

Section I: Basic Plan Elements

1. Facility Information/“Quick Look” Profile

Facility Name: _____

Facility Address: _____

Facility Longitude/Latitude Coordinates: _____

Facility Phone Number & Fax Number: _____

Facility Email & Website: _____

Facility Emergency Cell Phone/Pager Numbers: _____

Administrator & Contact Numbers: _____

Maintenance Coordinator & Contact Numbers: _____

Director of Nursing & Contact Numbers: _____

Owners: _____

Owner Phone Number & Fax Number: _____

Owner Email & Website: _____

Insurance Agent, Contact Number, & Policy Number: _____

Number of Beds/Breakdown Types of Beds: _____

Number of Staff per Shift: _____ Number of Direct Care Staff per Shift: _____

Number of Buildings: _____

Building Construction Type/Year Built: _____

Number of Stories: _____ Number of Buildings: _____

Water System—Well or City Water Sewer System—Sewer or Septic Tank

Elevation of Facility: _____ Located in a Flood Hazard Area Yes or No

Fire Protection—Sprinkler System, Yes or No, Type: _____

Fire Alarm System—Name of Monitoring Service: _____

Emergency Generator— Yes or No **(For Generator Information See Appendix 8)**

Location of Nearest Helicopter Landing Zone -Longitude/Latitude Coordinates: _____

Fire Department Jurisdiction: _____ Telephone No: _____

Police Jurisdiction: _____ Telephone No: _____

EMS Jurisdiction: _____ Telephone No: _____

County EM Agency Jurisdiction: _____ Telephone No: _____

For list of Emergency Management County Coordinators see Resources links in Appendix 18

Floor Plans/Evacuation Diagrams: See Evacuation Appendix 7.

1. Mission

The mission of _____ (*facility name*) in respect to **All Hazards Emergency Management** is to plan, prepare, and respond to emergency situations and disaster scenarios; to ensure that casualties and property damage are minimized; to restore normal operations; to assist other facilities that may be stricken by an emergency situation or disaster scenario with available capabilities and resources; and to coordinate all emergency management activities with the _____ (*county name*) County Emergency Management agency, as well as with other local emergency response agencies.

2. Purpose

Purpose of this plan is to provide an All Hazards approach to guide _____ (*facility name*) in the event of an emergency, crisis, or disaster scenario that would affect the safety and well-being of our residents, employees, as well as community members stricken by the situation. As an *All Hazards Emergency Plan*, the specific procedures detailed for various emergencies should be utilized. The desired outcome is to protect and preserve the residents, employees, and entity from such emergencies.

3. Executive Summary

(Briefly describe specific information of the facility, including the characteristics and needs of the individuals for whom care is provided. See samples below and customize for your facility.)

Sample 1: ***XYX Facility is a 120-bed skilled nursing facility providing care and services to a medically complex population, including parental nutrition(intravenous nutrition), IV therapy, respiratory therapy services, wound care, and other rehabilitation services. The facility is certified for Medicare and Medicaid. Average occupancy is 118.*

Twenty beds are dedicated for the needs of residents with head traumas. The majority of those residents are under 40 years of age. Ten beds are dedicated to a unit for those residents dependent upon ventilators. The overall average age of the residents is 67 years old. A physician and nurse practitioner are employed by the facility to monitor medical care daily. Only 20 percent of the facility is ambulatory with or without devices.

Sample 2: *ABC facility is an 80-bed nursing facility providing long term nursing care and memory support for those residents with Alzheimer's disease and other related dementias. The facility is completely private pay and operates at full occupancy. Forty of the beds are located in a secure unit with an electronic locking system. All of the residents residing on the secure unit are ambulatory with assistance.*

Fifty percent of the remaining residents are ambulatory with or without assistive devices. All residents are 65 years and older. The average age for the entire facility is 88 years old.

4. Applicability and Scope

The **All Hazards Emergency Plan** should be applicable in all disaster and emergency situations.

_____ (*facility name*) has completed a Hazard Vulnerability Assessment (**See Section II, Vulnerability Assessment and Mitigation**) and has determined that the following are the potential hazards to the safety and welfare of the residents and employees:

Top Three Hazards of _____ (facility name)

The **All Hazards Emergency Plan** was developed within the scope of the following legal authorities:

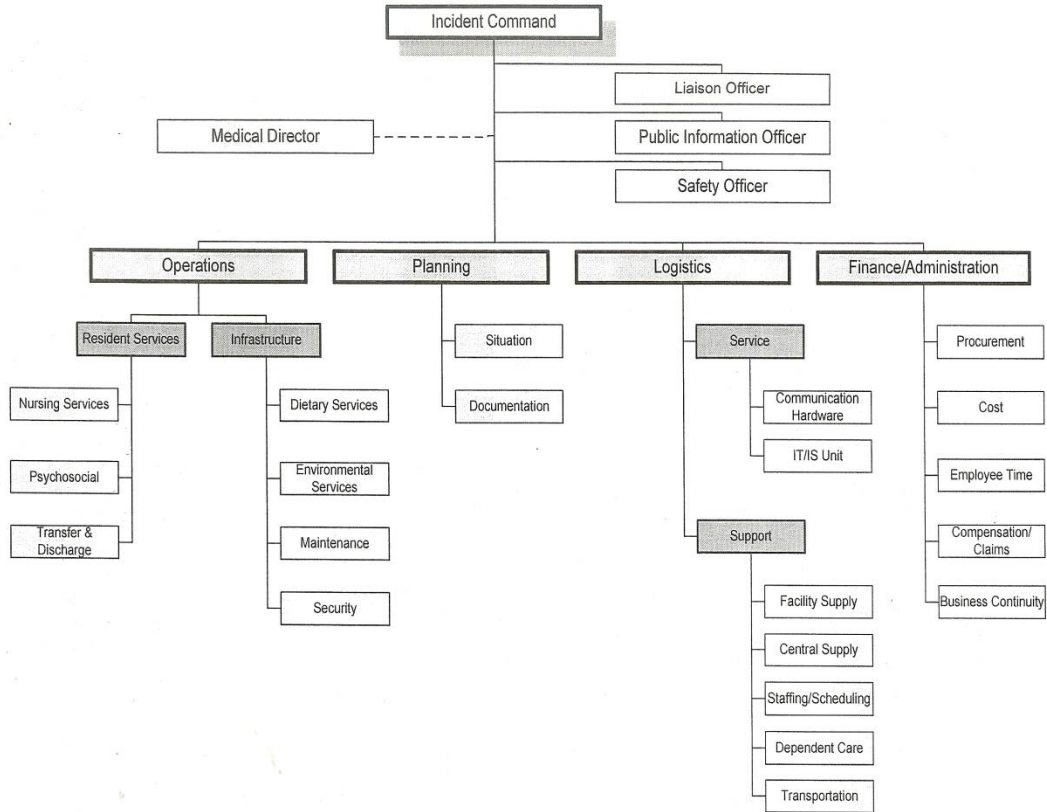
- KY Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities see <http://www.globalaging.org/health/us/2005/unnecessary%20drug.pdf>
- MS Provider Guidelines and Guidance see <http://www.cms.hhs.gov/Emergency/>
- KY Revised Statutes Chapter 216B00: Rules for the Licensing of Nursing Homes see <http://www.lrc.ky.gov/KRS/216B00/CHAPTER.HTM>
- KY Revised Statutes Chapter 209, Adult Abuse, Neglect and Exploitation <http://www.lrc.state.ky.us/KRS/209-00/Chapter.htm>
- KY Revised Statutes Chapters 39A-39F: KY Emergency Management see <http://harrisonema.com/krs39.aspx>
- Homeland Security Presidential Directive-5 see http://www.dhs.gov/xabout/laws/gc_1214592333605.shtm
- Emergency Support Function 8—Public Health and Medical Services, Department of Homeland Security 42 CFR 483.70 & 483.75 (m): Medicare and Medicaid Requirements for Long Term Care Facilities (F Tags 517 & 518)
- Occupational Safety and Health Administration (OSHA) 29 CFR 1910.38
- National Fire Protection Agency (NFPA) 101, *Life Safety Code*, NFPA 99, Chapter 11, Health Care Emergency Preparedness

The plan also complies with the Centers for Medicare and Medicaid Services (CMS) proposed guidelines, as well as elements of the National Incident Management System (NIMS) and Incident Command System (ICS). **See Appendix 19** for copies of state or local emergency planning regulations or requirements pertinent to this plan.

Insert your organizational chart here. (Sample)

Nursing Home Incident Command System

6/20/2008



Key:

Command Team Officers

Consultant

Sections led by Chiefs

Branches led by Directors

Units led by Leaders

2008, Created by Florida Health Care Association through the Florida Department of Health



For a blank form see: <http://www.fhca.org/emmerprep/orgchartblank.pdf>

6. Succession of Command

_____ (*facility name*) has developed the following list of specific key personnel based on job title to clearly identify the order of succession of command. The Succession of Command structure considers the facility's ability to manage and direct an emergency situation during normal hours of operation as well as during hours when key administrative staff may not be at the facility (evening and overnight shifts.)

Succession of Command	
1.	Name: _____ Job Title: _____ Contact Information: _____ _____
2.	Name: _____ Job Title: _____ Contact Information: _____
3.	Name: _____ Job Title: _____ Contact Information: _____
4.	Name: _____ Job Title: _____ Contact Information: _____ _____

7. Incident Command Post

The Incident Command Post is an area designated where the Incident Commander, management team, as well as other staff members convene to review the situation and strategize the course of action.

_____ (*facilityname*) has determined _____ (*Insert specific location*) as the Incident Command Post during an emergency or disaster situation.

If the disaster occurs in the _____, the alternate Incident Command Post is the _____. In the event that both Incident Command Post locations are involved in the emergency, the Incident Command Post will be determined by the Emergency Management/Fire/EMS personnel and/or evacuation site.