
- Water with floating material, an odor, or dark color

### Food Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.



- The Kitchen Supervisor/Chef is responsible for food distribution.
- Live Free Recovery Services' kitchen and pantry have a regularly replenished, one-week stock of both perishables and canned/sealed foods such as cereal, vegetables, snacks, dried fruits, grains etc.

The food supply needs to be kept updated.

- Who is responsible for keeping the food supply updated? Chef (food supply at Live Free Recovery Services is regularly replenished stock)
- How many people in the facility does the food supply need to support? 26; Enough to ensure a 3-day supply of food for all staff and clients at any given time.

A suggested food supply may contain the following items (there will be special dietary needs sheet with the supplies):

- sealed jars of protein such as peanut butter- 2 jars, 2 cases of individual sized servings
- sealed jars of jelly- 2 jars, 2 cases of individual sized servings
- cases of prepared foods (Spaghetti O's, beef stew, tuna)- 10 cases
- cases of canned fruit and/or vegetables- 3 cases
- cases of dry cereal- 10 cases
- cases of canned juice (juice boxes)- powdered mix with water- 2 cases
- cases of snack items (granola bars, raisins)- 5 cases
- cases crackers/chips- 4 cases

#### General Supplies

Kitchen/Pantry will contain a supply of food consisting of a standard one-week supply of dry goods, canned goods, and perishable items.

The following areas will contain a supply of general supplies consisting of the following items:

#### Kitchen

- Can opener
- Paper goods (plastic utensils, napkins, paper plates)
- Toilet paper and other hygienic supplies
- Garbage bags
- Cleaning supplies

#### Office

- Medical: Client medications, first aid supplies, blood spill supplies, personal protective equipment (i.e., disposable gloves), "Go Kit" with proper documentation (as applicable)
- Safety: flashlights, batteries, duct tape, plastic sheeting, extra blankets, etc.
- Communication: cell phone, walkie talkie, portable/chargeable radio with cell phone charger
- Documentation: Client records (DOB, contact information, allergies, etc.), insurance company information

- Keys

General emergency supplies need to be kept updated (i.e., batteries).

- Who is responsible for keeping the general emergency supplies updated? Program Manager
- How many people in the facility do the general emergency supplies need to support? 26

## CASUALTIES

### Casualties

In the event that there are any casualties, emergency services will be called immediately, staff will isolate area and move rest of clients to a safe location.

## COMMUNITY EMERGENCIES

What resources could your facility/program provide if there is an emergency in the community and your location is fully operational (shelter, supplies, power, etc.)?

- Live Free Recovery Services would be able to provide immediate, short-term shelter for twenty (16) people. This sheltering would only provide protection from the elements, restrooms, and the most basic of foodstuffs. Live Free Recovery Services does not have additional availability for overnight sheltering.



#### Scope of services

##### Residential (ASAM/DHCS Level 3.5) Clinically Managed High-Intensity:

Provides 24-hour care with trained and credentialed personnel providing clinical directed program activities and professionally directed treatments to stabilize and maintain SUD symptoms, develop, and apply recovery skills specific for individuals with co-occurring mental health disorders. A minimum of 5 hours per day of individual, group, and education sessions and/or structured therapeutic activities specific for individuals with cooccurring mental health disorders.

Residential treatment is a non-institutional, 24-hour, short-term residential program that provides rehabilitation services to clients with a substance use disorder diagnosis when determined by a Medical Director or Licensed Practitioner as medically necessary and in accordance with the individual treatment plan.

The components of Residential Treatment Services include:

- **Intake:** The process of determining that a client meets the medical necessity criteria and admitting the client into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.
- **Individual and Group Counseling:** Contacts between a client and a therapist or counselor. Services are provided in-person.
- **Client Education:** Provide evidence-based education on addiction, treatment, recovery, and associated health risks
- **Family Therapy:** The effects of addiction are far-reaching and client's family members and loved ones also are affected by the disorder. By including family members in the treatment process, education about factors that are important to the client's recovery, as well as their own recovery, can be conveyed. Family members can provide social support to the client, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well.
- **Safeguarding Medications:** Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.



## **LIVE FREE RECOVERY SERVICES**

- **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the client.
- **Treatment Planning:** The provider shall prepare an individualized written treatment plan, based upon information obtained in the intake and assessment process. The treatment plan will be completed within regulatory timeframes, reviewed every 30 days, or after 4 sessions have been completed with the client.
- **Discharge Services:** The process to prepare the client for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.

The components of case management include:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of case management;
  - Transition to a higher or lower level of SUD care;
  - Communication, coordination, referral, and related activities.
  - Monitoring service delivery to ensure client access to service and the service delivery system;
  - Monitoring the client's progress; and
  - Client advocacy, linkages to physical and mental health care, transportation, and retention in primary care services
- The components of Recovery Services are:
- **Support Groups:** Linkages to self-help and support, spiritual and faith-based support; and
  - **Ancillary Services:** Linkages to housing assistance, transportation, case management, individual services coordination.





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: LIVE FREE RECOVERY SERVICES LLC  
 Located at: 881 MARLBORO RD  
 Keene NH 03431

To Operate: Substance Use Disorder Res Treatment

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

License#: 04524

Effective Date: 07/01/2022

Administrator: JENNIFER HOUSTON

Expiration Date: 06/30/2023

Comments:

1. PERM WAIVER TO He-P 826.20(a)

TOTAL BEDS 24

EFFECTIVE 2/13/2023 CHANGE IN TIERS

Chief Legal Officer



## Scope of Services for 3.7 level of care

### Definition of service:

Withdrawal management is the reduction of the physiological and psychological features of withdrawal through short-term medical and observation services on a 24-hour basis for the purpose of stabilizing intoxicated individuals, managing their withdrawal, and facilitating effective linkages to, and engagement in other appropriate inpatient and outpatient services. Medically Monitored Inpatient Withdrawal Management (Level 3.7-WM) is a non-hospital intervention delivered by medical, nursing, mental health and substance use professionals, which provide 24-hour medically monitored evaluation under physician-approved policies and procedures or clinical protocols. This level of care is appropriate for individuals with biomedical, emotional, behavioral and/or cognitive conditions that require highly structured services including direct evaluation, observation, and medically monitored addiction treatment. This service is suitable for individuals whose withdrawal signs and symptoms are sufficiently severe to require 24-hour care, but do not require the full resources of an acute care general hospital or a medically managed intensive inpatient program.

### Scope of services:

- Physical assessment by a physician, physician assistant (PA), or advanced practice registered nurse (APRN) must be completed within 24 hours of admission (or earlier if medically necessary). A physical exam helps identify any withdrawal symptoms, and drug and alcohol screens may be administered to identify substances present in a person's system. Other medical conditions may also be investigated where relevant to care (ex. TB and other infectious diseases, major organ function). The physician, physician assistant or advanced practice registered nurse must be available to provide on-site care and further evaluation on a daily basis and be available 24 hours a day by telephone to provide access to the patient.
- Mental status examination, by a licensed medical professional (Physician, PA, APRN) and/or licensed therapist operating within their scope of practice, must be completed as part of the intake and assessment process.
- A substance use assessment, including the risk to self and/or others, and determination of appropriate level of care must be completed upon admission, by a licensed medical professional (Physician, PA, APRN) and/or licensed therapist operating within their scope of practice as described under staffing. The assessment must be used to develop the individual treatment





plan. In the event the licensed professional identifies a co-occurring mental health disorder and is unable to assess or treat the individual a referral should be made to a mental health practitioner permitted to assess and treat mental health conditions within the scope of their license.

- A registered nurse (RN) conducts an alcohol or other drug-focused nursing assessment upon admission, administers prescribed medications, and monitor's the individual's progress.
- Appropriately licensed and credentialed staff (described under staffing) should be available to administer medications in accordance with physician orders.
- A treatment plan must address the medically necessary services, to include therapy and withdrawal support services required by the individual. The treatment plan must include measurable goals and interventions to address the identified needs of the individual discharge and relapse prevention planning and referrals. The discharge plan should include care coordination strategies for formal/informal supports. The individual must be assessed daily for progress through withdrawal management and the plan of care.
- Individual, group and family counseling services conducted by a licensed professional, described under staffing, to address cognitive, behavioral, and mental health, and substance use treatment needs.
- The withdrawal management program must also provide random urine drug testing, health education and addiction education services and laboratory and toxicology tests, as ordered by the physician, physician assistant or advanced practice registered nurse. Providers are required to meet clinical best practices for medication utilization and toxicology screening.
- Ancillary service referral as needed: dental, optometry, ophthalmology, other mental health and/or social services including substance use disorder treatment, etc.



#### Scope of services

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The components of Residential Treatment Services include:

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- **Safeguarding Medications:** Facilities will store all resident medication and facility staff members may assist with resident's self-administration of medication.





- **Collateral Services:** Sessions with therapists or counselors and significant persons in the life of the client, focused on the treatment needs of the client in terms of supporting the achievement of the client's treatment goals. Significant persons are individuals that have a personal, not official or professional, relationship with the client.
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- The components of Recovery Services are:
- **Support Groups:** Linkages to self-help and support, spiritual and faith-based support; and
  - **Ancillary Services:** Linkages to housing assistance, transportation, case management, individual services coordination.



**Good neighbor policy!**

## **ADDRESSING NEIGHBOR CONCERNS POLICY**

It is crucial to the long-term success of any person in recovering to adopt new skills when dealing with difficult people, especially those who may not understand recovery. One of the most important parts of being in our recovery homes, is adopting certain pro-neighbor attitudes and behaviors – along the lines of, “love thy neighbor as thyself.” even if those same behaviors and attitudes are not returned. New Foundations takes our Good Neighbor Policy profoundly serious in part to combat NIMBY (not in my back yard). We can show our neighbors that we are assets to the community. We are not “drug houses” or “trap houses”, but rather look at us as good neighbors, and contributing members to society.

Below, lists the code of conduct you agree BEFORE moving forward in our program. If this is not something you’re comfortable with, please let us know.

1. You represent yourself in such a manner of excellence and humility. Be proud where you are, but humble in your attitude toward others. Not everyone appreciates the steps you’ve taken or obstacles you’ve overcome to get here.
2. You represent the Live Free Family. Even though you will successfully transition on, we plan to be here to continue our mission, for generations. Think and act beyond yourself.
3. You represent people in recovery everywhere. The stigma of addiction remains, despite decades of public education. Although community members support your recovery, people still struggle with a sober living facility being in their neighborhood.
4. Demonstrate the strength and character it takes to change for the better. Our goal is to show, through our actions, we are good people with a bad illness, and that we deserve a chance, not judgement.
5. Do not travel in groups larger than 3-4 people while walking locally.
6. Be aware of the space you take up, give up space to others on the sidewalk, hallways, etc. Volunteer to be of help in any way you can. Look for ways to chip in, whether at home or out in public.
7. Keep your voices lowered and be aware of subject matter. This is just as important on the deck and smoking area, which should NOT be in the front of the home.
8. At meetings –silence phones, pay attention, learn from the people who have long-term sobriety.
9. Use “Please” and “Thank you”. Listen.
10. If a neighbor confronts you, please do not engage or give them a reason to call the police.



By signing below, you are agreeing to the above code of conduct while living in our recovery home.

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PROGRAM PARTICIPANT SIGNATURE: *(Required)*



Roxbury St and Marlboro Rd

Staff are working towards or have obtained licensure in the state of NH. Again, ongoing CEU's (continuing education units) are required to be completed yearly.

All trainings are approved by the appropriate licensing board in the State of NH