

Terrace Post Acute

**EMERGENCY OPERATIONS PROGRAM AND PLAN
MANUAL**

TABLE OF CONTENTS

1.	INTRODUCTION	1
1.2.	INSTRUCTIONS FOR USE.....	1
1.3.	DISCLAIMER.....	2
1.4.	ORGANIZATIONAL REVIEW AND APPROVAL LOG.....	3
2.	RAPID RESPONSE INSTRUCTIONS	4
3.	EMERGENCY OPERATIONS PROGRAM AND PLAN	12
3.1.	HAZARD VULNERABILITY ASSESSMENT (HVA).....	13
3.2.	RESIDENT PROFILE.....	15
3.3.	CONTINUITY OF OPERATIONS.....	17
3.3b.	STAFF ORGANIZATION CHART.....	18
3.4.	ACTIVATION OF THE EOP.....	19
3.5.	EMERGENCY STAFFING STRATEGIES.....	19
3.6.	RESOURCE MANAGEMENT.....	22
3.7.	RELOCATION SITES AND ALTERNATIVE CARE SITES UNDER 1135 WAIVERS.....	22
3.8.	DEMOBILIZATION AND TRANSITION TO RECOVERY.....	23
3.9.	COORDINATION WITH LOCAL RESPONSE AUTHORITIES.....	23
3.10.	TRAINING AND TESTING.....	24
4.	POLICIES AND PROCEDURES	25
4.1	ACTIVE SHOOTER/ARMED INTRUDER.....	26
4.2.	BOMB THREAT.....	29
4.3.	EARTHQUAKE.....	30
4.4.	EMERGENCY ADMITS.....	34
4.5.	EVACUATION AND RESIDENT/STAFF TRACKING.....	36
4.6.	EXTREME WEATHER - HEAT OR COLD.....	43
4.7.	FIRE EMERGENCY – INTERNAL and EXTERNAL.....	45
4.8.	FLOOD.....	52

Terrace Post Acute Emergency Operations Program and Plan Manual

4.9. HAZARDOUS MATERIALS.....	53
4.10. INFECTIOUS DISEASE.....	54
4.11. LOCK DOWN.....	55
4.12. MEDICAL DOCUMENTATION.....	58
4.13. MISSING RESIDENT.....	60
4.14. POWER OUTAGE.....	62
4.15. SHELTER IN PLACE.....	65
4.16. SUBSISTENCE NEEDS.....	68
4.17. LOSS OF FIRE/LIFE SAFETY SYSTEMS.....	73
4.18. INSERT P&P FOR UNIQUE HAZARD.....	74
5. COMMUNICATION PLAN	75
6. RAPID RESPONSE GUIDES	78
7. APPENDICES	95

1. INTRODUCTION AND REVIEW LOG

1.1. INTRODUCTION

This **Emergency Operations Program and Plan (EOP) Template for Skilled Nursing Facilities** is provided by the California Association of Health Facilities (CAHF). It was initially developed in 2015 with funding from the Los Angeles County Department of Health Services Emergency Medical Services Agency (Hospital Preparedness Program Grant #H-705703)¹. It was revised in 2017 with funding from the California Department of Public Health Emergency Operations Program (Grant #15-10756) to incorporate new federal emergency preparedness regulations for Medicare/Medicaid certified providers released in 2016. It is offered as a base template from which a skilled nursing facility (SNF) can build a comprehensive EOP, and incorporates various positive practices in addition to regulatory requirements. Other facility types such as Intermediate Care Facilities for Individuals with Intellectual Disabilities, may find this template useful with some additional customization to reflect their unique populations, operations, and regulatory differences.

CAHF wishes to thank Sorensen, Wilder and Associates (SWA) and Fire and Life Safety, Inc. (FLS) for allowing the adaptation and inclusion of their proprietary materials related to Armed Intruder/Active Shooter and Lockdown policies and procedures, and Jocelyn Montgomery for her assistance with this template revision.

1.2. INSTRUCTIONS FOR USE

This template is incomplete until it is reviewed, filled out and modified by the user. Your Emergency Operations Program and Plan must address the specific nature of your facility's geographical risks, unique population, organizational structure, community capabilities, and federal, state, and local regulatory requirements. For that reason, several areas within this EOP Template require insertion of facility-specific information. Also important to note is although some sections appear complete, they may need significant customization from the user so that they accurately describe your facility's specific policies. For example, this template utilizes the Nursing Home Incident Command System (NHICS) as an organizational concept. Facilities that are not using Incident Command as a standardized system of response will need to replace our references to NHICS with their own system for succession planning and staff assignments. We recommend that each facility consult with its governing body and legal counsel regarding the appropriateness and completeness of language included in its final EOP and review (and revise if necessary) the document on an annual basis, as required by these CMS regulations.

¹ This effort was supported by funding provided by the Hospital Preparedness Program (HPP) of the U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response (ASPR). HPP funding assists healthcare organizations and coalitions in preparedness efforts across the nation.

The template is provided in Microsoft Word format so it can be easily modified.

Here are some key items to address within the template:

- Sections highlighted in **yellow** require inserting facility -specific information.
- Some sections require the insertion of documents such as the Facility Site Map, Disaster Meal Menus, Emergency Agreements, Vendor List, etc. Add any additional information that is appropriate to your facility.
- Not all potential hazards are addressed in this template. Users will need to add policies and procedures for hazards that are prominently identified in their risk analysis but not addressed in this template.
- Review Appendix A: Acronyms and update as needed, e.g., to add facility specific acronyms.
- Once completed and approved, ensure signature pages are signed and dated at least annually.
- Instructions for updating Table of Contents page numbers are at the end of this document.

This template may be used for free and modified by long term care facilities whether or not they are CAHF members. It may not be sold or incorporated into proprietary products without specific permission from CAHF and the California Department of Public Health Emergency Operations Program.

1.3. DISCLAIMER

CAHF, the Los Angeles County DHS Emergency Medical Services Agency, the California Department of Public Health Emergency Preparedness Program, and individual authors are not responsible for any errors or omissions contained in the EOP Template for SNFs and assume no responsibility for the misuse or erroneous interpretation of its contents, or the failure to include appropriate information. Under no circumstances does the EOP Template for SNFs contain or constitute legal advice in any form; nor does it make any assurance or representation that the information contained here will be determined to constitute compliance with any local, state or federal law or regulation.

1.4. ORGANIZATIONAL REVIEW AND APPROVAL LOG

This document is Terrace Post Acute’s **Emergency Operations Program and Plan (EOP)** and states our understanding of how we will prepare for, manage and conduct actions under emergency conditions. It will be reviewed and updated as necessary and at least on an annual basis.

This EOP has been reviewed and approved by our organization’s leadership.

Approved By: _____
Signature

Hana Roushdy, Administrator _____
Printed Name/Title

Date

Reviewed/Revised:

Date Signature

Reviewed/Revised:

Date Signature

Reviewed/Revised:

Date Signature

Reviewed/Revised:

Date Signature

2. RAPID RESPONSE INSTRUCTIONS

ACTIVATION

Follow these steps if you recognize a potential or actual emergency that may threaten or impact:

- The health and safety of occupants (including residents, staff, and visitors)
- The care center's ability to provide care, or the physical environment or property

STEP 1	Protect yourself and those in the immediate area from harm. If appropriate, call 9-1-1 for emergency response and sound the facility alarm and/or overhead code if appropriate per our EOP. See <i>Rapid Response Guides</i> for hazard-specific protocols.
STEP 2	Take a deep breath and assess the situation. Gather basic facts: Type of incident, including specific hazard/agent, • Location of incident, • Number and types of injuries, and • What you have done so far. If the situation allows, begin to document your actions
STEP 3	Contact your immediate supervisor to report the incident and get further instructions. If you are unable to contact your supervisor, activate the Incident Commander (IC) position and the Emergency Operations Plan (EOP). Activate overhead codes or facility emergency alert system as appropriate.
STEP 4	Notify additional authorities if appropriate and indicated by protocols.
STEP 5	Follow facility policies and procedures for extended response, documenting actions and incident reporting. For quick reference, Rapid response guides for initial response to common threats can be found in Section 5.

INTERNAL CRITICAL CONTACTS		
Name/Title	Primary Telephone	Secondary Telephone
Hana Roushdy, Administrator	714-336-1707	818-787-3400
Shirley Ravina, DON	818-697-2751	818-787-3400
Dr. Bhardwaj, Medical Director	818-219-8126	818-787-3400
Bernardo De La Cruz, Maint Director	818-915-5321	818-787-3400
Cherry Pimentel, DSD	818-334-0124	818-787-3400
Carolina Navarro, ADON	818-216-3785	818-787-3400
Bianca Garibay, AP/Payroll	818-213-8810	818-787-3400
Joanne Liwag, Medical Records Director	323-649-6276	818-787-3400
Gina McGrath, Social Services Director	626-808-8164	818-787-3400
Evelin Moya-Montalvo, IP	661-383-8355	818-787-3400
Ana Regalado, Admissions Director	818-941-0998	818-787-3400
Lizette De La Cruz, Central Supply	818-357-7162	818-787-3400
Geryllen Ruiz, MDS	818-223-1711	818-787-3400
Irina Mailyan, Dietary Manager	818-853-1835	818-787-3400
Jee Lee, RD	763-607-3329	818-787-3400

EXTERNAL CRITICAL CONTACTS		
Type	Tel #/Email	Contact Name
Police	818-374-9500	Van Nuys PD
Fire	877-275-5273	Van Nuys FD
Local State Survey Agency Daytime #	818-672-2900	Los Angeles Region 2 SNF District Office
State Survey Agency 24 Hour #	213-974-1234	Health Facilities Inspection Division
Local Public Health Agency	(213) 240-794	Los Angeles County Department of Public Health
Local Emergency Management Agency	213-484-4800 emdcommunications@lacity.org	City of LA Emergency Management Dept
Local Medical and Health Operational Area Coordinator (MHOAC)	562-378-1500	
Ambulance Company #1		
Ambulance Company #2		
Paratransit or Other Transportation		
Power Company		
Gas Company		
Telephone Company		
Water System		
Sewer System		
Fire Alarm System		
Fire Protection – Sprinkler System		
Security Alarm System		
Emergency Water Supply		
Emergency Food Supply		
Additional Staff		

Other - Advocates for Residents (Statewide)	818-444-0315 800-231-4024 (24/7)	Long-Term Care Ombudsman Program
--	--	-------------------------------------

FACILITY PROFILE	
Facility Name	
Facility Address	
Facility Location (Cross streets, map coordinates, landmarks)	
Facility Telephone #	
Facility Fax #	
Facility Email	
Facility Web Address	
Administrator/Phone #	
Alternative Emergency Executive /Phone #	
Maintenance Coordinator/Phone #	
Insurance Agent/Phone #	
Owner/Phone #	
Attorney/Phone #	
Year Facility Was Built	

# of Licensed Beds	
Average # of Staff – Days	
Average # of Staff – Nights	
Emergency Power Generator Type	
Emergency Power Generator Fuel	
Emergency Communication System	
Like-Facility #1 for Resident Evacuation ² (within 10 miles)/Phone #	
Like-Facility #2 for Resident Evacuation (within 10 miles))/Phone #	
Like-Facility for Resident Evacuation (beyond 25 miles))/Phone #	
Like-Facility for Resident Evacuation (beyond 25 miles))/Phone #	
Other Emergency Contacts	

² Our facility has a Memorandum of Understanding (MOU) with at least one nearby facility (within 10 miles) and one out-of-the-immediate-area facility (beyond 25 miles) to accept evacuated residents, if able to do so.

FACILITY SITE MAP WITH EMERGENCY SHUT-OFF LOCATIONS

<Insert floorplan and/or site map with equipment, shut offs and other critical response information that might be urgently needed in an emergency>

3. EMERGENCY OPERATIONS PROGRAM PLAN

This document describes the Emergency Operations Program and Plan (EOP) for <INSERT FACILITY NAME>. Our facility's EOP uses an "all-hazards" approach for emergency planning and response. This includes several elements:

- An integrated approach to emergency preparedness planning with a focus on essential capabilities/capacities for effective response to a wide range of emergencies and disasters
- An Emergency Operations Plan based on a risk assessment that addresses the array of hazards that this facility may face
- Policies and procedures with strategies that reflect our population's unique needs and vulnerabilities
- Collaboration with local, state and federal response partners
- Coordination with other health facilities
- A detailed communication plan
- Continuity of operations strategies for response and recovery
- Training that applies to all members of program administration and staff in all departments and non-staff members who perform work at the site including clinical providers, technicians, contractors, students, volunteers, and ancillary staff
- Annual testing of the plan with the goal of identifying areas for further planning

This document states our organization's understanding of how we will manage and conduct actions under emergency conditions. It is customized to our facility and incorporates the response strategies of our community. It is updated as needed, reviewed at least annually, and approved by our organization's leadership (see Review Log, pg 3).

- The purpose of our EOP is to describe our all-hazards approach to emergency management, and by so doing, support the following incident objectives:
- Maintain a safe and secure environment for residents, staff and visitors
- Sustain our organization's functional integrity, including our essential services and business functions (continuity of operations)
- Coordinate with the community's emergency response system

RISK ASSESSMENT

Comprehensive emergency management includes four phases: preparedness, mitigation, response and recovery. A critical component of the preparedness phase is assessing risks and vulnerabilities, and a common tool used for this purpose is the Hazard Vulnerability Assessment (HVA). For this reason, our facility has completed an HVA that is reviewed annually. During this process we have considered both internal and external hazards that could result in:

- Care-related emergencies
- Equipment and power failures
- Interruptions in communication
- Loss of a portion or all of a facility
- Interruptions in the normal supply of essentials resources

Additionally, we have consulted with the local response authorities to ensure we are aware of all hazards specific to our community.

3.1. HAZARD VULNERABILITY ASSESSMENT (HVA)

For our initial Hazard Vulnerability Assessment, we completed the following six-step process:

1. Established the participants in the HVA process. We involved knowledgeable stakeholders in the HVA process. The community-wide HVA, typically conducted by the local office of emergency management, was also used to identify threats external to our facility.
2. Identified the hazards. This step consisted of identifying all of the hazards that could significantly impact operations, the care of residents, or unusual service needs. Internal hazards (e.g., failure of HVAC) and external hazards (e.g., earthquake) were considered.
3. Assessed the hazard-associated “risk” (probability and consequence). Risk is the product of probability and consequence. Each identified hazard was assessed according to its probability and impact (consequences).
4. Ranked the hazards by magnitude of risk. This step involved sorting the risks into categories: either high risk, moderate risk, or low risk. This judgement included information from emergency management officials aware of community vulnerabilities, such as flood zone information, seismic risk, etc.
5. Analyzed the vulnerability of “mission-critical” systems to each hazard. This step assessed vulnerabilities relative to human impact, property and facility impact, and operational impact.

6. Prioritized the vulnerabilities and implemented risk intervention activities (mitigation) as appropriate. Generally, our vulnerabilities are ranked by the following priorities:
 - a. Life safety threat (injury/illness, death, short and long term health risk)
 - b. Disruption of facility operations
 - c. Business system failure
 - d. Loss of customer/community trust and/or goodwill
 - e. Property and/or environment damage
 - f. Liability and/or legal/regulatory exposure

Our most recent Hazard Vulnerability Assessment can be found in Appendix N. to see when it was last updated, check the Review Log (pg 3) in the foreword of this Plan.

Risk Mitigation

Mitigation is defined as activities taken to reduce the impacts from hazards. Mitigation planning establishes short and long-term actions to eliminate hazards or to reduce the impact of those hazards if they cannot be eliminated.

Based on the results of the HVA, the mitigation strategies we consider include, but are not limited to, the following:

- The use of appropriate building construction standards.
- Relocation, retrofitting or removal of structures at risk.
- Segregation of the hazard from that which is to be protected.
- Provision of protective systems or equipment.
- Establishing hazard warning and communications procedures.
- Redundancy or duplication of critical systems, equipment, information, operations, or materials.

Top Five Risks

Our HVA process has determined that the top five risks facing our facility include those listed below:

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

3.2. RESIDENT PROFILE

In our facility, all residents are at risk during emergencies due to their unique health needs. To ensure that we design procedures that will support these needs, we have completed a resident profile that identifies the common services our facility provides.

Number of residents we are licensed to provide care for: (enter number of beds) .

Our average daily census: (enter a range) .

We serve residents with the following **common** diseases, conditions, physical and cognitive disabilities, or combinations of conditions that require complex medical care and management.

SPECIAL TREATMENTS AND CONDITIONS COMMON IN THIS FACILITY		
	Special Treatments	Number/Average or Range of Residents
Cognitive or Intellectual Disabilities	Behavioral needs	
	Daily nursing care	
Respiratory Treatments	Oxygen therapy	
	Suctioning	
	Tracheostomy Care	
	Ventilator or Respirator	
	BIPAP/CPAP	
Mental Health	Behavioral Health Needs	
	Active or Current Substance Use Disorders	
Other	IV Medications	
	Injections	
	Transfusions	
	Dialysis	
	Ostomy Care	
	Hospice Care	
	Respite Care	
	Isolation or Quarantine for Active Infectious Disease	

RESIDENT PROFILE (continued)

NEEDS FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING			
Assistance with Activities of Daily Living	Number of Independents	Number of Residents Needing Assist of 1-2 Staff	Number of Dependents
Dressing			
Bathing			
Transfer			
Eating			
Toileting			
Mobility			

3.3. CONTINUITY OF OPERATIONS

Authorities and Leadership

Our facility's Staff Organization Chart on the following page (Section 3.3b.) outlines the general chain-of-command and principal roles of facility administrators and senior management staff during normal operations. Everyday decision-making at the organizational level is typically conducted with deliberate, time-consuming methods such as scheduled committee meetings, executive deliberations, and board meetings. This approach may not be feasible in an emergency and so, as a concept of operations, this facility utilizes a modified version of the Incident Command System called the Nursing Home Incident Command System (NHICS) (see Appendix P).

The <fill in position and/or name> has legal authority for the day-to-day operations of this facility and emergency response. In their absence, we have identified the following person(s) who is qualified and authorized to act as the legally responsible representative for our facility.

Alternate legally authorized representative: < Insert their name>

Other qualified person(s) to trained to assume Incident Commander position during emergency response:

1. <Insert their names>

2.

In addition, the following staff are trained to assume key leadership roles during an activation of our emergency response:

1. <Insert their names>

2.

3.

4.

5.

3.3b. STAFF ORGANIZATION CHART

<insert organization chart of staff assignments/pre-defined roles, showing hierarchy of authority/succession plan>

3.4. ACTIVATION OF THE EOP

Whenever an emergency has the potential to impact the safety and well-being of residents, staff or visitors and/or significantly disrupt our ability to provide resident care, the EOP will be activated by a senior staff on duty who will act as the Incident Commander (IC). The IC has the authority to make staff assignments and initiate specific procedures as warranted by the threat or onset of an emergency. Any of trained and qualified staff can step into this role if necessary, but it will default to one of the individuals or positions listed above if they are present at the time of the activation.

The selection of who will be IC may not follow the hierarchy of our organizational chart. In some situations, the skills of a senior staff member may be critically needed in Operations, and they so they would not be able to assume over-all command. For example, in the case of an incident that results in injuries on an evening shift, the nursing supervisor may be the senior staff present but will be needed to oversee the operation of resident care. The incident leadership in this case would fall to the next qualified staff on the organizational chart. Succession planning for key leadership roles in an emergency moves from the top down on this chart.

Advance Notice vs. No Notice Incidents

In some cases, our facility may receive advance notice or warning of an eminent event such as severe weather. We will respond by taking protective actions to ensure the safety and wellbeing of our residents, staff and visitors. We may also elect to activate our EOP to support our preparatory actions.

In other cases, we may have no notice prior to an emergency. The element of surprise can significantly add to the stress of dealing with a sudden onset emergency, but practicing emergency response via drills and exercises has significantly improved our performance during the emergency.

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident will immediately notify their supervisor or the senior manager on site.

3.5. EMERGENCY STAFFING STRATEGIES

Employee Preparedness

It is the policy of this facility to ensure that we have adequate staffing during emergencies. Our employees are expected to report to their work site and provide services related to emergency response and recovery operations in addition to their normally assigned duties if requested to do so. Supervisors, co-workers, and residents share an expectation that medical services will proceed uninterrupted and that any medical needs generated by the incident impact will be addressed.

Preparedness planning in this facility is recognized as a shared responsibility between nursing home leadership and staff. All staff are expected to have a current “family disaster plan” so that they can fulfil their work obligations knowing that their families are well prepared and safe. Staff are encouraged to visit www.ready.gov/make-a-plan and www.redcross.org/prepare/location/homefamily/plan for guidance and templates for personal disaster plans.

Staff Recall

This facility’s staff will be called in, and/or availability may be requested by a predesignated staff person as detailed in Appendix R – Staff Recall and Survey. The individuals contacted may be asked to report for duty immediately or be scheduled for future shifts during the emergency as determined by the IC. The location of a detailed emergency contact list for staff is contained in Appendix R.

Emergency Employee Call-ins

All staff in regular and temporary or contracted positions (appropriate with their role) should contact their immediate supervisor or manager if they are unable to report to duty as scheduled due to an emergency.

All approved Paid Time Off (PTO) days during an event may be cancelled. Employees should be available to report for duty if it is safe and feasible to do so.

Employees may be assigned to Team A or Team B and should report to duty as follows:

- Team A will report to the facility as scheduled once the EOP is activated and travel is safe. Team A will remain at the facility for the duration of the disaster event and its effects until relieved by Team B.
- Team B members are expected to report to duty to their department or labor pool to relieve Team A as directed by IC. Employees who do not provide direct patient care and whose departmental functions can be halted until the emergency is over may be designated as either Team A or Team B and deployed to a labor pool. Those employees will report directly to <enter designated area for employees to enter facility> for assignment.

Team A and Team B will be encouraged to bring the following to the facility:

- Staff identification
- Medications/personal items
- Money: cash and change for vending
- Flashlight with extra batteries
- Critical personal phone numbers
- Battery-operated cell phone charger

Staff Responsibility

Team A and B employees will be deployed and rotated, as deemed appropriate by the IC, during the duration of the disaster; work in various assigned shifts; and/or provide non-routine but necessary duties that they are cross trained to perform. Team A and B employees will report as scheduled until an “All Clear” is called and normal operations are resumed.

Staff Support

Reasonable sleeping and showering areas will be assigned to off-duty staff who are asked to stay or unable to return home. To the extent that the facility’s needs permit, space may be provided for families of working staff during the disaster. Childcare may be available if family caregivers are not available. Families should bring snacks, drinks, linens, personal items and children’s activities whenever possible. Food will be provided in the cafeteria from a limited menu to on-duty staff. Food for residents will be the priority, but if possible food will also be provided to families on the premises.

Use of Volunteers

It is the policy of our facility to maximize our staff availability and utilize approved staffing registries if we are unable to cover our staffing needs during an emergency. If this strategy fails to meet our needs, our facility may request additional staff through the <enter local entity that assists with emergency resource requests>. Through the emergency management protocols of our local area, we may integrate State and/or federally designated health care professionals to address surge needs during an emergency. We may also utilize emergent volunteers for non-resident care if necessary. Before utilizing any volunteers however, we follow the steps outlined below if at all possible:

Set up systems for:

- Receiving volunteers
- Processing and registering volunteers
- Issuing assignments and providing briefing on tasks and responsibilities
- Credentialing as indicated by task assignments (if feasible)
- Badging for site access and function as indicated
- On-site training (as appropriate) and equipping as indicated for both safety and job efficacy
- Assign key staff to supervise the volunteers closely
- Reassignment as tasks are completed
- Demobilizing and out-processing (return badges, receive feedback from volunteers, address medical and psychological issues and arrange after-care, obtain contact information for any surveillance or medical follow-up, and thank volunteers for their service)

3.6. RESOURCE MANAGEMENT

Resource management is critical to maintaining safe and effective care of residents and staff. Emergencies can easily lead to unusual resource challenges like the disruptions to supply deliveries (see the P&P for Subsistence Needs).

Our facility has a robust supply of emergency equipment and materials (see Shelter in Place P&P, Disaster Supply Inventory Appendix E and Disaster Meal Menus Appendix G). We have a system for shelf-life management that includes rotation through usual stock, and established agreements with a variety of vendors for our re-supply and recovery needs (see Vendor List - Appendix F and Emergency Agreements - Appendix J).

3.7. RELOCATION SITES AND ALTERNATIVE CARE SITES UNDER 1135 WAIVERS

Relocation Sites

As part of our all hazard preparedness, this facility coordinates with our local response authorities and other health facilities to arrange for care at alternate locations should evacuation become necessary. These arrangements also address the receipt of residents, when feasible, from other facilities unable to continue their operations (see Evacuation P&P and Emergency Admits P&P). Our facility has also arranged to utilize the following location to conduct essential business functions at an alternative location when necessary:

< Insert alternate business functions location >

1135 Waivers (Federally Declared Disasters)

In the event of a major disaster involving an 1135 Waiver, this facility will coordinate with and follow instructions from the local response authorities, State Survey Agency, and Federal authorities regarding alternate care sites, or other provisions applicable under that Waiver.

3.8. DEMOBILIZATION AND TRANSITION TO RECOVERY

Demobilization involves the release of resources used to respond to the incident. As the response phase transitions to the recovery phase, increasing numbers of resources will be demobilized, until the transition is complete (see the Return to Facility Form in Appendix L). A goal of our EOP is respond to emergencies in a way that allows for a return to normal operations as soon as possible.

3.9. COORDINATION WITH LOCAL RESPONSE AUTHORITIES

We recognize that most emergencies experienced by our facility will involve other response partners. Our facility has established relationships with the local response authorities and is familiar with local community's plans relevant to our coordinated role in emergency response.

In California, the coordination of various public health and medical functions is accomplished at the local operational area (county), the mutual aid region, and the state level. Within the operational area, coordination for both public and private entities is handled by the Medical and Health Operational Area Coordinator (MHOAC). In our county, <Enter appropriate RESPONSE agency information> functions as the lead county agency for medical-health emergency response coordination. In addition, the <Enter state SURVEY agency local office info> has the authority and responsibility for the licensing and certification of health facilities and oversight of resident health and safety during a disruption to their normal operations.

In the case of a facility-specific incident requiring evacuation and/or a widespread event involving multiple sites of impact, we will contact <Enter appropriate RESPONSE agency>. This will ensure we are coordinating with our community response partners for resource requesting, situational awareness, and information sharing within the medical and health coordination network and the local emergency operations center.

<Insert the name of the web based or other coordinated information system used in your county if your facility participates> is a tool that is used by our facility to communicate with the <Insert county RESPONSE agency >. Through this system, our facility responds to bed polls, reports facility status, and receives or gives other information (see Facility System Status Report - Appendix S).

3.10. TRAINING AND TESTING

Education and training, including drills and exercises, are utilized in this facility to achieve proficiency during emergency response and ensure the effectiveness of our EOP. In compliance with state and federal regulations, our facility conducts initial training on the EOP during the orientation of new staff, and annually to all staff, individuals providing services under contract, and volunteers consistent with their role in the response.

Fire drills are done quarterly and a disaster drill is held every six months under varied conditions for each individual shift of facility personnel. A written report of drills and exercises is maintained and corrective actions are taken as indicated. The actual evacuation of residents to safe areas during a drill is optional.

Additionally, our facility participates in a Table Top and a Full-Scale Community Exercise if available, annually. If a Full-Scale Community Exercise is not available or feasible, we will document this and conduct a facility-based exercise instead to test specific aspects of our EOP and identify areas for improvement. Both exercises will follow a formal exercise plan with objectives and a scenario designed to meet those objectives.

An After Action Report (AAR) is completed following these exercises with identified areas for improvement, and a plan for the improvement activities to be completed in a specific time frame (see After Action Report/Improvement Plan - Appendix B). Documentation of these exercises includes sign-in sheets and is available for review <Enter location of documentation or state upon request>.

If our facility experiences an actual emergency event that results in an activation of our EOP, this may suffice for one of these exercises, and an AAR will be completed in a timely manner following the event.

4. POLICIES AND PROCEDURES

TABLE OF CONTENTS

4.1 ACTIVE SHOOTER/ARMED INTRUDER	25
4.2. BOMB THREAT	28
4.3. EARTHQUAKE	29
4.4. EMERGENCY ADMITS	33
4.5. EVACUATION AND RESIDENT/STAFF TRACKING	35
4.6. EXTREME WEATHER - HEAT OR COLD	42
4.7. FIRE EMERGENCY – INTERNAL AND EXTERNAL	44
4.8. FLOOD	51
4.9. HAZARDOUS MATERIALS	52
4.10. INFECTIOUS DISEASE	53
4.11. LOCK DOWN	54
4.12. MEDICAL DOCUMENTATION	57
4.13. MISSING RESIDENT	59
4.14. POWER OUTAGE	61
4.15. SHELTER IN PLACE	64
4.16. SUBSISTENCE NEEDS	67
4.17. ADDITIONAL P&PS FOR UNIQUE HAZARDS	72

4.1 ACTIVE SHOOTER/ARMED INTRUDER

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. While we may not have not identified an “Active Shooter” event as a high probability risk, because of the growing number of Active Shooter events over the past several years, we believe it is important for the staff, volunteers and contracted employees of this facility to be trained on how to minimize their risk and their residents risk of injury should this unlikely event occur. Early and immediate recognition of an Active Shooter/Armed Intruder event is imperative to increase the survivability chances of staff and patients/residents.

Active Shooter as defined by the US Department of Homeland Security “...is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.”

An Active Shooter, as defined, does not have a selected, specific victim and is looking to create the most amount of causality as possible. Another consideration of concern is the Armed Intruder. An Armed Intruder, not intending to create mass casualties, may have a specific target victim and an agenda to complete the act of violence toward that victim. Once that target is engaged by the Armed Intruder and the agenda realized, the act of violence brought on by an armed intruder may stop.

Emergency response by staff should treat an Active Shooter and Armed Intruder event as ‘one in the same’ because an Armed Intruder event can transform into an Active Shooter event rapidly and without warning.

NOTE: If the facility is alerted that an armed suspect is in the area but they are not in the facility refer to the LOCKDOWN Policy and Procedure and initiate a full lockdown of the facility or as directed by Law Enforcement.

PROCEDURE

(Due to urgent nature of this hazard, implementation of NHICS may not be feasible)

IMMEDIATE RESPONSE:

Because of the emergent nature of an Active Shooter Event, staff should immediately carry out this procedure without waiting for instructions from the Incident Commander or their supervisor. The first person to become aware of this threat should initiate the response by announcing the code and dialing 911 if it is safe to do so.

- CODE <Enter your facility's code word> or "ARMED INTRUDER" is announced overhead with the last known location of the shooter/intruder as soon as the event is recognized.
- Begin Resident Safety Protocol or Personal Safety Protocol depending on the location and actions of the Active Shooter/Armed Intruder.

RESIDENT SAFETY PROTOCOL:

If the active shooter is distant from your location:

- **Evacuate:** If opportunity allows you to safely direct and move patients/residents. The order of evacuation is:
 - Ambulatory patients/residents
 - Patients/residents with assistive devices
 - Patients/residents in wheelchairs
 - Bedridden patients/residents
- **Hide:** If unable to evacuate patients/residents because of the active shooter's location, hide them.
- **Barricade:** If you can hide the resident, barricade their position utilizing door locks, furniture, etc. to prevent the active shooter from breaching their position.

If providing Resident Safety Protocols and the active shooter approaches, transition to Personal Safety Protocols.

PERSONAL SAFETY PROTOCOL:

If the active shooter is close to your location, remember the **FOUR OUTS**:

- **GET OUT:** Evacuate, if opportunity allows you to safely leave the facility.
- **HIDE OUT:** If unable to evacuate because of the active shooter's position hide
- **KEEP OUT:** If you are hiding, barricade your position by utilizing door locks, furniture, etc. to prevent the active shooter from breaching your position

- **TAKE OUT:** As a LAST resort, prepare to fight the active shooter by utilizing weapons of opportunity, surprise, diversion and committed actions
- Contact 911: Anyone at any time can call 911 when it is safe to do so. Provide the 911 dispatcher with as much relevant information as possible:
 - Facility name and location
 - Your name
 - Nature of the event
 - Description of the shooter (if known)
 - Type of weapon(s)
 - Persons injured: number and extent
- When Law Enforcement arrives, follow the officer's directives. In addition:
 - Empty your hands
 - Keep hands up and fingers spread
 - Do not scream or yell at arriving officers
 - Do not run directly at officers and/or avoid quick movements or grab onto them
 - Follow Law Enforcement instructions
 - Provide information to officers
- The event will be deemed 'All Clear' after law enforcement authorities have concluded emergency operations and declared the situation 'safe'.
- If hiding/barricaded, wait for Law Enforcement to provide an "All Clear" before leaving your position.
- When the event becomes static, notify the on-call Administrator if after hours.
- Activate the Incident Command System to manage the event and follow all instructions from Law Enforcement regarding preservation of the crime scene.
- Account for all staff, visitors and residents.

RECOVERY:

1. Rapid assessment of residents, staff and visitors to identify possible ill effects suffered during the incident.
2. Care and treatment of residents, staff and visitors as indicated by the assessment including psychological first aid if needed.
3. Restoration of normal services including the unlocking of all exits and gates per normal operations.
4. Coordination with law enforcement and other emergency response authorities as appropriate for follow-up actions.
5. Notification of resident representatives and the State Survey Agency to report the incident.

**Adapted with permission from proprietary materials from Sorenson, Wilder and Associates (SWA) and Fire and Life Safety Inc (FLS).*

4.2. BOMB THREAT

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. This facility will act to protect all resident, staff and visitors from harm in the event of a bomb threat through the immediate activation of the following actions:

(Due to urgent nature of this hazard, implementation of NHICS may not be feasible)

PROCEDURE

INITIAL RESPONSE: See Rapid Response Guide – Bomb Threat and Evacuation P&P (if applicable).

IMMEDIATE RESPONSE:

Incident Commander and Planning Chief:

- Once the initial threat has been resolved, cooperate with law enforcement officials to provide information and preserve evidence.
- Provide law enforcement with a copy of the call details if the threat was made by phone (see FBI Bomb Threat Worksheet - Appendix C).
- Activate the communication plan and brief staff, residents and families on situation as soon as possible.
- Communicate with local emergency response officials and State Survey agency to give info on the status of the facility.

Operations Chief:

- Assess residents, staff and visitors for potential impacts from the incident and provide care as indicated by the assessment findings.
- Offer reassurance and psychological first aid if needed.

RECOVERY:

- With approval of local response authorities and state survey agency resume normal operations. If there were evacuations, Initiate the repatriation of all evacuated residents.
- Notify residents, staff, visitors, and families/representatives and external stakeholders of the return to normal operations.
- Resume clinical care, therapy and activities per pre-incident plan of care for specific residents.
- Continue to assess residents for adverse impacts from the incident.

4.3. EARTHQUAKE

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. In the event of a significant earthquake, this facility is prepared to maintain essential care and services for a minimum of <Insert duration of time that you are prepared to maintain services. 72 hours is recommended at a minimum> and protect residents from harm through the following actions.

PROCEDURE

INITIAL RESPONSE: See Rapid Response Guide – Earthquake.

IMMEDIATE RESPONSE:

Incident Commander and Planning Chief:

- Activate the facility Command Center and NHICS positions as indicated based on assessment of the situation.
- Appoint a Safety Officer if required.
- Activate search teams if needed; integrate efforts with local public safety personnel.
- Communicate with local emergency operations center, response officials, and State Survey agency to give info on the status of the facility and impact on internal infrastructure and services.
- Gather external situational status (weather, impact to roads, utilities, scope of damage, evacuation routes) and infrastructure status through local officials and other channels for reliable information.
- Activate the communication plan and brief staff, residents and families on situation as soon as possible.
- As indicated by initial assessment of the situation, activate Power Outage, Subsistence, Evacuation and/or Shelter in Place P&P.

Safety Officer:

- Identify safety hazards and mitigation strategies based on nursing home assessment; (See Incident Action Plan (IAP) – Appendix M, and Facility Systems Status Report - Appendix S). Consider implementing Lock Down P&P.
- Ensure that unsafe areas are restricted by signage or barrier tape, or by posting staff to monitor entry points.
- Notify the Incident Commander and Operations Section Chief of any internal or external areas that are unsafe for occupancy or use.

- Initiate requests for external inspection of the building integrity if damage is evident.

Operations Chief:

- Initiate response-specific resident care plans:
- Activate triage and treatment areas and teams
- Assess and treat injuries to current residents, visitors, and staff
- Conduct a census of residents, identifying those who are appropriate for discharge or who need transfer to acute care.
- Activate the fatality management procedures if there are casualties (see Handling of Remains - Appendix O).
- Assess damage to facility infrastructure, including:
 - Status of all utilities
 - Ability to sustain operations with current impact on infrastructure and utilities
 - Activate utility contingency plans
 - Activate Disaster Menus and dietary services if power failure
 - Activate Memorandums of Understanding as needed for generator and fuel support, water and sewage services, and medical gas deliveries
 - Safety status of external sites including, exterior shelter sites, all buildings on campus, parking structures, fences and gates, external lighting, roadways, and sidewalks (see Facility Systems Status Report - Appendix S).
- Initiate or arrangement for repairs if feasible.

Logistics Chief:

- Inspect all onsite supplies and equipment for inventory and for damage and necessary repairs.
- Obtain supplies, equipment, medications, food, and water to sustain operations.
- Assess all onsite communications equipment for operational status; activate contingency plans as needed
- Assess the status of information technology systems; initiate repairs and downtime procedures if necessary.
- Coordinate the transportation services (ambulance, air medical services, and other transportation) with the Operations to ensure safe resident relocation, if necessary. (See Evacuation P&P)

Finance/Admin Chief:

- Monitor staff and volunteer usage, track time. If needed, screen volunteers.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to IC.

<Insert additional actions that are specific to your facility as needed>

RECOVERY:

- With approval of local response authorities and state survey agency resume normal operations. If there were evacuations, Initiate the repatriation of all evacuated residents.
- Notify residents, staff, visitors, and families/representatives and external stakeholders of the return to normal operations.
- Resume clinical care, therapy and activities per pre-incident plan of care for specific residents.
- Continue to assess residents for adverse impacts from the incident.
- Complete repairs, cleaning and dietary and housekeeping resupply activities.
- Work with insurance, funding agencies, local, state, and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.

4.4. EMERGENCY ADMITS

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. As part of the coordinated response system in our community, this facility has entered into arrangements with other health facilities which are reciprocal (see Evacuation Policy and Procedure). If we are not impacted by an event and it is feasible to do so, we are prepared to receive residents from evacuated facilities with whom we have made these arrangements. If patient movement is being coordinated by local response authorities, we will consider accepting residents from other facilities, if feasible. When receiving residents from a disaster stricken area or a single-facility evacuation, the following procedures will be followed to ensure our facility is ready to provide safe care.

PROCEDURE

Incident Commander and Planning Chief:

- Activate the facility Command Center and NHICS positions as indicated based on assessment of the situation.
- Communicate with the sending facility (if possible), the State Survey agency, and local emergency responders, as appropriate.
- Assess available bed capacity and respond to polls via <Enter method that local response agency uses to identify vacancies for resident placement > from the agency coordinating patient movement.
- When deciding how many residents we can safely accommodate we consider the following:
 - Vacant beds
 - Possible space conversions. Suggested area is 45 sq. ft. per person (5ft x 9ft space)
 - Adequate power supply and outlets, and lighting.
 - Necessary emergency and routine supplies
- If needed contact the State Survey agency to obtain permission to increase capacity and/or place residents in areas not previously approved for resident care such as the dining room.

Operations Chief:

- Set up a site for processing incoming residents. Clear the hallways and entry.
- Prepare a triage area/admit area.
- Assess all residents for transfer trauma, etc. and keep records of vital signs.
- If there are injured residents – notify 911 for transfer to acute care.

- Do a temporary status admit on residents and set up temporary charts unless the decision is made to formally admit them. In this case follow routine admissions process.
- Keep an intake log of residents and an inventory of any medications, equipment or other possessions that arrived with them (see Emergency Admits: Master Tracking Form – Appendix I).
- Assist relocated residents to be as comfortable as possible.
- Obtain doctor's orders as needed, and contact pharmacy and other vendors for necessary supplies.
- Provide continuous observation and immediate aid if necessary.
- NHICS 254: Master Emergency Admit Tracking Form (Appendix I)

Forms Requested from the Sending Facility May Include:

- Resident Evacuation Tracking Form (Appendix L) or the alternative NHICS 260,
- A Face Sheet (See Evacuation Forms - Appendix L),
- Medical Treatment Orders,
- Medication Record,
- Advance Directive, and/or
- Other patient identification documents (ex., resident's representative and physician contact info).

Logistics Chief:

- Prior to arrival of individuals, assess staffing and call in additional employees (see Staff Recall and Survey - Appendix R) to ensure a safe staffing ratio.
- Confer with Operations to identify needed emergency and routine supplies (see Appendix F – Vendor List, and Appendix E - Disaster Supply Inventory).

Finance/Admin Chief:

- Monitor staff and volunteer usage, track overtime. If needed, screen volunteers including sending facility staff if providing direct care to residents.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to IC.

RECOVERY:

Coordinate with sending facility, local response authorities, and the State Survey agency to return residents to their home facility in a planned and orderly way. Assess all residents prior to their departure and prepare care records to send with residents as appropriate to ensure continuity of care.

4.5. EVACUATION AND RESIDENT/STAFF TRACKING

It is the policy of this facility to pre-plan for all anticipated hazards with a goal to minimize the stress and danger to our residents, staff and visitors. Recent research indicates there are increased risks of mortality and morbidity related to the evacuation of people who are elderly and/or suffer from chronic health conditions. For this reason, sheltering in place will always be our first response choice if it is feasible. When sheltering in place would put our residents at greater risk than evacuation, or when given a mandatory order to do so by appropriate authorities, the IC will activate this Evacuation P&P.

The following terms are important to understanding how we evacuate our facility.

- There are two types of evacuation: *emergent* which unfolds in minutes to hours, and *urgent/planned* which unfolds in hours to days.
- *Partial evacuation* which can be *horizontal* - moving residents, staff and visitors to a safe area on the same floor or *vertical* - moving residents, staff and visitors either up or down stairs to a safe area within the facility. A partial evacuation can also involve moving some residents out of the facility to relocation sites while others remain to shelter in place.
- *Complete evacuation* involves moving all residents, staff and visitors to a pre-designated area outside of the building, and if needed to relocations sites.
- *Relocation* involves moving residents to an alternate facility (also called a receiving facility) offsite.
- The *staging area* is the last place to move residents before leaving the building. Residents may be sent to a staging area based on level of acuity or as part of the transport loading process.

Transportation and Relocation Sites

Agreements for transporting residents to evacuation sites have been made with the following transportation companies. Our facility also maintains agreements with at least **<Enter number>** evacuation sites for relocation. See table below for contact information.

RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT & RELOCATION FACILITIES

Non Ambulance Transportation Name of Company: _____ Company Address: _____ Company Phone Number: _____ Contact Person Phone: _____	Alternate Name of Company: _____ Company Address: _____ Company Phone Number: _____ Contact Person Phone: _____
Ambulance Name of Company: _____ Company Address: _____ Company Phone Number: _____ Contact Person Phone: _____	Alternate Name of Company: _____ Company Address: _____ Company Phone Number: _____ Contact Person Phone: _____
Relocation Facility 1 Name of Setting/Shelter: _____ Facility Address: _____ Facility Phone Number: _____ Contact Person/Phone: _____	
Relocation Facility 2 Name of Setting/Shelter: _____ Facility Address: _____ Facility Phone Number: _____ Contact Person/Phone: _____	
Relocation Facility 3 – Outside the Local Area Name of Setting/Shelter: _____ Facility Address: _____ Facility Phone Number: _____ Contact Person/Phone: _____	
Relocation Facility 4 – Outside the Local Area Name of Setting/Shelter: _____ Facility Address: _____ Facility Phone Number: _____ Contact Person/Phone: _____	

In the event of a wide scale event resulting in evacuation of multiple sites in the area, transportation resources and relocation sites will be coordinated with the local response authorities. (See Communication Plan and Coordination with Local Response Authorities).

Triage Residents Based on Unique Needs

Based on the unique needs of our residents including mobility status, cognitive abilities, and health conditions, our SNF community has developed evacuation logistics as part of our plan.

- Residents who have high acuity and/or unstable conditions: will be transferred by ambulance and will be transported as soon as possible to minimize transfer trauma (See Evacuation Forms - Appendix L).
- Residents who are independent in ambulation: may be evacuated first unless there are extenuating circumstances. They should load first on vehicles where there are multiple rows of seats and move to the back of the vehicle. They may be accompanied by a designated staff member. If safe and appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services.
- Residents who require assistance with ambulation: will be accompanied by designated staff member. If safe and appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services. This may include residents with assistive devices.
- Residents who are non-ambulatory: will be transferred by designated staff members via wheelchair vans or ambulance. This may include residents in wheelchairs or those who are bedridden.
- Residents with equipment/prosthetics: essential equipment/prosthetics will accompany residents and should be securely stored in the designated mode of transportation.

Resident Care Information

During an evacuation, all residents will wear an emergency wristband with their full name and date of birth and the facility's name and contact info.

Additional information regarding their care requirements will be sent to the intake facility, including:

- diagnosis, allergies, code status, physician's name and contact info, and the next of kin or responsible party (see Resident Face Sheet in Evacuation Forms - Appendix L),
- a current medication administration record,
- a photo identification if possible.

Confidentiality of this information will be protected through the following means:

<insert information on how this will be done such as in a sealed envelope or folder>

Medications

Each resident will be evacuated with a supply of medications if available. If medications require refrigeration, a cooler will be sent if available to keep medications cool.

Evacuation Supplies

Water, snacks, sanitation supplies, and emergency equipment such as flashlights, cell phones, and first aid kits may be sent with staff accompanying residents in all non-ambulance vehicles. Amounts will be sufficient to meet the basic health and safety needs of the vehicle passengers for a minimum of 4 hours.

Resident and Staff Tracking

A log reflecting the transfer of residents will be maintained (see Master Resident Evacuation Tracking Log in Evacuation Forms - Appendix L) or a comparable documentation system. A log reflecting the location destination of on-duty staff will also be completed as soon as possible during the event. Designated nursing staff assigned to the Operations Branch will be responsible for ensuring this log is filled out, and to ensure all residents have been evacuated. The IC will assign staff to document the location of on-duty staff.

Important Safety Information

1. Monitor residents during transportation for change of condition.
2. The incident causing the evacuation – flood, fire, hazardous materials release – may continue to pose dangers to residents and staff being evacuated. Some conditions may pose significant risks to evacuated residents, such as smoke. This should inform evacuation route planning.
3. Keeping emergency lights activated may increase visibility that is poor (due to rain, nighttime, or smoke).

PROCEDURES

INITIAL RESPONSE: See Rapid Response Guide – Evacuation.

Phase One Evacuation - On Alert of Possible Evacuation

(Note – in an emergent evacuation when residents are in immediate danger, the IC direct all available staff to move residents out of the building to safety as soon as possible)

Incident Commander and Planning Chief:

- Confer with local response authorities and the State Survey Agency.
- Determine whether partial or complete evacuation is advisable.

- Work with Operations and local authorities to determine order of resident departures. Some details to consider include but are not limited to:
 - Available relocation sites and road conditions
 - Available types of transportation
 - Resident acuity and special needs that must be accommodated at the relocations site.
- Obtain information on weather or other conditions that might impact residents during transport. Inform Operations so they can dress residents appropriately.
- Delegate the duty to notify authorities, families, suppliers and corporate representatives to the Public Information officer or appropriate staff.
- Make logistical arrangements with relocation sites. Some details to determine include but are not limited to:
 - Will staff accompany their residents and be temporarily reassigned to work at relocation site?
 - What supplies and equipment will we send? (e.g. mattresses?)
 - Will this be considered a temporary relocation or a formal discharge and admission?
 - If a temporary relocation, who will work with funding and oversight agencies for reimbursement and record submission of resident care?

Operations Chief:

- Assess residents for adverse impacts related to the incident and notify physician of changes in residents' conditions.
- Reassure residents and family if they are in communication. Try to minimize stress.
- Obtain physician orders as needed, prepare supplies, and documentation for transport.
- Begin triage of residents to determine transport needs and order of resident departure.
- Plan staff assignments for accompanying residents as instructed by IC.

Logistics Chief:

- Arrange for staffing (See Staff Recall and Survey Appendix R), transportation and critical equipment transport including bedding for relocation site if needed.
- Assist with preparation of medical information and critical supplies that will be sent.
- Work with Finance Admin to ensure preservation and accessibility to medical records.

Finance/Admin Chief:

- Track costs, screen volunteers, record keep for staff time and other expenditures.
- Arrange for relocation site for critical business operations if needed.
- Assist Logistics with preservation and accessibility of medical records.

PRIMARY EVACUATION ROUTES	
Evacuation to the North	Evacuation to the East
Primary Route:	Primary Route:
Alternative Route:	Alternative Route:
Evacuation to the South	Evacuation to the West
Primary Route:	Primary Route:
Alternative Route:	Alternative Route:

IMMEDIATE RESPONSE:

Phase Two Evacuation - Decision Made to Evacuate

Incident Commander and Planning Chief:

- Work with local response authorities and the State Survey agency to finalize arrangements for relocation of residents,
- Determine plan for staffing including numbers, schedules and assignments.
- Manage critical communications with families, external stakeholders and media (See Communication Plan).
- Communicate with receiving facilities to ensure safe arrival of residents and staff if sent to accompany residents to relocation site.

Operations Chief:

- Ensure critical care information and medications accompany residents.
- Oversee the loading and movement of residents to relocation sites in a safe and orderly fashion, fill out tracking logs for residents and on-duty staff.
- Prepare the physical plant for shut down (See Emergency Shutdown - Appendix K).

Logistics Chief:

- Provide communication devices to staff on non-ambulance transport for use during evacuation to contact entities providing assistance.
- Ensure water, sanitary supplies, flashlights and other emergency equipment are on board all non-ambulance transport vehicles that are carrying residents.
- Prepare medical records and other critical data for preservation and accessibility (See Medical Records Documentation P&P)

Finance/Admin Chief:

- Oversee the implementation of mutual aid agreements, emergency vendor agreements and the execution of business continuity protocols as indicated.
- If instructed by IC, prepare to set up business operations at identified relocation site.
- Monitor all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.

<Add additional actions for your specific facility response as needed>

EXTENDED RESPONSE:

- Inform the State Survey Agency and other response authorities if any change in resident or facility status occurs.
- Assign staff to monitor relocated residents through regular communication with receiving facilities.
- Ensure staff, volunteers, residents and families or representatives are briefed on the status of the situation.
- Determine whether it is safe to return (See Return to Facility Appendix L –).
- Notify the State Survey Agency and other response authorities to obtain permission to return residents to facility.
- Notify family, vendors, ombudsman, and other appropriate contacts of situation and plan for return.

RECOVERY:

- Obtain repairs and/or cleaning of facility as needed.
- Discard all food and other supplies that may have been damaged or expired during the incident.
- Resupply as needed to ensure the facility is “resident – ready”.
- Arrange for inspections from local and state authorities as instructed by State Survey agency.
- Coordinate return of residents with local authorities and vendors.
- Assess all residents for “transfer trauma” for a minimum of three days following return.
- Notify families, staff, and other appropriate entities of repopulation.
- Resume normal operations.

4.6. EXTREME WEATHER - HEAT OR COLD

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. The priority of this facility is to minimize the stress our residents could experience from extreme temperatures related to weather events. To mitigate this risk, we rigorously maintain our systems of heating, ventilation and air conditioning and generator. (See Subsistence Needs – Alternative Sources of Energy P&Ps). In the event of a disruption to these systems during extreme weather we will initiate the following actions:

INITIAL RESPONSE: See Rapid Response Guides: Extreme Weather – Cold/Heat, Power Outage, and Evacuation P&Ps.

IMMEDIATE RESPONSE:

Incident Commander and Planning Chief:

- Monitor and obtain updates on weather conditions, structural integrity, and nursing home conditions. Assign staff to regularly check internal temperatures in resident areas.
- Contact utility company for restoration of power and/or vendors for needed equipment such as heaters or coolers.
- Monitor the situation in coordination with local response authorities. If indicated by conditions, initiate the Evacuation P&P, either partial to ensure safety of impacted residents, or full if situation is severe and anticipated to be prolonged.
- Communicate with local emergency management and state survey agency regarding nursing home situation status, critical issues, and resource requests.
- Inform staff, residents, and families/representatives of the situation and provide updates as needed.
- If indicated, assign staff to secure the nursing home and implement limited visitation policy.

Operations Chief:

- Assess residents frequently for comfort and any change of condition.
- Identify residents whose fragile condition may require transfer and inform IC.
- Ensure continuation of resident care and essential services.
- Distribute appropriate comfort equipment throughout the nursing home (e.g., portable fans and blankets), as needed.
- Provide increase hydration and implement cooling or warming measures as indicated.
- If unable to maintain safe temperatures in all resident areas, gather residents into the <Enter location(s) here, e.g. Dining Room> where temperatures are able to be maintained within an acceptable range.

Logistics Chief:

- Support Operations with equipment and supplies as needed.
- If instructed by IC, obtain additional equipment such as portable coolers for use during emergency.

Finance/Admin Chief:

- Monitor all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.

RECOVERY:

- Complete all repairs and restoration activities.
- Notify residents, families/representative, local response authorities and the State Survey agency of the return to normal operations.
- Continue to assess residents for adverse impacts from the incident.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.
- Work with insurance, funding agencies, local, state, and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.
- Assess any damage to facility infrastructure, including:
 - Status of all utilities
 - Ability to sustain operations with current impact on infrastructure and utilities
 - Activate utility contingency plans
 - Activate arrangements as needed for generator and fuel support

4.7. FIRE EMERGENCY – INTERNAL and EXTERNAL

4.7a. INTERNAL FIRE

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. This facility has a designated procedure for fires and explosions that shall be followed if such an emergency arises. Staff receives training at least annually on fire procedures (R.A.C.E.) and the use of fire extinguishers (see Site Map in Section 1: Rapid Response Instructions for location of all fire suppression equipment and emergency shut offs). We are prepared to minimize risk of harm to residents, staff and visitors related to internal fires by implementing the following actions:

PROCEDURE

(Due to urgent nature of this hazard, implementation of NHICS may not be feasible)

INITIAL RESPONSE: See Rapid Response Guide – Internal Fire.

<Insert facility-specific actions to Fire>

If not already completed under Rapid Response:

- If anyone is in immediate danger, rescue them while protecting your safety and that of your co-workers.
- Alert resident and staff members by announcing over a loudspeaker; pull the fire alarm.
- Call 9-1-1 immediately to report a fire. Include the following information:
 - Name of facility
 - Address and nearest cross street
 - Location of fire (floor, room #, etc.)
 - What is burning (electrical, kitchen, trash, etc.)
- Activate facility's EOP and appoint an IC, if warranted.
- Contain the fire if possible without undue risk to personal safety. Shut off air flow, including gas lines, as much as possible, since oxygen feeds fires and distributes smoke. Close all fire doors and shut off fans, ventilation systems, and air conditioning/heating systems. Use available fire extinguishers if the fire is small and this can be done safely. (See Emergency Shutdown Appendix K).
- Oxygen supply lines (whether portable or central) may lead to combustion in the presence of sparks or fire. If possible, quickly re-locate oxygen-dependent residents away from fire danger.

- Utilize smoke doors to evacuate residents from the impacted area. Use this method when residents are in danger of smoke exposure
- In a large-scale fire, the IC will activate the Evacuation P&P
- Brief staff on the incident, check-in on their well-being and assignments. Initiate emergency staffing strategies as the situation changes (see Staff Recall and Survey Appendix R).
- Communicate with State Survey Agency as the situation allows.
- The “All-Clear” will be communicated after the crisis is over and the Fire Department has deemed that re-entry safe (see Return to Facility in Evacuation Forms - Appendix L).

INTERMEDIATE RESPONSE: (The following actions apply if evacuation was NOT initiated in the Initial Response due to the rapid containment of the fire and fire authorities have given the “All Clear” to continue occupancy.)

Incident Commander and Planning Chief:

- Ensure all staff members and residents are accounted for and safe
- Appoint a Safety Officer to assess for impacts to the physical environment or infrastructure that could pose risks to residents, staff or visitors.
- Supervise emergency operations (restoration, fire control, chart removal, etc.).
- Upon arrival of the Fire Department, establish contact with the officer in charge and relay all relevant information regarding the situation or designate someone to do so.
- Coordinate all emergency operations with the Fire Department.
- Continuously remind all staff to remain calm and in control so as to not upset the residents.
- Gather data on damage and projected impact on continuity of operations (see Facility Status Report - Appendix S).
- Communicate with local emergency operations center, response officials, and State Survey agency to give info on the status of the facility and impact on internal infrastructure and services.
- Activate the communication plan and brief staff, residents and families on situation as soon as possible.

Safety Officer:

- Assess damage and projected impact on continuity of operations (see Facility Status Report - Appendix S).
- Assess air quality impact due to smoke and advise Operations if there is a potential risk to residents.
- Determine the need for Personal Protective Equipment for staff involved in the clean-up tasks due to ash and smoke.

Operations Chief:

- Initiate response-specific resident care plans:
- Activate triage and treatment areas and teams
- Assess and treat injuries to current residents, visitors, and staff
- Conduct a census of residents, identifying those who are appropriate for discharge or who need transfer to acute care if needed.
- Continue routine care with frequent assessment of residents to ensure they are not suffering adverse effects from the incident.
- Assess damage to facility infrastructure, including:
 - Smoke damage/air quality issues
 - Status of all utilities
 - Ability to return to normal operations with current impact on infrastructure

Logistics Chief:

- Support Operations with equipment and supplies as needed to clean up impacted relocate residents to areas that are not impacted by the fire or smoke.
- Initiate emergency staffing procedure if needed.

Finance/Admin Chief:

- Monitor staff and volunteer usage, track time. If needed, screen volunteers.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to IC.

RECOVERY:

- Complete all repairs and restoration activities.
- Notify response authorities, the State Survey agency, residents and families/representatives of the return to normal operations.
- Continue to assess residents for adverse impacts from the incident.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.

4.7b. FIRE EMERGENCY - EXTERNAL FIRE (WILDFIRE)

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. We have mitigated our risks from fires that are external to our facility through maintaining a defensible space, and utilizing fire-resistant landscaping and building materials whenever possible. If an external fire threatens our facility we will protect the safety of our residents, staff and visitors by closely monitoring the evolving situation and communicating with local response authorities, in case there is a need to evacuate. If the external fire is far

away and poses no burn threat to the facility, but air quality is poor, we use the following information to guide our response actions.

Air Quality Index (AQI)

An air quality index (AQI) is a number used by government agencies to communicate to the public how polluted the air currently is or how polluted it is forecast to become. As the AQI increases, an increasingly large percentage of the population is likely to experience increasingly severe adverse health effects. Monitor the “AirNow” website, at <https://www.airnow.gov/>. This resource is a multi-agency web site run by EPA that reports air quality using the AQI. The table below outlines the AQI index meanings and related concerns.

Air Quality Index Levels of Health Concern	Numerical Value	Meaning
Good (green)	0 to 50	Air quality is considered satisfactory, and air pollution poses little or no risk.
Moderate (yellow)	51 to 100	Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.
Unhealthy for Sensitive Groups (orange)	101 to 150	Members of sensitive groups may experience health effects. The general public is not likely to be affected.
Unhealthy (red)	151 to 200	Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.
Very Unhealthy (purple)	201 to 300	Health alert: everyone may experience serious health effects.
Hazardous (brown)	301 to 500	Health warnings of emergency conditions. The entire population is more likely to be affected.
AQI Colors: EPA has assigned a specific color to each AQI category to make it easier for people to understand quickly whether air pollution is reaching unhealthy levels in their communities. For example, the color orange means that conditions are “unhealthy for sensitive groups,” while red means that conditions may be “unhealthy for everyone,” and so on. Note: Values above 500 are considered beyond the AQI. Follow recommendations from local authorities for actions during a “hazardous” level event.		

Visibility Index

In meteorology, visibility is a measure of the distance at which an object or light can be clearly discerned. The below visibility index is an easy way for the general public to assess risk of smoke from wildfires or other air quality concerns. When using the visibility index to determine smoke concentrations, it is important to face away from the sun, determine the limit of your visibility range by looking for targets at known distances (miles). The visible range is the point at which even high-contrast objects (e.g., a dark forested mountain viewed against the sky at noon) totally disappear.

Visibility Range	Health Category	Health Effects
10+ miles	Good	None
5 – 10 miles	Moderate	Usually sensitive people should consider reducing prolonged or heavy exertion.
3 – 5 miles	Unhealthy for Sensitive Groups	Sensitive people should reduce prolonged or heavy exertion.
1.5 – 2.5 miles	Unhealthy	Sensitive people should avoid prolonged or heavy exertion. Everyone else should reduce prolonged or heavy exertion.
1 – 1.25 miles	Very Unhealthy	Sensitive people should avoid all physical activity outdoors. Everyone else should avoid prolonged or heavy exertion.
<0.75 miles	Hazardous	Sensitive people should remain indoors and keep activity levels low. Everyone else should avoid all physical activity outdoors.

PROCEDURE

INITIAL RESPONSE: See Rapid Response Guide – External (Wildfire).

IMMEDIATE RESPONSE: <Insert additional facility-specific procedures as indicated by your risk assessment>

Incident Commander and Planning Chief:

- Monitor the situation in coordination with local response authorities.
- Notify State Survey agency of status.
- Determine if air quality issues are the priority threat and initiate strategies to reduce in-door pollution and protect sensitive residents and staff from harm.

- Anticipate the need for evacuation if there is a risk of the fire reaching the surrounding area and activate the Evacuation P&P.

Operations Chief:

- Assess residents frequently for comfort and any change of condition.
- Discourage outside activities during smoke event.
- Identify residents whose respiratory condition may require transfer due to air quality and inform IC.
- Ensure continuation of resident care and essential services.
- Maintain measures to reduce indoor smoke pollution:
 - Windows closed
 - AC to recirculate
 - Limited activities that could contribute to indoor air pollution such as vacuuming.

Logistics Chief:

- Acquire equipment such as air scrubbers if needed and instructed to do so by IC.
- Initiate Emergency Staffing Strategy if staffing levels are impacted by the emergency.
- Ensure supply deliveries are on schedule. If disruptions occur due to road closures or other impacts, initiate the Subsistence Needs P&P.

Finance/Admin Chief:

- Monitor staff and volunteer usage, track time. If needed, screen volunteers.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to IC.

RECOVERY:

- Complete all repairs and restoration activities.
- Notify external partners and stakeholders of the operational status, including the return to normal operations.
- Continue to assess residents for adverse impacts from the incident.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.
- Work with insurance, funding agencies, local, state, and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.
- Work with insurance, funding agencies, local, state, and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.

4.8. FLOOD

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. We have taken steps to mitigate of risk of localized flooding through aggressive maintenance of drainage systems around our facility and the integrity of pipes and plumbing. We have taken proactive measures to minimize potential damage to critical systems such as backup power, and supply storage through placement in areas least likely to flood. Should we be faced with a significant flood threat from external conditions we will protect our residents, staff and visitors through the following actions:

PROCEDURE

INITIAL RESPONSE: See Rapid Response Guide – Flood.

IMMEDIATE RESPONSE: <Insert facility-specific procedures as indicated by your risk assessment>

Depending on the flood situation, which will be monitored through coordination with local response authorities, the Incident Commander may initiate the Evacuation or Shelter in Place P&Ps.

RECOVERY:

- Complete all repairs and restoration activities.
- Notify external partners and stakeholders of the operational status, including the return to normal operations.
- Continue to assess residents for adverse impacts from the incident.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.
- Work with insurance, funding agencies, local, state, and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.

4.9. HAZARDOUS MATERIALS

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. This facility minimizes the risk of an internal “HazMat” incident through rigorous staff training on the proper storage and use of hazardous materials. If we are threatened by an internal or external HazMat event, we will protect our residents, staff, and visitors by implementing the following actions:

INITIAL RESPONSE: See Rapid Response Guide – Hazardous Materials and Sewage P&P if applicable.

IMMEDIATE RESPONSE: <Insert facility-specific procedures as indicated by your risk assessment threat for the type of hazmat material>

Depending on the situation, which will be monitored through coordination with local response authorities, the Incident Commander may initiate the Evacuation or Shelter in Place P&Ps.

RECOVERY:

- Complete all repairs and restoration activities.
- Notify external partners and stakeholders of the operational status, including the return to normal operations.
- Continue to assess residents for adverse impacts from the incident.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.
- Work with insurance, funding agencies, local, state, and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.

4.10. INFECTIOUS DISEASE

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. This facility has extensive Infection Prevention policies and procedures that direct our response to the threat of infectious disease outbreaks. If the community is impacted by a threat of an epidemic, we will activate our EOP and be guided by the following P&Ps in addition to our infection prevention/outbreak management procedures:

INITIAL RESPONSE: See Rapid Response Guide – Infectious Disease.

IMMEDIATE RESPONSE: <Insert facility-specific procedures as indicated by your risk assessment>

Depending on the situation which will be monitored through coordination with local public health authorities, the IC may initiate the Shelter in Place P&P and the Emergency Staffing Strategy. Additional actions to our Infection Prevention/Outbreak Management P&PS will be taken as advised by the local and state public health departments and may include:

- Closing to new admissions.
- Urgent prophylaxis and vaccination of all staff and residents.
- Limited visitation.
- Screening of staff, contracted entities, volunteers and visitors for signs of illness.
- Personal protective equipment for staff.
- Activation of the Subsistence P&P if disruptions to supply chain occur.

RECOVERY:

- Complete all resupply and restoration activities.
- Notify local response authorities, the State Survey agency, residents, families/representatives and other stakeholders of the operational status, including the return to normal operations.
- Continue to assess residents for adverse impacts from the outbreak.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.
- Work with insurance, funding agencies, local, state, and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.

4.11. LOCK DOWN

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. The ability to lockdown the facility in the case of an emergency which threatens the safety of residents, staff and visitors and/or facility operations is of paramount importance. Lockdown is the process by which the facility is secured and staff and visitors are channeled to specific entry/exit points. The priority in a Lockdown is to protect the safety of the residents, staff, contracted employees and any visitors that may be in the building.

Incidents That <u>May</u> Necessitate Lockdown		
Event	Prevent Entry	Prevent Exit
Power Failure	X	
Earthquake	X	
Flooding	X	
Fire	X	
Bomb Threat	X	
External HazMat	X	X
Civil Disturbance	X	X
Hostage Event	X	
Active Shooter	X	
Workplace Violence	X	

Exit lockdown is for the purpose of preventing individuals from leaving due to an existing hazard outside, whether it is a civil disturbance, or the need to screen those leaving due to a missing resident.

Entry lockdown is for the purpose of preserving the facility's ability to operate and respond to a possible emergency event such as a power outage, or keeping unauthorized individuals from entering the facility.

Full lockdown means no one can leave or enter the facility. This procedure may be employed during risk of exposure to a hazardous substance, especially an airborne contaminate.

Depending on the event, entry and/or exit may be permitted with staff/security screening or decontamination procedures in place.

When a threat necessitating Lockdown has been identified, this facility will comply with all directives from law enforcement. In the absence of these instructions, the Incident Commander will conduct the response and make staff assignments.

PROCEDURE

(Due to the urgent nature of this hazard implementation of NHICS may not be feasible)

- All staff, volunteers and contracted employees are trained regarding this facility's Lockdown Policy and Procedure.
- "LOCKDOWN" <Insert facility-specific code and/or procedures if they are different > is announced overhead with the instructions of Entry, Exit or Full Lockdown as soon the Incident Commander activates this procedure.
- Contact 911: Anyone at any time can call 911 when it is safe to do so. Provide the 911 dispatcher with as much relevant information as possible:
 - Facility name and location
 - Your name
 - Nature of the event
 - Description of the threat (NOTE: if armed intruder is involved, see Armed Intruder P&P for specific response actions to this threat).
 - Persons injured: number and extent

Specific tasks and duties that may be assigned to staff members during a Lockdown Event.

Incident Commander and Planning Chief:

- Instruct staff members, patients/residents and visitors of the nature and type of lockdown and to remain in the facility during an Exit or Full Lockdown.
 - Activate EOP.
 - Assign a law enforcement/emergency service liaison
 - Instruct staff to close blinds and drapes, close interior doors and lock exterior windows and move patients/residents away from windows and doors.
- Safety Officer
- Report and respond to event location within or on the physical facility site and take actions as directed by IC.
 - Lock all exterior doors and assign personnel to control ingress and egress in and out of the facility per the Lockdown requirements.
 - If applicable and able to do such, close and secure roadways into the facility per lockdown requirements.
 - Report to the Incident Command Post.
- Management Staff of All Departments

- Contact department employees due in to advise of lockdown event.
- Instruct staff members to close interior doors, lock exterior windows, close blinds and drapes and move residents away from doors and windows.
- Direct staff members to take census of residents, visitors and staff within the department.

Staff Members of All Departments

- Follow Department Manager directives.
- Ensure residents and visitors follow lockdown requirements as announced.
- Remain calm as not to upset residents.
- When Law Enforcement arrives, follow the officer's directives:
 - Empty your hands
 - Keep hands up and fingers spread
 - Do not scream or yell at arriving officers
 - Do not run directly at officers and/or avoid quick movements or grab onto them
 - Follow Law Enforcement instructions
 - Provide information to officers
- ALL CLEAR - Wait for Law Enforcement or other response authorities to provide an "All Clear" before leaving your position. The event will be deemed 'All Clear' after response authorities have concluded emergency operations and declared the situation 'safe'. If Law Enforcement or other response authorities are not involved, the determination of "All Clear" will be made by the Incident Commander

RECOVERY:

Once the threat has been resolved, recovery activities will include:

- Assessment of residents, staff and visitors to identify possible ill effects suffered during the incident.
- Care and treatment of residents, staff and visitors as indicated by the assessment including psychological first aid if needed.
- Restoration of normal services including the unlocking of all exits and gates per normal operations.
- Coordination with law enforcement and other emergency response authorities as appropriate for follow-up actions.
- Notification of resident representatives and the State Survey Agency to report the incident.

4.12. MEDICAL DOCUMENTATION

It is the policy of this facility to preserve resident information, protect the confidentiality of that information, and secure and maintain availability of medical records during an emergency. This is accomplished in compliance with all state and federal laws including the release of resident information as allowed under 45 CFR 164.510(b)(1)(ii) (see also Communication Plan and Evacuation P&P).

PROCEDURE

< Insert facility-specific procedure for securing and preserving accessibility to clinical records during emergencies >

4.13. MISSING RESIDENT

It is the policy of this facility to protect the safety of our residents through early assessment of their risk for exit seeking behaviors. Once identified we take steps to mitigate that risk through an individualized care plan and good communication between staff, visitors and families regarding supervision needs. If despite these efforts a potential missing resident is identified the following actions will be implemented immediately:

PROCEDURE

INITIAL RESPONSE: See Rapid Response Guide – Missing Resident.

IMMEDIATE RESPONSE:

Incident Commander and Planning Chief:

- In coordination with the Operations Section Chief, ensure completion of search procedure to ascertain whether or not the resident is actually missing.
 - Assign staff to double check resident's medical record for explanation such as discharge or family leave.
 - If no explanation in the record, continue the floor-to-floor, room-by-room and campus search.
- Coordinate all search results and provide information to law enforcement on arrival
- Provide all staff involved in search with basic information about missing resident
- Activate the Lockdown procedures.
- Notify law enforcement and provide details of the incident and provide them with the missing resident information including:
 - Height, weight, hair color, etc.
 - Any available photos
 - Distinguishing features
 - Clothing worn, articles carried
 - Medical equipment in use, etc.
- Provide law enforcement with surveillance camera footage, facility maps, blueprints, master keys, card access, search grids, and other data as requested
- Notify the resident's representative, the nursing home Chief Executive Officer, State Survey agency, and other appropriate officials of situation status and continue to brief them as the situation evolves.

Operations Chief:

- Ensure continuation of resident care and essential services.
- Ensure the safety of residents, staff, and visitors during the closure of entry and exit points; coordinate with law enforcement as needed.

- Once missing resident is found, immediately assess for injuries or other harm that might have been sustained during the incident.
- Initiate medical exam in the facility or transfer to the ER for further assessment and treatment.

Logistics Chief:

- If the campus lockdown continues, consider the impact on scheduled deliveries and pickups.
- Notify operators of planned deliveries or pickups of the need to postpone or reschedule.

Finance/Admin Chief:

- Monitor staff and volunteer usage, track time. If needed, screen volunteers to help with search.
- Document all costs, including claims, lost revenue, and expanded services and provide report to IC.

<Insert additional facility-specific actions as needed>

RECOVERY:

- Develop information for release to the media with law enforcement.
- Ensure the resident's representative is briefed on the status of the lost resident and is aware of the situation prior to the release of any information to media.
- Report final status to local response authorities and the State Survey Agency.
- Initiate a post incident review to determine if the plan of care and/or operating systems need to be modified based on this event.

4.14. POWER OUTAGE

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. facility from harm during emergency events. Our facility is prepared to safely manage resident care through effective and efficient nursing home operations during the loss of power in this facility. To mitigate the impact of a power outage we have contacted our electrical power provider and requested to be on the priority level for restoration should a major power outage occur in our community. We also have a rigorously maintained generator (See Subsistence – Alternate sources of Power P&P). Should a power outage occur in our facility, we will initiate the following actions:

INITIAL RESPONSE: See Rapid Response Guide –Power Outage and Severe Weather Heat or Cold if applicable.

IMMEDIATE RESPONSE:

Incident Commander and Planning Chief:

Monitor emergency progress and obtain situational awareness through communication with local response authorities and the municipal power supplier to determine potential duration of power outage. Based on this projection:

- Determine whether Shelter in Place or evacuation (partial or full) is advisable.
- Consider a partial evacuation of high risk residents such as those who are on life supportive treatments.
- Be proactive in identifying current generator fuel needs and procuring additional supplies.
- Obtain assessment of staffing, equipment, and supply needs and the overall impact from the ongoing utility outage on resident care, staff, and the nursing home operations.
- Communicate with local response the authority and State Survey agency regarding nursing home status, critical issues, and resource requests.
- Inform staff, residents, and families/representatives of situation and provide regular updates.
- In the event of a generator failure immediately implement our P&P for Loss of Fire/Life Safety Systems.

Safety Officer:

- Evaluate safety of residents, staff and visitors in relationship to power outage impact on physical plant.
- Assess the function of security devices, emergency lights, fire alarm and suppression systems.

- Work with Logistics to distribute appropriate emergency equipment such as flashlights.
- In coordination with Operations Section Chief, secure the nursing home and implement limited visitation policy.
- If indicated by the situation initiate Lock Down P&P

Operations Chief:

- Assess residents for risk, and prioritize care and resources, as appropriate.
- Report need for additional staffing to assist with care and supervision of residents.
- Ensure all critical resident care equipment plugs are connected to emergency outlets.
- Determine battery life on essential care equipment and notify IC.
- Set up portable oxygen as needed.
- Identify residents whose fragile condition may require transfer and inform IC.
- Ensure continuation of resident care and essential services.
- If resident call light system is down initiate frequent checks and provide <Enter specific devices such as bells if used in facility during call light outage>
- Provide reassurance to residents and visitors.
- Provide increase hydration and implement cooling or warming measures as indicated.
- Consider temporarily gathering residents in an area where lighting and temperatures can be maintained within an acceptable range. <Insert specific area in the facility if identified>
- Ensure generator is functioning properly.
- Initiate Disaster Menus if power outage impacts meal time (see Appendix G).

Logistics Chief:

- Support Operations with equipment and supplies, including printed “downtime” forms as needed for resident care documentation during outage.
- Initiate emergency staffing strategy if appropriate (See Staff Recall Survey - Appendix R)
- Check communications, IT and report status to IC.
- Begin back up of essential records as directed by Command staff.
- Preserve power supplies by making sure all non-critical power needs are suspended.
- Obtain back up batteries for critical equipment from emergency supply or report needs to IC.

Finance/Admin Chief:

- Monitor all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.

RECOVERY:

- Complete all repairs and restoration activities.
- Notify external partners and stakeholders of the operational status, including the return to normal operations.
- Continue to assess residents for adverse impacts from the incident.
- Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.

- Work with insurance, funding agencies, local, state, and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.

4.15. SHELTER IN PLACE

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. To accomplish this, we have developed procedures for specific hazards which build on the cross-cutting strategies in our continuity of operations plan. The decision to shelter in place will be based on the best interests of the residents and whenever possible, the advice of local response authorities. It is the policy of this facility to shelter in place as a preferred method over facility evacuation due to the stress to residents associated with evacuation to another facility or alternate care site. For this reason, we have mitigated our risks of impact from the most likely hazards we face through staff training, structural assessment, emergency supplies and redundant communication systems.

If the threat is fast moving (e.g., an emergent wildfire), the decision to shelter in place may need to be made rapidly, without the opportunity to consult with local fire, law, or county emergency management officials. In this case the decision would be made by the Incident Commander. Situations that may warrant shelter in place include:

- Severe weather that limits access to the facility
- Hazardous materials incidents
- Earthquakes
- Wildfires
- <Add additional facility specific hazards identified on risk assessment>

PROCEDURES

INITIAL RESPONSE: See Rapid Response Guide – Shelter in Place, Subsistence P&P, and Power Outage P&P.

IMMEDIATE RESPONSE:

Incident Commander and Planning Chief:

- Confer with local authorities and key leadership staff to gain situational awareness of the threat and the facility's ability to maintain services during the event.
- Determine whether Shelter in Place is advisable based on this information. If conditions are unstable and the facility is at risk to lose power, consider a partial evacuation of high-risk residents.
- Assign staff to notify local response authorities, State Survey agency, families/representatives, suppliers and corporate representatives.
- If indicated by the situation, notify off-duty staff, volunteers, families/representatives and vendors of restricted access to the facility.
- If indicated by the situation, initiate Lock Down P&P.

- Monitor emergency progress, structural integrity of the facility and infrastructure systems.
- Maintain communication with local response authorities to obtain situational awareness including potential water or power outages.
- Brief staff and residents of the situation.

Operations Chief:

- Continue care and monitoring of residents.
- Assess residents for change in condition related to the incident.
- Inventory the supply of medications and other critical medical supplies and notify IC and Logistics of the projected supply duration.
- Continue support activities such as dietary and housekeeping.
- Immediately initiate building preparations to mitigate any airborne hazards if that is applicable.
- Monitor damage due to the incident and initiate repairs if feasible.

Logistics Chief:

- Inventory supplies and critical equipment, project the need for additional resources including staffing (See Disaster Inventory Supplies Appendix E).
- Ensure the facility's alternate means of communication equipment is available if needed.

Finance/Admin Chief:

- Track costs, record keep for staff time and assist IC with communication and business concerns.

EXTENDED RESPONSE:

- If Shelter in Place is prolonged, activate supply plan and access emergency supplies (see the Subsistence P&P, the Disaster Supply Inventory - Appendix E, and the Disaster Meal Menus - Appendix G).
- Obtain briefings and provide updates on the facility's status to local response officials.
- Coordinate with local response partners for resource requests as needed.
- Notify State Survey agency, families/representatives, suppliers and corporate representatives of facility status.
- Consider evacuation if conditions indicate a need to vacate the facility.

RECOVERY:

- Advise local response authorities and State Survey agency of the return to normal operations.
- Notify residents, staff, volunteers and visitors of the "All Clear".
- Notify families, suppliers and corporate representatives of return to normal operations.
- Initiate resupply and repairs as needed.
- Restore normal business operations.

4.16. SUBSISTENCE NEEDS

It is the policy of this facility to provide adequate subsistence during emergencies for all residents, on-duty staff, visitors and volunteers if present and unable to leave the premises. If subsistence supplies are inadequate for the duration of the emergency and timely resupply is not feasible, the IC will activate evacuation procedures.

PROCEDURES

Emergency Food

Our facility maintains food supplies suitable for our disaster meal menus. These menus are utilized when there is a disruption of services and/or outside resources are not available through the regular supply chain. Our facility has identified the minimal resources needed to provide food and water service to residents, staff and visitors during a shelter in place of **<Enter number>** of days.

See Disaster Supply Inventory - Appendix E, and Disaster Menus - Appendix G.

Medication and Medical Supplies:

Our routine pharmacy refill schedule enables us to have a minimum of **<Enter number of days of on hand medications>** for all residents. In addition, we have arrangements for timely emergency resupply through our pharmaceutical contractor if needed. Should resupply not be feasible, the medications in our E Kit and stock supplies will be utilized if appropriate. If medication supplies are inadequate to meet specific residents' needs, the IC will activate a partial evacuation of the impacted residents. Staff are trained and expected to bring a supply of personal medications for their use in the event of an emergency.

Pharmacy Supplier:

<Insert name>

<Insert contact number>

Medical Supplies:

Our facility has calculated the type and amount of critical medical supplies that would be needed in an emergency. A minimum of a **<Enter number>**-day inventory of these items is maintained at all times and arrangements are in place with key vendors for emergency resupply when needed.

See Vendor List - Appendix F, and Emergency Agreements - Appendix J.

Emergency Water

To ensure safe water for residents, staff and visitors during a crisis, our facility maintains:

- An emergency water supply that is suitable and accessible;
- An emergency water supply consistent with applicable regulatory requirements; and
- Methods for water treatment when supplies are low.

Resource	Quantity	Location
Emergency water supply (minimum three-day supply)	<Add specific information>	<Add specific information>
Emergency water supply which exceeds minimum three-day supply	<Add specific information>	<Add specific information>
Logistics, equipment and containers available to transport water supplies during evacuation	<Add specific information>	<Add specific information>
Equipment to boil large volumes of water (adequate supply of large pots, commercial cooking kettles, etc.)	<Add specific information>	<Add specific information>
Empty containers to store and transport boiled water (buckets, jugs, etc.)	<Add specific information>	<Add specific information>
Water purification products (type used)	<Add specific information>	<Add specific information>

On-site water storage (boilers, hot water tanks, ice makers)	<Add specific information>	<Add specific information>
See also Disaster Water - Appendix H.		

Alternate Sources of Energy

Our facility has developed procedures to ensure that we maintain safe temperatures for residents, sanitary storage of perishable provisions, emergency lighting, fire detection, extinguishing and alarms. These are described in the Power Outage P&P, Extreme Weather P&P, and Loss of Life Safety Systems - Appendix U.

We have mitigated the impact of a power outage on these systems through the use of a stand-by generator, battery operated emergency equipment, <Enter appropriate methods for your facility> which complies with all federal, state and local regulations.

This generator is located on the <Enter location> of the building.

It is a <Enter type and KW> fueled by <Enter type of fuel> with a tank that holds <Enter number of hours of fuel> hours of fuel.

This generator powers the following systems in our facility:

< Enter appropriate information i.e. emergency plugs, fire alarms, emergency lights, HVAC>.

In the event of a generator failure that cannot be repaired in a timely way, the Incident Commander will determine whether a partial or full evacuation is necessary for resident safety (see *Evacuation P&P*).

Sewage and Waste Disposal

Our facility will take all possible measures, including collaboration with local response authorities and utilities, to restore the function of our sewage and waste disposal systems as soon as possible. If restoration of these systems cannot be accomplished in a timely manner, the Incident Commander will activate the Evacuation P&P.

While waiting for evacuation of residents, the following emergency waste management procedure may be employed:

Our facility has emergency supplies that include heavy duty waste disposal bags (see Disaster Supply Inventory - Appendix E). During a temporary disruption to our sewage system, immediate measures may be taken to minimize the flushing of toilet wastes using bedside commodes, adult briefs, and if possible, Port a Pots for staff. We will utilize these bags to store the wastes that accumulate. Staff trained in infection prevention, wearing personal protective equipment and using specified carts will gather the bags as needed, and transport them for temporary storage in the following designated area <Enter location> which is isolated from traffic, pests, and risk to residents from contamination. Arrangements will be made for safe pick-up and

disposal of these wastes in accordance with nationally accepted industry standards as soon as possible.

4.17. LOSS OF FIRE/LIFE SAFETY SYSTEMS

In the event of a disruption to our facility's fire and life safety systems (e.g. fire alarms, sprinklers, fire door) or a commercial electricity with a concurrent generator failure, we will immediately reduce the risk to resident safety through the following actions:

(Also see Power Outage, "Evacuation, and Subsistence Needs P&Ps)

<Insert your fire life safety policies and procedures here (e.g. fire watch, battery backup for medical devices, etc.) here or reference where these are located.>

4.17. INSERT P&P FOR UNIQUE HAZARD

<Enter additional P&Ps as indicated by facility's risk assessment>

5. COMMUNICATION PLAN

Our communication plan supports *rapid* and *accurate* communication both internally and externally. This section describes the elements of a basic communication plan incorporated into this EOP which is updated annually and whenever needed due to changes in contact information

Relative to internal communications, the facility maintains a contact list of all staff, including telephone numbers and email addresses (if available). This contact information may be used whenever it is necessary to notify staff of a threat or emergency that may impact or involve them. We have a regular schedule to update staff on critical information related to the emergency (see Staff Recall and Survey - Appendix R for details on the physical location of contact lists). Additionally, we maintain contact lists for entities providing services under arrangement, residents' physicians, other in-kind facilities, the Office of the Long-Term Care Ombudsman, and our current volunteers (see Contact Lists – Appendix D, and Vendor List – Appendix F, as well as <Enter additional location of these lists>).

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident will immediately notify their supervisor or the senior manager on site.

Our internal communication equipment includes:

- Overhead paging system
- Hand-held radios
- Cell phones with texting
- Message board
- Public Information Officer
- Runner
- Other

It is also important to communicate with relevant external partners to: 1) gather information relevant to the incident, and 2) share information regarding the facility's status, activities and needs. Our facility will report incidents as required to jurisdictional authorities, e.g., report a fire to the local fire department. We also share relevant situational information with local response authorities and the State Survey agency (see Section 2: Rapid Response Instructions and Section 3: Emergency Operations Plan – Coordination with Local Response Authorities). Our external communication equipment includes:

PRIMARY COMMUNICATION:

- Land lines
- Cell phones with texting

ALTERNATE COMMUNICATION:

- Hand-held radios
- Satellite phones
- Amateur/Ham radio
- Internet
- Other <Delete equipment not used, and add other modes such as web-based platform and alert networks used in your community>

In the event of an emergency, family members/representatives will be notified and briefed on the status of the facility and the condition of their loved one as soon as it is feasible to do so. In case of an emergent situation, where time and conditions do not allow us to communicate with our resident's families in a timely manner, we may utilize the Ombudsman, the Department of Public Health staff, the American Red Cross "Safe and Well" website, our website, and other methods as available to provide information on our status. We also have provided a phone number to families/representatives where they can call and obtain information on the status and location of their resident. That phone number is <Enter phone number here if one is established. If not delete this sentence>

PUBLIC INFORMATION OFFICER (PIO)

Our facility has identified a responsible staff person to release information to the public during and after a disaster. Unless otherwise specified, it will be the facility's Incident Commander (IC).

METHOD OF SHARING INFORMATION ABOUT RESIDENTS' CONDITION

It is the policy of this facility to release of resident information as allowed under 45 CFR 164.510(b)(1)(ii). This is handled through the PIO and various forms that summarize critical care information (*see Evacuation P&P*).

PROVIDING INFORMATION REGARDING FACILITY NEEDS AND OCCUPANCY

This facility follows the local response protocols when responding to requests for facility status and bed availability. <Insert the name of the web based or other coordinated information system used in your county if your facility participates> is the method used by our facility to communicate with the <Insert lead county agency for medical health response>. Through this system, our facility responds to bed polls, reports facility status, and receives or gives other information (see Section 3: Emergency Operations Plan - Coordination with Local Response Authorities).

SHARING INFORMATION ON THE EOP WITH RESIDENTS AND FAMILIES

Our facility provides information to all residents and family or representatives regarding our EOP. This is done routinely as part of our admission orientation and periodically during Resident Council and family meetings. The method we use to share this information is <Enter description of the format of this information-sharing and provide a sample in the appendices if written handout>

6. RAPID RESPONSE GUIDES

The following checklists are provided for a quick reference during the initial activation of the EOP. They describe the actions that should be taken during the **first 2 hours of an incident** and are to be used in conjunction with **Section 2: Rapid Response Instructions**. Detailed policies and procedures for these and other hazards that have been identified through our risk assessment can be found in Section 3: Emergency Operations Program and Plan and Section 4: Policies and Procedures.

TABLE OF CONTENTS

6.1. RAPID RESPONSE GUIDE: BOMB THREAT	79
6.2. RAPID RESPONSE GUIDE: EARTHQUAKE	81
6.3. RAPID RESPONSE GUIDE: EVACUATION	83
6.4A. RAPID RESPONSE GUIDE: EXTREME WEATHER - COLD	85
6.4B. RAPID RESPONSE GUIDE: EXTREME WEATHER - HEAT	86
6.5A. RAPID RESPONSE GUIDE: FIRE - INTERNAL	87
6.5B. RAPID RESPONSE GUIDE: FIRE - EXTERNAL	88
6.6. RAPID RESPONSE GUIDE: FLOOD	89
6.7. RAPID RESPONSE GUIDE: HAZARDOUS MATERIAL	90
6.8. RAPID RESPONSE GUIDE: INFECTIOUS DISEASE	91
6.9. RAPID RESPONSE GUIDE: MISSING RESIDENT	92
6.10. RAPID RESPONSE GUIDE: POWER OUTAGE	93
6.11. RAPID RESPONSE GUIDE: SHELTER IN PLACE	94

(see instructions on how to update this table in the back of the manual)

6.1. RAPID RESPONSE GUIDE: BOMB THREAT

Initial Actions	
☐	Call 9-1-1 to report the threat.
☐	Do NOT approach, disturb or touch the potential threat.
	Immediately evacuate anyone in the area surrounding the potential threat, saying: <i>"We have an emergency in the building and must evacuate this area immediately according to our plan. This is not a drill."</i>
☐	Instruct staff to calmly and safely evacuate residents to a safe area.
☐	Activate facility's Bomb Threat P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Notify your supervisor or facility administrator as specified in the EOP.
☐	If a bomb threat is called in, be calm and courteous. If you are not in danger, attempt to collect information from the caller that will help to identify the location of the potential bomb, e.g., • Where is the bomb? • What does it look like? • When will it explode? • What kind of bomb is it? • What is your name? Record this and any other information you collect, such as whether the caller is male or female, characteristics of the caller's voice and any background sounds you notice. It is best to write this information down. (See FBI Bomb Threat Worksheet - Appendix C).
☐	Communicate relevant information with law enforcement.
☐	Notify the local response agency and state survey agency to report an unusual occurrence and activation of facility's EOP.

☐	If facility evacuation is required, see EVACUATION Policy and Procedure.
☐	<i><Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan></i>

6.2. RAPID RESPONSE GUIDE: EARTHQUAKE

Initial Actions	
☐	<u>If you are physically able</u> – DROP, COVER and HOLD ON • DROP to the ground. • Take COVER by getting under a sturdy desk or chair (cover your head and neck with your arms and hands). Keep away from glass, windows or anything that could fall near you. • HOLD ON to your shelter until the shaking stops. <u>If a resident is in a wheelchair</u> – • Tell/assist the resident to LOCK their wheels in a safe position. • Tell the resident to COVER their head and neck with their arms. <u>If a resident is confined to a bed</u> – • Tell the resident to HOLD ON and PROTECT their head with a pillow.
☐	Activate facility's Earthquake P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Assign staff to assess residents for any injuries that require immediate attention.
☐	Assign staff to assess the facility for damage that requires immediate attention (e.g., gas leaks, fires, broken glass, spills, etc.) • If a gas leak is suspected (e.g., you smell gas or hear a blowing or hissing noise), shut off gas and contact the proper utility company for restoration. • Do not allow any flame source until you are certain the gas lines have not been affected. • Inspect the facility for small fires (a common hazard after an earthquake); extinguish as necessary and/or call 9-1-1. • Look for electrical system damage. If you see sparks or broken or frayed wires, or if you smell hot insulation, turn off the electricity at the main fuse box or circuit breaker. If you have to step in water to get to the fuse box or circuit breaker, call an electrician first for advice. • Check for sewage and water lines damage. If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap. • Heed public health notices/orders regarding water contamination (including the following notices: <i>Boil Water</i>, <i>Do Not Drink Water</i>, and <i>Do Not Use Water</i>). Consider all flood water contaminated. Avoid walking through flood waters and

	wash hands thoroughly after contact. Do not use pre-packaged food and drink products that come into contact with flood water. When in doubt, throw it out! Report utility problems to appropriate utility company/agency. • Activate your emergency water plan. See Disaster Water – Appendix H for further information.
☐	If the facility has suffered structural damage, or if supporting utilities are compromised (e.g., power, water), consider the need for evacuation vs. shelter in place.
☐	Notify the local response authority and State Survey agency to report status and activation of facility's EOP.
☐	If facility evacuation is required, see RAPID RESPONSE - EVACUATION. If the decision is to shelter in place, see RAPID RESPONSE – SHELTER IN PLACE.
☐	<i><Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan></i>

6.3. RAPID RESPONSE GUIDE: EVACUATION

Initial Actions	
☐	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
☐	Activate the Evacuation P&P.
☐	Notify the local response agency and state survey agency to report pending evacuation and activation of facility's EOP
☐	Assess which residents might be able to go to families and contact in advance.
☐	Assess: • Number and types of beds needed • Available staff to support transferred residents (call in additional staff if needed) • Potential transportation requirements based on the number of residents, medical needs and mobility status
☐	If residents need to be transferred to another facility, identify available beds by the following procedures: • Coordinate with other facilities in the healthcare system or neighbor/buddy facilities with whom you have a pre-existing relationship • If the above resources are unavailable or inadequate, request assistance from the local response authority coordinating resident movement.
☐	Obtain transportation resources by contacting the contracted ambulance providers.  If the above resources are unavailable or inadequate, request assistance from the local response authority.
☐	Prepare for evacuation: • Collect and package residents' equipment and medications • Collect and package residents' belongings for transport, including glasses, dentures, hearing aids, etc. • Prepare water and snacks to accompany residents during transport period • Prepare copy of medical chart to accompany resident

☐	If surrounding roads may be damaged, verify planned evacuation routes with the public safety agency.
☐	Track residents to destinations and notify family members of evacuation and planned destination. If needed, additional tools and information on Evacuation are included in the following Appendices: • Appendix L – Evacuation Forms, which includes: ○ Resident Evacuation Tracking Form ○ Resident Evacuation Checklist ○ Resident Face Sheet ○ Resident Assessment Form for Transport and Destination
☐	<i><Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan></i>

6.4a. RAPID RESPONSE GUIDE: EXTREME WEATHER - COLD³

Initial Actions	
☐	Activate facility's Extreme Weather P&P and appoint a facility Incident Commander (IC) if warranted.
☐	Assess residents for signs of distress and/or discomfort.
☐	Initiate actions to safely increase resident comfort, e.g., utilize heating pads and electric blankets (be sure to carefully monitor the temperature of residents); offer warm liquids (keeping in mind relevant dietary modifications/restrictions), etc. Contact vendors for additional heating units if appropriate (See Appendix F – Vendor List).
☐	Do not leave residents unattended near a heat source.
☐	If the internal temperature of the facility remains low and potentially jeopardizes the safety and health of residents, consider re-location to a warmer part of the facility or evacuation to another facility.
☐	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION.
☐	Notify the State Survey agency to report an unusual occurrence and activation of facility's EOP.
☐	<Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan>

³ The determination of what constitutes *excessive cold* should be tailored to the impact of the temperature and its duration on the health and well-being of the facility's residents. An informed decision should be made by responsible facility administrators. A suggested guideline to consider is a facility temperature of 65 degrees Fahrenheit or lower for a period of four hours.

6.4b. RAPID RESPONSE GUIDE: EXTREME WEATHER - HEAT⁴

Initial Actions	
☐	Activate facility's Extreme Weather Heat P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Assess residents for signs of distress and/or discomfort.
☐	Call 9-1-1 if any resident appears to be suffering from heat-related illness such as heat cramps, heat exhaustion or heat stroke.
☐	Consider re-locating residents to a cooler part of the facility.
☐	If the outdoor temperature is cooler than the internal facility temperature, consider opening windows and using fans to bring cooler air into the building. If the outdoor temperature is not cooler, keep the windows closed and shades drawn. (Note: it may be necessary to increase security to accommodate open windows, etc.)
☐	If the internal temperature of the facility remains high and potentially jeopardizes the safety and health of residents, consider evacuation to another facility.
☐	Provide cool washcloths and cooling fans for air circulation.
☐	Encourage residents to drink fluids to maintain hydration.
☐	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION.
☐	Notify the State Survey agency to report an unusual occurrence and activation of facility's EOP.
☐	<Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan>

⁴ The determination of what constitutes *excessive heat* should be tailored to the impact of the temperature and its duration on the health and well-being of the facility's residents. An informed decision should be made by responsible facility administrators. A suggested guideline to consider is a facility temperature of 85 degrees Fahrenheit or higher for a period of four hours.

6.5a. RAPID RESPONSE GUIDE: FIRE - INTERNAL

Initial Actions	
☐	Rescue anyone in immediate danger while protecting the safety of the rescuing staff member(s). Follow the facility's procedure for RACE, PASS and other urgent response to fire.
☐	Alert residents and staff members; pull the fire alarm.
☐	Call 9-1-1 immediately to report a fire. Include the following information: 📠 Name of facility • Address and nearest cross street • Location of fire (floor, room #, etc.) • What is burning (electrical, kitchen, trash, etc.)?
☐	Activate facility's Internal Fire P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Contain the fire if possible without undue risk to personal safety. Shut off air flow, including gas lines, as much as possible, since oxygen feeds fires and distributes smoke. Close all fire doors and shut off fans, ventilation systems, and air conditioning/heating systems. Use available fire extinguishers if the fire is small and this can be done safely.
☐	Oxygen supply lines (whether portable or central) may lead to combustion in the presence of sparks or fire. If possible, quickly re-locate oxygen-dependent residents away from fire danger.
☐	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION.
☐	Notify the local response authority and State Survey agency to report an unusual occurrence and activation of facility's EOP.
☐	<Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan>

6.5b. RAPID RESPONSE GUIDE: FIRE - EXTERNAL

Initial Actions	
☐	Monitor local alert system and local news for evacuation reports and instructions.
☐	Monitor residents and staff for complications related to smoke exposure.
☐	Activate facility's External Fire P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Preemptive methods to mitigate smoke and fire risk: • Close all windows, doors, and vents • If using HVAC, set to re-circulate indoor air • If possible, use a high efficiency particulate air (HEPA) filter • Prepare evacuation bags, records, and ID tags • Contact transportation companies to alert them you may need to evacuate
☐	In case of immediate threat : • Move residents to a pre-designated staging area for rapid evacuation • If you smell gas, and it is safe to do so, shut off the gas. Do not do so unless need is certain as only the gas company can turn it back on. • Contact the transport companies and facilities you have agreements with • Notify resident families. • Leave a message on the facility phone with a contact number and information regarding facility status.
☐	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION.
☐	Notify the local response authorities and State Survey agency to report activation of facility's EOP.
☐	<i><Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan></i>

6.6. RAPID RESPONSE GUIDE: FLOOD

Initial Actions	
☐	Rescue anyone in immediate danger while protecting the safety of rescuing staff member(s).
	If the flood poses danger to residents, staff or visitors, call 9-1-1 immediately and include the following information: • Name of facility • Address and nearest cross street • Describe flood situation (basement, room #'s, etc.)
☐	Activate facility's Flood P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Alert residents, staff and visitors.
☐	Unplug non-essential appliances, equipment and computers.
☐	Check for gas leaks, water line ruptures, sewage contamination, etc. If you smell gas, and it is safe to do so, shut off the gas. Do not do so unless the need is certain as only the gas company can turn it back on. Report utility problems to utility company/agency.
☐	If water lines are disrupted, consider the water supply to be contaminated and follow the facility plan for emergency water. Heed public health notices regarding water contamination (including the following notices: <i>Boil Water</i> , <i>Do Not Drink Water</i> , and <i>Do Not Use Water</i>). Consider all flood water contaminated. Avoid walking through flood waters and wash hands thoroughly after contact. Do not use pre-packaged food and drink products that come into contact with flood water. Report utility problems to appropriate utility company/agency.
☐	If needed, activate your emergency water plan. See Appendix H - Disaster Water for further information.
☐	Gather critical supplies to take to higher ground/evacuation (e.g., medications, drinking water, health records, communication devices, blankets, etc.)
☐	Do not allow electrical devices to come into contact with water.
☐	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION.

☐	Notify the local response authorities and the State Survey agency to report an unusual occurrence and activation of facility's EOP.
☐	<Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan>

6.7. RAPID RESPONSE GUIDE: HAZARDOUS MATERIAL

Initial Actions	
☐	If a reportable hazardous material/waste spill or release occurs (or is threatened) on facility property, call 9-1-1 immediately to report the incident. It MAY also necessary to notify the California Governor's Office of Emergency Services (Cal OES) Warning Center at 1-800-852-7550. The facility may also be required to notify local authorities. Include the following information: • Name of caller and facility • Exact location, date and time of spill, release or threatened release • Substance, quantity involved and isotope (if known) • Chemical name (if known) • Description of what happened
☐	Alternately, the facility may be notified by authorities of an external hazardous materials/waste spill or release that may affect the facility.
☐	Activate facility's HazMat P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Assess residents for signs of distress; keep residents, staff and visitors away from the site of the spill.
☐	Access the <i>Safety Data Sheet</i> (formerly named the <i>Material Safety Data Sheet</i>) for the material spilled or released on the facility's property. Determine if the material/waste poses a safety or health risk to residents, staff or visitors. All SDS's should be available on site, but if the SDS cannot be located on site, consider checking the internet.
☐	Utilize appropriate Personal Protective Equipment (PPE) if warranted.
☐	Close windows, doors, and ventilation systems as needed to protect air quality by preventing the spread of dangerous fumes or smoke.
☐	Coordinate with public safety agencies (fire and law) and emergency management to determine if evacuation is necessary.

☐	If the decision is made to evacuate, see RAPID RESPONSE – EVACUATION.
☐	Notify the local response authority and the State Survey agency to report an unusual occurrence and activation of facility's EOP.
☐	Follow public health advice regarding water or air contamination (including the following notices: Boil Water, Do Not Drink Water, and Do Not Use Water).
☐	<i><Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan></i>

6.8. RAPID RESPONSE GUIDE: INFECTIOUS DISEASE

Initial Actions	
☐	If either the volume or severity of an infectious disease significantly threatens or impacts day-to-day operations, activate facility's Infectious Disease P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Notify the local public health department and the State Survey agency to report an unusual occurrence and activation of facility's EOP.
☐	Obtain guidance from the local health department and the U.S. Centers for Disease Control and Prevention (CDC).
☐	Implement appropriate infection control policies and procedures.
☐	Clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks if practical.
☐	Consider advising visitors to delay visits if needed to reduce exposure risk to residents.
☐	Advise staff to check for signs and symptoms of illness and to not work if sick. Activate emergency staffing strategies as needed.
☐	Limit exposure between infected and non-infected persons; consider isolation of ill persons.
☐	Conduct recommended cleaning/decontamination in response to the infectious disease.

☐	<i><Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan></i>
--------------------------	--

6.9. RAPID RESPONSE GUIDE: MISSING RESIDENT

Initial Actions	
☐	Record the time that the resident was discovered missing and when and where he/she was last seen.
☐	Verify that the resident has not signed out or been discharged.
☐	Perform census verification and resident roll call to determine if there are any other missing residents
☐	Activate facility's Missing Resident P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Search the facility's grounds for the resident. If necessary, distribute copies of the resident's photograph to the staff searching the grounds. Keep a record of the areas searched. Be sure to check: • Closets • Walk-In Refrigerators/Freezers • Storage Rooms • Under Beds and Behind Furniture
☐	If the missing resident is not found following an expedient search, call 9-1-1 and provide: • Name and description of missing resident • Description of clothing, ambulation method, cognitive status  Photo if available
☐	Notify: • Responsible party / next of kin that resident is missing and search is underway • Notify law enforcement and the State Survey agency to report an unusual occurrence and activation of facility's EOP.
☐	Coordinate with public safety agencies in searching for the missing resident.
☐	Once the resident is found, assess for injuries and notify the responsible party/next of kin, facility staff and public safety agency representative.
☐	<i><Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan></i>

6.10. RAPID RESPONSE GUIDE: POWER OUTAGE

Initial Actions	
☐	Call 9-1-1 if the power outage causes or threatens a medical emergency (e.g., power is lost to a ventilator).
☐	If the power outage poses a risk to the safety of residents, staff or visitors, take actions to reduce/eliminate the threat without jeopardizing the safety of staff.
☐	Report the outage to the appropriate utility company or repair vendor.
☐	Activate facility's Power Outage P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Activate back-up power and/or emergency lighting if necessary.
☐	Comfort and assess residents for signs of distress.
☐	Account for all residents.
☐	Notify the State Survey agency to report an unusual occurrence and activation of facility's EOP.
☐	To the extent possible, mobilize emergency back-up power generators and necessary fuel for operation.
☐	Take all reasonable steps to protect food and water supplies and maintain a safe environment of care for residents and staff.
☐	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION. If the decision is made to shelter in place, see RAPID RESPONSE – SHELTER IN PLACE. Consult other RAPID RESPONSE Guides as appropriate to the situation causing the power outage, e.g., flood.
☐	<i><Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan></i>

6.11. RAPID RESPONSE GUIDE: SHELTER IN PLACE

Initial Actions	
☐	Activate facility's Shelter in Place P&P and appoint a Facility Incident Commander (IC) if warranted.
☐	Identify safe and unsafe areas of the facility relative to the specific threat.
☐	Move residents from unsafe areas to safe areas. Be sure to include medications, important personal items, etc.
☐	Increase the safety of "safe areas" by reducing hazards, e.g., close, lock and move away from windows (during extreme winds), exterior doors, and other openings that may create hazards.
☐	Plan for the availability of food, water and other essential disaster supplies for residents and staff during the time period anticipated for sheltering in place. In addition to non-perishable food and water and critical medications, consider battery powered radios, first aid supplies, extra blankets, flashlights, batteries, duct tape, plastic sheeting, plastic garbage bags, and eating utensils.
☐	Comfort and assess residents for signs of distress.
☐	Notify the local response authorities to report an unusual occurrence and activation of facility's EOP.
☐	Continually reassess the safety of sheltering in place and prepare to activate the facility evacuation plan if at any time the risk of sheltering in place is greater than the risk to evacuate (see Evacuation P&P). Keep the local authorities notified of any change in status.
☐	If needed, extended shelter in place guidance is contained in the Shelter in Place and Subsistence Needs P&Ps
☐	<i><Add other response actions here consistent with your resident profile, risk assessment and coordination with local community plan></i>

7. APPENDICES

TABLE OF CONTENTS

APPENDIX A: ACRONYMS	96
APPENDIX B: AFTER ACTION REPORT/IMPROVEMENT PLAN	98
APPENDIX C: BOMB THREAT WORKSHEET	106
APPENDIX D: CONTACT LISTS	108
APPENDIX E: DISASTER SUPPLY INVENTORY	110
APPENDIX F: DISASTER VENDOR LIST	111
APPENDIX G: DISASTER MENUS	114
APPENDIX H: DISASTER WATER SUPPLIES	116
APPENDIX I: EMERGENCY ADMIT – MASTER TRACKING FORM	119
APPENDIX J: EMERGENCY AGREEMENTS	122
APPENDIX K: EMERGENCY SHUT DOWN	124
APPENDIX L: EVACUATION FORMS	130
APPENDIX M: INCIDENT ACTION PLAN QUICK START	143
APPENDIX N: HAZARD VULNERABILITY ASSESSMENT FORM	147
APPENDIX O: HANDLING OF REMAINS	153
APPENDIX P: NURSING HOME INCIDENT COMMAND SYSTEM	155
APPENDIX Q: SITE MAP WITH FIRE EXTINGUISHERS	158
APPENDIX R: STAFF RECALL SURVEY LOG	160
APPENDIX S: FACILITY SYSTEMS STATUS REPORT	161
APPENDIX T: LOCAL RESPONSE FORMS	168
APPENDIX U: LOSS OF FIRE/LIFE SAFETY SYSTEMS	169

<Add additional appendices here >

(see instructions on how to update this table in the back of the manual)

APPENDIX A: ACRONYMS

AAR	After Action Report
ASPR	Office of the Assistant Secretary of Preparedness and Response
Cal OES	California Governor's Office of Emergency Services
CDC	U.S. Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CAHF	California Association of Health Facilities
COOP	Continuity of Operations (Plan)
DOC	Department Operations Center
DRC	Disaster Resource Center
EOP	Emergency Operations Program and Plan
EMP	Emergency Management Program
EMS	Emergency Medical Services
FEMA	Federal Emergency Management Agency
HCF	Healthcare Facility
HEPA	High Efficiency Particulate Air (Filter)
HHS	U.S. Department of Health and Human Services
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HVA	Hazard Vulnerability Analysis
HVAC	Heating, Ventilating and Air Conditioning
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IMT	Incident Management Team
IPG	Incident Planning Guide

IRG	Incident Response Guide
	ACRONYMS (CONT)
LEMSA	Local Emergency Medical Services Agency
LTC	Long Term Care
MAC	Medical Alert Center
MHOAC	Medical and Health Operational Area Coordinator
MOU	Memorandum of Understanding
NHICS	Nursing Home Incident Command System
PASS	Pull, Aim, Squeeze and Sweep
PTO	Paid Time Off
PPE	Personal Protective Equipment
RACE	Rescue, Alarm, Confine and Extinguish
RRG	Rapid Response Guide
SDS	Safety Data Sheet (also referred to as Material Safety Data Sheet or MSDS)
SNF	Skilled Nursing Facility
TTX	Table Top Exercise

APPENDIX B: AFTER ACTION REPORT/IMPROVEMENT PLAN

[Incident/
Exercise/
Event Name]:
After Action
Report and
Improvement
Plan

[Pick the date]

[Year]

[Author of the AAR]

Report Completed: [Date]

[Facility

Name]

AAR REPORT FORM: ACRONYMS

Terms Used in this After Action Report	
AAR	After Action Report
CMS	Centers for Medicaid/Medicare
EPP	Emergency Preparedness Program
EOP	Emergency Operations Plan
FSX	Full Scale Exercise
HPP	Hospital Preparedness Program
HSEEP	Homeland Security Exercise Evaluation Program
HVA	Hazard Vulnerability Assessment
IC	Incident Command
ICS	Incident Command System
IP	Improvement Plan
MHOAC	Medical Health Operational Area Coordinator
NIMS	National Incident Management System
OEM	Office of Emergency Management
PIO	Public Information Officer
TTX	Table Top Exercise

AAR FORM: INTRODUCTION

Include brief synopsis of incident here.

Sequence of events:

Include detailed sequence of events here, if available.

AFTER ACTION REPORT OVERVIEW

This report is a compilation of information from the different departments and staff who participated in the response to *[list incident/exercise/event here]*. The information was gathered by *[list departments here and various sources of information for the report]*

The recommendations in this AAR should be viewed with considerable attention to the needs for providing safe care to residents. Each department should review the recommendations and determine the most appropriate action and time needed for implementation.

The issues outlined in this AAR will be addressed in the Improvement Plan and will list corrective actions to complete. This Improvement Plan will serve as a summary of the AAR and as a guide for corrective action over the course of the following year's training program for staff.

AAR FORM: OVERVIEW

Incident Overview:

[Insert incident/exercise/event location here]

Duration:

[Insert incident/exercise /event time]

Focus (Check appropriate area(s) below):

- ☐ Prevention
- ☐ Response
- ☐ Recovery
- ☐ Other

Activity or Scenario (Check appropriate area(s) below):

- ☐ Fire
- ☐ Severe Weather
- ☐ Hazardous Material Release
- ☐ Bomb Threat
- ☐ Medical Emergency
- ☐ Power Outage
- ☐ Evacuation
- ☐ Lockdown
- ☐ Special Event
- ☐ Exercise/Drill
- ☐ Other

Location:

[Insert incident/exercise/event location here]

Participating Organizations:

[Insert organizations here]

AAR FORM: STRENGTHS

List strengths here.

AREAS OF IMPROVEMENT

List Areas of Improvement here.

RECOMMENDATIONS

List Recommendations here.

CONCLUSION AND NEXT STEPS

Insert Conclusion here.

IMPROVEMENT PLAN

Capability	Observation	Recommendation for Improvement	Responsible Department's Contact	Start Date	Completion Date
Capability 1: Evacuation	1.1 Staff did not print of all electronic health records for residents when transferred to new location.	1.1.a Have specific staff assigned to make sure each resident has all of the records.	Admissions	8/30/17	
		1.1.b Have a policy and procedure for printing off records and sending them securely with each resident.	Administrator	8/30/17	
		1.1.c Update settings in PointClickCare for one-click printing of all vital records.	IT Dept	8/30/17	
	1.2	1.2.a			
		1.2.b			

		1.2.c			
--	--	-------	--	--	--

AAR IMPROVEMENT PLAN (CONT)					
Capability	Observation	Recommendation for Improvement	Responsible Department's Contact	Start Date	Completion Date
Capability 2:	2.1	2.1.a			
		2.1.b			
		2.1.c			
	2.2	2.2.a			
		2.2.b			

		2.2.c			
--	--	-------	--	--	--

AAR IMPROVEMENT PLAN (CONT)					
Capability	Observation	Recommendation for Improvement	Responsible Department's Contact	Start Date	Completion Date
Capability 3:	3.1	3.1.a			
		3.1.b			
		3.1.c			
	3.2	3.2.a			
		3.2.b			

		3.2.c			
--	--	-------	--	--	--

APPENDIX C: BOMB THREAT WORKSHEET

FBI BOMB PROGRAM: BOMB THREAT CALL CHECKLIST

Exact Wording of the Threat:

Questions to Ask:

- When is bomb going to explode?
- Where is it right now?
- What does it look like?
- What kind of bomb is it?
- What will cause it to explode?
- Did you place the bomb?
- Why have you done this?
- What is your address?
- What is your name?

Sex of Caller	Age	Race	Length of call

The Caller's Voice: Is it...									
Calm?	Y/N	Soft?	Y/N	Distinct?	Y/N	Raspy?	Y/N	Cracking voice?	Y/N
Angry?	Y/N	Loud?	Y/N	Slurred?	Y/N	Deep?	Y/N	Disguised accent?	Y/N
Excited?	Y/N	Laughing?	Y/N	Nasal?	Y/N	Ragged?	Y/N	Familiar?	Y/N
Slow?	Y/N	Crying?	Y/N	Stutter?	Y/N	Clearing throat?	Y/N	If familiar, who did it sound like?	

Rapid?	Y/N	Normal?	Y/N	Lisp?	Y/N	Deep breathing?	Y/N	Other:
---------------	-----	----------------	-----	--------------	-----	------------------------	-----	---------------

FBI BOMB PROGRAM: BOMB THREAT CALL CHECKLIST

Background Noise							
Street noises?	Y/N	House noises?	Y/N	Factory machinery?	Y/N	Long distance?	Y/N
Dishes/glass?	Y/N	Motor?	Y/N	Clear/no sounds?	Y/N	Animal noises?	Y/N
Voices?	Y/N	Office machinery?	Y/N	Static?	Y/N	Music?	Y/N
Pay phone booth?	Y/N	PA system?	Y/N	Local?	Y/N	Other:	

Threat Language							
Well spoken/educated?	Y/N	Foul language?	Y/N	Incoherent?	Y/N	Message read by threat maker?	Y/N
Irrational?	Y/N	Taped message?	Y/N	Intoxicated?	Y/N	Other:	

Remarks:

Report call immediately to: _____ **Phone Number:** _____

FILL OUT IMMEDIATELY AFTER BOMB THREAT	
Date and Time of Incoming Threat:	
Phone Number of Incoming Threat:	

Name of Staff that Received Call:	
Staff Position:	

APPENDIX D: CONTACT LISTS

STAFF AND VOLUNTEERS

<INSERT YOUR MOST RECENT CONTACT LIST HERE OR INDICATE LOCATION WHERE IT CAN BE FOUND>

[Insert Facility Name Here] Emergency Operations Program and Plan Manual

<ADD ADDITIONAL CONTACTS AS NEEDED>

APPENDIX E: DISASTER SUPPLY INVENTORY

DISASTER SUPPLY INVENTORY	
•	FIRST AID KITS and trauma supplies easily accessible in every area of the building.
•	WATER: 1 gal/person per 24 hours x 72 hours. Method track consumption of water.
•	FOOD: Minimum of 1600 kcal/person per 24 hours with consideration for special diets x 72 hours.
•	KITCHEN SUPPLIES for preparation and distribution of food and water (e.g. plastic utensils, cups, paper plates, water containers).
•	RADIO WITH CELL PHONE CHARGER with extra working batteries and/or solar or crank operated.
•	GENERATOR with 24 hours of fuel for “red plugs.”
•	EXTENSION CORDS (Heavy duty)
•	BATTERY BACKUP for critical equipment (e.g. ventilators, IV pumps, cell phones).
•	FLASH LIGHTS and battery operated exit signs.
•	HEAT AND COOLING SUPPLIES for residents in severe weather (e.g. extra blankets, squirt bottles/ fans).
•	SANITARY SUPPLIES: 1. Bleach - unscented for surface sanitizing and water purification 2. Extra briefs, pads and gowns; hand sanitizers and wipes 3. Trash bags to line toilets and store soiled wastes
•	O2 TANKS AND TUBING
•	BODY BAGS
•	HEAVY DUTY PLASTIC (i.e. cover broken windows)
•	CASH ON HAND (\$500 small bills)
•	RESCUE AND REPAIR TOOLS (E.G. crowbar, shovel, gloves, wrench for shutting off gas/water).
ADDITIONAL CRITICAL SUPPLIES FOR EVACUATION	
•	RESIDENT TRANSFER INFORMATION SYSTEM (wrist bands, flash drive, fanny pack with face sheet; something that can be assured to go with them with basic id and care instructions)

•	TRANSPORT METHOD FOR SURVIVAL SUPPLIES (e.g. water, snacks, critical medications)
---	--

APPENDIX F: DISASTER VENDOR LIST

VENDOR CONTACT INFORMATION		
Food: Perishable Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Food: Non-perishable Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Water Utility Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
Potable Water Company Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Water Company Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Natural Gas Supplier Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
Ice Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Generator Fuel Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Cell Phone Service Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:

Quick Connect Generator Supplier Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Generator Maintenance Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Electric Utility Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
--	---	--

VENDOR CONTACT INFORMATION (CONT)		
Pharmacy Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Sanitation Supplies Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Gas Utility Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
Incontinence Supplies Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Paper Goods – Kitchen Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Telephone Company Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
Paper Goods – Toiletries Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Linen Supplies Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Satellite Phone Provider Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:

Assistive Devices Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Fire Alarm System Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Sprinkler System Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
---	---	--

VENDOR CONTACT INFORMATION		
Transportation – Alternates Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Transportation – Truck, Cargo Van, Trailer Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Amateur Radio Service Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:

APPENDIX G: DISASTER MENUS

**<INSERT YOUR DISASTER MENUS AND FEEDING PROCEDURES HERE OR INDICATE LOCATION
OF WHERE THEY CAN BE FOUND>**

APPENDIX H: DISASTER WATER SUPPLIES

To ensure safe water for residents, staff and visitors during a crisis, our facility maintains:

- An emergency water supply that is suitable and accessible;
- An emergency water supply consistent with applicable regulatory requirements; and
- Methods for water treatment when supplies are low.

See Subsistence P&P for amount and location of current emergency water supplies.

We maintain a supply of emergency potable water to meet our subsistence needs, however if we needed additional supplies, the follow methods may be used in an emergency to increase water resources.

WATER TREATMENT METHODS *(adapted from the Federal Emergency Management Agency)*

We treat all water of uncertain quality before using it for drinking, food washing or preparation, washing dishes, brushing teeth, or making ice. In addition to having a bad odor and taste, contaminated water can contain microorganisms (germs) that cause diseases such as dysentery, cholera, typhoid or hepatitis. If there is a suspected compromise of the water system (i.e. broken pipes) our facility will shut off the water supply as soon as possible to protect the integrity of supply in internal tanks and pipes.

Before treating, let any suspended particles settle to the bottom or strain them through coffee filters or layers of clean cloth.

We have the necessary materials in our disaster supplies kit for the chosen water treatment method as described below:

There are two water treatment methods. They are as follows:

These instructions are for treating water of uncertain quality in an emergency situation, when no other reliable clean water source is available, or we have used all of your stored water.

Boiling

Boiling is the safest method of treating water. In a large pot or kettle, bring water to a rolling boil for 1 full minute, keeping in mind that some water will evaporate. Let the water cool before drinking.

Boiled water will taste better if you put oxygen back into it by pouring the water back and forth between two clean containers. This also will improve the taste of stored water.

Chlorination

We use household liquid bleach to kill microorganisms. Only regular household liquid bleach

DISASTER WATER SUPPLY (CONT)

that contains 5.25 to 6.0 percent sodium hypochlorite is used. We do not use scented bleaches, color safe bleaches, or bleaches with added cleaners. Because the potency of bleach diminishes with time, we use bleach from a newly opened or unopened bottle.

Add 16 drops (1/8 teaspoon) of bleach per gallon of water, stir, and let stand for 30 minutes. The water should have a slight bleach odor. If it does not, then repeat the dosage and let stand another 15 minutes. If it still does not smell of chlorine, discard it and find another source of water.

SAFE SOURCES OF POTABLE WATER

4. Melted ice cubes
5. Water drained from the water heater (if the intake pipes and/or water heater has not been damaged)
6. Liquids from canned goods such as fruit or vegetable juices
7. Water drained from pipes if deemed to be uncontaminated
8. Other: (i.e.) well water, water storage tanks, bottled water, canned water, etc.

For emergency re-supply, we may contact the following entities:

SUPPLIERS

Municipal Water Company:

Name	Emergency Contact Number

Water Vendor:

Name	Emergency Contact Number

SPECIAL NOTE: RESIDENT HYDRATION DURING EVACUATION

During evacuation, bottled water and/or necessary liquid thickeners for those individuals with swallowing restrictions will accompany residents and staff to maintain safe hydration levels.

STORAGE

Manufacturer's guidelines for water storage method will be followed for water storage tanks, drums, or containers. <If commercial water tanks are not used delete this section>

[Insert Facility Name Here] Emergency Operations Program and Plan Manual

- Name of Manufacturer: _____
- Guidelines for use: _____

DISASTER WATER SUPPLIES (CONT)

- Location (ie: outside, storage room, etc.): _____
- Surface Preparation (concrete, pallet, etc.): _____
- Protection (covered, UV light safe, etc.): _____
- Additional equipment (pump, spigot, hose): _____

Facility will follow manufacturer's guidelines for filling water storage units including:

- Cleaning prior to filling: _____
- Source of water to fill: _____
- How to fill: _____
- Type and amount of preserver: _____
- Length of time water may be used after adding preserver per manufacturer guidelines:

- How to seal water storage device: _____
- Facility will maintain a routine inspection of the water storage based on manufacturer recommended frequency, which is _____ and will check for cracks in the container, leaks, broken seals, etc. and maintain documentation of these quality checks.
- Facility will discard any water stored that has become compromised or outdated.

DISTRIBUTION OF WATER SUPPLIES TO POINT OF CARE

When necessary, this facility will use food grade hose and containers to move water supplies to the point of care for residents.

- A food-grade (FDA approved) drinking water hose will be used to fill water containers from the water storage tank and to distribute water in an emergency.
- Water will be transported in food-grade (FDA approved) emergency water containers.
- The hose and containers are stored together in this location: _____

APPENDIX I: EMERGENCY ADMIT – MASTER TRACKING FORM

EMERGENCY ADMIT TRACKING FORM NHICS 254							
1. INCIDENT NAME		2. OPERATIONAL PERIOD					
		TIME:		FROM:		TO:	
3. AREA							
	TRIAGE TAG OR MEDICAL RECORD #	NAME (LAST, FIRST)	SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TIME

EMERGENCY ADMIT TRACKING FORM NHICS 254						
TRIAGE TAG OR MEDICAL RECORD #	NAME (LAST, FIRST)	SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TIME

EMERGENCY ADMIT TRACKING FORM NHICS 254						
TRIAGE TAG OR MEDICAL RECORD #	NAME (LAST, FIRST)	SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TIME

APPENDIX J: EMERGENCY AGREEMENTS

**<INSERT COPIES OF AGREEMENTS FOR RELOCATION SITES, EMERGENCY TRANSPORTATION,
AND SUPPLIES OR INDICATE THE LOCATION OF THESE DOCUMENTS>**

APPENDIX K: EMERGENCY SHUT DOWN

There are several instances where deactivation of facility systems may be required during a disaster/crisis. Examples include:

- Severe weather
- Earthquake
- Accidental event (power spike, outage, gas leak, over-pressurization, etc.)

Specific steps need to be taken to ensure safe shutdown of a system. Mechanical equipment that may be shut down includes:

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

These procedures should only be completed with the approval of the Incident Commander (IC) at the time of the crisis. Shutdown should only be employed during the most extreme of situations, if time permits call in an expert.

See Contact List (Appendix D) or Vendor List (Appendix F) for detailed contact information for vendors; otherwise, 24-hour emergency numbers are in the checklist below.

Vendors will be notified when their service is shut down by the facility. In addition, all staff members will be notified when services are shut down temporarily. A site map with the location of shutoffs, emergency exits, in-facility evacuation routes, fire extinguishers, fire doors is included in Appendix Q: Site Map with Shutoffs, Fire Suppression and Emergency Supply locations; this is in addition to the checklist below which has a physical description of the location of various pieces of operational equipment (i.e., shutoffs, electrical breakers, switches, etc.)

EMERGENCY SHUT DOWN (CONT)

IMPORTANT PRECAUTIONS

These procedures should be tested with key staff prior to being performed during an emergency, to ensure mechanical items are shut down securely and safely. The following precautions must be followed:

- Never stand in water or any fluids when shutting down equipment.
- If you see smoke, fire, gas, or electrical voltage near the area, do not attempt a mechanical shutdown.

For ease of shutdown, our facility has created a checklist of items to be used while shutting down specific systems.

EMERGENCY SHUTDOWN CHECKLIST	
NATURAL GAS	
Vendor:	24-hr Phone:
Account #:	
Description of Location • Meter: • Shutoff valves:	
Action Steps for Shutdown	
☐	Action 1: insert facility specific steps for shutdown, add as many steps as < appropriate to your equipment/system:
☐	Action 2:
☐	Action 3:
	Comments:
ELECTRIC	
Vendor:	24-hr Phone:
Account #:	

Description of Location	
• Main electrical panel: • Outside meter: • Main breaker: • Sub-breakers and sub-panels:	
Action Steps for Shutdown	
☐	Action 1:
☐	Action 2:
☐	Action 3:
	Comments:

WATER	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
• Shut off valve(s): • Water meter:	
Action Steps for Shutdown	
☐	Action 1:
☐	Action 2:
☐	Action 3:
	Comments:
HVAC	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
• Electric shutoff switch(s): • Gas Valves:	

Action Steps for Shutdown	
☐	Action 1:
☐	Action 2:
☐	Action 3:
	Comments:
BOILER	
Vendor:	24-hr Phone:
Account #:	
Description of Location • Main electric shutoff switch: • Boiler shutoff switches < indicate how many boilers, gas and electric, etc.>	
Action Steps for Shutdown	
☐	Action 1:
☐	Action 2:
☐	Action 3:
	Comments:
COMPUTER/INFORMATION TECHNOLOGY SERVICES	
Vendor:	24-hr Phone:
Account #:	
Description of Location • Main controls: • Electrical breakers: • Media used as backup:	
Action Steps for Shutdown	
☐	Action 1:
☐	Action 2:
☐	Action 3:
	Comments:

--	--

APPENDIX L: EVACUATION FORMS

LONG-TERM CARE FACILITY EVACUATION RESIDENT ASSESSMENT FORM FOR TRANSPORT AND DESTINATION

Adapted from the Shelter Medical Group Report: Evacuation, Care and Sheltering of the Medically Fragile.

FACILITY NAME:		DATE:	
COMPLETED BY:		DATE:	

LEVEL OF CARE	FACILITY TYPE	TRANSPORT TYPE	NUMBER OF RESIDENTS
<u>LEVEL I</u> Description: Patients/residents are usually transferred from in-patient medical treatment facilities and require a level of care only available in hospital or Skilled Nursing or Subacute Care Facilities. Examples: • Bedridden, totally dependent, difficulty swallowing • Requires dialysis • Ventilator-dependent • Requires electrical equipment to sustain life • Critical medications requiring daily or QOD lab monitoring • Requires continuous IV therapy • Terminally ill			
LEVEL OF CARE	FACILITY TYPE	TRANSPORT TYPE	NUMBER OF RESIDENTS

<u>LEVEL II</u> Description: Patients/residents have no acute medical conditions but require medical monitoring, treatment or personal care beyond what is available in home setting or public shelters. Examples: • Bedridden, stable, able to swallow • Wheelchair-bound requiring complete assistance • Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject • Requires assistance with tube feedings • Draining wounds requiring frequent sterile dressing changes • Oxygen dependent; requires respiratory therapy or assistance with oxygen • Incontinent; requires regular catheterization or bowel care			
<i>NOTE: It is unlikely that licensed health facilities such as SNFs will have residents that fall below Level II care needs. Evacuation planning must take this into consideration. Also, consider cognitive/behavioral issues in evaluating residents' transport and receiving location needs.</i>			
<u>LEVEL III</u> Description: Residents able to meet own needs or has reliable caretakers to assist with personal and/or medical care. Examples: • Independent; self-ambulating or with walker • Wheelchair dependent; has own caretaker if needed • Medically stable requiring minimal monitoring (i.e., blood pressure monitoring) • Oxygen dependent; has own supplies (i.e. O2 concentrator) • Medical conditions controlled by self-administered medications (caution: refrigeration may not be available at public shelters)			

RESIDENT FACE SHEET					
Resident Name:			Admission Date:		
Date of Birth:		ALLERGIES:			
Medical Record #:					
Physician:					
WHOM TO NOTIFY WITH EMERGENCIES AND PROBLEMS					
Contact	Name	Phone	Alt. Phone		
Primary Representative/Contact					
Secondary Contact #1					
Any restrictions on notification:					
MENTAL HEALTH STATUS					
Cognitive or Psychiatric/Behavioral Disorders: (please list)					
FUNCTIONAL STATUS					
Ambulation	☐ Independent	Incontinent	Self Feeding	Bathing	Other
	☐ Independent, Assisted: Cane, Walker, Wheelchair	Urine ☐	Supervision ☐	Supervision ☐	☐
	☐ Confined to Bed or Chair	Stool ☐	Assisted ☐	Assisted ☐	☐
TREATMENT STATUS					
☐ Special Diet	☐ Dysphagia	☐ Mech Soft	☐	Fluid restrictions	
☐ Infection	☐ Contact precautions	☐ Respiratory Precautions	Other special care needs:		
CODE STATUS:					

RESIDENT EVACUATION CHECKLIST	
Check & Initial	IMPORTANT ITEMS
☐	FACE SHEET WITH CURRENT EMERGENCY CONTACT INFORMATION
☐	HISTORY AND PHYSICAL
☐	MEDICATION AND TREATMENT ADMINISTRATION RECORD
☐	ADVANCE DIRECTIVE/PREFERRED INTENSITY OF CARE
☐	CARE PLAN AND DISCHARGE NOTE
☐	DISASTER ID TAG WITH PICTURE, ID INFO, AND MEDICAL ALERTS
☐	MEDICATIONS
☐	ESSENTIAL MEDICAL SUPPLIES & EQUIPMENT (E.G. TRACHEOTOMY, COLOSTOMY, O2, GLUCOSE MONITORING)
☐	NUTRITIONAL SUPPLIES OF SPECIAL DIET
☐	WHEELCHAIR/WALKER
☐	DENTURES/EYE GLASSES/HEARING AIDS/PROSTHESIS
☐	CHANGE(S) OF CLOTHING IN BAG LABELED WITH CLIENT'S NAME
☐	ACTIVITY SUPPLIES OF CHOICE (RESIDENT'S PREFERENCE)
☐	INCONTINENCE SUPPLIES
☐	OTHER (PLEASE SPECIFY):

RESIDENT EVACUATION TRACKING FORM - INDIVIDUAL

NOTE: After completion of form, please make **THREE** copies: ONE for sending facility, ONE for EMS, and ONE for receiving facility.

Sending Facility:

Receiving Facility:

Patient Name: (PRINT)

Date of Birth: ____ / ____ / ____ **Gender:** Male Female

Transferring Facility Medical Record Number:

Triage tag number (if used): _____

Transport Method: Ambulatory | Wheelchair | Basic Life Support | Advanced Life Support

Emergency Contact: _____ **Telephone #** _____

Notified of Transfer? YES NO

Attending Physician: _____ **Notified of Transfer:** YES NO

Primary Diagnosis:

RESIDENT EVACUATION TRACKING FORM - INDIVIDUAL

NOTE: After completion of form, please make **THREE** copies: ONE for sending facility, ONE for EMS, and ONE for receiving facility.

Do Not Resuscitate:	Yes (attach copy)	NO
Advanced Directives:	Yes (attach copy)	NO
Healthcare Proxy:	Yes (attach copy)	NO

Sent with patient:	Face sheet	YES	NO
	Patient identification	YES	NO
	Medication list/administration record	YES	NO
	Physicians orders	YES	NO

Date transferred: _____ **Time of departure:** _____

Time of arrival at receiving facility: _____

Equipment owned by sending facility accompanying patient during transport:

COMMENTS:

MASTER RESIDENT EVACUATION TRACKING LOG NHICS 255								
INCIDENT NAME						OPERATIONAL PERIOD		
						DATE:	FROM:	TO:
						TIME:	FROM:	TO:
RESIDENT EVACUATION INFORMATION								
RESIDENT NAME				MEDICAL RECORD #				
DISPOSITION		MODE OF TRANSPORT	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/ TRANSPORT CO.)	MEDICATION SENT	☐ YES ☐ NO	
						MD/FAMILY NOTIFIED	☐ YES ☐ NO	
☐ HOME ☐ FACILITY TRANSFER ☐ TEMP. SHELTER						ARRIVAL CONFIRMED	☐ YES ☐ NO	
RESIDENT NAME				MEDICAL RECORD #				
DISPOSITION		MODE OF TRANSPORT	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/ TRANSPORT CO.)	MEDICATION SENT	☐ YES ☐ NO	
						MD/FAMILY NOTIFIED	☐ YES ☐ NO	
☐ HOME ☐ FACILITY TRANSFER ☐ TEMP. SHELTER						ARRIVAL CONFIRMED	☐ YES ☐ NO	
RESIDENT NAME				MEDICAL RECORD #				
DISPOSITION		MODE OF TRANSPORT	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED (TIME/ TRANSPORT CO.)	MEDICATION SENT	☐ YES ☐ NO	
						MD/FAMILY NOTIFIED	☐ YES ☐ NO	
☐ HOME ☐ FACILITY TRANSFER ☐ TEMP. SHELTER						ARRIVAL CONFIRMED	☐ YES ☐ NO	

PREPARED BY

PRINT NAME: _____
 DATE/TIME: _____

SIGNATURE: _____
 FACILITY: _____



ON-DUTY STAFF EVACUATION TRACKING LOG
--

STAFF NAME	DESTINATION	DATE & TIME DEPARTED	ARRIVAL CONFIRMED

PERSONNEL TRACKING FORM								
4. INCIDENT NAME					5. OPERATIONAL PERIOD			
					DATE: TIME:	FROM: FROM:	TO: TO:	
6. TIME RECORD								
#	EMPLOYEE (E)/ VOLUNTEER (V) NAME (PRINT)	E/V	EMPLOYEE NUMBER	NHICS ASSIGNMENT	DATE/TIME <u>IN</u>	DATE/TIME <u>OUT</u>	TOTAL HOURS	SIGNATURE (TO VERIFY TIMES)
1								
2								
3								
4								
5								
6								
7								
8								
9								

10								
----	--	--	--	--	--	--	--	--

* MAY BE USUAL NURSING HOME VOLUNTEERS OR APPROVED VOLUNTEERS FROM COMMUNITY

7. PREPARED BY	PRINT		SIGNATURE:	
	NAME:			
	DATE/TIME:		FACILITY:	

FACILITY EVACUATION MAPS

<INSERT MAPS OF EVACUATION ROUTES OUT OF BUILDING>

RETURN TO FACILITY

AUTHORITY TO CALL FOR RE-ENTRY

Following an emergency evacuation, re-entry into our facility must be preceded by the approval of appropriate jurisdictional authorities (local, county, state, etc.), including the State Survey agency. The CEO/Chief Administrator or designee notifies appropriate authorities to request approval for re-entry once it is deemed safe. In addition to local and state authorities, notify personnel and partner agencies regarding return to normal operations, which may include:

- <Enter name of facility ownership/corporate entity>
- Police Department
- Fire Department
- Emergency Management Agency
- Vendors
- Insurance Agent
- Other relevant agencies that provide clearance
- Notify residents, Medical Director, all attending physicians, families, and responsible parties of re-entry.
- Notify California Long Term Care Ombudsman of re-entry.
- Implement a return to normal process that provides for a gradual and safe return to normal operations.

POST EVACUATION RETURN TRANSPORTATION

Following a disaster, transportation resources are likely to be in high demand and may be difficult to find. Drivers may be limited or unavailable and the entire community may be competing for the same resources, including fuel and specialized vehicles for transporting persons who are frail or have disabilities. This demand will likely outpace resources.

Prior to an emergency, the local emergency management officials will be made aware of the type of transportation likely to be needed by facility residents so that they can receive the appropriate priority when assistance is needed with transport services. Agreements will be in place with public and private transportation agencies, ambulance services, wheelchair accessible services and other transportation options in the community, including family and volunteers.

Return transportation will be arranged by the facility in collaboration with the local EMS and/or emergency management agency. The post-evacuation return to the facility may need to occur in shifts over days or weeks.

RETURN TO FACILITY (CONT)

The CEO/Chief Administrator or his/her designee is responsible for determining the order in which residents are returned to the facility. The NHICS 254: Master Emergency Admit Tracking Form (See Appendix I) or the hosting facility's equivalent forms will be completed and returned with the resident.

POST DISASTER PROCEDURES FOR THE FACILITY

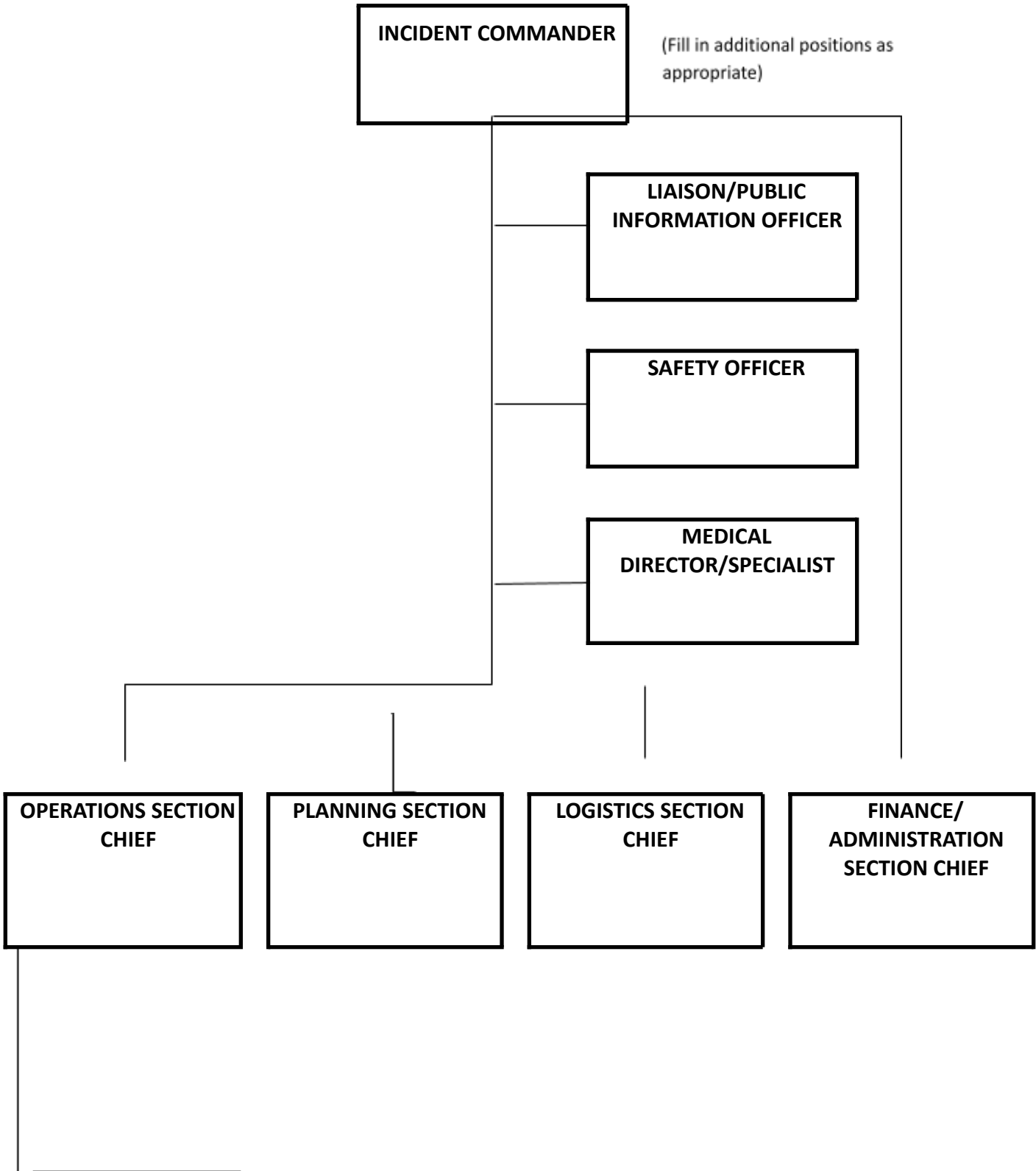
The Incident Management Team (IMT) may continue during the recovery phase to determine priorities for resuming operations, including:

- Physically secure the property.
- Conduct Damage Assessment for residents and the facility and reporting using NHICS 251: Facility System Status Report (See Appendix S).
- Protect undamaged property. Close building openings. Remove smoke, water, and debris. Protect equipment against moisture.
- Restore power and ensure all equipment is functioning properly.
- Separate damaged repairable property from destroyed property. Keep damaged property on hand until insurance adjuster has visited the property.
- Report claim to insurance carrier.
- Take an inventory of damaged goods. (This is usually done with the insurance adjuster).

APPENDIX M: INCIDENT ACTION PLAN QUICK START

INCIDENT ACTION PLAN QUICK START NHICS 200			
INCIDENT NAME		OPERATIONAL PERIOD	
		DATE:	FROM: TO:
		TIME:	FROM: TO:
SITUATION SUMMARY			
WEATHER/ENVIRONMENTAL IMPLICATIONS FOR PERIOD (INCLUDES AS APPROPRIATE: FORECAST, DAYLIGHT)			
1.			
2.			
3.			
4.			

IAP (CONT) CURRENT ORGANIZATION – THE INCIDENT MANAGEMENT TEAM CHART
--



**RESIDENT SERVICES
BRANCH DIRECTOR**

**INFRASTRUCTURE
BRANCH DIRECTOR**

IAP (CONT) INCIDENT OBJECTIVES			
6a. OBJECTIVES	6b. STRATEGIES/ TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO

HEALTH AND SAFETY BRIEFING: IDENTIFY POTENTIAL INCIDENT HEALTH AND SAFETY HAZARDS AND DEVELOP NECESSARY MEASURES (REMOVE HAZARD, PROVIDE PERSONAL PROTECTIVE EQUIPMENT, WARN PEOPLE OF THE HAZARD) TO PROTECT RESPONDERS FROM THOSE HAZARDS

1.
2.
3.
4.

ATTACHMENTS (MARK IF EXTRA DOCUMENTATION IS ATTACHED)

☐ NHICS 251: FACILITY SYSTEM STATUS REPORT ☐ NHICS 254: EMERGENCY ADMIT TRACKING ☐ NHICS 255: MASTER RESIDENT EVACUATION TRACKING ☐ NHICS 215A: INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS ☐ TRAFFIC PLAN	☐ INCIDENT MAP ☐ OTHER: _____ _____
--	---

PREPARED BY	PRINT NAME: _____	SIGNATURE: _____
--------------------	--------------------------	-------------------------

	DATE/TIME:		FACILITY:	

APPENDIX N: HAZARD VULNERABILITY ASSESSMENT FORM

Hazard Vulnerability Assessment and Mitigation

A thorough Hazard Vulnerability Assessment (HVA) is used to help determine what events or incidents may negatively impact its operations. While it is impossible to forecast every potential threat, it is important to identify as many potential threats as possible to adequately anticipate and prepare to manage a crisis or disaster situation.

The Hazard Vulnerability Assessment was developed by the American Society of Healthcare Engineering (ASHE) of the American Hospital Association (©2001). The HVA utilizes a rating system for the probability, risk, and preparedness for various hazards and situations.

Assumptions

For the purpose of this Emergency Operations Plan, it is assumed that the following threats may potentially impact all facilities:

- Fire/Explosion
- Flood
- Bomb Threat
- Severe Weather
- Power Failure/Utility Disruption
- Workplace Violence/Security Threat
- Law Enforcement Activity
- Missing Resident
- Internal Hazardous Materials Spill/Leak
- Pandemic Episode
- Unknown Acts of Terrorism

Unique Threats

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, it is essential to identify all threats that can potentially impact the facility. A risk assessment tool is used to determine hazards and vulnerabilities for its County and surrounding areas.

The County Emergency Management Director should be contacted for guidance and assistance in determining the hazards and vulnerabilities for the facility.

The following is a tool that will aid in completing the Hazard Vulnerability Assessment, as it takes into consideration the proximity of the facility location. (The bolded terms in the Geographic Hazardous Areas column pertain to events that could potentially pose as dangers, if the hazardous areas are close to the facility.)

HAZARD VULNERABILITY ASSESSMENT FORM

EVENT	PROBABILITY	RISK	PREPAREDNESS	TOTAL	
		5=LIFE THREAT		Probability x Risk x Preparedness = Score Focus on top 3-5 hazards with the highest scores	
	3=HIGH	4=HEALTH/SAFETY	3=POOR		
	2=MEDIUM	3=HIGH DISRUPTION	2=FAIR		
	1=LOW	2=MODERATE DISRUPTION	1=GOOD		
	0=NONE	1=LOW DISRUPTION 0= NO DISRUPTION	N/A= NOT APPLICABLE		
NATURAL EVENTS					
Hurricane Winds					
Tornado					
Severe thunderstorm					
Snow fall					
Blizzard					
Ice storm					
Earthquake					
Temperature extremes					
Drought					
Flood, external					
HVA (CONT)	EVENT	PROBABILITY	RISK	PREPAREDNESS	TOTAL
	Wild fire				
	Landslide				
	Epidemic/pandemic				
	Dam failure				
	Explosion/munitions				
	Nuclear power plant incident				
	Other				

HUMAN EVENTS				
Elopement				
Work place violence				
Security threat				
Hazmat exposure, external				
Terrorism, chemical				
Terrorism, biological				
Hostage situation				
HVA (CONT) EVENT PROBABILITY RISK PREPAREDNESS TOTAL				
Civil disturbance/ community violence				
Labor action				
Bomb threat				
OTHER EVENTS				
Fire, internal				
Electrical failure				
Generator failure				
Transportation failure				
Fuel shortage				
Natural gas failure				
Water failure				
Sewer failure				
Steam failure				
Fire alarm failure				
Communications failure				
Medical gas failure				

HVA (CONT)	EVENT	PROBABILITY	RISK	PREPAREDNESS	TOTAL
	Medical vacuum failure				
	HVAC failure				
	Info. Systems failure				
	Flood, internal				
	Hazmat exposure, internal				
	Unavailability of supplies				
	Structural damage				
	Other:				

TOP FIVE HAZARDS:

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

HAZARD VULNERABILITY ASSESSMENT FORM (CONT)		
Geographic Hazardous Areas	Proximity to Facility:	Potential Hazard (Y/N)
Busy Roadways— Elopement, Haz Mat		
Wooded Areas— Elopement, Fire		
Bodies of Water— Elopement		
Designated Truck Routes— Haz Mat		
Railroad— Elopement, Haz Mat		
Airport— Terrorism Target, Mass Casualty		
Dam— Terrorism Target Mass Casualty		
Military Bases/Installations— Explosion, Haz-Mat, Terrorism Target		
Pipelines— Explosion, Haz Mat		
Gas Stations— Explosion, Haz Mat		
Industrial Areas/Distribution Centers/Trucking Terminals— Explosion, Haz Mat		
Chemical Plants— Explosion, Haz Mat, Terrorism Target, Mass Casualty		
Nuclear Plants— Explosion, Haz Mat, Terrorism Target, Mass Casualty		
Bulk Fuel Storage/Tank Farms (Oil, Gasoline, Propane, Natural Gas, etc.)— Explosion, Haz Mat, Terrorism Target, Mass Casualty		
Refineries— Explosion, Haz Mat, Terrorism Target, Mass Casualty		
Sewage Treatment Plants— Haz Mat, Terrorism Target, Mass Casualty		
Agricultural Processing Plants/Storage Facilities (Grain Silos)— Haz Mat, Explosion		
Public Swimming Pools— Elopement, Haz Mat		
Schools— Law Enforcement Activity		
Jails/Prisons— Civil Unrest, Law Enforcement Activity		
Any Immediately Adjacent Operation posing a threat		
Any Operation in the general area posing a threat		

APPENDIX O: HANDLING OF REMAINS

ASSUMPTIONS

It is likely that fatalities will occur during a major disaster, e.g., an influenza pandemic.

Communications and transportation may be disrupted. The Coroner's Division may not be able to provide assistance for many days following a major incident, or may lack resources to address a prolonged response such as an influenza pandemic.

In extreme circumstances, the public may need to take action to ensure the safe handling and storage of decedents until the Coroner or Coroner-designated personnel can respond.

In this situation, the goal of healthcare facilities will be to protect the living and to identify and preserve the remains of those that are deceased.

While waiting for assistance from external partners, the methods for managing remains can be summarized in three short words:

TAG, WRAP AND HOLD

NOTE: When handling decedents, follow appropriate contact precautions for infection control. Always wash hands with antiseptic solution after handling decedents. Water and soap should be used if you do not have any other solutions.

Tag

Before moving the body, write on the ankle tags, toe tags, or body identification form identifying data – in addition keep a written log with this information in a notebook or on a log sheet that should be created as part of fatality planning for your facility:

1. Name (if known) – Document briefly how or who provided the ID (including that individual's contact information for any required follow-up)
2. Sex
3. Race
4. Approximate age
5. Location where the individual died
6. Number: Assign each body a unique number
7. Initials/signature of person tagging/logging in the body

NOTE: The same protocol should be applied for human body parts / tissue - DO NOT COMINGLE TISSUE OR BODY PARTS.

HANDLING OF REMAINS (CONT)

Wrap

The procedure for wrapping includes:

1. Place plastic under decedent
2. Wrap decedent in plastic
3. Wrap decedent with sheet, and tie ends
4. Tie ropes around decedent to secure limbs
5. Attach an identification tag

Hold

Identify a cool, private and if possible well-ventilated area to use as a temporary morgue. Put signs up to alert staff and visitors that this area is restricted except for authorized personnel.

APPENDIX P: NURSING HOME INCIDENT COMMAND SYSTEM

Nursing Home Incident Command System (NHICS)

Our facility utilizes the Nursing Home Incident Command System (NHICS) that provides the structure for optimized incident response. NHICS closely parallels the system used by hospitals (Hospital Incident Command System, HICS) and is aligned with the ICS used by governmental response agencies. By using a common platform during emergency response, the many entities that may be impacted by a disaster are united by a common operational framework.

When an emergency impacts our facility, the response is guided by Incident Action Planning as described in the NHICS Guidebook. Incident Action Planning is a core concept that takes place regardless of the incident size or complexity. Incident Action Planning involves six essential steps:

1. Understand nursing home policy and direction.

In developing the response actions to undertake, the Incident Management Team (IMT)⁵ should understand the facility's mission, EOP and policies.

2. Assess the situation.

Situational intelligence is critical in developing the response actions, providing insight to the impact, and projecting the span of the event. Our facility has access to established mechanisms and systems within the community (city, county, regional, or state) that may provide and verify situational information. Another component in assessing the situation is determining the potential impact on the facility itself, based on current resident and employee status, the status of the building(s) and grounds, and the ability to maintain resident services.

3. Establish incident objectives.

The Incident Commander (IC, leader of the IMT) sets the overall command objectives for the response. He/she sets the direction for the response actions consistent with the mission and policies of the organization.

For example, in an incident involving power failure, ensuring the safety of residents and employees is the highest priority. The Incident Response Guides (IRGs) provide examples of objectives that apply to the response based on the cause. These may be used in the Incident Action Planning process.

⁵ The Incident Management Team (IMT) is the group of individuals who are assigned roles to mitigate the impact of the emergency in a coordinated manner under the NHICS system. The number of people assigned to the IMT may vary from one (the Incident Commander) to many, depending on the scope and needs created by the emergency.

4. Determine appropriate strategies to achieve the objectives.

After the IC has set the command objectives, the Section Chiefs then determine the appropriate strategies to undertake in the response. This provides a plan of action for each section, clearly identifying actions and duties while ensuring that there is no duplication of efforts. Objectives should be developed that provide clear direction and define what is to be done. For example, assessing the building for structural damage after an earthquake is a clear objective to be carried out.

5. Provide tactical direction and ensure that it is followed.

Tactical directions provide the responders with the actions to be taken and identify the resources needed to complete the task. For example, assessing the facility after an earthquake will require the necessary tools such as protective equipment, checklists to document the assessment, etc. Actions undertaken should be assessed for their effectiveness, with the objectives and directions adapted if they are unsuccessful.

● Provide necessary back-up.

When tactical direction is initiated, support is needed to meet the objectives. This may include revision of the actions taken in the response, the assignment of additional resources (personnel, supplies and equipment) as well as the revision of tactical objectives.

Incident Management Team (IMT)

NHICS is a flexible and adaptable system that can be “right-sized” for any emergency. Some emergencies are minor and limited in scope, while larger disasters can have severe and prolonged impact to operations.

The IMT structure consists of the command, general, branch and unit staff, with sections clearly identified by the roles and responsibilities they carry out. For more detailed information on the structure and application of NHICS, refer to the *NHICS Guidebook* and supporting materials that can be found on the CAHF Disaster Preparedness Program’s web site:

<https://www.cahfdisasterprep.com/nhics>

The only NHICS position that is activated for every emergency is the Incident Commander (IC). He/she determines what other positions are necessary to effectively manage the incident. If the IC is able to manage all response activities during a minor incident, then there is no need to activate other IMT positions. However, a key principle of NHICS is maintaining “span-of-control”, which means that when a member of the IMT recognizes that additional personnel are needed to effectively manage response activities, additional position(s) are activated.

There are five major management functions within the IMT structure:

5. **Command** establishes the incident objectives with an understanding of the mission and policies of the nursing home. The Command function is also responsible for ensuring safety and providing information to internal and external stakeholders.
6. **Operations** conducts the tactical operations (e.g., resident services, clean-up) to carry out the Incident Action Plan (IAP) using defined objectives and directing all necessary resources.
7. **Plans** collects and evaluates information to support decision-making, maintains resource status information, prepares documents such as the IAP, and maintains documentation for incident reports.
8. **Logistics** provides support, resources, and other essential services to meet the operational objectives set by the IC.
9. **Finance** monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.



As previously stated, the IC is the only position that is activated for all emergencies. If the IC can accomplish all five management functions without the activation of additional positions, no other IMT positions need be activated. For large incidents, additional positions may be activated with the overall goal to maintain the span-of-control and meet the needs of the facility based on the available resources.

An important feature of the ICS is its scalability. NHICS positions are assigned to personnel as indicated by the situation, and may be activated or de-activated as the emergency unfolds and incident needs change.

See Incident Action Plan Quick Start Form - Appendix M.

APPENDIX Q: SITE MAP WITH FIRE EXTINGUISHERS

<INSERT MAP WITH SUPPRESSION EQUIPMENT MARKED>

APPENDIX R: STAFF RECALL SURVEY LOG

The protocol for contacting staff in the event of a disaster/emergency may call for additional staff resources. Call lists include 24-hour contact information for all key staff including home telephones, mobile devices, and email.

A list of staff telephone numbers for emergency contact is located at <insert location>.

During an emergency, <insert name/position> is responsible for contacting staff to report for duty. The backup/alternate contact is: <insert name/position>.

Instructions: List all department staff members and responses received.

NAME	POSITION	RESPONSE (coming in, not home, left message, etc.)	EXPECTED ARRIVAL TIME

APPENDIX S: FACILITY SYSTEMS STATUS REPORT

SYSTEM STATUS REPORT NHICS 251		
INCIDENT NAME		OPERATIONAL PERIOD
		DATE: FROM: TO:
		TIME: FROM: TO:
SYSTEM	STATUS	COMMENTS (If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected)
COMMUNICATIONS		
FAX	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
INFORMATION TECHNOLOGY SYSTEM (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
NURSE CALL SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
PAGING – PUBLIC ADDRESS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
TELEPHONE SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
TELEPHONE SYSTEM – CELL	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

VIDEO-TELEVISION-INTER NET-CABLE	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
		SYSTEMS STATUS REPORT (CONT)
OTHER (SATELLITE PHONES, RADIO EQUIPMENT, ETC)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
INFRASTRUCTURE		
SYSTEM	STATUS	COMMENTS
CAMPUS ACCESS (ROADWAYS, BRIDGES, SIDEWALKS)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
FIRE DETECTION SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
FIRE SUPPRESSION SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
FOOD PREPARATION EQUIPMENT	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
ICE MACHINES	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
LAUNDRY/LINEN SERVICE EQUIPMENT	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
STRUCTURAL COMPONENTS (BUILDING INTEGRITY)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

OTHER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
--------------	---	--

SYSTEMS STATUS REPORT (CONT)

RESIDENT CARE		
SYSTEM	STATUS	COMMENTS
PHARMACY SERVICES	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
DIETARY SERVICES	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
ISOLATION ROOMS (POSITIVE/NEGATIVE AIR)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
OTHER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
SECURITY SYSTEM		
SYSTEM	STATUS	COMMENTS
DOOR LOCKDOWN SYSTEMS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
SURVEILLANCE CAMERAS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
CAMPUS SECURITY (LIGHTING, TRAFFIC CONTROLS)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

OTHER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	<i>SYSTEMS STATUS REPORT (CONT)</i>
UTILITIES, EXTERNAL SYSTEM		
SYSTEM	STATUS	COMMENTS
ELECTRICAL POWER-PRIMARY SERVICE	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
SANITATION SYSTEMS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
WATER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
NATURAL GAS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
OTHER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
UTILITIES, INTERNAL SYSTEM		
SYSTEM	STATUS	COMMENTS
AIR COMPRESSOR	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
ELECTRICAL POWER, BACKUP GENERATOR	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

FUEL STORAGE	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	<i>SYSTEMS STATUS REPORT (CONT)</i>
UTILITIES, INTERNAL SYSTEM		
SYSTEM	STATUS	COMMENTS
ELEVATOR/ESCALATORS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
HAZARDOUS WASTE CONTAINMENT SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
OXYGEN	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	(NOTE BULK, H-TANKS, RESERVE SUPPLY STATUS)
PNEUMATIC TUBE	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
STEAM BOILER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
SUMP PUMP	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

WELL WATER SYSTEM	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	SYSTEMS STATUS REPORT (CONT)
VACCUM (FOR PATIENT USE)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
UTILITIES, INTERNAL SYSTEM		
SYSTEM	STATUS	COMMENTS
WATER HEATER AND CIRCULATORS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
EXTERNAL LIGHTING	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
EXTERNAL STORAGE (EQUIPMENT)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
EXTERNAL STORAGE (VEHICLES)	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	
PARKING LOTS	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	(POWER, PANIC ALARMS, ACCESS, EGRESS, LIGHTING)
OTHER	☐ FULLY FUNCTIONAL ☐ PARTIALLY FUNCTIONAL ☐ NONFUNCTIONAL ☐ NA	

8. REMARKS (CRACKED WALLS, BROKEN GLASS, FALLING LIGHT FIXTURES, ETC.)

SYSTEMS STATUS REPORT (CONT)

**9. PREPARED
BY**

PRINT

NAME:

SIGNATURE:

DATE/TIME:

FACILITY:

APPENDIX T: LOCAL RESPONSE FORMS

**<INSERT FORMS OR PROTOCOLS THAT YOUR LOCAL EMERGENCY RESPONSE
AUTHORITIES HAVE PROVIDED FOR YOUR USE>**

APPENDIX U: LOSS OF FIRE/LIFE SAFETY SYSTEMS

In the event of a disruption to our facility's fire and life safety systems (e.g. fire alarms, sprinklers, fire door) or a commercial electricity with a concurrent generator failure, we will immediately reduce the risk to resident safety through the following actions:

<Insert your fire life safety policies and procedures here (e.g. fire watch, battery backup for medical devices, etc.) here or reference where these are located.>

Also see Power Outage, Evacuation, and Subsistence Needs P&Ps.