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APPENDIX 1 ACRONYMS/GLOSSARIES

Accountability—Effective accountability during incident operations is required at all levels within the facility. The following guidelines are adhered to:

Check-In (all employees and responders must report in to receive an assignment in accordance with the procedures established by the incident commander),

Incident Action Plan (response operations must be directed and coordinated as outlined in the IAP, **Unity of Command** (each individual involved in incident operations will be assigned to only one supervisor),

Span of Control (Supervisors must be able to adequately supervise and control their subordinates, as well as communicate with and manage all resources under their supervision),

Resource Tracking (Supervisors must record and report resource status changes as they occur).

Alternate Communication Methods: Include cellular phones, satellite phones, internet, two-way radios, CB, HAM radios.

Alternate Facility Relocation Site—A facility that can be utilized in case of a complete evacuation of the primary facility that meets basic requirements for the safety and security of the residents and staff members. It is suggested that the facility establish at least two alternate sites, one in the same vicinity and one at least 50 miles away.

Area of Refuge—Interior rooms above the ground floor with the fewest windows or vents available for safe refuge with adequate space for everyone to be able to sit in.

Chain of Command—Every person participating in the incident has a designated supervisor. There is a clear line of authority within the incident command organization, and all lower levels connect to higher levels, eventually leading solely back to the Incident Commander. The Chain of Command follows an established organizational structure that adds layers of command as needed. The basic outline of command layers are command, sections, branches, divisions/groups, units, resources.

Emergency Codes used by KY Hospital Association and recommended for use in Long Term Care:

Code Black—Bomb Threat

Plain Speech/Text—Earthquake

Code Yellow—Epidemic/Pandemic (Disaster Plan Activation-Internal or External)

Code Red—Fire Emergency

Plain Speech/Text—Flood/Flash Flood/Dam Failure (Disaster Plan Activation-Internal or External)

Code Orange—Hazardous Material Spill/Release

Plain Speech/Text—Landslide (Severe Weather)

Code Blue—Medical Emergencies

Code Yellow--Missing Resident (Medical Emergency)

Code Orange—Nuclear Power (Hazardous Material Spill/Release)

Plain Speech/Text—Severe Heat

Plain Speech/Text—Shelter in Place

Plain Speech/Text—Snow Emergency

Code Yellow--Terrorist Attack (Disaster Plan Activation-Internal or External)

Plain Speech/Text—Tornado (Watch or Warning)

Code Yellow—Utility Outage (Disaster Plan Activation-Internal or External)

Code Yellow--Workplace Violence or Threat of Violence (Disaster Plan Activation-Internal or External)

Communications and Information Management—NIMS requires incident management organizations to ensure that effective interoperable communications and information management processes, procedures, and systems exist to support a wide variety of incident management activities across agencies and jurisdictions.

Continuity of Operations Planning—Helps ensure that the facility can sustain operations that are absolutely vital including administrative and business components immediately following a crisis or disaster situation.

Critical Medical Information Wristband—Orange wristband to be worn on the same wrist as the Resident Evacuation Identification Wristband for each resident with special needs. Includes resident's full name, facility name and contact number, note if resident is either insulin dependent—diabetes mellitus (ddm)—or non insulin dependent—diabetes mellitus (niddm)—if diabetic, note if resident is using a thickener product or mechanically altered diet, other special needs.

Disaster Menu—Emergency menu that can be developed using minimal resources of food, water, and utilities.

Disaster Preparedness Assessment—To be conducted on an annual basis to determine the readiness of the physical plant and associated supplies/provisions within the facility to manage a crisis or disaster situation.

Drills—Drills are characterized by an activity that tests, develops, or maintains skills in a single emergency response procedure. Focus is limited.

Emergency Go Boxes—Contain cell phone/charger, cash/credit cards/additional keys, emergency key contacts list, list of employee payroll and contact information, and badges for visitors. Can be placed in secure locations throughout the facility, so that the Administrator and/or Incident Commander can grab them in an emergency.

Emergency Management Codes—Utilized to notify the employees of the various crises or disaster situations that may impact the facility.

Facility Action Cards—To be utilized as “cheat sheets” for the designated ICS positions.

Finance/Administration—One of the five ICS management functions, the facility's Finance Leader is tasked with tracking incident related costs, personnel records, requisitions, and administering procurement contracts required by Logistics, including: contract negotiation and monitoring, timekeeping, cost analysis, compensation for injury or damage to property.

Flood Warning—Flooding is already occurring or will occur soon. Take precautions at once. Be prepared to go to higher ground. If advised, evacuate immediately

Flood Watch—Flooding is possible. Stay tuned to National Oceanic and Atmospheric Administration (NOAA) radio. Be prepared to evacuate. Tune to local radio/television stations for additional information.

FLOP—Acronym for the four sections of staff after Command: Finance/Administration, Logistics, Operations, and Planning.

Functional Exercise—A functional exercise is intended to test or evaluate the capability of one or more functions or complex activities within a function. The results are obtained when the activity or function can be effectively evaluated from other emergency management activities. An example would be a test and evaluation of the centralized emergency operations capability and timely response of one or more departments under a stress environment. It could be centered in the Incident Command Center (ICC) and the use of outside activity and response could be simulated.

Hazardous Materials—Substances that are flammable or combustible, explosive, toxic, noxious, corrosive, oxidizable, an irritant, or radioactive.

Hazard Vulnerability Analysis—A tool to help determine what events or incidents may negatively impact the operations of a healthcare facility to adequately anticipate and prepare to manage a crisis or disaster situation.

Hurricane Landfall—The periods of time in which hurricane winds, rains, and storm tide present a danger to the general population as the storm approaches land and passes through the area.

Hurricane Warning—A hurricane is expected to hit land within 24 hours. Hurricane conditions are imminent, bringing: sustained winds of 74 miles per hour or higher, torrential rain fall which will cause flooding, storm surge, rising tidal sea levels of more than 10 feet above normal.

Hurricane Watch—A hurricane is possible within 36 hours. Stay tuned for additional advisories. Tune to local radio and television stations for additional information.

Incident—An incident is an occurrence, either caused by humans or natural phenomena, that requires response actions to prevent or minimize loss of life or damage to property and/or the environment.

Incident Action Plan—For a specific event, response is coordinated and managed through one plan of action.

Incident Command—One of the five ICS management functions, the facility's Incident Commander is the single person in charge of the incident at the facility and initially fills all five command staff positions. As the incident grows the tasks covered by other sections can be delegated, and those new positions take the title of Section Leader. The Incident Commander is responsible for all activity on the incident as well as creating the overall incident objectives.

Incident Commander—The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. Incident Commander should educate leadership to the ICS, so that in the event of an emergency of significant magnitude, other Incident Command positions can be designated as needed. It may not be practical for all positions to be filled due to lack of positions at any given time, so some sections may be covered by the same individual.

Incident Command Post—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.

Incident Command System (ICS)—A component of the federal National Incident Management System (NIMS), has become the standard for incident management within the United States. A management system with procedures for controlling personnel, facilities, equipment, and communications and is designed to be used from the time an incident occurs until the requirement for management and operations no longer exists.

Incident Management Sheet—Documents incidents and pertinent details surrounding the emergency situation, including employees who assume ICS functions during the incident.

Liaison Officer—Serves as the primary contact for supporting agencies assisting at an incident.

Logistics—One of the five ICS management functions, the facility's Logistics Leader is tasked with providing all resources, services, and support required by the incident, including: ordering, obtaining, and maintaining essential personnel, equipment, and supplies; providing communication planning and resources; setting up food services; setting up and maintaining incident facilities; providing transportation; providing medical services to incident personnel.

Minimize Exposure to Radiation by:

Distance—The more distance between you and the source of the radiation, the better. This could be evacuation or remaining indoors to minimize exposure.

Shielding—The more heavy, dense material between you and the source of the radiation, the better.

Time—Most radioactivity loses its strength fairly quickly.

Morgue Log Sheet—To be filled out to document temporary storage of human remains during an emergency.

National Incident Management System (NIMS)—Developed by Department of Homeland Security to manage emergency situations.

Nuclear Power Plant Emergency

Notification of Unusual Event—A small problem has occurred at the nuclear plant. No radiation leak is expected. No action at the facility will be necessary.

Alert—A small problem has occurred at the nuclear facility, and small amounts of radiation could leak inside the plant. This will not affect the facility and no action is required.

Site Area Emergency—Area sirens may be sounded. Listen to your radio/ television for safety information.

General Emergency—Radiation could leak outside the plant and off the plant site. The sirens will sound. Tune to local radio or television station for reports. Be prepared to follow instructions promptly.

Official Spokesperson—An individual designated to educate staff members, residents, family members, and other applicable members/organizations within the community on issues pertaining to the facility's all hazards emergency management program.

Operation Period—Incident Action Plans include the measurable strategic operations to be achieved and are prepared around a time frame called an Operational Period.

Operations—One of the five ICS management functions, the facility's Operations Leader is tasked with directing all actions to meet the incident objectives.

Planning—One of the five ICS management functions, the facility's Planning Leader is tasked with the collection and display of incident information, primarily consisting of the status of all resources and overall status of the incident, including: collecting, evaluating, and displaying intelligence and information about the incident; preparing and documenting incident action plans; conducting long-range and/or contingency planning; developing plans for demobilization; maintaining incident documentation; tracking resources assigned to the incident.

Preparedness—The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness involves efforts at all levels of government and between government and private sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

Probability—The likelihood of an event occurring near or in a facility. Issues to consider in determining probability are: known risk, historical data, manufacturer/vendor statistics.

Public Information Officer—Serves as the conduit for information to internal and external stakeholders, including the media or other organizations seeking information directly from the incident or event.

R.A.C.E.—Rescue (Rescue /Evacuate persons in immediate danger) Alarm (Pull nearest "pull station." Announce "CODE RED" and fire location over loud speaker. Repeat the announcement) Confine (Confine the fire by closing doors to isolate the fire and smoke) Extinguish (Attempt to extinguish the fire only if the first three parts of the R.A.C.E. Procedure have been completed and the fire appears to be manageable).

Radiological Dispersion Device (RDD)—Combines a conventional explosive device (such as a bomb) with radioactive material; designed to scatter dangerous/ sub-lethal amounts of radioactive material over general area.

Recall Roster—List of facility employees including emergency contact numbers.

Resident Acuity Sheet—Documents resident census by acuity level for evacuation.

Resident Emergency Travel Bag—Packed with personal clothing, gowns/pajamas, shoes, slippers, socks, underclothes for three to four days.

Resident Evacuation Identification Wristband—Clear/white identification wristband that includes resident's full name, no known allergies (NKA) or list of food/medication allergies (in red), critical diagnosis, facility name and contact number, name of physician, name of responsible parties with contact numbers for each, DNR, if applicable.

Resident Information Packet—Plastic packet sent with resident to receiving facility during evacuation. Contains resident's identification bracelet, face sheet/data sheet with contact information of responsible party/family, Social Security Number, Medicare/Medicaid/other insurance provider numbers, photograph, date of birth, allergies, diagnoses/medical conditions, current medications, resuscitation instructions with copy of DNR, Power of Attorney or advance directives, diet and special provisions, transfer methods.

Resident Tracking Log—Filled out if evacuation is necessary that includes resident's name, gender, time of departure, mode of transportation and provider, destination, chart and medication sheet sent with resident, equipment sent with resident, family notification with person notified, date, and time.

Resource Management—Efficient incident management requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the NIMS includes mutual-aid agreements; the use of special federal, state, local, and tribal teams; and resource mobilization protocols.

Risk—Potential impact that any given hazard may have on the facility. Issues to consider are: threat to life and/or health, disruption of services, damage/failure possibilities, loss of community trust, financial impact, legal issues.

Safety Officer—Monitors safety conditions and develops measures for assuring the safety of all assigned personnel.

Saffir/Simpson Scale—Used by the National Hurricane Center to give public officials a continuing assessment of the potential for wind and storm surge damage.

Shelter-in-Place—Suitable spaces that are structurally sound and away from potential exposure areas for residents, staff, and visitors to seek shelter during an emergency situation.

Shut Down—Turning off all electricity, gas, etc. to the facility.

Simulation—In a simulation, personnel demonstrate at least a portion of the actual response activities that they would execute in an emergency. Drills and simulations give participants the opportunity to practice and demonstrate how they would respond to and manage a crisis. The primary difference between a drill and a simulation is that during a drill, equipment and personnel do not actually deploy.

Single Command—Command function in which the Incident Commander will have complete responsibility for incident management. A Single Command may be simple, involving an Incident Commander and single resources, or it may be a complex organizational structure with an Incident Management Team.

Span of Control—Span-of-control is the most fundamentally important management principle of ICS. It applies to the management of individual responsibilities and response resources. The objective is to limit the number of responsibilities being handled by, and the number of resources reporting directly to, an individual. ICS considers that any single person's span of control should be between three and seven individuals, with five being ideal. In other words, one manager should have no more than seven people working under him/her at any given time.

Surge Capacity Assessment—Determines how many individuals the facility can safely Shelter-in-Place.

Tabletop Exercise—A tabletop exercise is a simulated emergency situation. It is a facilitated activity conducted in a conference room setting involving the discussion of a scenario by participants or a response team or teams. It is intended to evaluate plans and procedures then resolve questions of coordination and assignment of responsibility. Tabletop exercises are not concerned with time pressures, stress, or actual simulations of specific events.

Take Cover Procedure—Any situation where the safety and well-being of the residents and staff members of the facility are at risk due to an event that occurs outside of the facility can result in a decision by the Administrator and/or Incident Commander to **Take Cover**. Residents, staff, and visitors will be directed to

Take Cover inside the facility in a safe area.

Threats—Include fire/explosion, flood, bomb threat, tornado, hurricane, severe weather, power failure, utility disruption, workplace violence, security threat, missing resident, internal hazardous materials spill/leak, pandemic episode, unknown acts of terrorism.

Tornado Warning—A tornado has been sighted in the area or is indicated by radar. Take shelter immediately.

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.

Transfer of Command—The process of turning over responsibility from one Incident Commander to another.

Tropical Depression—Winds less than 30 miles per hour.

Tropical Storm—Winds over 39 miles per hour, but less than 74 miles/hour.

Tropical Storm Watch—Issued when storm conditions are expected within 36 hours.

Tropical Storm Warning—Issued when storm conditions are expected within 24 hours.

Types of Evacuation

Complete/Outside Evacuation—Moving residents, staff, and visitors to a pre-designated area outside of the building.

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**).

Phase I Evacuation—Transport of the highest acuity residents traveling via ambulance. These residents will be transferring to hospitals and will be transferred first if at all possible.

Phase II Evacuation—Transport of all other residents who can travel via buses and cars.

Relocation—Moving residents to an off-campus alternate facility (may be referred to as Receiving Facility).

Staging Area—Last place to move residents before leaving the building. Residents may be sent to a staging area based on acuity level.

Vertical Evacuation—Moving residents, staff, and visitors off the floor, down stairs and elevators to a safe area within the facility (**Partial Evacuation**).

Unified Command—Command function in which responding agencies and/or jurisdictions with responsibility for the incident share incident management. A Unified Command may be needed for incidents involving: multiple jurisdictions, a single jurisdiction with multiple agencies sharing responsibility, multiple jurisdictions with multi-agency involvement.

Unique Threats—Threats that can potentially impact the facility based on the facility's geographic location, past history, proximity to other structures and operations, proximity to transportation corridors as well as other unique factors.

Unity of Command—Each individual participating in the operation reports to only one supervisor.

Workplace Violence—"Violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty." (National Institute for Occupational Safety and Health (NIOSH)).

APPENDIX 2

AGREEMENTS/MUTUAL AID

What is a mutual aid agreement?

Mutual-aid agreements are the means for one jurisdiction to provide resources, facilities, services, and other required support to another jurisdiction during an incident. Each jurisdiction should be party to a mutual-aid agreement (such as the Emergency Management Assistance Compact) with appropriate jurisdictions from which they expect to receive or to which they expect to provide assistance during an incident. This would normally include all neighboring or nearby jurisdictions, as well as relevant private-sector and nongovernmental organizations. States should participate in interstate compacts and look to establish intrastate agreements that encompass all local jurisdictions. Mutual-aid agreements are also needed with private organizations, such as the American Red Cross, to facilitate the timely delivery of private assistance at the appropriate jurisdictional level during incidents.

At a minimum, mutual-aid agreements should include the following elements or provisions:

- definitions of key terms used in the agreement
- roles and responsibilities of individual parties
- procedures for requesting and providing assistance
- procedures, authorities, and rules for payment, reimbursement, and allocation of costs
- notification procedures
- protocols for interoperable communications
- relationships with other agreements among jurisdictions
- workers compensation
- treatment of liability and immunity
- recognition of qualifications and certifications
- sharing of agreements, as required

See https://www.nh.gov/safety/divisions/hsem/Planning/planning_muni_nims_faq.html #A17

Florida Health Care Association



REQUEST TO GO OVER CAPACITY

Facility Name:	Date:
Address:	Name of Administrator:
# of Licensed Beds:	Phone: Fax:
# of Current Residents:	
# of Residents Receiving	
Placement of Residents (check all that apply): <input type="checkbox"/> Dining room <input type="checkbox"/> Activity room <input type="checkbox"/> Therapy/Rehab room <input type="checkbox"/> Classroom <input type="checkbox"/> Other : _____ (specify)	Are you planning to put residents on the corridors? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, make sure there is an ongoing fire watch.</u>
Staff and Supply Management: <input type="checkbox"/> Evacuating facility will bring their food, supply, and medication <input type="checkbox"/> Our facility has enough supply and medication for the new residents <input type="checkbox"/> Other: _____ (explain).	
Name of the Evacuating Facility:	Name of Administrator :
Address:	Phone: Fax:

Please send us your permission to go overcapacity to receive the new residents from the evacuating facility

INTERFACILITY TRANSFER AGREEMENT

This is a mutual agreement between _____ and _____ to provide assistance in the event an evacuation of either facility is required.

Please note that each resident's original "home" facility is ultimately responsible for ensuring appropriate care and services for those residents remaining under the care of the said facility, regardless of the resident's relocation status during a disaster. All employees of the transferring community will remain employees of the transferring community for the purpose of worker's compensation insurance.

All costs incurred for care and services provided are the responsibility of the resident's "home" facility. All facilities involved in a transfer during a disaster will be responsible for contacting the appropriate officials for decisions regarding Medicare/Medicaid reimbursement and any other issue.

The facilities involved in transferring residents during a disaster will mutually determine the beds available, whether special needs and resident choice can be accommodated. This transfer would not exceed the receiving community's total bed capacity on a long-term basis.

Suggestion: Choose facilities in different areas of the city and think about road obstacles that might impede evacuation.

The **Evacuating Facility responsibilities** include, but are not limited to:

- Promptly notify the Sheltering Facility of the potential to evacuate
- Promptly notify the Sheltering Facility when the decision to evacuate has been made
- Evacuate residents, utilizing own resources, to the Sheltering Facility
- Supplement the Sheltering Facility's staff
- Provide the following items:
 - o Resident medications and medication storage unit
 - o Medical supplies and equipment
 - o Food and water
 - o Medical records as discussed in each community's emergency plan
 - o Blankets as needed
 - o Staff
- The **Sheltering Facility responsibilities** include, but are not limited to:
 - o Provide a person of contact upon notification of imminent evacuation
 - o Receive residents and direct to area where they will be sheltered
 - o Coordinate appropriate use of medical supplies and services
 - o Integrate Evacuating Facility's staff into resident care planning and assign employees to work with the transferring community personnel
 - o Integrate Evacuating Facility's kitchen staff
 - o Provide dietary needs using food supplies from Evacuating Facility
 - o Distribute community policies and procedures and information on emergency plans to employees of the transferring community.

In the event of a disaster or other emergency that damages both facilities, the senior management of both facilities will determine to what extent each facility may assist the other.

This agreement is effective upon signature of both facility administrators.

This agreement shall be automatically renewed on a month to month basis without action by either facility. Either party may terminate this agreement with a thirty (30) day written notice.

Administrator Signature Date

Administrator Signature Date

(See http://www.whca.org/docs/interfacility_transfer_agreement.pdf and http://dhs.wisconsin.gov/rl_dsl/NHs/MutualAidTransferAgmt.htm)

Surge Capacity Plan

Outline a plan for dealing with surge capacity describing methods to increase admission capacity in non-resident care areas and to facilitate rapid transfers and/or discharges. The following table may be used by your LTC community as a template to identify areas during an emergency/disaster situation where your community may shelter residents from neighboring LTC communities or hospital or care for victims from the emergency site. For example, in your skilled nursing care areas, could you add additional beds to private rooms or could some rooms being used for storage be converted into care areas (example given below). Additionally, the location where additional beds/mattresses are stored or where they may be obtained should be indicated in your Disaster Plan. See example below:

Bed Capacity in Following Areas (modify below areas based on your LTC community's environment)	Current Staffed Beds (based on your current operational capacity)	Approximate Surge Bed Capacity (estimate maximum number of additional staffed beds created in 12 hours)
Skilled nursing care – 2 nd floor	40	10
Skilled nursing care – 3 rd floor	25	6
4 th floor storage room	0	2

If your LTC community needed to isolate residents due to BT or influenza outbreaks, your Disaster Plan should also identify areas to be used for isolation. In the situation of an influenza outbreak, hospitals may be at overcapacity, and thus may not be able to accept transfers from your LTC community.

Areas/Units that May be Used for Isolation Areas/Units	Current Staffed Beds (based on your current operational capacity)	Unaffected Residents May be Moved to:
Skilled nursing care – 3 rd floor	25	Skilled nursing care – 2 nd floor Skilled nursing care – 1 st floor

If non-resident care areas are used for emergency overflow of victims (i.e., lobby, dining room, activity room) in the event of a declared disaster, access to the following services, supplies, and equipment needs to be considered in your Disaster Plan.

Do overflow areas have ready access to:	Yes	No	Unknown
Beds or cots			
Running water			
Toilets			
Hand washing areas			
Food supplies			
Medical supplies			
Medications			
Telephones			
Radio			

From Mather LifeWays PREPARE template. See **Appendix 18: Resources**.

APPENDIX 3 COMMUNICATION

Communication Plan

The Disaster Plan should include a 24-hour, 7-day per week communications network with internal and external components. Provisions should be included for epidemic/pandemic episodes.

Additionally, as traditional communication systems may not function in an emergency or disaster (i.e., telephone lines down or cellular phones not functioning), the LTC community should identify mechanisms for alternate communications as back-up.

Consider use of radios, broad band technology, walkie-talkies, nearest pay phone, and runner messenger system.

Components of Your Alternate Communication Plan:

1. _____
2. _____
3. _____
4. _____
5. _____

Staff Communications

Staff Call Protocol

Outline the protocol for contacting staff in the event that a disaster/emergency necessitates additional staff resources. Ensure that call lists include 24-hour contact information for all key staff including home telephones, pagers, mobile phones, and electronic mail.

A list of telephone numbers of staff for emergency contact is located at _____ (location) _____.

During an emergency, _____ (name/position) _____ is responsible for contacting staff to report for duty.

The alternate contact is : _____ (name/position) _____.

Staff Mobilization Protocol

Outline the plan for staff assignments during the emergency or disaster situation include plan for assigning staff who are on-duty and those who are called to report for duty. Depending on the size of the LTC community, this may include using a labor pool manager.

During a disaster/emergency, _____ (name/position) _____ determines if the staff call plan needs to be implemented and implements the call plan based on this decision.

Media Communications

Periodically matters or issues related to the _____ various operations and locations will draw media attention. During an emergency or crisis situation, media will be aware of the situation as soon as emergency response personnel are contacted via 9-1-1.

As soon as practical in any emergency or crisis, the Administrator must be contacted immediately. Upon notification, Administrator will notify the _____ the designated Information Officer. It is the responsibility of the IO to gather the facts and discuss the situation with the media representative and the community at large.

Information requests or questions from the media should not, under any circumstances, be discussed, commented on, or answered directly or indirectly by employees or their family members who received such requests.

If any employee observes media representatives on _____ property without a designated employee escort, please contact the Administrator or Information Officer immediately. This policy is designed to protect the privacy of our residents and enable our employees to perform their jobs.

Family Communication

Resident Family Notification

Outline the plan for notifying residents/families of the emergency and the specifics of the plan. Provide a written copy of the plan for residents and families.

During an emergency, _____ (name/position) is responsible for notifying residents.

The alternate contact is : _____ (name/position) _____.

A list of telephone numbers of resident emergency contacts is located at _____ (location) _____.

During an emergency, _____ (name/position) is responsible for contacting family members/guardians.

The alternate contact is : _____ (name/position) _____.

You may also have a situation where some of your residents could be off site during an emergency or disaster. You should have a procedure in place to know where your residents are and how to contact them when off site. Describe your procedure and how you plan to find out about the condition of residents who may be off site during an emergency.

Family/Visitor Procedures

Develop strategies to address the needs of families and visitors including a provision of support services such as counseling and information updates in a designated area.

The following area will be designated as the family visitor waiting area: _____

_____ (name/position) will be assigned to the role of providing family support during the emergency/disaster.

Family of Staff Procedures

In the event of a disaster/emergency, staff will be allowed to contact their families as soon as possible following the disaster on the direction of the Incident Command Manager.

Plans should be made to shelter families of staff if necessary. The following area will be designated as the shelter area for families of staff: _____

APPENDIX 4 CONTACTS LISTING

EMERGENCY CONTACT LISTING

Last Updated: ____

Organization	Name	Phone #	Alternate #/Cell/Text	FAX	E-mail	Address	City/State/Zip	Account #
LTC Designated EM Number for Families & Staff								
FACILITY ADMINISTRATOR								
FACILITY OWNER								
CORPORATE								
OFFICE OF OIG								
REGIONAL OFFICE OIG ATLANTA								
MEDICAL DIRECTOR								
EMERGENCY MANAGEMENT/RESPONDERS								
County Emerg Mgr								-
CERT								
Area Emergency Mgr								
DEM								
State Fire Marshal								
Local Fire Dept.								
Local Police Dept.								
State Police Dept.								
St Police Missing Persons								
Sheriff Dept								
Fire Alarm Monitor Co.								
Health Dept. EM								

Local Health Dept.								
State Health Dept.								
HD Pandemic Flu Contact								
EMSsystem Contact								
Am Red Cross								
KCCRB								
Medical Reserve Corp								
County Coroner								
Funeral Home Dir								
Civil Defense								
UTILITIES								
Electric Co.								
Electric Co. #2								
Gas Company								
Water Company								
Sanitation/Waste								
Fuel Oil								
Mobile Generator								
Telephone: Land Line								
Satellite Phones								
Cell Phone Co.								
EVACUATION								
Evacuation Site #1								
Evacuation Site #2								
Evac Site 50 miles								
Ambulance								
Ambulance #2								
Ambulance #3								
Air Amb/Helicopter								
Bus Company								
Bus Company #2								
Alternate Transport								
VENDORS								
Pharmaceutical								

Operations								
Pharmaceutical Vendors/Supplies								
Facility Operations								
Fuel								
Generator Fuel								
Building Supplies (hardware/lumber)								
Tool/Equipment Rental								
HVAC								
Medical Supplies								
Oxygen								
Medical supplies Infection Control Supplies								
Environmental Services								
Linens/Laundry								
Supplies								
Water and Food								
Food Vendor								
Water Vendor								
Aging Resources								
KY LTC Ombudsman								
Area Agency Aging								
Alzheimer's Assoc.								
Senior Citizen Center								
KY DAIL								
KAHCF								
KAHSA								
KY Home Hlth Assoc								
Health Resources								
Hospital								

Hospital #2								
VA Medical Center								
KY Region Poison Ctr								
Nat'l Response Center	Report Toxic Chemical Spills							
Disease Rprt Hotline								
Toxic Subst Disease Reg								
RECOVERY								
Media								
OSHA								
Coroner's Office								
Funeral Homes								
Trash Removal								
Public Works								
Railroad Transport								
Dept. of Transp/HAZMAT								
Fed Railroad Admin (Nfolk)								
HazMat Transp Bureau								
Railroad, CSX								
Railroad, CSX Transp PD								
Railroad, Illinois Central								
Railroad, Norfolk Southern								
RR, Paducah & Lou Railway								

APPENDIX 5

DIETARY

Sample Disaster Menus

Sunday

Breakfast

Apple juice, fortified
Toast or bread
Canned milk or reconstituted milk
Sanka or hot tea
Special K

Dinner

Tomato juice
Beef stew and vegetables
Canned pears
Dried milk or canned milk
Sanka or hot tea

Supper

Macaroni and cheese
Applesauce
Green beans
Sanka or hot tea
Canned milk

Monday

Breakfast

Prune or orange juice
Rice Krispies
Bread
Canned milk or reconstituted milk
Sanka or hot tea

Dinner

Chicken and dumplings
V-8 juice
Canned fruit cocktail
Canned milk or reconstituted milk
Sanka or hot tea

Supper

Vegetable beef soup
Peanut butter sandwiches
Canned peaches
Sanka or hot tea
Canned milk or reconstituted milk

Tuesday

Breakfast

Apple juice or prune juice
Product 19
Canned milk or reconstituted milk
Sanka or hot tea
Bread and jelly

Dinner

Ravioli beef
Applesauce
V-8 juice
Canned milk or reconstituted milk
Sanka or hot tea
Vanilla pudding

Supper

Tomato juice or apple juice
Fruit cocktail
Pork and beans
Crackers
Sanka or hot tea
Canned milk or reconstituted milk

Wednesday

Breakfast

Orange juice
Corn flakes
Bread and jelly
Canned milk or reconstituted milk
Sanka or hot tea

Dinner

Beef stew
Green beans
Bread
Sliced peaches
Dried milk or reconstituted milk
Sanka or hot tea

Supper

Manhattan chowder
Mashed potatoes
Beets
Sliced peaches
Sanka or hot tea
Canned milk or reconstituted milk

Thursday

Breakfast

Apple juice
Bread and jelly
canned milk or reconstituted milk
Sanka or hot tea
Special K

Dinner

Tomato juice or apple juice
Chicken and noodles
Green beans
Applesauce
Canned milk or reconstituted milk
Sanka or hot tea

Supper

Vegetable beef soup
Peanut butter sandwich
Graham crackers
Canned pears
Sanka or hot tea
Canned milk or reconstituted milk

Friday

Breakfast

Orange juice or prune juice
Bread
Canned milk or reconstituted milk
Sanka or hot tea
Rice Krispies

Dinner

Corned beef hash
Fruit cocktail
Wax beans
V-8 juice
Canned milk or reconstituted milk
Sanka or hot tea

Supper

Macaroni and cheese
Beets
Canned peaches
Sanka or hot tea
Canned milk or reconstituted milk
Bread and jelly

Saturday

Breakfast

Apple juice or prune juice
Bread and jelly
Canned milk ore reconstituted milk
Sanka or hot tea
Product 19 or corn flakes

Dinner

Beef stew
English peas
Apple juice
Bread and jelly
Vanilla pudding

Supper

Applesauce
Sanka or hot tea
Canned milk or reconstituted milk
Tomato or V-8 juice
Peanut butter sandwich or Special K

APPENDIX 6

EMPLOYEE PERSONAL READINESS

Administrators, have your employees complete this form well in advance of potential disasters. It will not only assist you with your facility's emergency preparedness plans, it will also help your employees formulate their own personal plans.

Employee Emergency Preparedness Information			
Name		Home Phone Number	
Address	City	State	Zip
Position	Name of Relative to contact in an emergency	Relative's Phone Number	
Do you live in a hurricane evacuation zone? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you planning to stay in your home during a hurricane? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you evacuate, where do you plan to go? (Place, Name)		Phone Number	
Address	City	State	Zip
Will you report to work if called in during an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you need assistance preparing personal property for an emergency situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Do you have family members requiring special arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____			
If yes, do you plan to bring family members when reporting? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____			
Do you have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:			
Will you accompany evacuating residents, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, do you plan to bring family members? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____			
Do you have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Can you assist with resident care or other duties? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can we assist you with your personal emergency preparation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how?			
Please provide any other pertinent information (relating to disaster situations):			
Signature		Date	

APPENDIX 7 EVACUATION

Resident Acuity Levels for Evacuation Purposes

_____ (*facility name*) should update the following census information on a regular basis and prior to an evacuation.

Independent ambulation	
Independent ambulation with assistive devices (wheelchair, cane, walker)	
Ambulation with one-person stand-by assistance	
Ambulation with two-person assistance	
Wheelchair with assistance	
Bed bound unresponsive and/or paralysis	
Bed bound with feeding tube	
Bed bound with central line	
Bed bound with oxygen	
Bed bound with ventilator	
Bed bound with IV	
Bariatric residents	
Total Resident Census:	

Sample Letter to Family/Responsible Party
Regarding Evacuation Instructions
To be placed on facility letterhead

Date _____

Dear Responsible Party/Family Member,

As we implement our **All Hazards Emergency Plan** that has been developed in conjunction with _____
(*county name*) County Emergency Management Office, we want to update our emergency contact information for you.

In the event of an emergency, we would like to have an alternate number for you on file, if we do not already have it. We would also like to have at least one other person listed that we could contact in the event of an emergency. It would also be helpful to list family members out of the general area/out of state.

Please remember that in the event of a catastrophic event, phone lines may be down and cell phones inoperable, so we will make every attempt to contact you to inform you of our plans to shelter-in-place or evacuate.

In the event of an evacuation, we have agreements with alternate care facilities to provide care for our residents until we can safely return to _____ (*facility name*). These locations are _____
(*alternate facility and phone number*) and _____ (*alternate facility and phone number*).

You also have the option to ***take your loved one home*** during planned evacuations, particularly due to hurricanes. We would provide you with necessary medications, medical supplies, and other items needed. This would be discussed further with you, as we prepared for such an event.

We appreciate your support and cooperation in assisting us in our planning process to ensure our residents and staff members are protected during times of catastrophe.

Please complete the information below for our records:

Responsible Party: _____

Home Telephone: _____

Office Telephone: _____

Mobile Telephone: _____

Emergency Contact: _____

Home Telephone: _____

Office Telephone: _____

Mobile Telephone: _____

Emergency Contact: _____

Home Telephone: _____

Office Telephone: _____

Mobile Telephone: _____

Are you or someone in your family willing to take your loved one home during an evacuation?

☐ Yes ☐ No

Thank you,

Administrator's Name _____

Facility Name _____

Resident Evacuation Checklist

Please complete the following checklist on every resident transferred to other facilities to ensure appropriate placement and follow-through in the event of an evacuation of _____ (*facility name*).

Name of Resident

Social Security #

Room #

Discharged to: _____
(*facility name or responsible party/family*)

Name(s) of Physician(s) notified:

Family Notified:

1. _____

Name _____

2. _____

Relationship _____

3. _____

Name _____

4. _____

Relationship _____

Kentucky Long Term Care Ombudsman notified: Name: _____

Medical Records Sent: ☐ Yes ☐ No Transfer Mode: _____

Personal Belongings Sent with Resident:

List Belongings:

w/resident

w/family

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

Medical Equipment Sent with Resident:

Equipment labeled _____

Medication and Supplies Sent with Resident:

Diet Regimens: _____

Additional Comments: _____

Signature of Person Completing Discharge Process

Date

Resident Evacuation Tracking Log

Resident Name	Gender	Time	Mode of Transportation and Provider	Resident Destination	Chart Sent (Y) (N)	Meds/Med Sheet Sent (Y) (N)	Equipment Sent with Resident	Family Notified Name/Date/Time	Discharge Completed By:

Transfer Techniques

When resident is found face down on the floor:

Hip Roll

- Place a blanket (folded lengthwise in half) next to the resident and kneel on it
- Grasp resident at shoulder and hip, roll toward you onto blanket
- Grasp corners of blanket and pull resident from room, headfirst

Ankle Roll

- Place blanket (folded lengthwise in half) next to resident
- Position self at resident's feet
- Cross ankle furthest from the blanket, over other ankle
- Using both hands, press down on top ankle and lift the bottom foot. With a twisting motion, roll resident over on blanket
- Grasp corners of blanket and pull patient from room, head first

Removal of someone from a bed:

Removal of someone from a bed takes a bit more practice. Find the one carry that you can handle best. If you can practice it often enough, the resident's weight and height will not be important factors.

Emergency carries for One Person

Pack Strap Carry – Face the Head of the Bed

- Grasp resident's nearest wrist with your nearest hand, palm down. Raise resident's arm
- Grasp patient's other wrist by slipping your free hand under his arm
- Pull resident to a sitting position by stepping backward
- In a continuous operation:
- Lift resident's arm over your shoulders as you turn toward the foot of the bed
- Cross resident's arm over your chest pulling down firmly. (*Caution: bring your shoulder tight up into resident's armpit.*)
- Turn toward the head of the bed and your forward momentum will roll resident on to your back.
- Carry the resident from the room in a stooped position

Hip Carry – Face Resident

- Grasp Resident's farthest wrist, palm down with head closest to head of bed
- In a continuous operation:
- Turn toward head of bed
- Place resident's arm over your head and around your neck
- Sit on bed, slip free hand around resident's back and grasp resident at armpit
- Secure upper half of resident's body firmly against you
- Grasp resident around knees with free hand
- Pull resident on to your back. Stand and walk away in a slightly stooped position. Pass through doorways sideways, being careful not to strike resident's head against the wall or door jam

Emergency Removal of Resident From Bed When Working Alone

Cradle Drop – Place Blanket Parallel to Bed

- Slip both arms under body and pull resident toward edge of bed
- Drop to knee nearest to head
- Pull lower half of body from bed so that extended knee supports resident's hips
- Use both arms to lower upper body of the resident to the floor
- Let legs slide gently to blanket. Grasp corners of blanket and pull resident from room head first

Emergency Carries for Two or More Persons

Wing Carry – Person at Resident’s Head Gives Command

- First person raises resident to a sitting position by placing one hand under resident’s neck and grasping far shoulder. With other hand, grasp upper biceps
- Simultaneously: Second person swings resident’s legs off of the bed
- Both rescuers:
 - Sit on bed next to resident
 - Place resident’s arms around their own neck
 - Reach arms around resident’s waist, grasping each other’s arms behind resident
 - Reach under resident’s knees grasping wrists or using a finger-locking grasp
 - Stand and walk close to resident. Hips support the weight

Extremity Carry

- Raise resident to sitting position by placing one hand under resident’s neck and grasping far shoulder. With the other hand, grasp under biceps
- Slip your arms under the residents and lock them across his chest
- Second man grasps ankles of resident. Separate legs and back between them, grasping resident at the knees
- Remove resident from room, feet first

Three Person Carry

- First rescuer – one hand under resident’s shoulders – other above waist
- Second rescuer – one hand above and one below hips
- Third rescuer – one hand above knees, one above ankles
- Move resident to edge of bed, assume somewhat semi-kneeling position, lift and roll resident high on your chest
- Remove resident from room feet first

Four Person Carry

- Procedure is basically the same in above three-person lift; only in this case after lifting resident from bed, the resident is lowered to the floor on top of a blanket already spread by the fourth person. Fourth person assists in lowering resident to blanket. Person lifting at the knees and ankles then positions himself on same side as fourth person
- One rescuer at each side of resident’s shoulders and knees
- Head rescuer grip blanket above shoulders and opposite elbows
- Other rescuer grip blanket 6 inches above and below the knees
- All rescuers roll blanket tightly to resident
- Lift and carry resident with arms extended. In going down stairs, resident is feet first

All carrying procedures should be routinely reviewed and practiced.

Evacuation Routes and Directions to Alternate Facilities

Facility should insert evacuation routes and directions to alternate facilities.

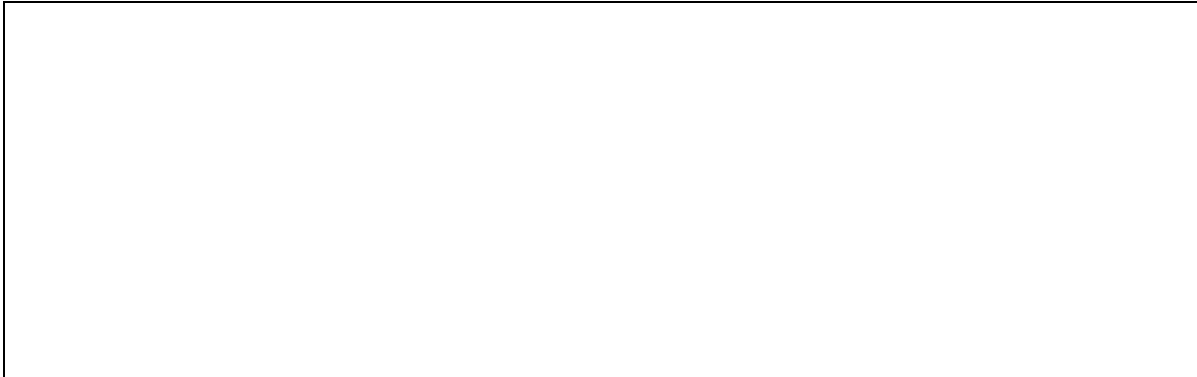
Alternate Facility Name (50 miles away): _____

Alternate Facility Address: _____

Evacuation Route/Directions: _____

Travel Time: _____

Map:




Alternate Facility Name: _____

Alternate Facility Address: _____

Evacuation Route/Directions: _____

Travel Time: _____

Map:




Alternate Facility Name: _____

Alternate Facility Address: _____

Evacuation Route/Directions: _____

Travel Time: _____

Map:



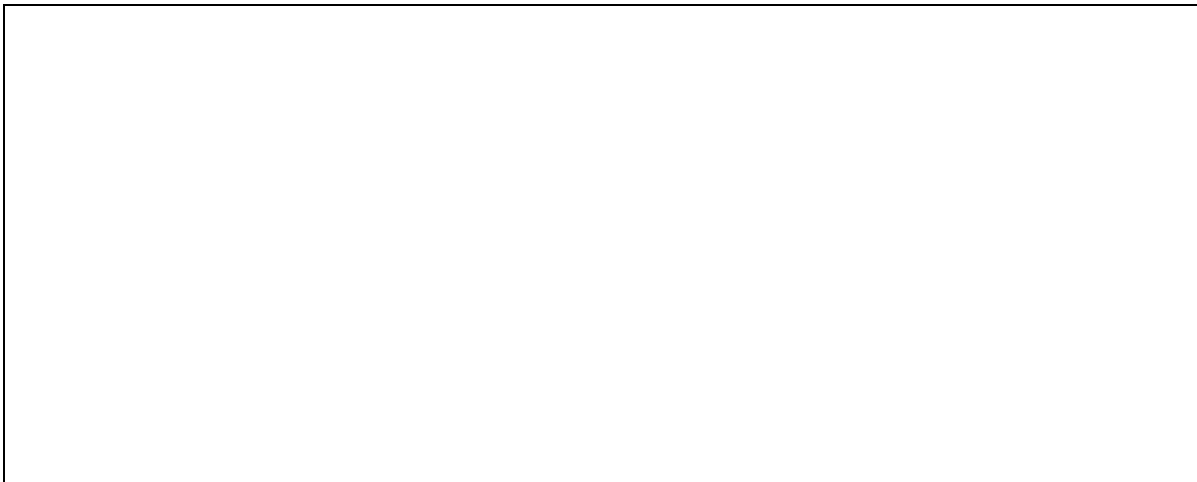
Alternate Facility Name: _____

Alternate Facility Address: _____

Evacuation Route/Directions: _____

Travel Time: _____

Map:



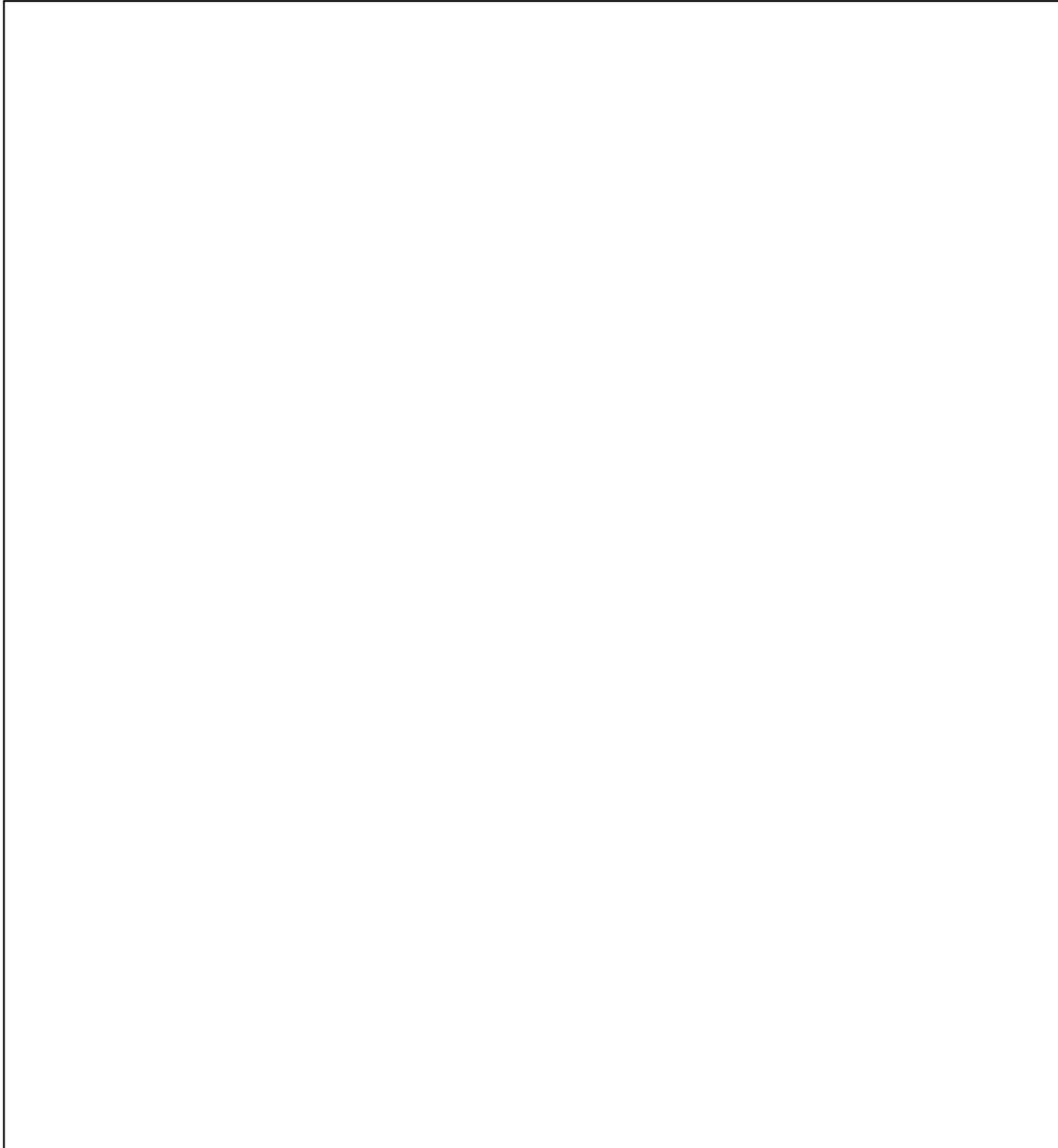
Add additional pages as needed.

APPENDIX 8

FACILITY OPERATIONS

Floor Plan of the Facility

Include floor plan of the facility showing offices, utility spaces, locations of hazardous materials, storage, and emergency exits. Also include location of fire protection/fire alarm system and location of generator.



Building Access

Outline a plan to minimize points of egress and access to the building(s).

During an emergency/disaster, the point of access is: _____

All staff will be required to show a staff photo Identification Badge to gain entry to building(s).

The entry point designated for staff, emergency responders and volunteers is: _____

Security staff will be provided with a list of designated family members who will be allowed access to building(s) with photo identification.

Security staff will be provided with a list of designated volunteers who will be allowed access to building(s) with photo identification.

Emergency vehicles will have access at: _____

Support agency vehicles will have access at: _____

Delivery vehicles will have access at: _____

Generator Information for

_____ (facility name)

Generator

Vendor name, contact information, and account number:

Fuel distributor, contact information, and account number:

What areas of the facility are supplied with power by the generator? (Front Lobby, Hallways, Break room, Laundry Room, Boiler Room, Stairways, Dietary)

Type, size, phase, and voltage of generator:

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Section VI: Appendices

Emergency Shutdown Procedures

This should be used as a basic guideline during emergency situations that require the immediate shutdown of certain aspects of the _____ (*facility name*) operation. Deactivation of equipment within the facility may be required during a natural disaster (tornado, severe weather, earthquake, etc.), civil disturbance, terrorism attack, accidental event (power outage, power spike, over-pressurization, gas leak, etc.) or other circumstances that may require the immediate and safe shutdown of equipment.

Each aspect of the operation requires specific and unique steps to be initiated to safely and efficiently shut down equipment. These guidelines describe the basic steps that must be taken to perform an emergency shutdown of the following mechanical items:

- Electric
- Natural Gas
- Water
- Heating, Ventilating and Air Conditioning (HVAC) Equipment
- Boilers
- Computer Equipment

NOTE: The guidelines described should only be utilized at the direction of the person in charge of the facility at the time of an emergency. These guidelines are not intended for routine or non-emergency situations and should only be utilized under the safest possible conditions.

DO NOT take any unnecessary risks when shutting down mechanical equipment.

DO NOT subject yourself to a hazardous environment (smoke, gas, electrical voltage, etc.).

DO NOT stand in water or any liquid when shutting down mechanical equipment.

Electric Shutdown

Location of the Outside Meter:

Location of the Main Electrical Panel:

Location of the Main Breaker:

Location of any Significant Sub-breakers or Sub-panels:

Electric Shutdown (Continued)

Vender Information:

Vender Account Number:

Step #1:

Step #2:

Step #3:

Step #4:

Step #5:

Miscellaneous Comments:

Notify the Electric Company:

Notify Key Staff Members:

Location of the Outside Meter:

Location of the Outside Main Shutoff Valve:

Natural Gas Shutdown

Location of the Inside Main Shutoff Valve:

Location of any Significant Sectional Valves:

Vender Information:

Vender Account Number:

Step #1:

Natural Gas Shutdown (con't)

Step #2:

Step #3:

Step #4:

Step #5:

Miscellaneous Comments:

Notify the Gas Company:

Notify Key Staff Members:

Water Service Shutdown

Location of the Outside Buffalo Box (City Shutoff Valve):

Location of the Water Meter:

Location of the Main Shutoff Valve:

Location of any Significant Sectional Valves:

Vender Information:

Water Service Shutdown

Vender Account Number:

Step #1:

Step #2:

Step #3:

Step #4:

Step #5:

Miscellaneous Comments:

Notify the Water Department or Public Works Department:

Notify Key Staff Members:

HVAC Shutdown

Location of the HVAC System’s Main Electric Shutoff Switch:

Location of the HVAC System’s Gas Valves:

Location of RTU #1 Electric Shutoff Switch:

Location of RTU #2 Electric Shutoff Switch:

Location of RTU #3 Electric Shutoff Switch:

Location of RTU #4 Electric Shutoff Switch:

Vender Information:

Vender Account Number:

HVAC Shutdown

Step #1:

Step #2:

Step #3:

Step #4:

Step #5:

Miscellaneous Comments:

Notify the HVAC Service Contractor:

Notify Director Facility Operations:

Notify Key Staff Members:

Boiler Shutdown

Location of the Boiler System's Main Electric Shutoff Switch:

Location of the Boiler System's Gas Shutoff Valves:

Location of Boiler #1 Electric and Gas Shutoff Switch:

Location of Boiler #2 Electric and Gas Shutoff Switch:

Location of Boiler #3 Electric and Gas Shutoff Switch:

Location of Boiler #4 Electric and Gas Shutoff Switch:

Vender Information:

Vender Account Number:

Step #1:

Step #2:

Step #3:

Step #4:

Step #5:

Miscellaneous Comments:

Notify the Boiler Service Contractor:

Notify Key Staff Members:

Computer System Shutdown

Location of the Computer System’s Main Controls:

Location of the Computer System’s Electrical Breakers:

Location of Computer Back-Up Media:

Vender Information:

Vender Account Number:

Step #1:

Step #2:

Step #3:

Step #4:

Step #5:

Miscellaneous Comments:

Notify the Technical Support Supervisor:

Notify Key Staff Members:

APPENDIX 9

FAMILY DISASTER PLAN

1. Emergency Supplies
2. Utilities
3. Neighbors Helping Neighbors
4. Home Hazard Hunt
5. If Disaster Strikes
6. Check for damages in your home
7. Remember to...

Disaster, of any type, can strike quickly and without warning. It can force you to evacuate or stay in your home. Consider what you would do if your utilities and communications systems were cut off. Local officials and relief workers will be on the scene, but will be unable to reach everyone right away. In the case of a terrorism event, your best option may be to stay in and close up your home or building.

Families do and will cope with disaster by advance preparation and by working together as a team. Follow the steps outlined to create your personal family disaster plan. Knowing what to do is your best protection and YOUR responsibility. In the event of an act of terrorism, civil defense, which includes you, is the best immediate defense.

Emergency Supplies

Keep enough supplies in your home to meet your family's needs for a least three days. Assemble a disaster kit with items you may need in an evacuation. Store these items in sturdy, easy to care containers that you can "pick up and go" with.

Include:

- A three-day supply of water (one gallon per day per family member) and food that will not spoil
- One change of clothing and footwear per person, and one blanket or sleeping bag per person
- A first aid kit that includes your family's prescription medications
- Emergency tools including a battery-powered radio, flashlight and plenty of extra batteries
- An extra set of car keys and a credit card, cash or traveler's checks
- Sanitation supplies
- Special items for infant, elderly or disabled family members
- An extra pair of glasses

Keep important family documents in a waterproof container. Keep a smaller kit in the trunk of your car.

Utilities

Locate the main electric fuse box, water service main, and natural gas main. Learn how and when to turn these utilities off. Teach all responsible family members. Keep necessary tools near gas and water shut-off valves.

Remember, turn off the utilities only if you suspect the lines are damaged or if you are instructed to.

Neighbors Helping Neighbors

If there are is a Neighborhood Watch or another community group in your neighborhood, you could work together after a disaster until help arrives. If you are a member of a neighborhood organization, such as home association or crime watch group, introduce disaster preparedness as a new activity. Know your neighbors' special skills (e.g., medical, technical) and consider how you could help neighbors who have special needs, such as disabled and elderly persons. Make plans for child care in case parents cannot get home.

Home Hazard Hunt

During a disaster, ordinary objects in your home can cause injury or damage. Anything that can move, fall, break, or cause a fire is a home hazard. For example, a hot water heater or bookshelf can fall. Inspect your home at least once a year and fix potential hazards. Contact your local fire department to learn about home fire hazards.

Evacuation

Evacuate immediately if told to do so:

- Listen to your battery-powered radio and follow the instructions of local emergency officials
- Wear protective clothing and sturdy shoes
- Take your Disaster Supplies Kit
- Lock your home
- Use travel routes specified by local authorities—do not use shortcuts because certain areas may be impassable or dangerous

If you are sure you have time:

- Shut off water, gas, and electricity before leaving, if instructed to do so
- Post a note telling others when you left and where you are going
- Make arrangements for your pets

If Disaster Strikes

If disaster strikes: remain calm and be patient. Put your plan into action. Check for injuries: Give first aid and get help for seriously injured people. Listen to your battery-powered radio for news and instructions: Evacuate, if advised to do so. Wear protective clothing and sturdy shoes.

Check for damages in your home:

- Use flashlights – do not light matches or turn on electrical switches, if you suspect damage
- Check for fires, fire hazards, and other household hazards
- Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly
- Shut off any other damaged utilities
- Clean up spilled medicines, bleaches, gasoline, and other flammable liquids immediately

Remember to:

- Confine or secure your pets. If you evacuate and plan to take your pet, remember to include food and water for each
- Consider closing up your home and leaving food and water if is safe for your animals. Your Health Department can advise you through public media

Post Disaster Needs Assessment

- ☐ Family safe and secure
- ☐ Check utilities:
 1. Gas (Don't turn off unless leaking.)
 2. Electricity (Don't turn on a light switch, check electric clock, etc.)
 3. Water
- ☐ Assess safety of structure and secure your property
- ☐ Family Disposition
 1. If at home:
 - a. Provide safe shelter (at home, other agreed-upon location, Red Cross shelter)
 - b. Verbalize an agreed-upon contact person (out of area)
 - c. Develop plan for future communication with one another
 2. If at work:
 - a. Identify a meeting place for your family if your home is unsafe to enter after the disaster.
 - b. If your phone is working, resist the temptation to call home, school, or other family and/or friends. Non-essential calls may make an emergency call impossible. Phone systems can handle only a specified number of calls
- ☐ Reassure your family that you will contact them when able. Inform them of your initial reporting site (Check with your local Health Department)
- ☐ Check and secure your personal car emergency kit in the trunk of your car
- ☐ Report to the site directed by your Facility or Public Health Department OR your supervisor during work hours. If communications are not functioning, report to closest public health site or, if unable to reach, report to the nearest fire department or Red Cross

APPENDIX 10

EMERGENCY INCIDENT ACTION PLAN – ALL HAZARDS

Date: _____ Time of Incident: _____

Name of Facility: _____

Address of Facility: _____

Phone Number of Facility: _____

Name of Person in Command: _____

Type of Incident: _____

Is the Fire Alarm Activated? _____

Is Evacuation in Progress? _____

Has the Fire Department been Contacted? _____

Has the Police been Contacted? _____

Has EMS been Contacted: _____

I.C.S. Assignments

Section	Name of Section Leader
Finance/Administration	
Logistics	
Operations	
Planning	
Information	
Liaison	

Time of Fire Department Arrival: _____

Time of Police Arrival: _____

Time of EMS Arrival: _____

Name of Administrator Notified: _____

Time of Administration Notification: _____ Arrival Time: _____

Name of Maintenance Person Notified: _____

Time of Maintenance Notification: _____ Arrival Time: _____

Objectives

[illegible]

Incident Log

[illegible]

[illegible]

Appendix _____

Morgue Log Sheet

Name of Deceased	Gender	Time In	Items/Jewelry Received with Deceased	Deceased Released to (Name/Time)	Items/ Jewelry Released to (Name/Time)	Family Notified (Yes/No)	Names of Persons Notified (Date/Time)	Discharge Completed By (Name/Date/Time)

APPENDIX 11

KY Healthcare Planning Coalitions

In 2003, the Hospital Preparedness Program was established by the KY Department of Public Health to enhance the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies. Current program priority areas include interoperable communication systems, bed tracking, personnel management, fatality management planning and hospital evacuation planning. During the past five years Hospital Preparedness Program funds also have improved bed and personnel surge capacity, decontamination capabilities, isolation capacity, pharmaceutical supplies, training, education, drills and exercises. The KY Hospital Association manages the Hospital Preparedness Program.

Responsibilities of the Hospital Preparedness Program include working with the 14 established Healthcare Planning Coalitions located throughout the Commonwealth. Each of these coalitions contains hospitals, emergency medical services, local health departments, emergency management, mental health, and long term care facilities. Each region is provided funding through the Hospital Preparedness Program to purchase equipment and supplies and to provide training to ensure that the medical community is prepared in the event of a disaster.

Whereas some long term care facilities have been planning with Hospital Preparedness Coalitions since the startup of the program, others have not been active. In 2008, a special effort was initiated to encourage all long term care facilities to participate in the planning process. As a means of integrating long term care facilities into the Hospital Preparedness Coalitions disaster planning initiatives, funding was earmarked specifically for long term care as an invitation to join in the planning efforts.

Long Term Care Subcommittees made up of all long term care providers in the community were formed in many of the 14 healthcare planning regions to facilitate emergency planning and readiness among facilities and across the community. Representatives from these Subcommittees meet regularly with the Hospital Preparedness Coalitions to bring long term care issues and needs to the table.

Although earmarked funding is no longer available, long term care funding needs are reflected in the regional plans of the Hospital Preparedness Coalitions. In order for long term care facilities to qualify to receive funds, staff must document completion of the National Incident Command System training modules (See Section IV and Appendix 17) and a facility representative must participate on the Long Term Care Subcommittee for their region. The National Incident Command System training is easily accessible through the KY Department of Public Health TRAIN distance learning network and is essential for understanding the terminology and sequence of disaster response efforts.

Funding through the Hospital Preparedness Coalitions can greatly enhance the ability of long term care facilities to purchase needed emergency supplies and equipment. The following example of items requested by KY Region 13/14 provides an excellent starting point for LTC providers.

For examples of items requested for HPC funding and for more information contact John Daugherty, Region 13/14 Healthcare Planning Coalition, LTC Subcommittee Chair : ltprepare@gmail.com

APPENDIX 12

JOB ACTION SHEETS

Emergency Response Roles

Each role listed in the emergency response Chain of Command has specific duties to perform should the Emergency Preparedness Plan be implemented. Although there are specific personnel that would be best to fill a position, they may not necessarily be on site when a disaster might occur; therefore, each job does not necessarily require a specific person to fill the position.

The following structures parallels the government's Incident Command System (ICS) outlined in the National Response Plan. This clarifies key functional areas that need your attention when responding to emergencies/disasters. Using the ICS conforms to the state Emergency Management System which increases the likelihood of your organization's eligibility for reimbursement of disaster-related costs.

In addition, one person may need to take responsibility for the functions of more than one job until relieved. The main priority is to begin the functions until additional or more qualified personnel are available to fulfill these duties. In the event the emergency occurs on off-shifts or weekends designate which staff will hold key roles until the designated personnel arrive on site.

Additionally, if your organization owns or manages more than one LTC community or CCRC and/or you have a corporate office dedicated to managing more than one community, you must identify responsible personnel for each community.

Insert your Organizational Chart to outline the Chain of Command with lines of authority for functional responsibilities and communication. (Depending on the size of the organization some individuals may have more than one function.)

1. **Designated Incident Command Manager and Community Spokesperson** - Manages the overall response and communications with the external community (generally filled by the organization's chief administrator/executive director)

Name: _____

Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-mail: _____

2. **Succession Incident Command Manager** - Responsible for Incident Command in the event the initial designee is unable to assume responsibility.

Name: _____

Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-mail: _____

3. **Operations Manager** – Directs carrying out of the initial response functions including delegation of other functions (i.e., utility checks, fire suppression, search and rescue, and first aid).

Name: _____

Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-mail: _____

4. **Logistics Manager** – Acquires resources needed for operations to ensure the safety of residents and staff (i.e., obtains everything operations needs to function to ensure health and safety of residents, staff, and volunteers).

Name: _____

Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-mail: _____

5. **Finance Manager** – Tracks all activities and costs including ensuring there are safe backup copies of the organization's documents including: articles of incorporation, photographs documenting the interior and exterior of buildings, insurance documents, licensing documentation, and current mission statement.

Name: _____

Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-mail: _____

6. **Information/Planning Manager**- Gathers facts and provides information on the status of the disaster/emergency situation. Projects short (i.e. priorities for the next 24 hours) and long term needs for recovery.

Name: _____

Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-mail: _____

7. **Physician First Responder**- Provides and oversees health care provided to residents, staff, and other victims.

Name: _____

Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-mail: _____

8. **Other On-Call Physicians**

9. **Identify other roles appropriate to the organization.**

Job Action Sheets

Job Action Sheets should be developed for all personnel involved in the emergency response. The following is an example. In a skilled care nursing center, the Director of Nursing would be assigned the role of Senior Nursing Officer during an emergency.

JOB ACTION SHEET Senior Nursing Officer

Position assigned to: **Director of Nursing**

Reports to: **Emergency Incident Commander**

Immediate Responsibilities:

- _____ Establishes contact with Emergency Incident Commander.
- _____ Reads this entire job action sheet.
- _____ Initiates Nursing Disaster plan.
- _____ Determines the number of available beds and status.
- _____ Assists and facilitates the organization's response to the disaster.
- _____ Provides updates to the Emergency Incident Commander.
- _____ Evaluates staff for signs of fatigue and stress.
- _____ Rotates staff to allow rest.

Extended Responsibilities:

- _____ Facilitates special family/patient needs.
- _____ Provides an update to the Emergency Incident Commander on status of services.
- _____ Returns inventories to appropriate level.
- _____ Returns to normal staffing pattern when feasible.
- _____ Evaluates staff for signs of delayed stress.
- _____ Evaluates departmental emergency response and update plan as needed.

Other Responsibilities as assigned:

Date Revised: _____

APPENDIX 13

MENTAL HEALTH/PSYCHOLOGICAL FIRST AID

Disaster Events

- Everyone who sees or experiences a disaster is affected by it in some way.
- It is normal to feel anxious about your own safety and that of your family and close friends.
- Profound sadness, grief, and anger are normal reactions to an abnormal event.
- Acknowledging your feelings helps you recover.
- Focusing on your strengths and abilities helps you heal.
- Accepting help from community programs and resources is healthy.
- Everyone has different needs and different ways of coping.
- It is common to want to strike back at people who have caused great pain.
- Children and older adults are of special concern in the aftermath of disasters. Even individuals who experience a disaster “second hand” through exposure to extensive media coverage can be affected.
- Contact local faith-based organizations, voluntary agencies, or professional counselors for counseling.
- FEMA and state and local governments of the affected area may provide crisis-counseling assistance.

Recognize Signs of Disaster Related Stress

When adults have the following signs, they might need crisis counseling or stress management assistance:

- Difficulty communicating thoughts.
- Difficulty sleeping.
- Difficulty maintaining balance in their lives.
- Low threshold of frustration.
- Increased use of drugs/alcohol.
- Limited attention span.
- Poor work performance.
- Headaches/stomach problems.
- Tunnel vision/muffled hearing.
- Colds or flu-like symptoms.
- Disorientation or confusion.
- Difficulty concentrating.
- Reluctance to leave home.
- Depression, sadness.
- Feelings of hopelessness.
- Mood-swings and easy bouts of crying.
- Overwhelming guilt and self-doubt.
- Fear of crowds, strangers, or being alone.

Easing Disaster-Related Stress

The following are ways to ease disaster-related stress:

- Talk with someone about your feelings - anger, sorrow, and other emotions – even though it may be difficult.
- Seek help from professional counselors who deal with post-disaster stress.
- Do not hold yourself responsible for the disastrous event or be frustrated because you feel you cannot help directly in the rescue work.
- Take steps to promote your own physical and emotional healing by healthy eating, rest, exercise, relaxation, and meditation.
- Maintain a normal family and daily routine, limiting demanding responsibilities on yourself and your family.
- Spend time with family and friends.
- Participate in memorials.
- Use existing support groups of family, friends, and religious institutions.
- Ensure you are ready for future events by restocking your disaster supplies kits and updating your family disaster plan. Doing these positive actions can be comforting.

See Appendix 18: Resources for links to KY Community Crisis Response Board (KCCRB) and other mental health/psychological first aid resources.

APPENDIX 14

PETS & SERVICE ANIMALS

Procedures for Pets

Residents with pets should specify arrangements for their pets in the event the building is evacuated. The following is a template for a Pet Preparation Form.

PET PREPARATION FORM	
<p>I, _____ have made the following arrangements for my pet in the event there is a disaster/emergency. I am aware of the fact that some temporary shelters do not allow pets to be housed. Therefore I have made the following arrangements:</p> <p>Type of Pet: _____ Age of Pet: _____</p> <p>Name of Pet: _____</p> <p>Name of Kennel/Relative/Friend taking responsibility for my pet: _____</p> <p>_____</p> <p>Address: _____</p> <p>Telephone Number: _____</p> <p>Pet's special Needs: _____</p>	

PLANNING FOR PETS AND SERVICE ANIMALS IN AN EMERGENCY

For many people, pets and service animals are more than just animals – they are part of the family. As members of a family, they should be included in the emergency planning process. A few simple steps to ensure the pet's safety can go a long way when disaster strikes.

- Identify residents that have a pet or service animal and how those animals will be cared for in an emergency.
- Plan for any pets that are kept on the facility premises (i.e., birds).
- Consider placing stickers on the main entrances of the facility to alert rescue workers to the number and types of pets inside and update the information on the stickers every six months or more.

EVACUATING WITH A PET OR SERVICE ANIMAL

Think about where the resident will go with the pet or service animal and how they will get there if they have to leave the facility during an emergency. Keep in mind that the place the resident will relocate to may not take pets or be able to care for them (such as a hospital, nursing home, or public shelter). As a reminder, service animals are always allowed. In planning for an emergency evacuation:

- Arrange for the resident's family or friends to shelter the pet. Check with local veterinarians, boarding kennels, or grooming facilities to see if they can offer to shelter pets during an emergency. These arrangements should be made prior to an emergency.
- When conducting evacuation drills, practice evacuating the pets/service animals to familiarize the animal with the process and increase their comfort level.
- Identify staff that will assist the resident with their pet/service animal if needed or will be responsible for any pets the facility keeps on the premises.

- Identify which rooms the pets/service animals are located in (know the animals hiding places) so they can be easily found during an emergency.
- Keep in mind a stressed pet/service animal may behave differently than normal and their aggression level may increase. Use a muzzle to prevent bites. Also be advised that panicked animals may try to flee.
- Small animals can be transported using a covered carrier, cage, or secure box. To minimize stress, keep the carrier covered and attempt to minimize severe changes in temperature and noise. Animals too large for carriers should be controlled on a sturdy leash and may need to be muzzled.
- Know where the pet/service animal's collar/harness, leash, muzzle, etc., are kept so they can be easily found.

Consider other essential items to take along if available and time permits such as:

- Current color photograph of the resident and pet/service animal together (in case the resident is separated).
- Copies of medical records that indicate dates of vaccinations and a list of medications the pet/service animal takes and why.
- Physical description of the pet/service animal, including species, breed, age, sex, color, distinguishing traits, and any other vital information about characteristics and behavior.
- Proof of identification and ownership.
- Collapsible cage or carrier.
- Comforting toys or treats

PROPER IDENTIFICATION

- Pets and service animals must have proper identification. Dogs and cats should wear a collar or harness, rabies tag, and identification tag at all times. Identification tags should include a name, address, and phone number to contact.
- Talk to a veterinarian about micro-chipping the pet/service animal. A properly registered microchip enables positive identification if the resident and pet/service animal are separated.

EMERGENCY CONTACTS

Create a list of contacts for those residents with a pet or service animal as appropriate. This should be done before an emergency occurs. Consider local and out-of-area resources. Keep a copy of this list in a readily accessible location (near the phone). Contact information includes:

Name and Telephone Number

Local Veterinarian: _____

Alternate Veterinarian: _____

Emergency Pet Contact: _____

(Family or Friend)

Local Boarding Facility: _____

Local Animal Shelter: _____

Missouri Humane Society: _____

APPENDIX 15

RESIDENT PROFILES

_____ (name/position) _____ will be responsible for insuring that all residents have a current Emergency Information Profile including a photo which is updated annually. Depending on the level of care, residents will be identified by an arm-band or instructed to keep a photo ID on their person at all times during the emergency. A template on the following page may be used as a sample resident identification profile.

RESIDENT EMERGENCY PROFILE

Resident Name: _____ AKA: _____

DOB: _____ HT: _____ WT: _____ MALE/FEMALE _____

Assistive Devices Used (circle all that apply):

Dentures *partial or full*

Cane

Walker

Wheelchair

Eyeglasses

Hearing aid

Oxygen *Indicate concentration:* _____

Resident
Current Photo

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ Phone: _____

Physician

Name: _____

Address: _____ Phone: _____

Pertinent Medical Conditions: _____

Medications:

Name: _____	Doseage: _____	Frequency: _____
Name: _____	Doseage: _____	Frequency: _____
Name: _____	Doseage: _____	Frequency: _____
Name: _____	Doseage: _____	Frequency: _____
Name: _____	Doseage: _____	Frequency: _____
Name: _____	Doseage: _____	Frequency: _____
Name: _____	Doseage: _____	Frequency: _____

Allergies: _____

Medical Devices: _____

Insurances: _____

Pet: _____	Name: _____	Age: _____
------------	-------------	------------

Resident Tracking System

During a disaster/emergency situation a list of all residents and their locations will be developed and updated by: _____ (name/position) and kept at: _____ (location).

Admission and Discharge Protocols

In the event that the facility needs to discharge residents or accommodate displaced residents, or discharges from hospitals _____ (name/position) will be responsible for reviewing a roster of current residents and developing a list of those that are appropriate for discharge.

Discharge criteria include:

1. _____
2. _____
3. _____
4. _____
5. _____

APPENDIX 16

RECOVERY/RE-ENTRY/RE-OPENING

Going Inside Your Facility

When you go inside your facility, there are certain things you should do. Enter the facility carefully and check for damage. Be aware of loose boards and slippery floors. The following items are other things to check inside your facility:

- **Natural gas.** If you smell gas or hear a hissing or blowing sound, open a window and leave immediately. Turn off the main gas valve from the outside, if you can. Call the gas company from a neighbor's residence. If you shut off the gas supply at the main valve, you will need a professional to turn it back on. Do not smoke or use oil, gas lanterns, candles, or torches for lighting inside a damaged home until you are sure there is no leaking gas or other flammable materials present.
- **Sparks, broken or frayed wires.** Check the electrical system unless you are wet, standing in water, or unsure of your safety. If possible, turn off the electricity at the main fuse box or circuit breaker. If the situation is unsafe, leave the building and call for help. Do not turn on the lights until you are sure they're safe to use. You may want to have an electrician inspect your wiring.
- **Roof, foundation, and chimney cracks.** If it looks like the building may collapse, leave immediately.
- **Appliances.** If appliances are wet, turn off the electricity at the main fuse box or circuit breaker. Then, unplug appliances and let them dry out. Have appliances checked by a professional before using them again. Also, have the electrical system checked by an electrician before turning the power back on.
- **Water and sewage systems.** If pipes are damaged, turn off the main water valve. Check with local authorities before using any water; the water could be contaminated. Pump out wells and have the water tested by authorities before drinking. Do not flush toilets until you know that sewage lines are intact.
- **Food and other supplies.** Throw out all food and other supplies that you suspect may have become contaminated or come in to contact with floodwater. If your basement has flooded, pump it out gradually (about one third of the water per day) to avoid damage. The walls may collapse and the floor may buckle if the basement is pumped out while the surrounding ground is still waterlogged.
- **Open cabinets.** Be alert for objects that may fall.
- **Clean up household chemical spills.** Disinfect items that may have been contaminated by raw sewage, bacteria, or chemicals. Also clean salvageable items.
- **Call your insurance agent.**

APPENDIX 17

TRAINING AND EDUCATION

National Incident Management System

<http://www.fema.gov/emergency/nims/>

What is NIMS?

NIMS establishes a uniform set of processes and procedures that emergency responders at all levels of government will use to conduct response operations.

NIMS will enable responders at all levels to work together more effectively and efficiently to manage domestic incidents no matter what the cause, size or complexity, including catastrophic acts of terrorism and disasters. Federal agencies also are required to use the NIMS framework in domestic incident management and in support of state and local incident response and recovery activities.

What is the Incident Command System (ICS)?

ICS is a standardized on-scene incident management concept designed specifically to allow responders to adopt an integrated organizational structure equal to the complexity and demands of any single incident or multiple incidents without being hindered by jurisdictional boundaries.

[IS-100.HC Introduction to the Incident Command System for Healthcare/Hospitals](#)

[IS-200.HC Applying ICS to Healthcare Organizations \(refer to link <http://www.fema.gov/emergency/nims>\)](#)

[IS-700.a National Incident Management System \(NIMS\), An Introduction](#)

[IS-800.B National Response Framework, An Introduction](#)

NIMS COMPLIANCE RECOMMENDATIONS FOR LONG TERM CARE SUPERVISORY STAFF

	ICS-100.HC	ICS-200.HC	IS 300	IS 400	IS-700.a	IS-800.B
Administrator	X	X	Not Required	Not Required	X	
Dir of Nursing	X	X			X	
Plant Ops Dir	X	X			X	
Eviron Serv Dir	X	X			X	
Soc Serv Dir	X	X			X	
Dir of Dietary	X	X			X	
Other Super	X	X			X	
Aides	X					
Public Info / Media Contact	X	X			One of these Three Should Take IS-700.a	X
Safety/Security	X	X				X
Risk Management						X

All Hazards Emergency Plan Facility Action Cards (FACs)

FACs – Incident Command System (ICS)

The Incident Command System (ICS) should be activated for every crisis or disaster situation occurring within the facility.

1. Key leadership staff should report to the pre-designated Incident Command Post (ICP).
2. The facility's Incident Commander (IC) should be identified and immediately establish the following positions:
 - Operations Leader
 - Planning Leader
 - Logistics Leader
 - Finance Leader
3. As the incident progresses and the facility's human resources become available, the facility's IC should establish the following positions:
 - Public Information Officer
 - Safety Officer
 - Liaison Officer(s) to coordinate with outside agencies
4. As the incident progresses, the facility's IC should establish the following management layers as needed in accordance with the plan:
 - Sections
 - Branches
 - Divisions
 - Groups
5. The facility's IC should manage the incident in accordance with the specific disaster plan and in coordination with all other agencies (fire, police, EMS, etc.) responding to the crisis or disaster situation.
6. If required, the facility's IC should become part of a Unified Command System as directed by the Incident Commander in charge of emergency response (fire, police, county emergency manager, etc.) and responsible for overall incident management.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Incident Commander (IC)

An Incident Commander (IC) should be established for every crisis or disaster situation occurring within the facility.

1. The facility's IC is the single person in charge of the incident within the facility and initially has the responsibility of all command staff positions in accordance with the plan.
2. As human resources become available, the facility's IC should delegate the following positions:
 - Operations Leader
 - Planning Leader
 - Logistics Leader
 - Finance Leader
3. As human resources become available, the IC should delegate the following positions:
 - Public Information Officer
 - Safety Officer
 - Liaison Officer(s) to coordinate with outside agencies
4. The facility's IC should establish an Incident Action Plan (IAP) and appropriately communicate the IAP to everyone managing the incident to ensure that all staff members are working toward the same operational goals.
5. The facility's IC should manage the incident in accordance with the plan and in coordination with all other agencies (fire, police, EMS, etc.) responding to the crisis or disaster situation.
6. If required, the facility's IC should become part of a Unified Command System as directed by the IC in charge of emergency response (fire, police, county emergency manager, etc.) and be responsible for overall incident management.
7. The facility's IC should not relinquish command of the incident unless command is properly transferred to another qualified IC within the facility or corporation.
8. The facility's IC should remain active until the incident has been terminated.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Operations Leader (Ops)

The facility's Operations Leader is appointed by the Incident Commander (IC).

1. The facility's Operations Leader reports directly to the IC.
2. The facility's Operations Leader is tasked with directing all actions to meet the incident objectives.
3. The specific details of the facility's Operation Leader can only be determined by the type of incident that is being managed.
4. The facility's Operations Leader may work directly with emergency responders (fire, police, EMS, etc.) while managing the incident.
5. The facility's Operations Leader position should remain active until terminated by the facility's IC.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Planning Leader

The facility's Planning Leader is appointed by the Incident Commander (IC).

1. The facility's Planning Leader reports directly to the IC.
2. The facility's Planning Leader is tasked with the collection and display of incident information, primarily consisting of the status of all resources and overall status of the incident:
 - Collecting, evaluating, and displaying intelligence and information about the incident.
 - Preparing and documenting Incident Action Plans.
 - Conducting long-range and/or contingency planning.
 - Developing plans for demobilization.
 - Maintaining incident documentation.

Tracking resources assigned to the incident.

3. The specific details of the facility's Planning Leader can only be determined by the type of incident that is being managed.
4. The facility's Planning Leader may work directly with emergency responders (fire, police, EMS, etc.) while managing the incident.
5. The facility's Planning Leader position should remain active until terminated by the facility's IC.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Logistics Leader

The facility's Logistics Leader is appointed by the Incident Commander (IC).

1. The facility's Logistics Leader reports directly to the IC.
2. The Logistics Leader is tasked with providing all resources, services, and support required by the incident.
 - Ordering, obtaining, and maintaining essential personnel, equipment, and supplies.
 - Providing communication planning and resources.
 - Setting up food services.
 - Setting up and maintaining incident facilities.
 - Providing transportation.

Providing medical services to incident personnel.

3. The specific details of the facility's Logistics Leader can only be determined by the type of incident that is being managed.
4. The facility's Logistics Leader may work directly with emergency responders (fire, police, EMS, etc.) while managing the incident.
5. The facility's Logistics Leader position should remain active until terminated by the facility's IC.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Finance/Administration Leader

The facility's Finance/Administration Leader is appointed by the Incident Commander (IC).

1. The facility's Finance/Administration Leader reports directly to the IC.
2. The facility's Finance Leader is tasked with tracking incident related costs, personnel records, and requisitions, and administering procurement contracts required by Logistics.
 - Contract negotiation and monitoring
 - Timekeeping
 - Cost analysis

Compensation for injury or damage to property

3. The specific details of the facility's Finance/Administration Leader can only be determined by the type of incident that is being managed.
4. The facility's Finance/Administration Leader may work directly with corporate leadership and applicable regulators (local, county, state and federal) while managing the situation.
5. The facility's Finance/Administration Leader position should remain active until terminated by the facility's IC.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Plan Activation

In the event of a crisis or disaster situation (or notification of the potential for one) the Administrator/ Designee or Highest Ranking Staff Member on Duty at the time of the incident should:

1. Announce the appropriate code that has been adapted from the KY Hospital Association standardized codes for Kentucky hospitals:

▪ Code Black:	Bomb Threat/ Suspicious Package
▪ Plain Speech/Text	Earthquake: Severe Weather (Watch or Warning)
▪ Code Yellow	Epidemic/Pandemic Episode
▪ Code Red:	Fire Emergency
▪ Plain Speech/Text	Flood/Flash Flood/Dam Failure: Severe Weather
▪ Code Orange:	Hazardous Material/ Spill/Release
▪ Plain Speech/ Text	Landslide: Severe Weather
▪ Code Blue:	Medical Emergencies
▪ Code Yellow:	Missing Resident
▪ Code Orange:	Nuclear Power: Hazardous material/Spill/Release
▪ Plain Speech/Text	Severe Heat
▪ Plain Speech/Text	Shelter-in-Place (With Instructions)
▪ Plain Speech/Text	Snow Emergency Plan
▪ Code Yellow:	Terrorist Attack
▪ Plain Speech/Text	Tornado (Watch or Warning)
▪ Code Yellow:	Utility Outage
▪ Code Yellow:	Workplace Violence or Threat of Violence
2. Activate the Incident Command System (ICS).
3. Ensure an appropriate emergency response has been coordinated with appropriate outside resources, such as:
 - Fire
 - Emergency Medical Services
 - Law Enforcement
 - Transportation Services
 - Service Contractors for Utility/Equipment FailuresOther Essential Resources to Handle the Incident
4. Direct all leadership staff on duty to the pre-established Incident Command Post.
5. Call back essential leadership staff that is not on duty at the time of the incident.
6. Activate appropriate sections of the facility's Emergency Response Disaster Templates (Section IV).
7. Utilize appropriate sections of the All Hazards Emergency Plan to manage the incident.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Plan Activation

In the event of a crisis or disaster situation (or notification of the potential for one) the **person in charge** of the facility (succession of command) at the time of the incident should:

1. Announce the appropriate code in accordance with the Disaster Priority Matrix.
2. Activate the Incident Command System (ICS).
3. Ensure an appropriate emergency response has been coordinated with appropriate outside resources.

- Fire
- Emergency Medical Services
- Law Enforcement
- Transportation Services
- Service Contractors for Utility/Equipment Failures

Other Essential Resources to Handle the Incident

4. Direct all leadership staff on duty to the pre-established Incident Command Post.
5. Call back essential leadership staff that is not on duty at the time of the incident.

- Administrator
- Assistants Administrators
- Director of Nursing
- Director of Maintenance/Environmental Services
- Director of Human Resources
- Corporate Management

Other Key Individuals

6. Activate appropriate sections of the facility's Emergency Response Disaster Templates (Section IV).
7. Utilize appropriate sections of the All Hazards Emergency Plan to manage the incident.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Evacuation

1. The decision to evacuate is only to be made by the Administrator or designee and/or appropriate authorities (fire, law enforcement, County Emergency Management Agency, etc.) or by the circumstances of a fast-moving crisis or disaster situation (fire, gas leak/explosion hazard, etc.) that requires immediate evacuation of the facility to help ensure the safety of the occupants.
2. If not already activated, the facility's ICS should be activated.
3. Make appropriate notifications to transportation services and receiving location(s).
4. Coordinate all activities with local emergency responders (fire, EMS, police, etc.).
5. All departments must ensure that the responsibilities assigned to them are completed in accordance with the Evacuation Plan (Section II.11 & 12):
6. Evacuation Procedure (General):
 - Residents will be gathered in a central location and prepared for transport.
 - Residents will be prepared for weather conditions if possible.
 - Residents will be divided into groups depending on acuity and in consideration of risks associated with staying inside of the facility.Ensure that residents have I.D. bands, emergency bags, emergency information, and medical charts accompanying them.
7. Ensure that all procedures defined in the facility's Evacuation Plan (Section III.11 & 12) are utilized to internally manage the incident.
8. Utilize appropriate sections of the All Hazards Emergency Plan to manage the incident as needed.
9. Maintain all operations in accordance with the ICS until the incident is officially terminated.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Fire Response Plan

1. Upon discovery of a fire/smoke condition/explosion or fire alarm activation within the building, facility Fire Response Plan should be activated.
2. Those discovering the incident or acting as first responders should immediately initiate the R.A.C.E. Procedure:
RESCUE: Rescue/evacuate persons in immediate danger
ALARM: Activate the building's fire alarm if not already activated
CONFINE: Confine the fire by closing doors to isolate the fire and smoke
EXTINGUISH: Attempt to extinguish the fire only if the first three parts of the R.A.C.E. procedure have been completed and the fire appears to be manageable
3. Announce **CODE RED** throughout the facility and provide the exact location of the incident within the building when determined.
4. Ensure that the fire department and local authorities have been notified and are responding.
5. Activate the facility's Incident Command System (ICS) and coordinate with local emergency responders (fire, EMS, police, etc.) as they arrive and begin to manage the incident.
6. Ensure that all procedures defined in the facility's Fire Response Plan (Section IV) are utilized to internally manage the fire.
7. Utilize appropriate sections of the All Hazards Emergency Plan to manage the incident as needed.
8. Maintain all operations in accordance with the ICS until the incident is officially terminated.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Flood, Landslide, Severe Heat/Cold, Tornado Plan (General)

1. As severe weather potential develops, announce the appropriate alerts based on developing conditions:
 - Monitor facility's weather alert radio, television, and broadcast radio for changing conditions, alerts, and warnings
 - Be prepared to relocate residents to safe areas well in advance of a serious situation; be proactive in planning and do not wait for the situation to become dire
 - Ensure windows and draperies are closed and distribute appropriate equipment to staff members (flashlights, first aid supplies etc.)
 - Secure the outside of the facility and cancel any outside activities or eventsActivate the facility's ICS if needed
2. As severe weather arrives or warnings are issued for the area in which the facility is located, announce Alerts based on developing conditions:
 - Activate the facility's ICS
 - Relocate residents, staff members, and visitors to safe, pre-designated locations
 - Close all interior doors
 - Shut down non-essential equipment
 - Monitor residents closelyBrace for storm impact
3. Ensure that the fire department and local authorities have been notified and are responding following storm impact.
4. Ensure that the specific procedures defined in the facility's Severe Weather Response Plans are utilized to internally manage the incident.
5. Utilize appropriate sections of the All Hazards Emergency Plan to manage the incident as needed.
6. Maintain all operations in accordance with the ICS until the incident is officially terminated.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Utility Failure Plan

1. Immediately determine if the loss of a utility (electric, gas, propane, water, etc.) is due to an incident occurring at the facility like a rupture, leak, fire, collision (vehicle striking meter, lightning strike with fire, etc.) and address the situation in accordance with the appropriate emergency procedure.
2. Announce the **CODE YELLOW** throughout the facility.
3. If the situation warrants, ensure that local emergency responders (fire, police, EMS, etc.) have been notified and are responding and the appropriate utility company or service contractor has been notified of the failure.
4. Activate the facility's Incident Command System (ICS) and coordinate with local emergency responders (fire, EMS, police, etc.) and utility company as they arrive and begin to manage the incident.
5. Attempt to determine the projected duration of the outage/failure.
6. Have facility maintenance continuously check on equipment that may be adversely impacted by the failure due to the failure itself (electrical grounding, failure of other systems, etc.) as well as negative circumstances that may occur upon sudden resumption of utility (over-pressurization, power surge, etc.).
7. If outage is long term, prepare to determine other courses of action that may be required, including evacuation.
8. Frequently check residents and all systems for wellness and continuity of operations.
9. Establish and maintain contact with local emergency responders to advise them of the situation and keep them informed of potential needs as the situation potentially worsens.
10. Ensure that all procedures defined in the facility's Utility Failure Plan are utilized to internally manage the incident.
11. Utilize appropriate sections of the All Hazards Emergency Plan to manage the incident as needed.
12. Maintain all operations in accordance with the ICS until the incident is officially terminated.

**All Hazards Emergency Plan
Facility Action Cards (FACs)**

FACs – Shelter-in-Place (SIP)

1. The decision to Shelter-in-Place (SIP) is to be made by the Administrator or designee and/or appropriate authorities (fire, law enforcement, County Emergency Management Agency, etc.) or by the circumstances of a fast-moving crisis or disaster situation (severe weather, terror attack, nuclear accident, hazardous material incident outside of the facility, etc.) that requires immediate SIP to help ensure the safety of the residents, staff members, and visitors.
2. SIP may be dictated by other procedures previously initiated by the facility.
3. If not already activated, the facility's ICS should be activated.
4. Close down the facility and suspend normal business operations.
5. If there are visitors, vendors, volunteers, or other people in the facility at the time that the SIP/Take Cover Plan is initiated, provide for their safety by asking them to stay – not leave.
6. Close and lock all windows, exterior doors, and any other openings to the outside.
7. Turn off all fans, heating and air conditioning systems.
8. Be prepared to access essential disaster supplies, such as nonperishable food, bottled water, battery-powered radios, first aid supplies, flashlights, batteries, duct tape, plastic sheeting, plastic garbage bags, etc.
9. Ensure accountability and keep track of all residents who are relocated from their rooms.
10. Keep listening to the radio or television until advised that all is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in the community.
11. Ensure that all procedures defined in the facility's SIP Plan are utilized to internally manage the incident.
12. Utilize appropriate sections of the All Hazards Emergency Plan to manage the incident as needed.
13. Maintain all operations in accordance with the ICS until the incident is officially terminated.

APPENDIX 18

RESOURCES FOR MAKING YOUR PLAN COMPREHENSIVE

AGREEMENTS/MUTUAL AID

Interfacility Transfer Agreement, Washington Health Care Association
http://www.whca.org/docs/interfacility_transfer_agreement.pdf

Sample Mutual Aid Transfer Agreement: Wisconsin Department of Health Services
http://dhs.wisconsin.gov/rl_dsl/NHs/MutualAidTransferAgmt.htm

CHEMICAL

CDC Emergency Preparedness: Chemical Emergencies
<http://www.bt.cdc.gov/chemical/>

Kentucky CSEPP: Chemical Stockpile Emergency Preparedness Program
<http://csepp.ky.gov/>

COMMUNICATION

Writing a Crisis Communication Plan <http://www.ready.gov/business/talk/crisisplan.html>

Risk Communication Materials <http://chfs.ky.gov/dph/epi/preparedness/materials.htm>

[Bridging Statements for Media Interviews](#)

[Emergency Preparedness and Response](#) - Resourceful CDC emergency Web site

[Crisis + Emergency Risk Communication \(CERC\) Materials](#) - informative materials available from the CDC

[77 Questions Commonly Asked by Journalists During a Crisis](#)

[Emergency Public Information Pocket Guide](#) - Oak Ridge Institute for Science and Education (ORISE)

[Mobile Joint Information Center Guide for Needs Assessment/Components for Field Response Communication Activities](#)

[Questions for Reporters](#)

CONTACTS: STATE

KY CSEPP: Chemical Stockpile Emergency Preparedness Program
County Contact <http://csepp.ky.gov/counties/>

Department for Public Health – Emergency Preparedness
<http://chfs.ky.gov/dph/epi/preparedness/>

Kentucky Department of Military Affairs
<http://www.dma.ky.gov/kyem.htm>

Kentucky Division of Emergency Management – Area Offices
<http://kyem.ky.gov/about/areaoffices.htm>

Kentucky Office of Homeland Security
<http://homelandsecurity.ky.gov/contact.htm>

Kentucky Office of Inspector General – Central & Regional Offices
<http://chfs.ky.gov/os/oig/oigcontacts.htm>

Kentucky Office of the State Long Term Care Ombudsman
<http://chfs.ky.gov/dail/kltcop.htm>

CONTACTS: FEDERAL

Centers for Medicare & Medicaid Services Regional Offices
<http://www.cms.hhs.gov/RegionalOffices/>

Department of Homeland Security
<http://www.dhs.gov/xutil/contactus.shtm>

FEMA - State Offices and Agencies of Emergency Management
<http://www.fema.gov/about/contact/statedr.shtm>

DEMENTIA

Disaster Preparedness
http://www.alz.org/national/documents/topicsheet_disasterprep.pdf

Planning for a Pandemic/Epidemic or Disaster: Caring for Persons with Cognitive Impairment
http://www.ahcancal.org/facility_operations/disaster_planning/Documents/pandemic_dementia_care.pdf

EVACUATION

National Criteria for Evacuation Decision-Making in Nursing Homes
http://www.ahcancal.org/facility_operations/disaster_planning/Documents/NationalCriteriaEvacuationDecisionMaking.pdf

FACILITY OPERATIONS: CARBON MONOXIDE

Clinical Guidance for Carbon Monoxide (CO) Poisoning After a Disaster
http://emergency.cdc.gov/disasters/co_guidance.asp

FACILITY OPERATIONS: GENERATORS

Emergency Generator Critical Facility Site Survey
www.vdh.virginia.gov/LHD/Henrico/LTCF/Emergency%20Planning/GENERATOR_SITE_SURVEY_FORM-3.doc

Lessons Learned: Infogram 6-09: February 12, 2009, US Fire Administration
<http://www.usfa.dhs.gov/fireservice/subjects/emr-isac/infograms/ig2009/6-09.shtm>

FEMA U.S. Fire Administration Lessons Learned: Generators
<http://cwte.louisville.edu/ovar/emergency/docs/v3i2/USFAGenerators.pdf>

Safe Use of Emergency Generators
www.safeelectricity.org/images/WordDocs/emergency-generators.doc

JOB ACTION SHEETS

Florida Health Care Association
Nursing Home Incident Command System JOB ACTION SHEETS
<http://www.fhca.org/emmerprep/actionsheet.pdf>

KY ALL HAZARDS PLAN

<http://kyem.ky.gov/NR/rdonlyres/B20A2482-0620-45D1-A35E-B56B5E76BE2A/0/PLANNINGHANDBOOK2008update1.pdf>
<http://kyem.ky.gov/planning/stateeop.htm>

MENTAL HEALTH/PSYCHOLOGICAL FIRST AID

American Health Care Association

Psychological First Aid: Field Operations Guide for Nursing Homes

http://www.ahcancal.org/facility_operations/disaster_planning/Documents/PsychologicalFirstAid.pdf

Kentucky Community Crisis Response Board

KCCRB Online Resource Library including After a Disaster –Senior Special Concerns

<http://kccrb.ky.gov/resources/>

Substance Abuse and Mental Health Services Administration

State Mental Health Resources for Kentucky

<http://mentalhealth.samhsa.gov/databases/kdata.aspx?state=KY>

ORGANIZATIONAL CHARTS

FHCA NH Incident Command Center: Organizational Chart – Blank & Florida’s

<http://www.fhca.org/emergency/orgchartblank.pdf>

<http://www.fhca.org/emergency/orgchart.pdf>

PANDEMIC FLU

CDC Long Term Care & Other Residential Facilities Pandemic Influenza Planning

Check list <http://www.pandemicflu.gov/plan/healthcare/longtermcarechecklist.html>

Pandemic Influenza Information for Health Professionals

<http://www.cdc.gov/flu/pandemic/healthprofessional.htm>

CMS Pandemic Flu Planning

http://www.cms.hhs.gov/Emergency/10_PandemicFlu.asp

Community Pan-Flu Preparedness: A Checklist Of Key Legal Issues For Healthcare Providers

<http://www.healthlawyers.org/Resources/PI/InfoSeries/Pages/EmergencyPreparednessSeries.aspx>

H1N1 Influenza

<http://www.cdc.gov/h1n1flu/guidance>

<http://www.cdc.gov/h1n1flu/guidance/cardiovascular.htm>

Kentucky

<http://chfs.ky.gov/dph/epi/preparedness/panflu>

Other Government Sites

<http://www.pandemicflu.gov>

www.Flu.gov

SURGE ASSESSMENT

Contra Costa County Medical Surge Capacity Plan 1/29/2007.

www.cchealth.org/groups/ems/pdf/medical_surge_capacity_plan_jan07.pdf (Accessed 7/31/09).

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.

http://www.dmph.org/cgi/content/full/3/Supplement_1/S59 (Accessed 7/30/09).

TRAINING AND EDUCATION

FEMA

NIMS Resource Center <http://www.fema.gov/emergency/nims/>

NIMS Training Courses – Fact Sheets <http://www.fema.gov/emergency/nims/NIMSTrainingCourses.shtm#item1>

KDPH TRAIN KY

Training Modules <https://ky.train.org/DesktopShell.aspx>

- *Helping Elders Prepare for Bioterrorism and Emergencies*

(Course ID 1006475)

- *Disaster Preparedness: Developing an Agency Emergency Plan* (Course ID 1007090)

- *The Aging Network* (Course ID 1006470)

- *CERT Community Emergency Response Team* (Course ID 1005655)

- *Pandemic Influenza* (future TRAIN Course ID 1009188) Interim Link:

<http://cwte.louisville.edu/ovar/avianflu/index.html>

- *Medical Reserve Corps-An Introduction to Incident Command*

(Course ID 1014646)

OVAR GERIATRIC EDUCATION CENTER

Modules & other Training Resources

<http://www.mc.uky.edu/aging/gec.html> & <http://coa.kumc.edu/gecresource>

Health Literacy for Aging Data Base

http://www.mc.uky.edu/aging/documents/Health_Literacy_and_Aging_1_17_08.pdf

WEATHER EMERGENCY RESOURCES

NOAA Weather Radio All Hazards

NWR Station Listing for Kentucky - Broadcast Frequencies

<http://www.weather.gov/nwr/stations.php?State=KY>

County by County Coverage <http://www.weather.gov/nwr/CntyCov/nwrKY.htm>

ADDITIONAL RESOURCES/LINKS

America Health Care Association – Disaster Preparedness

All Hazards Planning Resources and Links

http://www.ahcancal.org/facility_operations/disaster_planning/Pages/default.aspx

Lessons Learned/ Best Practices

Caring for Vulnerable Elders During a Disaster: National Findings of the 2007 Nursing Home Hurricane Summit

http://www.ahcancal.org/facility_operations/disaster_planning/Documents/Hurricane_Summit_May2007.pdf

Centers for Disease Control and Prevention

Preparedness Resources for Long-Term, Acute, and Chronic-Care Facilities

<http://www.bt.cdc.gov/healthcare/longterm.asp>

Strategic National Stockpile <http://www.bt.cdc.gov/stockpile/index.asp>

Centers for Medicare & Medicaid Services

Survey & Certification: Emergency Preparedness Checklist Recommended Tool for Effective Health Care Facility Planning

http://www.cms.hhs.gov/SurveyCertEmergPrep/downloads/S&C_EPChecklist_Provider.pdf

Florida Health Care Association

A Nursing Home's Introduction to the Incident Command System

<http://www.fhca.org/emergprep/command.php>

Kentucky Associations

Kentucky Association for Health Care Facilities

www.kahef.org

Kentucky Association of Homes and Services for the Aging

www.kahsa.com

Kentucky Hospital Association

www.kyha.com

Kentucky Local Health Departments

<http://www.chfs.ky.gov/NR/rdonlyres/F37BDF08-7C60-4E61-B001-29B8D2A68FE6/0/AlphaLHDListing61809.pdf>

USA Model Long Term Care Plans

Florida Health Care Association

<http://www.fhca.org/emergprep/>

Mississippi State Department of Health

www.msdlh.state.ms.us/msdhsite/_static/resources/1182.doc

North Carolina Health Care Facilities Association

<http://www.nursinghomesnc.com/member-center/disaster-preparedness/all-hazards-planning-tool>

Pacific Northwest

www.esca1.com/documents/ltc_facility_plan/ltc_facilities_template1007.doc

Mather Lifeways Institute on Aging PREPARE Program

http://www.matherlifeways.com/re_prepare.asp

Virginia Department of Health

<http://www.vdh.state.va.us/EPR/>

Washington State Long Term Care

www.piercecountywa.org/xml/abtus/ourorg/dem/EMDiv/planning_guidance%20template%202.pdf

Wisconsin Department of Health Services

http://dhs.wisconsin.gov/rl_DSL/EmergencyPreparedness/EmPrepIndex.htm

TIPS FOR SPECIFIC DISASTERS FROM LTC PROVIDERS

BOMB THREAT

EARTHQUAKE

EPIDEMIC/PANDEMIC

FIRE

FLOOD/DAM FAILURE

HAZARDOUS MATERIALS

LANDSLIDE

MISSING RESIDENT

NUCLEAR POWER

SEVERE COLD/HEAT/WIND

- If the community has an extended power outage and needs to utilize the facility's emergency generator for heating or cooling, the facility can issue numbers to individuals in the community for two-hour shifts inside the facility so that a large number of people could have periods of respite.

TERRORIST ATTACK

UTILITY OUTAGE

- Work with local Emergency management office to determine whether any gasoline stations have emergency hook ups for gasoline/diesel/propane or emergency generator power.
- Identify locations of natural gasoline sources that have pumps that are electrically operated. Be sure utility companies are aware of these pumps so that electricity can be restored quickly.
- Schedule an electrical outage drill where the main electric system to the facility is shut down and the emergency generator is used for at least six hours.
- Identify fire stations, hospitals, military units or other community providers who have Portable Oxygen Generating Systems (POGS) who can refill canisters for individuals in the community and/or long term care facilities. See www.onsitegas.com

WORKPLACE VIOLENCE

APPENDIX 19

COPIES OF REGULATIONS AND REQUIREMENTS