

## Section III: Emergency Preparedness and Planning

### 1. Developing Relationships and Partnerships with Emergency Resources

\_\_\_\_\_ (*facility name*) acknowledges that it is essential to identify entities, individuals, agencies, and organizations within the community that may be beneficial to it and its operation during a crisis or disaster situation. The development of formal relationships and partnerships may assist \_\_\_\_\_ (*facility name*) in the continuation of services or help with the reinstatement of services following a crisis or disaster situation.

The establishment and maintenance of such relationships and partnerships can help ensure the availability of emergency resources.

The following relationships have been developed by \_\_\_\_\_ (*facility name*).  
(Please check appropriate organization and add contact information on the following page):

|  |   |
|--|---|
|  | Individual schools near the facility                            |
|  | School district administration                                  |
|  | Churches  |
|  | Park districts  |
|  | Any large assembly occupancy that may provide temporary shelter |
|  | Hospitals   |
|  | Health clinics  |
|  | Other healthcare facilities—long term care                      |
|  | Assisted living facilities                                      |
|  | Private ambulance transport companies                           |
|  | Transportation agencies (bus services)                          |
|  | Taxi services   |
|  | Rental car and truck services                                   |
|  | Moving/storage companies/UHAUL trailers                         |
|  | Food service suppliers  |
|  | Local grocery stores  |
|  | Water service suppliers   |
|  | Medical supplies and equipment suppliers                        |
|  | Pharmaceutical—bulk supply suppliers                            |
|  | Local pharmacies  |
|  | Board-up services   |
|  | Sanitation companies  |
|  | Portable toilet suppliers                                       |
|  | CB/HAM radio operators  |

Transportation arrangements will be adequate and appropriate for the residents being served. Agreements will provide 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 a disaster affecting an entire area. Vendors will assure that their staff, vehicles and other vital equipment are not “overbooked,” and that vehicles/equipment are kept in good operating condition and with ample fuel. See **Appendix 2: Agreements/ Mutual Aid**.

## 2. Formalized Agreements and Contingencies

\_\_\_\_\_ (facility name) has formalized the following agreements and emergency contingencies with alternate facilities and service providers during the management of a crisis or disaster situation. The following formalized agreements are included (please check appropriate agreement and add additional categories as needed for your facility):

|  |  |
|--|--|
|  | Short term evacuation relocation site (temporary evacuation)             |
|  | Long term evacuation facility (in same region)                           |
|  | Long term evacuation facility (at least 50 miles away)                   |
|  | Ambulance transportation (private vendors)                               |
|  | General transportation (private vendors—bus service, taxi service, etc.) |
|  | Moving service/U-haul trailers supplier                                  |
|  | Food service supplier  |
|  | Water service supplier   |
|  | Pharmacy service supplier  |
|  | Medical supply service supplier  |
|  | Emergency construction/demolition services                               |
|  | CB/Ham radio operators   |

Formalized agreements and contracts are to be reviewed and updated at a minimum on an annual basis. All agreements in force at the facility should be maintained and regularly updated. **See Appendix 2.**

## 3. Coordinating with Local Emergency Responders and Resources

\_\_\_\_\_ (facility name) has developed a solid working relationship with \_\_\_\_\_ (city or town name) emergency responders in advance of a crisis or emergency situation. A good relationship with \_\_\_\_\_ (city or town name) local emergency responders and resources will be an asset during planning for, response to, and recovery from a crisis or disaster situation. The development of such relationships will help the facility better manage an event as well as allow local emergency responders and resources to better coordinate the situation.

Working relationships have been developed with the following agencies (please check applicable agencies and add additional agencies as needed):

|  |   |
|--|---|
|  | Fire department   |
|  | Law enforcement agency (whatever is applicable—municipal police, sheriff, state police, etc.) |
|  | Emergency medical services  |
|  | Local emergency management agency   |
|  | Local disaster task force   |
|  | Local citizens corps  |
|  | Local community emergency response team (cert)  |
|  | Local health department   |
|  | Local flood control agency  |
|  | Local utility companies   |
|  | Other   |
|  | Other   |
|  | Other   |

A copy of all agreements currently in force at the facility should be maintained and regularly updated. **See Appendix 2 Agreements/Mutual Aid.**

#### 4. Coordinating with the County Emergency Plan

\_\_\_\_\_ (*facility name*) has established and will maintain an ongoing relationship with the \_\_\_\_\_ (*county name*) County Emergency Management Office in order to keep abreast of the resources the county can and will provide in a crisis or disaster situation. It is equally important for the County to understand the emergency preparedness needs of the facility.

\_\_\_\_\_ (*facility name*) will consider the following points regarding its coordination with the \_\_\_\_\_ (*county name*) County Emergency Plan:

- Obtaining copies of the \_\_\_\_\_ (*county name*) County Emergency Plan and becoming thoroughly familiar with the document in order to understand what services are available and what actions are expected of the facility during a crisis or disaster situation.
- Keeping abreast of changes in the County plan.
- Inviting appropriate \_\_\_\_\_ (*county name*) County Emergency Management personnel to visit and assess the facility to help identify ways to prepare for crisis or disaster situations.
- Arranging to have the facility represented on communication lists that will inform the community of emergency plans and directives.
- Participating in \_\_\_\_\_ (*county name*) County discussions/local planning committees to determine what plans are made for emergency provisions of food, water, medicines, and necessary supplies during a crisis or disaster situation that may last for several days.
- Participating in \_\_\_\_\_ (*county name*) County training, exercises, drills, and simulations of a crisis or disaster situation to become familiar with its policies and procedures.

#### 5. Emergency Communications

\_\_\_\_\_ (*facility name*) should establish methods of communicating both internally and externally during a crisis or disaster situation, including an epidemic/pandemic episode. Traditional communication systems may not be available (failure) or may be overwhelmed (overload) during such a critical event.

Examples of alternate communication methods are cellular phones (possibly cellular phones with outside area codes), satellite phones (both of which may not always be reliable), internet (if computer systems are operable), two-way radios, CB, or HAM radios. Mass notification systems are another option. For Mass Notification System see:

<http://www.3nonline.com/solutions/industry/healthcare/?act=showall>

\_\_\_\_\_ (*facility name*) has identified and secured \_\_\_\_\_ as the primary communication method for internal usage in the event of a disaster event.

In the event that the primary system is inoperable \_\_\_\_\_ has been designated as the alternate and supplemental method of communication.

\_\_\_\_\_ has been identified as the primary means of external communications in the event of a disaster.

\_\_\_\_\_ has been designated as the alternate and supplemental method of communication in the event of a disaster.

\_\_\_\_\_ (*facility position*) is responsible for the testing and maintenance of the above devices to ensure proper functioning when needed.

#### 6. Resident/Responsible Party/Family Communications

\_\_\_\_\_ (*facility name*) should maintain emergency contact numbers in addition to primary telephone numbers for resident responsible parties and family members. Responsible parties and family members will be made aware that the facility has an all hazards plan and will be notified as quickly as possible when there is a disaster/emergency situation at the facility.

Staff members will be briefed to the following elements to share with residents and family members as assigned  
(*Florida Health Care Association Emergency Guide for Nursing Homes, Part I Comprehensive Emergency Management Plan, 2007, page 15*):

- Type of threat
- Estimated time and severity of impact
- General outlook at the current time
- Expected disruptions to services or routines
- What the facility administration has done and is doing right now to lessen negative outcomes
- When to expect updated status reports
- What the residents, responsible parties, and family members can do to help
- When and how for families and residents to contact each other and/or meet.
- Emergency facility contact number(s) for use by local and/or out of town family/caregivers.

## 7. Employee Emergency Preparedness

\_\_\_\_\_ (*facility name*) should ensure that information for all staff members will be updated at least annually. This information will include telephone numbers, emergency numbers, and their plans and family arrangements during an emergency situation. **See Appendix 6** for an Employee Emergency Preparedness Information form and **Appendix 18** Resources for information on Family Disaster Planning.

\_\_\_\_\_ (*facility name*) should accommodate immediate family members of staff members as best it can during a shelter-in-place situation.

Sheltering staff members and their immediate families will bring with them the following items:

- Sleeping bags/air mattresses
- At least three changes of clothing
- Toiletries, prescription medications
- Flashlights and extra batteries
- Special items for children and *pets*

If an evacuation does occur, the \_\_\_\_\_ (*facility name*) will obviously need staff to provide care and services at the receiving facilities. Discussions will occur with the receiving facilities in advance to determine if families would be allowed to come during an evacuation situation.

## 8. Dietary Considerations

\_\_\_\_\_ (*facility name*) realizes it is essential to plan for the dietary considerations of a crisis or disaster situation that may require facility evacuation or long-term Sheltering in Place without the support of outside resources (food, water, and food service supplies.)

A disaster menu should be developed and this emergency menu should be updated regularly based on the needs of the residents. **See Appendix 5** for a Sample Menu.

The menu should be created based on the following points:

- Vulnerabilities that may exist if the crisis or disaster situation occurs near the end of a delivery cycle
- Identification of minimal resources needed to provide food and water service (gas, electricity, refrigeration, lighting in kitchen, etc.)

A minimum of food and water to last for seven days should be maintained at the facility in a specific location. This minimal amount of food and water should be determined based on the number of residents, employees, and visitors during a crisis of disaster situation

## 9. Pharmaceuticals Considerations

\_\_\_\_\_ (*facility name*) realizes it is essential to plan for the pharmaceutical considerations of a crisis or disaster situation that may require facility evacuation or long-term Shelter in Place (SIP) without the support of outside resources (medications and pharmacy supplies).

\_\_\_\_\_ (*facility name*) should consider the following in securing and providing medications during an evacuation or Shelter in Place:

- Identify the amount of pharmaceuticals and supplies that would be needed during a SIP scenario in accordance with regulations and practical needs \_\_\_\_\_  
\_\_\_\_\_
- Identify any vulnerability that may exist if the crisis or disaster situation occurred near the end of a delivery cycle \_\_\_\_\_  
\_\_\_\_\_
- Identify ways to adjust the delivery cycles to better ensure available supplies of pharmaceuticals and supplies in a consistent manner for emergency purposes \_\_\_\_\_  
\_\_\_\_\_
- Identify the minimal resources needed to provide medication distribution (minimal lighting, record keeping, tracking, etc.) during an evacuation or SIP \_\_\_\_\_  
\_\_\_\_\_
- Identify all areas in the facility where additional emergency pharmaceutical resources can be stored in accordance with regulations.

## 10. Security Considerations

\_\_\_\_\_ (*facility name*) realizes it is essential to plan for the security considerations associated with a crisis or disaster situation that may require facility evacuation or long-term shelter-in-place (SIP) without the support of local law enforcement or other community resources due to the nature of the critical event (unavailability due to circumstances of the crisis or disaster situation, etc).

\_\_\_\_\_ (*facility name*) has identified the following security needs in advance of a crisis or disaster scenario and identified measures that should be taken to address potential security breaches in the facility during an evacuation or SIP situation:

- Identify the minimal security needs for an evacuation where the facility is completely evacuated and may be vulnerable to theft and vandalism.
- Identify the minimal security needs of residents being evacuated while they are still on the stricken facility's property.
- Identify measures that will be needed to provide security that is beyond daily security operations/requirements should SIP be required.
- Identify access points into the facility that will be shut down during SIP without violating life safety code requirements and emergency evacuation capabilities.
- Identify all controlled access points that will need to be constantly monitored.
- Identify the use of technology (security cameras, alarm systems, intercom systems, etc.) that can be used in a special capacity (outside the realm of normal usage) to enhance security.
- Identify any special identification systems (I.D. badges, sign-in procedures, entry log, etc.) that can be utilized to help maintain accountability and enhance security.

## 11. Evacuation

### *Activation*

**Only the Administrator/Incident Commander should have the authority to issue an evacuation order in conjunction with Emergency Manager/Local/State Authorities.** While the final decision to evacuate or to shelter-in-place is the responsibility of one person and their alternate, he/she will be part of a decision-making team which includes internal and external partners, and the county emergency operations center utilizing real-time event data and the clinical profiles of the facility's residents. In accordance with the National Criteria for Evacuation Decision-Making in Nursing Homes created by the FL Health Care Association, the decision to evacuate will be based on Internal factors, such as resident acuity, risk, physical structure, transportation, destination, staff, and supplies, and External factors such as the nature of the emergency event, time, scope, and location of the facility.

**The Incident Commander at LTC facility is responsible for making the final decision on the order with which patients are evacuated.**

\_\_\_\_\_ (*facility name*) acknowledges the need to plan for facility evacuation well in advance of a crisis or disaster situation requiring partial or complete evacuation.

\_\_\_\_\_ (*facility name*) understands that if a community-wide and regional disaster is occurring, the facility has to be prepared to be self-sufficient, as response times of Emergency Medical Services and other transportation providers may be delayed.

Evacuations may be planned if there is advance warning or they may occur due to a catastrophic emergency situation. Evacuations will be coordinated to occur in two phases if at all possible.

All evacuation procedures should be completed before the onset of an expected emergency. Facility must determine how long it will take to complete a full-scale facility evacuation. The amount of time it takes to evacuate, then travel to the sheltering facility should be multiplied times three to account for evacuation traffic, as well as other factors. (FL Health Care Association Recommendations)

**Phase I** will transport the highest acuity residents traveling via ambulance. These residents will be transferred first if at all possible.

**Phase II** will transport all other residents who can travel via buses and cars. **NOTE:** The order designated may change depending upon the type/level of disaster, patients' conditions and transportation utilized. For example when loading a bus, load the most robust persons first to the back of the bus and the most frail to the front so that the most at risk persons can be unloaded first; when loading into individual vehicles – load most difficult/frail persons first in order to maximize staff resources, energy and strength.

#### **Listing of evacuation terms:**

- **Horizontal Evacuation:** Moving residents, staff, and visitors to a safe area on the same floor (compartmentalizing through the use of rated doors and rated assemblies—smoke partitions, fire walls, etc.) into an adjacent smoke/fire compartment (Partial Evacuation)
- **Vertical Evacuation:** Moving residents, staff, and visitors off the floor, down stairs and elevators to a safe area within the facility (Partial Evacuation)
- **Staging Area:** Last place to move residents before leaving the building. Residents may be sent to a staging area based on acuity level
- **Complete/Outside Evacuation:** Moving residents, staff, and visitors to a pre-designated area outside of the building
- **Relocation:** Moving residents to an off-campus alternate facility (may be referred to as receiving facility)
- **Shut Down:** Turning off all electricity, gas, etc. to the facility

### *Alternate Facilities*

\_\_\_\_\_ (*facility name*) has determined multiple evacuation sites for relocation for residents, with one being at least 50 miles away from its location. The sites are:

|                                |  |
|--------------------------------|--|
| <b>Alternative Facility 1:</b> |  |
| <b>Facility Name</b>           |  |
| <b>Address</b>                 |  |
| <b>Phone Number</b>            |  |
| <b>Contact Person/Phone</b>    |  |
| <b>Contact Person/Phone</b>    |  |
| <b>Alternative Facility 2:</b> |  |
| <b>Facility Name</b>           |  |
| <b>Address</b>                 |  |
| <b>Phone Number</b>            |  |
| <b>Contact Person/Phone</b>    |  |
| <b>Contact Person/Phone</b>    |  |
| <b>Alternative Facility 3:</b> |  |
| <b>Facility Name</b>           |  |
| <b>Address</b>                 |  |
| <b>Phone Number</b>            |  |
| <b>Contact Person/Phone</b>    |  |
| <b>Contact Person/Phone</b>    |  |
| <b>Alternative Facility 4:</b> |  |
| <b>Facility Name</b>           |  |
| <b>Address</b>                 |  |
| <b>Phone Number</b>            |  |
| <b>Contact Person/Phone</b>    |  |
| <b>Contact Person/Phone</b>    |  |

### *Transportation*

\_\_\_\_\_ (*facility name*) has secured a contract(s) with the following provider(s) in the event of an emergency or disaster situation requiring transportation:

|   |  |
|---|--|
| <b>Provider 1:</b>  |  |
| <b>Provider Name</b>  |  |
| <b>Type of Transportation</b>                                     |  |
| <b>Address</b>  |  |
| <b>Phone Number</b>   |  |
| <b>Contact Person/Phone</b>                                       |  |
| <b>Contact Person/Phone</b>                                       |  |
| <b>Response Time</b>  |  |
| <b>Number of Residents able to Transport in a Given Timeframe</b> |  |
| <b>Provider 2:</b>  |  |
| <b>Provider Name</b>  |  |
| <b>Type of Transportation</b>                                     |  |
| <b>Address</b>  |  |

|   |  |
|---|--|
| <b>Phone Number</b>   |  |
| <b>Contact Person/Phone</b>                                       |  |
| <b>Contact Person/Phone</b>                                       |  |
| <b>Response Time</b>  |  |
| <b>Number of Residents able to Transport in a Given Timeframe</b> |  |
| <b>Provider 3:</b>  |  |
| <b>Provider Name</b>  |  |
| <b>Type of Transportation</b>                                     |  |
| <b>Address</b>  |  |
| <b>Phone Number</b>   |  |
| <b>Contact Person/Phone</b>                                       |  |
| <b>Contact Person/Phone</b>                                       |  |
| <b>Response Time</b>  |  |
| <b>Number of Residents able to Transport in a Given Timeframe</b> |  |

Transportation providers and volunteers who will help to transport are trained on the needs of the chronic, cognitively impaired, and frail population and aware of the possible need for referrals for mental health, behavioral health and psychological first aid to minimize transfer trauma.

Methods of communication, including alternate methods, will be addressed with the transportation providers.

\_\_\_\_\_ (*facility name*) will provide the transportation providers information regarding its relocation sites and notification process.

|   |
|---|
| <b><i>Evacuation Route Planning/Awareness</i></b> |
|---|

In the event of an evacuation of \_\_\_\_\_ (*facility name*), it is essential to know designated evacuation routes, as well as alternate routes in accordance with the County’s Emergency Management Plan.

\_\_\_\_\_ (*facility name*) has pre-determined the primary evacuation routes and alternate evacuation routes in advance of a crisis or disaster scenario. The following is completed and updated annually or when significant changes in regional evacuation planning occur:

|                                 |
|---------------------------------|
| <b>Evacuation to the North:</b> |
| Primary Route–                  |
| Alternate Route–                |
| <b>Evacuation to the South:</b> |
| Primary Route–                  |
| Alternate Route–                |
| <b>Evacuation to the East:</b>  |
| Primary Route–                  |
| Alternate Route–                |
| <b>Evacuation to the West:</b>  |
| Primary Route–                  |
| Alternate Route–                |

See **Appendix 7:** Evacuation for customized maps or diagrams depicting specific evacuation routes, driving instructions, projected travel times to pre-designated Alternate Facilities.

## ***Resident Emergency Packets***

\_\_\_\_\_ (*facility name*) should maintain an **Emergency Packet** for each resident that will be located \_\_\_\_\_. The packet should be placed in a plastic bag labeled with the resident's name. This Emergency Packet will be sent with the resident to the receiving facility during an evacuation. The medical record will be sent with the resident as well, but this is back-up information in case the original medical record is lost, misplaced, or destroyed.

The emergency information packet should include:

- Identification bracelet/s (**see *Resident Identification Bracelet* section for more information**)
- Vests to hold clipboard, medications, etc.
- Face Sheet/Data Sheet
  - Contact information of responsible party/family
  - Social Security Number
  - Medicare/Medicaid/other insurance provider numbers
  - Date of birth, etc.
  - Allergies
  - Diagnoses/Medical Conditions
- Photograph
- Current medications
- Resuscitation instructions with copy of DNR if necessary
- Power of Attorney and/or advance directives
- Diet and special provisions, such as thickened liquids only
- Mode of transfer (two-person assist, stand-by assist, etc.)
- Written process for requesting urgent and non-urgent additional supplies/equipment/etc. to be delivered to the receiving facility with emergency contact numbers

This emergency information should be updated quarterly during care planning to ensure accurate information. Other triggers for an update may include:

- Significant change in resident's condition
- Hospitalization
- Knowledge of changes in the family such as a death, illness, or relocation

\_\_\_\_\_ (*facility name*) should address upon admission and at a minimum annually with the family/responsible parties what arrangements would be made in the event of a planned evacuation, in which there is time for their assistance. (See **Appendix 7** for Sample Letter to Family/Responsible Party Regarding Evacuation Instructions).

These arrangements should be documented and maintained in the residents' medical records. (*Facilities located in areas prone to \_\_\_\_\_ should update prior to and during \_\_\_\_\_ peak season.*)

## ***Resident Evacuation Identification Wristbands***

During an evacuation, each resident should wear a (color/description) \_\_\_\_\_ identification wristband on the (right/left) \_\_\_\_\_ wrist that includes the following information:

- a. Resident's full name/Date of Birth
- b. No known allergies (NKA) – or list food/medication allergies (in red)
- c. Critical diagnosis (Diabetic, Epileptic, Psychiatric Diagnosis, etc.)
- d. Facility name and contact number
- e. On back or inside of band add name of physician and name of responsible parties with contact numbers for each
- f. Note "Do Not Resuscitate (DNR), if applicable

A (color/description)\_\_\_\_\_ critical medical information band should be worn on the (left/right)\_\_\_\_\_ wrist and be utilized for each resident with special needs. The critical medical information band will include the following information:

- a. Resident's full name
- b. Facility name and contact number
- c. Note if resident is either insulin-dependent—diabetes mellitus (DDM)—or non-insulin dependent—diabetes mellitus (NIDDM)—if diabetic
- d. Note if resident is using a thickener product or mechanically altered diet (e.g., puree, mechanical, soft, etc.)
- e. Include other special needs (at risk for wandering, at risk for falls, at risk for skin breakdown, etc.)

\_\_\_\_\_ (*Staff Member*) should be designated to assure that identification wristbands are generated for all residents.

Identification wristbands should be reviewed during plan of care meetings to confirm accuracy.

### ***Resident Emergency "Go Bags"***

\_\_\_\_\_ (*facility name*) should prepare an emergency bag for each resident in preparation of an evacuation. A handled bag is best in order to carry the following items for each resident:

- Personal clothing, gowns/pajamas, shoes, slippers, socks, underclothes for three to four days, incontinence supplies, personal grooming items, dental supplies, dentures, hearing aids, eyeglasses, falls and skin breakdown preventative aids, hand sanitizer, preprinted labels (with name, facility name, and telephone number), mask, and other needed medical supplies, and a plastic bag for dirty clothes.
- Ensure all items and medical equipment are labeled.

### ***Resident Evacuation Tracking***

\_\_\_\_\_ (*facility name*) should maintain a Resident Tracking Log if an evacuation is necessary. See **Appendix 7** for Evacuation Tracking Log.

The following information should be included:

- Resident name
- Gender
- Time of departure
- Mode of transportation and provider
- Destination
- Chart and Medication Sheet sent with resident
- Equipment sent with resident
- Family notified with person notified, date, and time

## **12. Evacuation Procedures**

The following procedure should be utilized in the event \_\_\_\_\_ (*facility name*) has to evacuate.

At this point in time, the Incident Command System (ICS) should be activated.

- A. Only the Administrator or his/her designee can declare an Evacuation. If the Administrator is not on the premises during an emergency and cannot be reached, the succession of command will be followed.

- B. Contact ownership, Corporate Contact, Division of Health Service Regulation, Emergency Management Office, Medical Director, and Kentucky Long Term Care Ombudsman.
- C. Coordinate evacuation efforts with Emergency Management Office, who will activate its Incident Command System.
- D. Meet with the management team to finalize plans for the Evacuation. Activate Recall Roster.
- E. Notify all staff and residents of the need to evacuate and the steps that will be taken.
- F. Send completed Resident Evacuation Tracking Log to Emergency Management Office and report evacuation information to other agencies as required (See **Appendix 7** Evacuation).
- G. Contact families and responsible parties to notify them of Evacuation. Ensure everyone is aware of emergency numbers, including alternate care facility numbers.
- H. Ensure “Emergency Go Box” is prepared for travel
- I. Ensure all vendors of medical supplies, food, water, and medications are notified.
- J. Medical Records Department should prepare resident medical records for transport, with a mechanism for safeguarding as best as possible, once the residents reach the alternate care facilities.
- K. Incident Commander and/or Administrator will track the emergency’s progress and report to management staff, who will disseminate information to respective employees, or a facility wide meeting should be held.
- L. Designate someone to monitor and complete the Resident Evacuation Tracking Log. Ensure all disaster supplies are packed and loaded for transport, including mattresses, air mattresses, cots, pillows, food, water, medical supplies, etc. Designate an individual to oversee this aspect of the Evacuation and an individual(s) to travel with the all the supplies for safeguarding.
- M. Ensure adaptive equipment, special-need items, preventative devices for falls and skin break down are packed. Ensure blender/food processor is packed for those residents with special diets. Include process for requesting additional needed provisions for delivery to the resident.
- N. Ensure medications are packed and secured, depending on the circumstances of the evacuation. If residents are traveling a short distance primarily together, then transporting the medication carts is the best option. Obviously, residents traveling to separate destinations will take medications with them in a secure manner accompanied by a staff member or EMT if traveling via ambulance. If residents are traveling a long distance outside the geographical area during a state-mandated evacuation, then the critical medications for diabetes, cardiac conditions, psychiatric disorders, etc. should be carried in the residents’ emergency “go bags” due to delayed travel to destination, as well as the possibly of the medication carts becoming separated.
- O. Emergency medication boxes should accompany all buses for long distances with narcotics under double lock. A licensed nurse will be designated for each vehicle to ensure medications are safeguarded, whether medications are secure in the medication carts or in the resident emergency “go bags.” If residents needing critical medications are deemed unsafe to carry their own medications, then a licensed nurse will do so.
- P. Ensure separate coolers are provided for temperature-controlled medications.
- Q. Ensure coolers of ice and drinks are packed if traveling long distances.
- R. Brief volunteers and direct them with assignments. Only those volunteers who are trained to the needs of the chronic, cognitively impaired, and frail population, as well as knowledgeable of methods to minimize transfer trauma can assist with transporting residents.
- S. Group the residents according to unit, acuity, or whatever works best and assign staff members accordingly. Ensure Resident Emergency “Go Bags” are completely packed with Emergency Packets, Identification Bracelets, and Medical Records. Ensure each vehicle has a supply of emergency supplies. See **Appendix 7** Resident Evacuation Checklist for guidance regarding Resident Emergency Packets, Identification Bracelets, and “Go Bags.”

- T. Comfort and reassure residents throughout the entire process by encouraging residents to talk about expectations, anger, and/or disappointment; working to develop a level of trust; presenting an optimistic, favorable attitude about the relocation; anticipating that anxiety will occur ; being agreeable and not arguing with residents; Encouraging rather than giving orders; understanding that residents’ behavior should not be taken personally; Using praise liberally; Including residents in assessing problems; encouraging staff to introduce themselves to residents and encouraging family participation.
- U. The highest acuity residents, who should be traveling via ambulance, should be transferred first if at all possible. This will be considered Phase I of the evacuation. Medical Records will be sent with each of the Phase I residents.
- V. Designate a staff member to coordinate the Phase I Evacuation. See **Appendix 7** for Transfer Techniques.
- W. The other residents, who can travel by bus or car, will be evacuated in Phase II. Phase II residents will be moved to a staging area prior to evacuation. Staff members will be designated to each of the vehicles to assist the residents during the transport.
- X. Secure the facility and ensure all electronics and computers have been turned off and unplugged.
- Y. Designate someone to stay behind, if deemed safe, to safeguard the facility.
- Z. Activate shut-down procedures for non-essential utilities. See **Appendix 8** Facility Operations for Shutdown Procedures.
- AA. Accompany residents to receiving facility and unload. Should a resident become ill, or die, during transport, the Incident Commander at the sending facility will be contacted and he/she will determine the appropriate action and transportation destination, establish contact with the Administrator of the receiving facility, notify other officials and initiate the required documentation.
- BB. Establish a “Nursing Office” at the receiving facility. Establish daily communications with staff members, residents, and resident families/responsible parties.
- CC. Establish procedure at receiving facility for residents to report loss of personal effects during evacuation process to FEMA or other appropriate agency.
- DD. Monitor the situation with local authorities to determine a plan for re-entry into the facility.
- EE. The backup plan for staffing assistance will include establishing pre-emergency agreements with such resources as long term care facilities, Veterans Administration and other hospitals, home health, Department of Public Health Medical Reserve Corps, Red Cross, and other organizations that provide trained staff and volunteers.

## ***Emergency Job Tasks***

|                   |
|-------------------|
| <i>Evacuation</i> |
|-------------------|

Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Meet with management team to activate Incident Command System (ICS) and finalize instructions for evacuation.
  - b. Contact ownership, Corporate Contact, Division of Health Service Regulation, Emergency Management Office, Medical Director, and Ombudsman to notify them of decision to evacuate.
  - c. Notify staff members of decision to evacuate.
  - d. Notify alternate care facilities of pending arrival.
  - e. Designate Phase I and Phase II Coordinators in conjunction with Director of Nursing.
  - f. Designate a staff member to monitor and complete the Resident Evacuation Tracking Log at end of this Evacuation Section.
  - g. Contact vendors that may be needed for post-disaster restoration and make arrangements for services.
  - h. Secure the facility and ensure all electronics and computers have been turned off and unplugged.
  - i. Activate shut-down procedures for non-essential utilities.
  - j. Ensure Emergency Go-Box is complete
  - k. Accompany residents to receiving facility and unload.
  - l. Establish communications with the Administrator of the receiving facility.

- m. Establish daily communications with staff members, residents, and resident families/responsible parties.
  - n. Remain calm to not upset the residents.
  - o. Initiate recovery and re-entry efforts when deemed safe.
2. Director of Nursing
- a. Designate groups of residents to be transported based on acuity and determine staffing needs.
  - b. Complete Resident Acuity Sheet for Evacuation to determine transportation needs.
  - c. Prepare list of residents and where they are evacuating to, so nursing staff can prepare Emergency “Go Bags” to include clothing, supplies, medications, etc.
  - d. Ensure complete data backup prior to storm’s onset.
  - e. Designate Phase I Coordinator in conjunction with Incident Commander.
  - f. Designate Phase II Coordinator.
  - g. Assist in coordinating transfer of all residents to hospital(s).
  - h. Notify pharmacy of pending evacuation and alert for need to provide back-up medications.
  - i. Remain calm to not upset the residents.
  - j. Supervise resident evacuation from the building and the flow of residents. Ensure residents have Emergency Packets, Go Bags and Identification Bands.
  - k. Accompany residents to receiving facility and establish a Nursing Office to be manned by the Director of Nursing and other Administrative Nurses.
  - l. Communicate to staff members throughout the process and thank them for their efforts.
3. Nursing Staff
- a. Ensure all physician orders have been obtained for residents.
  - b. Prepare medications for those residents going to hospitals—ensure a week’s worth of medications if possible.
  - c. Prepare medications for those residents going home with families/responsible parties—ensure a week’s worth of medications if possible.
  - d. Prepare equipment, medical supplies, first aid supplies, treatment carts, crash cart, emergency medication boxes, oxygen, and medication carts for transport.
  - e. Ensure residents are properly prepared for evacuation.
  - f. Assist in resident transfers.
  - g. Remain calm to not upset the residents.
4. Certified Nursing Assistants
- a. Remove all residents from bed if possible and place in wheelchairs, Geri-chairs, etc.
  - b. Prepare residents in designated groups according to acuity for transport to alternate care facilities. Ensure the residents:
    - i. Are properly attired for the weather with shoes, coats, hats, etc.
    - ii. Are wearing ID bands.
    - iii. Have Emergency Packets with face sheet, identification, DNR orders, insurance information, etc.
    - iv. Have Emergency “Go Bags” with personal clothing, gowns/pajamas, shoes, slippers, socks, underclothes for three to four days.
    - v. Have incontinence supplies, personal grooming items, and other medical supplies.
    - vi. Have dental supplies, dentures, hearing aids, eyeglasses, etc.
    - vii. Have pillows, blankets, bed linens, (mattress maybe transported as well).
    - viii. Ensure all adaptive aids, such as hearing aids and dentures are packed and properly labeled.
  - c. Designate staff members to accompany each group.
  - d. Remain calm not to upset the residents.
5. Medical Records
- a. Protect and gather resident records for transport. Send each record with the Phase I resident to his/her receiving location.
  - b. Send resident records for Phase II residents to the receiving facility.
  - c. Ensure resident records are safeguarded at the receiving facility.
  - d. Ensure complete data backup prior to the storm’s onset.
  - e. Remain calm to not upset the residents.

6. Office Staff
  - a. Protect and gather vital employee and facility records for transport if necessary.
  - b. Ensure complete data backup prior to the disaster's onset.
  - c. Ensure all computers and computers have been turned off and unplugged.
  - d. Ensure specific departments are maintaining time sheets for employees who will be working at the alternate care sites.
  - e. As directed by Incident Commander, continue to notify families/responsible parties of the plan to evacuate.
  - f. Document all emergency actions taken and notifications.
  - g. Ensure telephone/emergency phone coverage for the facility.
  - h. As directed by Incident Commander, continue to notify staff members to report to the facility as soon as possible.
  - i. Remain calm to not upset the residents.
7. Social Services/Activities
  - a. Notify families/responsible parties who have requested their loved ones be discharged to their care. Make a list and forward to the nursing department, so discharge orders can be obtained from attending physicians.
  - b. Remain calm to not upset the residents.
  - c. Monitor volunteers.
  - d. Work closely with nursing staff to meet the needs of the residents.
8. Maintenance
  - a. Work with responding emergency agencies on items such as utility controls and elevator operations. Support responding emergency agencies with building security and traffic control.
  - b. Make final rounds of the facility and grounds.
  - c. Make emergency repairs of the facility.
  - d. Secure windows and other building openings.
  - e. Ensure that all windows are closed. Pull shades and close all drapes.
  - f. Check equipment for functionality.
  - g. Secure the facility and ensure all electronic devices and computers have been turned off and unplugged.
  - h. Activate shut-down procedures.
  - i. Secure all potential flying debris (above, below, around, and in the facility).
  - j. Gather supplies, such as radios, flashlights, batteries, etc. for transport.
  - k. Remain calm to not upset the residents.
9. Food Services
  - a. Ensure refrigerators and freezers are set on the lowest setting prior to exiting the facility.
  - b. Ensure non-essential equipment is unplugged.
  - c. Gather emergency food, water, cooking utensils, and food disposal supplies for transport. Assign someone to accompany food items during transportation to the alternate care facility.
  - d. Protect and gather for transport vital resident and department records.
  - e. Notify vendors to deliver supplies, including ice and water to alternate care facility.
  - f. Determine the number of residents, visitors, volunteers, employees, and their family members for whom food service will be provided.
  - g. Prepare to assist in resident evacuation and report to the alternate care facility.
  - h. Remain calm to not upset the residents.
10. Housekeeping/Laundry
  - a. Protect and gather an adequate supply of linens to be transported to the evacuation site.
  - b. Ensure all equipment is unplugged.
  - c. Notify vendors to deliver supplies to the alternate care facility if necessary.
  - d. Determine the number of residents, visitors, volunteers, employees, and their family members who will need supplies and linens.
  - e. Gather supplies such as linens, blankets, trash can liners, mops, rags, buckets, trash cans, cleaning supplies, toilet paper, etc.
  - f. Prepare to assist in resident evacuation and report to the alternate care facility.
  - g. Remain calm to not upset the residents.

11. Transportation
  - a. Check fuel, oil, and water levels for each vehicle.
  - b. Prepare maps with evacuation routes and alternate routes.
  - c. Remain calm to not upset the residents.

12. Medical Director
  - a. Will assist facility with transfer decisions and emergency orders if attending physician cannot be reached.

### 13. Shelter-in-Place Considerations

\_\_\_\_\_ (*facility name*) realizes it is essential to plan for Sheltering in Place (SIP) well in advance of a crisis or disaster situation requiring partial or complete evacuation. The facility should identify and assess the length of time it can realistically support SIP before a decision is made to fully evacuate. \_\_\_\_\_ (*facility name*) also realizes that hospitals may have to transfer patients to its facility during catastrophic events, if they reach overcapacity. This is integrated into the Surge Plans for hospitals.

The following potential situations have been identified, in which Sheltering in Place might be necessary: (*Facilities should add the top two potential situations.*)

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

The following areas within the facility have been identified as suitable spaces that are structurally sound and away from potential exposure areas for residents, staff, and visitors to seek shelter: (*Facilities should add a primary and an alternate space.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Consider all factors that may cause a secondary event following the initial need to SIP. Example: building collapse post-tornado
- Identify all SIP-specific materials and inventory items that may be needed to facilitate the SIP procedure in reference to a contaminated or hazardous environment outside of the facility. Examples: plastic sheeting, tarps, duct tape, extra blankets and pillows, etc.
- Identify all aspects of the facility’s physical plant and infrastructure that need to be evaluated during the SIP procedure and immediately following the SIP to ensure the safety of residents, staff, and visitors.

### Surge Capacity and Hosting

\_\_\_\_\_ (*facility name*) has determined the capability to safely shelter staff members, staff members’ immediate family members, as well as serve as a receiving “host” facility to other health care and community facilities. This determination is referred to as a Surge Capacity Assessment and includes identifying information for a conventional, contingency and crisis capacity (See [www.cchealth.org/groups/ems/pdf/medical\\_surge\\_capacity\\_plan\\_jan07.pdf](http://www.cchealth.org/groups/ems/pdf/medical_surge_capacity_plan_jan07.pdf) for Contra Costa County Medical Surge Capacity Plan and Hick, J.L., Barbera, J.A., & Kelen, G. D. 2009. Concepts in Disaster medicine: Refining Surge Capacity; Conventional, Contingency, and Crisis Capacity, American Medical Association at [http://www.dmphp.org/cgi/content/full/3/Supplement\\_1/S59](http://www.dmphp.org/cgi/content/full/3/Supplement_1/S59) for more information on surge capacity).

**Conventional capacity** refers to the spaces, staff, and supplies that would be used during an emergency. The current plan provides for conventional capacity for residents, staff and their families during an emergency.

**Contingency capacity** refers to the spaces, staff, and supplies that are not consistent with daily use in the facility but temporary or sustained use in this way would have a minimal impact on usual resident care practices. Assessment would include the number and acuity levels of additional residents, staff, family members, alternate site residents/patients that could be accepted. The following contingency capacity would be needed in a surge situation:

- space that could be used for surge: \_\_\_\_\_
- ability to provide decontamination, referral for hospital admission, specialized/complex medical treatment, ventilator and/or isolation: \_\_\_\_\_
- staffing : \_\_\_\_\_
- supplies : \_\_\_\_\_
- duration of time limits for a surge: \_\_\_\_\_
- geographic scope: \_\_\_\_\_
- assessment of other areas impacted that would render outside assistance unavailable:  
\_\_\_\_\_
- impact of incident on medical personnel and facilities: \_\_\_\_\_

**Crisis capacity:** These spaces, staff, and supplies are not consistent with usual standards of care and use in the facility but could provide the best possible care to residents/others in a major emergency. The following contingency capacity would be needed in a surge situation:

- space that could be used for surge: \_\_\_\_\_
- ability to provide decontamination, referral for hospital admission, specialized/complex medical treatment, ventilator and/or isolation: \_\_\_\_\_
- staffing : \_\_\_\_\_
- supplies : \_\_\_\_\_
- duration of time limits for a surge: \_\_\_\_\_
- geographic scope: \_\_\_\_\_
- assessment of other areas impacted that would render outside assistance unavailable:  
\_\_\_\_\_
- impact of incident on medical personnel and facilities: \_\_\_\_\_

## *Shelter-in-Place Procedures*

\_\_\_\_\_ (facility name) Emergency Procedure for SHELTER-IN-PLACE (SIP). The following procedure should be utilized when the facility is Sheltering-in-Place due to a disaster situation

- A. Meet with management team to activate Incident Command System (ICS) and discuss preparations for the emergency.
- B. Notify ownership, Corporate Contact, Division of Health Service Regulation, Emergency Management Office, Medical Director, and Ombudsman of the decision to Shelter-in-Place.
- C. Notify staff members, residents, and family members/responsible parties.
- D. Each department needs to contact all employees and create a list of employees with telephone numbers/emergency telephone numbers who will be available to work during the Shelter-in-Place if time warrants such planning. Confirm expected availability, as well as the number of family members joining the staff members:
  - Before the emergency strikes
  - During the emergency
  - After the emergency
- E. All visitors, vendors, volunteers, etc. in the facility at the time the Shelter-in-Place plan is initiated should be instructed to stay for their safety. (When authorities provide directions to Shelter-in-Place, they want everyone to take those steps now, where they are, and not drive or walk outdoors.)
- F. Unless there is an imminent threat, provide staff, volunteers, visitors, vendors, etc. with the ability to communicate with their family members at an appropriate time.
- G. Close and lock all windows, exterior doors, and any other openings to the outside.
- H. If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- I. Create water supply—rule of thumb is three gallons per person, per day for seven days.
  - Fill tubs, pitchers, and as many containers as possible with water
  - Bag up as much ice as possible and place in the freezers
  - Purchase ice and place in freezers (Gallon Ziploc bags are great for cooling individuals and then are ready for drinking, as ice melts.)
- J. Turn off all fans, heating, and air conditioning systems. Activate other shut-down procedures if necessary.
- K. Be prepared to access essential disaster supplies, such as nonperishable food, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- L. Select interior room(s) above the ground floor, with the fewest windows or vents available, for safe refuge and move residents there. The rooms should have adequate space for everyone to be able to sit in. (Refer to as Area of Refuge.)
  1. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries, and copy and conference rooms without exterior windows will work well.
  2. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outside.
  3. It is ideal to have a hard-wired telephone in the area 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.
- M. Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the doors and any vents into the room.
- N. Bring everyone into the Area of Refuge. Shut and lock the doors.
- O. Make staff assignments.
- P. Be alert for leaking water or gas, broken windows, fire hazards, and electrical wires.
- Q. Ensure accountability and keep track of all residents and staff members.
- R. Evaluate resident status changes and needs, especially if power is lost. Activate hot or cold weather procedures if necessary.

## ***Emergency Job Tasks Shelter-in-Place***

Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Meet with management team to activate Incident Command System (ICS) and discuss preparations for Sheltering-in-Place.
  - b. Notify ownership, Corporate Contact, Division of Health Service Regulation, Emergency Management Office, Medical Director, and Ombudsman of the decision to Shelter-in-Place.
  - c. Ensure staff members, residents, resident family members/responsible parties are notified of the decision.
  - d. Remain calm to not upset the residents.
  - e. Move residents to Area of Refuge.
2. Director of Nursing
  - a. Ensure doors, blinds, drapes are closed.
  - b. Guide staff in creating water supply.
  - c. Notify pharmacy and vendors.
  - d. Ensure residents' families/responsible parties are notified.
  - e. Assist in moving residents to Area of Refuge and frequently monitor their conditions.
  - f. Connect O<sub>2</sub> concentrators to all residents requiring oxygen.
  - g. Shut off oxygen or other medical gasses.
  - h. Remain calm to not upset the residents.
  - i. Ensure all residents and staff are accounted for.
  - j. Be prepared to assist where needed at the direction of the Incident Commander.
3. Nursing Staff
  - a. Initiate preparations by closing doors, blinds, and drapes, and filling up tubs and sinks with water.
  - b. Assist in moving residents to the Area of Refuge and frequently monitor their conditions.
  - c. Close all doors and windows.
  - d. Connect O<sub>2</sub> concentrators to all residents requiring oxygen.
  - e. Shut off oxygen or other medical gasses.
  - f. Remain calm to not upset the residents.
  - g. Be prepared to assist where needed at the direction of the Incident Commander.
4. Certified Nursing Assistants
  - a. Initiate preparations by closing doors, blinds, and drapes and filling up tubs and sinks with water.
  - b. Prepare to move residents to Area of Refuge.
  - c. Remain calm to not upset the residents.
  - d. Be prepared to assist where needed at the direction of the Incident Commander.
5. Medical Records
  - a. Protect and gather resident records to relocate to centralized are of refuge if necessary.
  - b. Ensure complete data backup.
  - c. Remain calm to not upset the residents.
  - d. Be prepared to assist where needed at the direction of the Incident Commander.
6. Office Staff
  - a. Protect and gather vital employee and facility records for transport if necessary.
  - b. Ensure complete data backup.
  - c. Unplug all computers and equipment.
  - d. As directed by Incident Commander, continue to notify families/responsible parties of decision to shelter-in-place.
  - e. Document all emergency actions taken and notifications.
  - f. Ensure telephone/emergency phone coverage for facility.
  - g. Remain calm to not upset the residents.
  - h. Be prepared to assist where needed at the direction of the Incident Commander.

7. Social Services/Activities
  - a. Notify families/responsible parties of decision of shelter-in-place.
  - b. Remain calm to not upset the residents.
  - c. Work closely with nursing staff to meet the needs of the residents.
  - d. Be prepared to assist where needed at the direction of the Incident Commander.
8. Maintenance
  - a. Make final rounds of the facility and grounds.
  - b. Make emergency repairs of the facility.
  - c. Secure windows and other building openings.
  - d. Ensure that all windows are closed. Pull shades and close all drapes.
  - e. Check equipment for functionality.
  - f. Secure the facility and ensure all electronics and computers have been turned off and unplugged.
  - g. Activate shut-down procedures.
  - h. Secure all potential flying debris (above, below, around, and in the facility).
  - i. Secure supplies, such as radios, flashlights, batteries, etc. for transport.
  - j. Remain calm to not upset the residents.
  - k. Be prepared to assist where needed at the direction of the Incident Commander.
9. Food Services
  - a. Set refrigerator and freezers on the coldest setting.
  - b. Unplug non-essential equipment.
  - c. Secure emergency food, water, cooking utensils, and food disposal supplies for transport.
  - d. Secure vital resident and departmental records.
  - e. Fill zip top bags with ice and place in freezers.
  - f. Notify vendors to deliver supplies, including ice and water.
  - g. Determine the number of residents, visitors, volunteers, employees, and their family members for whom food service will be provided.
  - h. Remain calm to not upset the residents.
  - i. Be prepared to assist where needed at the direction of the Incident Commander.
10. Housekeeping/Laundry
  - a. Secure an adequate supply of linens.
  - b. Unplug all equipment.
  - c. Notify vendors to deliver supplies.
  - d. Secure supplies, such linens, blankets, trash can liners, mops, rags, buckets, trash cans, cleaning supplies, toilet paper, etc.
  - e. Create water supply.
  - f. Assist in moving residents to Area of Refuge.
  - g. Remain calm to not upset the residents.
  - h. Be prepared to assist where needed at the direction of the Incident Commander.
11. Transportation
  - a. Check fuel, oil, and water levels for each vehicle.
  - b. Move vehicles away from trees.
  - c. Remain calm to not upset the residents.
  - d. Be prepared to assist where needed at the direction of the Incident Commander.
12. Medical Director
  - a. Will be notified and will assist if available

## 15. Capacity for Deceased Residents

\_\_\_\_\_ (*facility name*) is aware of the community plan for a death surge relative to a disaster and also has planned for the potential of deceased residents, staff, and visitors following a crisis or disaster situation without the support of local emergency responders or other community resources. Planning for such scenarios that require the facility to temporarily handle and hold the remains of deceased individuals may be particularly needed in an emergency such as flu epidemic, pandemic, catastrophic natural disaster, or similar unprecedented event that impacts hospitals, funeral homes, mortuaries, and morgues to the point where the volume of deaths is overwhelming and public service assistance is not immediately available due to the nature of the critical event.

\_\_\_\_\_ (*facility name*) should consider the following in handling, processing, and storing human remains on a temporary basis:

- Identify the facility's normal capacity, if any, to store deceased residents/occupants \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Identify any refrigeration capacity that may be available to store human remains safely separated from emergency food supply \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Identify suitable areas on the periphery of the facility to store human remains without refrigeration  
\_\_\_\_\_  
\_\_\_\_\_
- Identify any equipment (ice making, etc.) or materials/supplies needed (storage bags for ice, deodorizers, body bags, heavy duty plastic wrap, tarps, pallets, etc.) to provide temporary storage of human remains  
\_\_\_\_\_  
\_\_\_\_\_
- Identify ways to control and isolate temporary morgue provisions away from healthy facility occupants (residents, staff, and visitors) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See **Appendix 10** for a Morgue Log Sheet.

## 16. Continuity of Operations Planning (COOP)

\_\_\_\_\_ (*facility name*) realizes the necessity to continue operations during and following a crisis or disaster situation, including an epidemic/pandemic episode. \_\_\_\_\_ (*facility name*) should review and identify critical/essential functions, personnel, and other factors that must remain operational immediately following a crisis or disaster situation to help ensure the safety of facility occupants (residents, staff, and visitors) as well as allow the facility to provide services immediately following a critical event. Plans are in place for the following:

- To ensure sufficient staffing while providing an inclusive sick leave policy for epidemic/pandemic episodes. See **Section IV-Epidemic/Pandemic Episodes**
- To ensure the continuous performance of an agency's essential functions during an emergency
- To ensure the safety of patients and employees
- To protect essential equipment, records, and other assets
- To reduce disruptions to operations
- To address emergency financial needs
- To minimize damage and losses
- To achieve an orderly recovery from emergency operations
- To identify relocation sites and ensure operational and managerial requirements are met before an emergency

Whereas the All Hazards Emergency Plan is designed to provide guidance and assistance on planning, preparedness response, and recovery from a critical event, Continuity of Operations Planning (COOP) helps ensure that the facility can sustain operations that are absolutely vital including administrative and business components of the facility (records, payroll, finance, funding, insurance, etc.) See Resources **Appendix 18** for links regarding Business Interruption Planning and **Section III.10** for security considerations.

## **17. Training / Education-NIMS/ICS Awareness**

\_\_\_\_\_ (*facility name*) should establish credible training and continuing education programs that specifically provide guidance and instruction on the proper handling of a crisis or disaster situation, including an epidemic/pandemic episode. Additionally, all training programs pertaining to emergency management should address the general principles of the National Incident Management System (NIMS) as well as the Incident Command System (ICS).

\_\_\_\_\_ (*staff member or members*) should be responsible for providing and/or coordinating education efforts relating to *All Hazards Preparedness and Planning*.

Staff members should have a basic understanding of the ICS. Training is available through the Federal Emergency Management Agency (FEMA) to help indoctrinate employees to the ICS and may be required in certain jurisdictions.

The following online training program is available and is recommended for all healthcare workers and can be found at [http://www.fema.gov/emergency/nims/nims\\_training](http://www.fema.gov/emergency/nims/nims_training). The following training or the KY equivalent is recommended:

- All line staff members, Administrator and Supervisors/Department Heads complete the IS-100 or equivalent— An Introduction to ICS for Healthcare/Hospital Personnel;
- Administrators and all Supervisors/Department Heads complete the IS 200 or equivalent - Basic ICS Applying ICS to Healthcare Organizations, and IS 700 or equivalent National Incident Management System – Introduction course
- Only one person in the facility (Supervisor/Department Head for Safety/Security or Public Relations/Communication Officer or Risk Manager/Community Liaison) to complete the IS 800 or equivalent- National Response Framework.

**See Training and Education Appendix 18 for links to information regarding the NIMS courses.**

Training should be provided to the staff and volunteers of the facility by credible and qualified persons within the organization or from other qualified resources. These resources may include local emergency responders, qualified vendors, and consultants. The main objective for the development and maintenance of a reliable training program will be to provide staff with relevant information on emergency procedures and emergency management in compliance with nationally recognized standards and best practices.

Training topics presented to facility staff on a regular basis should include but not be limited to the following subjects:

- Discovering/Reporting an Emergency Situation
- Sounding the Alarm/Initiating Emergency Procedures
- Emergency Color Code System
- Fire Control and Extinguishment
- Facility Evacuation Procedures
- Transfer Trauma, including mental health, behavioral health and psychological first aid)
- Evacuation Carries and Maneuvers
- Severe Weather Awareness and Procedures
- Sheltering in Place Principles and Procedures
- Emergency Response/Succession of Command
- Incident Command System
- All Hazards Emergency Management Principles
- Specific Disaster Procedures
- Infection Control and Procedures for epidemic/pandemic episodes
- Hazardous Materials Awareness/Material Safety Data Sheet (MSDS) Usage
- Health literacy
- All Other Relevant Curriculum

Staff members should be trained on the facility's emergency plans, policies, and procedures upon hire and at a minimum semi-annually. The purpose of presenting training programs on a regular/consistent basis is to help create a "culture" of emergency preparedness within the facility to help ensure the safety of facility occupants.

## 18. Exercises, Drills, and Simulations

In addition to the establishment of a regular training program, \_\_\_\_\_ (*facility name*) should conduct training exercises, drills, and simulations **at least semi-annually**. It is essential to provide periodic testing of emergency plans and procedures to ensure that the staff is properly prepared to respond to a crisis or disaster situation. Exercises, drills, and simulations are used as a means of practicing emergency/disaster procedures and of identifying potential issues that can be corrected prior to a crisis or disaster situation including epidemic/pandemic episodes.

\_\_\_\_\_ (*facility name*) should consider the following points regarding exercises, drills, and simulations:

- Exercises, drills, and simulations should be conducted on all levels of management within the organization and not just be confined to routine fire or evacuation drills. It is essential for all levels of the organization to be periodically "tested" to help ensure that proper planning, response, and recovery programs are in place and are appropriate for the facility.
- An annual schedule should be developed to help \_\_\_\_\_ (*facility name*) comply with a regular regiment of exercises, drills, and simulations to help ensure compliance with regulations as well as meet recommended practices.
- Activation and use of the \_\_\_\_\_ (*facility name*) Incident Command Post should be considered for all exercises, drills, and simulations to help ensure a thorough understanding of the system. The Incident Command Post should not only be activated during real crisis or emergency situation and should be utilized as often as possible.
- Outside resources including local emergency responders, County emergency managers, insurance program representatives, and other appropriate persons or agencies should be invited to periodically participate in, observe, and evaluate internal exercises, drills, and simulations.

Every exercise, drill, and simulation should be properly documented to include those individuals who participated, issues identified, and corrective actions taken to correct deficient areas. The reports should be maintained on file within the facility for a period of five years