



**Andrus
on Hudson**

Emergency Preparedness Plan

ANDRUS ON HUDSON

EMERGENCY PREPAREDNESS PROGRAM

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Facility Specific HVA

Community HVA

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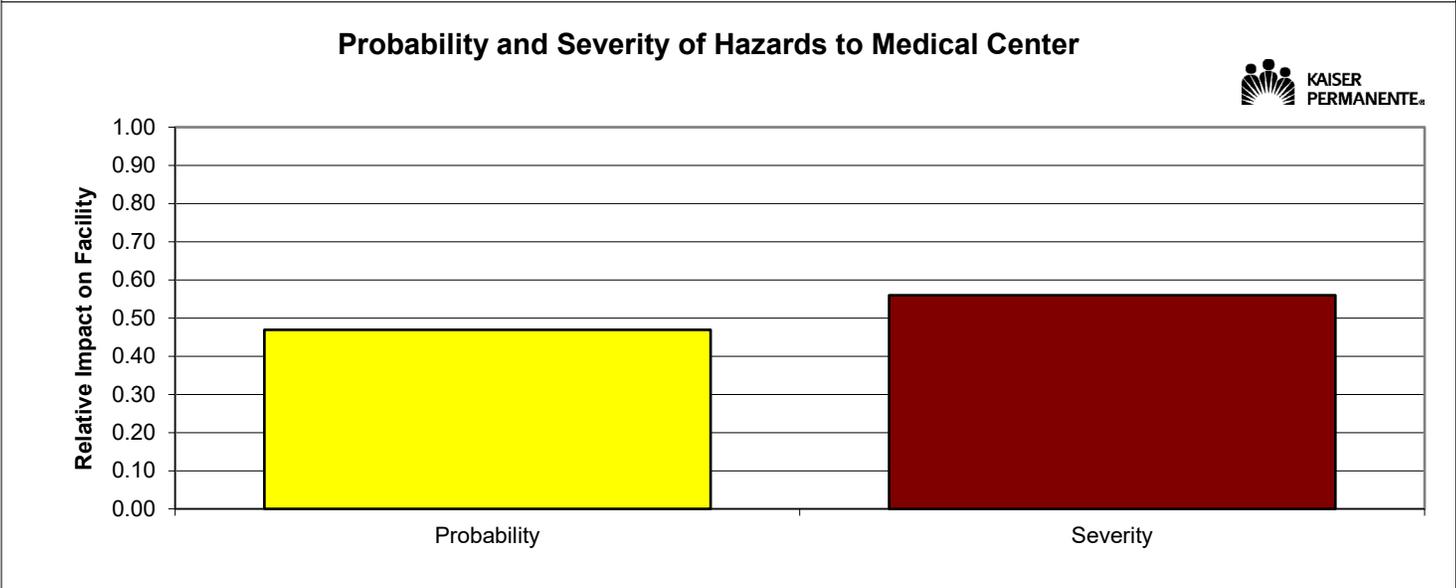
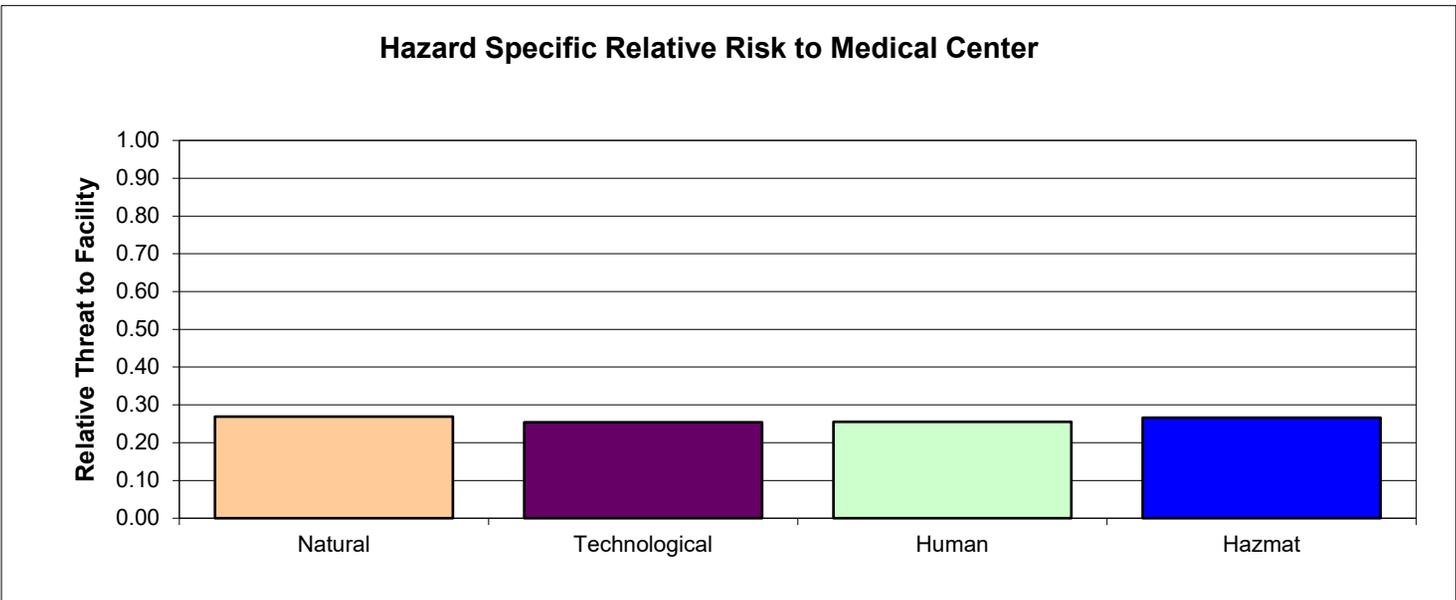
Appendix B: Resident Responsible Party Emergency Communication Plan

Appendix C: eFINDS Administrator

Appendix D: Wildfire Response Plan

SUMMARY OF MEDICAL CENTER HAZARDS ANALYSIS

	Natural	Technological	Human	Hazmat	Total for Facility
Probability	0.54	0.44	0.43	0.44	0.47
Severity	0.50	0.58	0.59	0.60	0.56
Hazard Specific Relative Risk:	0.27	0.25	0.26	0.27	0.26



This document is a sample Hazard Vulnerability Analysis tool. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations using this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

EMERGENCY COMMUNICATIONS PLAN

RESIDENT / RESPONSIBLE PARTY GUIDE

This guide briefly explains the Emergency Preparedness Program in place at Andrus on Hudson.

The Emergency Preparedness Program, which includes an Emergency Operations Plan, is a comprehensive approach to meeting the health and safety needs of our resident population and provides our staff with guidance on how to respond to emergencies that could impact the operation of the facility, such as natural or man-made disasters.

This guide details the expectations of residents and their families during an emergency event at the facility or a community disaster.

The guide also provides families or responsible parties with alternate methods to contact the facility during a disaster when normal means of communications (telephones) may be inoperable.

Communications during a disaster or emergency event

Staff members will communicate in person with residents when there is an emergency or disaster.

Typically, normal telephone communications will occur between the facility and resident family members or responsible parties when there is an emergency that impacts the operations of the facility.

In the event of a disaster or other event that causes the loss of normal telephone communications, the facility may make alternate arrangements to contact resident families or responsible parties through the use of cell phones or other means.

The facility may designate a specific phone number for pre-recorded messages to provide updated facility status information, specific instructions to staff who may not be able to call the facility or provide information to resident family members.

If telephone communications (normal and cell) are inoperable, the facility may share information relative to the status of the facility or disaster on its webpage at <http://www.andrusonhudson.org>.

The facility may contact the news media (radio & TV) and issue a press release relative to the facility status or other relevant information.

ABOUT OUR EMERGENCY OPERATIONS PLAN

- A detailed plan containing emergency procedures (reviewed and revised on an annual basis) that the staff follows for various emergencies.
- Staff are trained each year on the Emergency Operations Plan and on Fire Procedures.
- Fire Drills are conducted on a regular basis at varying times to ensure the fire alarm system is operational and to evaluate staff response upon alarm activation.
- Disaster Drills are conducted twice per year to evaluate staff knowledge, response and competence.

HOW WE ADDRESS DISASTERS

Establishing Incident Command

- The Leadership Team will establish a Command Center for more serious incidents to provide guidance to staff and to communicate with emergency responders and agencies.
- Information and direction will be provided to residents and families as soon as possible – please be patient.
- The safety of the residents and staff will be a priority.

Sheltering in Place

- In many incidents, it may be safer to shelter in place, remaining in the building following the direction of staff.
- The facility maintains emergency supplies consisting of food, water and other supplies in the building.
- When power is lost, there is an emergency generator that will provide limited power to critical areas.

If Forced to Evacuate the Building

- Evacuation of Andrus on Hudson is rare, however, the facility is prepared to do so, if necessary, for the safety of the residents.
- The decision to evacuate all or part of the building comes from the Command Center depending on the disaster.
- Residents and families will be notified of the evacuation as soon as practical. Often times families may be able to take a resident home for a few days, or until the emergency is over.
- Staff is trained on how to evacuate residents using the elevators, or if necessary, just the stairwells.
- If the facility is forced to relocate or evacuate residents, the release or sharing of resident information with other healthcare facilities and emergency agencies may be done as permitted by law.

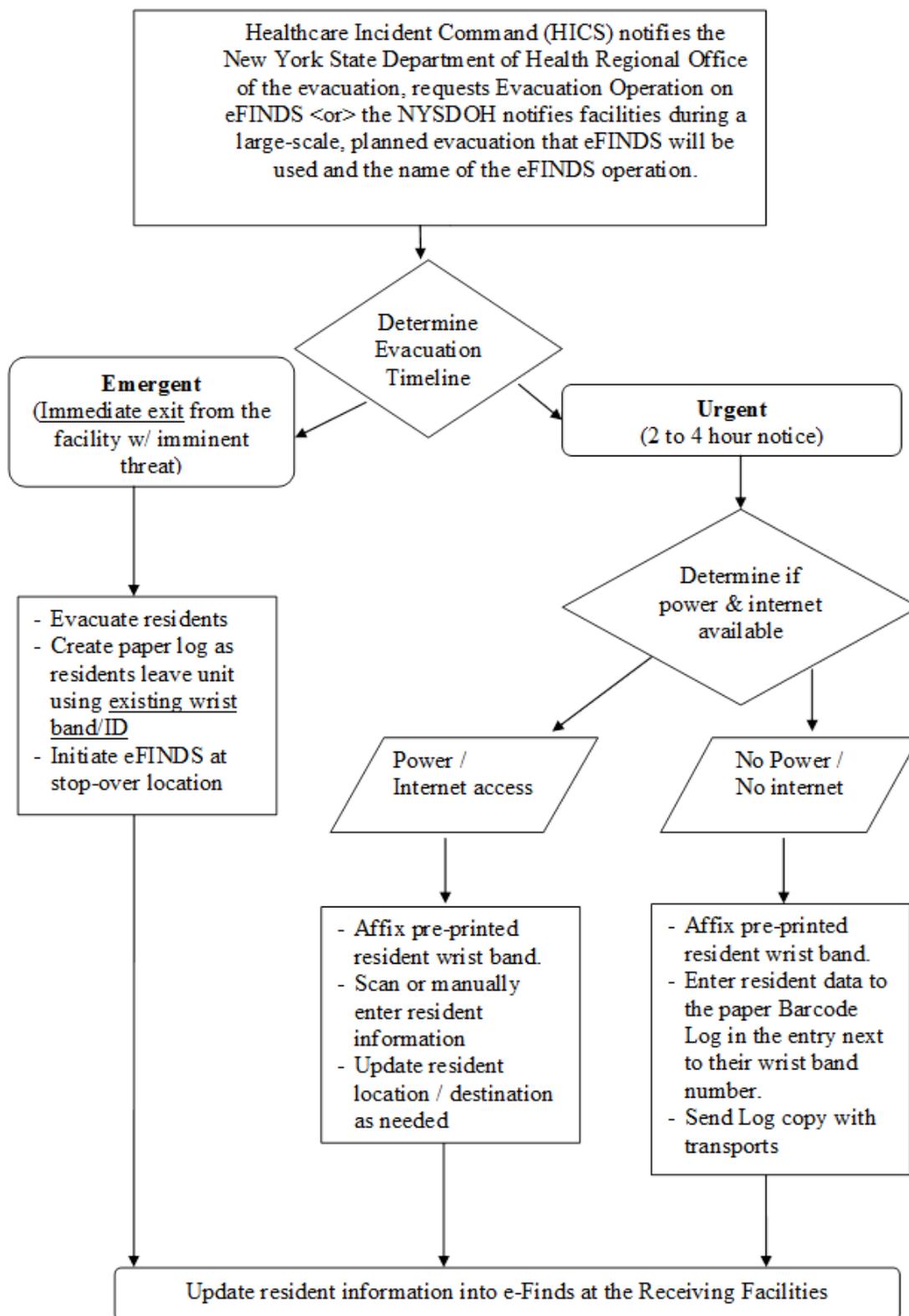
How we will Evacuate

- Residents will be prepared for an evacuation by assigned staff. This may include the collection of certain personal belongings, medications, and other articles deemed necessary by the staff. Typically, these items are placed in a labeled bag and accompany the resident to the evacuation destination.
- Residents will be moved in small groups to an internal staging area before being transported to other receiving facilities.
- It may be necessary to place a band containing certain personal information on the resident's wrist during an evacuation.
- A Resident Evacuation Form will be completed by staff and accompany the resident along with the Medical File/Chart.

OUR FIRE PROCEDURES

- Staff receives annual Fire Safety Training. This training includes:
 - What to do if they discover a fire
 - How to rescue an individual from the fire room or area
 - How to use a fire extinguisher
 - Evacuation of the fire area
- The fire procedures are reviewed and revised on a regular basis.
- Fire drills are conducted on a regular basis.

eFINDS ADMINISTRATOR



eFINDS is a secure and confidential **electronic or paper system** that provides real-time access to resident locations during an evacuation event. *LTC Mutual Aid Plan Member Facilities* will use this system to log and track residents during a full or partial evacuation as designated by the Healthcare Incident Command System (HICS).

Resident data can be entered, and location updated and tracked using hand-held scanners, mobile applications, or paper/handwritten tracking (in case of power outage, or time constraints). By using the eFINDS system of barcodes and wristbands, each resident is associated with a unique identification number that can then be updated with their personal data at the originating and/or destination facility. **When the LTC facility is evacuating, the eFINDS wristband/barcode should be affixed to each resident including those discharged to home, and sheltering in place.**

The eFINDS web application is located on the NYSDOH Health Commerce System (HCS) https://commerce.health.state.ny.us/public/hcs_login.html. In order to access and use the online aspects of eFINDS, an individual must: (1) have their own HCS account, and (2) be assigned to at least one of the two eFINDS roles in the HCS Communications Directory; "eFINDS Administrator" or "eFINDS Data Reporter." See the *eFINDS Quick Reference Card* for directions on HCS/e-FINDS access issues.

eFINDS Supplies and Equipment:

- a. List of supplies and equipment:
 - Handheld scanner issued by NYSDOH.
 - Other scanners identified as compatible by the LTC facility.
 - The LTC facility has wristbands equal to the certified number of licensed beds at the facility (for actual event use - *i.e., during evacuation; and training*), pre-printed with barcodes and the facility name.
 - Paper Barcode Log that includes a list of all assigned barcodes, facility name, and blank fields to enter resident data (name, DOB, gender, etc.).
 - Computer(s) with access to the internet/HCS, if the online application is used.
 - The e-FINDS Administrator or e-FINDS Data Reporter roles [*or designee per LTC facility*] will retrieve the equipment and deliver it to the designated locations (*per LTC facility, Units, Evacuation Portals, or just-in-time*).

Roles and Responsibilities for eFINDS:

- a. Healthcare Incident Command System (HICS):
 - Contacts the NYSDOH Western Region Office (585-423-8020) and requests an Evacuation Operation be created in eFINDS (if an evacuation operation is not already activated).
 - Activates the resident tracking according to LTC facility's Evacuation Plan.
 - Determines how the eFINDS system will be used and communicates to the Resident Tracking Unit:
 - Use eFINDS paper, and/or eFINDS online HCS components. **The wristband with barcode is always applied.**
 - Name of the LTC facility's Evacuation Operation in the eFINDS Application.
 - LTC facility location(s) where eFINDS will be implemented (such as on units, or at the evacuation staging/loading areas)

- b. Resident Tracking Unit Leader (RTUL) will:
 - Activate staff pre-assigned to eFINDS Reporting Administrator roles.
 - LTC facility staff names assigned to eFINDS Administrator roles can be found in the [LTC facility's Evacuation Plan, HICS chart, etc.]. If these persons are not available, the Healthcare HCS Coordinator should assign other staff to the eFINDS roles in the HCS Communications Directory at the time of the emergency.
 - Communicate HICS decisions to the eFINDS Administrator roles.
 - Monitor eFINDS tracking of residents as they are updated at destination facilities and account for all residents.
- c. eFINDS Administrator role: Performs operations per the *eFINDS Quick Reference Card* under the direction of the RTUL.

Procedure for Resident Tracking with e-FINDs:

- a. HICS communicates which eFINDS functions (paper and/or electronic) will be used.
- b. eFINDS supplies and equipment are delivered to the operational areas as directed.
- c. Follow the designated eFINDS process. Use of functions with/without the scanner can be found on the *eFINDS Quick Reference Card*.

HICS will determine use of eFINDS based on the availability of power and internet access, and the ability to prepare residents:

- a. **Emergency evacuation procedure** (immediate exit from the facility due to an imminent threat/hazard, most likely to a stop-over point): **If used, the resident's existing wrist band issued on admission** will be the form of identification, and if able, a paper log of residents as they leave their unit and the facility is developed.
 - **eFINDS should be initiated at the stop-over location if a stop-over location is used.** The facility's Command Center will designate staff to deliver and implement eFINDS supplies and equipment at the stop-over location as directed.
 - Every effort should be made to use eFINDS and the barcode numbers tracked when residents are being immediately evacuated to another facility, or to multiple locations that might include a non-healthcare stop-over. If the receiving location is not one that has access to eFINDS to record the evacuees it receives, then the sending LTC facility should use other communications with the receiving location and use the paper log to track the barcode numbers on the bracelets of those evacuees received.
- b. **Urgent or planned evacuation procedure**:
 - **No Power/ Internet access, or limited time situation: Affix pre-printed wrist bands to each resident** and enter resident data (name, DOB, destination) to the Paper Barcode Log in the entry next to their wrist band number. A copy of the Paper Log should be sent with each transport that is destined for a different facility.
 - **With Power/Internet access:** HICS will direct the eFINDS online system be used and **the pre-printed eFINDS wrist band or a barcode be affixed to each resident.** Using the eFINDS application for resident data entry:

1. A computer with internet/HCS access is accessible where resident data entry will occur.
 2. Single resident entry with a scanner: Use eFINDS or compatible scanner to scan resident wrist band barcode and enter resident data one at a time into eFINDS; minimum data entered should include first and last name, date of birth, gender, destination if known.
 3. Single resident entry without scanner: Manually enter the resident's wrist band barcode and data one at a time into eFINDS; minimally resident first and last name, date of birth, gender, destination if known.
 4. Multiple barcodes and residents' demographic data: May be entered manually to a fillable spreadsheet on the eFINDS system.
 5. Multiple residents' demographic data: Can be entered to a fillable Excel barcode spreadsheet that has been downloaded to a file on the LTC facility's computer. The Excel sheet can then be uploaded into the eFINDS system and will populate residents' data into the system. **Note: The Excel file name cannot be changed or the upload will fail.**
- c. As residents arrive at receiving facilities, their destination information is updated in eFINDS by the receiving facility.
- d. Resident destination follow-up is conducted with receiving facilities per the LTC facility's evacuation plan and via eFINDS, if this application has been used. The evacuating LTC facility's Resident Tracking Unit monitors and records residents' final destinations.

eFINDS ADMINISTRATOR

Mission: Implementing, tracking, and managing an electronic resident tracking system for evacuating residents from the facility, and receiving evacuated resident(s) from another facility. Your personal information must be entered into the eFINDS Administrator role in the facility's Communications Directory on the NYSDOH Health Commerce System (HCS) in order to access eFINDS. Contact the facility's HCS Coordinator if you need access to eFINDS. Refer to the *eFINDS Quick Reference Card, "Getting Started."*

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: ____

Position Reports to: Resident Tracking Unit Leader (RTUL)

Signature: _____

Facility's Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Task	Time	Initial
Coordinate activities with Healthcare Incident Command System (HCS) and the RTUL.		
If EVACUATING , implement the steps below for eFINDS as directed.		
<p>Retrieve the eFINDS supplies and equipment located: <i>[add location – Facility to Complete]</i></p> <p>Deliver to the designated area(s):</p> <ul style="list-style-type: none"> • <i>Pre-printed eFINDS barcoded wrist bands; pre-printed Bar Code Log</i> • <i>Equipment: Hand-held scanners, computers with internet access</i> • <i>eFINDS "Go-Bags" (if used)</i> 		
Assure a wristband or barcode has been affixed to all residents , including those who will evacuate, shelter-in-place, or return home.		
Paper Process (NO power, NO internet, NO Time): Manually enter resident data including first and last name, birth date, and gender onto the eFINDS <u>paper Bar Codes Log</u> in the fields next to their assigned bar code.		
<p>eFINDS online Health Commerce System (HCS):</p> <ol style="list-style-type: none"> 1. <i>Refer to the eFINDS Quick Reference Card for step-by-step procedures.</i> 2. Turn on computer, attach scanner, and access the internet via your Browser. 3. Log onto the HCS at https://commerce.health.state.ny.us. <ul style="list-style-type: none"> • For a log on issue / forgotten password, call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890. 4. Click eFINDS in the My Applications panel (left side of Homepage), or click on the Applications bar at the top, click on "e," and scroll down to eFINDS. 5. Select <i>Your Facility's Name</i> from the dropdown list and click Submit. <ul style="list-style-type: none"> • Reminder: <u>VERIFY your location, if you are affiliated with more than one location!</u> 6. Pull up the facility's Evacuation Operation* on the HCS 7. Proceed to the choice for resident data entry as determined by the HICS. <ul style="list-style-type: none"> • <u>See Steps A, B, C for choices:</u> <i>Enter resident one-at-a-time with or without scanner; or in multiple batches.</i> 		

Task	Time	Initial
<p><i>* The Evacuation Operation is required. The facility can create its own, or NYSDOH can create upon request by the facility, or during a large-scale event.</i></p>		
<p>Register resident/supervise registration <u>with a scanner, one resident at a time.</u> Refer to <i>eFINDS Quick Reference.</i></p> <ul style="list-style-type: none"> • Scan the resident’s wrist band or affixed barcode one resident at a time and enter their personal data in the eFINDS screen fields as time allows. <p><i>The resident’s destination can be updated as needed when determined.</i></p>		
<p>Register Resident or supervise registration <u>without a scanner, one patient / resident at a time.</u></p> <ol style="list-style-type: none"> 1. Select “Register Patient / Resident without Scanner.” A list of barcodes available to the facility will appear. 2. Click on the bar code assigned to the resident. A screen will appear. 3. Then follow Steps 3-10 in <i>eFINDS Quick Reference</i> for “Registering the Resident with Scanner.” 		
<p>Register multiple residents <u>without a scanner, in multiple batches.</u> Refer to <i>eFINDS Quick Reference.</i></p> <ol style="list-style-type: none"> 1. Generate Barcoded PDF Log. A Fillable Spreadsheet of barcodes <u>for printing</u> will be generated on the eFINDS system. The PDF bar code log cannot be uploaded to populate the eFINDS as the Excel sheet can. However, residents’ data can be manually entered on the printed log next to their assigned barcode, and sent with transport. If time allows, data from the log can be manually entered to the online eFINDS system. The log <i>barcodes</i> could be scanned into eFINDS at that time. Assure that the resident data entered into eFINDS is correctly associated to the barcode that has been assigned to that resident. 2. Generate Upload-able Barcode Excel Spreadsheet. Refer to <i>eFINDS Quick Reference.</i> An Excel sheet of available barcodes can be generated on eFINDS and uploaded to a facility computer. Data for multiple residents can be entered in the fields next to their assigned barcodes. The spreadsheet can be uploaded and will populate resident data into the eFINDS system corresponding to their barcode. <u>Do not change the name of the excel file when saving.</u> Follow File upload instructions under “c.” 3. Uploading Multi Patient/Resident Excel File. Refer to <i>eFINDS Quick Reference.</i> If the Excel file has no resident or resident information, the file cannot be uploaded. 		
<p>Update Resident - Releasing Resident from this location. Refer to <i>eFINDS Quick Reference.</i> Use this procedure to update the resident’s destination location in eFINDS one-at-a-time or in multiples.</p>		
<p>In the event of a second evacuation and/or additional barcodes are needed, generate a .PDF or Excel spreadsheet of used and unused barcodes, and a spreadsheet that can be populated with resident information and uploaded to eFINDS. (The Administrator role <u>only</u> can do this.)</p>		
<p>e-FINDS procedures for RECEIVING evacuated residents:</p>		

Task	Time	Initial
<p>Quick Search: <i>Refer to eFINDS Quick Reference.</i> Scan a barcode, enter a barcode number, OR enter first or last name in Quick Search (located top right).</p> <p>If necessary, click Quick Search. If a person has never been to your facility, you will NOT be able to search for them. If they have been assigned to your facility AND you have their barcode number, you can scan or manually enter the barcode number to search for them.</p>		
<p>Receiving Facility: Updates Resident with Scanner <i>Refer to eFINDS Quick Reference</i></p>		
<p>Receiving Facility: Updates Resident without Scanner <i>Refer to eFINDS Quick Reference</i></p>		
<p>Provide status reports on resident census and tracking as requested by the Facility's Command Center.</p>		

eFINDS *Evacuation of Facilities In Disaster Systems*

Getting Started

The **eFINDS Data Reporter** and **eFINDS Administrator** role have access to the patient tracking application. From the **My Account** link, on the menu bar (top right) of the Health Commerce System (HCS), click **See what roles I hold** to verify that you are in one of the eFINDS roles. If you are not in an eFINDS role, please contact your facility's HCS Coordinator. Locate your coordinators from **My Account > Look up my coordinators**. Click **Update or verify my contact information** to access and update your business and emergency contact information to receive communications.

Open eFINDS

1. Log on to the HCS (<https://commerce.health.state.ny.us>). If you cannot remember your user id or password, please call Commerce Accounts Management Unit at 1-866-529-1890.
2. Click **eFINDS** in the **My Applications** panel (left side). If you do not see eFINDS, then you are not in an eFINDS role (see Getting Started).
3. Select your current location from the dropdown list.
4. Click **Submit**, and proceed to one of the following actions.

Always VERIFY your location, if affiliated with more than one!

Evacuating Facility: Registers Multiple Patient/Resident

eFINDS Administrator Role Only

1. Click **Register Patient/Resident > Multi Patient/Resident Input**.
2. Verify Evacuation Operation and Current Location.
3. Select Intended Destination.
4. Enter the number of barcodes to be assigned.
5. Click **Generate Fillable Spreadsheet**.
5. Enter known information, such as first name, last name, date of birth (mm/dd/yyyy), and gender.
6. Click **Save all Patient/Resident**.
7. Verify message: **Successfully saved {correct # being evacuated} Patient/Resident** and click **barcode** to view or update the patient or resident information.

Evacuating Facility: Register Patient/Resident with Scanner

Evacuating facilities may not have time to complete the registration process, so multiple time saving options are available

1. Scan a barcode
OR click **Register Patient/Resident > With Scanner**.
2. Confirm message: **Barcode is located. You can register a new Patient/Resident with it.**
3. **If time allows**, enter first name, last name, date of birth (mm/dd/yyyy), gender, etc.
4. Verify the Evacuation Operation OR select another operation from the list.
5. Verify the patient/resident current location is correct.
6. Select the Intended Destination Organization type, if necessary.
7. Select the Intended Destination.
8. Enter the Bulk Group; such as bus no. or transportation description.
9. Click **Register**. If the required fields are not complete, you will receive an error message. Click **Override** to bypass the error.
10. Confirm message: **Patient/Resident info is updated.**

Evacuating Facility: Updates Multiple Patient/Resident

eFINDS Administrator Role Only

1. Click **Update Patient/Resident > Multi Patient/Resident Update**.
2. Verify your location.
3. Select the Action Type:
Releasing Patient/Resident From this Location, OR Change Operation for Patient/Resident at this Location.
4. Select the Intended Destination.
5. Enter the Bulk Group, for example transport via bus.
6. Click **Load All Patient/Resident**.
7. Select All OR select Update for each patient/resident.
8. Click **Release Selected Patient/Residents OR Change Operation for Selected Patient/Resident**.
9. Verify **Successfully updated {#} Patient/Resident**.

For technical assistance call the Commerce Trainers at 518-473-1809

SECTION C: INCIDENT COMMAND SYSTEM

Evacuating Facility: Generates Barcoded PDF Log OR Uploadable Barcode Spreadsheet

eFINDS Administrator Role Only

1. Click **Manage Barcodes > Generate Barcodes Spreadsheet**.
2. Select or verify the current location.
3. Enter Start and End barcode numbers, e.g., 4–13 for ten patient/residents to be relocated.
4. Select the PDF if you want a scannable barcode log OR select EXCEL for the upload patient/resident option.
5. Click **Generate**.
6. Print the PDF OR save the Excel spreadsheet to your computer.

Note: PDF files cannot be uploaded, but could be sent with transport. The Excel file can be updated with patient/resident information and uploaded to eFINDS. See upload instructions below.

Quick Search

1. Click **Home** on the eFINDS menu bar.
2. Scan a barcode, enter a barcode number, OR enter first or last name in Quick Search (located top right).
If necessary click **Quick Search**.
3. Locate the correct patient/resident record.
4. Click the Barcode (Serial ID) link.
5. Verify: **Patient/Resident is found. You can update the information.**
6. View, Add, or change the necessary information.
7. Click **Update Patient/Resident**.

If a person has never been to your facility, you will NOT be able to search for them.

Evacuating Facility: Uploads Multi Patient/Resident File

1. Click **Register Patient/Resident > Patient/Resident Upload File**.
2. Verify the Evacuation Operation and current Location.
3. Click **Browse**.
4. Locate the Excel file with **saved** patient/resident information.
Hint: search for nys_eFINDS file name with facility id, date and time.
5. Click **Open** to add file.
6. Click **Upload**.
7. Verify the patient/resident information is updated, and edit information as needed.
8. Click **Save All Patients/Residents**.

Note: If the Excel file has no patient or resident information, then the file cannot be uploaded.

Receiving Facility: Updates Patient/Resident with Scanner

1. Click **Update Patient/Resident > With Scanner**
2. Scan a barcode and click **Submit**, if necessary.
3. Confirm message: **Barcode is located. You can register new Patient/Resident with it OR Patient/Resident is found. You can update the information.**
4. Enter or confirm information, including Evacuation Operation and the current patient/resident location.
5. Click **Register, Update, or Override**.
6. Confirm message: **Patient/Resident info is updated.**

Receiving Facility: Updates Patient/Resident without Scanner

1. Click **Update Patient/Resident > Multi Patient/Resident Update**.
2. Verify your location.
3. Select **Checking in Patients/Residents into this location**.
4. Verify the patient or resident is correct.
5. Click **Select All OR Update** for each patient or resident being received.
6. Click **Check in Selected Patient/Resident**.
7. Confirm Message: **Successfully updated {correct #} of Patient/Resident.**

Shelter-in-Place (SIP)

If an evacuating facility determines that a patient or resident would be safer if **not** moved to another location, then the patient or resident will shelter in place. If the patient or resident is already registered in eFINDS, then click Shelter-In-Place to change the Intended Destination to the current location.



For technical assistance call the Commerce Trainers at 518-473-1809

Andrus on Hudson Wildfire Response Plan

Created by: James Rosenman/Jon Kole

Last updated: 11/10/24

Purpose: To establish a comprehensive emergency response plan to protect residents, staff, and visitors during a wildfire incident and ensure coordinated efforts to mitigate risk and maintain safety throughout the facility.

Policy:

1. Andrus on Hudson will maintain a state of readiness to respond effectively to wildfires that may impact the facility.
 2. The safety and well-being of residents and staff will be prioritized through systematic procedures, including evacuation and shelter-in-place options, based on the severity and proximity of the wildfire threat.
-

Procedure:

1. Preparedness

- **Risk Assessment and Monitoring:**
 - The Maintenance and Administration teams will monitor wildfire conditions using weather reports, local alerts, and notifications from authorities.
 - The Incident Commander (IC) will evaluate the risk level and determine if preemptive actions are needed.
- **Evacuation Planning:**
 - Identify and maintain multiple evacuation routes. Routes should be regularly assessed for potential obstructions or hazards.

- Designate safe assembly points at a sufficient distance from potential fire zones.
 - Prepare an off-site evacuation plan, including transportation and accommodation arrangements at predetermined partner facilities.
 - **Resident and Staff Readiness:**
 - Maintain updated records of residents' medical needs, mobility requirements, and family contact information.
 - Conduct training sessions for staff on emergency roles, evacuation techniques, and the use of personal protective equipment (PPE) as needed.
 - **Equipment and Supplies:**
 - Stock emergency kits with first aid supplies, water, non-perishable food, flashlights, batteries, and respiratory masks.
 - Ensure fire suppression systems, backup generators, and communication equipment are functional and regularly tested.
-

2. Response

- **Initial Alert and Activation:**
 - Upon notification of a nearby wildfire, the Incident Commander will initiate the emergency response protocols and will communicate the threat level to staff via the PA system and other communication channels. He/She will also inform residents calmly and prepare them for potential evacuation or sheltering.
- **Shelter-in-Place:**
 - If evacuation is not immediately feasible, close all windows, doors, and ventilation systems to prevent smoke infiltration.
 - Position residents in interior rooms away from windows. Use wet towels and tape to seal gaps in doors or windows if necessary. Utilize any available air purifiers in common areas.

- Staff will continuously monitor residents for signs of smoke inhalation or distress and prepare oxygen for those who need respiratory support.
 - **Evacuation (if necessary):**
 - Utilize the E-finds system to track and account for the residents and patients.
 - Evacuate ambulatory residents first, followed by those with limited mobility. Ensure wheelchairs, stretchers, and transport vehicles are readily available.
 - Use a buddy system to ensure every resident has an assigned staff member to assist with evacuation.
 - Coordinate with local emergency responders and transport services for safe and efficient evacuation.
 - Account for all residents and staff at assembly points or relocation facilities via E-finds.
 - **Communication:**
 - Maintain constant communication with local emergency services, the fire department, and the Incident Command Center.
 - Family members of residents will be notified by the Social Services Department or designee(s) about the situation and relocation details as needed.
-

3. Recovery and Return to Normal Operations

- **Facility Assessment:**
 - Once the wildfire threat has passed, Maintenance will inspect the facility for damage, including the HVAC systems, structure, and utilities.
 - The IC will determine when it is safe to return to normal operations and communicate this to all staff and residents.

- **Debrief and Documentation:**

- Conduct a debriefing with staff to review response efforts and identify areas for improvement.
- Document all actions taken, resources used, and outcomes of the emergency response.
- Update emergency procedures as needed based on lessons learned.

Additional Notes:

- Ensure ongoing collaboration with local fire authorities and emergency management agencies.
- Provide emotional and psychological support to residents and staff affected by the incident as needed.
- Regularly update emergency contact lists and ensure accessibility to critical resources.

EMERGENCY MANAGEMENT PLAN

SECTION A:

POLICIES AND PLANNING

POLICIES AND PLANNING

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SECTION A: POLICIES AND PLANNING

EMERGENCY MANAGEMENT PLAN

Policy and Organizational Statements

The Emergency Preparedness Program (EPP) was developed using an all-hazards approach to comply with all applicable federal, state, and local emergency preparedness requirements.

This plan has been reviewed with the COO & Director of Facilities to ensure an integrated response during a disaster or emergency situation impacting the facility.

The Emergency Operations Plan (EOP) and its components are the master operations documents for the campus in responding to all emergencies, and all catastrophic, major, and minor disasters. The plan defines the responsibilities of all levels of management that make up the facility Healthcare Incident Command Team.

This plan will be reviewed and updated on an annual basis, and the Director of Facilities will be assigned this responsibility. Should there be significant revisions to the plan, all staff will be trained regarding the revisions. An “Annual Review and Analysis” document is found in Appendix J.

The EOP is compliant with the National Incident Management System (NIMS), and incorporates the principles outlined in the Incident Command System (ICS).

The plan describes the basic strategies, assumptions, operational objectives, and mechanisms through which the Incident Command Team will mobilize resources and conduct activities to guide and support campus, local, and state emergency management efforts through preparedness, response, recovery, and mitigation.

The EOP is designed to be flexible, adaptable, and scalable. The plan articulates the roles and responsibilities of the Incident Command Team in its response and coordination with local, state, and federal emergency officials.

The EOP includes the following sections and appendices:

- Section A: Policies and Planning (this section)*
- Section B: Procedures Applicable to All-Hazard Responses*
- Section C: Incident Command System*
- Section D: Full Building Evacuation Plan*
- Section E: Emergency Procedures for Specific Events*
- Section F: Emergency Resources and Lists*
- Section G: Disaster Recovery Plan*

SECTION A: POLICIES AND PLANNING

Appendices:

Appendix A: Hazard Vulnerability Assessment (HVA)

Appendix B: Resident and Responsible Party – Sample Emergency Communications Plan

The EPP is always in effect. The plans and operational procedures within the EPP are executed on an as-needed basis as determined by the Chief Executive Officer or highest-ranking member of the leadership team onsite at the time of the event (Incident Commander).

The purpose of the EPP is to:

- Develop an all-hazards planning approach that will be used for all threats to, and/or emergencies or disasters that may impact the campus.
- Create the general framework of planning for preparedness, response, recovery, and mitigation activities of the campus.
- Reduce the vulnerability of residents, staff and visitors, and the community, including the loss of life or injury, or the damage and loss of property resulting from natural, technological, and man-made disasters, by developing effective preparedness, response, recovery, and mitigation plans.
- Describe the facility's role in coordinating with and supporting local, state, and federal governments during an emergency or disaster.
- Describe the types of disasters that are likely to impact the campus, from local emergencies to minor, major or catastrophic disasters.

The facility will engage local officials as part of its effort to develop an HVA through collaborative and cooperative planning efforts. Appendix A outlines the agencies or personnel the facility has engaged in the process.

Risk Assessment Process

The Emergency Preparedness Plan is based upon the Facility Specific and Community Hazard Vulnerability Assessments (HVA).

The HVA provides a systematic approach to recognizing hazards that may affect the demand for nursing homes or assisted living residences or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response, and recovery activities. The HVA serves as a needs assessment for the Emergency Preparedness Program. This process involves facility staff representing the safety and/or emergency management committee and community partners (area emergency managers, fire and police departments, and emergency management services).

SECTION A: POLICIES AND PLANNING

The facility incorporates risks identified in the Community Hazard Vulnerability Assessment into its emergency planning process and procedure development, where applicable. The Facility HVA can be found in Appendix A.

The facility will utilize the output of the HVA, focusing on the top 5 to 10 relative risks, to develop a mitigation strategy as appropriate.

Communications

The Communications Plan is developed to comply with local, state, and federal law. Similar to the EPP, the Communications Plan will be reviewed and updated at least annually.

The Communications Plan provides names and contact information for staff, entities providing services under arrangement, residents' physicians, other healthcare facilities, and volunteers. Additionally, local, regional, and state emergency response and emergency management agencies, and other sources of assistance are provided in this plan. These contact lists are located in Section F: Emergency Resources and Lists.

Primary and alternate means for communicating with facility staff and external partners including local, regional, and state emergency responders and emergency management agencies are listed in Section B: Procedures Applicable to All-Hazard Responses.

The EPP addresses methods for sharing information and medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain continuity of care during emergency or disaster events, including the evacuation of the facility. These methods are outlined in the Emergency Operations Plan sections as follows:

- Section B: Procedures Applicable to All-Hazard Responses
- Section C: Incident Command System
- Section D: Full Building Evacuation Plan
- Section E: Emergency Procedures for Specific Events

The facility maintains a daily list of residents, including their condition and location. The census list will be updated routinely throughout the day, as necessary. During an emergency or disaster-related events, resident information may be shared or released, as permitted under 45 CFR 164.510 (b) (1) (ii) and 164.510 (b) (4), through assigned roles and responsibilities in the facility Incident Command System.

If the facility is forced to relocate or evacuate residents, the release or sharing of resident information shall be coordinated through assigned roles and responsibilities in the facility's Full Building Evacuation Plan.

The facility will communicate with local, regional, and state emergency responders and emergency management agencies, local and state health departments, mutual aid

SECTION A: POLICIES AND PLANNING

plans/healthcare coalitions, and/or other healthcare facilities, when applicable, the following information during an emergency or disaster:

- Its occupancy
- Any resource or asset needs
- Ability to assist other facilities

Resident and Family Information

The Emergency Communications Plan Guide is available on all units and on the main floor in the Disaster Plan binder for all residents, staff and responsible parties to view. See Appendix B).

This guide details expectations of residents and their families during an emergency event at the facility, or during a community disaster. The plan provides families with alternate methods to contact the facility during a disaster when normal means of communication (telephones) may be inoperable.

Alternatively, the facility may share information relative to the status of the facility or disaster on its webpage at <http://www.andrusonhudson.org>.

Continuity of Operations

The Emergency Preparedness Plan takes into consideration its resident population, including the types of services and levels of care the facility provides.

The facility is a Nursing Home that provides the following levels of service:

- Bariatric Care
- Dementia/Alzheimer's Care
- IV/Tube Feedings
- Dialysis (Outpatient)
- Therapy (Speech, OT/PT)
- Respite Care
- Hospice Care
- Rehabilitation

In addition to the inherent risks associated with residents requiring these various levels of care, the plan also incorporates risks related to culture, ethnicity, and language.

In the event an emergency or disaster impacts any of the services provided by the facility to its residents, the facility has developed contingency plans to ensure continued services, to the extent possible. These plans include, but are not limited to, emergency procedures, vendor

SECTION A: POLICIES AND PLANNING

support, agreements with other healthcare facilities, mutual aid plan support, and support from local/state emergency management.

Where specific outpatient services can no longer be provided, the facility has made arrangements with other providers as follows:

- Therapy (Speech, OT/PT) residents will be directed to Auditorium
- Where inpatient services can no longer be provided, it may be necessary to make alternate care arrangements or evacuate the residents to another healthcare facility (See Full Building Evacuation Plan).

The facility will maintain Transfer agreements with other healthcare facilities as both evacuating and receiving sites. Alternate care sites will be considered as identified by local Emergency Management officials. The facility will serve as an alternate care site if deemed necessary and as outlined in a Section 1135 waiver when issued.

In the event of a loss of other utility services, emergency procedures have been developed that include contingency planning. Emergency power and standby systems are maintained in compliance with NFPA 99 and NFPA 110. Plans are in place to maintain an on-site fuel source to keep systems operational unless evacuation is deemed necessary.

In the event the CEO, CFO, Director of Facilities are not available, the highest-ranking person in the facility at the time of the event will assume the role of Incident Commander and have overall authority relative to the facility response to the event. The facility organizational chart and roster of staff with key disaster related roles are located in Appendix F.

Upon activation of the EOP, an assessment will be conducted to determine the current workforce and the future needs of the facility in the aftermath of a disaster. This will be accomplished through the use of the Department Rapid Assessment Form and Incident Command Team action plan development.

The Incident Command Team will conduct a thorough analysis of the facility's current (or available) workforce to better understand what the future needs will be to recover from the disaster and ensure sufficient staffing.

This process helps identify workforce needs, but also key strategies, goals, processes, and behaviors needed to effectively recover from a disaster.

Training and Testing Program

The Training & Testing Program will be reviewed and updated at least annually. The Director of Facilities will be responsible for the review and updating of the Training & Testing Program.

SECTION A: POLICIES AND PLANNING

Training

All staff, including individuals providing on-site services under arrangement and volunteers consistent with their expected roles, will be provided initial training in the Emergency Preparedness Program, specifically the Emergency Operations Plan.

The facility will test staff competence in their knowledge of the Emergency Preparedness Program through the use of a post-training quiz and evaluations during drills and exercises.

SECTION A: POLICIES AND PLANNING

Annual Testing

The facility will conduct annual testing of the Emergency Preparedness Program through exercising as follows:

- The facility will conduct two separate exercises on an annual basis. One of these exercises will be a community-based, full-scale exercise (when available) and the second may be a tabletop or a similar exercise.
- Each calendar year, the facility will participate in a community based, full-scale exercise.
 - The facility is a mutual aid plan member and participates in a mutual aid exercise involving other healthcare facilities and local/regional partners and emergency responders. This exercise serves as the required community based, full-scale exercise.
 - When a community based, full-scale exercise is not available, the facility will conduct an individual, facility-based disaster on an annual basis and document its actions and invitations towards having community partners and stakeholders involved.
 - If the facility experiences an actual natural or man-made emergency that requires the activation of the Emergency Preparedness Program, the facility may consider utilizing the actual event in place of conducting the community based, full-scale exercise. The event will be critiqued and an After-Action Report developed.
- The facility will conduct an internal functional exercise or a paper-based tabletop exercise annually. Tabletop exercises will include a group discussion led by a facilitator using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge the emergency plan.

The facility response to each exercise will be documented to capture lessons learned, opportunities for plan and procedure improvements, and to evaluate staff knowledge and response.

The facility will document all drills, tabletops exercises, and emergency events utilizing the After-Action Report (AAR). Any plan revisions needed as a result of a drill or exercise will be captured in the Improvement Plan of the AAR. The Safety Committee will be responsible for reviewing, tracking, and assigning improvement tasks.

EMERGENCY OPERATIONS PLAN

SECTION B:

PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

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SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ACTIVATION OF EMERGENCY OPERATIONS PLAN (EOP)

IMMEDIATE EOP ACTIVATION (CODE D):

Any staff member becoming aware of a disaster or pending disaster should:

1. If there is an immediate life threat, institute appropriate procedures. Call out the appropriate code where applicable.
2. Notify their immediate supervisor, who will alert the person in charge of the facility at the time.

The person in charge at the time will follow the EOP activation guidelines below.

In the event of a disaster (or notification of the potential for one) the **Incident Commander/person in charge** of the facility at the time shall:

1. Ensure notification of all staff via **CODE D** announcement to bring designated leadership staff to the Command Center and alert the facility of a disaster status (see Command Center Operations). All other staff should return to their assigned areas for instruction.
2. Analyze the situation for its immediate and subsequent impact on the facility.
3. Determine if disaster can be handled within normal operations.
4. If a situation is outside of normal operations, but not an immediate life threat, disaster procedures need “controlled activation”. Activate Command Center with appropriate Section Chiefs (see Command Center Operations).
5. If the incident causes an immediate threat to the life or safety of residents, visitors, or staff, immediate pre-planned action should commence. Have specific disaster code announced; e.g. “Code Red” for fire.
6. Notify the following, as needed and appropriate:
 - a. Appropriate emergency or regulatory agencies (Fire, Police, Dept. of Health, Office of Emergency Management, etc.) and other healthcare facilities, as necessary.
 - b. CEO
 - c. COO / Administrator
 - d. Director of Facilities
 - e. Director of Nursing
 - f. Other appropriate Department Heads, as necessary
7. Additional notifications to consider:
 - a. Ombudsmen
 - b. Westchester County Emergency Management
 - c. State and Federal emergency authorities (as applicable)
 - d. Residents and their families
 - e. News media
 - f. Suppliers and vendors
 - g. Independent Licensed Practitioners

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

NOTES:

1. Throughout this Plan, the term “Administrator” will refer to the highest-ranking person in the facility.
2. The term “Incident Commander” will refer to the person directing the activation of this Plan, regardless of whether or not the Incident Command System is utilized or activated.
3. Throughout this Plan, reference is made to the responsibilities of particular departments and department supervisors. At times when these departments are not staffed, or department managers/supervisors are not available, staff on duty will assume the responsibilities for the critical activities of the departments and carry them out to the best of their ability.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

EMERGENCY CODES

The following emergency **coded announcements** are used to alert staff of emergencies or disasters.

NOTE: Coded announcements may be made via a paging system, phone, or through the use of pagers and/or radios, as applicable.

Code D:	Code D will alert the facility to a disaster situation. Designated leadership reports to the Command Center and other staff return to their work areas.
Bomb Threat:	Code Black
Building Lockdown:	Code Grey
Evacuation (Full or Partial Building)	Code E
Fire:	Dr. Red
Haz-Mat Situation :	Code Green
Hostage/Intruder:	Code Silver
Medical Emergency:	Code Blue (Life or Death)
Rapid Response:	Medical Emergency (Not Life or Death)
Missing Resident:	Dr. Search
Security Situation:	Code Violet
Tornado/Hurricane:	Code Orange

NOTE: The following announcements may be made in “**plain language**” to alert staff and others of emergencies or loss of services:

Active Shooter / Person with a Weapon

An announcement in plain language announcing an Active Shooter or Person with a Weapon and the location.

Loss of Utility Service (e.g., Loss of electricity, water, gas, etc.)

An announcement in plain language announcing the service(s) lost or impaired (e.g., Loss of electric, gas, water, impairment to the fire alarm service, etc.).

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ACTIVATION OF THE INCIDENT COMMAND SYSTEM

COMMAND CENTER OPERATIONS

As the particular disaster dictates, the person in charge of the building at the time will assume the position of the Incident Commander, activating the Incident Command System and establishing a Command Center when circumstances dictate.

Review the Incident Commander Job Action Sheet and activate necessary positions or sections (refer to Incident Command organizational chart).

- Establish a Command Center as follows:
 - **Primary Location:** **Administration (John Andrus) Conference Room X684**
 - **Alternate Location:** **Main Floor Lounge**

NOTE: In a fire, the person in charge of the building should be with the Fire Department at the Fire Department Incident Command Post.

- Activation of the following Command Center positions should be considered at a minimum during the initial stages of the incident:
 - Public Information Officer
 - Safety/Security/Liaison Officer
 - Operations, Logistics, and Planning Section Chiefs
 - Documentation Recorder
- Job Action Sheets and Incident Command System (HICS) Forms reside in Section C (Incident Command) of this Emergency Operations Plan.
- Decide the specific disaster plan(s) to be followed and have staff follow the procedural guidelines outlined in the Emergency Operations Plan in conjunction with any specific departmental emergency procedures.
- Ensure Documentation Recorder records information relative to the facility's response and critical decisions being made.
- Determine the type of communications to be used (e.g.: radios, cell phones, etc.).
- Initiate a Campus and/or Building Lockdown, if necessary.
- Direct department managers to conduct a rapid assessment of their departments or assigned areas and forward the completed Department Rapid Assessment Form (found in Section C – Incident Command) to the Command Center.
 - The Manager of each department or designee (senior person in each department):
 - Complete Items 1-5 on the "Department Rapid Assessment Form"
 - Quickly choose one staff member to deliver this form to the Command Center.
- When terminating the disaster, the Authority Having Jurisdiction must be involved in the decision.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Return to Normalcy (Recovery):
 - Upon termination of the activation, the Incident Commander will notify the switchboard to announce “CODE D, ALL CLEAR”.
 - The facility will return to normal operations upon the termination of the disaster.
 - Appropriate documentation will be gathered and a debriefing will take place with the facility leadership team.
 - Capture cost, if any, for claims or reimbursement.
 - Capture any needed revisions to the Emergency Operations Plan to continuously improve based on best practices and real-world experiences.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

COMMUNICATIONS PLAN

During any emergency, maintaining communication will be a priority of the facility. The importance of maintaining these communications, both internal and external, is important to ensure a coordinated response to the disaster, communication with staff, residents, and residents' families, as well as important communication with community partners (local, state, and federal), to assist the facility in an emergency.

Communications will primarily be through normal channels. However, detailed in this Plan are alternate methods and systems. Communications throughout a disaster response will be coordinated through the Incident Command System.

INTERNAL COMMUNICATIONS DURING A DISASTER

Depending on the disaster and situation, internal communication to key areas should be ensured. Key internal areas to ensure communications could include:

- Command Center and assigned Incident Command Staff
- Labor Pool, if established
- The area directly involved in emergency
- All resident care areas
- Support departments

Depending upon which systems are functional during the particular disaster, the following devices will be used:

- **Normal Telephone / Intercom / Public Address System***
- **Cell Phone(s)***
 - Obtained from: Facility or personal
- **Fax Lines:** Fax lines are outside lines that could be used if Telephone System fails (see Section F – Emergency Resources and Lists for a list of fax numbers and locations).
- **Power Fail / Emergency Phones:** Usable on the loss of internal phone system or power failure (see Loss of Telephone Plan and Section F – Emergency Resources and Lists for locations and numbers).
- **Website:** <http://www.andrusonhudson.org>
 - IT Manager has the ability to make real-time updates.
 - Give specific information to staff at home and/or their families.
- **Runners:** Use the unassigned staff to deliver messages when other forms of communication are not functional.
- **Blast Emails, Texting, Voicemails, and Faxes:** Provides opportunities to communicate to all staff. Pre-incident information or messaging to department heads.
- **Informational Signs:** Can be posted to keep staff updated within the facility regarding disaster status, expected duration, etc., using paper or dry erase boards.
- **Briefings:** Staff Information Updates by Administration
 - Managers should have Staff Information Meetings at the start of each shift.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Specific phone line for pre-recorded messages (information relating to staff or residents) can be established by Communications / Public Information Officer.

*In the event of a Bomb Threat, do not utilize these devices without approval from on-site law enforcement officials.

RETURN TO NORMAL OPERATIONS / RECOVERY:

Incident Command – When communications return to normal mode:

- Alert all departments to this fact.
- Have back-up communications (portable radios, cell phones, satellite phones) returned to Command Center.
 - Documentation Recorder or designated staff:
 - Have all devices inspected and repaired, as necessary
 - Record actions and return devices to appropriate storage
 - Make necessary updates and changes

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

EXTERNAL COMMUNICATIONS DURING A DISASTER

Depending on the disaster and situation, external communication to key areas should be ensured. Key external areas to ensure communications could include:

- Command Center
- Sister or System facilities, if still operational
- Local /Regional Emergency Operations Centers
- State Department of Health
- Healthcare Coalition

Depending upon which systems are functional in a particular disaster, the following methods will be used:

- **Telephones:** The Government Emergency Telecommunication Service (GETS) and the Wireless Priority System (WPS) can be accessed by certain individuals in the event phone or cell phone systems are overloaded.
- **E-mail, cell phones, texting, and phones outside the main system** (e.g. pay phones, fax lines, etc.) when applicable. If phones are overloaded, try text messaging (uses less bandwidth).
- **Amateur Radio Emergency Service (ARES):** Contact local Emergency Management to deploy ARES / CERT members to operate their radios.
- **Callback lists for facility staff:** Department Managers are responsible for maintaining an up-to-date list of all staff telephone numbers.
- **Website:** <http://www.andrusonhudson.org>
 - IT Manager can make real-time updates.
 - Give specific information to staff at home and/or their families.
 - In addition to the news media, this communication pathway can keep the community informed of conditions at the facility.
- **Public Media:** Utilization of local TV, radio, and newspapers, to provide appropriate facility status information to staff and resident families.
- **Social Media:** Utilization of Facebook, Instagram
- **Use of Municipal technology resources:** Area, city, and town websites and automated voice message systems would be another valuable resource to provide the public with updates, information and instructions, and pertinent contact information.

RETURN TO NORMAL OPERATIONS / RECOVERY:

Incident Command – When communications return to normal mode:

- Alert all departments to this fact.
- Have back-up communications (portable radios, cell phones, satellite phones) returned to the Documentation Recorder.
- Documentation Recorder:
 - Have all devices inspected and repaired, as necessary.
 - Record actions and return devices to appropriate storage.
 - Make necessary updates and changes.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING RESOURCES AND ASSETS

As the facility continues to provide care, treatment, and services to its residents during emergencies, it will determine how resources and assets (that is, supplies, equipment, and facilities) will be managed internally, and when necessary, solicited and acquired from external sources such as vendors, neighboring health care facilities or providers, other community organizations, state affiliates/coalitions, or a regional parent company. The facility also recognizes the risk that some resources may not be available from planned sources, especially in emergencies of long duration or broad geographic scope, and that contingency plans will be necessary for critical supplies.

Primarily normal vendors and supply chains will be established. However, detailed in this Plan are considerations to supplement normal channels, if needed.

Particular supplies and services are considered critical to operations. The section of this Plan titled “Responsibilities for Ensuring Critical Supplies and Activities” identifies these items and the departments responsible to maintain these supplies. This list is continually monitored by those responsible to ensure prompt reordering during the normal course of business when supplies are low, or when a foreseeable disaster warrants a build-up of inventory.

The goal is for the facility to sustain itself for 96 hours. The section of this Plan titled “Baseline Assessment of 96 Hr. Capability” provides a baseline assessment of the expected duration of these supplies, given minimum levels (e.g., day before normal delivery / average census) of these critical supplies. The individuals responsible will then use the following to manage these critical resources and assets, to develop strategies to extend available supplies, and to obtain and replenish supplies, as needed:

- This Managing Resources and Assets Plan
- The “Baseline Assessment of 96 Hr. Capability” information
- EOP Section E – Emergency Procedures for Specific Events
- EOP Section F – Emergency Resources and Lists
- The Incident Command Structure

To remain operational, the following strategies will be employed:

1. **Status Reports:** The Incident Commander, through Section Chiefs, will utilize the Department Rapid Assessment Form to determine how long the facility could continue present operations with existing resources and staff.
 - a. These assessments will be analyzed by the Command Center staff.
 - b. Additional assessment will be completed to monitor the situation.
2. **Stockpiling:** Based on the results of the assessment and direction from the Command Center, before the time when the disaster effectively cuts off access to the facility, the Command Center will direct appropriate departments to:

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- a. Build inventories for 96-hour isolation, if possible, from vendors with established Memorandum of Understanding agreements (vendors within the region and outside of the region, as well as other health care facilities, corp. groups, etc.).
 - b. Call in extra staff (partial or full call-back) to help with downtime rotation and caring for residents during the 96 hours of isolation.
 - c. Implement the Census Reduction Plan and reduce census where possible.
3. **Conservation Strategy:** If the situation does not allow us to build up inventories and staff, the following conservation plan will be put into effect:
- a. Conservation of Resources and Services - This effort will be directed by the Command Center. They will work closely with Department Heads and Resident Care staff: Consider individual conservation measures, based on the limited resource or eliminate non-emergency related activities, such as:
 - i. Shut down unnecessary equipment (e.g., A/C in non-resident areas)
 - ii. Linen changes only when necessary vs. every day/shift
 - iii. Use disposable dishes and emergency non-cooking menus
 - iv. Consolidate staff and residents into a ward setting when possible, or fill nursing units, enabling us to close other units
 - b. For more information on possible conservation strategies, see EOP Section E – Emergency Procedures for Specific Events (e.g., Loss of water, electricity plans).
 - c. Communicate Conservation Plan and Emergency Lists to staff and residents via intranet or website, department head meetings, information board, resident TV channel, etc.
 - d. Track changes to the Conservation Plan as time progresses. Report medications and supply usage to Command Center.
4. **Monitoring of Critical Supplies:** Throughout the event, those responsible will monitor supplies. Also, through the Incident Command System and Department Rapid Assessment, the success of stockpiling, conservation strategies will be evaluated and revised as needed.
5. **Providing Resources to other Healthcare Organizations:** Determine if there are Resources and Assets that could be shared with healthcare organizations outside of your community during a prolonged disaster event.

RECOVERY

Use the Department Rapid Assessment Form as a guide.

- Re-supply depleted and/or damaged items
- Follow Disaster Recovery Plan (Section G) or Disaster Staffing (Section B)
- Capture cost
- Critique and make necessary changes

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

RESPONSIBILITIES FOR ENSURING CRITICAL SUPPLIES AND ACTIVITIES

Medical Director and Resident Care Services are responsible for the clinical needs of residents, as follows:

- Nursing staffing
- Management of residents, including:
 - Scheduling
 - Modifications of services
 - Admissions and discharge
 - Resident assessment
 - Modification of meals and activities will be the responsibility of the respective Department Heads (E.g., Nursing or Dining Services)
 - Modification of medications and pharmaceutical supplies
 - Normal resident information will be under the control of the person responsible for public information during a disaster

Director of Human Resources is responsible for:

- Staffing all areas

Director of Maintenance is responsible for:

- Water supplies (normal conditions)
- Industrial water (if during a loss of water)
- Electrical generator (fuel) (if during a loss of normal power)
- Fuel - boilers
- 24/7 ability to react in a disaster to handle mechanical functions (i.e. HVAC system)

Director of Facilities is responsible for:

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

Director of Dining Services is responsible for:

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

Manager of Environmental Services is responsible for:

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

Important Note: During a CODE D Activation and the implementation of Incident Command System, the responsibilities for these supplies will fall under appropriate ICS assignments.

BASELINE ASSESSMENT OF 96 HR. CAPABILITIES

This “Baseline Assessment of 96 Hr. Capabilities” provides a foundation for the facility to assess its capabilities during a disaster response. It does not take the place of immediate assessment of resources at the time of the disaster.

Assumptions of Baseline Assessment of 96 Hr. Capabilities:

1. During the loss of utility situations, reference loss of utility disaster specific Plans for detailed conservation and contingency measures.
2. Assessment assumes no “loss of utilities” unless noted otherwise.
3. Assessment is based on an average census, the day before delivery (minimum stocks) – other conditions during a disaster response should be evaluated.
4. Only critical supplies are addressed; during the evaluation of a disaster response, all supplies should be considered.
5. Staffing (the most critical resource) is not addressed in this assessment but should be considered during the evaluation of the capability of sustaining for 96 hrs. during a disaster response (see “Managing Staff during a Disaster” Section of this Plan).

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

BASELINE ASSESSMENT OF 96 HR CAPABILITIES

Consumable			MINIMUM (the day just before delivery) Supplies available without outside resources <u>WITH NO Conservation / Contingency Measures</u>	EXPECTED Supplies available without outside resources <u>WITH Conservation / Contingency Measures</u>	Conservation / Contingency Measures
Domestic Water – Primary (Normal Conditions)			Unlimited	Unlimited	1 Main line
Potable Water - if during a loss of domestic water			72 Hours	72 Hours	<ul style="list-style-type: none"> Some bottled water in storage (approx. 360 gals) Use of other liquids, as possible Through US Foods have an agreement for emergency water supplies that relies on outside resources
Industrial Water - if during a loss of domestic water			72 Hours	72 Hours	<ul style="list-style-type: none"> Have external tanker connection with pumps to provide an external source of water to buildings, that relies on outside resources
Fire Protection Water – Primary (Normal Conditions)			Unlimited	Unlimited	<ul style="list-style-type: none"> Fire Protection water supplied by a single feed/fire pump
Fire Protection Water – if during a loss of fire protection water			Unlimited	Unlimited	<ul style="list-style-type: none"> Will institute fire watch internally Consider Hastings-on-Hudson, FD to connect pumper and water supply to sprinklers
Electrical – Primary (Normal Conditions)			Unlimited	Unlimited	<ul style="list-style-type: none"> Supply via one main feed
Electrical Generator (Fuel) – if during the loss of normal power	1	400 KW Generator serves – HVAC, Kitchen, emergency lighting, C-wing Elevator, PERS system.			<ul style="list-style-type: none"> No redundancy in coverage – loss of anyone generator results in loss of power in that area Loss of one generator in one area would result in internal relocation of Residents There is a portable on-site generator that can serve anyone area, however, it must be wired at the time of connection
Boilers (Steam) - Fuel (Normal Conditions)			Unlimited	Unlimited	<ul style="list-style-type: none"> Runs on piped-in natural gas Provides heat and some cooking
Boilers Fuel (Steam) – Loss of Normal Conditions			Unlimited	Unlimited	<ul style="list-style-type: none"> Would switch to Fuel Oil – approx., 10,000 gals on-site in 1 tank, each tank would last approx.. 10 Days during coldest weather
Air Conditioning - Primary (Normal Conditions)					<ul style="list-style-type: none"> Air Conditioning relies on water & electricity See Loss of Water & Power for possible contingency plans
Air Conditioning - Loss of Primary Conditions					<ul style="list-style-type: none"> Loss of water results in loss of A/C to rest of building – see the loss of water for possible contingency plans
Food - Perishables			72 Hours	72 Hours	<ul style="list-style-type: none"> Use of alternate menus for any loss of utilities

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

Consumable	MINIMUM (the day just before delivery) Supplies available without outside resources <u>WITH NO Conservation / Contingency Measures</u>	EXPECTED Supplies available without outside resources <u>WITH Conservation / Contingency Measures</u>	Conservation / Contingency Measures
Food - Dry Stocks	72 Hours	72 Hours	<ul style="list-style-type: none"> • Use of alternate menus for any loss of utilities
Linen Supplies	72 Hours	72 Hours	<ul style="list-style-type: none"> • Minimize Linen changes to necessary changes
Pharmacy Supplies	72 Hours	72 Hours	<ul style="list-style-type: none"> • 5-7 Days supplies for most medications, some exceptions
Clinical Supplies	72 Hours	72 Hours	<ul style="list-style-type: none"> • Supplier and Vendor agreements are in place
PPE Supplies	72 Hours	72 Hours	<ul style="list-style-type: none"> • Supplier and Vendor agreements are in place
Housekeeping (EVS) Supplies	72 Hours	72 Hours	<ul style="list-style-type: none"> • Supplier and Vendor agreements are in place
Paper Supplies	72 Hours	72 Hours	

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING SECURITY AND SAFETY DURING A DISASTER / Facilities Director

Certain situations may require regulating or restricting access to the building or the campus.

GENERAL CONCEPTS

- Require all staff to utilize employee name tags/badges.
- Require all visitors, including vendors, to log in and out.
- Have building security plans available for use at the Command Center and to provide to emergency service personnel as needed.
- Provide clear signage regarding building access.

BUILDING LOCKDOWN

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Some disasters such as Civil Disturbance, Bioterrorism/Terrorism, etc. require the facility to prevent entry or access to selected interior parts of the facility by unacceptable people. Also, access to the facility may need to be controlled in the event of an influx of residents that overloads the facility's resources.
- In the case of a missing resident/elopement, the lockdown procedure could be used to prevent or at least observe someone leaving the facility.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Consider initiating a **Code D** to summon leadership to Command Center. In coordination with Section Chiefs, ensure all other guidelines of this procedure are carried out.
- **ACTIVATION STAGE I: BUILDING LOCKDOWN**
 - Assign staff to perimeter exit monitoring and subsequent locking of the doors from exterior entry.
 - All staff should monitor people in hallways.
 - Assign Maintenance and other staff to security roles, as appropriate, and initiate staff monitoring of "sensitive" areas of the building.
 - If danger is imminent, such as notification of contamination of outside air, a person with a weapon, civil disturbance, etc., initiate lockdown immediately. Administrative approval is not necessary.
- **ACTIVATION STAGE II: CAMPUS LOCKDOWN**
 - Block and control access to the campus and facility at all driveway and walkway access points. Utilize staff until Police can provide resources.
 - Permit passage of emergency vehicles such as Police, Fire, and EMS.
 - Direct staff with proper ID to park in designated staff parking areas.
 - Direct residents' responsible parties to designated areas.
 - As coordinated by the Incident Commander or Public Information Officer (PIO), direct news media to designated areas. Media should be accompanied to the designated news media staging area.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Review delivery documentation before permitting entry to the campus and any loading dock/delivery areas. A vendor should have a hardcopy of the order.
- Monitor specialized services such as trash and hazardous materials pick-up.
- If the campus has multiple entry points, block them off leaving one point of entry and exit.
- Provide portable radios or other mechanisms of communication with any staff assigned to securing the campus. Assign teams of two (2) individuals when possible.

NOTE: Once all exterior entry doors are locked, staff monitoring those doors can be reassigned, if necessary, unless the facility is trying to prevent someone from leaving the building.

MAINTENANCE / OTHER STAFF - ASSIGNED SECURITY ROLES

- Lock all entry doors to the facility. The only point of entry will be the **Main Entrance**.
NOTE: This prevents entry, not exit. Thus, the facility may need to continue the observance of exit doors. Also, the Main Entrance must have a staff member(s) assigned to screen persons entering the building. These staff should have a portable radio.
- If contamination of the outside air is suspected, shut down HVAC, as necessary.
 - Follow the loss of air conditioning and loss of heat procedures accordingly.
- Consider the need to provide escort for staff coming to or leaving the building.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Relieve on-duty staff when possible and debrief staff.
- Capture cost of staff for disaster.
- Critique and update where necessary.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGEMENT OF STAFF DURING A DISASTER

To provide safe and effective resident care during an emergency, staff roles are well defined in advance, and staff is trained in these assigned responsibilities. Staff roles and responsibilities are documented in this Plan using a variety of formats, including general guidance in this Plan, job action sheets in the Incident Command System section, checklists, and flow charts. Due to the dynamic nature of emergencies, effective training prepares staff to adjust to changes in resident volume or acuity, work procedures or conditions, and response partners within and outside the facility.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Employees have an inherent responsibility to maintain service during any internal and/or external disaster. Employees shall ensure that the vital, primary mission of the facility, to provide care and comfort to their residents, will be taken care of appropriately and safely by the staff during a disaster.
- All staff will be expected to report for duty as assigned during the disaster, with shifts, assignments, and other pertinent information being communicated from the Manager of each department to all staff members.
- All departments should consider adjusting their schedules and assignments to compensate for a reduction in available staff. Staff will need to adapt their roles to meet demands brought on by a disaster.
- A Labor Pool will be established, as necessary, when additional staffing is necessary. The labor pool will be utilized to account for staff and direct staff assignments.
- Staff will be tracked both during and after an emergency. The “Staff and Equipment Tracking Form” found in conjunction with the Holding Area Unit Leader Job Action Sheet can be utilized as necessary.
- Mandatory evacuations or no unnecessary roadway travel warnings issued by local government officials should be heeded as warnings for impending/possible danger. However, healthcare workers, law enforcement officers, and fire officials are some of the community workforce members who may be “excused” from these warnings to take care of their respective responsibilities and to be able to appropriately respond as needed to situations as they occur.
- The facility may choose to open its doors to off-duty staff and qualified family members for specific designated times during disaster operations to provide shelter to staff and staff families. The details around any particular situation will be communicated by the Administration or the Incident Commander.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Consider activating Incident Command to manage the incident and, through the Section Chiefs, ensure all other guidelines of this procedure are carried out. If not, all actions of the Plan must be accomplished by on-duty administrative staff.
- Determine which staff in the building will remain on-duty beyond their normal shift schedule.
- Determine if the situation will be/can be managed with normal operations or if staff call back will be necessary.
- If staff call back is necessary, refer to the section on notification of off-duty staff, or contract with healthcare staffing agencies. Volunteer Licensed Independent Practitioners will report to the Labor Pool for disaster credentialing and privileging.
- Check with local authorities and Emergency Management Agency to determine if State and Federal staffing help are available. You must be able to state the exact type of staff you need.
- Determine if it is possible to provide transportation for staff not able to reach the facility.
- Consider establishing off-site parking and transportation, as necessary.
- Have department Supervisors establish a master schedule for work and rest.
- If “Special Needs Residents” (served by Home Health Care) are being placed within the facility, check the availability of the respective Home Health Care staff to assist.
- If residents from evacuated healthcare facilities are being sent to this facility, their staff should be available to work after their building has been evacuated. Work with the sending facility’s Liaison Officer / Incident Commander to coordinate.
- Determine the need to transfer residents to other facilities, discharge, or otherwise decrease census, as appropriate, based on staffing levels.
- Consult with vendors to determine the availability of necessary supplies and outside services.
- To assist employees and enable them to work at the facility, consider the following:
 - Provide Staff Sheltering (see “Staff Sheltering”)
 - Provide Staff Family Sheltering (see “Staff Family Sheltering”)
 - Provide Pet Sheltering (see “Pet Sheltering”)

DEPARTMENT MANAGERS / SUPERVISORS (Senior person on duty):

- Complete Items 1-5 on the “Department Rapid Assessment Form” which includes assessing staffing levels and needs. Provide to the Command Center.

LABOR POOL UNIT LEADER

- The Planning Section Chief shall assign the Labor Pool Unit Leader position as soon as possible when a Labor Pool will be necessary (provide this position with the Labor Pool Job Action Sheet).
- Have department heads initiate their staff “call-back” plans as necessary with staff reporting directly to the Labor Pool.
 - Upon arrival, the employees are to sign in on one of the appropriate roster sheets, fill in the information, and wait for further instruction.
 - Assign one or two employees to manage the roster sheets to ensure a speedy registration and coordination of assignments.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

DINING SERVICES

- Call in additional staff as necessary. Coordinate with the Labor Pool if one has been established.
- Consider utilizing volunteers to assist with Dining Services tasks.
- Menu Planning:
 - The resident menu will be based on existing stored food and supplies. Reference emergency menus. If possible, consider the use of perishable foods first if refrigeration is affected.
 - Institute alternate means of meeting sanitation requirements such as hand sanitizer, disposable utensils, and three sink method of dishwashing.
 - Attempt to maintain meal hours as close to schedule as possible.
 - Utilize special nutritional menus, as necessary.
 - Attempt to accommodate special diets when possible.
- Consider closing any specialty cafés or specialty food shops. Redeploy staff from such areas to the main kitchen/dining areas.
- Determine if meal self-service for staff is necessary and appropriate.
- Prepare to serve staff and volunteers.
- Evaluate ability to serve staff family members that may require sheltering at the facility.
- Send snacks and meals to the Command Center upon request.
- Access actual food supplies.
 - The department maintains a minimum of 96 hours (4 days) of food to provide nutritionally balanced meals. Additionally, the department maintains a supply of water and fruit juices to prevent dehydration.
 - The inventory will be reviewed twice a year to determine if additional supplies are needed. If necessary, additional supplies are to be secured immediately, if possible. Vendor phone numbers are maintained in the managers/supervisor's office.
- Waste Disposal
 - All existing waste disposal policies are to be followed unless directed otherwise by the Environmental Services Department.

ENVIRONMENTAL SERVICES

- If staff, volunteer, or staff family sheltering will be necessary, assess areas where temporary sleeping arrangements can be established.
- Provide linens, blankets, privacy screens, etc., as necessary. If advanced notice is given of the disaster, stock up for 96 hours.
- If sheltering staff pets, identify and set-up pet sheltering areas.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Begin the search for additional staff sources.
- Relieve on-duty staff when possible.
- Debrief staff.
- Capture cost of staff for disaster.
- Critique and update where necessary.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

NOTIFICATION OF OFF-DUTY STAFF / DISASTER STAFFING OPTIONS

- The Incident Commander, in consultation with Planning Section Chief, will determine the need to initiate staff call-back (partial or full callbacks). Consider the following factors:
 - Expected duration of the incident.
 - Staff availability is based upon dependents.
 - The ability and necessity to provide shelter for staff family members.
 - The ability and necessity to provide shelter for staff pets.
 - The ability for staff to access the facility.
 - The ability of the facility to provide transportation to the facility.
 - Off-site parking locations (see Loss of Parking/Inability to Commute.)
- Determine if staff will be contacted by their manager/supervisor or if a general resource will be utilized.
 - Provide up-to-date staff contact lists to callers.
 - Track staff response.
- For situations where normal staffing will be affected, enact disaster staffing protocols:
 - Develop staffing patterns throughout the disaster to avoid “burn-out.” Disasters have shown that it is imperative (when possible) not to under-staff.
 - If staff can access the facility, divide staff into 3 groups: Red = working; Blue = resting at the facility; Yellow = off-duty/home. Rotate groups to provide services and rest for staff.
 - If staff are unable to access the facility commute, divide staff into two (2) 12-hour shifts (12 hours working and 12 hours resting). One group is off duty at all times, allowing for rest. The staff that can prepare in advance should bring enough clothing and supplies to last four (4) days.

STAFF SHELTERING

- The facility will generally not be a dedicated shelter for employees, family members, volunteers, or others. However, the Incident Commander, in consultation with all Section Chiefs, may consider providing staff sheltering, staff family sheltering, and/or pet sheltering, as appropriate.
- If sheltering of any kind is provided, a Shelter Manager shall be assigned to manage the shelters. Shelter Manager responsibilities include:
 - Shelter Registration: Review procedures for registering employees, family members, and pets, as appropriate. Oversee the documentation of all staff, staff families, and staff pets that shelter at the facility.
 - Meals: Coordinate meal times and locations with Dining Services.
 - Determine the necessity and feasibility of any staff family members to volunteer. Determine their skills and assignments. Coordinate with the Planning Section Chief of the Labor Pool if one has been established.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Suggested Internal Shelters:

SHELTER	LOCATIONS
Essential Staff who need to Sleep for the Next Shift & their Families or community for long-duration event	<ol style="list-style-type: none">1. Identify empty rooms2. Empty resident rooms, other unused areas – EVS to set up areas

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

STAFF FAMILY SHELTERING

- At the discretion of the Incident Commander, sheltering of staff's families may be provided.
- Shelter Managers will be assigned and responsible for the registration of all sheltered family members and their assignment to shelter areas.
- Anyone being sheltered will be registered. A Staff Family Sheltering Information Sheet or similar document shall be completed for all family members. The form can be filled out either before or during the emergency. A copy of all Information Sheets for family members and pets will be kept by the assigned Shelter Manager.
- Upon arrival, all shelterees must sign in and be issued an ID or colored wrist band when they arrive at the facility.
- A master list will be kept of all sheltered individuals and the shelter area to which they are assigned. All shelterees will be advised to check out from their assigned shelter area so that an accurate reconciliation of shelterees can occur post-disaster.
- A Temporary Holding Area, determined by the Command Center, may be utilized until shelter areas are established and ready for occupancy.
- If physically capable, shelterees will be encouraged to volunteer to accomplish tasks when requested to do so by the facility.
- Immediate family members will be asked to take unnecessary items to their vehicles before being escorted to their assigned shelter. The following is a list of approved and non-approved items:

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

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

STAFF PET SHELTERING

- At the discretion of the Incident Commander sheltering of staff, pets may be provided.
- Any one pet being sheltered will be registered. A Staff Family Sheltering Information Sheet or similar document shall include pet details. The form can be filled out either before or during the emergency. A copy of all Information Sheets for family members and pets will be kept by the assigned Shelter Manager.
- Upon arrival, all pets will be verified for licenses (with tags).
- A master list will be kept of all shelterees and their pets. All shelterees will be advised to check out from their assigned shelter area so that an accurate reconciliation of sheltered pets can occur post-storm.
- Only domesticated birds, cats, and dogs will be allowed on the premises. Because of pet allergies, etc., pets will likely be housed in one secure location away from staff, residents, and/or family members of staff. "Boarding" pets in other areas in the facility not designated as the assigned pet location will be prohibited.
- Pet owners are responsible to bring all pet supplies including a kennel/cage, food, and any other necessary supplies.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

Pet Supplies to be provided by Employee:

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

CRITICAL INCIDENT STRESS DEBRIEFING (CISD) FOR STAFF

- Throughout the incident, Incident Command and all levels of incident management are responsible to monitor staff for Psychological well being.
- Based on the incident; emotional and psychological support may be offered to staff, facilitated by Chaplains, Social Workers, or Psychologists.
- The facility maintains a contractual agreement with an outside source for EAP and Critical Incident Stress Debriefing. The Human Resources department will make arrangements for CISD support as appropriate.
- All staff always have options for other support and counseling through the facility Employees Assistance Program.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

EMERGENCY CREDENTIALING PROGRAM

Disaster Privileges

Emergency privileges may be granted to a volunteer practitioner when the facility Emergency Operations Plan has been activated and the organization is unable to meet resident needs or meet the needs of an influx of residents/people.

In the event the facility (Incident Commander / Administrator, in consultation with Medical Director or designee) determines that it is unable to handle the immediate resident needs during a disaster with their existing staff, emergency privileges may be granted to licensed staff volunteering their services.

Disaster privileges may also be granted to someone who may come with a resident from an evacuated facility. This procedure is about privileges and credentialing of physicians and other licensed staff (nurses) during a disaster.

- The receiving facility will manage the activities of individuals who receive disaster privileges.
 - Medical and Nursing personnel with disaster privileges will be identified by a facility issued ID (if systems are functional, a facility issued photo ID is required).
 - Managers will have staff with disaster privileges working under their observation. Managers will be responsible for clinical record review and sign-off, as applicable.
- Disaster privileges may be granted upon presentation of a valid government-issued photo ID (i.e., driver's license or passport), and any of the following:
 - A current picture healthcare organizational ID card.
 - A current license certification or registration to practice and a valid picture ID issued by a state, federal or regulatory agency. A primary source of verification must be given where applicable.
 - Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or Medical Reserve Corps (MRC).
 - Identification indicating that the individual has been granted authority to render resident care in emergency circumstances, such authority having been granted by a federal, state, or municipal entity.
 - Presentation by a current organizational staff member(s) with personal knowledge of the practitioner's identity.
- Within 72 hours, the organization will determine the need to continue this disaster privileging policy.

As soon as the immediate situation is under control, preferably not to exceed 72 hours, the verification process of credentials and privileges of individuals who have received disaster privileges must be completed.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

LOSS OF PARKING / INABILITY TO COMMUTE TO FACILITY

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- If notified to report back to the facility under disaster conditions:
 - Ensure you have your facility ID ready to show Police at roadblocks.
 - Know different routes to the facility (in case one route is blocked).
 - Know the site of previously arranged off-site parking in case you cannot reach the facility. You will be transported from this point to the facility.
 - Do not endanger yourself. If you cannot reach the facility, notify your supervisor as soon as possible.

COO / ADMINISTRATOR / INCIDENT COMMANDER

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the Plan must be accomplished by on-duty administrative staff.
- Provide employee information regarding alternate parking sites. Consider the use of nearby shopping centers, schools, or other large parking areas once arrangements have been made with the lot owners.
- Determine the communication mechanism(s) to relay information to staff. Refer to the Communications Plan.
- Utilize facility vehicles and/or contact outside transportation providers, as necessary. Arrange pre-set times for pick-up. If possible, post a staff member with a cell phone or radio to notify the Command Center when the staff has arrived for pickup.

MAINTENANCE / LOGISTICS SECTION CHIEF

- If Loss of Parking is due to a system/utility failure, determine the extent and expected duration of the situation.
- Contact outside repair providers, as necessary.
- Reroute traffic to alternate parking sites.
- Post signage directing staff and visitors to alternate parking sites.
- Secure unsafe parking areas.
- Ensure approachability for emergency vehicles. Advise appropriate emergency providers, vendors, etc. of any change from normal.
- Draft signage explaining the parking situation and alternate parking sites for staff and visitors.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING UTILITIES DURING A DISASTER

Different types of emergencies can have the same detrimental impact on the facility's utility systems. For example, brush fires, ice storms, and industrial accidents can all result in a loss of utilities required for the care, treatment, services, and building operations. Therefore, the facility must have alternative means of providing essential utilities. For example, alternative equipment at the facility, negotiated relationships with the primary suppliers, provision through a parent entity, or Memoranda of Understanding with other organizations in the community.

The facility will determine how long we expect to remain open to care for residents and plan for our utilities accordingly. Because some emergencies may be regional in scope or of long duration, the facility attempts to have agreements with multiple providers in the community. Refer to Managing Resources and Assets procedure in this section.

The following are types of services the facility can provide while operating on generator power:

- All services
- All Life Safety functions
- All elevators
- All IT and EMR

The following are types of services the facility cannot provide while operating on generator power:

- Limited Heat and Air Conditioning
- Limited lighting
- Limited outlets (Red Plug Only)

Specific areas of the facility and equipment served by emergency generator power include:

- Entire Facility

The facility generator is fueled by Diesel Fuel and can operate under full load for 75-80 hours before refueling will be necessary. If necessary, facility Maintenance staff can shed some load off of the generator for a longer run time, if refueling is delayed or not an option

The facility will manage its utilities during a disaster through constant monitoring and assessment by Maintenance and through assignments via the Incident Command System (consider the Baseline Assessment of 96 Hr. Capability).

Loss of Utilities will be managed through conservation and contingency plans as detailed in this Emergency Operation Plan's Disaster Specific Procedures:

- Loss of Air Conditioning / High Heat
- Loss of Cooking Ability

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Loss of Electric Service
- Loss of Emergency Power
- Loss of Elevator Service
- Loss of Fire Protection Systems
- Loss of Heating System
- Loss of Information Technology
- Loss of Natural Gas/Propane
- Loss of Sewer / Waste System
- Loss of Steam Pressure
- Loss of Telephone Service, Internal Communications, Nurse Call
- Loss of Water Service / Contamination of Water Supply

ACTIONS APPLICABLE TO ALL STAFF

- Follow guidance found in Section E: Emergency Procedures for Specific Events.
- Continually monitor situation and report to Incident Command status and needs.

COO / ADMINISTRATOR / INCIDENT COMMANDER

- Consider initiating activation of the Emergency Operations Plan to summon leadership to Command Center. Through the Section Chiefs, ensure all other guidelines of this procedure are carried out. If not, all actions of the Plan must be accomplished by on-duty administrative staff.
- Notify all departments of what utilities are affected and the resulting situation.
- Implement conservation measures as needed and where possible.
- Continually monitor for the need to evacuate if utilities can not be restored.

MAINTENANCE / LOGISTICS SECTION CHIEF

- Conduct an assessment to determine the utility's effect and the impact on the structure and facility operations.
- Report to Incident Command status and needs.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING RESIDENTS DURING A DISASTER

The fundamental goal of emergency preparedness planning is to protect life and prevent disability. How care, treatment, and services are provided may vary by type of emergency. However, certain activities are so fundamental to resident safety (this can include decisions to modify or discontinue services, make referrals, or evacuate residents) that the facility has taken a proactive approach in considering how this might be accomplished.

A disaster may result in the decision to keep all residents on the premises in the interest of safety or, conversely, to evacuate due to safety or the inability to remain operational and provided crucial services. In either situation, the primary goal is to:

- Protect residents during the incident
- Provide acceptable care during the incident until full recovery is accomplished
- Provide a safe living environment

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Activate the appropriate parts of this Emergency Operations Plan, as needed to facilitate and manage resident assessment, treatment, admission, transfer and discharge. Implement the following plans and procedures as appropriate:
 - Loss of central services plans, availability of supplies, etc.
 - Full Building Evacuation Plan
 - Census Reduction Plan
 - Surge Plan
- Provide security and safety via campus and/or building lockdown as necessary.
- Develop a plan to address resident services, whether onsite or contracted out, including:
 - Skilled Nursing Care
 - Acute Care
 - Memory Care
 - Rehab
 - OT/PT
- Coordinate with IT and nursing to ensure on-going access to electronic medical records.
 - Electronic Medical Information (including MAR) can be printed via any of the following options:
 - Printed on-site at each unit.
 - Batch printed on-site in administration and distributed to each unit.
 - Batch printed off-site at another facility.
 - Printed at any off-site location via the internet (requires staff to have a laptop and proper access).
- Determine the ability to accept resident admissions or accept evacuating residents from another facility.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

NURSING / OPERATIONS SECTION CHIEF

- Follow guides in Section E – Emergency Procedures for Specific Events based on the actual events.
- Establish the effect of loss of central services and communicate with the Command Center.
- Develop a plan for resident services/care based on the incident. Develop alternate care processes where possible.

HUMAN RESOURCES / PLANNING SECTION

- Oversee the tracking of residents and clinical information during an evacuation event or a surge event. Coordinate with Nursing.
- Oversee communication with residents' responsible parties.
- Plan for staffing needs and activate a Labor Pool as necessary.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Cancel campus and/or building lockdown, as necessary.
- Alert media that facility has returned to normal operations.
- Capture cost.
- Critique and update Plan, as necessary.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

CENSUS REDUCTION PLAN

This Plan represents a guideline to reduce census to the extent possible. This Plan may be activated for any number of reasons including, but not limited to, an influx of residents from a facility being forced to evacuate, a staff shortage due to conditions, or if the facility is preparing to evacuate itself.

ADMINISTRATION / INCIDENT COMMANDER

- Determine the need to implement census reduction.
- Work with Nursing / Operations Section Chief to determine census reduction options.
- Refer to the Surge Capacity Plan.

NURSING / OPERATIONS SECTION CHIEF

- Oversee implementation of the Census Reduction Plan.
- Identified potential discharges or residents who may be able to go home with family temporarily.
- Determine which residents will require home care if discharged.
- Convene a “Census Reduction Team” if necessary to include:
 - Nurse
 - Physician
 - Case Manager/Social Work
- Coordinate transportation resources with Logistics.
- Establish an internal holding area for residents awaiting family or transportation.
- Determine the need to establish an off-site reunification center. Coordinate needs with the Logistics Section Chief. If necessary, consider the use of the facility stop-over point (see Full Building Evacuation Plan).
- Take other steps to minimize existing census or free up beds, as needed.
- Consider deferring admissions or altering admission criteria as necessary.
- Refer to the Surge Capacity Plan.

HUMAN RESOURCES / CASE MANAGEMENT / PLANNING SECTION CHIEF

- Facilitate communication with home health agencies, visiting nurse services, etc., to support residents being discharged to family or responsible parties, as needed.
- Organize a rapid discharge process that addresses:
 - Communication with the resident of the discharge plan and the process.
 - Communication with the family of the discharge plan and process.
 - Documentation in the medical record.
 - Discharge prescription orders.
 - Making copies of the physician and prescription order forms.
 - Explain the physician's orders and instructions on where to pick up medications.
- If necessary, determine an appropriate offsite Resident/Family Reunification location, in coordination with local authorities, where family members can be directed. Engage the Public Information Officer to coordinate with other agencies PIOs, to provide information and media access.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MORGUE / MASS FATALITY PLAN

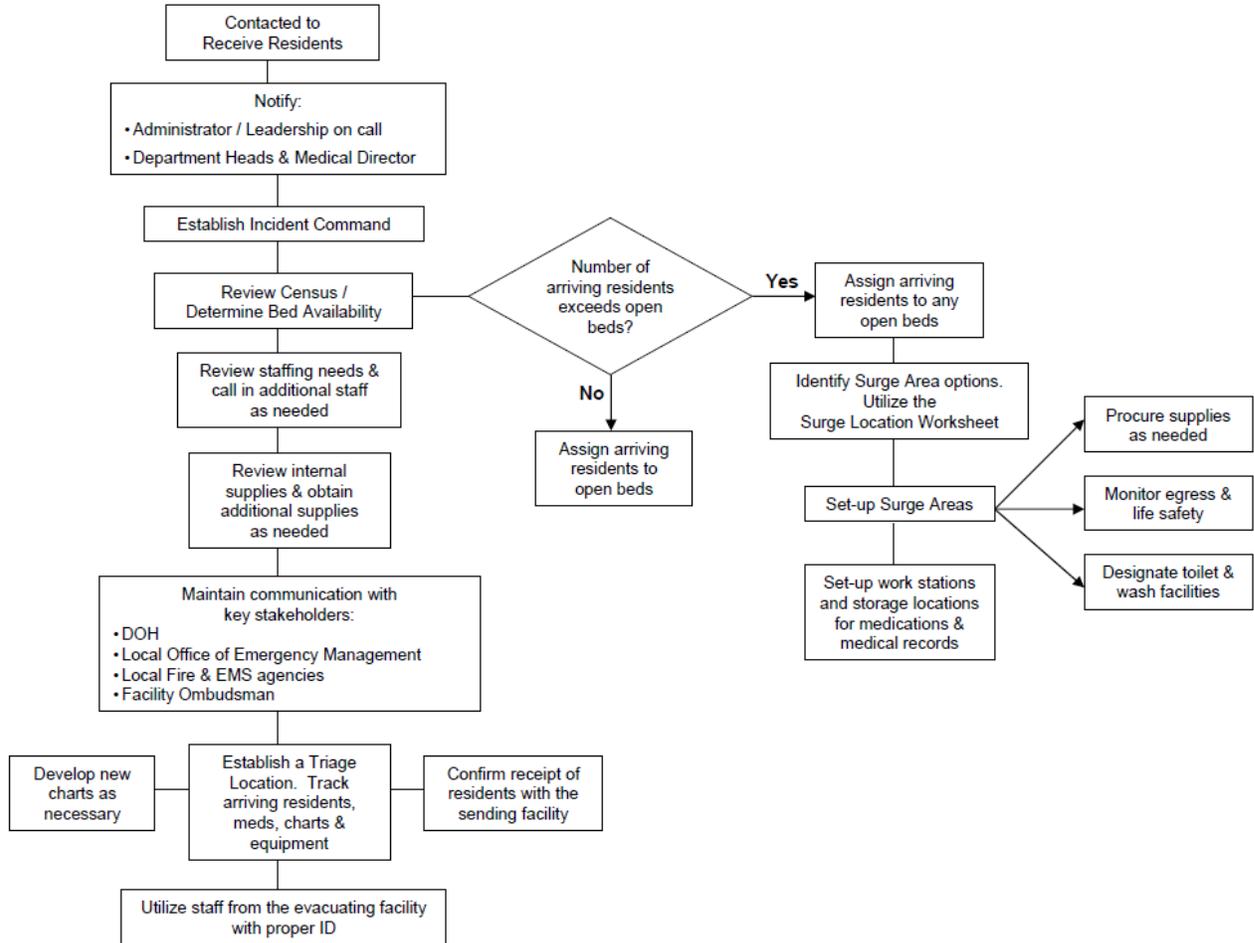
The Mass Fatality Plan is intended to be utilized in the event of a disaster or incident, either internal or external, which results in multiple deceased residents that exceed the facility's existing morgue or storage capacity.

The facility will consider handling mass fatalities as follows:

- Andrus on the Hudson currently has no storage for deceased residents and relies upon funeral homes to pick up the deceased in a timely manner.
- If at any time there is a mass fatality event, the Incident Commander will determine if any temporary locations can be established as a temporary morgue. Infection control will be consulted. The location will be determined based on the actual or anticipated number of deceased.
- The following locations/options may include.
 - Designated secure and cooled storage locations
 - Empty or vacant resident room(s) with air conditioning
 - Ordering or use of a refrigerated morgue truck (local, regional, or state emergency management officials can be contacted)
 - Contact area funeral homes
- In light of various ethnic and religious beliefs, the facility will make its best effort to accommodate each individual's beliefs based upon the resources available at the time of death and any state mandates by the Medical Examiner's Office.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

SURGE CAPACITY PLAN



SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

SURGE CAPACITY PLAN

This Plan is for the surge of Skilled Nursing or Assisted Living Residents from another evacuating healthcare facility.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Contact with the facility will most likely be through phone communication. It may be from the evacuating facility or through the local/regional Emergency Operations Center. When a notification is received, the individual taking the call should immediately document the entire message. If possible, the call should be forwarded to the on-site individual in-charge of the facility at the time.
- When notified, attempt to obtain the following information:
 - Total number of arriving residents and estimated time of arrival
 - Sending facility contact phone number(s) and contact name
 - Gender breakdown (# of male vs. # of female residents)
 - Number of arriving residents requiring wandering or other special precautions
 - Arriving residents requiring specialized medical needs (isolation, dietary, infection control)
 - Resident medical equipment needs, quantity, and type of medical equipment arriving with residents
 - Quantity and type (clinical or not) of staff arriving with residents
 - Determine whether medications accompany residents and if charts accompany residents
- Relay all information to the COO/ Administrator or Person-in-Charge of the facility at the time of the notification.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Assess the impact on facility operations and resident care. Develop an action plan and determine the need to activate Incident Command to manage the incident.
- Determine the current facility census and identify the number of open conventional beds and types of beds (sub-acute, dementia, psych, isolation, etc.).
- If the total number of arriving residents can be addressed through open beds within the licensed bed capacity of the facility, utilize Existing Licensed Beds.
- If the total number of arriving residents exceeds the open beds available within the licensed bed capacity, review the section on *“Surging Beyond Licensed Bed Capacity”*.
- Determine the need to call in additional nursing or resident care staffing.
 - Attempt to identify the quantity and type (RN, LPN, CNA, other) of staff that may be provided by the sending facility.
- Determine the need to call in additional ancillary staff such as Dining Services, EVS/Housekeeping, Laundry, Maintenance, etc.
- Maintain staff to resident ratios necessary to meet resident needs throughout the situation.
- Conduct a baseline inventory of all supplies with a specific focus on the following departments:
 - Dining Services – types and quantity of food and beverage

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Nursing – types and quantity of medical equipment (pumps, oxygen cylinders/concentrators, oxygen tubing/cannulas/masks, etc.) and medications
- EVS/Housekeeping / Laundry – the number of linens
- Maintenance – types and quantities of beds, mattresses, privacy dividers, etc.
- Assess the type and quantity of equipment/supplies that will be arriving from the evacuating facility if possible.
- Contact vendors to request additional supplies, as necessary, for additional equipment and supplies.
- Determine the need to communicate with the Department of Health. Provide on-going periodic updates, as necessary.
- Consider notifying key stakeholders, as appropriate, including the Local Office of Emergency Management, Local Fire & EMS, and the facility Ombudsmen. Provide on-going periodic updates, as necessary.
- Designate an individual to oversee the set-up and operations of the triage area.
- Designate an individual to prepare and provide statements to the media and to families. Coordinate statements with the evacuating facility and emergency agencies.
- Communicate with the sending facility the total number of residents received along with the specific name of each resident received.

NURSING / OPERATIONS SECTION CHIEF

- Establish a triage area located at Main Lobby.
- Ensure adequate staffing and supplies at the triage location. Consider the following:
 - Staffing
 - Nursing (triage, managing care)
 - Social Work
 - Food Service (food and beverage)
 - Administrative (tracking and documentation)
 - Supplies
 - Chairs/wheelchairs
 - Pens, paper, name tags, charting materials
 - Food and beverage
 - Medications
 - Portable oxygen (cylinders, tubing, cannulas, etc.)
 - Blood pressure cuffs and stethoscopes
 - Standard precautions
- Document the arrival of all residents as they enter the triage area. Utilize *Attachment B – Influx of Residents Log*.
- Triage each arriving resident. If arriving residents do not arrive with any form of a disaster tag, or medical information, attempt to minimally collect and document the following information on each resident:
 - Name
 - Age
 - Responsible party
 - Medical diagnosis

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Medication allergies
- Other known allergies
- Diet restrictions / last meal
- Medications / last administered
- Mental status
- Mobility
- Hearing impairments
- Special precautions, procedures, or equipment
- Valuables with the resident
- Complete an initial nursing assessment of each arriving resident. Review any available medical records that accompanied the resident and establish an interim plan of care for each resident as appropriate. Establish a new chart, if necessary.
- If the sending facility has designated a fax line or email address, fax or email a completed copy of the *Influx of Residents Log* to the sending facility.
- Monitor resident psychological status. Provide additional Social Services support.
- Communicate with resident physicians, as necessary.

DINING SERVICES

- Provide a dietician to the Triage Area along with snacks and beverages.
- Modify planned menus, as necessary, to accommodate the additional residents.
- Maintain food supplies and provide meals for residents, additional staff, and possibly families.

PUBLIC INFORMATION OFFICER

- Consider separate staging locations (internal or external) for media and family members, as necessary.
- Attempt to unify families / responsible parties with residents as quickly as possible.

HUMAN RESOURCES / PLANNING SECTION CHIEF

- Review and confirm arriving staff has ID badges provided by the facility where they are employed.
- Log staff in as they arrive. Provide temporary facility ID, if necessary.
- Identify where, and to whom, arriving staff are to report.
- Disaster privileges may be granted upon presentation of a valid government-issued photo ID (i.e. driver's license or passport), and any of the following:
 - A current picture ID or another ID card from a Hospital or Nursing Home / Assisted Living facility.
 - A current license certification or registration to practice and a valid picture ID issued by a state, federal or regulatory agency. A primary source of verification must be given where applicable.
 - Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or Medical Reserve Corps (MRC).

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Identification indicating that the individual has been granted authority to render resident care in emergency circumstances. Such authority having been granted by a federal, state, or municipal entity.
- Presentation by a current organizational staff member(s) with personal knowledge of the practitioner's identity.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

PREPARING AREAS FOR SURGE OF RESIDENTS

SURGING BEYOND LICENSED BED CAPACITY

- Verify the quantity and location of open beds throughout the facility. Utilize open beds as the first phase of resident placement. The establishment of surge areas will address the second phase of resident placement.
- Do not consider beds that are being held for a confirmed admission.
- When feasible, utilize open beds that are proximal to each other to avoid scattering residents throughout the facility.

OPTIONS FOR INCREASING CAPACITY

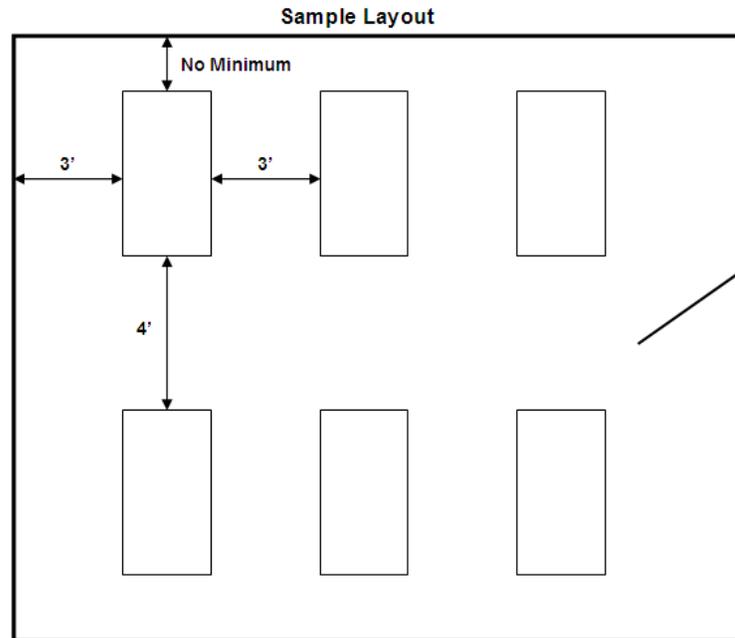
- Identify options for adding beds to existing sleeping rooms (i.e. a single room becomes a double room, a double room becomes a triple room, etc.).
- Identify options to transform non-sleeping areas into temporary sleeping/resident care areas. Consider the following areas:
 - Activity Rooms
 - Lounges
 - Dining Rooms
 - Auditoriums
 - Meeting Rooms
 - Rehab / Therapy Rooms
- Identify areas served with emergency power to support residents requiring critical electric medical equipment.

SURGE AREA SET-UP

- Set-up surge locations using internal available supplies first. Consider the following options to obtain additional supplies:
 - Vendors
 - Supplies from the resident sending facility
 - Local Office of Emergency Management
 - Other healthcare facilities
- When establishing groupings of beds, or cots, attempt to place privacy dividers between them.
- Provide night lighting in each surge area and provide call devices for each resident.
- Designate toilet and wash sink locations for each established surge area.
- Provide storage areas for resident belongings. Key personal belongings such as eyeglasses, hearing aids, prostheses, dentures, etc. should be located proximal to the resident. Other items such as clothing, shoes, etc. may be stored in a separate location.
- Consider establishing one or more provisional work station(s) located within or near surge areas.
- Provide constant clinical staffing in surge areas located outside of normal resident care areas.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Ensure all surge arrangements do not impede egress or reduce life safety. Consider the following guidelines (see diagram):
 - Maintain three (3) feet between beds/cots/mattresses
 - Maintain four (4) foot egress paths to the exit access corridor
 - Designate an 8.5 ft. x 4.5 ft. footprint for each sleeping space (this considers an average 7 ft. x 3 ft. mattress and a 1.5 ft. perimeter). Adjust as necessary if using a bed or cot.
- Communicate surge area arrangements with the Department of Health if spacing guidelines cannot be accomplished.



MEDICATIONS AND MEDICAL RECORDS

- Develop and designate specific storage locations for resident medications and medical records.

CONTINUING CARE

- Monitor resident toilet needs and provide staff to accompany residents to toilet facilities.
- Maintain infection control standards.
- Monitor residents' clinical status and report all changes in condition to the DON or Medical Director.
- Monitor resident psychological status. Provide additional Social Services support.
- Provide resident activities.
- Establish a process for constant monitoring of surge areas.

RETURN TO NORMAL OPERATIONS / RECOVERY

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ATTACHMENT A – SURGE EQUIPMENT STORAGE

Item	Quantity	Location
Beds	12	Lower Level
Cots	20	
Mattresses	20	
Linen		
Pillows		
Blankets		
Tap Bells	12	
Privacy Partitions		
Oxygen Cylinders	24	Each Floor O2 Storage Area
Oxygen Cylinder Regulators	Built into cylinder	
Other:		

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ATTACHMENT B – INFLUX/SURGE OF RESIDENTS LOG

(Accounting for Incoming Residents and Equipment)

Make additional copies prior to use.

1. FACILITY NAME				2. DATE/TIME PREPARED				3. INCIDENT DESCRIPTION										
4. TRIAGE AREA (for entry into the facility)																		
Arrival Time	Facility Received From	Medical Record # or Triage #	Resident Name (Last, First)	Sex	DOB/ Age	Original Chart Arrived w/ Resident		Meds & MAR Arrived w/ Resident		Equipment Received	Family Notified: Name, Date, Time, Phone # w/ Area Code			Primary Physician Notified: Name, Date, Time, Phone # w/ Area Code			Time Left Triage/ Destination	
						(Y)	(N)	(Y)	(N)		Y	N		Y	N			
5. SUBMITTED BY				6. PHONE NUMBER				7. DATE/TIME SUBMITTED										

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ATTACHMENT C – SURGE PLANNING WORKSHEET

Surge Capacity Goal (10% beyond the Licensed Bed Capacity): _____

Internal Location	Ability to Set-up (1) – quick (2) – moderate (3) – extended	Set-up Instructions and Notes	Use Priority (high) (mid) (low)	Max. Capacity
SAMPLE – 1st Floor Therapy Suite	2	Move all tables, chairs, and equipment to the east end of the room. Set-up four (4) groupings of four (4) cots or mattresses. One resident accessible toilet within the space. No nurse call. Tap bells will be required.	high	12

Total: _____

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

Insert Surge Floor Plans

SECTION C: INCIDENT COMMAND SYSTEM

SECTION C:

INCIDENT COMMAND SYSTEM

INCIDENT COMMAND SYSTEM

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SECTION C: INCIDENT COMMAND SYSTEM

CONCEPT OF OPERATIONS

Nursing Home Incident Command (ICS)

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

When an emergency impacts our facility, the response is guided by rapid assessment and Incident Action Planning. Incident Action Planning is a core concept that takes place regardless of incident size or complexity. Our Incident Action Planning involves these essential steps:

Assess the situation

Situational intelligence is critical in developing the response actions, providing insight on the impact, and projecting the span of an event. Our facility has access to established mechanisms and systems within the community (city, county, regional, or state) that may provide and verify situational information. These systems include, but are not limited to, the following:

- Liaison contacts with the local, regional, or state Emergency Operations Center, emergency response agencies, and other healthcare organizations
- Other electronic reporting or information sharing systems

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. Our facility implements the completion of the “Department Rapid Assessment Form” upon activation of our Emergency Operations Plan. Each department and resident care area completes and forwards the assessment form to the Command Center for use in analyzing the impact of the event on our operations and resident care services.

Establish incident objectives

The Incident Commander sets the overall command objectives to manage the response to the incident, ensuring staff and resident safety as the highest priority.

Incident objectives are discussed and reviewed with the Section Chiefs in a briefing conducted by the Incident Commander and are captured using form 202A - Incident Objectives.

Determine strategies to achieve the incident objectives

Once the incident objectives have been established, the Incident Commander reviews with the Section Chiefs the appropriate strategies necessary for the response. This provides a plan of action for each activated section, clearly identifying actions and duties while ensuring no duplication of efforts. Objectives should be developed that provide clear direction and define what needs to be done. Conducting an assessment of building damage, or what is functional or not functional, is an

SECTION C: INCIDENT COMMAND SYSTEM

example of a clear objective to be carried out. In this example, the Logistics Section chief would be tasked with assigning staff to complete Form 251A – Facility System Status Report.

Provide tactical direction and ensure it is followed

Tactical directions provide the staff responders with the actions to be taken and identify the resources needed to complete the task. For example, assessing the building for damage after an event will require the necessary tools, such as protective equipment, checklists (251A – Facility System Status Report) to document the assessment, etc. Actions undertaken should be assessed for their effectiveness and revised or adapted if they are unsuccessful.

Incident Command Team

The ICS is a flexible and adaptable system that can be sized for any emergency event. Some emergencies are minor and limited in scope, while large disasters can have a severe and prolonged impact on operations.

The only ICS position that is activated for every emergency is the Incident Commander. The Incident Commander will determine what other positions are necessary to effectively manage the incident. If the Incident Commander can manage the response during a minor incident, there is no need to activate other positions.

SECTION C: INCIDENT COMMAND SYSTEM

Activation of the Incident Command System

In the event of a disaster (or notification of the potential for one), the person in charge of the facility at the time (or person designated as the Incident Commander) shall:

1. Activate the Command Center by notifying facility leadership staff that will serve as Section Chiefs and Command Center personnel. Indicate a **Code D**.

First 15 minutes in the Command Center:

- Gather basic intelligence/information.
 - Review the organizational chart and activate the necessary positions or sections.
 - Establish necessary key positions (usually Operations and Logistics). Identify them with vests, tags, or other means. Brief them on the nature of the problem.
 - Develop Incident Objectives to address **immediate** strategies. Consider what actions must be accomplished in the short term and long term. These will be refined by the Section Chiefs in the Section Incident Objectives. **POST** and **COMMUNICATE** the immediate objectives in the Command Center.
 - **Emergency Procedures / Job Action Sheets / Forms:** Ensure the specific tools for Command Staff and Section Chiefs are distributed.
2. Establish a Command Center at the affected facility, as follows:
 - **Primary Location:** Administrative (John Andrus) Conference Room X684
 - **Alternate Location:** Main Floor Lounge
 3. Decide the specific disaster plan(s) to be followed and have staff follow the procedural guidelines outlined in the Emergency Operations Plans / Procedures.
 4. Address Communications:
 - **Internal Communications:** *Ensure all systems are functional for inbound and outbound communications.*
 - **External Communications:** *Establish communications with emergency responders, local/state health, or other entities.*

SECTION C: INCIDENT COMMAND SYSTEM

Internal Communications during a Disaster

Depending upon which systems are functional in a particular disaster, the following devices will be used:

- Overhead Paging System
- Normal Telephones
- *Portable Radios
 - Key Areas for Communication Include:
 - Command Center
 - Resident Care Units
 - Labor Pool
 - Holding Areas and Evacuation Teams (if evacuating)
- *Cell Phone(s)
- Runners
- E-Mail
- Facility Website
 - In addition to the news media, this communication pathway can keep the community informed of conditions at the health care facility.
 - Give specific information to staff at home and/or their families.
- Dry-erase boards, bulletin boards, or flip charts to keep staff within the facility updated regarding disaster status, the expected duration of the incident, etc.
- Managers should have Staff Informational Meetings at the start of each shift during a long duration event.

*(In the event of a Bomb Threat, do not utilize these devices without approval from on-site law enforcement officials).

External Communications during a Disaster

If telephone service has been disrupted:

- Try email, cell phones and direct wire phones (phones outside the main system, e.g., fax lines) when applicable. If phones are overloaded, try text messaging (uses less bandwidth).
- Electronic reporting or information sharing systems.
- Go to local radio and television stations to request broadcasts.
- Seek help from the local or state Office of Emergency Management. Ask for contact with Amateur Radio Emergency Service (ARES).
- When possible, a recorded message will be available on a designated phone line or the facility website. It may cover the following:
 - Advice for families and responsible parties
 - Advice for staff as to when and where to report
 - Advice for staff families

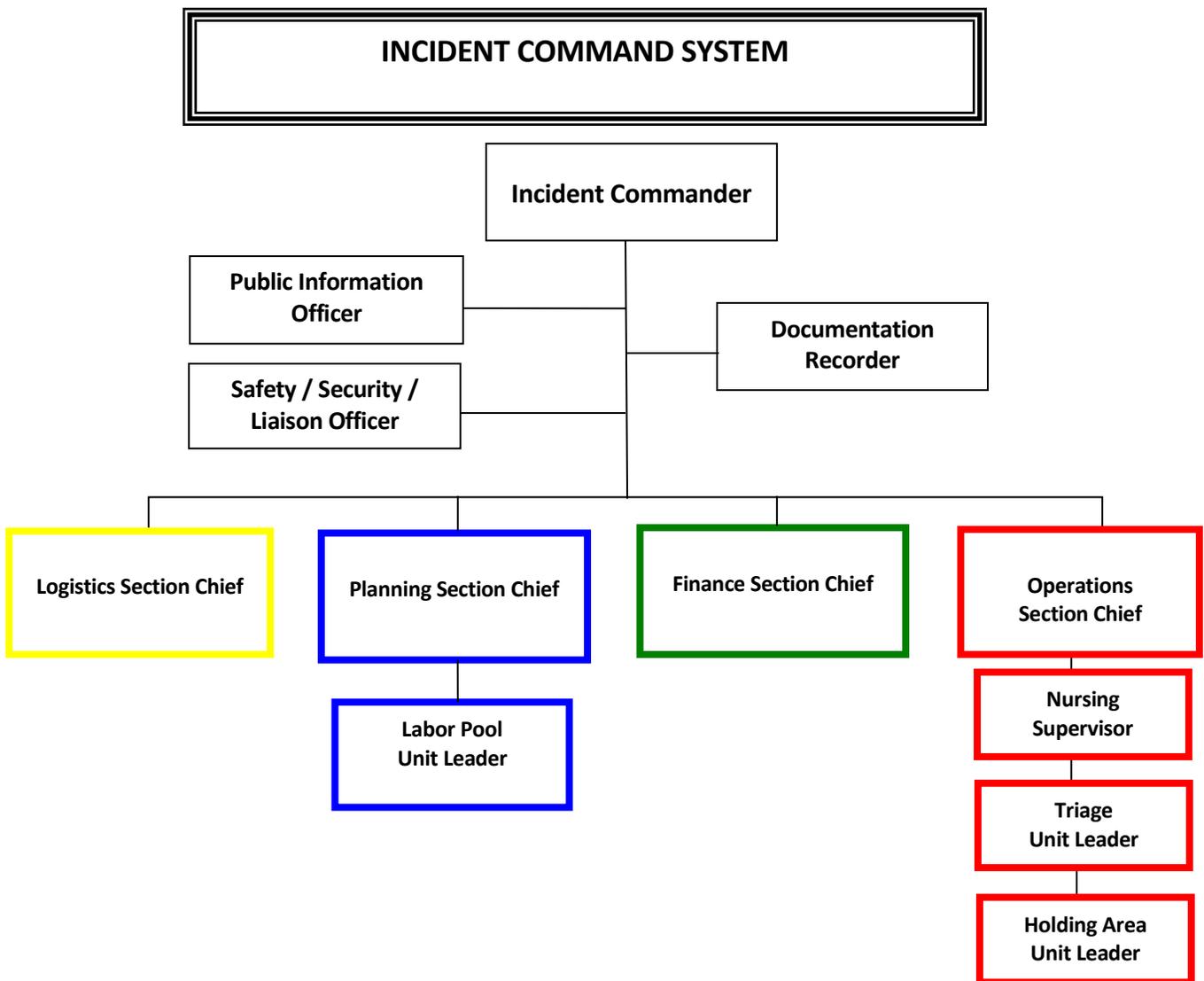
TELEPHONE NUMBERS TO HAVE AT THE COMMAND CENTER

- Emergency Agencies and the Department of Health
- All department extension phones and fax lines
- Contact numbers for key personnel (page, home, cell phone, fax, e-mail, next-of-kin)

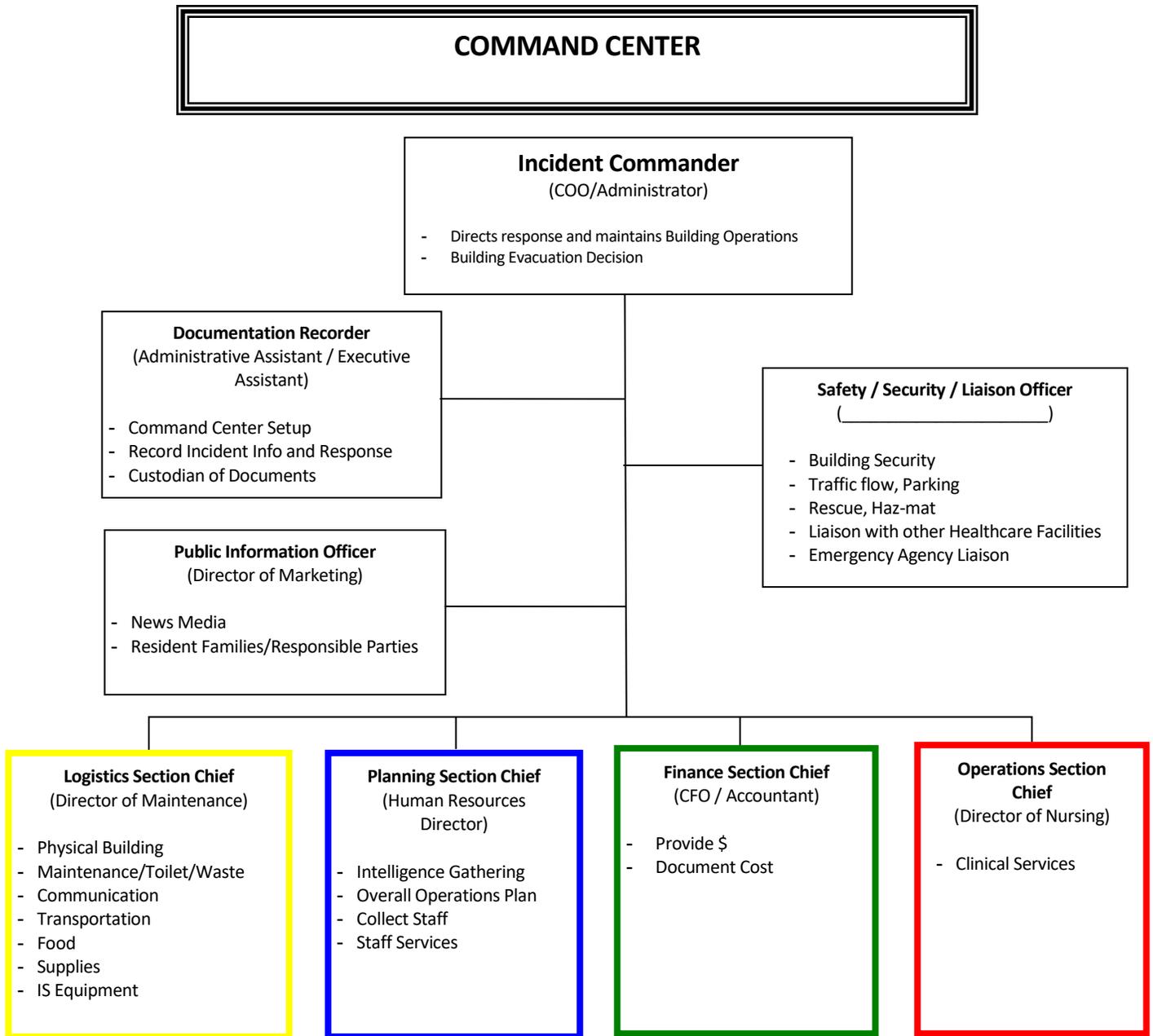
SECTION C: INCIDENT COMMAND SYSTEM

- Employee home phone numbers and next-of-kin phone numbers / notification list
- Elevator telephone numbers
- Regional contacts/vendors, media, pharmacies, etc.

SECTION C: INCIDENT COMMAND SYSTEM



SECTION C: INCIDENT COMMAND SYSTEM



SECTION C: INCIDENT COMMAND SYSTEM

INCIDENT COMMANDER

Mission: Organize and direct Command Center. Give overall strategic direction for facility incident management and support activities, including emergency response and recovery. Authorize total facility evacuation.

<p>Date: _____ Start: _____ End: _____</p> <p>Position Assigned to: _____</p> <p>Alternate(s): _____</p> <p>You Report To: Command Center</p> <p>Command Center Locations:</p> <p>Primary: Administrative (John Andrus) Conference Room Telephone: X684</p> <p>Alternate: Main Floor Lounge</p> <p>Radio Title: _____</p> <p>Attached Forms and Information:</p> <ul style="list-style-type: none"> ▪ Incident Action Plan (IAP) Quick Start Form ▪ 201A - Incident Briefing ▪ 202A - Incident Objectives ▪ 213A - Incident Message Form ▪ 301 - Department Rapid Assessment Form ▪ Resident Care Department / Unit Evacuation Status Form

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Initiate the Healthcare Incident Command System by assuming role of Incident Commander.	
Read disaster-specific procedures. Review Incident Command System organizational chart.	
Activate particular Section Chiefs positions, as necessary. Distribute: <ul style="list-style-type: none"> ▪ Job Action Sheets for each position ▪ Identification for each position ▪ Forms pertinent to Section and positions 	
Activate Public Information Officer, Safety/Security/Liaison Officer and Documentation Recorder, as necessary. Distribute Job Action Sheets.	
Announce a status/action plan meeting of all activated Section Chiefs to be held within 5 to 10 minutes.	
Request all department heads and unit managers to complete the “ Departmental Rapid Assessment Form ” and forward to the Command Center by fax or runner.	
Receive status report and discuss an initial action plan with Section Chiefs. Determine appropriate level of service during immediate aftermath.	

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
Receive initial facility damage survey report from Logistics Section Chief, if applicable. Evaluate the need for partial or full building evacuation. If evacuation of the facility is necessary, see supplemental actions. Evaluate need to lock down the campus/facility, in consultation with the Safety/Security/Liaison Officer.	
Obtain resident census and status from Planning Section Chief. Call for a facility-wide projection report for 4, 8, 24 & 48 hours from time of incident onset. Adjust projections, as necessary.	
Authorize a resident prioritization assessment for the purpose of designating appropriate early discharge if additional beds are needed (i.e. Rehab and/or Short Stay Unit).	
Ensure contact and resource information has been established with outside agencies (i.e.: Police/Fire/EMS, local/state health, other healthcare facilities) through the Safety/Security/Liaison Officer.	
Intermediate Actions:	√
Authorize resources, as needed or requested by Section Chiefs.	
Designate routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and termination of the action plan.	
Notify the State Department of Health, if applicable.	
Consult with Section Chiefs regarding food and shelter needs of staff, physicians, and volunteer responders. Consider needs of staff dependents and pets. Authorize plan of action.	
Ensure section personnel utilize Emergency Incident Time Sheet to document hours worked/volunteered during extended emergency incident operations.	
Extended Actions:	√
Approve media releases submitted by Public Information Officer or deliver releases yourself.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to Psychological Support Team. Provide rest periods and relief for staff.	
Full Building Evacuation Related Actions:	√
Activate the Full Building Evacuation Plan via facility wide announcement.	
Direct Safety/Security/Liaison Officer to notify and coordinate the evacuation with emergency services and other healthcare facilities.	
Have each unit/department complete a "Department Rapid Assessment Form". See the Plan Activation section.	
Ensure a Labor Pool has been established through the Planning Section Chief. Ensure Holding Areas have been established through the Operations Section Chief.	

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:	√
Ensure both internal and external transportation is being addressed through the Section Chiefs and Safety/Security/Liaison Officer.	
Determine evacuation options and capacity through the Operations & Planning Section Chiefs and the Safety/Security/Liaison Officer.	
Determine evacuation priority and feasibility with input from Section Chiefs, Safety/Security/Liaison Officer and Emergency Services.	
Utilize the “Resident Care Department / Unit Evacuation Status Form” to determine evacuation priority and to track areas that have been evacuated. Make extra copies, as necessary.	
Ensure adequate staff and initiate staff call-back, as necessary.	
Ensure evacuation floor plans and Resident Preparation Guide (for the units) is readily available.	
Ensure communication with receiving facilities via the Safety/Security/Liaison Officer prior to publicly announcing sites that are receiving evacuated residents.	
Ensure proactive phone calls and other communications are taking place with Resident Responsible Parties (resident families and physicians). Coordinate with PIO and the Operations Section Chief.	
Commence evacuation once the Holding Area is established, evacuation groups are in place, and transportation resources (bus, ambulance, etc.) are available.	

ANDRUS ON THE HUDSON

DESIGNATED AREA LOCATIONS & TELEPHONES

Command Center

	<u>Location:</u>	<u>Telephone #</u>
Primary:	Administrative (John Andrus) Conference Room	x 684
Alternate:	Main Floor Lounge	

Labor Pool

Primary Location:	Staff Dining Room	x 628
Alternate Location:	Lower Level Rotunda	

News Media Staging

Primary Location: Auditorium
Alternate Location: Main Floor Lounge

Responsible Party (Family) Area

Primary Location: Main Floor Resident Dining Room
Alternate Location: Staff Dining Room

Dependent Care Area

Primary Location: Main Floor Lounge
Alternate Location: Auditorium

Triage (Influx of Residents)

Primary Location: Lobby

Triage (Internal Staging) during an Evacuation:

Skilled Nursing Residents

Holding Area

Primary Location: Main Dining Room

5. Health and Safety Briefing Identify y potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. — HICS 202 —

6. Incident Objectives — HICS 202, 204 —

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO

7. Prepared by PRINT NAME: _____ SIGNATURE: _____
 DATE/TIME: _____ FACILITY: _____

Purpose: Short form combining HICS Forms 201, 202, 203, 204
Origination: Incident Commander or Planning Section Chief
Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202A – INCIDENT OBJECTIVES		PURPOSE: Define Objectives and Issues for Operational Period	
1. INCIDENT NAME / TYPE		2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD DATE/TIME			
5. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES) KEY QUESTIONS: What are the issues, how are they going to be addressed (resources), who is responsible, and considerations for next operational period.			
Issues:			
A.			
B.			
C.			
D.			
E.			
F.			
6. WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (include as appropriate: forecast, wind speed/direction, daylight)			
7. GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN (Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions)			
8. ATTACHMENTS (mark if attached)			
<input type="checkbox"/> Incident Communications Plan - HICS 205		<input type="checkbox"/> Traffic Plan	
<input type="checkbox"/> Facility System Status Report – HICS 251		<input type="checkbox"/> Incident Map	
<input type="checkbox"/> Other _____			
9. PREPARED BY:		10. APPROVED BY (INCIDENT COMMANDER):	
11. FACILITY NAME Andrus on Hudson			

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202A – INCIDENT OBJECTIVES

Utilize a white board or flip chart to display information

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

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)			
1. FROM (Sender):		2. TO (Receiver):	
3. DATE	4. TIME	5. SENT VIA <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	6. REPLY REQUESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

Andrus on the Hudson	Form 301 - Department Rapid Assessment Form
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THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code D** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

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

1. Staffing Show total staff presently on duty by title/position

Are you staffed at a safe minimal level for the disaster? Yes / No If no, do you need to recall staff from home? Yes / No

Type of Position	Number Present	Available for the Labor Pool (if needed)

2. Total Unit Resident Census: _____ **3. Total Residents for Discharge to Home:** _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility

Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:
------------	-----------------	-----------------------

5. Resource Status Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)

Resource	Quantity On Hand	Available for Deployment	Resource	Quantity On Hand	Available for Deployment
Wheelchairs			Geriatric Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)

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

SECTION C: INCIDENT COMMAND SYSTEM

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

7. Operational Status *Are you fully operational, limited capability, non-operational (describe). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)*

<input type="checkbox"/> <i>Fully Operational</i>	<input type="checkbox"/> <i>Limited Capability</i>	<input type="checkbox"/> <i>Non-operational</i>

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: *If additional information is necessary, please send on a separate sheet.*

STAFFING: *If off-duty staff cannot come in, how long can you operate?*

SUPPLIES: *List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):*

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

OTHER RECOVERY ISSUES: *What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?*

SECTION C: INCIDENT COMMAND SYSTEM

UNIT / AREA EVACUATION STATUS

For Use by Command Center

Checklist for Resident Areas Being Evacuated

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

SECTION C: INCIDENT COMMAND SYSTEM

DOCUMENTATION RECORDER

Mission: Assist in the set-up and function of the Command Center. Record pertinent data, incidents, and responses as they occur. Act as custodian of all logged/documented communications.

Date: _____ Start: _____ End: _____
Position Assigned to: _____
Alternate(s): _____
You Report To: Command Center
Command Center Locations:
Primary: Administrative (John Andrus) Conference Room Telephone: X684
Alternate: Main Floor Lounge Radio Title: _____
Attached Forms and Information: <ul style="list-style-type: none"> ▪ 201A – Incident Briefing ▪ 202A – Incident Objectives ▪ 202B – Section Objectives ▪ 213A – Incident Message Form ▪ 214A – Operational Log

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Report to the Command Center for initial briefing.	
Read this entire Job Action Sheet and review the organizational chart. Ensure identification badge is worn and visible at all times.	
Ensure the Command Center is properly set up and writing/documentation supplies made available.	
Monitor and document all communications sent and received by Command Center, using Emergency Incident Message Form, as necessary.	
Establish/maintain time-log of actions taken at the Command Center, using Activity Log.	
Establish a status board at the Command Center with a documentation aide. Consider the use of a white board or flip chart for this purpose. Ensure this board is kept current.	
Receive and hold all documentation related to internal facility communications.	
Consider obtaining additional Documentation Aides from the Labor Pool to assist with radio and telephone communications, dependent upon the magnitude of the incident.	

SECTION C: INCIDENT COMMAND SYSTEM

Intermediate Actions:	√
Hold all documentation received at the Command Center.	
Obtain status reports from all Section Chiefs for use in decision making, post-disaster evaluation and recovery work with Incident Commander and Planning Chief.	
Ensure that an adequate number of recorders are available to assist areas as needed. Coordinate personnel with Labor Pool.	
Publish an internal incident informational sheet for employee information at least every 4-6 hours.	

Extended Actions:	√
Review final written report of disaster. Ensure all times, data, information, etc. have been recorded correctly.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to the Psychological Support Team.	

SECTION C: INCIDENT COMMAND SYSTEM

HICS 201A – INCIDENT BRIEFING	PURPOSE: Document Initial Response Information and Actions Intake	
1. INCIDENT NAME / TYPE	2. DATE OF BRIEFING	3. TIME OF BRIEFING
4. EVENT HISTORY AND CURRENT ACTIONS SUMMARY – DOCUMENT INPUT FROM SECTION CHIEFS		
5. CURRENT ORGANIZATION – USE PROPER NAMES TO IDENTIFY POSITIONS		

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202A – INCIDENT OBJECTIVES	PURPOSE: Define Objectives and Issues for the Operational Period		
1. INCIDENT NAME / TYPE	2. DATE PREPARED	3. TIME PREPARED	
4. OPERATIONAL PERIOD DATE/TIME			
5. GENERAL COMMAND AND CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES) KEY QUESTIONS: What are the issues, how are they going to be addressed (resources), who is responsible, and considerations for next operational period.			
Issues:			
A.			
B.			
C.			
D.			
E.			
F.			
6. WEATHER / ENVIRONMENTAL IMPLICATIONS FOR PERIOD (include as appropriate: forecast, wind speed/direction, daylight)			
7. GENERAL SAFETY / STAFF MESSAGES TO BE GIVEN (Examples: Personal Protective Equipment (PPE), Precautions, Case Definitions)			
8. ATTACHMENTS (mark if attached)			
<input type="checkbox"/> Incident Communications Plan - HICS 205		<input type="checkbox"/> Traffic Plan	
<input type="checkbox"/> Facility System Status Report – HICS 251		<input type="checkbox"/> Incident Map	
<input type="checkbox"/> Other _____			
9. PREPARED BY:		10. APPROVED BY (INCIDENT COMMANDER):	
11. FACILITY NAME: Andrus on Hudson			

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202A – INCIDENT OBJECTIVES				
Utilize a white board or flip chart to display information				
Operational Period Issues	Solution / Fix for Issue	Resources Necessary (staff, equipment, etc.)	Responsible Party	Considerations for Next Operational Period
Operational Period:				

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES

CHECK APPROPRIATE SECTION: Operations Planning Logistics Finance

Operational Period:

Prepared by (Name):

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

Forward to Command Center by fax or runner (retain copy)

SECTION C: INCIDENT COMMAND SYSTEM

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

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

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

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

9. ACTION TAKEN (if any): (TO BE FILLED OUT BY RECEIVER)

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME: Andus On Hudson

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

SAFETY /LIAISON OFFICER

Mission: Function as incident Contact Person for representatives from other agencies (i.e. Fire/Police/EMS, local/state EOC, other healthcare facilities). Organize and enforce facility protection, traffic, parking & security. Organize and coordinate internal and external communications. Monitor and have authority over the safety of disaster operations and hazardous conditions. Secure transportation resources during an evacuation.

Date: _____ Start: _____ End: _____
Position Assigned to: _____
Alternate(s): _____
You Report To: Command Center
Command Center Locations:
Primary: Administrative (John Andrus) Conference Room Telephone: X684
Alternate: Main Floor Lounge Radio Title: _____
Attached Forms and Information: <ul style="list-style-type: none"> ▪ 205A – Incident Communications Log ▪ 213A – Incident Message Form ▪ IL Resident Departure – Tracking Form

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Obtain briefing from Incident Commander.	
Ensure radios & cell phone(s) are brought to the Command Center for emergency communication needs. Distribute radios and cell phone(s), as necessary.	
Implement the facility’s emergency lockdown policy and enforce the personnel identification policy, as necessary.	
Review city and municipal emergency organizational charts to determine appropriate Liaison contacts and message routing (i.e. HPN/HHAN, etc.).	
Remove unauthorized persons from restricted areas. Utilize maintenance and contract security staff (as necessary) to secure security sensitive areas and control access, if necessary.	
Secure the Command Center, Resident Care, and other sensitive or strategic areas from unauthorized access.	
Communicate with the Logistics Section Chief to secure and post non-entry signs around unsafe areas. Keep staff alert to identify and report all hazards and unsafe conditions to the Logistics Section Chief.	
Secure areas evacuated to and from to limit unauthorized personnel access.	

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
During a surge event, establish vehicle off-loading area in cooperation with the Operations Section Chief for residents who may be coming from an evacuated facility.	
Establish communication with the inter-healthcare facility emergency communication network (HHAN) municipal Command Center. Relay current facility status.	
Establish mechanism to alert Code Team and Fire Response Team to respond to internal resident and/or physical emergencies, i.e. medical emergencies, fires, <u>if normal means of communications are affected</u> by incident.	
Establish contact with Liaison counterparts of each assisting and cooperating agency (i.e., Police, Fire, local or county EOC/Command Center). Keep governmental Liaison Officer updated on changes and development of your facility's response to incident.	
Intermediate Actions:	√
Provide vehicular and pedestrian traffic control, as needed.	
Secure food, water, medical and other emergency resources, as needed.	
Prepare to assist the Planning Section Chief with problems encountered in the volunteer credentialing process.	
Relay any special information obtained to appropriate personnel in the facility.	
Extended Actions:	√
Inventory any material resources that may be sent to another healthcare facility or authorized shelter, upon official request, and determine method of transportation, if appropriate.	
Supply casualty data and other requested information to the appropriate authorities. Prepare the following minimum data: <ul style="list-style-type: none"> ▪ Number of Long Term Care qualified residents received (if a surge event) ▪ Number discharged to home or other facilities ▪ Number dead or injured, if any ▪ Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition, if any 	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to Incident Commander.	
Provide rest periods and relief for staff.	
Full Building Evacuation Related Actions:	√
Communicate with the Operations & Planning Section Chiefs regarding the number and type of transportation resources required for residents being evacuated.	
Secure ambulance or other transportation for residents being evacuated, identifying transportation needs for ambulatory and non-ambulatory residents. Request transportation resources via the local EOC or EMS/Fire.	

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:	v								
Provide for vehicular traffic control and establish vehicle staging areas as requested. Unless otherwise requested, it will be necessary to stage vehicles on Main Drive-in and Loading Dock to prevent congestion. Coordinate vehicle staging with local Police.									
Establish vehicle loading area(s) at building entrances for residents who are being evacuated from the facility.									
Designate an individual to direct the “on-site staging” of vehicles and establish traffic flow from staging to the appropriate Discharge Points.									
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">HOLDING AREA</th> <th style="text-align: center;">DISCHARGE POINTS</th> </tr> </thead> <tbody> <tr> <td>Skilled Nursing Residents Non-Ambulatory Residents</td> <td>Traffic Circle Front of Building</td> </tr> <tr> <td>Skilled Nursing Residents Ambulatory Residents</td> <td>Lower Level Employee Exit</td> </tr> <tr> <td>Memory Care Residents</td> <td>Direct to awaiting Transportation</td> </tr> </tbody> </table>	HOLDING AREA	DISCHARGE POINTS	Skilled Nursing Residents Non-Ambulatory Residents	Traffic Circle Front of Building	Skilled Nursing Residents Ambulatory Residents	Lower Level Employee Exit	Memory Care Residents	Direct to awaiting Transportation	
HOLDING AREA	DISCHARGE POINTS								
Skilled Nursing Residents Non-Ambulatory Residents	Traffic Circle Front of Building								
Skilled Nursing Residents Ambulatory Residents	Lower Level Employee Exit								
Memory Care Residents	Direct to awaiting Transportation								
Coordinate evacuation receiving sites. Inform Holding Area of receiving sites and the type of residents they can accept.									
Place facility Public Information Officer in contact with Public Information Officers of other agencies.									
Provide for the transportation/shipment of resources (equipment & supplies) into and out of the facility.									
Once the facility is evacuated, be prepared to secure appropriate areas. Consider contracting security services during the evacuation and in securing the facility once the evacuation has been completed.									

SECTION C: INCIDENT COMMAND SYSTEM

Display Clearly in Command Center

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

SECTION C: INCIDENT COMMAND SYSTEM

Display Clearly in Command Center

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

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)			
1. FROM (Sender):		2. TO (Receiver):	
3. DATE	4. TIME	5. SENT VIA <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	6. REPLY REQUESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME Andrus on Hudson

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

PUBLIC INFORMATION OFFICER (PIO)

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

Date: _____ Start: _____ End: _____	
Position Assigned to: _____	
Alternate(s): _____	
You Report To: Command Center	
Command Center Locations:	
Primary: Administrative (John Andrus) Conference Room Telephone: X684	
Alternate: Main Floor Lounge	
Responsible Party (Family) Area Locations:	
Primary: _COO_____	Telephone: _____
Alternate: _Director of SW__	Telephone: _____
Public Information (News Media) Area Locations:	
Primary: ___CEO_____	Telephone: _____
Alternate: ___COO_____	Telephone: _____
Radio Title: _____	
Attached Forms and Information:	
<ul style="list-style-type: none"> ▪ 213A – Incident Message Form ▪ Pre-scripted messages 	

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	v
Report to Command Center for briefing.	
Read this entire Job Action sheet and review organizational chart.	
Identify restrictions in contents of news release information from incident.	
Develop a communications strategy and plan to inform the residents of the event and actions being taken. <ul style="list-style-type: none"> ▪ Consider the use of the resident TV channel to assist in disseminating information. ▪ Consider preparing an informational brief to be hand delivered to each resident. ▪ Inform Incident Command of resident communication plan. 	
Establish a “Responsible Party (Family) Area.” Unless modified, see above. Ensure the use of the designated area does not conflict with other purposes and that the privacy of patient family members is taken into consideration.	

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
Establish a Media Staging and Briefing Area located away from the Command Center and resident care activity areas, as necessary. Determine if media staging will be inside or outside the building and use appropriate designated areas. Unless modified, see above locations.	
Prepare an initial press release, or informational statement to families, dependent upon the nature of the incident. Review content with incident Commander. See pre-scripted messaging.	
Intermediate Actions:	√
Develop updated public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public. Identify appropriate spokespersons to deliver the press briefings and public information announcements.	
Inform on-site media of the physical areas to which they have access and those that are restricted. Coordinate designation of such areas with the Safety/Security/Liaison Officer, and request security be assigned to the area, when appropriate.	
Contact external Public Information Officers from community and governmental agencies to ascertain and collaborate public information and media messages being developed by those entities to ensure consistent and collaborative messages from all entities.	
Issue an initial incident information report to the news media with the cooperation of Safety/Security/Liaison Officer. Relay any pertinent data back to Safety/Security/Liaison Officer and Documentation Recorder.	
Consider use of the facility website and/or Intranet to post incident or facility status information.	
Conduct or assign personnel to monitor and report to you (the PIO) incident and response information from sources such as the internet, radio, television and newspapers.	
Extended Actions:	√
Update media about facility, injury/casualty or other status as authorized by the Incident Commander.	
Direct calls from those who wish to volunteer to the Planning Section Chief. Determine requests to be made to the public via the media.	
Post general notices to keep staff updated on the disaster situation.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to Incident Commander. Provide rest periods and relief for staff.	
Full Building Evacuation Related Actions:	√
If other than yourself, identify appropriate spokespersons to deliver press briefings and public information announcements relative to the evacuation.	
Ensure communication with receiving facilities via the Safety/Security/Liaison Officer prior to publicly announcing sites that are receiving evacuated residents.	

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:	√
Ensure proactive phone calls and other communications are taking place with Resident Responsible Parties.	
Utilize internal communications systems (e.g., email, intranet, phone, written report postings, etc.) to disseminate current evacuation information and status update messages to staff.	

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)			
1. FROM (Sender):		2. TO (Receiver):	
3. DATE	4. TIME	5. SENT VIA <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	6. REPLY REQUESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME Andrus on Hudson

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

Pre-Scripted Messages

THIS MESSAGE IS FOR **RESIDENTS ONLY**

SHELTERING IN-PLACE

This is an announcement from the COO/Administrator and/or _____ Emergency Management Agency.

The _____ COO/Administrator/Emergency Management Agency has been notified by _____ that _____
(insert agency name)

(insert brief description of incident and location of incident)

and that the following precautions should be taken:

Emergency officials have advised that at this time there {is/is not} an immediate danger to the public and/or the environment.

However, as a precaution, residents should {go inside/stay indoors} closing all windows, doors and vents. Turn off all air conditioners.

Additional information will be made available as soon as possible. In the meantime, if you have any questions concerns or special needs please contact:

(name / title / phone number)

THIS MESSAGE IS FOR **RESIDENTS ONLY**

BUILDING EVACUATION – Temporary Relocation

This is an announcement from the COO/Administrator Due to _____
(incident type)

_____, it will be necessary to temporarily relocate residents from our facility to: _____

(name / location of Stop-Over Point / External Holding Area)

Your Families and Physicians will be notified by our staff. Nursing staff will be making rounds to ensure your care needs are met and they will inform you of additional details regarding this unexpected event.

We anticipate we will be able to return to the facility once the situation is resolved. At this time, we project we will be returning at approximately: _____
(Time / Hours)

Additional information will be made available as soon as possible. In the meantime, if you have any questions, concerns, or special needs, please contact:

(name / title / phone number)

SECTION C: INCIDENT COMMAND SYSTEM

THIS MESSAGE IS FOR **RESIDENTS ONLY**

BUILDING EVACUATION – evacuation to other healthcare facilities

This is an announcement from the COO/Administrator or _____. Due to _____
(incident type)
_____, it will be necessary to evacuate residents into other healthcare facilities.

Your Families and Physicians will be notified by our staff. Nursing staff will be making rounds to ensure your care needs are met and they will address any concerns you may have regarding this unexpected event.

Once the situation is resolved, residents will be returning to our facility. At this time, we project we will be returning at approximately: _____.
(Time / Hours)

Additional information will be made available as soon as possible. In the meantime, if you have any questions, concerns, or special needs, please contact:

_____.
(name / title / phone number)

SECTION C: INCIDENT COMMAND SYSTEM

THIS MESSAGE IS FOR **FAMILIES/RESPONSIBLE PARTIES ONLY**

RESIDENT EVACUATION

(Temporarily Housed, Projected a Return Time)

Due to _____,
(incident type)

it is necessary to temporarily relocate residents from our facility to ensure the safety of the residents. Residents are being temporarily housed at: _____

_____.

We anticipate we will be able to return to our facility once the situation is resolved. At this time, we project we will be returning at approximately: _____.
(Time / Hours)

Additional information will be made available as soon as possible. In the meantime, if you have any questions, concerns, or special needs, please contact:

(name / title / phone number)

(Temporarily Housed, No Projected Return Time)

Due to _____,
(incident type)

it is necessary to temporarily relocate residents from our facility to ensure the safety of the residents. Residents are being temporarily housed at: _____

_____.

At this time, we cannot project when we will be able to reoccupy the building.

Family members will be contacted by our staff and informed of the final destination of each resident.

Additional information will be made available as soon as possible. In the meantime, if you have any questions, concerns, or special needs, please contact:

(name / title / phone number)

SECTION C: INCIDENT COMMAND SYSTEM

THIS MESSAGE IS FOR **FAMILIES/RESPONSIBLE PARTIES ONLY**

RESIDENT EVACUATION

(Evacuated to Other Healthcare Facilities)

Due to _____,
(incident type)

residents are being evacuated to other area healthcare facilities who have agreed to provide shelter and care of the residents.

We anticipate we will be able to return to our facility once the situation is resolved.

Additional information will be made available as soon as possible. In the meantime, if you have any questions, concerns, or special needs, please contact:

_____.
(name / title / phone number)

SECTION C: INCIDENT COMMAND SYSTEM

THIS MESSAGE IS FOR THE **NEWS MEDIA** ONLY

BUILDING EVACUATION

(Temporary Relocation)

On _____ at approximately _____ am/pm, due to _____
(date) (time)

(description of event)

it became necessary to temporarily {relocate/evacuate} residents from our building, to ensure the safety of our residents and to be able to continue resident care.

At this time, Emergency Management Agency Officials have advised us:

We anticipate we will be able to return to the facility once the situation is resolved and it is deemed safe to do so by local emergency officials. At this time, we are projecting we will be returning at approximately: _____.
(Time / Hours)

(Evacuation to other Healthcare Facilities)

Due to _____,
(description of event)

our residents have been evacuated into other healthcare facilities to ensure their safety.

Our staff is in the process of notifying resident families. If families have questions or concerns, family members are requested to contact:

(name / title / phone number)

A family informational center has been established at:

Family members are requested not travel to the facility.

Additional information will be made available by our administration as soon as possible. In the meantime, if you have any questions, or need further information please contact:

(name / title / phone number)

Additional information regarding this event may be available from the _____ public information office by calling _____.
(telephone number)

SECTION C: INCIDENT COMMAND SYSTEM

LOGISTICS SECTION CHIEF

Mission: Organize and direct those operations associated with maintenance of the physical environment and adequate levels of food, water, shelter and supplies to support the medical objectives. Direct completion of facility assessments for damage. Determine what systems are operational and non-operational.

Date: _____ Start: _____ End: _____	
Position Assigned to: _____	
Alternate(s): _____	
You Report To: Command Center	
Command Center Locations:	
Primary: Administrative Office Area	Telephone: X684
Alternate: _____ Director of Facilities _____	Telephone: _____
Radio Title: _____	
Attached Forms and Information:	
<ul style="list-style-type: none"> ▪ 202B – Section Objectives ▪ 213A – Incident Message Form ▪ 214A – Operational Log ▪ 251A – Facility System Status Report ▪ 252A – Section Personnel Time Sheet ▪ 257A – Resource Accounting Record ▪ 301 – Department Rapid Assessment Form 	

ALL HAZARDS INCIDENT COMMAND

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

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
<ul style="list-style-type: none"> ➤ Identify areas where immediate salvage efforts should be directed in order to save critical services and equipment. ▪ Assign Food Services Director to: <ul style="list-style-type: none"> ➤ Estimate the number of meals that can be served utilizing existing food stores. Implement rationing if situation dictates. Take into consideration extra staff, visitors, staff families and an influx of residents when estimating meals. ➤ Inventory the current emergency drinking water supply and estimate time when re-supply will be necessary. Implement rationing if situation dictates. ➤ Report current inventory levels of emergency drinking water and food stores to the Command Center. Submit an anticipated-needs list of water and food based on current information concerning emergency events, as well as projected needs for residents, staff and dependents. ▪ Assign the Environmental Services/Housekeeping Director to: <ul style="list-style-type: none"> ➤ Implement pre-established alternative waste disposal/collection plan, if necessary (see Loss of Water/Sewer procedures). Enlist assistance from Infection Control. ➤ Ensure that all sections and areas of the facility are informed of the implementation of the alternative waste disposal/collection plan. ➤ Position portable toilets in accessible areas, away from resident care and food preparation. ➤ Ensure an adequate number of hand-washing areas are operational near resident care/food preparation areas, and adjacent to portable toilet facilities. ➤ Inform Infection Control personnel of actions and enlist assistance where necessary. ▪ Assign a staff member to: <ul style="list-style-type: none"> ➤ Assess internal transportation, personnel, materials and equipment needs for residents, if a surge of residents is being received from another healthcare facility or residents are being evacuated from this facility. Request additional personnel from the Planning Section Chief if necessary. ➤ Assemble Geri-chairs, wheelchairs and stretchers, and special evacuation equipment, as needed, and provide to the Labor Pool. ▪ Assign a staff member responsible for supplies to: <ul style="list-style-type: none"> ➤ Collect and coordinate essential medical equipment and supplies. ➤ Communicate the status of Storeroom/Supply area and inventories to the Command Center. Identify additional equipment and medical supply needs. ➤ Dispatch disaster supplies, as needed or requested. 	
Brief department directors on current situation. Coordinate development of facility status report. Outline action plan and designate time for next briefing.	
Set up damage assessment meeting with Incident Commander and assigned Unit Leaders.	
Ensure Department managers complete a Department Rapid Assessment Form and forward to Command Center.	

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
Prepare for the possibility of evacuation to a safe area within the building, if appropriate.	
Arrange to have Structural Engineer to report and obtain more definitive facility structural assessment, if necessary.	
Intermediate Actions:	√
Obtain information and updates regularly from assigned staff and department managers. Maintain current status of all areas. Pass status information to Documentation Recorder.	
Communicate frequently with Incident Commander.	
Obtain needed supplies for physical environment with assistance of the Finance Section Chief and Safety/Security/Liaison Officer.	
Ensure section personnel utilize Emergency Incident Time Sheet to document hours worked/volunteered during extended emergency incident operations.	
Extended Actions:	√
Ensure all communications are copied to the Documentation Recorder.	
Document actions and decisions on a continual basis.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to the Incident Commander.	
Provide rest periods and relief for staff.	
Full Building Evacuation Related Actions:	√
As needed, request additional personnel from the Planning Section Chief.	
Be prepared to assign staff to assist in implementing a campus/facility lockdown. If necessary, provide staff to assist Security in controlling vehicular traffic and establishing vehicle staging areas.	
Assign available staff to collect vertical evacuation equipment and develop an equipment staging location in coordination with the Labor Pool.	
Identify any facility owned vehicles that may be used to transport evacuated residents, equipment or supplies.	
Once the facility is evacuated, be prepared to secure appropriate areas and the building.	

SECTION C: INCIDENT COMMAND SYSTEM

ANDRUS ON HUDSON

Command Center

Primary:

Alternate:

Location:

Administrative (John Andrus) Conference Room x 684

Main Floor Lounge

Telephone #

Labor Pool

Primary Location:

Alternate Location:

Staff Dining Room

Lower-Level Rotunda

x 628

News Media Staging

Primary Location:

Alternate Location:

Auditorium

Main Floor Lounge

Responsible Party (Family) Area

Primary Location:

Alternate Location:

Main Floor Resident Dining Room

Staff Dining Room

Dependent Care Area

Primary Location:

Alternate Location:

Main Floor Lounge

Auditorium

Triage (Influx of Residents)

Primary Location:

Lobby

Triage (Internal Staging) during an Evacuation:

Skilled Nursing Residents Holding Area

Primary Location:

Main Dining Room

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES

CHECK APPROPRIATE SECTION: Operations Planning Logistics Finance

Operational Period:

Prepared by (Name):

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

Forward to Command Center by fax or runner (retain copy)

SECTION C: INCIDENT COMMAND SYSTEM

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

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

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

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

9. ACTION TAKEN (if any): (TO BE FILLED OUT BY RECEIVER)

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

HICS 251A – FACILITY SYSTEM STATUS REPORT			
1. Operational Period Date/Time	2. Date Prepared	3. Time Prepared	4. Building Name:
5. SYSTEM STATUS CHECKLIST			
COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)	
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Information Technology System (email/intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Nurse Call, Resident Lifeline Pendant System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Radio Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, External	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Video-Television-Internet-Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)	
Campus Roadways	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Fire Detection/Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Structural Components (building integrity)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Boiler(s)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Heater and Circulators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Systems: (List separately)	OPERATIONAL STATUS	COMMENTS <i>(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)</i>
_____	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
_____	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
_____	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
_____	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
_____	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
6. Completed by:		
DATE: _____ TIME: _____		
7. FACILITY NAME Andrus on Hudson		

SECTION C: INCIDENT COMMAND SYSTEM

HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail								
1. FROM DATE/TIME			2. TO DATE/TIME			3. SECTION		4. UNIT LEADER
5. TIME RECORD								
#	Employee Name <i>(Please Print)</i>	E/V	Employee Number	Response Function/Job	Date/ Time In	Date/ Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
6. Prepared By						7. Date/Time Submitted		
8. Facility Name								

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources							
1. DATE		2. SECTION			3. OPERATIONAL PERIOD DATE/TIME		
4. RESOURCE RECORD (Fill in Below)							
Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials
5. PREPARED BY			6. DATE/TIME SUBMITTED				
7. FACILITY NAME							

SECTION C: INCIDENT COMMAND SYSTEM

ANDRUS ON HUDSON	Form 301 - Department Rapid Assessment Form
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THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code D** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

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

1. Staffing Show total staff presently on duty by title/position

Are you staffed at a safe minimal level for the disaster? Yes / No If no, do you need to recall staff from home? Yes / No

Type of Position	Number Present	Available for the Labor Pool (if needed)

2. Total Unit Resident Census: _____ **3. Total Residents for Discharge to Home:** _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility

Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:
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5. Resource Status Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)

Resource	Quantity On Hand	Available for Deployment	Resource	Quantity On Hand	Available for Deployment
Wheelchairs			Geri Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)

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

SECTION C: INCIDENT COMMAND SYSTEM

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

7. Operational Status *Are you fully operational, limited capability, non-operational (describe). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)*

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: *If additional information is necessary, please send on a separate sheet.*

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

- 8 hours: _____
- 12 hours: _____
- 24 hours: _____
- 48 hours: _____
- 72 hours: _____
- 96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

SECTION C: INCIDENT COMMAND SYSTEM

PLANNING SECTION CHIEF

Mission: Organize and direct all aspects of Planning Section operations. Ensure the distribution of critical information/data to Command Center personnel and Section Chiefs. Compile scenario/resource projections from all Section Chiefs and affect long-range planning. Document and distribute facility Action Plan. Collect unassigned staff to establish a Labor Pool. Recovery and demobilization planning.

Date: _____ Start: _____ End: _____	
Position Assigned to: _____	
Alternate(s): _____	
You Report To: Incident Commander	
<u>Command Center Locations:</u>	
Primary: Administrative (John Andrus) Conference Room Telephone: X684	
Alternate: Main Floor Lounge	
Radio Title: _____	
Attached Forms and Information:	
<ul style="list-style-type: none"> ▪ 202B – Section Objectives ▪ 213A – Incident Message Form ▪ 214A – Operational Log ▪ 252A – Section Personnel Time Sheet ▪ 257A – Resource Accounting Record ▪ 301 – Department Rapid Assessment Form ▪ 305 – Family / Pet Information Form ▪ 306 – Labor Pool Staff Log-in & Assignment Form ▪ 307 – Labor Pool Volunteer Staff Registration / Credentialing Form ▪ 313 – Resident/Medical Record & Equipment Tracking Form ▪ Labor Pool Unit Leader Job Action Sheet (Full Building Evacuation) 	

ALL HAZARDS INCIDENT COMMAND

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

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	v
<p>Assign department directors or others to the following support services functions, as necessary:</p> <ul style="list-style-type: none"> ▪ As needed, assign a staff member to establish a Labor Pool and: <ul style="list-style-type: none"> ➤ Communicate operational status of the Labor Pool to Command Center and all resident care and non-resident care areas. ➤ Inventory the number and classify staff presently available. ➤ Establish a registration and credentialing desk for nurses, physicians and volunteers not employed or associated with the facility who may volunteer to assist the facility. See Disaster Staffing/Sheltering/Credentialing procedure. ➤ Coordinate long-term staffing needs and determine placement of staff and volunteers. ▪ During a Surge of residents, assign a staff member to: <ul style="list-style-type: none"> ➤ Establish Responsible Party (Family) Area, in coordination with the Public Information Officer, away from Command Center. ➤ Obtain resident census. ➤ Establish an area to track resident arrivals, location and disposition. Obtain sufficient assistance to document current and accurate resident information. ▪ If sheltering staff or others, assign a staff member to: <ul style="list-style-type: none"> ➤ Anticipate staff needs as they might relate to the specific disaster. Determine if sheltering of staff families is being contemplated by the Incident Commander, depending upon the severity of the incident. Establish staff housing areas, as necessary – see Disaster Staffing/Sheltering/Credentialing procedure. ➤ If the disaster dictates sheltering of staff families, establish an area that could be used for proper observation of the children. <ul style="list-style-type: none"> • Assign staff to provide care and security for this area. Provide positive ID for child and parents. ➤ Consider establishing an area where pets can be housed if staff or family must bring the pets to the facility. This area should not be in a resident care area. ➤ Establish a staff rest and nutritional area for staff in a low traffic area. Provide for a calm, relaxing environment. Provide overall disaster information updates (bulletins) for rumor control. ➤ Monitor the Dependent Care area continuously for safety and dependent needs with a minimum of two facility Employees. ▪ Assign appropriate staff to provide psychological support as indicated by the disaster. <ul style="list-style-type: none"> ➤ Ensure the provision of psychological, spiritual and emotional support to the facility staff, residents, dependents and guests. ➤ Establish teams comprised of staff, clergy and other mental health professionals for this purpose. ➤ Initiate and organize the Critical Stress Debriefing process as indicated. ➤ Designate a secluded debriefing area where individual and group intervention may take place. ➤ Appoint psychological support staff to visit resident care and non-resident care areas on a routine schedule. Contact family members/employees, as necessary. 	
<p>Ensure the formation and documentation of an incident-specific facility Action Plan. Distribute copies to Incident Commander and all Section Chiefs.</p>	

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
Ensure departments complete the Department Rapid Assessment Form and forward them to the Command Center.	
Call for projection reports (Action Plan) from all Planning Section staff and Section Chiefs for scenarios 4, 8, 24 & 48 hours from time of incident onset. Adjust time for receiving projection reports, as necessary.	
Work with Documentation Recorder and Command Center staff to document/update status reports from all disaster Section Chiefs and assigned staff for use in decision-making and for reference in post-disaster evaluation and recovery assistance applications.	

Intermediate Actions:	√
Obtain briefings and updates, as appropriate. Continue to update and distribute the facility Action Plan.	
Schedule planning meetings to include Planning Section staff, Section Chiefs, and the Incident Commander for continual update of the facility Action Plan. Consider development of Recovery and/or Demobilization Plans once the incident has been stabilized, in order to return the facility back to normal operations.	
Ensure section personnel utilize Emergency Incident Time Sheet to document hours worked/volunteered during extended emergency incident operations.	

Extended Actions:	√
Continue to receive projected activity reports from Section Chiefs and Planning Section staff at appropriate intervals.	
Ensure all requests are routed/documented through the Documentation Recorder.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to Incident Commander. Provide rest periods and relief for staff.	

Full Building Evacuation Related Actions:	√
Assign a staff member to be the Labor Pool Unit Leader. Provide them with the Labor Pool Unit Leader Job Action Sheet.	
Initiate staff callback, as necessary.	
Assign a staff member to be responsible for tracking residents. Utilize the Resident/Medical Record & Equipment Tracking Sheet.	
Provide updates related to residents, staff and equipment tracking to the Incident Commander during an evacuation.	
Support the Holding Area(s) by ensuring there is sufficient staffing, equipment and supplies in each area. Enlist the assistance of the Logistics Section Chief for additional supplies and equipment.	

SECTION C: INCIDENT COMMAND SYSTEM

ANDRUS ON HUDSON

Command Center

Primary:

Alternate:

Location:

Administrative (John Andrus) Conference Room x 684

Main Floor Lounge

Telephone #

Labor Pool

Primary Location:

Alternate Location:

Staff Dining Room

Lower-Level Rotunda

x 628

News Media Staging

Primary Location:

Alternate Location:

Auditorium

Main Floor Lounge

Responsible Party (Family) Area

Primary Location:

Alternate Location:

Main Floor Resident Dining Room

Staff Dining Room

Dependent Care Area

Primary Location:

Alternate Location:

Main Floor Lounge

Auditorium

Triage (Influx of Residents)

Primary Location:

Lobby

Triage (Internal Staging) during an Evacuation:

Skilled Nursing Residents Holding Area

Primary Location:

Main Dining Room

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES

CHECK APPROPRIATE SECTION: Operations Planning Logistics Finance

Operational Period:

Prepared by (Name):

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

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

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)			
1. FROM (Sender):		2. TO (Receiver):	
3. DATE	4. TIME	5. SENT VIA <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	6. REPLY REQUESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME Andrus on Hudson

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail								
1. FROM DATE/TIME			2. TO DATE/TIME			3. SECTION		4. UNIT LEADER
5. TIME RECORD								
#	Employee Name <i>(Please Print)</i>	E/V	Employee Number	Response Function/Job	<i>Date/Time In</i>	<i>Date/Time Out</i>	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
6. Prepared By						7. Date/Time Submitted		
8. Facility Name Andrus on Hudson								

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources							
1. DATE			2. SECTION			3. OPERATIONAL PERIOD DATE/TIME	
4. RESOURCE RECORD (Fill in Below)							
Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials
5. PREPARED BY			6. DATE/TIME SUBMITTED				
7. FACILITY NAME Andrus on Hudson							

SECTION C: INCIDENT COMMAND SYSTEM

ANDRUS ON HUDSON	Form 301 - Department Rapid Assessment Form
-------------------------	--

THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code Dis** announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

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

1. Staffing Show total staff presently on duty by title/position

Are you staffed at a safe minimal level for the disaster? Yes / No If no, do you need to recall staff from home? Yes / No

Type of Position	Number Present	Available for the Labor Pool (if needed)

2. Total Unit Resident Census: _____ **3. Total Residents for Discharge to Home:** _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility

Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:
------------	-----------------	-----------------------

5. Resource Status Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)

Resource	Quantity On Hand	Available for Deployment	Resource	Quantity On Hand	Available for Deployment
Wheelchairs			Geri Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)

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

SECTION C: INCIDENT COMMAND SYSTEM

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

7. Operational Status *Are you fully operational, limited capability, non-operational (describe). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)*

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: *If additional information is necessary, please send on a separate sheet.*

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

- 8 hours: _____
- 12 hours: _____
- 24 hours: _____
- 48 hours: _____
- 72 hours: _____
- 96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

SECTION C: INCIDENT COMMAND SYSTEM

ANDRUS ON HUDSON
FORM 305
FAMILY MEMBER(S) AND PET INFORMATION

Employee Name: _____

Employee Signature: _____
 (validating accuracy of information)

Incident Name / Type: _____

Department Name & Extension: _____

NAME(S) OF FAMILY MEMBER(S)	AGE	MALE / FEMALE (M/F)	RELATIONSHIP TO EMPLOYEE	SPECIAL NEEDS (i.e. medications, allergies, medical concerns)

Falsification or misrepresentation of information or documentation provided on Family Members or Pets will result in disciplinary action up to and including termination.

TYPE OF ANIMAL	NAME	AGE	DEMEANOR (friendly, aggressive, etc.)	SPECIAL NEEDS (i.e. cage, allergies, medications)

Please attach a copy of the vaccination record for each animal.

SECTION C: INCIDENT COMMAND SYSTEM

ANDRUS ON HUDSON

FORM 307 - LABOR POOL VOLUNTEER STAFF REGISTRATION / CREDENTIALING FORM

To be completed by Labor Pool Unit Leader or designee

This form should be returned to the Command Center at the conclusion of the Incident. Copies to Documentation Recorder

NAME (last, first)	ADDRESS, CITY, STATE, ZIP	SOCIAL SECURITY NUMBER	PHONE NUMBER	CERTIFICATION / LICENSURE AND NUMBER	SIGNATURE	SKILL SET	TIME IN	ASSIGNMENT	TIME OUT

Prepared By: _____

Date/Time Submitted: _____

Make additional copies, as necessary Page ___ of ___

Volunteers must return to Labor Pool to sign out of facility.

Resident Transported From: _____ Print Name of Person From Sending Facility Filling Out Form / Phone #: _____

Date: _____

Resident Transported To: _____

* Each Receiving Facility will need its own Tracking Sheet (have sheets for residents evacuated to HOME)

RESIDENT/MEDICAL RECORD/STAFF/EQUIPMENT TRACKING SHEET

THIS PORTION TO BE COMPLETED BY EVACUATING/SENDING FACILITY

Sending Facility: _____
 Contact Person: _____
 Tel (____) _____ Fax (____) _____

Receiving Facility: _____
 Contact Person: _____
 Tel (____) _____ Date/Time Called: _____

Resident	Contact Information <i>(Note Date & Time Contacted)</i>	Sent with Resident <i>(Check all that apply)</i>	Transport Company Name, Vehicle ID, Driver Name and Cell Phone #	Time Vehicle Departed	Time Arrived/Left Stop Over Point	Time/Date Arrived RECEIVING FACILITY TO COMPLETE
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: _____ L: _____	
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: _____ L: _____	
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: _____ L: _____	
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: _____ L: _____	
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: _____ L: _____	
Special Notes: _____						

THIS PORTION TO BE COMPLETED BY RECEIVING FACILITY

INSTRUCTIONS: COMPLETE THIS BOX, THE FINAL COLUMN ABOVE, AND THE INFLUX OF RESIDENTS LOG.

Receiving Facility Name: _____ City: _____ State: _____

Person Completing Form: _____ Time Completed: _____

Did you communicate receipt of resident with the LTC Coordinating Center or Disaster Struck (Sending) Facility? Yes No (if no, please do so now)

Print Name of Primary Contact: _____ Phone: _____ Fax: _____

SECTION C: INCIDENT COMMAND SYSTEM

LABOR POOL UNIT LEADER

Mission: Manage the Labor Pool and maintain information on the status, location, and availability of on-duty staff and volunteer personnel.

Date: _____ Start: _____ End: _____ Position Assigned to: _____
Telephone #: _____ Radio Title: _____
Position Reports to: Planning Section Chief
Attached Forms and Information: <ul style="list-style-type: none"> ▪ Labor Pool Staff Log-In and Assignment Forms ▪ Evacuation Team Log-In Form ▪ Evacuation Team Handouts

Full Building Evacuation Related Actions:	v								
Receive appointment and briefing from the Planning Section Chief.									
Read this entire Job Action Sheet.									
Establish a Labor Pool location. Unless otherwise indicated, the Labor Pool will be established in the _____.									
Assign staff member(s) to log all staff in and out of the Labor Pool. Utilize the “ <i>Labor Pool Staff Log-In and Assignment Forms</i> ”. Make extra copies, as necessary.									
Assign staff to set-up and staff the Holding Areas. Coordinate efforts with the Operations Section Holding Unit Leader. Unless otherwise indicated, the Holding Area locations will be established as follows:									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">HOLDING AREA</th> <th style="text-align: center;">DISCHARGE POINTS</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"> Skilled Nursing Residents Non-Ambulatory Residents </td> <td style="text-align: center; padding: 2px;">Traffic Circle Front of Building</td> </tr> <tr> <td style="padding: 2px;"> Skilled Nursing Residents Ambulatory Residents </td> <td style="text-align: center; padding: 2px;">Lower Level Employee Exit</td> </tr> <tr> <td style="padding: 2px;">Memory Care Residents</td> <td style="text-align: center; padding: 2px;">Direct to awaiting Transportation</td> </tr> </tbody> </table>	HOLDING AREA	DISCHARGE POINTS	Skilled Nursing Residents Non-Ambulatory Residents	Traffic Circle Front of Building	Skilled Nursing Residents Ambulatory Residents	Lower Level Employee Exit	Memory Care Residents	Direct to awaiting Transportation	
HOLDING AREA	DISCHARGE POINTS								
Skilled Nursing Residents Non-Ambulatory Residents	Traffic Circle Front of Building								
Skilled Nursing Residents Ambulatory Residents	Lower Level Employee Exit								
Memory Care Residents	Direct to awaiting Transportation								
Assign an Equipment Cleaning Team as follows: <ul style="list-style-type: none"> ▪ Assign 1-2 team members. ▪ Direct Team to set-up an equipment cleaning station at the location determined by the Transportation Unit Leader. If feasible, consider in or adjacent to the Labor Pool. ▪ Obtain appropriate cleaning materials. 									

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:	v
Continually update the Planning Section Chief with the number of staff/volunteers available in the Labor Pool.	
Assign Evacuation groups to assist in evacuating the residents from their rooms to the designated Holding Areas. Provide each Evacuation Team with a portable radio, if available.	
Upon notification from the Command Center, direct Evacuation Teams with equipment to respond to their designated location based upon the site of evacuation. Inform Evacuation Teams that evacuation should not commence until directed through the Command Center.	
Consider the need to provide seating, food and beverage to staff for a mid to long term duration incident.	
Continue to maintain " <i>Labor Pool Log-In and Assignment Forms</i> " for the duration of the incident.	
Continue to advise the Planning Section Chief of the status of the Labor Pool. Request the implementation of staff call-back if the Labor Pool cannot maintain enough staff or staff becomes overworked.	
When the Labor Pool is deactivated, take the " <i>Labor Pool Log-In and Assignment Forms</i> " to the Command Center.	

SECTION C: INCIDENT COMMAND SYSTEM

Floor Evacuation Team – Team Leader

A copy of this form should be provided to each Evacuating Floor Team Leader as they are assigned to a particular location.

FUNCTION: To move residents from the evacuating area to the Holding Area.

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

MINIMUM # OF PERSONS NEEDED: 4-6

After forming Evacuation Team, remain at the Labor Pool until directed to report to assigned area by the Labor Pool Unit Leader. Collect equipment (wheelchairs, oxygen cylinders, etc.) as directed by Labor Pool Unit Leader prior to responding to the evacuating area.

Upon arrival at the assigned area, the Evacuation Team will be advised by the unit / area being evacuated when the movement of residents can begin, by which method each resident will be moved, and the evacuation destination (Holding Area).

Once evacuation of the assigned area is complete, contact the Labor Pool for re-assignment or dismissal.

Team Member Names:

SECTION C: INCIDENT COMMAND SYSTEM

Elevator Evacuation Team – Team Leader

A copy of this form should be provided to each Elevator Evacuation Team Leader as they are assigned to a particular location.

FUNCTION: To receive residents from the Floor Evacuation Team and to move these residents via elevator to the Holding Area.

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

MINIMUM # OF PERSONS NEEDED: 1-2

Obtain keys for manual elevator operation from Labor Pool Unit Leader.

After collecting personnel and elevator keys, remain at the Labor Pool until directed to report to assigned area by the Labor Pool Unit Leader.

Upon arrival at the assigned elevator area, place elevator in the manual mode and await arrival of residents from the Floor Evacuation Team. This Team will advise you of the Holding Area.

Higher-acuity residents (non-ambulatory) will be evacuated via elevators, only if approved by the Emergency Authority (i.e. Fire Department). Only necessary staff will ride on the elevator with residents.

Discharge:

The Evacuation Team Leader will be at the discharge point of the elevator.

The residents coming off the elevator will be passed to the Discharge Floor Evacuation Team. Elevator Evacuation staff are to inform the Discharge Floor Evacuation Teams of the evacuation destination (Holding Area).

Once evacuation of the assigned area is complete, contact the Labor Pool for re-assignment or dismissal.

Team Member Name(s):

SECTION C: INCIDENT COMMAND SYSTEM

Stairwell Evacuation Team – Team Leader

A copy of this form should be provided to each Stairwell Evacuation Team Leader as they are assigned to a particular location.

FUNCTION: To receive residents from the Floor Evacuation Team and to move these residents via the stairs to the Holding Area.

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

MINIMUM # OF PERSONS NEEDED: 6-8

* Each stairwell should have a person assigned for observing and ensuring all safety practices.

** This team should have at least one (1) person trained in using vertical evacuation equipment and in vertical evacuation carry techniques.

After collecting personnel, remain at the Labor Pool until directed to report to assigned stairwell by the Labor Pool Unit Leader.

Upon arrival at the assigned stairwell, distribute staff on various levels, as appropriate and await arrival of residents from the Floor Evacuation Team. This Team will advise you of the specific Holding Area intended for each resident.

Each group of Stair Evacuation staff will pass residents down to the next group of staff and will inform the next group of staff of the evacuation destination (Holding Area).

Discharge:

The Evacuation Team Leader and the remaining Team persons not in the stairwell will be at the discharge point of the stairwell. The residents coming out of the stairwell will be passed to the Discharge Floor Evacuation Team. Stairwell Evacuation staff are to inform the Discharge Floor Evacuation Teams of the evacuation destination (Holding Area).

Once evacuation of the assigned area is complete, contact the Labor Pool for re-assignment or dismissal.

Team Member Names:

SECTION C: INCIDENT COMMAND SYSTEM

Discharge Floor Evacuation Team – Team Leader

A copy of this form should be provided to each Discharge Floor Evacuation Team Leader as they are assigned to a particular location.

FUNCTION: To move residents from the stairwell or elevator to the appropriate Holding Area.

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

TRANSPORTATION EQUIPMENT CLEANING AREA: _____

MINIMUM # OF PERSONS NEEDED: 2-4

After forming Evacuation Team, remain at the Labor Pool until directed to report to assigned area by the Labor Pool Unit Leader. Collect equipment (wheelchairs, oxygen cylinders, etc.) as directed by Labor Pool Unit Leader prior to responding to the discharge point of the stairwell / elevator.

Upon arrival at the assigned area, await the arrival of residents from the stairwell or elevator.

Discharge Floor Evacuation Teams are to be given evacuation destination (Holding Area).

Once a designated resident has been transported to the Holding Area, return to the assigned area for transportation of the next resident. Continue this until transportation of all residents has been completed.

NOTE: If transportation equipment (wheelchair, etc.) requires cleaning after use, take the equipment to the Transportation Equipment Cleaning area.

Once evacuation of the assigned area is complete, contact the Labor Pool for re-assignment or dismissal.

Team Member Name(s):

SECTION C: INCIDENT COMMAND SYSTEM

FINANCE SECTION CHIEF

Mission: Monitor the utilization of financial assets providing cost analysis data for declared emergency incident. Oversee the acquisition of supplies and services necessary to carry out the facility's medical mission while maintaining accurate records of incident cost. Supervise the documentation of expenditures relevant to the emergency incident and be responsible for administering accounts payable to contract and non-contract vendors. Arrange and approve financing of recovery actions. Receive, investigate and document all claims reported to the facility during the emergency incident that are alleged to be the result of an accident or action on facility property.

Date: _____ Start: _____ End: _____
Position Assigned to: _____
Alternate(s): _____
You Report To: Incident Commander
Command Center Locations:
Primary: Administrative (John Andrus) Conference Room Telephone: X684
Alternate: Main Floor Lounge
Radio Title: _____
Attached Forms and Information:
<ul style="list-style-type: none"> ▪ 202B – Section Incident Objectives ▪ 213A – Incident Message Form ▪ 214A – Operational Log ▪ 252A – Section Personnel Time Sheet ▪ 256A – Procurement Summary Report ▪ 257A – Resource Accounting Record ▪ 300 – Claims Summary Form ▪ 301 – Department Rapid Assessment Form

ALL HAZARDS INCIDENT COMMAND

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

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
<p>Assign staff to the following financial services functions, as necessary:</p> <ul style="list-style-type: none"> ▪ Time/Payroll <ul style="list-style-type: none"> ➤ Ensure the documentation of personnel hours worked and volunteer hours worked in all areas relevant to the facility's emergency incident response. Confirm the utilization of the Emergency Incident Time Sheet if the normal payroll tracking system is inoperable. ➤ Collect all Emergency Incident Time Sheets from each work area for recording the tabulation every eight hours, as necessary. ▪ Cost/Procurement <ul style="list-style-type: none"> ➤ Prepare a "cost-to-date" report form for submission once every eight hours. ➤ Ensure the separate accounting of all contracts specifically related to the emergency incident, and all purchases within the enactment of the Emergency Incident Response Plan. ➤ Prepare a Procurement Summary Report identifying all contracts initiated during the declared emergency incident. 	
Brief assigned staff after meeting with Incident Commander. Develop a section action plan relating to the financial aspects of the emergency response.	
Receive and document alleged claims made by staff, residents, visitors or others as a result of injury or property damage. Use Claims Summary Form to document claims. Use photographs or video documentation when appropriate.	
Ensure departments complete the Department Rapid Assessment Form and forward to Command Center.	
Obtain statements as quickly as possible from all claimants and witnesses.	
Enlist the assistance of Security or other personnel, when necessary, to complete investigation, documentation and interviews.	
Intermediate Actions:	√
Approve a "cost-to-date" incident financial status report to be submitted every eight hours summarizing financial data relative to personnel, supplies and miscellaneous expenses.	
Obtain updated briefings from Incident Commander as appropriate. Relate pertinent financial status reports to appropriate Chiefs and Unit Leaders.	
Ensure section personnel utilize Emergency Incident Time Sheet to document hours worked/volunteered during extended emergency incident operations.	
Document claims on facility risk/loss forms, or use the attached "Claims Summary" form.	
Extended Actions:	√
Ensure that all written requests for personnel or supplies are copied to the Documentation Recorder in a timely manner.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to the Incident Commander.	

SECTION C: INCIDENT COMMAND SYSTEM

Extended Actions:	√
Prepare a summary of all claims reported during the declared emergency incident.	
Provide rest periods and relief for staff.	

SECTION C: INCIDENT COMMAND SYSTEM

ANDRUS ON HUDSON

Command Center

	<u>Location:</u>	<u>Telephone #</u>
Primary:	Administrative (John Andrus) Conference Room	x 684
Alternate:	Main Floor Lounge	

Labor Pool

Primary Location:	Staff Dining Room	x 628
Alternate Location:	Lower-Level Rotunda	

News Media Staging

Primary Location:	Auditorium
Alternate Location:	Main Floor Lounge

Responsible Party (Family) Area

Primary Location:	Main Floor Resident Dining Room
Alternate Location:	Staff Dining Room

Dependent Care Area

Primary Location:	Main Floor Lounge
Alternate Location:	Auditorium

Triage (Influx of Residents)

Primary Location:	Lobby
-------------------	-------

Triage (Internal Staging) during an Evacuation:

Skilled Nursing Residents Holding Area

Primary Location:	Main Dining Room
-------------------	------------------

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES

CHECK APPROPRIATE SECTION: Operations Planning Logistics Finance

Operational Period:

Prepared by (Name):

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

Forward to Command Center by fax or runner (retain copy)

SECTION C: INCIDENT COMMAND SYSTEM

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

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

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

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

9. ACTION TAKEN (if any): (TO BE FILLED OUT BY RECEIVER)

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME Andrus on Hudson

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail								
1. FROM DATE/TIME		2. TO DATE/TIME		3. SECTION			4. UNIT LEADER	
5. TIME RECORD								
#	Employee Name (Please Print)	E/V	Employee Number	Response Function/Job	Date/Time In	Date/Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
6. Prepared By						7. Date/Time Submitted		
8. Facility Name Andrus on Hudson								

SECTION C: INCIDENT COMMAND SYSTEM

HICS – 256A PROCUREMENT SUMMARY REPORT – Summarize and Track Purchases								
1. PURCHASES								
#	P.O./ Reference #	Date/ Time	Item/Service	Vendor	\$ Amount	Requestor Name/Dept (Please Print)	Approved By (Please Print)	Received Date/ Time
1								
	Comments							
2								
	Comments							
3								
	Comments							
4								
	Comments							
5								
	Comments							
6								
	Comments							
7								
	Comments							
8								
	Comments							
9								
	Comments							
10								
	Comments							
11								
	Comments							
12								
	Comments							
13								
	Comments							
2. PREPARED BY				3. DATE/TIME SUBMITTED		4. FACILITY NAME Andrus on Hudson		

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources							
1. DATE		2. SECTION			3. OPERATIONAL PERIOD DATE/TIME		
4. RESOURCE RECORD (Fill in Below)							
Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials
5. PREPARED BY			6. DATE/TIME SUBMITTED				
7. FACILITY NAME Andrus on Hudson							

SECTION C: INCIDENT COMMAND SYSTEM

ANDRUS ON HUDSON	Form 301 - Department Rapid Assessment Form
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THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code D** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

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

1. Staffing Show total staff presently on duty by title/position

Are you staffed at a safe minimal level for the disaster? Yes / No If no, do you need to recall staff from home? Yes / No

Type of Position	Number Present	Available for the Labor Pool (if needed)

2. Total Unit Resident Census: _____ **3. Total Residents for Discharge to Home:** _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility

Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:
------------	-----------------	-----------------------

5. Resource Status Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)

Resource	Quantity On Hand	Available for Deployment	Resource	Quantity On Hand	Available for Deployment
Wheelchairs			Geri Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)

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

SECTION C: INCIDENT COMMAND SYSTEM

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

7. Operational Status *Are you fully operational, limited capability, non-operational (describe). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)*

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: *If additional information is necessary, please send on a separate sheet.*

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

- 8 hours: _____
- 12 hours: _____
- 24 hours: _____
- 48 hours: _____
- 72 hours: _____
- 96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

SECTION C: INCIDENT COMMAND SYSTEM

OPERATIONS SECTION CHIEF

Mission: Organize, assign, and supervise Medical Care of Residents. Ultimately oversee the clinical aspects of vertical evacuation and triage.

<p>Date: _____ Start: _____ End: _____</p> <p>Position Assigned to: _____</p> <p>Alternate(s): _____</p> <p>You Report To: Incident Commander</p> <p>Command Center Locations:</p> <p>Primary: Administrative (John Andrus) Conference Room Telephone: X684</p> <p>Alternate: Main Floor Lounge</p> <p>Radio Title: _____</p> <p>Attached Forms and Information:</p> <ul style="list-style-type: none"> ▪ 202B – Section Objectives ▪ 213A – Incident Message Form ▪ 214A – Operational Log ▪ 252A – Section Personnel Time Sheet ▪ 257A – Resource Accounting Record ▪ 301 – Department Rapid Assessment Form ▪ Evacuation Destination Form ▪ Nursing Supervisor/Director of Nursing/Charge Nurse/Department Director Job Action Sheet ▪ Triage Unit Leader Job Action Sheet

ALL HAZARDS INCIDENT COMMAND

Immediate Actions:	√
Read this entire Job Action Sheet and review section organizational chart.	
Wear position identification and obtain briefing from Incident Commander.	
Obtain Documentation Recorder from Labor Pool.	
Assign staff to the following resident care functions, as necessary: <ul style="list-style-type: none"> ▪ Resident Care Unit Leader(s) <ul style="list-style-type: none"> ➤ Oversee continued treatment of residents and manage the care area(s) during a disaster. ➤ Direct staff to prepare residents if building is being evacuated (see Full Building Evacuation Plan). ➤ Assist establishment of resident care areas in new locations within the facility, temporary stop-over or evacuation site, if necessary. ▪ Triage Unit Leader (if receiving a surge of residents or are evacuating) 	

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
<ul style="list-style-type: none"> ➤ Establish resident Holding Areas if evacuating the building. Appoint Holding Area Departure and Arrival Team Leaders. Ensure Holding Area is properly established and staffed. ➤ Assess treatment needs and ensure Triage or Holding Areas are equipped with medical supplies and equipment such as: oxygen, portable suction, vital sign equipment, etc. as needed. ➤ Document resident destination in the appropriate section of the <i>Resident/Medical Record & Equipment Tracking Sheet</i>. ➤ Log out all staff and/or medical equipment accompanying residents during an evacuation. Use the Staff/Equipment Tracking Form. ➤ Forward resident tracking documentation to the Planning Section Chief for overall facility tracking purposes. 	
Brief all Operations Section Personnel on current situation and develop the section's initial action plan. Designate time for the next briefing.	
Plan and project resident care needs.	
Ensure all Resident Care Departments complete the Department Rapid Assessment Form and forward to Command Post.	
Intermediate Actions:	√
Designate times for briefings and updates with all Operations Section Personnel to develop/update section's action plan.	
Ensure that all areas are adequately staffed and supplied.	
Brief the Incident Commander routinely on the status of the Operations Section.	
Ensure section personnel utilize Emergency Incident Time Sheet to document hours worked/volunteered during extended emergency incident operations.	
Extended Actions:	√
Ensure that all communications are copied to the Documentation Recorder. Document all actions and decisions.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to the Incident Commander.	
Provide rest periods and relief for staff.	

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:	√
Provide the Nursing Supervisor/Director of Nursing/Charge Nurse/Department Director Job Action Sheets to all resident care areas and support departments. This job action sheet provides guidance to each resident care area and supports department on actions to be taken if building evacuation is occurring.	
In coordination with the Planning Section Chief, Resident Care Unit Leaders and the Triage Unit Leader, determine the final destination of residents.	
Ensure management of resident location data on the “ <i>Evacuation Destination Form</i> ”.	
Assign a resident care staff member to serve as the Triage Unit Leader. Provide this staff person with the Triage Unit Leader Job Action Sheet.	
The Triage Unit Leader in coordination with the Planning Section will assign staff to establish the Holding Area(s) and ensure residents, staff and equipment being evacuated is being tracked.	
Determine clinical staffing needs. Authorize staff call back, as necessary. Coordinate with the Planning Section Chief and the Labor Pool Unit Leader.	
Provide input to the Safety/Security/Liaison Officer on the number and type of transportation units needed based on in-house clinical needs.	
Assist Incident Commander in determining evacuation priority and feasibility.	
Utilize the “ <i>Resident Care Department / Unit Evacuation Status Form</i> ”.	
Develop a plan to address the medications being packaged with residents.	
Monitor the status of the Holding Areas throughout the evacuation. Ensure Holding Areas are properly staffed and equipped.	
Keep Incident Commander advised when the Holding Areas are full and when they can receive additional residents.	

HOLDING AREAS AND RESIDENT PICK-UP LOCATIONS

HOLDING AREA	DISCHARGE POINTS
Skilled Nursing Residents Non-Ambulatory Residents	Traffic Circle Front of Building
Skilled Nursing Residents Ambulatory Residents	Lower Level Employee Exit

NOTE: The actual location of the Holding Area may be amended and will ultimately be determined by the Command Center.

HOLDING AREA SUPPLIES (as applicable)
Emergency Cart/Kit, Portable Suction, Portable Oxygen w/ regulators, Oxygen concentrators, Medical Supplies such as: Vital Sign Equipment, Linen Supplies, Commodes – Personal Disposables (briefs, etc.) supply of wristbands and markers, evacuation tracking forms.

SECTION C: INCIDENT COMMAND SYSTEM

ANDRUS ON HUDSON

Command Center

Primary:

Alternate:

Location:

Administrative (John Andrus) Conference Room x 684

Main Floor Lounge

Telephone #

Labor Pool

Primary Location:

Alternate Location:

Staff Dining Room

Lower-Level Rotunda

x 628

News Media Staging

Primary Location:

Alternate Location:

Auditorium

Responsible Party (Family) Area

Primary Location:

Alternate Location:

Lounge

Dependent Care Area

Primary Location:

Alternate Location:

Triage (Influx of Residents)

Primary Location:

Alternate Location:

Lobby

Triage (Internal Staging) during an Evacuation:

Skilled Nursing Residents Holding Area

Primary Location:

Alternate Location:

Main Dining Room

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES

CHECK APPROPRIATE SECTION: Operations Planning Logistics Finance

Operational Period:

Prepared by (Name):

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

Forward to Command Center by fax or runner (retain copy)

SECTION C: INCIDENT COMMAND SYSTEM

HICS 213A – INCIDENT MESSAGE FORM (When unable to communicate via phone or radio to Command Center or Section Chief)			
1. FROM (Sender):		2. TO (Receiver):	
3. DATE	4. TIME	5. SENT VIA <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Runner	6. REPLY REQUESTED: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

9. ACTION TAKEN (if any): (TO BE FILLED OUT BY RECEIVER)

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. ANDRUS ON HUDSON

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail								
1. FROM DATE/TIME			2. TO DATE/TIME			3. SECTION		4. UNIT LEADER
5. TIME RECORD								
#	Employee Name (Please Print)	E/V	Employee Number	Response Function/Job	Date/Time In	Date/Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
6. Prepared By						7. Date/Time Submitted		
8. ANDRUS ON HUDSON								

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources							
1. DATE		2. SECTION			3. OPERATIONAL PERIOD DATE/TIME		
4. RESOURCE RECORD (Fill in Below)							
Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials
5. PREPARED BY				6. DATE/TIME SUBMITTED			

SECTION C: INCIDENT COMMAND SYSTEM

ANDRUS ON HUDSON	Form 301 - Department Rapid Assessment Form
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THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code D** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

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

1. Staffing Show total staff presently on duty by title/position

Are you staffed at a safe minimal level for the disaster? Yes / No If no, do you need to recall staff from home? Yes / No

Type of Position	Number Present	Available for the Labor Pool (if needed)

2. Total Unit Resident Census: _____ **3. Total Residents for Discharge to Home:** _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility

Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:
------------	-----------------	-----------------------

5. Resource Status Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)

Resource	Quantity On Hand	Available for Deployment	Resource	Quantity On Hand	Available for Deployment
Wheelchairs			Geri Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)

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

SECTION C: INCIDENT COMMAND SYSTEM

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

7. Operational Status *Are you fully operational, limited capability, non-operational (describe). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)*

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: *If additional information is necessary, please send on a separate sheet.*

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

- 8 hours: _____
- 12 hours: _____
- 24 hours: _____
- 48 hours: _____
- 72 hours: _____
- 96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

Resident Transported From: _____ Print Name of Person From Sending Facility Filling Out Form / Phone #: _____

Date: _____

Resident Transported To: _____ * Each Receiving Facility will need its own Tracking Sheet (have sheets for residents evacuated to HOME)

RESIDENT/MEDICAL RECORD/STAFF/EQUIPMENT TRACKING SHEET

THIS PORTION TO BE COMPLETED BY EVACUATING/SENDING FACILITY

Sending Facility: _____
 Contact Person: _____
 Tel (____) _____ Fax (____) _____

Receiving Facility: _____
 Contact Person: _____
 Tel (____) _____ Date/Time Called: _____

Resident	Contact Information <i>(Note Date & Time Contacted)</i>	Sent with Resident <i>(Check all that apply)</i>	Transport Company Name, Vehicle ID, Driver Name and Cell Phone #	Time Vehicle Departed	Time Arrived/Left Stop Over Point	Time/Date Arrived RECEIVING FACILITY TO COMPLETE
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	
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Special Notes: _____

THIS PORTION TO BE COMPLETED BY RECEIVING FACILITY

INSTRUCTIONS: COMPLETE THIS BOX, THE FINAL COLUMN ABOVE, AND THE INFLUX OF RESIDENTS LOG.

Receiving Facility Name: _____ City: _____ State: _____

Person Completing Form: _____ Time Completed: _____

Did you communicate receipt of resident with the LTC Coordinating Center or Disaster Struck (Sending) Facility? Yes No (if no, please do so now)

Print Name of Primary Contact: _____ Phone: _____ Fax: _____

SECTION C: INCIDENT COMMAND SYSTEM

NURSING SUPERVISOR / DIRECTOR OF NURSING / CHARGE NURSE / DEPARTMENT DIRECTOR

Mission: Provide oversight and direction to unit/department staff during a full building evacuation.

<p>Date: _____ Start: _____ End: _____ Position Assigned to: _____</p> <p>Telephone #: _____ Radio Title: _____</p> <p>Position Reports to: Operations Section Chief / Incident Commander</p> <p>Attached Forms and Information:</p> <ul style="list-style-type: none"> ▪ Resident Destination – To Holding Area Form

Full Building Evacuation Related Actions:	v
Read this entire Job Action Sheet.	
Direct non-resident care staff to the Labor Pool, unless needed on the unit.	
Direct resident care staff to return to their assigned unit.	
Direct resident care staff to begin “preparation” of residents. See Resident Packaging Guide. Additionally, ensure the following: <ul style="list-style-type: none"> ▪ Complete a “Resident Emergency Evacuation Information Tag” for each resident that requires evacuation to another healthcare facility. This provides a summation of the resident for all future care givers. ▪ Ensure all residents have ID. ▪ Ensure medical information (including the MAR and nursing notes) is packaged with the resident. ▪ Confirm the location of the Holding Area. 	
Assign a staff member to document each resident as they leave the unit, using the “Resident Destination – To Holding Area Form”.	
Also note visitors, vendors and contractors.	
Evacuation should not commence until Evacuation Groups are in place on the unit, in the stairwell and in the elevator (if permitted for use). Upon notification from the Command Center, initiate evacuation. Residents should be handed off to the Floor Evacuation Group. Inform evacuation staff of the Holding Area location.	
Staff to resident ratios during evacuation will be determined by the Charge Nurse. Additional resources should be requested from the Labor Pool as to the type of personnel necessary.	

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:	v								
Unless otherwise notified, the Holding Area locations are as follows:									
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">HOLDING AREA</th> <th style="text-align: center;">DISCHARGE POINTS</th> </tr> </thead> <tbody> <tr> <td data-bbox="183 310 878 390"> Skilled Nursing Residents Non-Ambulatory Residents </td> <td data-bbox="886 310 1312 390" style="text-align: center;">Traffic Circle Front of Building</td> </tr> <tr> <td data-bbox="183 390 878 470"> Skilled Nursing Residents Ambulatory Residents </td> <td data-bbox="886 390 1312 470" style="text-align: center;">Lower Level Employee Exit</td> </tr> <tr> <td data-bbox="183 470 878 506"> Memory Care Residents </td> <td data-bbox="886 470 1312 506" style="text-align: center;">Direct to awaiting Transportation</td> </tr> </tbody> </table>	HOLDING AREA	DISCHARGE POINTS	Skilled Nursing Residents Non-Ambulatory Residents	Traffic Circle Front of Building	Skilled Nursing Residents Ambulatory Residents	Lower Level Employee Exit	Memory Care Residents	Direct to awaiting Transportation	
HOLDING AREA	DISCHARGE POINTS								
Skilled Nursing Residents Non-Ambulatory Residents	Traffic Circle Front of Building								
Skilled Nursing Residents Ambulatory Residents	Lower Level Employee Exit								
Memory Care Residents	Direct to awaiting Transportation								
As resident rooms are evacuated, mark rooms with Orange door tags to identify they are empty.									
Once evacuation of the unit is complete: <ul style="list-style-type: none"> ▪ Survey the area to ensure all residents have been evacuated. ▪ Account for all staff. ▪ Direct all staff to report to the Labor Pool. ▪ Report the evacuation status to the Holding Areas and the Command Center. ▪ Return the <i>“Resident Destination – To Holding Area Form”</i> to the Command Center. 									

SECTION C: INCIDENT COMMAND SYSTEM

TRIAGE UNIT LEADER

Mission: Determine the necessity and number of Holding Areas to be established. Provide general oversight to all Holding Areas.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Telephone #: _____ Radio Title: _____ Position Reports to: Operations Section Chief Attached Forms and Information: <ul style="list-style-type: none"> ▪ Holding Area Supplies

Full Building Evacuation Related Actions:	v								
Receive appointment and briefing from the Operations Section Chief. Read this entire Job Action Sheet.									
Assign a Holding Area Coordinator to directly set-up and manage each Holding Area. Provide each individual with a copy of the Holding Area Job Action Sheet and associated forms. Make extra copies, as necessary.									
Identify the necessity and number of Holding Areas required through discussion with the Operations Section Chief and the Command Center. Unless otherwise indicated, the Holding Area locations will be established as follows: <table border="1" style="width: 100%; margin-top: 10px; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">HOLDING AREA</th> <th style="width: 50%; text-align: center;">DISCHARGE POINTS</th> </tr> </thead> <tbody> <tr> <td>Skilled Nursing Residents Non-Ambulatory Residents - Holding Area</td> <td></td> </tr> <tr> <td>Skilled Nursing Residents Ambulatory Residents - Holding Area</td> <td></td> </tr> <tr> <td>Memory Care Residents</td> <td></td> </tr> </tbody> </table>	HOLDING AREA	DISCHARGE POINTS	Skilled Nursing Residents Non-Ambulatory Residents - Holding Area		Skilled Nursing Residents Ambulatory Residents - Holding Area		Memory Care Residents		
HOLDING AREA	DISCHARGE POINTS								
Skilled Nursing Residents Non-Ambulatory Residents - Holding Area									
Skilled Nursing Residents Ambulatory Residents - Holding Area									
Memory Care Residents									
Ensure each Holding Area is sufficiently staffed and equipped.									
Once each Holding Area is ready to receive evacuated residents, inform Command Center.									
Ensure resident tracking procedures are in place to track residents as they arrive and depart each Holding Area.									
Continue to monitor each Holding Area and provide resources to the Holding Area Coordinator, as necessary. Advise Command Center on each Holding Area capacity.									
Monitor Holding Area Coordinator and all staff for exhaustion and psychological wellness.									
When evacuation is complete, notify the Operations Section Chief and the Command Center and deactivate the Holding Areas as directed.									

SECTION C: INCIDENT COMMAND SYSTEM

HOLDING AREA SUPPLIES (as applicable)
--

Emergency Cart/Kit, Portable Suction, Portable Oxygen w/ regulators, Oxygen concentrators, Medical Supplies such as: Vital Sign Equipment, Linen Supplies, Commodes – Personal Disposables (briefs, etc.) supply of wristbands and markers, evacuation tracking forms.
--

SECTION C: INCIDENT COMMAND SYSTEM

HOLDING AREA UNIT LEADER

Mission: Manage the operation of the Holding Area(s) where residents will be tracked and triaged prior to actually leaving the building.

Date: _____ Start: _____ End: _____ Position Assigned to: _____
Telephone #: _____ Radio Title: _____
Position Reports to: Operations Section Chief and Triage Unit Leader
Attached Forms and Information: <ul style="list-style-type: none"> ▪ Holding Area Supplies ▪ Resident Evacuation Tracking Form ▪ Resident, Medical Record & Equipment Tracking Sheet ▪ Holding Area Arrival Tracking Form ▪ Holding Area Departure Tracking Form ▪ Staff and Equipment Tracking Form – Holding Area

Full Building Evacuation Related Actions:	√								
Receive appointment and briefing from the Operations Section Chief or the Triage Unit Leader.									
Read this entire Job Action Sheet.									
Set-up and manage a Holding Area as instructed by the Command Center.									
Request staff to operate the Holding Area from the Labor Pool Unit Leader.									
Unless otherwise indicated, the Holding Area location and Resident Pick-up Location are as follows:									
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HOLDING AREA	DISCHARGE POINTS								
Skilled Nursing Residents Non-Ambulatory Residents	Traffic Circle Front of Building								
Skilled Nursing Residents Ambulatory Residents	Lower Level Employee Exit								
Memory Care Residents	Direct to awaiting Transportation								
Gather and/or request the following equipment for the Holding Area (see form immediately following this Job Action Sheet):									
Assign an individual(s) to track residents as they ARRIVE in the Holding Area.									
Provide them with the “ <i>Holding Area Arrival Tracking Form</i> ”.									
Make additional copies, as necessary (you may choose to track this on an eraser/white board). As residents arrive, ensure the residents medical records and personal belongings accompany them.									

SECTION C: INCIDENT COMMAND SYSTEM

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

HOLDING AREA SUPPLIES (as applicable)
<p>Emergency Cart/Kit, Portable Suction, Portable Oxygen w/ regulators, Oxygen concentrators, Medical Supplies such as: Vital Sign Equipment, Linen Supplies, Commodes – Personal Disposables (briefs, etc.) supply of wristbands and markers, evacuation tracking forms.</p>

NOTE: The actual location of the Holding Areas may be amended and will ultimately be determined by the Command Center.

Resident Emergency Evacuation Information Tags and Resident Tracking Forms

The following evacuation tag and tracking form is intended to track residents, their medical records and equipment as the residents leave the disaster struck facility or stop-over point.

A sheet should be filled out for each facility that is receiving one or more of your residents. If a number of residents are all being sent to the same facility, these residents can all be listed on one Tracking Sheet. The following is only a sample tracking sheet; facilities may develop their own form or amend this sample. The

SECTION C: INCIDENT COMMAND SYSTEM

top sheet/copy of the sample tracking form would be kept by the disaster struck facility as a record of where the residents have been sent.

It is important that the resident accepting facilities continue this tracking process. As evacuated residents arrive at the resident accepting facility, the facility should make enough copies of the tracking sheet so that one copy can be placed with each resident's chart. This information should remain with the resident and their medical records. If a new medical record number is assigned to the resident, this should be noted on the Tracking Sheet. Also, the resident accepting facility should confirm the arrival of the residents with the disaster struck facility.

RESIDENT EMERGENCY EVACUATION FORM

(Barcode Label/Triage Tag – All 3 Copies)

Triage Tag Number

Sending Facility: _____
 Address: _____
 Contact Name: _____ Title: _____
 Tel (____) _____

Receiving Facility: _____
 Address: _____
 Confirmed Sending with:
 Name: _____ Title: _____
 Tel (____) _____ Date/Time Called: _____

Transport Via: ALS BLS Wheelchair Van Bus/Van

Resident Name (last, first, middle init): _____ Photo

 DOB: ____/____/____ Sex: M F
 Language: English Other _____
 Alternate Communication: _____
 Date Admitted (most recent): ____ / ____ / ____

Contact Person: _____
 Relationship (check all that apply)
 Relative Health care proxy Guardian Other
 Tel (____) _____
 Notified of transfer? Yes No
 Aware of clinical situation? Yes No

Primary Care Clinician in Nursing Home / Pharmacy
 MD NP PA
 Name: _____
 Tel (____) _____
 Facility Pharmacy: _____
 Tel (____) _____

Critical Diagnosis: _____ Treatments: _____

Code Status: Full Code DNR DNI DNH Comfort Care Only Uncertain Other (attach advanced directives or DNR)

MEDICATIONS

MAR Attached

DRUG, STRENGTH, MODE	FREQUENCY	LAST GIVEN	DRUG, STRENGTH, MODE	FREQUENCY	LAST GIVEN
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Key Clinical Information:

Relevant diagnoses: CHF COPD CRF DM CA: _____ Other: _____
 Vital Signs: BP: _____ HR: _____ RR: _____ Temp: _____ O2 Sat: _____ Time taken (am/pm): _____
 Most recent pain level: _____ (N/A) Pain location: _____
 Most recent pain med: _____ Date given: ____/____/____ Time: (am/pm): _____

Usual Mental Status: Dementia
 Alert, oriented, follows instructions
 Alert, disoriented, but can follow simple instructions
 Alert, disoriented, cannot follow simple instructions
 Not Alert

Behavior Problems / Safety Risk: None
 Elopement
 Verbally Aggressive
 Physically Aggressive / Harm to self or others
 1:1 Supervision (Consider evac to Hospital)

Isolation Precautions: None
 MRSA VRE Site: _____
 C.difficile Norovirus
 Respiratory virus or flu Private Room Required
 Other: _____

Devices and Treatments:

O2 Rate: _____ L/min Nasal Cannula Mask (Chronic New)
 Maintain O2 Sat. above: _____ Nebulizer therapy (Chronic New)
 CPAP Settings: _____ BiPAP settings: _____
 Pacemaker IV (Access Type: _____) PICC line
 Bladder (Foley) Catheter (Chronic New) Internal Defibrillator
 Ostomy Speaking Valve Dialysis: HEMO Peritoneal
 Trach size: _____ Sx: _____ Frequency: _____
 Vent Settings: _____ Other: _____

Risk Alerts:

Allergies (food/meds): _____
 Anticoagulation Falls Seizures Limited / non-weight bearing (L R)
 Swallowing / Aspiration precautions Needs meds crushed
 Skin / wound care: _____ Needs special mattress
 Pressure ulcers (stage, location, appearance, treatment): _____
 Other: _____

DIET:

Regular Diet

Diabetic: Last Insulin _____ Last Meal _____
 Religious Restrictions: _____
 Thickened Liquids Consistency: _____
 NPO Modified Diet _____ Meal Assist
 Enteral Feeding or TPN Type _____ Rate _____ Daily amount: _____
 Other: _____

ADLs (I = Independent D = Dependent A = Needs Assistance)

Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Can ambulate independently
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Assistive device: _____
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Needs human assistance to ambulate
Incontinence:				Transfers: <input type="checkbox"/> Independent <input type="checkbox"/> Needs supervision
<input type="checkbox"/> Bladder <input type="checkbox"/> Bowel				<input type="checkbox"/> Partial assist <input type="checkbox"/> Total assist
				<input type="checkbox"/> Visually Imp / Blind <input type="checkbox"/> Service Animal <input type="checkbox"/> Deaf

Attachments:

Face Sheet MAR TAR (treatments) POS (doctor's orders) Pertinent Labs
 Surgical Reports Copy of Signed DNR Order Original DNR Advance Directives
 Skin Guide Other: _____ X-rays, EKGs, scans

Personal Belongings Sent With Resident:

Eyeglasses Contact Lenses Hearing Aid: L / R
 Dentures: U / L Jewelry Other: _____

Form Completed By (name/title): _____ Signature: _____
 Report Called in By (name/title): _____
 Report Called in To (name/title): _____ Date: ____/____/____ Time (am/pm): _____

Additional Relevant Information:

Top Copy – Receiving Facility Middle Copy – EMS / Transportation Bottom Copy – Disaster Struck Facility

SECTION C: INCIDENT COMMAND SYSTEM

RESIDENT/MEDICAL RECORD/STAFF/EQUIPMENT TRACKING SHEET

THIS PORTION TO BE COMPLETED BY EVACUATING/SENDING FACILITY

Sending Facility: _____
 Contact Person: _____
 Tel (____) _____ Fax (____) _____

Receiving Facility: _____
 Contact Person: _____
 Tel (____) _____ Date/Time Called: _____

Resident	Contact Information (Note Date & Time Contacted)	Sent with Resident (Check all that apply)	Transport Company Name, Vehicle ID, Driver Name and Cell Phone #	Time Vehicle Departed	Time Arrived/Left Stop Over Point	Time/Date Arrived RECEIVING FACILITY TO COMPLETE
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	
Name: _____ MR or Tracking # _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F DOB: __/__/____	Family Contact: _____ Tel (____) _____ Date/Time: _____ Physician: _____ Tel (____) _____ Date/Time: _____	<input type="checkbox"/> Chart <input type="checkbox"/> Meds <input type="checkbox"/> MAR <input type="checkbox"/> Equipment: _____ <input type="checkbox"/> Staff (Name): _____			A: L:	

Special Notes: _____

THIS PORTION TO BE COMPLETED BY RECEIVING FACILITY

INSTRUCTIONS: COMPLETE THIS BOX, THE FINAL COLUMN ABOVE, AND THE INFLUX OF RESIDENTS LOG.

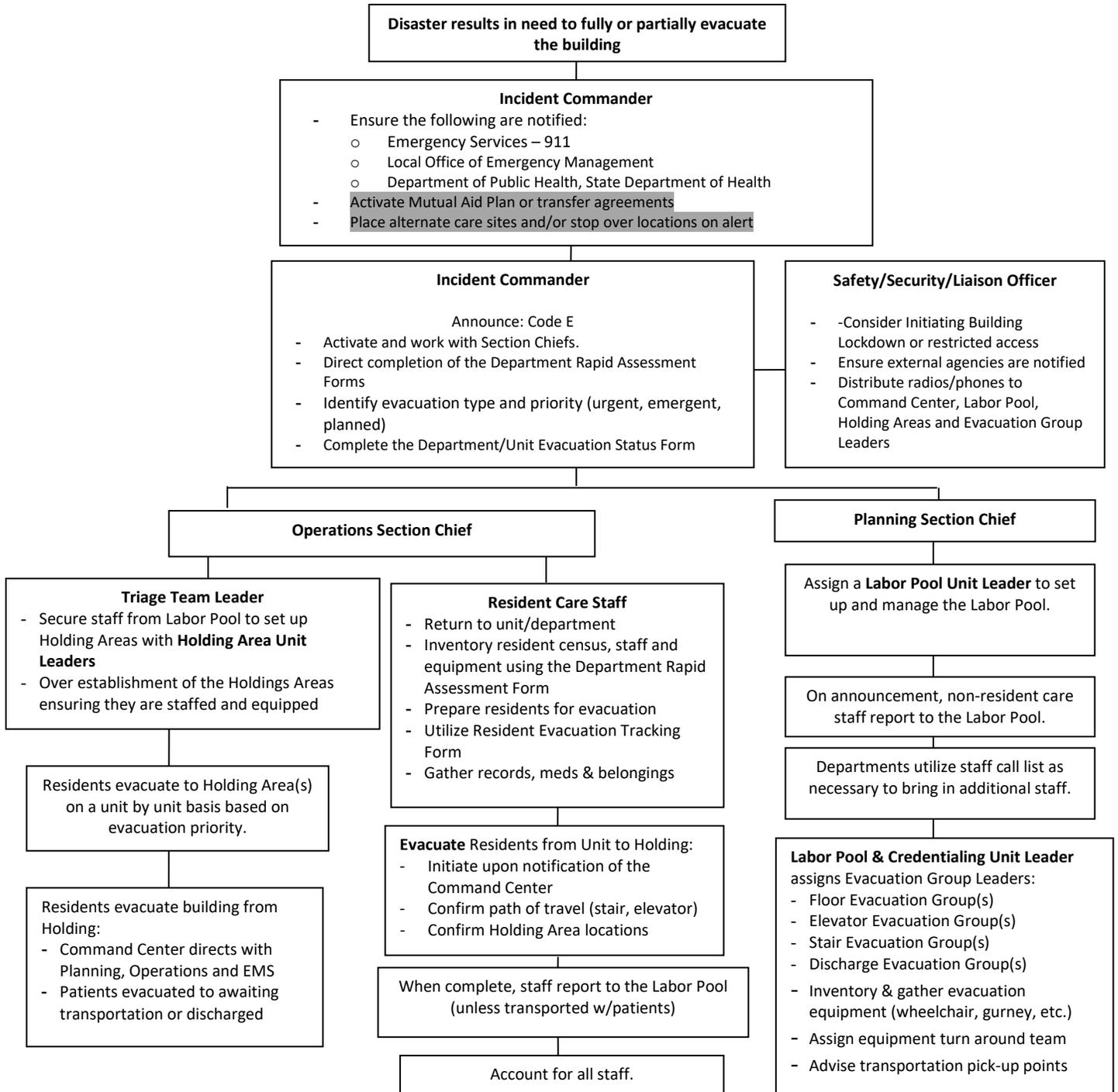
Receiving Facility Name: _____ City: _____ State: _____
 Person Completing Form: _____ Time Completed: _____
 Did you communicate receipt of resident with the LTC Coordinating Center or Disaster Struck (Sending) Facility? Yes No (if no, please do so now)
 Print Name of Primary Contact: _____ Phone: _____ Fax: _____

SECTION D: FULL BUILDING EVACUATION PLAN

SECTION D:

FULL BUILDING EVACUATION PLAN

SECTION D: FULL BUILDING EVACUATION PLAN



SECTION D: FULL BUILDING EVACUATION PLAN

INTRODUCTION

In the event of a partial or full evacuation of the building, the following plan should be used as a guide. The order to evacuate the entire building or campus should be a combination decision made by the Facility Incident Commander, in conjunction with Emergency Services (when available).

This plan is not intended to address horizontal evacuation. Many disasters (including fire) may require the evacuation of a unit or wing. Horizontal evacuation to another “compartment” on the same floor may be necessary.

The decision to evacuate a compartment when there is an immediate threat should be made by the Charge Person of the area at the time. The facility fire procedures can be referenced in such situations.

In the event of an **Emergent Evacuation**, an external holding area(s), otherwise known as the **Stop-Over Point**, may be established at the following location:

Primary Location:

Julia Dyckman Andrus Memorial, 1156 N Broadway, Yonkers, NY 10701

If the aforementioned facility cannot be used, an “**Alternate Stop Over Point**” will be selected by the Incident Commander, taking into consideration other nearby facilities that could temporarily shelter residents (churches, schools, community/civic center, etc.).

The Stop-Over Point can be utilized until residents can either re-occupy the building or be evacuated to other receiving healthcare facilities.

This plan assumes limited assistance from the local Emergency Services. However, the plan can be implemented without such assistance if the facility has transportation and communication resources and/or agreements.

SECTION D: FULL BUILDING EVACUATION PLAN

ACTION PLAN

INCIDENT COMMANDER

To activate the Full Building Evacuation Plan, the Command Center (Incident Commander) will follow this plan of action. The decision to evacuate should be made with input from Emergency Service Agencies. Consider implementing Building Lockdown or restricting access.

Ensure the following agencies are notified:

- Emergency Services – 911 (if not already involved)
- Local/County/State Office of Emergency Management
- Local/County/State Department of Health

COMMAND CENTER LOCATIONS	
PRIMARY	ALTERNATE

ACTIVATION OF PLAN

- **Announce “Code _____”**
- All **Resident Care** Staff / Department Managers / Supervisors return to respective units / departments if not already there. Begin **preparing** for evacuation (see *Resident Preparation* section of plan).
- All Department Heads will complete the appropriate parts of the “**Department Rapid Assessment Form**” to determine the resources available at the time and census information. Provide this completed form to the Command Center.
- All **non-clinical** (non-resident care) staff should report to the Labor Pool unless assigned to the Command Center.
 - Staff with special needs or disabilities should also report to the Labor Pool. If they are not able to access the Labor Pool (elevators are not functional), they should remain on their floor and be evacuated vertically in the same manner as residents.

ACTIVATE LABOR POOL

LABOR POOL LOCATIONS	
PRIMARY	ALTERNATE

- The Planning Section Chief shall assign the Labor Pool Unit Leader (provide this position with the Labor Pool Job Action Sheet found in the Incident Command Section).
- Have department heads initiate their staff “call-back” plan, as necessary, with staff reporting directly to the Labor Pool.

SECTION D: FULL BUILDING EVACUATION PLAN

TRANSPORTATION (INTERNAL / EXTERNAL)

- The Logistics Section Chief shall designate staff in coordination with the Labor Pool Unit Leader to coordinate internal resident transportation needs, collecting and dissemination of internal transportation equipment:
 - Collect transportation equipment (see list below) from throughout the facility and stage in the Labor Pool.

TRANSPORTATION EQUIPMENT TO BE GATHERED	
EQUIPMENT	LOCATION
Wheelchairs	
Evacuation Sleds	
Stair Chairs	
Evacuation Chairs	
Evacuation Slings	
Other:	

- The Labor Pool Unit Leader should direct that cleaning supplies be brought to the Labor Pool or other designated equipment staging area so any equipment being reused for evacuation can be disinfected and cleaned.
 - If different than the Labor Pool, inform the Labor Pool Unit Leader of the transportation equipment staging location.
- The Safety/Security/Liaison Officer is responsible for the organization of **external** transportation resources and assigning staging locations for arriving transportation units.

TRANSPORTATION STAGING AREAS	
Ambulance and Wheel Chair Vans	
Buses, Vans, other transport vehicles	

- Safety/Security/Liaison Officer to assign personnel to direct the on-site staging of vehicles and establish traffic flow from staging to the appropriate resident pick-up locations.
- Safety/Security/Liaison Officer to attain information on the number and type of transportation resources needed through coordination with the Operations Section Chief. Information can be obtained from completed *Department Rapid Assessment Forms*.
 - Coordinate obtaining transportation resources with the Emergency Services/EMS via their Field Incident Command Post if they are on-site.
- Consider the following transportation resources for movement of residents and staff (see Emergency Resources and Lists Section):
 - Facility owned vehicles and/or other healthcare facility vehicles

SECTION D: FULL BUILDING EVACUATION PLAN

- Ambulance
- Local/Regional Buses
- Wheelchair vans
- Taxis
- Consider the following transportation resources for transportation of equipment and supplies (see Emergency Resources and Lists Section):
 - Consider renting a truck:
 - Penske Truck Rental
 - Budget Truck Rental
 - U-Haul Truck Rental
 - Ryder Truck Rental

CENSUS REDUCTION

- The Operations Section Chief will instruct resident care units / departments to identify residents that can be discharged or sent home with families.

ASSIGNMENT OF RESIDENT EVACUATION STAFF

- The Planning Section Chief should direct the Labor Pool Unit Leader to assign Leaders for the following “Evacuation Groups”, as necessary:
 - Floor Evacuation Group(s)
 - Elevator Evacuation Group(s)
 - Stairwell Evacuation Group(s)
 - Discharge Floor Evacuation Group(s)

NOTE: Evacuation Groups are to be formed but remain in the Labor Pool until directed to report to a specific location (see “Labor Pool” section of the plan).

HOLDING AREAS

- The Operations Section Chief will assign a Triage Unit Leader who will initiate the set-up of the Holding Area(s).
- The Triage Team Leader will assign a Holding Area Coordinator to each Holding Area and provide the Holding Area Job Action Sheet to each Holding Area Coordinator(s).

HOLDING AREA TYPE AND LOCATION	DISCHARGE POINT
Non-Ambulatory Residents - Holding Area Main Floor Lounge	
Memory Care Residents Main Floor Resident Dining Room	

The Incident Commander, through Operations Section Chief, will verify the appropriateness of the predetermined locations of the Holding Area(s) and make changes, as necessary.

SECTION D: FULL BUILDING EVACUATION PLAN

- It may be necessary to isolate **Memory Care** residents from the general resident population. Consider establishing a separate Holding Area and pickup point, as indicated above. This will be determined by the Incident Commander in consultation with the Operations Section Chief at the time of the evacuation.
- Each Holding Area shall be cleared for use as a resident staging area, appropriately staffed with clinical staff, and set up with equipment and supplies.

HOLDING AREA SUPPLIES (as applicable)
Emergency Cart/Box, AED, Portable Suction, Portable Oxygen w/ regulators, Oxygen concentrators, Medical Supplies such as: Vital Sign Equipment, Linen Supplies, Commodes – Personal Disposables (briefs, etc) supply of wristbands and markers, evacuation tracking forms.

SECTION D: FULL BUILDING EVACUATION PLAN

COMMUNICATIONS

- The Command Center shall establish communications with the following areas:
 - Section Chiefs
 - Resident Care Areas
 - Holding Area(s)
 - Labor Pool
 - Evacuation Group Leaders
- Communications to take place utilizing the following, as appropriate:
 - Standard telephones
 - Runners
 - Portable radios
 - Cell phones
 - E-mail

NOTE: In the event of a Bomb Threat, limit or eliminate the use of two-way radios or cell phones without permission from on-site law enforcement officials.

EVACUATION PRIORITIZATION

- Determine evacuation prioritization for all Units / Departments with feedback from and in consultation with:
 - Operations, Planning and Logistics Section Chiefs in consultation with the Safety/Security/Liaison Officer
 - Emergency Services (Fire, EMS, etc.)
- Consider evacuating residents by ambulatory status and acuity level, if possible (consider the following order):
 - **General Resident Population**
 - Ambulatory
 - Non-ambulatory, lower acuity
 - Non-ambulatory, higher acuity
 - Non-ambulatory, bariatric, if any (consider transferring non-ambulatory bariatric residents directly to EMS stretchers to avoid multiple transfers)
 - **Dementia Population**
 - Lower Elopement Risk
 - High Elopement Risk

NOTES:

1. The areas / departments being utilized as Holding Areas must be evacuated prior to initiating evacuation of other areas.
2. As evacuation of a unit/department is complete, the staff from the evacuated unit shall report to the Labor Pool.

SECTION D: FULL BUILDING EVACUATION PLAN

3. Consideration should be given to holding any higher acuity units for later evacuation, since this gives a chance to assemble additional staff in the Labor Pool. This also allows more time to stabilize the resident and prep them for evacuation.
4. If the evacuation is taking place in advance of predicted severe weather or other incident (hurricane, wildfire, etc.) or other pending disaster, the evacuation order may be reversed to evacuate higher acuity residents first. Additionally, if elevators are functioning, the order of evacuation may be altered as well. The capabilities of regional Receiving Facilities (sites where residents are being evacuated to) will impact the order of evacuation as well.
5. Staff from non-resident care departments should be evacuated from the building only after it is known that they will not be needed to assist as part of the Labor Pool.

STAFF AND EMERGENCY SERVICES INTERNAL ROUTES OF TRAVEL (MAY CHANGE BASED ON THE DISASTER)

- To provide support to the evacuating units, staff and Emergency Services can access upper floors via the following designated stairs and elevators:
 - **Stairs:** INSERT STAIRWELL LABEL
 - **Elevators:** INSERT ELEVATOR LABEL (if elevators are cleared for use).

EVACUATION ORDER

- Initiate evacuation of specific units / departments, as determined previously in EVACUATION PRIORITIZATION.
 - Notify Labor Pool Unit Leader to dispatch Evacuation Group(s) as follows:
 - **Floor Evacuation Group:** Dispatched to the specific unit/area to be evacuated (this group will evacuate residents from their unit to the designated stair or elevator to be utilized for the area being evacuated).
 - **Elevator Evacuation Group:** Dispatched to the specific elevator(s) that will be utilized for evacuation from a specific unit/area (this group will evacuate residents vertically down the pre-designated elevator(s) for the area being evacuated).
 - **Stairwell Evacuation Group:** Dispatched to the specific stairwell that will be utilized for evacuation from a specific unit/area (this group will evacuate residents vertically down the pre-designated stair(s) for the area being evacuated).
 - **Discharge Evacuation Group:** Dispatched to the discharge points of stairwells and elevators being utilized for vertical evacuation (this group will move residents from the discharge points of elevators and stairs to the appropriate Holding Area).
- The Command Center shall notify each unit/area that they are to begin evacuation once Evacuation Group(s) arrive. The Charge Person of the evacuating area will indicate each resident's designated Holding Area.
- As residents are taken out of their rooms, mark doors with a "this room evacuated" sign to indicate room has been evacuated.

SECTION D: FULL BUILDING EVACUATION PLAN

- Once evacuation of initial area has been completed, notify the Command Center. The Labor Pool will direct Evacuation Group(s) to the next area to be evacuated. As each area is told to evacuate, they are given the following information:
 - Locations of Holding Areas
 - Evacuation route (specific Elevator or Stairwell) to be used, as applicable.
- Continue this routine until evacuation has been completed. Use “*Resident Care Department / Unit Evacuation Status*” form to document evacuation status of each area.

NOTES:

1. The Command Center, through the Operations Section Chief, should ensure the Holding Area(s) has sufficient capacity to receive additional residents prior to directing the next unit / area to evacuate.
2. If possible, the Holding Area Departure Team Leader will notify the evacuation vehicle driver of the intended destination of residents as they are placed in vehicles. This should be documented on the “*Resident Evacuation Tracking Form*”.
3. Residents that leave the facility with family, friends, etc. should be tracked and logged out. This can be accomplished via the Holding Area or another designated location.

RESIDENT PLACEMENT INTO OTHER FACILITIES

- Moving residents out of the facility will be ordered by the Incident Commander in consultation with the Operations & Planning Section Chiefs, EMS and possibly the Fire Department. The facility shall attempt to evacuate to other similar facilities.
- Selecting Receiving Facilities for evacuated residents will be the responsibility of the Operations & Planning Section Chiefs. Contact with Receiving Facilities will be the responsibility of the Command Center, Safety/Security/Liaison Officer or designee.
- Ensure the “*Resident Evacuation Tracking Form*” is completed prior to each resident leaving the facility. Receiving Facility availability shall be reported to the Holding Area.
- Consider communicating with the following potential evacuation sites:
 - Evacuate to facilities within any established Mutual Aid Agreement such as:
 - Facilities listed in _____ Mutual Aid Plan
 -
 - Evacuate Independent Residents to Hotels within the area/region:
 -
 - Evacuate Assisted Living Residents to facilities in the area/region:
 -
 - Evacuate Skilled Nursing Residents to facilities in the area/region:
 -

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

SECTION D: FULL BUILDING EVACUATION PLAN

- When possible, Independent and other eligible residents should be sent home with family members.
- It may be necessary to consider evacuating some Independent residents to Assisted Living or Skilled Nursing facilities, depending upon their medical needs and condition.
- Residents' responsible parties (families) should be notified of the situation. All general messages to families prepared by the Public Information Officer should be approved by the Incident Commander.
- Correlate evacuated residents by evacuation site using the "*Evacuation Destination Form*".

RESIDENT MEDICAL RECORDS

- When possible, evacuate medical information/records with residents being evacuated, as follows:
 - Skilled and Assisted Living Residents:
 - When possible, copy chart or important documentation (Face sheet, MAR, Physician Orders, Nursing Notes, Physicians History, and Advanced Directives) and send copies with resident.
 - When necessary, send the hardcopy resident medical chart/file (including Face sheet, MAR, Physician Orders, Nursing Notes, Physicians History, and Advanced Directives) with each resident.
 - Any needed Electronic Medical Information (including MAR) can be printed via any of the following options:
 - ◆ Printed on-site at each unit.
 - ◆ Batch printed on-site in Administration and distributed to each unit.
 - ◆ Batch printed off-site at another facility.
 - ◆ Printed at any off-site location via the internet (requires staff to have a laptop and proper access).

(See additional information under Medical Records in the Resident Preparation Guide)

NOTE: During an emergent evacuation, bring the Medical Records rack to the elevator for transport to the emergency Stop-over Point (this applies to Assisted Living and Skilled Nursing records only).

MEDICATIONS & FEDERALLY CONTROLLED SUBSTANCES

- Resident medications, if time allows, will be put into a Ziploc plastic bag or pillowcase, labeled (use marker), and sent with the resident.
- Obtain medications from Pharmacy Vendor for Independent Residents being evacuated to another healthcare facility.
- Federally controlled substances will not go with the resident unless a Nurse or approved medical practitioner accompanies the resident. Federally controlled substances may be taken

SECTION D: FULL BUILDING EVACUATION PLAN

to a Receiving Facility by a licensed medication administration nurse (after the evacuation is complete). A controlled substance count will be done and documented at the Receiving Facility.

CARE AND TREATMENT OF EVACUEES

- Unless transported via ambulance, critically ill residents will be accompanied enroute by qualified staff who can assess and manage their needs.
- Critical supplies such as water and medical supplies will be stocked on each transport vehicle for use during transport.

RESIDENT PERSONAL BELONGINGS

- Resident valuables, if any, will be secured by the facility as the resident is evacuated. Once the situation stabilizes, Administration will be responsible for returning these valuables to the resident.

RESIDENT PREPARATION GUIDE:

SKILLED NURSING RESIDENTS

RESIDENT / DESTINATION / TRACKING

- Determine which Holding Area residents will be evacuated to and complete the “*Resident Evacuation Tracking Form*” for each resident prior to evacuation and attach to front of resident’s medical file or packet of medical information being sent with the resident.
- Skilled Nursing Residents will be evacuated vertically using the following stairs and/or elevators to the designated Holding Area:
 - **Stairwell #** _____
 - **Elevators #** _____ (if permitted for use)

RESIDENT IDENTIFICATION

- Ensure resident is properly identified by wristband or other method. Apply wristband or other identification method on the resident prior to being evacuated from the floor/unit to another healthcare facility.

MEDICAL RECORDS

- When possible, send the hardcopy resident medical chart/file (including face sheet and MAR) with each resident.
- At a minimum, copy the following resident care documentation, to accompany the resident if the hard copy medical file is not sent:
 - Face sheet
 - Physician Orders and Nursing Notes, as applicable
 - Medications List and/or MAR, as applicable
 - Physicians History & Physical Findings, as applicable
 - Advanced directives
 - Responsible Party Information, as applicable
- Attach the “*Resident Evacuation Tracking Form*” to the front of the medical chart/file or packet of medical information being sent with the resident.

CRITICAL CARE SUPPLIES AND STAFF

- High acuity residents who are not transported via ambulance will be accompanied by qualified clinical staff who can assess and meet their medical needs enroute.
- A supply of drinking water and critical medical supplies will be sent on each transport vehicle for use enroute as needed.

PERSONAL EFFECTS

- Essential personal effects (eyeglasses, dentures, hearing aides, clothing, etc.) are to be placed in a plastic bag, pillowcase or other bag and accompany resident, if possible. Label with resident’s name using a marker.
- Valuables should be given to responsible party or secured by facility, as applicable.

MEDICATIONS / SUPPLIES

- Any supplies or equipment needed for specialized treatment will be packaged and evacuated with the resident (bedside and special medications).
- Resident medications to accompany resident, if possible:
 - Must be dosage-specific for each resident.

- Must be identified with resident name and Medical Record/File number.
 - Federally controlled substances will not go with the resident unless a Nurse or approved medical practitioner accompanies the resident. Federally controlled substances may be taken to a Receiving Facility by a licensed medication administration nurse (after the evacuation is complete). A controlled substance count will be done and documented at the Receiving Facility.

SPECIAL CONSIDERATIONS

- Staff should utilize the appropriate personal protective equipment (PPE) and always exercise Universal Precautions.
- As needed, request oxygen, wheelchairs and/or walkers from the Labor Pool.
- Staff may need to accompany certain residents to the Holding Area, as necessary. Staff should then return to the unit. Staff should report to the Labor Pool once the floor/unit evacuation is completed.
- Family members/visitors should be taken or directed to the Responsible Party (Resident Family) Area.

SKILLED NURSING HOLDING AREA(S) AND RESIDENT PICK-UP LOCATIONS

HOLDING AREA	DISCHARGE POINTS
Ambulatory Residents	
Non-Ambulatory Residents	
Memory Care Residents	

The actual location of the Holding Area may be amended and will ultimately be determined by the Command Center.

NOTE: It may be necessary to isolate **Memory Care** residents from the general resident population for their safety and security. A separate Holding Area and pickup point (see above) may be established at the time of the evacuation.

Special precautions should be implemented to prevent elopement and to maintain resident safety & security. Ensure sufficient staffing is always present in the Memory Care Holding Area.

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

RESIDENT EVACUATION TRACKING FORM
INSERT FACILITY NAME AND PHONE #

RESIDENT INFORMATION - To be completed prior to resident movement from the Unit (or Holding Area)

Resident Name: _____ DOB: _____ Room #: _____ Primary Physician: _____

Significant Diagnosis: _____ Isolation Type: _____ Language: _____ MR#: _____

Care Category: Independent Assisted Skilled **SENT TO HOLDING:** Yes No

RECOMMENDED TRANSPORT: Ambulance (ALS) Ambulance (BLS) Wheelchair Van Other: _____

Item	From Sending Facility			Arrived at Receiving Facility?	
				Y/N	Initials
Medical Record (File, MAR, etc.)	With Resident <input type="checkbox"/>	Left on Unit <input type="checkbox"/>			
Resident Belongings	With Resident <input type="checkbox"/>	Left in Room <input type="checkbox"/>	None Listed <input type="checkbox"/>		
Medications (To sustain in Holding)	With Resident <input type="checkbox"/>	Left on Unit <input type="checkbox"/>	None Listed <input type="checkbox"/>		

Resident ID Band or Nametag Confirmed? Yes - By (Staff Member Name): _____ No N/A

Allergies: _____

Latex Allergy: Yes No Code Status: DNR DNI Advance Directives: Healthcare POA / Living Will

Special Requirements: NPO / Aspiration Precautions / Seizure Precautions / O2 Mask / Cannula

Other: _____

Mental Status: Alert / Lethargic / Oriented / Mildly Confused / Severely Confused Deaf / HOH: Y / N Mute: Y / N

High Fall Risk: Yes / No Behavior Problems/Safety: None / Wanders / Verbally Abusive / Phys. Abusive

Transfers: Independent / Supervision / Partial Assist 1 / Partial Assist 2 / Total Assist

Equipment: None / Cane / Walker / Wheelchair / Glasses / Hearing Aid / Dentures / Prosthesis – Type _____

ADL: Independent / Supervision / Partial Assist / Total Assist / Continent / Incontinent Bowel / Incontinent Bladder

Diet: Regular / Other _____ Consistency - Regular / Ground / Pureed / Thickened Liquids

This Portion of Form Completed by (Name): _____

HOLDING AREA - To be completed upon arrival into and departure from Holding Area

Time arrived at Holding Area: _____ Received by (Name): _____

Time Departed: _____ Destination (Facility Name): _____ Vehicle Ident. (Name, Unit #, etc.): _____

Accompanied by (facility staff name): _____ Family Member/Physician Notification: YES / NO

Family Contact/Time/Phone #: _____ Physician Name/Time/Phone #: _____

This Portion of Form Completed by (Name): _____

RECEIVING FACILITY - To be completed at time of arrival

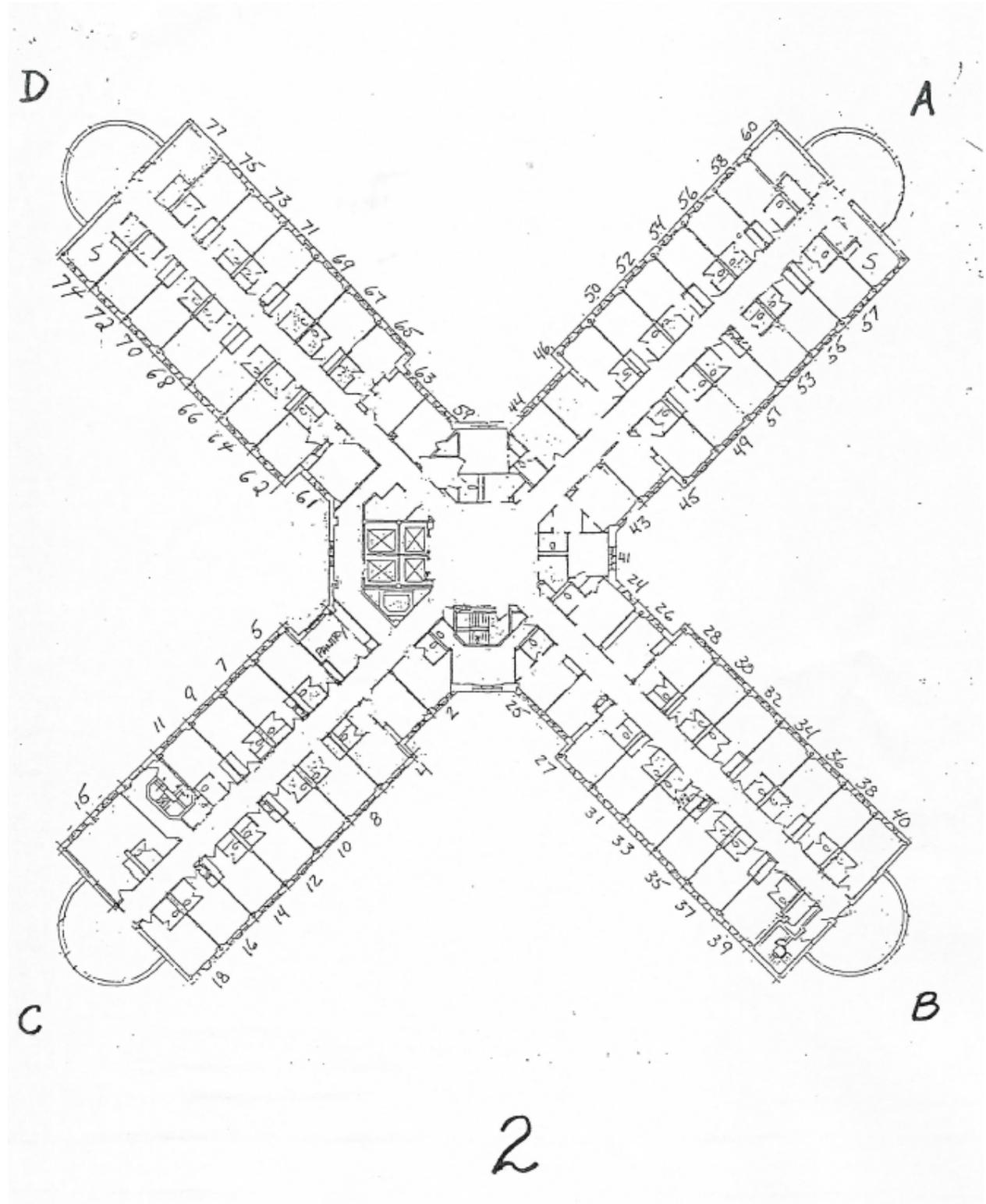
Time Arrived: _____ Facility Name: _____ Initial Care Location: _____
(Reception Area, etc.)

This Portion of Form Completed by (Name/Phone #): _____

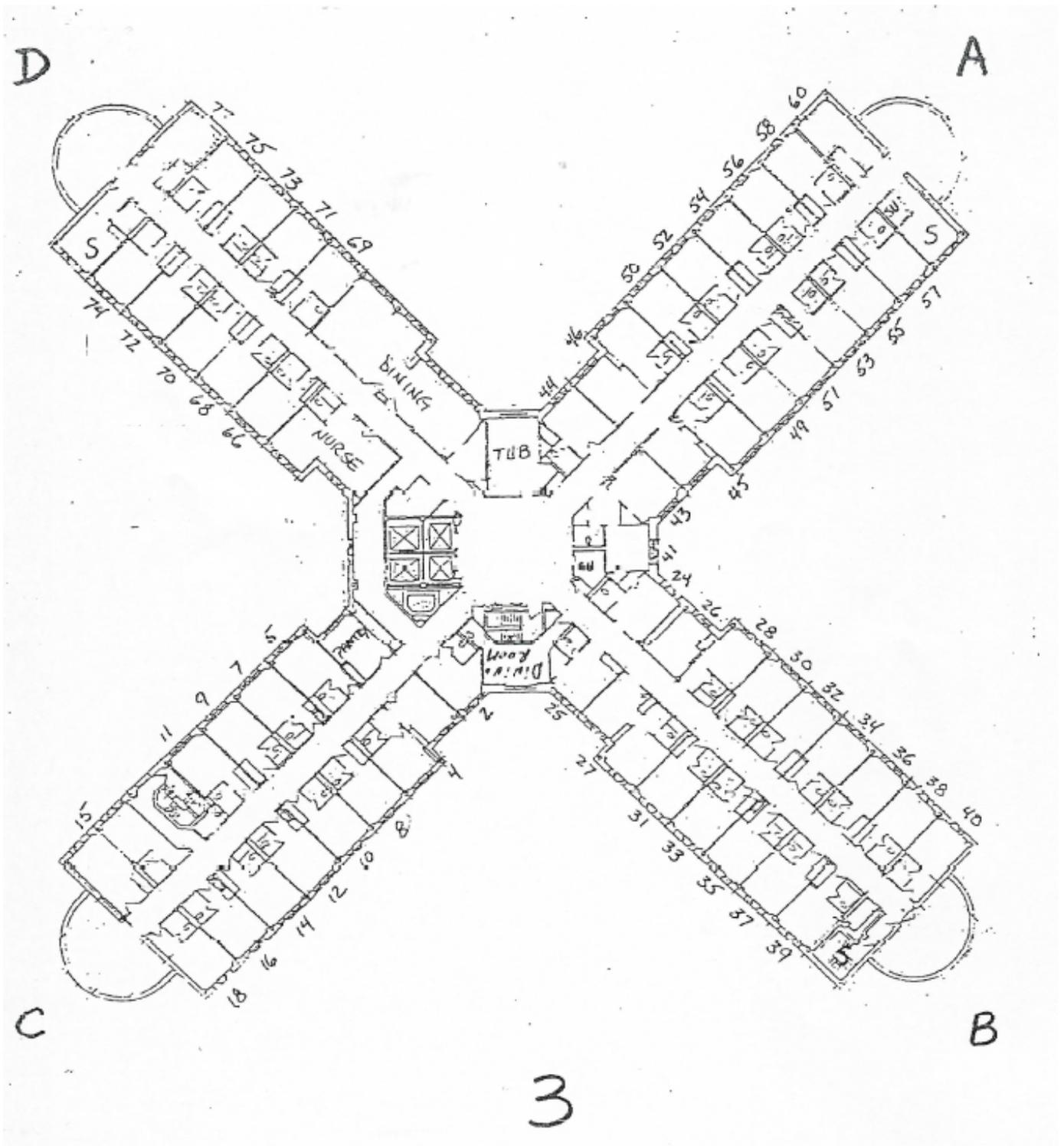
NOTE: Check **Resident Information** section at top of page and indicate items received.

Top Copy - to accompany Resident - Receiving Facility to return completed top copy to Sending Facility Command Center
Middle Copy - To be retained by Receiving Facility
Bottom Copy - To be retained by Sending Facility

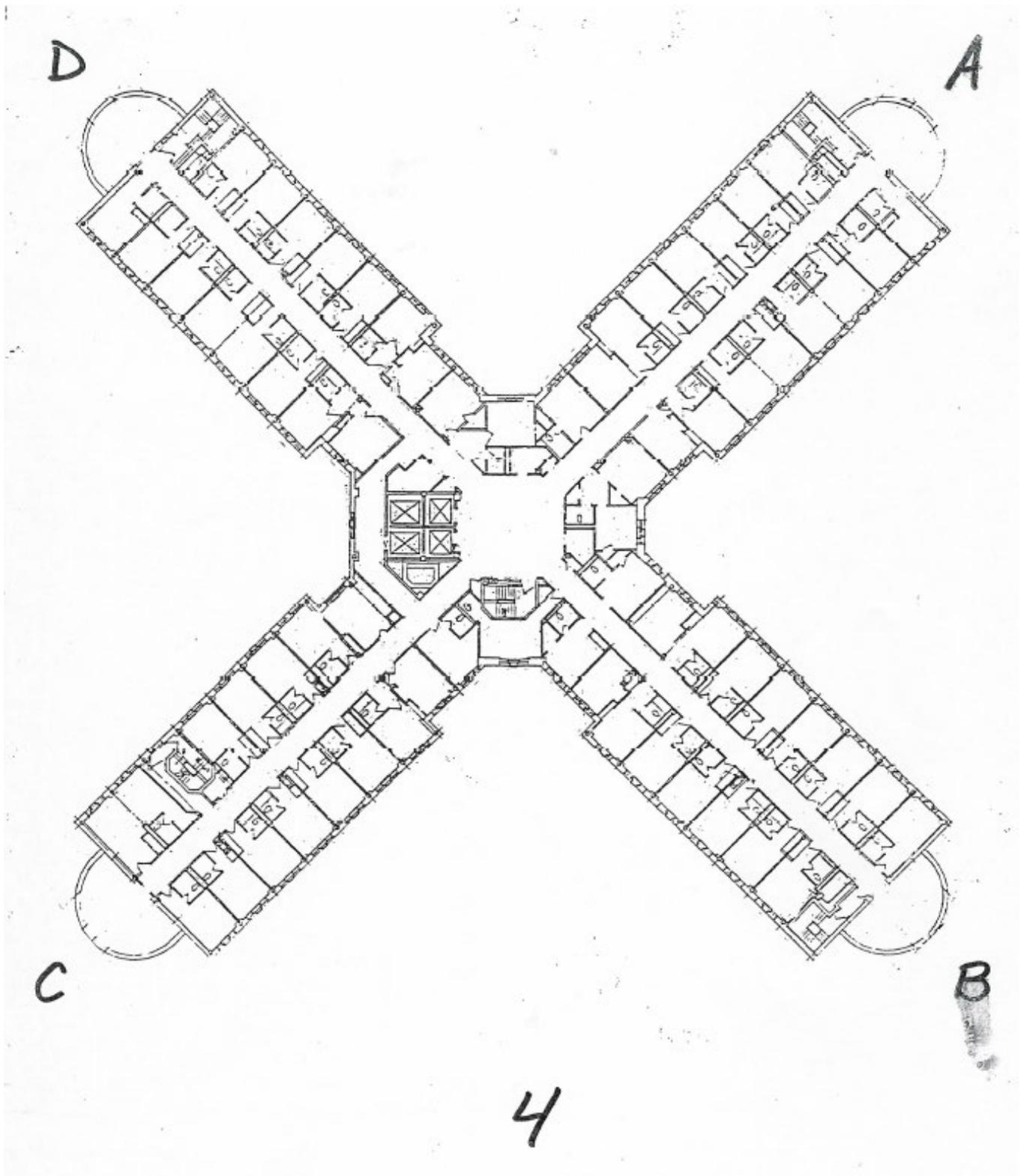
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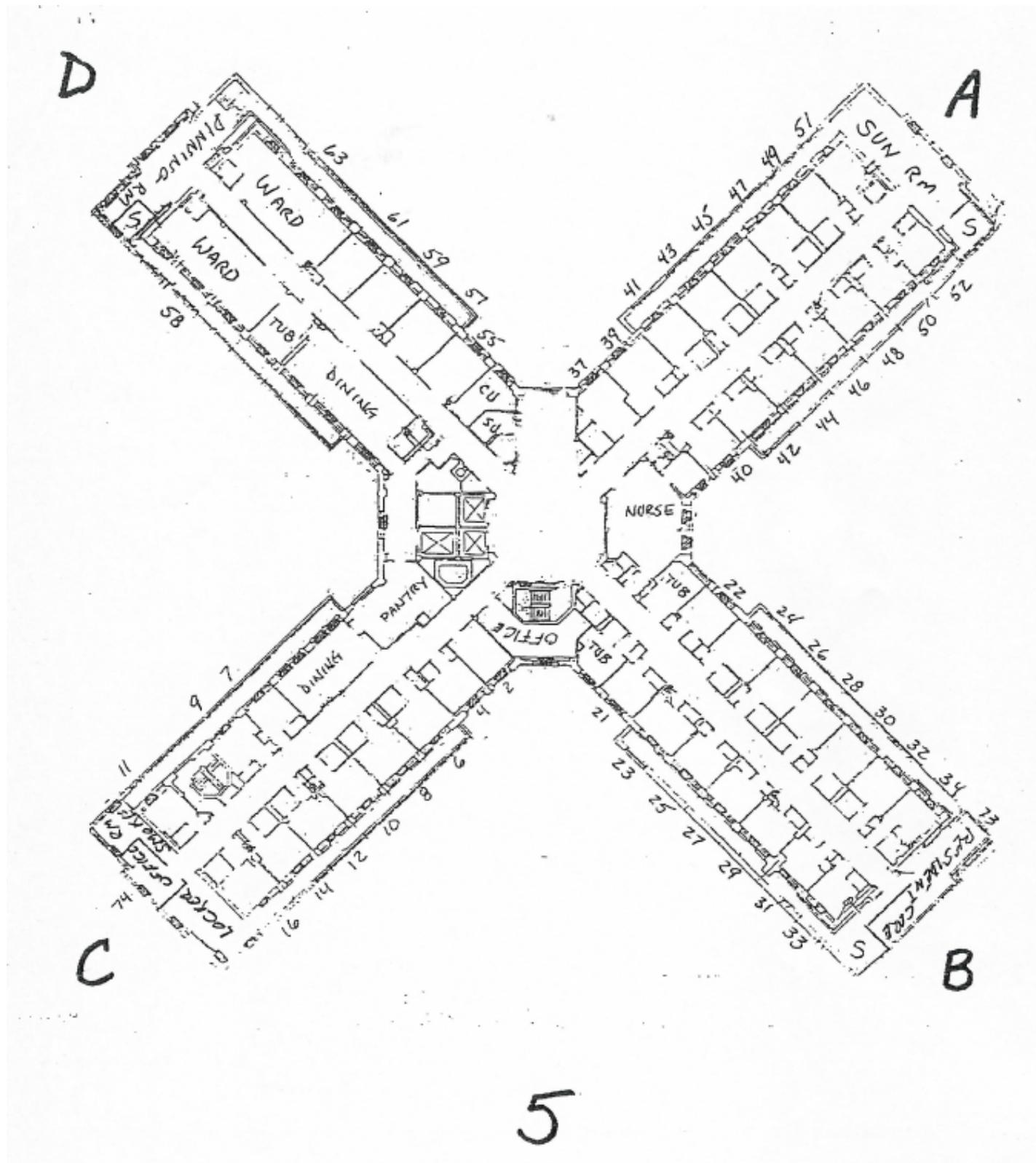
SECTION D: FULL BUILDING EVACUATION PLAN



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SECTION D: FULL BUILDING EVACUATION PLAN



SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

SECTION E:

EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

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ACTIVE SHOOTER / PERSON WITH WEAPON

OVERVIEW

An active shooter is defined as a person or persons who appear to be actively engaged in killing or attempting to kill people in or around the building. In most cases, active shooters use a firearm(s) and display no pattern or method for the selection of their victims.

Additionally, a person with a weapon may be observed approaching or inside the facility, which poses a potentially life threatening situation to residents, staff and others.

The purpose of this procedure is to provide guidance for staff response to an active shooting situation or observation of a person with a weapon.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

Staff in the Immediate Area of Threat

- If an Active Shooter or Person with a Weapon enters your area, you should:
 - First, **run away** from the shooter, if possible, encouraging others to follow. If that is not possible, seek a secure place to **hide and deny** the shooter access. As a last resort, each person must consider if he or she can and will fight to survive, **incapacitate the shooter**, and protect others from harm.
 - If it is safe to do so, the first course of action is to run out of the facility or away from the area under attack and move as far away as possible until they are in a safe location.
- Despite the complexity of this situation; personnel, residents, and visitors who can evacuate safely should do so.
- RUN and:
 - Leave personal belongings behind.
 - Visualize possible escape routes, including physically accessible routes for residents, visitors, or staff with disabilities and others with access and functional needs.
 - Avoid elevators.
 - Take others with them, but do not stay behind because others will not go.
- If running is not a safe option, staff should hide in as safe a place as possible where the walls might be thicker and have fewer windows. Likewise, for residents that cannot “run” because of mobility issues (e.g., they are unable to leave their bed), hiding may be the only option.
 - Lock the doors if door locks are available.
 - Barricade the doors with heavy furniture or wedge items under the door. Those in the resident care areas should secure the unit entrance(s) by locking the doors and/or securing the doors by any means available (e.g., furniture, cabinets, bed, equipment, etc.). In a resident room, move a bed against the room door, lock the bed wheels and consider staying with the resident in the bathroom.
 - Close and lock windows, close blinds or cover windows.
 - Turn off lights; silence all cell phones and other devices; remain silent.
 - Look for other avenues of escape.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Identify ad-hoc weapons, such as a fire extinguisher that can be discharged into the shooter's face/eyes.
- When safe to do so, use strategies to silently communicate with first responders, if possible (e.g., in rooms with exterior windows, make signs to silently signal law enforcement and emergency responders to indicate the status of the room's occupants).
- Hide along the wall closest to the exit but out of view from the hallway (which would allow the best option for ambushing the shooter and for possible escape if the shooter enters or passes by the room).
- Remain in place until given an "All Clear" by identifiable law enforcement.
- Consider these additional actions:
 - Barricade areas where residents, visitors, and/or staff are located. Close and secure cross corridor smoke/fire barrier doors when safe to do so. Consider parking a bed with wheels locked against the doors to deny the shooter entry, otherwise use large furnishings, carts, etc.
 - Transport residents in wheelchairs or carry them to a safe location, if possible.
 - A checklist (attached) of instructions will be available on the back of identified "Safe Room" doors.
- If neither running nor hiding is a safe option, as a last resort and only when confronted by the shooter, staff in immediate danger should consider trying to disrupt or incapacitate the shooter by using aggressive force and items in their environment, such as fire extinguishers, chairs, etc.
- The first employee to identify an active shooter or a person with a weapon situation should:
 - Call 911 and give the following information (if possible):
 - Facility name and address
 - Location of incident within the building
 - The number of suspects, if known
 - Type of weapon(s) involved
- If you are outside the building and encounter an active shooter or person with a weapon, you should:
 - Try to remain calm.
 - Move away from the active shooter, the sound of gunshot(s) and/or explosion(s), or person with a weapon.
 - Look for appropriate locations for cover/protection (e.g., buildings, brick walls, retaining walls, parked vehicles, etc.).
 - Call 911.

Staff Not in the Immediate Area of Threat

- If you are at a location distant from the active shooter, such as on a different unit or floor, or if you are not able to leave the non-resident care area safely:
 - Remain calm.
 - Warn other staff and visitors to take immediate shelter; protect residents by placing them into rooms and closing room doors.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- People with a mobility disability may need assistance leaving the building and may need accessible modes of transportation to move to an evacuation point.
- People needing accessible communications, such as individuals who are blind or who have low vision or individuals who have limited English proficiency or who are non-English speaking may not be able to independently use traditional orientation and navigation methods such as exit or evacuation signs and should be assisted by staff.
- An individual who is deaf or who has a cognitive or intellectual disability may be trapped somewhere and unable to communicate if they cannot hear or speak to responders.
- Children require adult supervision and require support to evacuate safely and avoid becoming lost or separated.
- Go to a room that can be locked or barricaded. Lock and barricade doors or windows, turn off lights and close blinds, block windows, if possible.
 - Optimal locations include areas or rooms with thick walls made of cinder block, or brick and mortar; solid doors with locks; and areas with minimal glass and interior windows.
 - Silence cell phones. Turn off radios or other devices that emit sound.
 - Keep yourself out of sight and take adequate cover/protection (i.e., concrete walls, thick desks, filing cabinets).
- Have one person call 911 and state: *"This is (your name) at ANDRUS ON HUDSON. We have an active shooter in the building (give your exact location), gunshots fired."*

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Safe Rooms: (To be completed by facility)

Designated spaces where staff, residents, and even visitors can retreat to in the event of an immediate threat of danger. A designated safe room may be equipped with a telephone, locking doors and/or an external lock with key access. Identified safe rooms provide physical accessibility for people with disabilities.

The following areas/rooms are to be used if staff cannot safely escape:

(Staff Restrooms may also have locking doors)

Department/Unit	Floor/Wing	Safe Area/Room Location(s)	Telephone Available
Lower Level	A wing	Lower Level Cage Storage Room	No
Second Floor	A wing	Second Floor Family Lounge	Yes
Third floor	A wing	Third Floor Family Lounge	Yes
Fourth Floor	B Wing	Second Floor Family Lounge	Yes

**Denotes area equipped with a fire extinguisher*

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

POLICE RESPONSE

Role of the Police Upon Arrival

- The objectives of responding law enforcement officers are to:
 - Immediately engage or contain the active shooter(s) in order to stop the killing or person with a weapon.
 - Identify threats such as improvised explosive devices.
 - Identify victims to facilitate medical care, interviews and counseling.
 - Investigate.
- Police officers responding to an active shooter are trained to proceed immediately to the area in which shots were last heard in order to stop the shooting as quickly as possible. Do exactly as the team of officers instructs. The first responding officers will be focused on stopping the active shooter and creating a safe environment for medical assistance to be brought in to aid the injured.
- How to react when the Police arrive at your location:
 - Staff should cooperate and not interfere with the law enforcement response. When law enforcement arrives, staff - including those providing emergency medical care - and all present must follow directions and display empty hands with open palms. Law enforcement may instruct everyone to get on the ground, place their hands on their heads, and they may search individuals.
 - Remain calm and follow officers' instructions.
 - Put down any items in your hands (e.g., bags, jackets).
 - Immediately raise hands and spread fingers, keep hands visible at all times.
 - Avoid making quick movements toward officers.
 - Avoid pointing, screaming and/or yelling.
 - Do not stop to ask officers for help or direction when evacuating; just proceed in the direction from which officers are entering the area.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

INCIDENT COMMANDER

- Ensure 911 has been notified.
- Ensure a plain language announcement has been made to alert building occupants, including a specific location. This may be accomplished using overhead paging.
- For incidents within the building, institute Building Lockdown with a focus of restricting additional people from entering the building.
 - Included in the course of action should be a method to determine how to communicate with those who have language barriers or need other accommodations, such as visual signals or alarms to advise deaf residents, staff, and visitors about what is occurring.
- For incidents external to the building, institute Building Lockdown with a focus of restricting people from exiting the building.
- Establish an internal Command Center when the situation permits.
- Determine the need for an off-site Command Center if the designated internal site cannot be used.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- In the event the primary Command Center cannot be used, an off-site Command Center may be established at the HABF House. Leadership staff notified after hours of the incident and responding back to the facility should report there, as directed.
- The following Leadership staff should respond to the off-site Command Center location if notified after hours:
- Designate a responsible staff member to meet first responders to provide them with the with access to utilities, keys, access Fobs, building schematics, and other vital information as listed in the Law Enforcement Entry Kit which is located at the Director of Facilities' Office.
 - Law Enforcement Entry Kit Contents:
 - The contents include building schematics and include information about door locks and access codes & controls.
 - List of the location(s) of available communications systems including two-way radio communications, security cameras, and alarm controls and information on access to utility controls and how to access secured or locked areas of the facility.
 - ◆ Recorded CCTV images can be viewed in the Director of Facilities office.
 - List of locations where they are likely to find residents unable to evacuate.
- The **CEO, CCO /Administrator, Director of Nursing and Director of Maintenance** should report to the Police Command Post and be prepared to provide facility specific information and to act as a liaison with law enforcement. The **CEO, CCO /Administrator, Director of Nursing and Director of Maintenance** will provide responding police with essential information, such as the location and description of attackers, types of weapons, methods and direction of attack, and flight of attackers. Video surveillance that is accessible to smart phones and other electronic devices must be shared with responding units as soon as practical.

Additionally, inform the Police of any hazardous areas within the facility (**Oxygen Storage Room** and **Chemical Storage in the Laundry**) along with locations where they may find residents who may be unable to evacuate.

Provide police with a list of identified Safe Rooms or other areas where staff may be sheltering in place.

- Provide for resident, staff and visitor accountability to the extent possible.
- Plan for a situation that may take several hours to resolve. While the violence may be over quickly, there may be an extensive crime scene over a wide area. See Return to Normal Operations/Recovery section.
- If necessary, contact staff on the next shift and provide reporting information based on Police guidance.
- Make provisions to notify families/responsible parties of any casualties. The Social Workers or a designated Nurse will be assigned to make resident family notifications.
- Establish an off-site Media Center, in conjunction with the Police. Staff should not give out any information to the media. The Police will request that any and all official statements from the facility be discussed with a designated Police representative before being released.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Have Maintenance standing by to shut off electrical power, natural gas, or other utilities upon Police request.
- At the direction of the Police, page “All Clear”. All affected personnel will be contacted immediately for debriefing purposes.
- When appropriate, make the following notifications:
 - Off-duty staff
 - Resident families/responsible parties
 - Department of Public Health

RECEPTIONIST

- Notify Police via 911. Give them any information that is known about the situation.
- Initiate plain language announcement over the overhead paging system three (3) times and include location (e.g., Attention – there is an Active Shooter or Person with a Weapon located...).
- Notify the CEO, CEO/ Administrator, Director of Maintenance and Director of Nursing if safe to do so and time permits.

MAINTENANCE (staff assigned Security responsibilities)

- Prevent others from entering an area where the active shooter or the person with a weapon may be.
- Secure doors, if appropriate and safe to do so, to isolate incident.
- First Maintenance person to arrive on the scene will:
 - Assess the situation.
 - Secure the area, if not already completed. Prevent others from entering into an area where the active shooter may be.
- Secure building entrances and exits. Focus on keeping people from entering the building for internal incidents and from leaving the building for external incidents.
- Meet responding Police and escort them to the incident. When the Police arrive, the following information should be available:
 - Number of shooters.
 - Number of individual victims and any hostages.
 - The type of problem causing the situation.
 - Type and number of weapons possibly in the possession of the shooter.
 - All necessary individuals still in the area.
 - Identity and description of participants, if possible.
- Be prepared to provide the **Law Enforcement Entry Kit**, located the Director of Facilities’ Office, to responding Police. These kits should contain floor plans, keys and access Fobs.
- Be prepared to shut down utilities as requested by Police.
- Supply the Police and Command Center with a list of residents and/or staff known to be in the area of the incident.
- Consider a Building Lockdown. Assign monitoring of doors if incident is occurring on the exterior grounds. Assign additional staff to control access to the incident area as directed by the Police.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If safe to do so, secure the crime scene pending Police arrival and isolate witnesses. Escort witnesses to separate rooms to await Police interview.
- Advise Police of:
 - CCTV coverage in area of incident and whether recordings are available
 - Door locking arrangements in the area
 - Capability to lock down the building and/or campus
 - Known history or background information on the shooter
- When Law Enforcement arrives, they assume jurisdiction over the event. Staff will follow all reasonable directions by Law Enforcement, even when asked to leave the area.

NURSING

- Resident care staff will close and barricade doors to unit, if safe to do so. If no entry doors to unit, consider closing and barricading cross-corridor smoke barrier doors. Place residents back into rooms and close doors. Encourage residents to remain calm and quiet.
- Attempt to secure and/or barricade stairwell doors and elevator access to the floor if safe to do so.
- Barricade the doors with heavy furniture or other items.
- Secure residents in their rooms and close doors. Consider gathering multiple residents in a room and securing the resident room door by placing a bed, with the wheels locked, against the door.
- Utilize identified Safe Rooms, as necessary.
- As a last resort and when confronted by the shooter, staff in immediate danger should consider trying to disrupt or incapacitate the shooter by using aggressive force and items in their environment, such as fire extinguishers, chairs, etc.
- Staff, visitors, and residents will be kept away from the area until the situation is fully resolved. Once Police announce the resolution of the situation, the Command Center will announce an “All Clear” three times on the overhead page.

RETURN TO NORMAL OPERATIONS / RECOVERY

Leadership and key personnel should plan for an extended, evolving situation, and the internal disaster plan may be activated to manage the continuing situation. This may include altering daily activities in order for law enforcement and first responders to adequately investigate, clear the scene, and restore the facility to an acceptable level for clinical activity.

Once the scene is secured, first responders will work with facility officials and victims on a variety of matters. This will include treating and transporting the injured, interviewing witnesses, and initiating the investigation.

After the active shooter has been incapacitated and is no longer a threat, _____ and/or Leadership should engage in post-event assessments and activities, including:

- Accounting for all individuals to determine who, if anyone, is missing or potentially injured.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Coordinating with first responders to account for any residents, visitors, and staff who were not evacuated.
- Determining the best methods for notifying families of individuals affected by the active shooter, including notification of any casualties; this must be done in coordination with law enforcement.
- Assessing the behavioral health of individuals at the scene, ensuring access to victim resources including distress helplines, Victims Assistance counselors or employee assistance personnel, and establishing platforms for contact and recovery support.
- Ensuring equal access to all such resources and programs for people who are deaf, hard of hearing, blind, have low vision, low literacy and other communication disabilities and individuals with limited English proficiency.
- Planning and activating an employee family reunification plan, communicating this to employees and providing a safe place, away from press to facilitate its execution.
- Identifying and filling any critical personnel or operational gaps left in the organization as a result of the active shooter.

When all threats have been eliminated:

- Schedule periodic updates with family members even if no additional information is available; being prepared to speak with family members about what to expect when reunited with their loved ones; and ensuring effective communication with those who have language barriers or need other accommodations, such as sign language interpreters for deaf or hard of hearing family members.
- While law enforcement and medical examiner procedures must be followed, families should receive accurate information as soon as possible. Having trained personnel immediately available to talk to loved ones about death and injury can ensure the notification is provided to family members with clarity and compassion. Counselors should be on hand to immediately assist family members.
- Keep the scene secure. Follow Police instructions:
 - Isolate and protect the scene and evidence.
 - Do not alter the scene or try to investigate the crime or incident. The Police will advise you of the actions/procedures to follow.
 - Conduct a debriefing with on-duty staff and make provisions for Critical Incident Stress Debriefing following the All Clear.
- The Command Center should explicitly address how impacted families will be supported if they prefer not to engage with the media. This includes strategies for keeping the media separate from families and staff while the emergency is ongoing and support for families that may experience unwanted media attention at their homes.
- Identify the need to provide extra staffing and security during the next few days.
- Document everything while it is still fresh in your mind (Police, facility legal counsel, etc. may need this information as soon as possible for the follow-up/on-going investigation).
 - Prepare After-Action Report identifying improvement opportunities that occurred during the incident.
 - Analyze existing procedures for effectiveness:

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Active Shooter
- Incident Command System
- Communications (internal and external)
- All persons involved in the incident should remain available to talk to the Police.

HIPAA (as applicable)

For circumstances that may necessitate the disclosure of protected health information during an emergency, the Privacy Rule includes several permissions. Among the most relevant permissions are:

- To report protected health information to a law enforcement official or other person reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
- To report protected health information to law enforcement that the covered entity in good faith believes to be evidence of a crime that occurred on the premises.
- To alert law enforcement to the death of an individual when there is a suspicion that the death resulted from criminal conduct.
- When responding to an off-site medical emergency, as necessary to alert law enforcement to criminal activity.
- To report protected health information to law enforcement when required by law to do so (such as reporting gunshots or stab wounds).
- To respond to a request for protected health information from law enforcement for purposes of identifying or locating a suspect, fugitive, material witness, or missing person, but the information must be limited to basic demographic and health information about the person.

ADDITIONAL REFERENCES:

Building Lockdown Procedure – Section B
Security Situation

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Employee Active Shooter Response Checklist

Building Address: 185 Old Broadway, Hastings-On-Hudson, NY 10706

Phone # (914) 478-3700

Your location in the building: _____

1. Lock the door, turn off lights, close blinds and silence radios, cell phones or other devices that emit sound.
2. Dial **911** and provide the following information:
 - Facility name and address
 - Location of incident within the building
 - The number of suspects, if known
 - Type of weapon(s) involved
 - Injuries sustained (if any)
 - Your location within the building
 - Number of staff members within the building (Their possible locations, if known)

Follow the instructions of the 911 Dispatcher

3. Barricade the door(s) with heavy furniture or wedge items under the door. Once barricaded, stay away from the door opening.
4. If there are no blinds, cover the windows, if possible.
5. Keep yourself out of sight and take adequate cover/protection (e.g., thick desks, filing cabinets, furniture). If possible, hide along the wall closest to the exit, but out of view from the hallway (which would allow the best option for ambushing the shooter and for possible escape if the shooter enters or passes by the room).
6. Look for other avenues of escape.
7. Identify possible improvised weapons such as a fire extinguisher, chairs, etc.
8. When safe to do so, use strategies to silently communicate with first responders. In rooms with exterior windows, make signs to silently signal law enforcement about your status.
9. Remain in place until given the "All Clear" by identifiable law enforcement.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BIOTERRORISM / TERRORISM

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BIOTERRORISM / TERRORISM – NATIONAL TERRORISM ADVISORY SYSTEM

OVERVIEW

In the event of a terrorism event in the vicinity of the facility, or a specific terror threat made toward healthcare facilities, refer to the following procedure for guidance on facility actions to be taken.

The National Terrorism Advisory System, or NTAS, has replaced the color-coded [Homeland Security Advisory System \(HSAS\)](#). This new system more effectively communicates information about terrorist threats by providing timely, detailed information to the public, government agencies, first responders, airports and other transportation hubs, and the private sector, specifically healthcare facilities.

In addition to Alerts, the NTAS may issue a Bulletin which describes current developments or general trends regarding threats of terrorism. NTAS Alerts will only be issued when credible information is available.

These alerts will include a clear statement that there is an **imminent threat** or elevated **threat**. Using available information, the alerts will provide a concise summary of the potential threat, information about actions being taken to ensure public safety, and recommended steps that individuals, communities, businesses and governments can take to help prevent, mitigate or respond to the threat.

The NTAS Alerts will be based on the nature of the threat: in some cases, alerts will be sent directly to law enforcement or affected areas of the private sector, such as a healthcare facility, while in others, alerts will be issued more broadly to the American people through both official and media channels.

The NTAS Alerts are classified as follows:

Bulletin

Describes current developments or general trends regarding threats of terrorism.

Imminent Threat Alert

Warns of a credible, specific and impending terrorist threat against the United States.

Elevated Threat Alert

Warns of a credible terrorist threat against the United States.

NTAS Alerts contain a **sunset provision** indicating a specific date when the alert expires - there will not be a constant NTAS Alert or blanket warning that there is an overarching threat. If threat information changes for an alert, the Secretary of Homeland Security may announce an updated NTAS Alert. All changes, including the announcement that cancels an NTAS Alert, will be distributed the same way as the original alert.

Sunset Provision

An individual threat alert is issued for a specific time period and then automatically expires. It may be extended if new information becomes available or the threat evolves.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BIOTERRORISM / TERRORISM RESPONSE

GENERAL ACTIONS APPLICABLE TO ALL STAFF

Healthcare must always be prepared to protect people within our buildings and treat residents. When applicable conditions exist in our community or surrounding area within the State, the facility should consider the following procedures for either type of alert:

Elevated Threat Alert: Warns of a credible terrorist threat against the United States.

Imminent Threat Alert: Warns of a credible, specific and impending terrorist threat against the United States.

Threat or Attack Procedures:

Terrorism Threats can be received by telephone, by means of letter or package, or by a person claiming contamination of self or a package they are carrying. Building contamination is also possible via the HVAC system.

Telephone Threat:

Person receiving the threatening Terrorism Phone Call:

- Listen carefully to everything the caller says, including background noises, speech patterns, etc. Attempt to prolong the conversation as long as possible. Do not put the caller on hold.
- Fill in the appropriate information on the Terrorism Threat Checklist as the call is being taken, including the first line below the “tear off line.”
- Tear off the bottom portion of the checklist and quietly give it to another staff member.

Suspicious Package/Object:

The person suspecting or recognizing a contaminated envelope, box or other item should:

- Leave it on a flat surface, covering with a sheet or other material.
- Leave room and close the door.
- Wash hands and notify Supervisor as soon as possible.
- Note all others who may have come in contact with the suspected contamination.
- Stay away from others due to possible contamination.

Contaminated Person:

If you suspect a contaminated person:

- Keep them outside the facility. If already inside, isolate them.
- Notify Supervisor as soon as possible.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Elevated Threat Alert Procedures

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Consider activating the Command Center (follow Activation of Plan) to ensure procedures are in place.
- Review applicable procedures for handling of visitors, mail and supplies. Activate extra security precautions, as necessary, such as:
 - Check identification of people entering the building
 - Surveillance and alarm systems
 - Consider having mail, packages, supplies, etc. enter through a designated entrance and be screened by trained and protected staff prior to delivery into the facility.
 - Professional Visitors: Have the person(s) wait in the designated **Lobby / Reception Area**. Contact requested party to come for identification (issue visitors pass if available) and escort professional visitor. Option would be pre-clearance for selected frequent professional visitors.
 - Resident Visitors: Go to the Reception Desk to request visitor badge, if available. Option would be pre-clearance for selected frequent visitors.
- Have departments:
 - Follow department-specific procedures for Elevated Threat Level.
 - Question people without facility ID or visitors without passes.
- Provide staff with incident updates, as necessary.
- Interact with other healthcare facilities and community emergency response organizations (Health Department, Haz-Mat Teams, Emergency Management Agency, etc.) to confirm procedures in the event of a terrorist attack in your community.
- Prepare media statements and statements to families of residents, as necessary.
- Review agreements with vendors and other healthcare facilities.
- Monitor Homeland Security Threat Level changes.
- Determine need for further staff education efforts, as necessary.
- Check communications systems, as applicable to ensure proper operation
 - Staff call-back – normal telephone system
 - Cell Phones
 - Portable Radios
 - Computer systems
 - Agreements with amateur radio operators, as applicable
- Review staffing levels and scheduling.

Imminent Threat Alert or Attack Procedures

(confirmed incident in your immediate area or targeted toward healthcare facilities)

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Activate Command Center. Follow “Activation of Plan”.
- Order a Building Lockdown via the Safety/Security/Liaison Officer through the Command Center. Follow the Building Lockdown procedure.
- Ensure appropriate external and internal notifications have taken place.
- Notify all departments to follow the appropriate threat or attack procedures.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If threat of item (i.e. package) is in the building, follow Bomb Threat Policy search procedure, to assist emergency agencies in locating any out of place or suspicious items.
 - Provide the 911 operator a phone number of the Command Center, if it is being setup inside the building.
 - Secure the isolated item and area. Do not allow anyone to enter or exit until Police and/or Fire Department has arrived. Isolate any individual who received the package or letter. This person must remain available for interviews by responding agencies.
 - Be prepared, upon orders from the Police or Fire Department, Health Department or FBI to evacuate as directed. If evacuation is ordered, DO NOT activate agreements to evacuate to another healthcare facility until checking with the Health Department Official on scene (due to potential contaminant).
 - Prepare media statements and statements to families of residents.
- Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements (see *Disaster Staffing*).
- Request an assessment of critical supplies throughout the facility using the *Department Rapid Assessment Form*.
- Consider the following extra security precautions:
 - Facility is in building lockdown (see Building Lockdown procedure).
 - Professional Visitors: No one allowed in facility without Command Center clearance.
 - Resident Visitors: No one allowed in facility. Relatives and responsible parties will be given appropriate information and location to wait as directed by the Command Center.
 - Deliveries: Only specific types of deliveries approved by the Command Center will be accepted. They will be opened and inspected outside.
 - Determine need to contact the following:
 - Fire Department
 - Police Department
 - Local Department of Health
 - Local FBI Field Office – 212-384-1000
 - Infection Control staff member who will follow up with:
 - ◆ State and/or County Department of Health
 - ◆ CDC Emergency Response Hotline: 770-488-7100

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

DEPARTMENT SPECIFIC ACTIONS

DINING SERVICES

Elevated Threat Alert Procedures

- Verify emergency menus/liquids and supplies in the event utilities are lost.

Imminent Threat Alert or Attack Procedures

- Modify menu if deliveries will not be possible. Also, establish plan for feeding staff and visitors if shift change will not be possible.
- Determine ability to continue operations if utilities and/or computers fail. Provide information to Command Center.
- Fax letter to suppliers to be used as identification at Police checkpoints.
- If suspected contamination is through the air handlers, consult with the Local Health Department:
 - Before serving food/beverages.
 - To see if decontamination measures for the Kitchen/Dining area are necessary.

HOUSEKEEPING

Elevated Threat Alert Procedures

- Review policies and ensure sufficient supplies in the event deliveries cannot be made.

Imminent Threat Alert or Attack Procedures

- Wear appropriate personal protective equipment if cleaning up any contaminate.
- Cleaning, disinfecting and sterilization of equipment and environment:
 - Utilize principles of Standard Universal Precautions.
 - Germicidal cleaning agents should be available in contaminated and/or isolated resident care areas for cleaning spills of contaminated materials and disinfecting non-critical equipment.
 - Discard single-use resident items appropriately.
 - Contaminated waste should be sorted and discarded in accordance with federal, state and local regulations.
 - Used resident care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions should be handled in a manner that prevents exposure to skin and mucous membranes, avoids contamination of clothing and minimizes the likelihood of transfer of microbes to other residents and environments.
 - Rooms and bedside equipment should be cleaned utilizing Standard Universal Precautions, unless the infecting microorganism and the amount of environmental contamination indicates special cleaning.
 - Resident linen should be handled in accordance with Standard Universal Precautions. Although linen may be contaminated, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to other residents, personnel and environments. Facility policy and local/state regulations should determine the methods for handling, transporting and laundering soiled linen.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NOTE: If Smallpox is the agent, linen must be handled using Standard Precautions, as the scab is infectious.

LAUNDRY STAFF

Elevated Threat Alert Procedures

- Ensure adequate supplies, and increase supplies where possible, to prepare for possible loss of utilities.

Imminent Threat Alert or Attack Procedures

- Determine ability to continue operations if utilities and/or computers fail. Provide information to Command Center.
- Coordinate a linen reduction program, as necessary, with Nursing and other appropriate departments.
- Fax letter to suppliers to be used as identification at Police checkpoints.

MAINTENANCE

Elevated Threat Alert Procedures

- Determine ability to isolate sections of the building for contagious residents.
- Test generator and ensure sufficient fuel supply.

Imminent Threat Alert or Attack Procedures

- Assist Security with implementation of the facility's emergency Building Lockdown policy including control of elevators and stairs.
- Determine ability to continue operations if utilities and/or computers fail. Provide information to Command Center.
- Shut down the HVAC systems if there is an attack in the area, or if the "threat" has stated the HVAC system has been "laced" with Biological or Chemical Agent. Under the direction of the Fire Department, Haz-Mat / Health Department, examine the system for tampering. Report findings to the Command Center.
- Monitor areas affected by HVAC shut-down. Consider attaining portable air conditioning units for areas in need. Areas to monitor:
 - IT & communications areas/equipment
 - Other temperature-sensitive areas
- If other utilities (power, natural gas, water or communications) are affected by terrorism attack, follow procedures for loss of a particular central service.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NURSING STAFF

Elevated Threat Alert Procedures

- Work with Incident Commander to prepare announcements for families of residents and staff.
- Consider the following to address staff concerns:
 - Provide terrorism readiness education, including frank discussions about potential risks and plans for protecting healthcare providers.

Imminent Threat Alert or Attack Procedures

- If you receive a Terrorism Threat, follow guidelines in the beginning of this plan.
- Determine ability to continue operations if utilities and/or computers fail. Provide information to the Command Center.
- Participate in a lockdown of a facility to control people coming into the facility. See Building Lockdown procedure.

General Guidelines for Infection Control Practices for Resident Management

- Contact state and local Health Departments for updated information.
- Any symptomatic staff or residents with suspected or confirmed agents of terrorism related illnesses should, at a minimum, be managed utilizing Standard Precautions for certain diseases or syndromes (e.g. smallpox and pneumonic plague). Additional precautions may be needed to reduce the likelihood for transmission.

Elevated Threat Alert Procedures

General Guidelines for Contaminated Resident Placement

- If the situation is small-scale, follow routine resident placement and established infection control practices.
- If a large number of staff or residents are presenting with similar syndromes, group affected individuals into a designated area of the facility. Before grouping, consult with the Health Department and the facility Infection Control personnel regarding adequate isolation (i.e. ventilation).
- A separate location should be considered with the Health Department.
- Control entry into this area.
- Areas available for gathering residents could include:
 - Activity Rooms
 - Dining Rooms
 - Chapel/Meditation Rooms
 - Other large rooms/areas within the facility

General Guidelines for Resident Transport

- Limit movement to that which is to provide proper resident care.
- Only the resident and transporter should be in an elevator.
- Mask resident if airborne or droplet organism is suspected or resident is coughing.

General Guidelines for Discharge Management

- Refrain from discharge until resident is deemed non-infectious, if possible.
- Ensure those discharged have education and follow-up material.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

General Guidelines for Post-Mortem Care

- Keep tracking records of all residents.

Psychological Aspects of Terrorism

Following a terrorism related event, fear and panic can be expected from both residents and healthcare providers. Psychological responses following a Terrorism event may include anger, panic, unrealistic concerns about infection, or fear of contagion.

To address resident and general public fears:

- Minimize panic by clearly explaining risks, offering careful but rapid medical evaluation/treatment, and avoiding unnecessary isolation or quarantine.
- Treat anxiety in unexposed persons who are experiencing somatic symptoms.

RECEPTION STAFF

Imminent Threat Alert or Attack Procedures

- If you receive a Terrorism threat, follow guidelines in beginning of this plan and see the checklist at the end of the plan.

SECURITY (or staff assigned security responsibilities)

Elevated Threat Alert Procedures

- Control public and unauthorized persons from access to utilities (power, gas, water, HVAC, communication). Control methods:
 - Door locking (follow Life Safety Code®).
 - Door alarms, access control systems and camera monitoring.
 - People observation.
- Control entrances and exits to the building for staff and visitors.
- Ensure all personnel and visitors are wearing proper identification.
- Secure the areas for food and liquid supplies, etc. Ensure Maintenance has all utilities secured.
- Remove unauthorized persons from restricted areas. Consider moving vehicles and other items, as applicable, away from the building. If possible, check vehicles allowed on property including the under carriage.
- In the event of a terrorism threat (phone or package), secure the person and area receiving the threat. Do not allow anyone other than Fire Department, Haz-Mat Team, Department of Health or law enforcement officials access to the area/person. Start list of all people who have been in the area since the incident.

Imminent Threat Alert or Attack Procedures

- Contact local Police for help they may be able to provide.
- Implement the facility emergency Building Lockdown policy including control of elevators and stairs. Determine the need for additional staff to provide security or assist with the building lockdown.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Determine ability to continue operations if utilities and/or computers fail. Provide information to Command Center.
- Fax letter to suppliers of critical supplies to be used as ID at Police checkpoints.

SOCIAL SERVICES / PASTORAL CARE STAFF

Imminent Threat Alert or Attack Procedures

- As assigned by the Command Center, work with families and other responsible parties on behalf of residents.
- Minimize panic by clearly explaining risks to residents.
- Treat anxiety in unexposed persons who are experiencing somatic symptoms with reassurance.
- Fearful or anxious healthcare workers may benefit from their usual sources of social support or by being asked to fulfill a useful role.
- Work with Incident Commander to ensure regular information updates are available to the public.

SUPPLY / RECEIVING AREA

Elevated Threat Alert Procedures

- If the Command Center orders all items to be screened, mail, packages, supplies, etc. should come to a central point of entry and the exterior of the packages will be screened by trained and protected staff prior to delivery into the facility.

Imminent Threat Alert or Attack Procedures

- Assess supplies and staff in-house to determine how long you can continue operations. Take results to Command Center.
- Establish receiving area for additional equipment and supplies. Plan storage and tracking.
- During Building Lockdown, all mail, packages, supplies, etc. will be stopped at the point of entry. Only pre-approved deliveries will be allowed in. Screen the outside and inside of items and call the appropriate person to identify and accept them.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Internal / External Contamination Eliminated
 - Have Maintenance and Housekeeping ensure all hazardous materials are cleaned up.
 - Have Maintenance change necessary filters.
 - Get clearance from Public and/ or Health Department Authorities for an All Clear.
 - Assess facility, staff and department operations to determine ability to return back to normal operations.
 - Communicate to the public that the facility is open for business.
 - Have Finance Section collect cost for reimbursement.
 - Have department heads re-stock supplies.
 - Develop a full report for critique.
 - Close down Incident Command.
 - Critique reports and make necessary updates.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- The NTAS Alerts contain a **sunset provision** indicating a specific date and or time period when the alert expires. All changes, including the announcement that cancels an NTAS Alert, will be distributed the same way as the original alert.
 - Have departments “return to normal” those actions taken as a result of the threat level.
 - Restate actions still in place if the threat level has been reduced.
 - Follow applicable guidelines from “Internal / External Contamination Eliminated” section above.

NOTE: If the terrorism disaster resulted in any major operational building or utility damage, see Recovery Plan in Section G.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

INSPECTION AND HANDLING OF PACKAGES / ENVELOPES FOR SCREENING PURPOSES

Guidelines for Staff Safety

- Workers should avoid touching their skin, eyes, or other mucous membranes, since contaminated gloves may transfer anthracis spores to other body sites.
- Workers should be wearing long-sleeved clothing and long pants to protect exposed skin, or similar gown over clothes.
- Gloves and other personal protective clothing (gowns could be washed and reused) and equipment can be discarded in regular trash once they are removed or if they are visibly torn, unless a suspicious piece of mail is recognized and handled. If a suspicious piece of mail is recognized and handled, the worker's protective gear should be handled as potentially contaminated material.
- Hands should be thoroughly washed with soap and water when gloves are removed, before eating, and when replacing torn or worn gloves. Soap and water will wash away most spores that may have contacted the skin; disinfectant solutions are not needed.

Indicators of Suspicious Packages / Envelopes

- Excessive postage, no postage, or non-cancelled postage.
- No return address or fictitious return address.
- Improper spelling of addressee's name, title and location.
- Address badly typed or written.
- Wrong title with name.
- Title with no name.
- Unexpected mail from foreign countries.
- Suspicious or threatening messages written on packages.
- Center mark showing different location from return address.
- Distorted handwriting or cut and paste lettering.
- Unprofessionally wrapped packages/excessive use of tape, string, etc.
- Packages marked "Fragile – Handle with Care," "Rush – Do Not Delay," "Personal," or "Confidential."
- Rigid, uneven, irregular or lopsided packages.
- Packages that are discolored, oily or have unusual odor or sound (sloshing, ticking, etc.).
- Packages with soft spots, bulges or excessive weight.
- Protruding wires or aluminum foil.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Discovery of a Suspicious Package / Envelope

- DO NOT PANIC. For Anthrax to cause you “trouble,” the organism must be able to enter the skin through a cut or scrape, swallowed, or inhaled as a fine, aerosolized mist. All forms of disease are generally treatable with antibiotics.
- Open packages and mail with appropriate tools such as letter openers (not your hands where you could get a paper cut).
- If you open a letter that claims to have contaminated you with anthrax and there is no substance on the letter or envelope, put the envelope down. Remove clothing, uniform or gown and gloves. Move to an adjacent area and wash your hands with soap and water. Report the incident to your department manager and he or she will notify law enforcement officials (911).
- If you open a letter or package and there is a substance in the letter, envelope or package:
 - Do not shake or empty the contents.
 - Put item on flat surface and COVER the envelope or package with anything (e.g. clothing, piece of paper, wastebasket, etc.). DO NOT REMOVE THE COVER. Turn off the ventilation system if possible.
 - Remove gown and gloves, LEAVE the room, and CLOSE the door to section off the area and prevent others from entering.
 - WASH your hands with soap and water to prevent spreading any powder to your face. Notify your immediate supervisor.
 - Ensure all persons who have touched the letter/package wash their hands with soap and water. If gross contamination has occurred, do not brush vigorously, or if advised by emergency responders.
 - List all people who were in the room or area when this suspicious letter/ package was first recognized. Give this list to the Law Enforcement Officials for follow-up investigations.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

TELEPHONE PROCEDURES – TERRORISM THREAT CHECKLIST

*** DO NOT USE THIS SHEET IF YOU HAVE OPENED AND/OR TOUCHED A SUSPICIOUS PACKAGE OR LETTER**

INSTRUCTIONS: BE CALM AND COURTEOUS. LISTEN, do not interrupt caller. Do not joke with caller. Sound very interested in what the caller wants to tell you.

TIME RECEIVED: _____ LENGTH OF CALL: _____ DATE: _____

1. Attempt to hold caller as long as possible, so tracing procedures may be started. Keep the person talking. Try to ask the following questions:

WHEN is the agent going to be released?

HOW will it be released?

WHERE is the agent?

WHY did you place it?

WHAT kind of agent is it?

Will it hurt people (Tell the person we have innocent people here.)

2. Pretend to have difficulty hearing to keep the caller on the phone. Keep caller talking. After other information has been gathered ask, "Where are you calling from?" and "Who is calling, please?"

a) Did the caller appear familiar with the building by his description of the agent location? Any other information?

b) While talking, and as soon after the call as possible, complete the following: Try to remember the caller's exact words.

CALLER'S IDENTITY:

VOICE CHARACTERISTICS:

SPEECH:

Male____
Female____
Adult____
Juvenile____

Loud____ Soft____
High Pitch____ Deep____
Raspy____ Pleasant____
Intoxicated____ Other____

Fast____ Slow____ Excellent____ Good____
Distinct____ Distorted____ Fair____ Poor____
Stutter____ Nasal____ Foul____ Squeaky____
Slurred____ Lisp____ Broken____ Other____

ACCENT:

MANNER:

BACKGROUND NOISES:

Local____
Not local____
Foreign____
Race_____

Calm____ Angry____
Rational____ Irrational____
Coherent____ Incoherent____
Deliberate____ Emotional____
Righteous____ Laughing____
Crying_____

Factory machines____ Trains____
Bedlam____ Animals____
Music____ Quiet____
Office machines____ Voices____
Mixed____ Airplanes____
Street traffic____ Party noises____

When you have answered the questions above, **tear off the bottom of this paper** and **quickly give it to a colleague**. Your colleague should then bring it to the Administrator or person in charge. **Stay on the line** until you are asked to get off.

A Terrorism threat has been received via the telephone. Notify the Administrator, Department Manager or Person in Charge immediately.

Extension call received on: _____. Person receiving call: _____.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BOMB THREAT / SUSPICIOUS PACKAGE CODE BLACK

GENERAL ACTIONS APPLICABLE TO ALL STAFF

ACTIVATION

Bomb Threat (Code Black) Procedure can be activated by any facility staff receiving the call / threat or any facility staff that identifies a highly suspicious package.

PERSON RECEIVING THE BOMB THREAT CALL

- Listen **carefully** to everything the caller says, including background noises, speech patterns, etc. Attempt to prolong the conversation as much as possible. Do not put the caller on hold.
- Fill in the appropriate information on the Bomb Threat Checklist as the call is being taken.
- If a co-worker is available, have that person notify your supervisor of the threat. The supervisor will call 911 to summon Police.
- When the caller hangs up, hang up the phone at your end.
- If no one is around to help you, IMMEDIATELY after the call, notify your supervisor and give location and information known to this point. Complete the Bomb Threat Checklist and be ready to give information to Police.

PERSON RECEIVING AN EMAILED BOMB THREAT

- Leave the message open on the computer.
- Remain at computer to safeguard computer and prevent anyone from tampering with the message.
- If possible, print, photograph, or copy the message and subject line; note date and time.
- Notify your supervisor and Security of the threat. The supervisor will call 911 to summon Police.

PERSON RECEIVING OR FINDING A SUSPICIOUS PACKAGE OR MAIL

(see Terrorism Procedure for mail screening process and more detailed information)

- *A suspicious letter or package may contain one or more of the following:*
 - Restricted endorsements such as “Personal” or “Private”. Be cautious when the addressee does not normally receive personal mail at the work location.
 - The addressee’s name or title is inaccurate.
 - There is excessive postage.
 - The letter feels rigid or appears uneven or lopsided.
 - The parcel may have soft spots, bulges, or irregular shapes.
 - The handwriting is distorted or prepared with “cut and paste” lettering or homemade labels.
 - Protruding wires, aluminum foil, or oil stains are present.
 - The letter or package emits a strange odor.
 - The package is unprofessionally wrapped and has several different types of tape.
 - The package is marked “Fragile - Handle with Care” or “Rush” – Do not Delay”, etc.
 - The letter or package is making an unusual sound (buzzing, ticking, sloshing, etc.).

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- *Upon receiving suspicious mail:*
 - Isolate the suspicious mail. Place it between pieces of blank paper, if possible.
 - Avoid further unnecessary handling:
 - Do not open or squeeze the envelope.
 - Do not pull or release any wires, strings, or hooks.
 - Do not turn or shake the letter.
 - Do not put the letter/parcel in water or near heat.
 - Evacuate the immediate area.
 - IMMEDIATELY notify your supervisor or Administrator.
- *Follow the rest of the guidelines listed below, as applicable.*

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Report to the Command Center and summon Leadership.
 - NOTE:** Staff will be searching for “out of place” object or situation, however, facility is still in normal operations.
- Consider Building Lockdown.
- Ensure Police have been notified and isolate person receiving call for the Police Department.
- If an emailed threat, consult with IT regarding identification of email properties (server ID, etc.).
- Assist any outside agencies responding to the facility.
- Upon consultation with Law Enforcement Authorities, determine duties that should be performed by facility staff. If search proceedings are recommended, follow guidelines established in the “Bomb Threat Building Inspection Procedure”.
- Send notification by runner or by phone to Department Supervisors and Charge Nurses in units. Ensure that all departments are covered. Generally, each area should be searched by staff who are normally assigned to and familiar with the particular area. Instruct Department Supervisors/Charge Nurses in units to report search results to Command Center. Use a floor plan of the facility and building search checklist to check off areas reported to have been searched.
- Use of two-way radios or cellular phones must be approved by local law enforcement officials. When a suspicious device is identified, all communications must be restricted to land-lines and intercom.
 - Two-way radios, cellular phones, cordless phones and two-way pagers can be used for communications when approved, but should be minimized and limited as much as possible and not used in the line of sight of any potential device.
- Some improvised explosive devices have been remotely detonated using relatively simple, low technology devices such as garage door openers, remote car starters and cellular telephones.
- Make decisions regarding evacuation, termination of search, etc. with input from Law Enforcement Authorities (see EVACUATION GUIDELINES which follow). If situation progresses to an evacuation, open Incident Command and appropriate sections.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RECEPTIONIST / SWITCHBOARD OPERATOR– After receipt of or upon notification of a bomb threat:

- Obtain name, department, and phone number of the person that received the call. Ask this person to stand by and await a call from Security, Administrator or Nursing Supervisor. If Receptionist / Switchboard Operator received the call directly, they should complete the “Bomb Threat Checklist”.
- Contact CEO, COO / Administrator or Nursing Supervisor and provide them with the name, department and extension number of the bomb threat recipient.
- Make further phone calls to:
 - Police Department
- As directed by CEO, COO/Administrator / Director of Facilities / Nursing Supervisor, Announce a “CODE Black” over the P.A. system to summon Leadership to the Command Center.

NURSING STAFF / COORDINATED BY CHARGE NURSE:

- Check resident care and related work areas for suspicious items or situations. Notify the Charge Person who will notify the Command Center of any suspicious or out-of-place items.
- Assign staff to:
 - Ensure facility pets are secured
 - Check utility-type areas (linen & storage rooms, etc.)
- Reassure residents, visitors and family members.
- Account for all staff/ residents in your area. Be prepared to report the results to the Command Center.
- Be prepared to evacuate upon order from Administrator or person in charge.
- Follow Full Building Evacuation guidelines for resident packaging.

MAINTENANCE / HOUSEKEEPING

- Assign staff to prevent elevators from being used.
- Search mechanical rooms, utility rooms, and other public accessible areas and common public areas. Report results to the Command Center.
- Upon request of the Incident Commander or designee, make immediate plans to discontinue oxygen, gas and steam supplies within the facility. In addition, the facility floor plans should be made available to the Command Center, if required. They can be found in the Director of Facilities’ Office.

HUMAN RESOURCES

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

PUBLIC RELATIONS / COMMUNITY RELATIONS

- At the request of the Incident Commander, establish an area to contain the news media. Unless otherwise noted, the Media Staging Area will be the Auditorium.

RECEPTIONIST

- Check visitors sign-in log for any suspicious names.
- Copy log and provide to Command Center.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- When directed by Incident Commander, monitor entrances. Do not allow any non-staff persons into the facility until an “All Clear” is heard.

SECURITY (or staff assigned Security responsibilities)

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

SOCIAL WORKER

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

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BOMB THREAT BUILDING INSPECTION PROCEDURES

GENERAL SEARCH PROCESS

- Staff will search their normally assigned work areas **for an out-of-place object or suspicious item**. The Department Supervisor/Charge Nurse for each area will coordinate the search.
- Once an assigned area has been searched, the results should be reported to the Charge Nurses of the unit and Department Supervisor. As the search of a department/unit is completed, this information should be relayed to the Command Center through applicable Section Chief.
- Areas accessible to the public should be searched first.
- Assign staff to ensure facility pets are secured.

*****DO NOT TOUCH ANY SUSPICIOUS OBJECT*****

SPECIFIC SEARCH PROCEDURE

- Upon entering a room, pause and listen for unusual sounds: ticking, beeping, etc.
- Visually divide each room in half. Search the right half first. Divide the right half of the room into three levels: floor-to-waist level, waist-to-eye level, and eye-to-ceiling. If your vision is blocked by an object, look under or behind whatever is blocking your vision, such as objects on window sills, dressers, etc. Do not open closets, drawers, etc.
- Repeat the process above for the left half of the room.
- Be sure to search connecting rooms and bathrooms, as resident rooms are being searched.
- Mark the door with an Orange Fire Door Tag to indicate the room has been searched.
- Remain calm, not alarming residents as the search is taking place.

IF A SUSPICIOUS OBJECT/PACKAGE IS FOUND:

- Note precise location and description of object. **DO NOT TOUCH IT!**
- Remove residents / staff from the room.
- Notify the Department Head /Supervisor immediately.
- If the room has a window, close the room door and all room connecting doors. If this room has no window, leave the door open and evacuate the room across the hall. Close all other doors.

EVACUATION GUIDELINES

- If location of bomb **is** known:
 - First move horizontally through fire and smoke doors, trying to put two walls between the device and people; then, move vertically away from the device.
 - Establish evacuation site at least 1200 - 1800ft. away from building, depending upon the size of the device located.
 - Account for staff and residents.
- If location of bomb **is not** known:

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Consider advice from Law Enforcement officials regarding decision to evacuate and the evacuation route to be used.
- Do not use elevators unless approval is given by Police.

RETURN TO NORMAL OPERATIONS / RECOVERY

When “All Clear” is received from Police Department:

- Alert all departments to the “All Clear” and to resume operations.
- Have Nursing reassure residents.
- Have Public Information Officer make any necessary public announcements and converse, as necessary, with responsible parties.
- Debrief applicable staff.
- As applicable, capture cost of disaster.
- Develop a full report for critique.
- If there were any major operations, building, or utility damage, see Full Recovery Plan in Emergency Operations Plan.
- Close down Incident Command.

ADDITIONAL REFERENCES:

Building Lockdown Procedures – Section B

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BOMB THREAT CALL LOG KEEP THIS NEAR YOUR TELEPHONE

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

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

Don't ask me any questions. Notify CEO, COO / Administrator or Person in Charge. We have a phone call indicating a Bomb Threat.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CARBON MONOXIDE ALARM ACTIVATION

OVERVIEW

Carbon Monoxide is a dangerous gas produced as a result of incomplete combustion (i.e. heating system are not working correctly). You can't smell, taste or see Carbon Monoxide.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Carbon Monoxide alarms are located in areas of the building where devices or appliances are located that could be a potential source of Carbon Monoxide. These alarms provide an audible alarm from the detector itself. They are not connected or part of the building fire alarm system.
- If a Carbon Monoxide alarm is activated, staff should take the following actions:
 - Evacuate the immediate room/area of both residents and staff. Consider the evacuation of the entire compartment if several residents have displayed illnesses or symptoms of Carbon Monoxide poisoning. Move into fresh air immediately.
 - Contain the area where the alarm has been activated by closing doors.
 - Call 911 and the utility company and inform them that a Carbon Monoxide alarm has been activated.
 - Notify Department Head/Nurse in Charge/Supervisor and Maintenance of incident as quickly as possible.
 - Meet the Fire Department and inform them of the location of the alarm.
 - Administer immediate medical attention to anyone complaining of associated illness by bringing exposed individuals to an area of fresh air. Call EMS as needed.
 - Consult with Fire Department and utility company upon their arrival to see if further evacuation is necessary.

CFO, COO ADMINISTRATOR / INCIDENT COMMANDER

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
 - Note: If Fire Department is responding, they will establish a Command Post outside the facility. The CEO or COO Administrator or designee should be present at the Fire Department Command Post along with a representative from Maintenance.
- Ensure the Fire Department (911) and Gas Company have been notified.
- Inform all units and departments of the situation and be prepared to evacuate additional areas based upon the Fire Department or utility company's findings and recommendations.
- Have Department Heads in affected area account for staff and residents and report results to the Command Center.
- Determine need to contact EMS (911) if resident(s) exhibit any symptoms of Carbon Monoxide exposure.
- Provide emergency responders with a list (see Sources of Potential Incomplete Combustion form) of potential sources of Carbon Monoxide within the facility.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

MAINTENANCE

- If safe to do so, turn off sources of incomplete combustion (boilers, stoves, water heaters, etc. - see attached list).
- Investigate potential external sources of Carbon Monoxide (i.e. vehicle running).
- Shut down HVAC to limit spread throughout the building. If source is determined to be external, turn off air handling units that bring in outside air.
- If appropriate, check flues, vents and chimneys for proper operation.
- Advise emergency responders of “Emergency Utility Shut-Off Locations” (see Section F - Emergency Resources and Lists).
- Contact appropriate repair vendors, as necessary.

NURSING

- Closely monitor any residents and staff who have been possibly exposed to Carbon Monoxide or display signs or symptoms of exposure:
 - Sudden flu-like illness
 - Dizziness, headaches, sleepiness
 - Nausea or vomiting
 - Fluttering or throbbing heart beat
 - Cherry-red lips, pallor
 - Unconsciousness
- Immediately administer medical attention to anyone exposed to Carbon Monoxide and ensure EMS has been notified via the Incident Commander.
- Document the incident. Complete all paperwork.
- Notify responsible party/family of resident, as necessary.
- Notify resident(s) physician, as necessary.

ADDITIONAL REFERENCES:

Emergency Utility Shut-off Locations list in Emergency Resources and Lists
Emergency Agency Phone Number list in Emergency Resources and Lists
Emergency Contractor/Vendor List in Emergency Resources and Lists
Full Building Evacuation Plan

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

SOURCES OF POTENTIAL INCOMPLETE COMBUSTION

ITEM	LOCATION
WATER HEATERS / BOILERS	
KITCHEN APPLIANCES	
FIREPLACE	
GENERATORS	
VEHICLES / GARAGE	
HEATING APPLIANCES	
OTHER:	
OTHER:	
OTHER:	

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CIVIL DISTURBANCE / DEMONSTRATION

OVERVIEW

Civil disturbance or demonstrations may take the form of peaceful picketing, inside or outside, attempts to block facility entrances or even more violent behavior.

To ensure continued service to residents and staff, the Civil Disturbance procedure detailed below will be activated whenever any type of demonstration is observed.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

Upon observation of any unauthorized demonstration or assembly, inside or outside the facility, notify the Administrator or Person in Charge, and if necessary, Security (Maintenance) and the Police Department.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
 - Determine if situation can be handled within normal operations, otherwise summon local Police.
- Coordinate activities with Police.
- Determine if Building Lockdown is necessary.
 - Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements. If shift change will not be possible, arrange to notify off-duty staff not to attempt to report until notified otherwise.
- Address shift change safety.
- Determine need to notify vendors regarding delivery; check staff and supply status of all departments.
- Address services for residents and alter as necessary.

SECURITY (MAINTENANCE) RESPONSE

- Upon receipt of the information, go immediately to the location involved. If the person(s) have no official or medical business, they should be asked to leave the premises. If there are a large number of people, or violence erupts, there should be no direct communication with the protestors, but their purpose and numbers should be assessed. This information should be transmitted to the Administrator or Person in Charge, who will then notify the Police Department.
 - If the demonstration is peaceful, but the number involved is disruptive, summon more personnel to the area to minimize the disruption and contact Police to stand by for potential problems. A brief description of the situation should be given; **OR**
 - If there is violence of any kind or blockage of essential entrances to the facility, notify the Police Department to respond. This applies to any situation threatening to disrupt facility service or the safety of residents, visitors, and/or staff.
- If the disturbance is inside facility, isolate area.
- If situation dictates:

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Have each department be responsible for securing exit doors and windows in their area. Staff should be assigned to watch and report anyone coming or going. Stop unauthorized individuals when safe to do so. As possible, have doors locked against outside entry. See Building Lockdown procedure.
- Secure the outer perimeter by limiting vehicle access to your property. Request help from the local Police Department.
- Limit access to one or two staffed checkpoints.
- Lock off elevators and assign staff to operate using the elevator key.
- Direct all incoming people to the designated secure and monitored entrances (i.e. main entrance)
- Secure and observe building utilities: power (including generator) gas, water and medical gases, as applicable.
- Gather and identify responsible parties of residents in Lobby or other areas of the facility and provide with guidance, as appropriate.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Have Security (Maintenance) ensure all undesirable individuals are gone.
- Have Maintenance inspect facility for damage.
- Assess facility, staff and department operations.
- Have Public Information Officer communicate with the public regarding the fact that the facility is open for business.
- Collect cost for disaster, as necessary.
- Develop a full report for critique.
- Debrief and provide safety for any staff directly involved.
- Close down Incident Command.
- Critique reports and make necessary updates to plan.

ADDITIONAL REFERENCES:

Building Lockdown Procedure

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CONTAMINATION OF OUTSIDE AIR

(fire, smoke, chemical, radiological)

OVERVIEW

A contamination of the outside air can occur for a variety of reasons. Contaminants may be smoke, chemical vapors, odors or even radiological events. This procedure focuses on how to minimize the ability for such contaminants to enter the facility.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Anyone outside should immediately be brought inside.
- Contamination of the outside air can occur whether intentional (e.g., act of terrorism) or accidental (e.g., transportation accident).
- Contamination of the Outside Air procedure may be activated by responsible staff when:
 - You are notified by local authorities that your facility is involved.
 - Facility staff identify a potential contamination of the outside air.
- All staff to check their assigned areas and ensure all doors, windows and window air conditioners are off or closed.
- Staff on duty at the time of the incident may need to remain on duty.
- Off-duty staff may not be able to reach the facility.
- Disruption of resident services should be minimized to the extent possible.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- Instruct staff to close windows and have Maintenance shut down air intakes if this results in no adverse affects.
- Determine the need to issue respiratory protection to staff and residents.
- If you have not received any information, and you feel you are within the perimeter of the problem:
 - Call the local Office of Emergency Management.
 - Determine if people and packages can travel to and enter the building.
- Accomplish the following in coordination with department managers:
 - Ensure any residents or staff who are outside are immediately brought back into the building.
 - Ensure windows, doors and window air conditioner units in all areas of the building have been closed and / or shut off.
 - Confirm that Maintenance has shut down outside air intake fans.
 - When notified, assign staff to doors to prevent people and supplies from entering or leaving the building, as appropriate.
 - Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements. If shift change will not be possible, arrange to notify off-duty staff not to attempt to report until notified otherwise.
 - Arrange for notification of residents' families/responsible parties.

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- Maintain contact with outside authorities and monitor news reports for situation updates.
- Ensure all other guidelines of this procedure are carried out.

SECURITY

- Initiate Building Lockdown procedure as required.
- Control all entry into the facility.

MAINTENANCE

- Shut down the HVAC systems that would bring outside air into the building. Leave exhaust systems running if you feel pressure differential will not allow contaminated air into the building.
- If shut down of air intake would affect the medical air system, review the situation with Nursing before shutting down.
- Provide duct tape to seal any windows or doors that do not close airtight, where practical.
- If a Radiological Event, be prepared, if advised, to discontinue use of tap water. Follow Loss of Water procedures.

HOUSEKEEPING

- Assist Maintenance staff, as requested.
- Determine if deliveries will be possible. Advise departments to conserve.

NURSING

- Turn off all resident room air conditioning units.
- Closely monitor any residents who have the potential to open windows or doors. Those residents may have to be grouped together and monitored by staff.
- Monitor residents and staff for effects of heat or cold caused by the shutdown of the ventilation system and the inability to open windows.
- For Ventilator Units depending on outside air intake, switch residents to ventilators NOT dependent on outside air (ventilators with their own compressor). Another option would be the use of portable oxygen; check with appropriate medical staff.
- Evaluate medications and other supplies on hand, and plan appropriately if deliveries will not be possible.
- If advised by local or state Health Department, or it is a Radiological Event, be prepared, if advised, to discontinue use of tap water. Follow Loss of Water procedures.

EVACUATION, however slight, may be ordered by local officials depending on contamination, wind direction, and time.

- If evacuation is ordered:
 - Determine if there are any residents who cannot be evacuated and their medical care requirements (i.e. ventilator dependent, bariatric, etc.). If the results of this indicate a need for additional personnel, supplies, or equipment, the facility should request help from local authorities or Office of Emergency Management. See Section D – Full Building Evacuation Plan.
- In conjunction with the Health Department, Administration may evacuate those medically ill individuals for whom an evacuation in this situation would have a minimum medical risk.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If advised by the Health Department that a general evacuation may become / is necessary, it should be done in 4 stages:
 - **EVACUATION STAGE I: MOBILIZATION**
 - Prepare residents for evacuation by assembling necessary clothing, supplies, medications and records.
 - When evacuation is imminent, follow the **Full Building Evacuation Plan**.
 - **EVACUATION STAGE II: EGRESS FROM HOLDING AREAS**
 - As evacuation vehicles (buses, wheelchair vans, ambulances, etc.) arrive, assist residents into the vehicles.
 - If necessary, request assistance from EMS in loading residents into the vehicles.
 - Provide appropriate numbers of staff to accompany residents to other healthcare facilities.
 - **EVACUATION STAGE III**
 - Residents will remain at the receiving facility or alternate care site for the duration of the emergency, except as discharged to family or friends, at the discretion of the appropriate Administrative personnel of Sending / Receiving facility.
 - **EVACUATION STAGE IV: RETURN**
 - Upon determination by the local Health Department or Office of Emergency Management that it is safe to return, residents will be returned under the direction of the Health Department representative and the Office of Emergency Management, in consultation with Administration.

DINING SERVICES

- Modify menu if deliveries will not be possible. Also, establish plan for feeding staff and visitors if shift change will not be possible.
- Check that the Kitchen Area has shut down and/or adjusted ventilation hoods to ensure no air intake.
- If a Radiological Event, be prepared, if advised, to discontinue use of tap water. Follow Loss of Water Procedures.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Have Safety/Security/Liaison Officer ensure all exterior contamination has been eliminated or is cleaned up in coordination with local authorities and/or Office of Emergency Management.
- Have Maintenance change necessary filters.
- Assess facility, staff and department operations if any activities were altered.
- Enable staff to communicate with their families.
- Have Public Information Officer communicate with the public regarding the fact that the facility is open for business, as necessary.
- Collect cost for disaster.
- Have department heads re-stock supplies if facility was isolated from deliveries.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates to plan.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NOTE: If the disaster resulted in any major operational building or utility damage, see Full Recovery Plan in Emergency Operations Plan.

ADDITIONAL REFERENCES:

- Loss of Heating System Procedures
- Loss of Air Conditioning System Procedures
- Loss of Cooking Procedures
- Emergency Utility Shut-Off Locations
- Emergency Agency Phone Numbers
- Emergency Contractor/Vendor Phone Numbers

NOTE: If you need information on hazards regarding chemical spills, inside or outside the facility, call the 24 hour Chemical Transportation Emergency Center at 1-800-424-9300.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

EARTHQUAKE

OVERVIEW

Earthquakes occur suddenly and without notice. Staff must position themselves to avoid injury. Therefore, they will be able to assess residents and provide care once the shaking stops.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- As initial shaking begins, position yourself under sturdy furniture, away from windows and swinging doors.
- As initial shaking stops and a reasonable interval has passed with no further immediate “aftershocks”:
 - Quickly position over-bed tables to shield residents’ heads from falling debris.
 - In anticipation of more aftershocks, move residents away from windows and outside walls. Pull all drapes and curtains closed to reduce the potential of flying glass.
 - Perform an immediate assessment of all staff and residents for injuries and inform Command Center of findings.
 - Move residents away from damaged areas.
 - Perform an immediate assessment of structural damage and department’s operational ability in your area; then, inform Administration / Command Center of findings.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Activate Incident Command and in coordination with Section Chiefs ensure all other guidelines of this procedure are carried out. If not all actions of the plan must be accomplished by Administrator or person in charge.
- Assign staff to assess injuries or medical needs of residents immediately and provide care.
- Prepare for influx of patients that have been impacted by the disaster (community injuries) by determining if a triage area with basic medical supplies should be established.
- Prepare for influx of residents from another evacuating healthcare facility.
- Assign Maintenance to assess damage to building, systems and building services.
- Establish and maintain communication with external emergency responders and the local Emergency Operations Centers for support and information.
- Prepare for evacuation, if necessary.
- Consider off-site Command Center and communication, only if necessary.
- Establish a process to communicate with resident families and prepare to have the Public Information Officer prepare a consistent message for Social Workers, Case Managers and other team members to use in calling families.
- Ensure all staff are communicated with to determine if they have damage to their homes or any emergencies with their families and address appropriately.

SWITCHBOARD/FRONT DESK/RECEPTIONIST:

- Communicate as needed to all personnel.
- Upon notification by the Administrator or designee, activate a “Code D as per the “Plan Activation” of this Emergency Operations Plan.
- Make the following notifications:
 - Administrator

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- Assistant Administrator
- Director of Nursing
- Maintenance Director
- Insert all titles of additional positions that should be notified

MAINTENANCE

- Shut down utilities, as necessary.
- Perform an assessment of structural damage for the entire building. Advise Administration / Incident Command.
- Assess for possible water contamination due to broken pipes. If suspected, alert all staff to immediately switch to emergency water supply for all potable needs. See Loss of Water Service/Contamination of Water Supply Procedure.
- If evacuation is ordered: If some staff must stay behind to shut down operations and secure the building, contact offsite Command, or Police Department if you cannot get through to Command.

NURSING

- If you are in a resident care area and are not seriously injured, your first responsibility is to the residents in the vicinity. If possible, reassure them and attempt to calm those who may be hysterical or panic stricken. If there are obvious injuries from falling objects, shattered glass, or if residents or personnel are trapped under debris, request assistance from Command Center and perform first aid within your capability, where possible, until additional clinical personnel arrive to assist in treatment or rescue.
- Be prepared for additional “aftershocks.” Although most of these are smaller than the main shock, some may be large enough to cause additional damage. Move residents away from windows and outside walls. Pull all drapes and curtains closed. Push over-bed tables over residents’ faces, where possible, to prevent debris from falling on them.
- Direct and assist with evacuation of residents, as necessary.
- Make sure all ambulatory residents wear shoes in areas near debris and glass.
- Assess damage of all involved nursing units and report information to Command Center. Maintain bed availability count by specialty and location.
- Check for fire or fire hazards from broken electrical lines or short circuits and follow the Fire Plan if a fire is discovered or reasonably expected.
- Immediately clean up spilled medications, drugs and other potentially harmful materials.
- Check to see that sewage lines are intact before permitting continued flushing of toilets. If necessary, force flushing of toilets may be required.
- Check closets and storage shelf areas. Open closet and cupboard doors carefully and watch for objects falling from shelves.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Address life safety of residents and staff.
- Have Maintenance inspect facility for damage to structure and utilities. Use checklist found in Disaster Recovery Plan.
- All departments should complete a Department Rapid Assessment Form and send it to the Command Center.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If minimal damage, follow procedures for Loss of Central Services, as applicable.
- Inspect all hazardous material areas.
- Assess staff and department operations.
- Determine status of area hospitals and other area long term care providers.
- Have Public Information Officer communicate with the families regarding the fact that the facility is open for business.
- Document costs for disaster.
- Have Department Heads re-stock supplies.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates to plan.

NOTE: If the earthquake resulted in any major operational building or utility damage, see Disaster Recovery Plan.

ADDITIONAL REFERENCES:

Loss of Heating System Procedures
Loss of Air Conditioning System / High Heat Procedures
Loss of Water Service Procedures
Loss of Cooking Ability Procedures
Loss of Telephone / Internal Communications Procedure
Loss of Electric Service Procedures
Loss of Sewer Service Procedures
Loss of Natural Gas / Propane Procedures
Contamination of the Outside Air Procedures
Emergency Utility Shut-Off Locations

FIRE PROCEDURES

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FLOOD

(Internal or External)

OVERVIEW

Flooding can occur whether internal (e.g., pipe break) or external (i.e. rising flood waters from torrential rains, etc.).

Flood Procedure may be activated when:

- You are notified by local authorities that your facility is located in a flood area.
- Facility staff identifies a potential internal or external flooding event.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Move residents and staff to unaffected portions of the building.
- Move important records, equipment, etc. to unaffected portions of the building, if possible.
- When possible, move computer hard drives to top of desks, place resident personal articles and drawers on top of beds or dressers. Filing cabinet containing important records should be moved to prevent damage.
- Where possible, build dikes, berms or take other actions to prevent the water from entering additional areas. Work with local authorities and the Office of Emergency Management.
- If advanced warning is available, prepare residents, supplies and staff for evacuation out of facility, or to safe areas of the facility, if directed.
- Continue to prepare for evacuation of building should it become necessary.
- See Full Building Evacuation Plan.

NOTE: DO NOT ENTER ANY AREA WHERE WATER LEVEL IS ABOVE ELECTRICAL OUTLETS. ALSO, DO NOT TOUCH ANY ELECTRICAL EQUIPMENT WHEN STANDING IN WATER.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- If advanced warning is available, consider census reduction of higher acuity residents.
- If life threatening, move residents immediately.
- If threat is present from internal or external flooding, direct residents and articles to be moved to higher ground, away from water pooling.
- If advised by local agencies, prepare for building evacuation. See Full Building Evacuation Plan and begin to make arrangements for transportation resources.
- If full building evacuation is to take place, set up off-site communications / command for staff and responsible parties to contact.
- Request an assessment of staff and operations through the completion of the Department Rapid Assessment form. Direct department managers to complete and forward the form to the Command Center.
- Start planning Recovery:
 - Follow “First 24 Hour Checklist” at the end of the Flood Plan.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- For major building or utility damage, see Recovery Plan.

MAINTENANCE

- IF INTERNAL FLOODING: Immediately move to shut off or block the source of the water, and shut down electrical power to areas of the building affected by or expected to be affected by internal flood waters.
- IF EXTERNAL FLOODING: Monitor areas for exposure to electrical equipment and shut down electrical equipment if affected by rising water. Keep Command Center advised.
- Shut down elevators if water is expected to affect elevator pits or equipment rooms. Move elevators above high water mark. Mark and secure them.
- Work with staff member responsible for Infection Control and handling of regulated medical waste to ensure that minimal contamination occurs.
- Secure any environmental contaminates (i.e. bio-waste, chemical drums) in the area that could be flooded.
- Secure any portable oxygen cylinders in the area that could be flooded.
- Raise or move any chemicals in areas that could be flooded that may react with water to produce heat or flammable or noxious gases (CHECK THE SDS).
- Ensure any storage tanks in area that could be flooded are either anchored securely, or removed.
- Contact local vendors/contractors for clean-up of contaminated silt, debris, oil, chemicals, water, mildew, etc.

NOTE: If Maintenance staff remains in building after evacuation to shut down utilities and secure building, ensure a communications link is established with off-site Command, or notify local Police if you cannot get through to Command.

NURSING

- Monitor staff and residents for signs and symptoms of hypothermia.
- Utilities of power, gas, water, and medical gases/air may be shut down. Follow applicable procedures.

The following is a pre-designated list of resident units and items that could be threatened by flood waters:

PEOPLE AND ITEMS TO BE MOVED TO A SAFE AREA	LOCATION OF SAFE AREA	RESPONSIBLE PARTY
Resident Units / Treatment Areas		
Non-resident Departments		

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Records		
Medications		
Special Medical Equipment		
Other (List)		

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY

As flood waters recede:

- Instruct staff to not step in pools of water where there is the danger of electrical outlets or cords in water.
- All departments will:
 - Complete “First 24 Hours Checklist” at the end of this Flood Plan.
 - Complete the Department Rapid Assessment Form.
- Have Maintenance:
 - Survey building and utilities.
 - Re-establish communications if lost during the flooding.
 - Test water supplies (drinking).
 - Use emergency supplies of water until authorities announce the water supply to the facility is potable and deemed safe for use.
- As necessary, obtain necessary clearance to reoccupy those areas which had been flooded and evacuated.
- Assess staff and department operations.
- All departments, as applicable, will re-supply medical, food, equipment and other items necessary for normal operations.
- Residents who were relocated, either within or outside the facility, will be returned when approvals have been obtained.
- Incident Commander (Administrator) should consult with the City / County Emergency Operations Center, as applicable, and issue the “All Clear”.
- Have Public Information Officer communicate with the public regarding the fact that the facility is open for business.
- Have Finance Section collect cost for disaster, as necessary.
- Develop a full report and close down Incident Command.
- Critique reports and make necessary updates to plan.

NOTE: If the disaster resulted in any major operational building or utility damage, see Recovery Plan.

ADDITIONAL REFERENCES:

- Loss of Heating System Procedure
- Loss of Air Conditioning System / High Heat Procedure
- Loss of Telephone / Internal Communications Procedure
- Loss of Electric Service Procedure
- Loss of Emergency Power Procedure
- Full Building Evacuation Plan
- Disaster Recovery Plan

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRST 24 HOUR CHECKLIST

NOTE: The following actions help your staff begin the cleanup process. Professional cleaners have the equipment necessary to quickly remove large volumes of water and properly clean and treat buildings and furnishings. Professional equipment restorers bring the experience and resources to effectively clean and repair electronic equipment and get it recertified, if necessary.

BUILDING	EQUIPMENT
<ul style="list-style-type: none"> ➤ Remove wet items such as carpeting, padding & ceiling tile; to exterior location. ➤ Use available and rented vacuum equipment to eliminate water on. Also use squeegees and mops. ➤ Set up any available dehumidifiers (if outside temperature is >60° F). ➤ Open any doors and windows to help reduce humidity (if weather is appropriate). ➤ Use fans to help circulate air and assist drying. ➤ Open drawers and closet doors to enhance drying. ➤ Place non-staining blocks or aluminum foil under furniture legs. ➤ Lift draperies off carpet and suspend. ➤ Move photos, painting and art objects to a safe, dry location. ➤ Remove damp books from shelves and spread in a stable, dry environment. ➤ Leave the heat on if damage occurs during a cool season. Utilize air conditioning if it occurs during a warm season. 	<ul style="list-style-type: none"> ➤ Turn off power immediately! Do not energize wet equipment. ➤ Do not re-energize equipment until authorized by qualified restoration personnel or manufacturer's technical representative. ➤ Open cabinet doors/side panels/covers/chassis drawers – drain all water. ➤ Remove equipment to a cool, dry area after wiping down and eliminate as much moisture and contaminants as possible. ➤ Set up fans to move ambient air through equipment. ➤ Blow water out with clean compressed air (or preferably liquid nitrogen). ➤ Spray water displacement solvent on electronic components (such as contact cleaner, LPS 1 or alcohol/Freon mixture). ➤ Wipe down and dry metal surfaces as soon as possible – use protective surface treatments to slow corrosion (CRC, LPS 1). ➤ Follow up with professional restoration services.
RECORDING EQUIPMENT (back-up drives)	MAGNETIC MEDIA
<ul style="list-style-type: none"> ➤ Do not operate if wet or dirty. ➤ Clean tape, transport mechanism with alcohol solvents – dry out if wet. ➤ Wipe off surface contamination before drive system use. ➤ Treat electronics as detailed above. ➤ Do not re-energize equipment until authorized by qualified restoration personnel or manufacturer's technical representative. ➤ Follow up with professional restoration service. 	<ul style="list-style-type: none"> ➤ Do not use if wet or dirty. ➤ Clean and dry dirty tapes/disks / cassettes with alcohol-based solvents for one time data recovery. ➤ Send wet head disk assemblies (HDAs) to a specialist for data recovery. ➤ Save the data – not the media. ➤ Follow up with professional restoration service.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRST 24 HOUR CHECKLIST

Continued

SPILL RESPONSE CART AND PIPE REPAIR SUPPLIES

If not already available, assemble a spill kit/cart with emergency pipe repair supplies that can be used for quick accessibility and use anywhere in the facility. The following list contains items to be collected as part of the response kit.

SPILL RESPONSE CART AND PIPE REPAIR SUPPLIES	
<ul style="list-style-type: none">➤ Plastic sheets to throw over & protect equipment (Make plastic sheets to cover electronic equipment readily available in the applicable areas for use by operators)➤ Plastic bags to dispose of wet material➤ Wet vacuums or other water removal equipment (commercial grade with effective GFIs, squeegees, mops, buckets)➤ Portable pump(s) and hose➤ Water displacing solvents for applying to electrical equipment (examples: contact cleaner, LPS 1)➤ Preservatives for metal (examples: CRC, LPS 1)➤ Towels for wiping up (assumed to be available from Housekeeping)	<ul style="list-style-type: none">➤ Absorbent socks, to contain and absorb spills➤ Alcohol for computer tapes and disks (ISA99 for purity)➤ Pipe clamps to place around and stop a leak (pipe repair kit)➤ Diagrams of piping systems with valve locations highlighted➤ Dehumidifiers (or ready rental source)➤ Boots➤ Portable dikes for diverting surface water away from below grade doorways and possible points of water entry. This would be necessary during unusually heavy rains, especially if the hospital has a history of water accumulating near certain doorways, loading docks, parking ramps, etc.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HAZARDOUS MATERIAL SPILL OR LEAK / INTERNAL CODE GREEN

OVERVIEW

This section of the plan presents procedures to be followed in a hazardous materials (chemicals such as cleaning supplies, pool chemical, oils, solvents, fuels, etc.) spill or leak. The procedures are provided for general emergency conditions that apply to all departments.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Maintenance and Department Heads of the affected area have the authority to take immediate corrective actions whenever a hazardous situation exists that can cause injury to residents, employees, or visitors or damage to the physical plant or operations.
- If spill or leak be handled (cleaned up) within normal operations, there may not be a need to activate the Incident Command System or notify external Emergency Agencies.
- If the situation requires additional external assistance, call 911 and set up Incident Command.
- Take initial actions detailed in the next sections if:
 - Hazardous material is involved in fire
 - Rescue of staff or residents is required
 - Evacuation of area is required
 - Hazardous material results in exposure of staff / residents if it spreads throughout the building
- Notify Administrator, Person in Charge and Maintenance of all spills.
- Ensure the Safety Data Sheets (SDS) for the hazardous material is available for Maintenance and emergency responders, if they had been notified, when they arrive.
- Evacuate any residents, visitors or staff from the area if not involved in the spill response.
- Department Manager or Supervisor will account for staff in a safe area.
- Ensure hazardous material is cleaned up, as detailed in this procedure.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Consider initiating a Code D to manage the incident and in coordination with the Section Chiefs, ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- If applicable, have Maintenance shut down HVAC.
- Once the situation is under control, complete injury and incident reports as applicable.

IF A HAZARDOUS MATERIALS SPILL RESULTS IN A FIRE: RACE

- **R – Remove** anyone in danger and close door.
- **A – Activate** fire alarm.
- **C – Contain** spill and fire – Warn others to stay away.
- **E – Evacuate** from the immediate area of the spill or vapor release.
 - **Advise Fire Department of hazard.**

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

IF RESCUE OF PERSONNEL IS REQUIRED:

- Determine the level of hazard (reference SDS) presented by the hazardous material.
- Remove injured person(s) from immediate area if no risk of personal exposure. Treat as appropriate.
- If unsafe to enter area, secure area, set up a physical barrier (i.e.: shut door), and inform emergency responders of victim locations and hazards.
- Reference SDS and label information if available, or expert information. Contact Poison Control for first aid information, as necessary.
- Complete an official injury report for all injured parties.
- Only trained personnel / contractors will participate in clean-up operations.

IF EVACUATION OF AREA IS REQUIRED:

- Any exposed individual should be transported to the hospital. (EMS will inform the hospital Emergency Department of the exposure before the exposed individuals enter the hospital, if this has not already been done. Decontamination may be necessary, depending on the type of exposure.
- Evacuate the smoke compartment of origin.
- Second, account for staff and residents.
- Evacuate vertically and then evacuate out of the building, when necessary. Follow Full Building Evacuation Plan.

Safety Data Sheets ARE LOCATED IN THE FOLLOWING AREAS:

- Environmental Services has one on every floor
- The following Departments have one in their department:
 - Laundry
 - Maintenance
- Administration

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HAZARDOUS MATERIAL SPILL CLEAN-UP

INCIDENTAL SPILLS

Definition

OSHA defines an incidental release as *“a release of hazardous substance which does not pose a significant safety or health hazard to employees in the immediate vicinity or to the employee cleaning it up, nor does it have the potential to become an emergency within a short time frame. Incidental releases are limited in quantity, exposure potential, or toxicity and present minor safety or health hazards to employees in the immediate work area or those assigned to clean them up. An incidental spill may be safely cleaned up by employees who are familiar with the hazards of the chemicals with which they are working.”*

For example:

- ◆ Small volume of one gallon or less and incidental to ordinary use.
- ◆ Material identified and hazard characteristics do not require specialized clean-up response.

Clean-up Response

- Chemical User can clean-up **when The Spill Does Not Involve Fire.**
- **IF IN DOUBT – CONTACT MAINTENANCE AND THE FIRE DEPARTMENT; DO NOT ATTEMPT CLEAN-UP.**
- If possible, cover spill with linen or absorbent material to limit vapor spread.
- Notify Maintenance.
- Follow information on SDS and advice of knowledgeable person in area of spill regarding clean-up procedures.
- Adjust anything that is allowing a leak to continue (i.e. stand up knocked over container, adjust a leaking liquefied gas cylinder so it leaks gas and not liquid, close valves), if safe to do so.
- If available, use appropriate spill kits or spill equipment to stop the spread. Seal off any drains.
- Pick up any broken glass with tongs or mechanical device. Do not use your hands!
- Report any release to appropriate agencies (see information following).
- Dispose of hazardous material waste in a plastic bag. Label the bag with the material name. Call Housekeeping for disposal.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ADDITIONAL REFERENCES:

Emergency Utility Shut-Off Locations

Emergency Agency Phone Numbers

Emergency Contractor/Vendor Phone Numbers

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HOSTAGE TAKING CODE SILVER

OVERVIEW

The purpose of this procedure is to provide assistance to staff members and/or visitors who are confronted by an individual who has taken hostages within the healthcare facility or within its property.

SUPPORTING INFORMATION

- The facility reserves the right to inspect the contents of all packages or articles entering or being removed from the facility. Firearms and illegal weapons are prohibited from being on the premises. Weapons, dangerous devices and illegal or unsafe items will be turned over to local law enforcement authorities.
- Weapons are not permitted on the facility's property, except for persons who are professionally exempted or authorized by law to carry a weapon in performance of their duties, such as City, County, State or Federal law enforcement officers.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- If threatened, call out Code Silver.
- **If you witness** a hostage situation at the facility, call 911 and give the following information:
 - Location of incident (building, floor and room)
 - The number of suspects and hostages and names, if known
 - Type of weapon(s) involved
 - Time of occurrence
 - Injuries sustained (if any)
 - Announced intention and/or demands of hostage-takers
 - Demeanor of hostage-takers (calm, agitated, angry, violent)
 - Characteristics of hostage scenario (drugs, alcohol, weapons or explosive devices involved)
 - Scope of security perimeters established around the location of hostage situation
- Contact CFO, COO (Administrator) and Maintenance via radio/phone.
- Provide safety to others. **DO NOT FURTHER ENDANGER ANYONE.**
- Contain the incident by preventing people from entering the area until Police arrive.
- If there is ANY sign of actual danger/violence, **DO NOT** attempt any direct contact type of action.
- **If You Are Taken Hostage**, follow these basic survival tips:
 - Remain calm. Be respectful. Be prepared to wait.
 - Make no unnecessary movements that might cause the individual to harm you.
 - Discard anything that may label you as a person of importance or someone the captor(s) may fear (e.g. pager, ID badge).
 - Treat the hostage taker(s) with respect.
 - Do not speak unless you are specifically addressed or questioned.
 - Do not volunteer information or make suggestions.
 - Do not attempt to negotiate with the hostage taker(s).
 - Cooperate and follow instructions.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Be prepared to communicate with Police on the phone. Give as much information as possible to identify suspects discreetly. Consider carefully any attempt to escape. A foiled attempt can be extremely dangerous for you and other hostages.
- When rescue comes, follow Police instructions exactly. Mentally note as many characteristics of the hostage taker(s) as possible (sex, age, height, weight, color of eyes/hair/skin, scars, etc.) NOTE: You may be handcuffed or secured until all suspects are identified.
- Refrain from speaking to other hostages.

ALL FACILITY STAFF NOT IN IMMEDIATE AREA OF THREAT

- **UPON HEARING CODE SILVER. DO NOT GO TO THE AREA SPECIFIED IN CODE SILVER. THIS IS AN EXTREMELY DANGEROUS AND SENSITIVE SITUATION THAT SHOULD ONLY BE HANDLED BY TRAINED AUTHORITIES.**
- Staff near the area specified by CODE Silver should evacuate if possible, or seek cover / protection and warn others in the area of the situation.
- Staff not in the area specified by CODE Silver should take cover behind locked doors if possible, and avoid the area. Also avoid windows facing the location and control entrances and exits to their units. Secure doors and stand by for further instructions.
- Department Heads should report to their respective units and assume control of their area with regard to the above procedures.

ADMINISTRATOR / INCIDENT COMMANDER

- Activate the Command Center by notifying Section Chiefs and Command Center personnel by phone or pager notification and indicating a Code Silver. Manage the incident, and through the Section Chiefs, ensure all other guidelines of this procedure are carried out.
- Immediate life safety actions have probably been activated in area of threat.
- Decide on course of action to be taken pending arrival of Police. The facility should be closed to all except bona fide calls from staff, physicians, resident family members or other authentic sources.
- If necessary, call the next shift Nursing/Resident Care staff personnel and other departments and inform them of the situation. All personnel, except those on duty, should be instructed to remain out of the facility until further notice. Maintenance (staff assigned security roles) should be directed to report immediately to assist in dealing with the situation.
- Instruct Maintenance to prepare for a fire alert and to have personnel standing by to shut off electrical power, natural gas or any source of ignition. It is imperative that all facility personnel cooperate fully with the Police and Fire Departments.
- At the direction of the Police, a "Code Silver, All Clear" will be paged. All affected personnel will be contacted immediately for debriefing purposes.
- **Department Heads and Managers:**
 - All managers should report to their respective units and assume control of their area with regard to the above procedures.
 - Secure and search their area. Report results to the Command Center.

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- Endeavor to make sure all residents and staff are present or accounted for and advise the Command Center of any discrepancies.
 - They will be briefed about the situation and receive instruction and assignment from the Administrator or person in charge of the incident.
 - Pass briefing information along to all staff.
- **Public / Community Relations:**
 - All media coverage is to be directed by the Administrator or Incident Commander. Staff must NOT give out any information to the media. Media representatives may be quite assertive and some may not display official identification. The incident should not be discussed openly among the staff and is extremely confidential. The Police will request that any and all official statements of the facility be discussed with the designated Police representative before being released.

SWITCHBOARD

- Notify Police via 911 if not already notified. Give them any information that is known about the situation, and advise if there is an approach out of site of the area of the threat.
- Notify Maintenance via radio.
- As appropriate, initiate Code Silver notifications and announce three (3) times, including location, via radio.
- Contact the CEO or COO (Administrator) or highest ranking person on-site.

MAINTENANCE / STAFF ASSIGNED SECURITY ROLES

- Assess the situation.
- If you determine or suspect that a person with no official business or medically related reason for being in the facility is circulating within the premises, they should be challenged. The person should be escorted out of the building as discreetly as possible, on the basis that they have no reason for being in any part of the facility, except the Reception area. If the person objects, back-off and try to isolate. Notify the Police Department.
- Take control until Police arrive. Provide logistical and manpower support.
- Initiate a Building Lockdown, as necessary.
- Secure immediate area, if possible, by removing all residents and personnel.
- Secure doors, if appropriate, to isolate incident.
- Identify phone extensions in the closest proximity of hostage-takers.
- Identify door locking systems and keys controlling ingress and egress of the secured perimeter.
- Identify surveillance and recording systems monitoring the area of suspect and hostage and/or points of ingress and egress from the secured perimeter.
- All telephone extensions to the area should be identified and secured.
- Gather and report information to responding authorities.
- Ensure all delivery/vendor vehicles remain on facility grounds until searched by the Police Department.
- Provide floor plans of building to Police, including HVAC plans.
- Control elevator to affected area(s).
- Place staff at strategic safe points to guide unauthorized people away from the danger area.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Special precautions should be taken to protect the oxygen storage area. The generator, boiler room and food storage shall also be guarded against actions by intruders.

RETURN TO NORMAL OPERATIONS / RECOVERY

When all threat has been eliminated:

- Notify the Police, if they have not already been called.
- Provide security for any residents or staff threatened by situation until appropriate responsible parties take over.
- Keep Crime Scene Secure:
 - Isolate and protect the scene and evidence. DO NOT ALTER THE SCENE OR TRY TO INVESTIGATE the crime or incident. The Police will advise you of the actions/procedures to follow.
 - Do not allow witnesses to leave before Police arrive.
 - Do not allow witnesses to “compare notes.”
- Document everything while still fresh in your mind (Police, facility legal counsel, etc. may need this information as soon as possible for the follow-up/on-going investigation).
- Nursing/Resident Care staff shall assess, treat and calm persons involved in the incident, completing any incident reports, as necessary. Debriefing should take place, as necessary, through the Employee Assistance Program.
- All persons actually involved in the incident should remain available to talk to the Police upon their arrival.
- Communicate to the public that the facility is open for business, if necessary.
- Post-incident stress debriefing should be made available to those involved in the incident.
- Have Finance Section collect cost for disaster, if applicable.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates to the plan.

ADDITIONAL REFERENCES:

Building Lockdown procedure

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

AGGRESSIVE OR VIOLENT BEHAVIOR GUIDE

GENERAL

If you recognize a situation where someone is displaying aggressive or violent behavior toward yourself or others:

- **Examine your surrounding environment:**
 - Look for a quick exit if the situation escalates to violence.
 - Don't back yourself into a corner where you can't get away.
 - Don't turn your back on the aggressor.
 - Is there anything you could use to place between you and the aggressor (i.e. chair, desk or furniture) if the situation escalates to violence?
 - Try to maintain a distance between you and the aggressor (i.e. don't lean in too closely if you talk with them).
 - If the situation escalates into violence immediately summon assistance from other staff and request police be notified, as appropriate.
- **Apply de-escalating techniques:**
 - Listen to the person displaying aggressive behavior. Many people are upset because they are hurting and believe that no one cares. Listening to them and displaying empathy may help calm them down.
 - Ask them what is the problem? What is the answer to that problem, i.e. what actions do they want to happen today?
 - Empathize. Reflect back to them the fact that you are listening and that you understand their feelings. Acknowledge their point of view (you don't have to agree with it, just understand how it might make them feel).
 - Lower your voice and speak calmly. When aggressive people are loud or shouting, lowering your voice may make them lower theirs just so they can hear you, or it may make them realize they are using excessive volume in their voice.
 - Encourage the person to physically sit down and talk with you. Aggressive behavior is more likely to escalate to violence if a person is standing up rather than sitting.
 - Assume a non-threatening posture (i.e. don't speak using wide sweeping motions with your hands or arms).
- **If possible, help the aggressor achieve the outcome they desire:**
 - Can you help this person achieve their desired outcome?
 - Can you direct them to someone else who can? If so, physically contact that person via phone and ensure that the issue is being taken care of (i.e. don't just walk away).

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HURRICANE

OVERVIEW

One of healthcare's greatest threats is that of a tropical storm or hurricane. The typical season is June 1 – November 30, with the greatest number of hurricanes occurring in August, September, and early October.

TERMINOLOGY

Warnings and watches are two levels of alert issued by the National Weather Service forecasting the imminent approach of a tropical cyclone or tropical storm of hurricane intensity.

TROPICAL STORM WATCH: Issued when tropical storm conditions, including winds from 39 to 73 mph, pose a possible threat to a specified coastal area within 36 hours.

HURRICANE WATCH: A hurricane watch is issued for a specified area for which a hurricane or hurricane related hazard is a possible threat within 36 hours.

HURRICANE WARNING: A hurricane warning is issued when a hurricane with sustained winds of 74 mph or higher is expected in a specified coastal area in 24 hours or less.

STORM CATEGORIES

CATEGORY	WIND	APPROX. STORM SURGE	EXPECTED DAMAGE
Tropical Storm	39-73 mph		Flooding Possible
Hurricane I	74-95 mph	4-5 feet	Minimal
Hurricane II	96-110 mph	6-8 feet	Moderate
Hurricane III	111-130 mph	9-12 feet	Extensive
Hurricane IV	131-155 mph	13-18 feet	Extreme
Hurricane V	>156 mph	> 18 feet	Catastrophic

- If a hurricane does impact the area, it may result in disruption to the provision of supplies and services. All departments should always be prepared for a minimum of a 3-5 day isolation period, assuming no supplies coming into the facility from outside sources. When there is advanced warning, such as during the hurricane season, departments should "stock up" for the possibility of a 5-7 day isolation period, if deemed necessary.
- The facility will try to protect residents, staff and their families, when appropriate, within the facility. It may become necessary to evacuate. This decision will be made by the

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Administration/Incident Commander at the time of the event notification in coordination with local emergency officials.

- Continuous informational updates will be provided to residents through briefings provided by designated leadership staff.

GENERAL ACTIONS TO BE TAKEN BEFORE THE STORM

ANNUAL PREPARATION

- Annually, **Department Directors/Managers** should prepare for the upcoming hurricane season by reviewing with their employees preparedness procedures.
 - General preparedness includes:
 - Conduct annual reviews of Emergency Procedures and department specific plans, including the updating of staff phone lists.
 - Review insurance plans.
 - Review responsibilities with management and staff.
 - Order, store and/or preposition for a 7 day supply of food, water, and other logistical/medical supplies, if deemed necessary. Top-off all fuel tanks, including the generator and vehicles, as practical.
 - Confirm evacuation transportation agreements and evacuation routes.
 - Confirm evacuation agreements with other healthcare nursing facilities who have agreed to accept evacuated residents.
 - Confirm/review agreements, if any, with local Police, National Guard, Security Contractors, etc. regarding the protection of staff, buildings or the entire campus.
 - Review procedures and supplies needed for physical building preparations, including agreements for back-up generators and fuel supplies.
 - Test emergency communications (radios, cell phones, etc.).
- During the hurricane season, the facility will monitor local weather forecasts and the weather alert radio when severe weather is anticipated.

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PREPARATION FOR THE HURRICANE SEASON

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS	Review emergency procedures, supplies and equipment on a regular basis to ensure information is up to date, supplies are at adequate levels and equipment used for disaster/emergency incidents is in good operating condition.	<input type="checkbox"/>
	Review responsibilities with your staff.	<input type="checkbox"/>
	Order, store and/or preposition for a 5-7 day supply of food, water, and other logistical / medical supplies, if necessary.	<input type="checkbox"/>
	Confirm back-up vendors/services for Pharmacy, Medical Supplies, etc.	<input type="checkbox"/>
	Top-off all fuel tanks, including the generator and vehicles, as practical.	<input type="checkbox"/>
	Review internal evacuation procedures for residents.	<input type="checkbox"/>
	Review Insurance Plans.	<input type="checkbox"/>
	Review emergency sanitary wastes and biohazard storage and disposal procedures.	<input type="checkbox"/>
	Establish discharge review procedures.	<input type="checkbox"/>
	Review procedures and supplies needed for physical building preparations. This includes agreements for back-up generators.	<input type="checkbox"/>
	Test emergency communications.	<input type="checkbox"/>
	Monitor National Weather Service.	<input type="checkbox"/>
	Review agreements with Police and National Guard regarding protection of building and staff, if applicable.	<input type="checkbox"/>

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HURRICANE WATCH

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Implement a “Hurricane Watch Alert” whenever a reasonable probability exists that your area is in the path of a potential hurricane. A Hurricane Watch is issued by the National Weather Service. A watch indicates hurricane conditions are a real possibility, usually within 24-36 hours, but it does not mean that it will happen. When the watch is issued, each department and Incident Command position should address the following and continue to monitor NWS advisories.
- Activate the Incident Command System, as necessary, and assemble the Command Center staff. The Command Center staff will assess the situation, review plans and take preventive measures.
 - Keep staff advised of hurricane development.
 - Confirm the following:
 - Facility is not general population shelter, although some community members may be sheltered at the discretion of the Incident Commander
 - Determine location of community shelters and/or evacuation pickup sites (if any). It is helpful to have the information available for staff and persons who may call the facility.
- Determine need to order cots and other supplies and equipment in advance of the storm.
- Determine need to cancel non-essential services and activities based on storm predictions. This may include transportation, doctor runs, etc. Update residents regarding facility preparations of regular resident briefings.
- The facility will go under a hurricane watch as a Tropical Storm or Hurricane enters the region. If it is projected to possibly result in a category 4 storm, and your facility is in the projected path of landfall, consider:
 - Restricting admissions, limiting access to visitors and family members.
 - Discharging residents (as selected by clinical staff).
 - Evacuating high acuity and Dialysis residents.
 - Directing resident relocation to safe areas in the facility.

NOTE: If contemplating Evacuation, refer to the Full Building Evacuation Plan.

All evacuation procedures must be completed before the onset of tropical/hurricane storm winds in the area. The facility must determine how long it will take to complete a full-scale evacuation. The amount of time it takes to evacuate the facility, then travel to the sheltering facility, should be multiplied x3 to account for evacuation traffic. Given the differences in storm tracks and speed, you must calculate and estimate this to the best of your ability.

- Test and inventory emergency communications:
 - Facility cellular phones
 - Facility pagers
 - Portable radios
- Have **Public Information Officer** advise:
 - Public, residents, family members of facility status throughout the storm

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Community Sheltering information (obtain through the **Safety/Security/Liaison Officer**), stressing that the facility is not a public shelter.
- Determine if any residents from other areas of the campus will be evacuated into the main building. Refer to Influx of People procedures if evacuees will be sheltered in the main building.
- Have **Department Directors / Managers** follow their department-specific tasks, as well as the following general guidelines:
 - Be prepared to remain in the facility for the duration of the hurricane emergency, should a hurricane warning alert be implemented.
 - Exceptions will be determined on a case-by-case basis.
 - Confirm staffing needs and implement Staff Recall Plan: Disasters have shown that it may become impossible for staff to return to the facility after the hurricane makes landfall. Staffing needs will be supplied as necessary, and available, from the Labor Pool which will be coordinated by the **Labor Pool Unit Leader**.
 - Check emergency supplies such as food, water, flashlights & batteries, etc.
 - Review Hurricane Plan, including department-specific tasks, where applicable, with staff. For departments and supplies subject to flooding, start relocations as applicable.
 - Confirm and designate sheltering areas for staff and their family members, if authorized by the Incident Commander. Send an email reminding staff and families what can / cannot be brought into facility shelters:

Items to Bring	Do Not Bring
Sleeping bag, blanket, pillow	Alcoholic beverages
Personal toiletries and a towel	Firearms
Change of clothing	Flammable or flame producing items
Prescription and Over the Counter meds for 3-5 days	TVs/Radios, DVD players or Laptops – Unless battery operated
Nonperishable food items to last for 3-5 days, per shelteree	Open food or food requiring refrigeration
Bottled water (1 gallon per shelteree per day)	Other electrical powered appliances (hairdryers, etc.)
Flashlight with extra batteries	Other:

- Check on-hand supplies and inventories. Request deliveries for inadequate levels. Ensure appropriate supplies for 3-5 days. Consider conservation and substitution plans.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NURSING

- Analyze staffing needs for the next 3-5 days.
- Check department inventories and stock-up for 5 days. Report results to Command Center.
- Review charts from Resident Care Units to coordinate feasible discharges with attending physician.
 - Note family / responsible party contact numbers
 - Prepare discharge instructions and supplies
- With the possibility of lower staffing, predetermine what resident care changes could be reduced or eliminated.
- If Incident Command directs (based on storm size and tracking), start:
 - Early discharging and/or evacuation of High Acuity residents
 - Relocation of residents to safer areas in the facility
 - Moving residents from high wind exposure rooms to corridors
 - Drawing curtains in resident rooms to lessen anxiety
 - Moving residents as far away from windows as possible
 - Covering windows with blankets to protect residents from flying glass
- Provide an updated resident census to the Command Center as requested. Update as resident census changes.

HOUSEKEEPING

- Analyze staffing needs for the next 3-5 days.
- Check department inventories and stock-up for 5 days. Report results to Command Center.
- Contact contractor for garbage, sewage and bio-hazardous waste pick-up prior to the storm.
- Review plans to manage garbage and bio-hazardous waste during storm when pick-up is not possible.
- Request a 5 day supply of linen supplies, as available.
- Secure a 5 day supply of:
 - Red bags
 - Trash bags
 - Gallon size zip-lock bags

FINANCE

- Analyze staffing needs for the next 3-5 days.
- Advise each department to track staff hours and extra supplies used using tracking forms in the Incident Command System section.
- Ensure your department can financially support all departments as they acquire supplies and services.
- Make arrangements to secure cash in the event the storm forces banks and ATMs to close. Cash will be needed to make necessary purchases and help staff in the event they cannot get or cash their pay checks.

DINING SERVICES

- Analyze staffing needs for the next 3-5 days.
- Check department inventories and stock-up for 5 days. Report results to Command Center.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Implement procedures to receive food / service orders with system vendors.
- Review rationing and conservation procedures, as well as emergency non-cooking menus. Inventory available food, water and other supplies and try to estimate the number of meals that can be served taking into consideration extra staff in the facility and any family members being sheltered.
- Drinking water supply for resident and staff meal service only.

SOCIAL SERVICES

- Analyze staffing needs for the next 3-5 days.
- Check department inventories and stock-up for 5 days. Report results to Command Center.
- Contact responsible parties for pick-up of discharged residents.

MAINTENANCE

- Analyze staffing needs for the next 3-5 days.
- Check department inventories and stock-up for 5 days. Report results to Command Center.
- Start the pre-planned boarding of windows and, where applicable, flood prevention procedures and/or sand bagging of doors.
 - NOTE: Bracing behind doors takes pressure off the latches. This is especially true for double doors with pins at top and bottom.
 - Check roof drains to ensure they are clear, remove any debris from the roof.
- Check patio area to ensure furniture and other articles have been removed.
- Secure appropriate objects outside:
 - Eliminate / Secure loose debris and trash cans
 - Remove / lay down antennas and communication dishes
- Top off generator and vehicle fuel tanks. Confirm fuel delivery from sources out of region.
- Review agreements for back-up generators and their connection to your building, should the need arise. See Loss of Electric procedures.
- Attain portable air conditioning units, if applicable.
- Attain 50-100 feet commercial grade extension cords, if necessary.
- Attain flashlights and batteries to last for 5 days.
- Attain wet-vacuums, if necessary.
- Analyze staffing needs for the next 3-5 days.
- Check department inventories and stock-up for 5 days. Report results to Command Center.
- Limit access to facility grounds to essential traffic only.
- If resident evacuation is being planned, set up vehicle staging area for evacuated resident pick-up. Refer to the Full Building Evacuation Plan.
- Secure parking for physicians and staff. Off-site parking plan may have to be activated. Refer to the Loss of Parking procedures.
- Post Staff at Main Entrance doors to allow discharged residents to depart.
- Place directional signage on entrances to guide people to the correct entrance.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HURRICANE “WATCH”

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS	Activate Incident Command Center and assign positions.	<input type="checkbox"/>
	Establish liaison (communications) with City / State Emergency Operations Center, and other Healthcare facilities.	<input type="checkbox"/>
	Consider starting evacuation of selected residents, if deemed necessary.	<input type="checkbox"/>
	Test and inventory communications.	<input type="checkbox"/>
	Advise local health department of facility status.	<input type="checkbox"/>
	Ensure 5-7 days of supplies.	<input type="checkbox"/>
	If items, articles, records, equipment is subject to flooding, move to safe location.	<input type="checkbox"/>
	Confirm shelter plan for staff and families, if deemed necessary.	<input type="checkbox"/>
	Call in staff, as necessary.	<input type="checkbox"/>
	Complete department-specific plans.	<input type="checkbox"/>
	Arrange for garbage and bio-hazardous waste pick-up before storm. Review how to manage garbage and bio-hazardous waste during storm.	<input type="checkbox"/>
	Ensure food and liquid supplies for 5-7 days.	<input type="checkbox"/>
	Start pre-planned boarding and/or bracing of windows and doors, if applicable.	<input type="checkbox"/>
	Secure outside items, including antennas and furniture/canopies.	<input type="checkbox"/>
	Prepare portable units (air conditioners, etc.) and generators for power loss.	<input type="checkbox"/>
	Monitor National Weather Service.	<input type="checkbox"/>
Limit access to facility grounds and entrance.	<input type="checkbox"/>	

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HURRICANE WARNING

A hurricane warning is issued when there is a high probability that the immediate area may be at or near the storm's landfall. A hurricane warning is normally issued 24 hours before the storm's anticipated landfall.

Once the warning is issued, all necessary precautions that were initiated with the hurricane watch should be **completed**. Residents should be relocated to safer areas within the facility, or evacuated out of the facility, depending on the pre-plan for your specific facility.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- Command Center staff should be given the NWS's landfall probability predictions. The team reviews hurricane preparations, resident reduction and evacuation, identified shortfalls, staffing problems, staff call-back, etc. The following type actions and decisions are addressed and / or implemented by the team:
- If you have not already activated resident movement, make decisions on the following:
 - Relocate residents to safer areas within the facility
 - Consider "Early Discharge" for appropriate residents
 - Evacuate pre-selected high acuity level residents and Dialysis residents
 - Evacuate all residents – Refer to Full Building Evacuation Plan.

SAFETY/ LIAISON OFFICER

- Update communications with:
 - Local Emergency Operations Center
 - Keep Command Center staff advised of hurricane development.
 - Confirm the following:
 - Facility is not general population shelter unless authorized by the incident Commander at the time of the event.
 - Location of community shelters and/or evacuation pickup sites (if any)
 - Test and inventory emergency communications:
 - Facility cellular phones
 - Facility pagers
 - Portable radios

MAINTENANCE

- Lock down the facility, with the exception of the Main Entrance.
- Complete boarding and Flooding Prevention Measure (i.e. sandbagging) as outlined under Hurricane Watch.
- As landfall draws near, consider shut-down of electrical services and elevators subject to flooding. Keep off until dry. Move elevators to second floor or higher.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NURSING

- Check emergency supplies in each resident care area including, but not limited to: flashlights & batteries, food, water, linens, medical and other supplies.
- Ensure sufficient supplies of resident medications for 5-7 days. As necessary, contact pharmacy and order medication refills and stock items.
- Provide current resident census to the Command Center, update as necessary.
- As requested, provide a list of higher acuity residents who may need to be transferred to a higher level of care.
- Ensure all residents have identification bracelets in place.
- Distribute oxygen tanks to resident care areas, as applicable.
- Complete or direct and assist in resident relocation and evacuation, when advised by the Command Center. Refer to the Full Building Evacuation Plan.
- Close windows, shades and drapes.
- Fill bathtubs and all available containers with water for bathing and toilet use.
- Place all loose items and materials in closets and ensure doors are closed and latched.

FINANCE

- Ensure sufficient cash is accessible to key department heads. They should have sufficient cash resources to perform their necessary functions during the course of the disaster. The storm may shut down banks, ATM and credit card machines. Cash may be needed to make necessary purchases and help staff if they cannot cash their paychecks.
- If time allows, additional ATM and facility credit cards should be ordered so that multiple authorized signers would have access to purchasing in this manner. At a minimum, increased credit limits should be requested to ensure availability of credit throughout the disaster. A list should always be maintained reflecting all individuals with cards, and purchases should be monitored after-the-fact. This is a good source of documentation for filing insurance claims and requests for reimbursements.
- As you may require the ability to process checks to acquire supplies or pay employees after a disaster, it is necessary to ensure that an adequate supply of checks be available on all bank accounts, maintained in a secure location.
- In order to preserve important financial history and support claims for insurance, tax, and reimbursement claims, it is necessary to secure historical records.

SOCIAL SERVICES

- Contact responsible parties of residents who have been approved for discharge and pick-up, if not already done.
- Contact out of state resident family members and reassure. Request phone calls are held until after the storm subsides.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HURRICANE “WARNING”

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS	Assemble Incident Command Team. Review landfall probability and facility preparation.	<input type="checkbox"/>
	Request assistance from local/state emergency agencies: <ul style="list-style-type: none"> • When your operations are overwhelmed • Assistance with evacuation is needed • Assistance with determining receiving facilities • Assistance with transportation resources • Assistance with supplies 	<input type="checkbox"/>
	Update all communications.	<input type="checkbox"/>
	Keep Department Managers advised of hurricane development.	<input type="checkbox"/>
	Complete or activate resident movement.	<input type="checkbox"/>
	Complete and/or Activate: <ul style="list-style-type: none"> • Supply and conservation plans • Staff recall 	<input type="checkbox"/>
	Complete boarding of windows and doors, and sand-bagging operations.	<input type="checkbox"/>
	Shut down electrical machinery and appliances subject to flooding.	<input type="checkbox"/>
	Monitor National Weather Service.	<input type="checkbox"/>
	Close windows, shades and drapes. Fill bathtubs with water. Place loose items in closets.	<input type="checkbox"/>
	Lock down facility.	<input type="checkbox"/>
	Preparations should be made to increase credit limits with all suppliers of goods and services. Additional vendors should be contacted to allow for the contingency of availability.	<input type="checkbox"/>
	Ensure sufficient cash is accessible to key department heads.	<input type="checkbox"/>
	If time allows, additional ATM and facility credit cards should be ordered. At a minimum, increased credit limits should be requested.	

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LANDFALL

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Emergency actions are coordinated by the Command Center to counter adverse conditions resulting from the hurricane's impact. Staff members must remain flexible and prepared to respond decisively during this difficult and unpredictable period. In preparation for landfall, be ready to move residents to the safest available place, such as hallways.
- Instruct staff not to go outside of the building. After the first part of the storm passes, there may be a lull in the storm, but the rest of the storm usually follows shortly after the first impact. Monitor the local media on radio to await the "All Clear".
- In conjunction with local, state and federal agencies, will determine if there is a need for a full or partial evacuation of the facility.
- The decision to evacuate after landfall will be based on the building's ability to function. Refer to Recovery Plan.
- Evacuations before landfall are selective (i.e. high acuity residents). After the hurricane passes, the priority of resident evacuation may change.
 - What utilities are lost?
 - What part of the building is damaged?
 - What facility services are not operating?
 - Can we control the evacuation or must we move many residents quickly? If we must evacuate many residents quickly, the lowest acuity residents are evacuated first.
- Transportation for the resident will be arranged through your contracted transportation vendor and/or ambulance provider.
- When determined to be necessary (evacuation is a strong possibility based on predictions of the storm), the facility should contact a truck rental company in their immediate area to move selected equipment and files. (Depending upon the location of the sheltering facility, transport could be a very short or quite lengthy trip. Prepare residents, staff and transport vehicles accordingly.)
- When facility is ready to evacuate, follow the Full Building Evacuation Plan.
- Modes of transportation that may be used:
 - Ambulances – Advanced or Basic Life Support
 - Vans / buses
 - Private vehicles
- Nursing Staff will likely be required to accompany residents during transport and may be asked to care for residents by the receiving facility.
- The Command Center will keep staff apprised of key information in order to reduce anxiety and assures everyone is working with the same level of information. The Command Center will provide communication to residents and families.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LANDFALL

POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS	ACTIONS TO BE TAKEN IN ORDER OF IMPORTANCE	Check when completed
ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS	Once residents are secure as possible, go to a safe place.	<input type="checkbox"/>
	Evaluate residents for medical needs. Report results to the Command Center.	<input type="checkbox"/>
	Evaluate the ability of department operations to continue. Report results to the Command Center.	<input type="checkbox"/>
	Evaluate the physical building and utilities.	<input type="checkbox"/>
	Monitor the National Weather Service.	<input type="checkbox"/>
	Make decision to evacuate or recover-in-place. See Full Building Evacuation.	<input type="checkbox"/>
	Develop Recovery Plan.	<input type="checkbox"/>
	Monitor the National Weather Service.	<input type="checkbox"/>

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY

All Recovery Planning and guidelines will be developed in the Command Center:

- Ensure staff do not step in pools of water where there is the danger of loose or dangling electrical wires.
- Post storm, residents will be moved back into rooms, if possible. Employees will work in shifts to be available to relieve one another.
- Command Center will oversee labor pool of returning Employees and assign them accordingly.
- All departments, as applicable, will re-supply medical, food, equipment and other items necessary for normal operations.
- Plan and conduct other appropriate actions deemed necessary to restore the facility to normal operations.
- Consult with the City/State Emergency Operations Center and issue the “All Clear”.
- Have Finance Section capture costs for reimbursement.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary Plan updates.
- **Maintenance:**
 - Survey building and utilities.
 - Re-establish communications.
 - Test water supplies.
 - Use emergency supplies of water until authorities announce the water is potable.
 - Remove boards from windows as soon as possible to reduce the growth of mold and mildew.

ADDITIONAL REFERENCES:

Section D – Full Building Evacuation Plan

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF AIR CONDITIONING / HIGH HEAT

OVERVIEW

A high temperature/heat situation can be a true emergency, particularly to an elderly population. The ability to regain power, access portable air conditioning units or other mitigating efforts should be considered at the on-set of the situation. Partial or full building evacuation may be required depending on weather conditions and expected duration.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Use fans and portable air conditioning units, if available. Notify staff member responsible for Infection Control.
- Keep blinds, curtains, drapes, etc. closed in areas of building that receive direct sunlight.
- Open doors and windows, as necessary, to take advantage of available breezes.
- Avoid activities that may excite residents or require physical exertion.
- Keep residents out of direct sunlight.
- Turn off lights as well as other heat-producing appliances whenever possible.
- Provide plenty of liquids for residents and staff.
- Monitor vital signs of residents and staff.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Activate the Command Center by notifying the Section Chiefs and Command Center personnel by phone or pager notification and indicating a Code D, as necessary.
- Ensure all essential departments are functioning. Determine impact on resident care, if any.
- Notify departments to complete the Department Rapid Assessment Form and forward to the Command Center.
- Meet with Plant Operations to assess situation and develop an action plan.
- Consider:
 - Consider relaxing dress code.
 - Consider reduction of work time or rotating staff in high heat-producing areas.
- Determine if common and/or gathering areas (Dining Rooms, Dens, Activities Room, etc.) can be cooled using portable A/C units which may have to be rented or purchased. As necessary, direct staff to move residents during high heat situations into these areas.
- Continue to monitor the situation through appropriate Section Chiefs (department heads).
- Monitor the television or radio for important heat-related announcements.
- Determine need to report situation to DOH or other regulatory agency. Report any heat related illnesses/deaths to DOH immediately.
- Determine if any evacuation is necessary.

MAINTENANCE

- Attempt to determine the extent of the air conditioning system outage, if applicable. Report this information to the Administrator, Person in Charge or Command Center, if activated.
- Institute actions necessary for the repair of the air conditioning system.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If a long duration outage is expected, determine ability to obtain portable air conditioning (e.g.: Movincool units) from vendors.
 - <insert vendor>
- Consider spot cooling units for:
 - Selected high-acuity residents; seek advice from clinical staff.
 - Sensitive equipment that could be affected by high heat (i.e. Communications, IT).
 - Common or gathering areas such as dining rooms, activity rooms, dens, etc.

NURSING

- As applicable, dress residents in loose, non-restrictive clothing.
- Maintain adequate fluid intake for all residents. Ensure water and other fluids are within easy reach of residents and encourage consumption of liquids.
- Be alert for any changes in residents (physical, emotional or mental) that may indicate heat related illness. Monitor vital signs closely. Be alert for absence of perspiration.
- Identify medications that may be contraindicated or should be administered in modified dosages in high heat conditions.
- Give sponge baths, as necessary.
- Keep residents out of direct sunlight.
- Monitor staff conditions closely.
- Monitor resident treatments and activities, based on high heat conditions.
- Consider moving residents to common or gathering areas that are air conditioned.
- Give sponge baths, as necessary.
- Keep residents out of direct sunlight.
- Monitor staff conditions closely.
- Monitor resident treatments & activities, based on high heat conditions.

DINING SERVICES

- Consider establishing a hydration station in the facility, where water and other fluids are always available to residents and staff.
- Avoid hot foods and heavy meals as they tend to add heat to the body.
- Consider the possibility of using a non-cooking menu.

RETURN TO NORMAL OPERATIONS / RECOVERY

Air conditioning operational, or high heat situation no longer in effect:

- Have Maintenance verify operational conditions of sensitive equipment.
- Determine operational ability of facility and what, if any, admission criteria will be established.
- With Nursing, evaluate residents' condition and care.
- Have Logistics Section Chief ensure there is no mold or related situations to affect existing residents or new admissions.
- Assess all other staff and department operations, through the Section Chiefs.
- Determine status of facility.
- Communicate to the public that the facility is open for business.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Have Finance Section collect cost for reimbursement.
- Have Department Heads re-stock supplies.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

NOTE: If the loss of air conditioning / high heat disaster resulted in any major operational building or utility damage, see Disaster Recovery Plan in Section G.

ADDITIONAL REFERENCES:

Emergency Agency Phone Numbers
Emergency Contractor/Vendor Phone Numbers
Loss of Cooking Ability
Full Building Evacuation Plan

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HEAT INDEX CHART

In an effort to alert you to the hazards of prolonged heat/humidity episodes, the National Weather Service devised the “heat index.” The heat index (HI) is an accurate measure of how hot it really feels when the effects of humidity are added to high temperatures.

To use the heat index chart, find the appropriate temperature at the top of the chart and read down until you are opposite the humidity. The number that appears at the intersection of the temperature and humidity is the heat index.

Heat Index Chart (Temperature & Relative Humidity)

RH (%)	Temperature (°F)															
	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
90	119	123	128	132	137	141	146	152	157	163	168	174	180	186	193	199
85	115	119	123	127	132	136	142	145	150	155	161	166	172	178	184	190
80	112	115	119	123	127	131	135	140	144	149	154	159	164	169	175	180
75	109	112	115	119	122	126	130	134	138	143	147	152	156	161	166	171
70	106	109	112	115	118	122	125	129	133	137	141	145	149	154	158	163
65	103	106	108	111	114	117	121	124	127	131	135	139	143	147	151	155
60	100	103	105	108	111	114	116	120	123	126	129	133	136	140	144	148
55	98	100	103	105	107	110	113	115	118	121	124	127	131	134	137	141
50	96	98	100	102	104	107	109	112	114	117	119	122	125	128	131	135
45	94	96	98	100	102	104	106	108	110	113	115	118	120	123	126	129
40	92	94	96	97	99	101	103	105	107	109	111	113	116	118	121	123
35	91	92	94	95	97	98	100	102	104	106	107	109	112	114	116	118
30	89	90	92	93	95	96	98	99	101	102	104	106	108	110	112	114

Note: Exposure to full sunshine can increase HI values by up to 15°F

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF COOKING ABILITY

OVERVIEW

The loss of power and/or fuel sources may lead to the inability to prepare meals. This procedure outlines a variety of cooking options and plans.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Emergency menus are available using food that does not require cooking. (See menus attached to this procedure.)
- Determine the availability of alternate areas within the facility to cook or warm food such as staff lounges, areas with microwaves or stoves.
- Depending on the situation, the facility may contract for off-site food preparation, mobile field kitchens, or they may use non-cooking menus.
- Dining Services will determine the needs of residents, staff and others sheltering at the facility, and they will address supply issues.
- Advise Dining Services of food supplies on unit, as applicable.
- Be aware of the schedule Dining Services sets up for staff dining.

ADMINISTRATOR / INCIDENT COMMANDER

- Meet with Dining Services to determine if situation can be handled within normal operations.
- As necessary, open the Command Center to manage the incident. In coordination with Section Chiefs (department heads), ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.

DEPARTMENT SPECIFIC ACTIONS

DINING SERVICES

- A minimum of a 4-day supply of emergency food should be on hand at all times. (Menus must address medical and nutritional needs of residents / See Emergency Resource and Lists Section).
- Food Service priorities will be as follows:
 - Residents (if limited food service, review with Medical Director & Nursing)
 - Staff (Set up separate area and meal times for visiting families who may also be sheltering in the facility)
 - Visitors (Families)
 - Catering will be suspended
- Special Considerations:
 - Meals will be served as close to normal times as possible
 - Follow Emergency Non-Cooking Menu
- Consider using any food preparation areas that are still operational:
 - Main Kitchen

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Coffee Shop
- Cafeteria
- Microwaves (throughout facility)
- Determine if outdoor grills can be utilized for food preparation.
- Consider contracting food prep/delivery from area healthcare facilities, restaurants, schools, etc., depending on expected duration of incident and outside conditions.
- If cooking will be lost for an extended period of time, consider mobile field kitchens.
- If Food Service staff are not in the building and cannot return in an acceptable length of time:
 - Emergency Food Supply is located (fill in location and method of entry) Lower level store room
 - Follow Emergency Non-Cooking Menus attached to this procedure.
- Incident Command will work with departments to assign staff to emergency food preparation until normal staff arrives.
- The following is a list of companies to obtain prepared meals and mobile field kitchens:
 - Gardner H. Stern, Jr. Company: 1-800-738-0401
 - www.gardnerstern.com
 - Provides nationwide service
 - Stewart's Mobile Concepts: 1-800-919-9261
 - www.stewartsmobile.com
 - Provides nationwide service

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

EMERGENCY (NON-COOKING) MENU - (STANDARD)

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared.

DAY ONE

Breakfast	Lunch	Dinner
Fruit Juice	Fruit Juice	Fruit Juice
Egg Whites	Chili con Carne	Macaroni and Cheese
Cold Cereal	Mashed Potato	Tomato Soup
Bread	Canned Vegetable	Canned Vegetable
Milk	Milk	Milk
	Canned Fruit	Apple Sauce

DAY TWO

Breakfast	Lunch	Dinner
Fruit Juice	Meat Ravioli/Sauce	Corned Beef Hash
Egg Whites	Bread	Bread
Cold Cereal	Canned Vegetable	Canned Vegetable
Bread	Milk	Milk
Milk	Canned Fruit	Apple Sauce

DAY THREE

Breakfast	Lunch	Dinner
Fruit Juice	Peanut Butter & Jelly Sand.	Tuna Salad
Egg Whites	Canned Vegetable	Mash Potato
Cold Cereal	Milk	Canned Vegetable
Bread	Canned Fruit	Milk
Milk		Applesauce

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

EMERGENCY (NON-COOKING) MENU - (SOFT/SEMI-SOFT)

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared. Recipes are kept in the kitchen.

DAY ONE

Breakfast	Lunch	Dinner
Fruit Juice	Fruit Juice	Fruit Juice
Egg Whites	Chili con Carne	Macaroni and Cheese
Cold Cereal	Mashed Potato	Tomato Soup
Bread	Canned Vegetable	Canned Vegetable
Milk	Milk	Milk
	Canned Fruit	Apple Sauce

DAY TWO

Breakfast	Lunch	Dinner
Fruit Juice	Meat Ravioli/Sauce	Corned Beef Hash
Egg Whites	Bread	Bread
Cold Cereal	Canned Vegetable	Canned Vegetable
Bread	Milk	Milk
Milk	Canned Fruit	Apple Sauce

DAY THREE

Breakfast	Lunch	Dinner
Fruit Juice	Peanut Butter and Jelly	Tuna Salad
Egg Whites	Canned Vegetable	Mash Potato
Cold Cereal	Milk	Canned Vegetable
Bread	Canned Fruit	Milk
Milk		Applesauce

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

EMERGENCY (NON-COOKING) MENU - (PUREE)

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared. Recipes are kept in the kitchen.

DAY ONE

Breakfast	Lunch	Dinner
Fruit Juice	Canned Puree Chicken	Canned Puree Beef
Egg Whites, Puree Const.	Red Sauce	Gravy
Cold Cereal	Mashed Potato	Mashed Potato
Bread	Canned Puree Vegetable	Canned Puree Vegetable
Milk	Applesauce	Pudding
	Milk	Milk, Juice

DAY TWO

Breakfast	Lunch	Dinner
Fruit Juice	Canned Puree Chicken	Canned Puree Beef
Egg Whites, Puree Const.	Cream Sauce	Red Sauce
Cold Cereal	Mashed Potato	Mashed Potato
Bread	Canned Puree Vegetable	Canned Puree Vegetable
Milk	Applesauce	Pudding
	Milk	Milk, Juice

DAY THREE

Breakfast	Lunch	Dinner
Fruit Juice	Canned Puree Chicken	Canned Puree Beef
Egg Whites, Puree Const.	Gravy	Cream Sauce
Cold Cereal	Mashed Potato	Mashed Potato
Bread	Canned Puree Vegetable	Canned Puree Vegetable
Milk	Applesauce	Pudding
	Milk	Milk, Juice

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

EMERGENCY (NON-COOKING) MENU - (DIABETIC)

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared. Recipes are kept in the kitchen.

DAY ONE

Breakfast	Lunch	Dinner
Fruit Juice	Fruit Juice	Fruit Juice
Egg Whites	Chili con Carne	Macaroni and Cheese
Cold Cereal	Mashed Potato	Tomato Soup
Bread	Canned Vegetable	Canned Vegetable
Milk	Milk	Milk
	Canned Fruit	Apple Sauce

DAY TWO

Breakfast	Lunch	Dinner
Fruit Juice	Meat Ravioli/Sauce	Corned Beef Hash
Egg Whites	Bread	Bread
Cold Cereal	Canned Vegetable	Canned Vegetable
Bread	Milk	Milk
Milk	Canned Fruit	Apple Sauce

DAY THREE

Breakfast	Lunch	Dinner
Fruit Juice	Peanut Butter and Jelly	Tuna Salad
Egg Whites	Canned Vegetable	Mash Potato
Cold Cereal	Milk	Canned Vegetable
Bread	Canned Fruit	Milk
Milk		Applesauce

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY

Ability to cook restored:

- Verify with Public Health, as necessary, the fact that the kitchen is approved to restart operations.
- If only limited food serving can be offered, review with Medical Director and Nursing to determine what, if any, effects to resident care or admissions.
- Collect cost for reimbursement and develop a full report for critique.
- Have Department Heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Loss of Natural Gas Procedures
Loss of Water Procedures
Loss of Sewer Service Procedures
Loss of Electric Service Procedures
Emergency Food Supply
Emergency Agency Phone Numbers
Emergency Contractor/Vendor Phone Numbers

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF ELECTRIC SERVICE

OVERVIEW

The loss of power can be critical to a healthcare facility that relies on electric powered medical equipment. Loss of power is the leading cause of healthcare facility evacuations.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- The facility is serviced by one generator which is located on the Northeast side of the building. The generator is a 400 KW fueled by a 1000 gallon diesel tank with an 80 hour running capacity.
- In the event of an emergency, problem or failure involving any portion of the electrical system any staff should:
 - Immediately notify the Administrator, Maintenance and the Director of Nursing.
 - Give your name, location and the nature of the emergency. Someone from Plant Operations will be dispatched immediately to evaluate the situation and provide emergency service.
- Emergency power circuits are identified by Red Covers. See list of services provided by generator, in the Emergency Resources and Lists Section.
- All essential resident care equipment should be routinely connected to these receptacles. Check all such equipment to ensure it is properly plugged into these outlets and functioning.
- Backup electronic data and determine need to shut down computers and servers.
- While the facility is operating on emergency power, all non-essential equipment should be turned off or disconnected. Also turn off any equipment that may have been running when the power was lost.
- Open curtains and drapes to take advantage of natural or off-site lighting, as applicable.
- As necessary, request temporary lighting, flashlights and extension cords from Maintenance.
- Follow procedures for loss of any service which has been lost in the disaster.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Activate the Command Center by notifying the Section Chiefs and Command Center personnel by phone or pager notification and indicating a **Code D** as necessary.
- Ensure all essential departments are functioning. Determine impact on resident care, if any.
- Notify departments to complete the Department Rapid Assessment Form and forward to the Command Center.
- If all power is lost (commercial and emergency), staff would take immediate life safety actions.
- Utilize Resident TV Channel to inform residents, as necessary.
- Determine need to report situation to DOH or other regulatory agency. See reporting procedures in the Appendices section.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

MAINTENANCE

WHEN ON GENERATOR POWER

- Check automatic transfer switch to ensure that load has transferred.
- Attempt to determine expected duration of electrical outage.
- Ensure Utility Company, ConED is aware that you are a healthcare facility and request priority restoral of power.
- Ensure that the generator is functioning properly. If fuel supply is low shut down generator before depletion.
- Check communications, IT, fire and security systems, exit alarms, electronic locks, and applicable medical equipment (i.e. suction, IV pump, ventilators) to determine what is functioning. Provide status update to Command Center.
- Ensure emergency power to utility pumps throughout the building(s), including wells, if applicable.
- The generator should be checked periodically throughout the incident (monitor/record voltage, current, fuel level and temperature).
- Restart equipment following shutdown, as necessary.
- Advise Command and other Section Chiefs (department heads) of any electrical services that are not available due to the power loss.

IF OUTAGE IS EXPECTED TO BE FOR A LONG DURATION

- Be proactive in anticipation of replenishing fuel supplies (see Average Expected Fuel Consumption Calculations below).
 - Using a formula such as 2.5 gallons/hour per 10KW of power, project what your likely fuel consumption will be and make sure that you have supply contracts or arrangements in place. Advise Command Center how long the fuel supply will power the generator.
 - When fuel supply drops to approximately 50%, contact vendors. You may have to make this call sooner if your supplier is out of your region.
- Confirm availability of back-up portable generators from Vendors or Office of Emergency Management.
- List of agreements with contractors who may be able to provide back-up building generators are listed in Emergency Resources and Lists.
- Confirm that a fuel supply and mechanic comes with the generators.
- Attain a portable, gasoline-fueled generators to run selective critical equipment (i.e. ventilators, portable A/C units, etc.). Ensure that generators operate in a safe, well-ventilated area that is outside. Use only approved safety cans for fuel. Refueling of generators will take place only after shut-down and cool-off has taken place.

NURSING

- Set up portable oxygen where necessary.
- Operate life support equipment on battery back-up or manually (suction, IV pump, vent, etc.), as necessary, until emergency power takes over.
- If necessary, place an extension cord by each portable suction machine to enable one to plug machine quickly into an outlet served by the emergency generator.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Use extension cords to plug medication refrigerators into outlets (label the extension cord and medical refrigerator to be used only for this purpose) which are served by the emergency generator, **OR** move necessary medications that could spoil without refrigeration (i.e. vaccines) into a refrigerator already served by the generator.
- Contact Maintenance for extension cords that will reach emergency outlets to enable beds to be raised and lowered if hand cranks are not available.
- If resident room bathroom lighting will not be served by emergency generator; keep doors open.
- Ensure operation ability and availability of flashlights and batteries.
- Exit door alarms should operate under generator power. If the system is not powered by emergency power, request additional staffing or security for Dementia / Alzheimer's Units, as necessary, based on loss of electronic security systems. Monitor stairwell and exit door alarms for resident safety.
- Frequently check resident rooms if "nurse call system" is not working.

DINING SERVICES

- Remove food from refrigerators and freezers not powered by the emergency generator and transfer food to refrigerators/freezers served by the generator. This would also apply to ice machines.
- For freezers not on emergency generators, keep doors closed as much as possible. If spoilage is possible, start cooking applicable items.

PHARMACY

- Reset electronic medication carts and scanners on each unit, as necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF EMERGENCY GENERATOR POWER

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Where uninterrupted power supply and battery back-up is present, immediately save important data by powering down computer equipment and other applicable items before batteries run out.
- Complete the Department Rapid Assessment Form and inform the Command Center of your ability to function.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Activate the Command Center by notifying the Section Chiefs and Command Center personnel by phone or pager notification and indicating a **Code D**.
- Resident care staff will begin life safety procedures for residents. Immediately assess needs in resident care areas.
- Establish which position will notify the Fire Department and/or Police Department if staff should call out a disaster code word or there is a fire. Use cell phone or runner to contact the Fire Department to advise them that your fire alarm and communications are down.
- In the event of a generator failure, and the loss of commercial power, the following would be required. If these items cannot be provided within an acceptable length of time, evacuation of the building would have to be considered. See Section D – Full Building Evacuation Plan.
 - Essential Services Requiring Electrical Power:
 - Egress illumination (corridors, stairways, and landings)
 - Exit and directional signs
 - Communications (telephone, nurse call, etc.) and fire alarm system.
 - Resident care areas (lighting and power for life support systems such as suction, vents, etc.)
 - Task lighting and power in service areas and clinical areas
 - Oxygen
 - Elevators
 - Air handling units
 - Critical water pumps
- Determine need to report situation to DOH or other regulatory agency.

NURSING

- Provide portable oxygen tanks, as necessary.
- Monitor battery backup for IV pumps. Be ready for manual operations if batteries should fail.
- Request security for Dementia / Alzheimer's areas is doors unlocked or monitoring is affected by loss of power.
- Evaluate need to transfer high acuity residents to acute care based on projected duration of outage and residents' conditions.
- Place heat sensitive medications in a cooler with ice.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

MAINTENANCE

- Secure portable generator(s).
- List of agreements with contractors who may be able to provide back-up building generators are listed in Emergency Resources and Lists.
- Portable generator can be positioned in the parking area adjacent to the existing generator and connected using a 60 foot length of cable.
- When connecting a back-up generator to the building, open the main disconnect switches in the switchgear room to prevent back feed when commercial power is restored.
- If the fire detection system is out of service (4 hours in a 24 hr. period), the facility should notify the Fire Department and establish a fire watch. See Loss of Fire Protection Systems procedure.

RETURN TO NORMAL OPERATIONS / RECOVERY

Upon restoration of normal electric power:

- Determine status of facility.
- Cost for reimbursement and develop a full report for critique.
- Have Department Heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

Maintenance

- Verify stability of commercial power with utility company.
- Check generator for proper fluid levels and ensure that all circuits have transferred properly.
- Notify each department, as necessary, of procedure for turning equipment back on to avoid all equipment being turned on at once, resulting in a massive power draw.
- Check life support equipment.
- Check all communications systems.
- Check all refrigerators and freezers for proper operation.
- Check HVAC units and boilers for proper operation.
- Reset all clocks, lighting and other timers
- Check all pumps.
- Check fire alarm system to ensure proper operation.
- Check all elevators for proper operation on normal power.
- Check manual transfer switches.
- Check all motor control centers.
- Ensure generator is properly serviced and maintained if run for a long period of time.

IT Department

- Check all computer systems. Retrieve information, as necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Nursing

- Re-check medical equipment to ensure proper operation.
- Evaluate residents.

Dining Services

- Dispose of any perishable items that may have been exposed to unsafe storage temperatures.

ADDITIONAL REFERENCES:

Loss of Air Conditioning System / High Heat Procedure

Loss of Cooking Ability Procedure

Loss of Heating System Procedure

Loss of Telephone / Internal Communications Procedure

Loss of Water Service Procedure

Loss of Fire Protection System Procedure

Emergency Resources and Lists:

Emergency Utility Shut-Off Locations

List of Equipment Served By the Emergency Generator

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF ELEVATOR SERVICE

OVERVIEW

Elevator access to floor above and below grade is essential to the movement of people and supplies. In high rise buildings in particular, the loss of elevator service can significantly affect the ability to provide services and maintain operations.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Notify Administration and Maintenance.
- Determine if anyone is on the elevator. Assure individuals inside the elevator that they will be rescued.
- Determine if there are injuries. If any occupants are injured, notify the Fire Department and Ambulance Service.
- While communicating with passengers, obtain the following information:
 - Number of passengers on elevator.
 - If there are residents in the elevator, their names, room numbers, and apparent condition.
 - If there are staff members in the elevator, their status and units or department numbers.
 - Any immediate problems in the elevator.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Determine extent of outage with Maintenance and impact it will have on facility operations and resident care. Activate Incident Command, if necessary.
- If elevator is not operable for an extended period of time, notify staff and develop an action plan. Determine if resident movement, food or supply deliveries will be impacted.
- Post an individual at Reception/Lobby area to explain the situation to incoming persons, or post signs at elevator indicating that it is out of service. Provide directions to alternate elevator[s] and/or stairwells.
- If elevators will be out of service for an extended time, handicapped staff will be assisted to the ground floor by appropriate persons.

NURSING

- Plan to take necessary services and supplies to residents.
- If all elevators are out of service, arrange for emergency related vertical transport of residents, as necessary, via Fire Department, EMS, and facility staff.
- Consider:
 - Relocation of selected residents to lower floors
 - Any temporary suspension of services or admissions
- Provide medical assistance, as necessary, to injured occupants.
- Determine if any non-ambulatory residents are scheduled to leave the facility during the outage for doctor appointments, testing, etc.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

MAINTENANCE

- Notify elevator service contractor. Request estimated time of arrival of service personnel.
- Do not attempt to force open doors or remove occupants without advice from the elevator service contractor.

DINING SERVICES

- If elevator will be out of service during mealtimes, staff should be organized into a “transport line” for moving meals to upper floors.

RETURN TO NORMAL OPERATIONS / RECOVERY

Upon restoration of elevator service:

- Have Maintenance verify with contractor that the elevators are fully functional.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF FIRE PROTECTION SYSTEMS

OVERVIEW

A fire detection and alarm system is installed in the facility. The system includes manual pull stations, smoke detectors, audible/visual alerting devices, automatic sprinkler water flow indicators, and valve position monitors to indicate tampering. Additionally, the fire alarm system causes the notification to the Fire Department.

The facility also has automatic suppression systems as follows:

- Automatic Sprinkler System throughout the building
- Kitchen cooking area hood suppression system

If staff observe the failure of any of these systems, or observe any problems related to the Fire Protection Systems, this should be immediately reported to both Maintenance and the Administrator.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Activate the Command Center by notifying Section Chiefs and Command Center.
- In the event of a system failure of the fire alarm system, smoke detection system, power systems, or sprinkler system, the following actions shall be taken immediately by the facility:
 - Notify the local fire department at Hastings-On-Hudson Fire Department 50 Main St, Hastings-On-Hudson, NY 10706; (914) 478-1322 and document instructions.
 - Notify all staff working in the building of the impairment
- Assess the extent of the condition and effect corrective action, within a documented period. If the corrective action to repair the Fire Alarm Detection System will take more than four (4) hours, or the Fire Suppressions System will take more than 10 hours, the following items shall be completed:
 - Implement a contingency plan to the facility fire plan containing: a description of the problem, a specific description of the system failure, and the projected correction period.
 - Establish a fire watch for Fire Alarm Detection impairments of more than 4 hours in duration, or Fire Suppression impairments of more than 10 hours in duration (see fire watch procedure).
 - For extended impairments notify the facility insurance company.
- All staff on shifts involved shall have documented in-service training for the emergency contingency. Provide education to staff on steps to take during the impairment, as appropriate:
 - Fire alarm impairment – review the use of the facility code word “Code Red”, method for announcing fire situations and locations via the fire alarm system (if operational) or via portable phones/radios carried by staff, and the necessity for contacting 911 directly to notify the fire department of a fire emergency.
 - Sprinkler system impairment – review the location and use (P.A.S.S.) of fire extinguishers with staff.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Ensure notifications have been made to the local fire department.
- Ensure the appropriate service vendor has been notified.
- Notify DOH or other regulatory agency, as necessary.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- Review all system outages and provide the Incident Commander or Person in Charge with an assessment of the situation. Service contractors shall be notified as soon as possible.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Fire Watch Procedures

A fire watch will be implemented in the event the fire alarm system and/or the sprinkler system is out of service (OOS) for an extended period of time including:

- Fire Alarm System – OOS for 4 or more hours (NFPA 101, 2012 Edition)
- Fire Sprinkler System – OOS for 10 or more hours (NFPA 25, 2011 Edition)

It may also be implemented if requested by the Authority Having Jurisdiction.

In the event a fire watch becomes necessary, the following procedures will be implemented:

- The fire watch will be conducted by an individual specifically assigned for the purpose of the fire watch. The individual shall not have other facility responsibilities. Individuals assigned to perform a fire watch shall be looking for the signs of fire and or smoke. In addition, they shall monitor the facility in an attempt to mitigate the potential for a fire to occur by looking for:
 - Electric overloads
 - Overheated electrical equipment
 - Burners left on where stove tops are present
 - Dryer lint buildup in the laundry area
 - Smoking violations
 - Any other possible fire hazards
- If a fire is discovered when the fire alarm system is out of service, staff in the fire area will be responsible to make a page and/or radio announcement of the fire's location in place of activating the fire alarm.

NOTE: See attached checklist for fire watch.

- The local fire department shall be notified that a fire watch has been established
- The facility will also notify the following when a fire watch has been initiated:
 - Applicable facility leadership (i.e. Maintenance, Administrator, etc.).
 - Insurance carrier (if required by the carrier)
 - Notify State Health Department or other regulatory agency, as necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRE WATCH FREQUENCY

A fire watch tour of the entire building shall occur and be logged every hour unless otherwise required by the Authority Having Jurisdiction.

CANCELLATION OF THE FIRE WATCH

The fire watch may conclude when the projected correction period changes or when the system is restored to normal operation. The facility shall notify the local fire authorities.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRE WATCH CHECKLIST

Building: _____ Date/Time Fire Watch started: _____

Date/Time Fire Watch completed: _____

Reason for Fire Watch (explain): _____

ITEM	LIST LOCATIONS	CHECKED
EXITS UNOBSTRUCTED	Throughout	
FIRE EXTINGUISHERS UNOBSTRUCTED	Throughout	
SMOKE BARRIER DOORS UNOBSTRUCTED	Throughout	
FIRE ALARM PULL STATIONS UNOBSTRUCTED	Throughout	
CORRIDOR DOORS ARE NOT PROPPED OPEN	Throughout	
HAZARDOUS ROOM DOORS ARE NOT PROPPED OPEN	Soiled Utility Rooms Fuel Fired Equipment Rooms Storage Rooms >50 sq.ft.	
OXYGEN STORAGE IN PERMITTED LOCATIONS	Insert locations	
NO ELECTRICAL OVERLOADS	Throughout	
NO DRYER LINT BUILDUP	Laundry	
KITCHEN SUPPRESSION SYSTEM FUNCTIONAL	Kitchen	
EXTENSION CORDS ONLY USED AS PERMITTED	Throughout	
SMOKING ONLY OCCURS IN PERMITTED SMOKING AREAS	Amend as necessary	

Insert Notes Regarding Situations Found and How They Were Mitigated:

Name/Title of person conducting Fire Watch (Print): _____

Signature of person conducting fire watch: _____

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF HEATING SYSTEM

OVERVIEW

The inability to heat the facility can be a critical issue in many parts of the country. The loss of heating systems should be assessed quickly to determine if the situation can be remediated while temperatures remain steady in the building. If not, partial or full building evacuation may be necessary.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

Note: Loss of water and/or electric may result in the loss of heat in some buildings on the campus.

- Expected duration of outage, along with outside weather conditions, must be evaluated before possible building evacuation is considered. (If necessary, see Full Building Evacuation Plan.)
- All staff should survey their assigned areas to ensure that all windows and doors are closed. Any windows or doors that do not seal effectively should be reported to Maintenance.
- Heating in resident homes may be independent of systems that provide heat to common areas of the building.

ADMINISTRATOR / INCIDENT COMMANDER

- Activate the Command Center by notifying the Section Chiefs and Command Center personnel.
- Determine extent of outage with Maintenance and impact it will have on facility operations and resident care.
- Determine if portions of the building can be used to safely house residents within the State temperature requirements. Continuously monitor building temperatures.
- Adjust employee dress code, as needed.
- Evaluate conditions for possible census reduction or evacuation of residents compromised by loss of heat. See Resident Census Reduction and Full Building Evacuation Plan.

MAINTENANCE

- Attempt to determine expected duration of heating system outage.
- Shut down fresh air systems, as applicable, based on outside air temperature. Depending on outside conditions, if temperature is below 50° Fahrenheit, the ventilation fans will be shut down, and the fresh air systems will be shut down.
- Advise Infection Control.
- Monitor building temperatures.
- Institute actions necessary for the repair of the heating system.
- Determine if alternate heat source can be utilized to warm selected areas.
- Determine ability to switch to alternate methods of heat or consider contacting a vendor to provide a portable heat source (boiler), if practical.

FREEZING OR LOW TEMPERATURES:

- **If Evacuating the Building:**
 - Ensure water-cooled equipment, which has not been otherwise protected, is drained.
 - Ensure condensed moisture from compressed air lines is drained frequently.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If heat loss will last for an extended period of time, drain compressors, condensate piping, hydraulically operate devices and air conditioning systems.
- Institute emergency procedures for processes that depend on steam or water supply.
- Drain piping systems that contain liquids, other than water, which are vulnerable to freeze-ups.
- Check pressure-vessel vents as well as relief and safety valves for obstructions such as frozen condensate.
- Ensure sprinkler systems are checked regularly to make sure they are operational.
- Check the water temperature of the fire pump suction tank.
- Maintain a temperature above 40°F (4°C) in rooms with wet/dry pipe sprinkler system valves and electric-powered fire pumps. Rooms housing diesel engine driven fire pumps should be maintained at 70°F (21°C).
- Ensure air handlers remain on and temperatures are monitored in any areas where medications are stored.

NURSING

- Dress residents with several layers of loose clothing, two pair of socks, bathrobes, slippers, etc.
- Use extra blankets, including bath blankets.
- Group residents into rooms, if possible.
- Establish activities to keep residents active, as practical.

OT/PT/ACTIVITIES

- Adjust therapy and activities, as appropriate.

HOUSEKEEPING/LAUNDRY

- Provide blankets to Nursing Department.
- Consider using additional resident clothing that may be stored in the facility.

DINING SERVICES

- Provide hot foods and drinks, as applicable.

RETURN TO NORMAL OPERATIONS / RECOVERY

Upon restoration of the heating system:

- Have Maintenance verify heating system operations and other utilities that may have been damaged due to heat loss.
- Collect cost for reimbursement and develop a full report for critique.
- Have Department Heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Emergency Utility Shut-Off Locations
Emergency Contractor/Vendor List
Full Building Evacuation Plan
Resident Census Reduction Plan

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF INFORMATION TECHNOLOGY

OVERVIEW

The loss of IT affects everything in the facility from medical records to ordering pharmaceuticals. As such, it is considered critical infrastructure component.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- If advanced warning is possible, save and back up all work, then shut down your computer. Most UPS devices have a 30 – 60-minute battery back-up.
- With systems down, the facility will have to go to “Down Time” procedures for necessary records.
- Each department maintains its own “Down Time” procedures.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- As necessary, consider activating the Command Center by notifying the Section Chiefs and Command Center personnel.
- Together with IT staff, assess impact on facility operations and resident care and develop an action plan. Determine ability to access offsite backup data and/or Cloud storage for backup data.
- Notify all departments to activate down-time procedures.
- Determine need to report situation to your regulatory agency.

INFORMATION SYSTEMS

- Inform departments of disruption and duration via call lists or other contact information.
- Ensure departments are using paper back-up procedures, as appropriate.
- Request all departments to complete a **Departmental Rapid Assessment Form** and forward to the Command Center by fax or runner.
- Prioritize system recovery, if needed with focus on first priority systems:
 - Resident Processing, Accounting, Pharmacy, Food Services
 - HR and Payroll
- Followed by other mission critical systems:
 - Material Management System
 - A/P General System
- Attempt to determine cause of problem and expected duration of systems down. Provide this information to the Command Center.
- Initiate repair process.

MAINTENANCE

- Utilize paper back-up procedures for building mechanical systems controlled by computer, or the electronic work order system.
- Go to manual ordering.

DINING SERVICES

- Utilize paper back-up procedures.
- Use resident tray “hardcopy” list from unit to prepare meals.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Utilize paper back-up procedure forms to record dietary needs of new admissions manually.
- Go to manual ordering.

CENTRAL SUPPLY

- Utilize paper back-up procedures to record and maintain inventory use.
- Go to manual ordering.

NURSING / SUPERVISOR

- Electronic Health Records including Pharmacy and EMARs:
 - Utilize paper back-up for records.
 - Distribute reports, as necessary.
 - Maintain manually.
 - Hand-write labels.
 - Go to manual ordering.
 - Once system is back up, re-enter new data.
- Manually open medication dispensing machine.

PHARMACY

- Utilize paper back-up for records.
 - Distribute reports, as necessary.
 - Maintain manually.
 - Hand-write labels.
 - Go to manual ordering.
- Once system is back up, re-enter new data.
- Reset electronic medication carts, as needed.

RETURN TO NORMAL OPERATIONS / RECOVERY

Upon restoration of the IT system:

- Have IT/IS staff verify electronic systems are up and running.
- Assess department operations, based on downtime.
- Have IT work with departments which may be having trouble coming back up or retrieving lost information.
- Determine if any financial impact on the facility and develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF NATURAL GAS

OVERVIEW

Fuels such as natural gas and propane can have a direct impact on heating, cooking and other critical functions.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Services dependent upon equipment fueled by natural gas may be disrupted should there be a loss of gas service to the facility.
- The following equipment is fueled by natural gas
 - Kitchen Equipment
 - Boilers
 - Laundry Dryers

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Activate the Command Center by notifying Section Chiefs and Command Center personnel.
- Evaluate conditions for possible evacuation if safe resident care cannot be continued.
- Request all departments to complete a Departmental Rapid Assessment Form and forward to the Command Center by fax or runner.
- Determine need to report situation to DOH or other regulatory agency.

DINING SERVICES

- See Loss of Cooking Ability procedures.
- Determine if alternate methods of cooking can be used such as microwaves, outdoor gas grills, butane burners, etc.

MAINTENANCE

- Domestic boilers/hot water, dryers and kitchen appliances will be affected.
- Attempt to determine expected duration of gas supply outage.
- Shut off valves supplying any appliances that have pilot lights (kitchens / boilers).

LAUNDRY

- Dryers operate on gas, shut off gas until restored.
- Provide Linen inventory to the Command Center.
- Coordinate reduction of linen changes with Nursing.

NURSING

- The following services will be affected:
 - Hand washing and other resident care services that may depend upon hot water (bathing, showering)
 - Laundry – linen services may be reduced.
- Restrict resident bathing. Use wet wipes for hygiene needs.
- Use waterless hand cleanser or cold water where possible.
- Use disposable pads to reduce the need for linen changes.
- Use pre-mixed, pre-packaged enemas.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY

Upon restoration of the natural gas/propane:

- Have Maintenance verify integrity of natural gas/propane service.
- Upon restoration of gas supply, have Maintenance re-light all pilot lights and check all gas appliances for proper operation.
- Collect cost for reimbursement and develop a full report for critique.
- Have Department Heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Loss of Heating System Procedures

Emergency Contractor/Vendor Phone Numbers

Emergency Utility Shut-Off Locations

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF SEWER / WASTE SYSTEM

OVERVIEW

Sewage and waste systems are critical to maintain a safe environment within and around the facility.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- If you discover the situation, notify your Department Head, Maintenance and Administration.
- Selected toilets and areas will be used.
- If sewer system is damaged, bed pans, commode chairs or toilet bowls can be lined with waste bags and waste material collected if toilets cannot be force flushed.
 - A small amount of chlorine bleach or kitty litter should be poured into each bag prior to sealing. Large receptacles (linen barrels, garbage pails, etc.) with tight fitting lids may also be lined with waste bags for storing waste material collected in smaller bags.
- If sewer system is intact, and appropriate pumps are operable, toilets can be force-flushed by pouring a pail of water into the bowl.
- Use waterless hand sanitizer often.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- As necessary, activate the Command Center by notifying Section Chiefs and Command Center personnel.
- Assess impact on campus operations and resident care. Develop an action plan.
- Notify Infection Control and all critical areas of outage.
- Together with Command Center staff, determine operational and serviceability of facility. Keep all updated.
- Determine need to report situation to DOH or other regulatory agency.

MAINTENANCE

- Shut off applicable water valves.
- Contact plumber/sewer department and attempt to determine expected duration of incident. Arrange for repairs, if applicable.

HOUSEKEEPING

- Establish an area to store containers of waste matter. Consider storage on the exterior of the building.
- Determine availability of portable toilets from outside vendors.
- If force flushing toilets, coordinate with Nursing and other departments regarding which toilets on each unit/floor will be used. Provide pails of water at site to be used to force flush the toilets.
- Post signs and place bags over toilets and urinals which are not to be used informing staff and others which toilets are for their use.
- If using waste bags, keep a supply at all toilets that are to be used.
- Ensure liquid consumption is given primary consideration when assessing available potable water.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Work closely with the person responsible for Infection Control to minimize contamination.
- Provide hand sanitizers at toilet sites.

ALL OTHER DEPARTMENTS

- Coordinate with Maintenance to determine which toilets will be available for use (force flushing or waste bags).
- If force flushing, notify Maintenance / Housekeeping when more water is needed.
- Complete Department Rapid Assessment Form for Incident Command, if requested.
- Use waterless hand sanitizers often.

RETURN TO NORMAL OPERATIONS / RECOVERY

Upon restoration of sewer and toilet system:

- Have Maintenance verify repairs.
- Have Infection Control / Maintenance ensure all waste materials are cleaned up.
- Get clearance from Public Health Authorities if necessary.
- Assess staff and department operations, based on situation.
- Have Department Heads re-stock supplies as applicable.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Loss of Water Service Procedures
Emergency Contractor/Vendor List

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF TELEPHONE SERVICE, INTERNAL COMMUNICATION SYSTEM, AND/OR NURSE CALL SYSTEM

OVERVIEW

Internal communications systems such as phone and nurse call systems are critical for ensuring emergency communication.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- If internal or external communications are found to be inoperable, notify your supervisor as soon as possible.
- See alternate communication methods below if normal communication systems fail.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Activate the Command Center by notifying the Section Chiefs and Command Center personnel.
- Assess impact on facility operations and resident care. Develop an action plan.
- Consider:
 - Determine if telephones, not part of the main telephone system, are in service (list attached to this procedure). Check different lines, such as the fax, modem, etc. If a line is found to be operable, assign someone to it.
 - Determine availability and effectiveness of cellular telephones from staff and visitors.
 - Assign runners to use off-site telephones, as applicable.
 - Establish methods to communicate within the building (runners, portable radios, etc.) if intercom/paging system is affected.
 - Notify telephone company and request a supply of cellular phones.
 - Notify Fire and Police Departments. Ensure that all staff are familiar with the method to notify Fire and Police Departments in the event of an emergency while experiencing a loss of telephone service. Methods of communication could include cell phones, portable radios, etc. Amateur radios and operators may be available through your local Office of Emergency Management.
 - If all phone systems are down, overhead paging / announcements will be done as follows:
 - Use fire alarm system for voice messages
 - Overhead Paging System
- Based on the down-time estimate, Maintenance will determine if any of the following steps must be taken:
 - Set up off-site communications “tied” by radio, cell phone, or runner to Command Center.
 - Public Information Officer will notify the news media (primarily TV and radio) that a problem has occurred and the estimated down time. Request they notify the public that only emergency calls should be attempted to the facility.
 - Request that the phone service provider offer a temporary communication process if available and necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Determine if additional personnel should be called in.
- Ensure all other guidelines of this procedure are carried out.

INTERNAL COMMUNICATIONS - CONSIDER THE FOLLOWING:

- Assign portable radios to appropriate individuals/areas of the building.
- Assign runners to assist with communication throughout the building.

NURSING

- If Nursing Call System is inoperable, provide Tap or Hand Bells to residents and increase monitoring of residents. Tap or Hand Bells are stored in Central Supply.
- Consider moving residents closer to the Nursing Station that need closer supervision or monitoring.

MAINTENANCE

- Advise all departments of the special fail-safe telephone systems in your building.
- Facility's telecommunications person (or vendor) should analyze problem and initiate repairs.
- Once outside communication is established, attempt to determine the extent and expected duration of the outage. Inform Command Center of status.
- Take portable radios to Command Center for assignment.

SECURITY

- As requested, take portable radios or facility owned cell phones to Command Center for assignment.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOCATIONS OF TELEPHONES NOT PART OF THE MAIN PHONE SYSTEM

THE FOLLOWING PHONES ARE SUPPLIED FROM A SOURCE OTHER THAN THE MAIN PHONE SYSTEM; THEREFORE, **MAY** FUNCTION EVEN THOUGH THE MAIN PHONE SYSTEM IS OUT OF SERVICE.

MODEM / FAX LINES

LOCATION	PHONE #
Admin Wing Rear	914-478-3541
2 nd Floor Nursing Unit	914-674-1105
3 rd Floor Nursing Unit	914-479-0045
4 th Floor Nursing Unit	914-478-6345
4 th Floor Nurse Supervisor	914-478-1104
5 th Floor Nursing Unit	914-478-3768

FIRE ALARM TRANSMITTER LINES

LOCATION	PHONE #
Switch gear room	914-478-6372
Switch gear room	914-478-6373

FACILITY CELLULAR PHONES

ASSIGNED TO	PHONE #
Ana Perez	914 357 6090
Annamma Oommen	914 327 0815
Arnee Tolbert	914 406 9630
Ashley Scala	914 357 1591
Chewine Allen-Joseph	914 409 6211
Diana Adaza	914 357 3037
Dietary Supr.	914 839 3025
Dr. Janeen Marshall	914 291 3953

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ASSIGNED TO	PHONE #
Erica Jimenez	914 826 0337
Jacqueline Lotz-Immer	914 839 0209
Jon Kole	914 330 3245
Kerry Beckford	914 317 1037
Marcelo Lopez	914 317 1030
Mary Kuang	914 839 0100
Maryann Sero	914 255 5624
Meaghan Mooney	914 406 0447
Melissa Estevez	914 327 6805
Night Facilities Staff	914 255 7004
Norma Moreno	914 648 9985
Nurse Manager 2nd Floor	914 409 5033
Richard Felipe	914 255 7576
RN Supervisors	914 200 9319
Zoly Garcia	914 839 0043

RETURN TO NORMAL OPERATIONS / RECOVERY:

Upon restoration of communications:

- Have Maintenance verify reliability of restored communications.
- When the phone / paging system has been restored, direct appropriate staff to announce over the public address system that the system has been returned to normal operations and regular phone calls and paging may be resumed.
- Assess department operations and determine status of facility.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Emergency Agency Phone Numbers

Emergency Contractor/Vendor Phone Numbers

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF WATER SERVICE / CONTAMINATION OF WATER SUPPLY

OVERVIEW

The facility's domestic cold water supply is derived from one water supply line from the town/village/city of Hastings-on-Hudson.

Additional non-potable (industrial) water supplies will be required for other building systems (e.g. boilers, toilets, HVAC, etc.).

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Do not drink water which is contaminated or suspected to be contaminated.
- If advanced notice is given, fill all containers and tubs with water.
- Services affected by loss of water:
 - Hot water
 - Hand washing and resident care activities
 - Laundry services
 - Cooking, ice machines and dishwashing
 - Fire suppression system (sprinklers)
- Water currently stored in facility (storage tanks, bottled water, etc.) will be rationed for use depending upon the following priority:

Priorities for the use of Available Water and Liquids	Location Obtained
1. Personal Consumption (1-3 gallons per person per day).	Food Services: milk, soda, juice, bottled water – Outside Vendors
2. Personal Hygiene	SEE water loss contingency plans below. (Non-potable water can be used to force flush toilets)
3. Cooking	SEE water loss contingency plans below.
4. Housekeeping / Clean up	SEE water loss contingency plans below. (Non-potable water may be used to clean up spills or mop floors)

NOTE: If a “Contaminated Water Advisory” is issued, do not drink the water. If a “Boil Water” advisory or order is issued, there may be a need to sanitize the facility water supply system. Coordinate response and recovery efforts for Contamination of Water or Boil Water advisories with local public health, local water supplier and the state Department of Health.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- As applicable, ensure a Contaminated Water Advisory is issued, staff and residents are notified. Consider posting information.
- Water from faucets should only be used for flushing. It is not to be used for drinking, hand washing, or cooking. As applicable, place signage on drinking fountains, sinks and other areas.
- Request Department Rapid Assessment Forms be completed and returned to the Command Center.
- If loss of water supply to the fire suppression system, notify Fire Department and insurance carrier that the fire sprinkler system is out of service.
 - If fire sprinkler system is out of service for more than ten (10) hours, establish a “fire watch.” See Fire Watch at end of this procedure. Make appropriate notifications to Authority Having Jurisdiction (AHJ).
- A list of potable and non-potable water supplies stored in the building is attached to this procedure, as well as vendors who can provide resupply.
- Determine ability to obtain potable water and non-potable water from outside sources. Contact vendors or others to determine if a water tanker can be provided to supply non-potable water for building operations.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- If contamination of the water supply is reported or suspected, shut down tap water to prevent anyone from drinking the water.
- If loss of water supply, contact Water Department and attempt to determine the extent and expected duration of the outage. Inform Administrator / Command Center.
 - Shut off main valves to prevent loss of water within piping.
 - Assist in obtaining stored water from within facility. Use food service containers to transfer water for consumption.
- If facility has received notification of a planned disruption of the water service, available containers (tubs, pots, sinks, etc.) should be filled prior to the shut-down.
- Check vacuum pumps, boiler water make-up, kitchen coolers/freezers, HVAC, steam sterilizers and the fire sprinkler system. Shut down, as necessary.
- Assess possible impact on water cooled heating/refrigeration systems and emergency generator. Shut down if necessary.
- Turn off water heaters and boilers if water is going to be drained for other uses.
- Have Maintenance or plumber close all domestic water main valves.
- As necessary, obtain non-potable water tankers from vendors. Notify Fire Department and request one (1) pumper to respond. When water tanker responds from the vendor, use water tanker to supply the Fire Department pumper so a connection can be made to the Fire Department Connection (FDC) to supply the sprinkler system and/or standpipe connections.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

DINING SERVICES

- Advise Command Center of water and other liquids available for consumption.
- Use disposable/paper dishes and utensils.
- Institute Emergency (non-cooking) Menu, as necessary.
- Shut down water cooled refrigeration units and transfer food items to units which are not water-cooled.
- Provision for an adequate and continuous supply of ice should be made at once. Contact outside vendor, as necessary.
- If loss of water is due to contamination, the Food Service dishwasher should be taken out of service, all ice machines should be emptied, including ice in the storage bins, and the water supply should be turned off.
- Coffee machines, soda and juice dispensers, and other appliances connected to the fresh water line should be turned off and valves closed.

CENTRAL SUPPLY

- Use gas sterilization if available/possible.
- Consider using bottled water from an outside vendor to operate sterilizers if outage will be significant.
- Immediately arrange for the provision of potable drinking water.
- Check with clinical areas to see if you can help with water needs.

NURSING

- Restrict resident showers. Consider waterless bath products where applicable.
- Use waterless hand cleansers where possible.
- Use disposable swabs for oral care.
- Use disposable pads to reduce the need for linen changes.
- Disposable linens may be obtained from Central Supply and substituted depending on the expected duration of the water interruption.
- Use bottled water for oxygen humidifiers, vaporizers, etc.
- Use pre-mixed, pre-packaged enemas.
- If it is determined that the water supply has become contaminated, dispose of water at resident's bedside. Replace with bottled water.
- Ensure alternate treatment areas for displaced Dialysis residents.

HOUSEKEEPING

- Discontinue any routine cleaning that requires water. Use spray cleaners where necessary.
- As directed by Command Center, take containers of water for force flushing toilets to designated areas.
- If loss of water results from contamination of the water supply, all drinking fountains and hand-washing facilities should be turned off and labeled "Not Suitable to Drink or Wash In."

LAUNDRY

- Provide a linen inventory to the Command Center.
- Coordinate a plan to reduce linen use with Nursing.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Disposable linens may be obtained from Laundry and substituted depending on the expected duration of the water interruption.
- Investigate ability of vendors to supply linen.

SOURCES OF POTABLE WATER

Stored in the building

LOCATION	AMOUNT
Kitchen Storage Area	Facility to list

Other sources of consumable liquid stored in the building

TYPE OF LIQUID	LOCATION	AMOUNT
Ice Machines	Each unit and Kitchen	
Juice	Each unit and Kitchen	
Milk	Each unit and Kitchen	
Soda	Each unit and Kitchen	
	Each unit and Kitchen	

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Vendors that can supply potable water

VENDOR	PHONE #	AMOUNT
US Food Service	800.732.1732 (ACT#30126676)	150cases (900gal)
Troncillito Bros.	845.236.4616	6000gal tanker- potable water

SOURCES OF NON-POTABLE WATER

Stored in the building or on the campus

LOCATION	AMOUNT	METHOD TO ACCESS
Water storage tank-top of building	8000 gallon	Gravity fed for

Note: Indicate if there are any sources on or near the campus such as wells, streams, ponds, etc. where Non-potable water can be obtained.

Vendors that can supply non-potable water

VENDOR	PHONE	AMOUNT

RETURN TO NORMAL OPERATIONS / RECOVERY

If water loss was due to contamination, upon restoration of clean water:

- Have Maintenance ensure source of water contamination has been eliminated.
- Have Maintenance:
 - Flush all water lines and strainers, and clean faucet aerators, as necessary.
 - For ice machines: Change in-line filters; clean and disinfect hoppers/bins and storage bins; discard the first batch of ice.
 - For coffee machines, soda and juice dispensers and other appliances connected to the fresh water line: change the in-line filters; cycle 3 times before dispensing drinks.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- For dishwashers: Run empty dishwasher for full cycle; change in-line filters; clean and disinfect interior of unit.

If water loss was due to any other cause, upon restoration of water:

- Have Maintenance check sprinkler system to ensure that no damage has occurred as a result of the disaster before water service is restored.
- Get clearance from Public Health Authorities, as applicable.
- Collect cost for reimbursement, as necessary, and develop a full report for critique
- Have Department Heads restock supplies, as needed.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Loss of Sewer/Waste System Procedure
Emergency Utility Shut-Off Locations
Emergency Contractor/Vendor List

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRE WATCH NOTE: Refer to Loss of Fire Protection System Procedure

Fire Watch Procedures

A fire watch will be implemented in the event the fire alarm system and/or the sprinkler system is out of service (OOS) for an extended period of time including:

- Fire Alarm System – OOS for 4 or more hours (NFPA 101, 2012 Edition)
- Fire Sprinkler System – OOS for 10 or more hours (NFPA 25, 2011 Edition)

It may also be implemented if requested by the Authority Having Jurisdiction.

In the event a fire watch becomes necessary, the following procedures will be implemented:

- The fire watch will be conducted by an individual specifically assigned for the purpose of the fire watch. The individual shall not have other facility responsibilities. Individuals assigned to perform a fire watch shall be looking for the signs of fire and or smoke. In addition, they shall monitor the facility in an attempt to mitigate the potential for a fire to occur by looking for:
 - Electric overloads
 - Overheated electrical equipment
 - Burners left on where stove tops are present
 - Dryer lint buildup in the laundry area
 - Smoking violations
 - Any other possible fire hazards
- If a fire is discovered when the fire alarm system is out of service, staff in the fire area will be responsible to make a page and/or radio announcement of the fire's location in place of activating the fire alarm.

NOTE: See attached checklist for fire watch.

- The local fire department shall be notified that a fire watch has been established along with The New York State Department of Health.
- The facility will also notify the following when a fire watch has been initiated:
 - Applicable facility leadership (i.e. Maintenance, Administrator, etc.)
 - Insurance carrier (if required by the carrier)
 - Notify State Health Department or other regulatory agency, as necessary

FIRE WATCH FREQUENCY

A fire watch tour of the entire building shall occur and be logged every hour unless otherwise required by the Authority Having Jurisdiction.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CANCELLATION OF THE FIRE WATCH

The fire watch may conclude when the projected correction period changes or when the system is restored to normal operation. The facility shall notify the local fire authorities.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

MISSING RESIDENT CODE: DR. SEARCH

OVERVIEW

This procedure is intended to address resident elopement. With more and more memory care units and services, the potential for elopement continues to increase.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Upon discovery of a missing resident:
 - Alert all staff on the unit
 - Conduct a quick but thorough search of the unit and logical places where the resident may have gone.
- If a resident cannot be located, the Nurse in charge of the area shall be responsible for notifying the Administrator and page overhead “Code Dr. Search”. This will alert all staff that a resident is missing. Immediate attempts shall be made to determine where the resident was last seen and what the resident was wearing. This information should be indicated on the “**INFORMATION ON MISSING RESIDENT**” form and given to the Command Center.
- Upon hearing a “CODE Dr. Search”, do the following:
 - The search of each area will be done by staff normally assigned to that area.
 - If Building Lockdown is ordered, observe exit and stairwell doors in your assigned work area.
 - Staff searching within the building should visually identify residents in each room. Staff should also be certain to check rooms thoroughly, including “empty” beds, bathrooms, closets and behind/under beds.
 - Once an assigned area has been searched, the results should be reported to the Charge Nurse/Department Supervisor. As the search of a department/unit is completed, this should be relayed to the Command Center, if activated.
 - Staff assigned to search outside should check areas behind shrubbery, bus stops, parked cars, etc. Staff searching at night should carry a flashlight and a means of communicating with the Command Center (radio, cell phone, etc.). During cold weather, staff should also carry a blanket for the resident. A picture of the missing resident should be provided to search teams, if available.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- As necessary, activate Command Center and assign staff to positions to manage the incident.
- If the situation warrants, order a Building Lockdown and notify the Police Department.
NOTE: Factors such as the resident’s condition and past history, time of day, weather conditions, etc. should be taken into consideration when deciding when to notify outside authorities. However, 30 minutes should be considered the maximum length of time allowed to elapse from the time that the resident was determined missing to the time the outside authorities are notified.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Document in the resident's chart resident status, notifications and actions of the staff, as well as any other additional comments.
- Determine need to report situation to DOH or other regulatory agency.
- Consider the following:
 - Have an overhead page made for the resident in question to return to a specific location.
 - Ensure that all areas within the building that might be accessible to the resident are being searched.
 - If not already done, assign several staff or Maintenance to conduct an outside search of the grounds and neighboring properties.
 - Maintain a checklist of areas assigned and results reported from each area.
 - Provide staff with a description of the missing resident and give them the information obtained from the "**INFORMATION ON MISSING RESIDENT**" form, along with a picture of the resident, as necessary. Consider making copies of the resident's picture.

SECURITY / STAFF ASSIGNED SECURITY ROLES

- Review door alarm activations and recorded video images to try and determine if resident left building. Inform Command Center of results.
- Review visitor sign-in logs to determine if family members or others visited the missing resident prior to resident being declared missing.

NURSING UNIT WHERE RESIDENT WAS LAST SEEN

- Staff will conduct a rapid but thorough search of the unit.
- Simultaneously, the **unit nurse** will obtain a description of the resident's physical appearance and clothing the resident was last seen wearing. Information that should be conveyed includes:
 - Age
 - Gender
 - Physical appearance
 - Clothing last seen wearing or clothing missing the resident may be wearing
 - Home address
 - Likely places the resident may be going
 - Is resident a smoker?
 - In the case of Dementia / Alzheimer's resident, might they be disoriented, suicidal, homicidal or gravely disabled?
 - Does the resident have an immediate medical risk?
 - If there is an accomplice or not
 - If there is an accomplice, any information regarding their appearance
 - Approximate last time resident was seen

This information is to be recorded on the Missing Resident form.
- A **room check** will be done to determine what personal effects the resident may have taken. Check for a suicide note or any other note left by the resident.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

IF RESIDENT IS NOT LOCATED AFTER SEARCH OF BUILDING AND IMMEDIATE OUTSIDE AREA:

- Notify the Police Department (911). Provide them with a description of the missing resident.
- Person in charge or Administration to notify family/responsible party.
- If it becomes necessary to call outside authorities, DOH should also be notified.

UPON RETURN OF THE MISSING RESIDENT:

NURSING

- Examine resident for injuries.
- Contact the attending physician and report findings and condition of resident.
- Contact the resident's legal representative.
- Notify search teams that the resident has been located.
- Complete an incident report.
- Make appropriate entries into the medical record.

RETURN TO NORMAL OPERATIONS / RECOVERY

- Announce "All Clear, Code Dr. Search" using the overhead page system.
- Develop a full report and ensure appropriate documentation in resident chart.
- Close down Incident Command.
- Critique reports and make necessary updates to the plan.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

MISSING RESIDENT INFORMATION

Resident's Name: _____ Today's Date: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Hair Color/Style: _____ Ethnicity: _____

Clothing resident was last seen wearing: _____

Last seen:

Time: _____

Where: _____

By Whom: _____

Mental status: _____

ATTACH PHOTO

Ability to communicate: _____

Ambulatory status: _____

Eye Glasses: ___ No ___ Yes If yes, was resident wearing them? _____

Hearing Aid(s): ___ No ___ Yes If yes, was resident wearing it? _____

Immediate Health Risks: _____

Possible Accomplice?: _____

Next of kin and relationship: _____

Address: _____ Telephone # _____

Resident's Last Address: _____

Has resident done this before? _____ If yes, when? _____

Where was she/he found? _____

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

MISSING RESIDENT CHECKLIST

Resident Name: _____

Floor/Unit: _____

Date/Time: _____

Place a checkmark (✓) next to each area that has been searched.

Checked (✓)	Location	Checked by:
	All Stairwells	
	Lobby	
	Rehab Gym	
	Beauty Shop	
	Front entrance and front parking area	
	Other Internal Areas assigned:	
	External Areas Assigned:	

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NATURAL GAS ODOR / LEAK

OVERVIEW

Gas fuel leaks can create a dangerous and even explosive environment.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- If you smell gas:
 - Move people out of the area and have someone notify Maintenance or your Supervisor ASAP. If Maintenance is not available, contact 911.
- Eliminate all sources of potential ignition in the area of the odor.
 - Extinguish all open flames.
 - Extinguish all pilot lights (i.e. hot water tanks, kitchen cooking equipment) by shutting off gas supply to the appliance.
 - Turn off laundry dryers.
 - Shut off all electrically operated motors.
 - Check with Maintenance to eliminate other potential sources.
- Do not use the elevator.
- Do not activate the fire alarm unless an actual fire occurs.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Activate the Command Center by notifying the Section Chiefs and Command Center personnel.
- If the situation warrants, order a Building Lockdown to prevent unauthorized entry.
- Ensure the Fire Department and Gas Company have been notified.
- Prohibit indoor and outdoor smoking via page announcement.
- Have Department Heads in affected area account for staff and residents and report results to the Command Center.
- Determine need to report situation to DOH or other regulatory agency.

MAINTENANCE

- Carefully investigate the source of the odor. Do not turn lights on or off. If unsure of the source of the odor, or a leak is found, notify 911 and the Gas Company.
- Turn off air handling units that bring in outside air.
- If safe to do so, turn off gas supply to the area. See “Emergency Utility Shut-off Locations.”
- Ensure open flames (i.e. pilot lights) have been extinguished by staff in applicable areas.

NURSING

- If gas leak is found in your area, evacuate residents out of the area.
- Closely monitor any residents and staff who have been exposed to the fumes.
- Administer immediate medical attention to anyone exposed to the vapors by bringing exposed individuals to an area of fresh air.
- Document the incident. Complete all paperwork.
- Notify responsible party/family of resident, as necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY

Once the source of the natural gas odor / leak has been eliminated:

- Have Maintenance ensure all hazardous materials are cleaned up.
- Have Maintenance verify necessary repairs.
- Get clearance from Public Health Authorities, as applicable.
- Assess staff and department operations.
- Determine status of facility.
- Have Public Information Officer communicate with the public regarding the fact that the facility is open for business, as necessary.
- Have Department Heads restock supplies, as needed.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

SECURITY SITUATION CODE VIOLET

OVERVIEW

A myriad of situations can require assistance and a security presence. This procedure addresses a generic response for security assistance.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- In the event of an act of violence, immediately call a “CODE Violet”, and request for Maintenance to respond. **Call the switchboard by dialing 0** and announce a “CODE Violet, and Location.”
- UPON HEARING CODE “CODE Violet”, **DO NOT** GO TO THE AREA SPECIFIED IN “CODE Violet.”

ADMINISTRATOR / INCIDENT COMMANDER

- Assess impact on facility operations and resident care. Develop an action plan and determine need to activate Incident Command to manage the incident.
- Decide on course of action to be taken pending arrival of Police.

SWITCHBOARD

- Notify Security / Maintenance via Radio.
- Initiate “CODE Violet” announcement three (3) times and announce location.
- Contact the Person in Charge of Facility at the time.
- Notify Police via 911, upon direction of CFO, COO (Administrator), Security / Maintenance in charge.

SECURITY/MAINTENANCE

- Gather and report information to responding authorities.
- Assess the situation.
- Attempts to take control until Administration or Police arrive.
- Upon arrival of law enforcement, Security / Maintenance should provide logistical and manpower support.
- Place staff at strategic safe points to guide unauthorized people away from the danger area.

POST-INCIDENT ACTIONS

- Notify the Police—if they have not already been called.
- Notify the Administration or Person in Charge if not already called.
- If a crime scene, secure it:
 - Do not contaminate any area where suspects were.
 - Isolate and protect the scene and evidence.
 - Do not allow witnesses to leave before Police arrive.
 - Do not allow witnesses to “compare notes.”
- Nursing and other designated staff shall assess, treat and calm persons involved in the incident.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- All persons actually involved in the incident should remain available to talk to the Police upon their arrival.
- DO NOT ALTER THE SCENE OR TRY TO INVESTIGATE the crime or incident. The Police will advise you of the actions/procedures to follow.
- Document everything while it is still fresh in your mind. (Administration, Police, facility legal counsel, etc. may need this information as soon as possible for the follow-up/on-going investigation.)

RETURN TO NORMAL OPERATIONS / RECOVERY

Once the security threat has been eliminated and order restored:

- Assess staff and department response to the incident and develop a full report for critique.
- Post-incident stress debriefing should be made available to those involved in the incident.
- Close down Incident Command.
- Critique reports and make necessary updates.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

SNOW EMERGENCY / ICE STORM

OVERVIEW

Snow storms and ice storm can have a significant effect on the ability to maintain normal operations. Staff, families and vendors may all be limited in their ability to access the facility for a period of time.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Employees are to stay on duty until released by Administrator or Person in Charge.
- Staff members may be asked to perform a variety of functions.
- Sleeping schedule will be set up by Nursing Administration or respective Department Supervisor. He/she will receive information regarding availability of sleeping accommodations. See Disaster Staffing / Sheltering / Credentialing procedure.
- If there is advanced warning, and if applicable, assess supplies and order enough to last through expected weather conditions.
- Due to possible delayed Fire Department response, staff may be asked to perform a fire watch while making rounds in areas which are not staffed 24-hours a day, looking for situations such as:
 - Electrical overloads
 - Burners left on in nourishment rooms
 - Dryer lint build-up in Laundry Room
 - Smoking violations
- See Loss of Fire Protection Systems for Fire Watch procedure and checklist.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Assess impact on facility operations and resident care. Develop an action plan and determine need to activate Incident Command to manage the incident.
- Consider transportation for staff.
- Work with Director of Nursing and/or Medical Director to determine level of service and rescheduling necessities.

MAINTENANCE

- Keep exits and sidewalks free from snow and ice accumulation. Ensure that all exit doors open freely.
- Keep fire hydrants, fire department hose connections, and emergency access roads free from snow and ice accumulation.
- Review transportation of staff with Incident Commander.
- If amount of snowfall is unusual for your area, monitor the amount of snow and ice on the roof to prevent accumulations from reaching unsafe levels.
- If evacuating the building in freezing or low temperatures and there is a loss of the heating system, see Loss of Heat procedures.
- If safe to do so, periodically inspect trees and branches close to the building(s) and/or vital equipment to ensure that they are free from snow/ice accumulation. If ice accumulation

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

becomes severe on branches which are close to the building, consider relocating residents and staff to another area.

NURSING

- Contact Medical Director and request approval to initiate “drug holidays,” as appropriate. If there is advanced warning of severe weather conditions, and time allows, check supply of residents’ medications. If there is not enough to last through the expected weather condition, order enough to last through the situation, plus one extra day. Doctors’ orders may be needed for this.
- Resident meal times should be as close to normal as possible. Coordinate with Food Services regarding modification of menu if deliveries will not be possible.
- Determine work schedule for staff working consecutive multiple shifts.

DINING SERVICES

- If there is advanced warning, check supplies and order enough to last through expected weather conditions.
- Establish a place for feeding staff and visitors if shift change will not be possible.
- If necessary due to limited staffing, implement the Emergency Non-Cooking Menu.
- Resident mealtimes should be as close to normal as possible. Coordinate modification of menus with Nursing if deliveries will not be possible.

HOUSEKEEPING / LAUNDRY

- If there is advanced warning, check supplies and order enough to last through expected weather conditions.
- Check linen supply. Arrange linen change schedule for residents and staff, as necessary. Modify if linen deliveries / pick-ups are not possible.
- Survey building for staff sleeping areas, if necessary. Advise Department Supervisor or Command Center as areas are set aside for staff sleeping.
- Provide linens, etc. necessary to accommodate staff sleeping arrangements.
- Set up work schedule for staff working consecutive multiple shifts.

RETURN TO NORMAL OPERATIONS / RECOVERY

Once the snow/ice storm subsides and situations return to normal:

- Have Maintenance determine the need for any necessary repairs.
- Assess staff and department operations and the overall status of facility.
- Collect cost for reimbursement, as necessary, and develop a full report for critique.
- Have Department Heads restock supplies, as needed.
- Close down Incident Command.
- Critique reports and make necessary updates.

NOTE: If disaster results in any major operational building or utility damage, see Disaster Recovery Plan.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ADDITIONAL REFERENCES:

- Loss of Heating System Procedure
- Loss of Water Service Procedure
- Loss of Telephone / Internal Communications Procedure
- Loss of Electric Service Procedure
- Loss of Sewer/Waste System Procedures

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

TORNADO / HIGH WINDS

OVERVIEW

The National Weather Service may issue a Tornado Watch or Warning or a High Wind Warning. High Wind Warning is announced when winds are 86 mph or greater. When this happens, follow Tornado Warning procedures.

TORNADO WATCH

If a TORNADO WATCH is received, this would be an indication that there is a possibility that a tornado **may** strike, and the **facility may have several hours to prepare**.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- All departments should prepare emergency supplies for possible use (i.e. linens, food, emergency water and food supplies, medical and first aid supplies, flashlights).
- Identify safe areas (inside hallways and windowless rooms) within the building where staff and residents should be brought, if time allows.
- Turn off all electrical, gas and water appliances not considered essential for resident care and treatment. Leave lights on.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Assess potential impact on facility operations and resident care. Develop an action plan and determine need to activate Incident Command to manage the incident.
- Weather websites, a weather radio, or local radio and/or television stations should be monitored for condition updates.
- Direct a page announcement to be made to alert staff of a “watch” condition and to follow procedures. Keep staff updated on conditions.
- Call in staff as needed for the disaster.
- Initiate evacuation if directed to by local authorities. See Section D - Full Building Evacuation Plan.
- With Nursing and Medical Director, review resident services, based on the potential for facility damage or loss of utilities.

MAINTENANCE / HOUSEKEEPING

- Check outdoors for any objects (such as lawn chairs and tables, etc.) which may act as missiles if blown about by high winds. Secure objects, as practical.
- Tape or board-up any large windows, as necessary.
- Isolate or remove any chemicals that can react violently with each other (refer to Safety Data Sheet).
- Remove canopies, if safe and time permits.
- Remove antennas and satellite dishes.
- Ensure outdoor signs are properly braced.
- Ensure all roof flashing is secured, if safe and time permits.
- **Prepare** to shut down utilities and assess battery lighting.
- “Top off” generator fuel, if possible, once notified of a watch.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Ensure all exterior doors and windows are latched.
- Brace large doors at shipping and receiving docks.
- Ensure roof and outdoor drains are free from debris in order to handle heavy rains.
- Have staff remain on duty until relieved.

NURSING

- Bring in residents and staff from outside.
- Close all cubicle curtains, windows, window curtains, and blinds to provide a barrier between windows and the residents. Remove items from window ledges and pictures from walls. Remove any other items that may be blown around. Secure items in closet.
- Put bed in low position.
- Fill tubs and sinks with water.
- Monitor weather radio or local radio for changing conditions.
- Have staff remain on duty until relieved.

TORNADO WARNING

An issued TORNADO WARNING means a tornado(s) is in the area specified and immediate staff actions should be taken.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- All staff will help with moving residents to an inside windowless room of the interior hallway. Follow direction of Nursing staff in moving residents.
- Reassure residents.

CEO, COO (ADMINISTRATOR) / INCIDENT COMMANDER

- Activate Incident Command if not already done.
- Direct a page announcement to be made alerting staff of disaster situation. Staff should initiate life safety actions.
- Ensure all other guidelines of this procedure are carried out. Monitor official National Weather Service / Local Office of Emergency Management for guidance.
- Call for Department Rapid Assessment Form from all Departments as time allows.
- Determine resident services that can be offered.
- Start repairs as soon as possible.
- Address staff housing and influx of other people, as necessary.

MAINTENANCE

- Shut down utilities, as necessary. This may include generator if situation is dire (i.e. electrical fire).
- Perform an assessment of structural damage for the entire building. Inform Command Center of survey results.

NURSING

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If unable to relocate a resident to a hallway or windowless room (i.e. bariatric):
 - Close blinds.
 - Move resident to inside wall of room, if possible.
 - Cover resident with blanket.
- Move all other residents into hallways or rooms without windows. If residents are sitting in chairs, place a pillow on their laps. For residents who must be in the prone position, slide the resident and mattress to the floor. If moving all residents is not practical, cover them with blankets, pillows, etc. for protection from flying debris.
- Staff should position themselves under sturdy furniture, crouch in a “ball” and cover with blanket, if possible, away from windows and swinging doors. At a minimum, sit on the floor in the hall against the inside wall.
- As winds subside:
 - Perform an immediate assessment of resident and staff injuries.
 - Perform an immediate assessment of structural damage in the area.
 - Move residents away from damaged areas.
 - Inform Command Center of assessment.
- Institute necessary medical attention, as necessary.

RETURN TO NORMAL OPERATIONS / RECOVERY

Once the winds subside and situations return to normal, or tornado watch has been lifted:

- Have Maintenance ensure all hazardous materials and debris is cleaned up, if necessary.
- Have Maintenance verify integrity of building and utilities.
- Have Maintenance work with contractors and vendors on items needed for recovery.
- Instruct all departments to return items and residents which were moved during the disaster, if safe to do so.
- Determine status of facility.
- Collect cost for reimbursement and develop a full report for critique.
- Have Department Heads restock supplies, as needed.
- Close down Incident Command.
- Critique reports and make necessary updates.

NOTE: If disaster results in any major operational building or utility damage, see Recovery Plan.

ADDITIONAL REFERENCES:

- Loss of Heating System Procedure
- Loss of Air Conditioning System / High Heat Procedure
- Loss of Water Service Procedure
- Loss of Cooking Ability Procedure
- Loss of Telephone / Internal Communications Procedure
- Loss of Electric Service Procedure
- Loss of Sewer / Waste System Procedure
- Loss of Natural Gas / Propane Procedure
- Emergency Agency Phone Numbers
- Emergency Contractor/Vendor Phone Numbers
- Emergency Utility Shut-off Locations

EMERGENCY OPERATIONS PLAN

SECTION F:

EMERGENCY RESOURCES AND LISTS

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY RESOURCES AND LISTS

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SECTION F: EMERGENCY RESOURCES AND LISTS

FACILITY INFORMATION DETAIL

General Information:

Facility Name: Andrus on Hudson

Address: 185 Old Broadway, Hastings-on-Hudson, NY 10706

County: Westchester

Fire Department: Hastings-on-Hudson

Average Daily Census:

Patient: 190

Staff: 280

Visitors:

Facility Phone Numbers:

Main Number: (914) 478-3700

Main Fax: (914) 478-3541

Command Center Number: (914) 478-3684

Command Center Fax: (914) 478-3541

Command Center Locations:

Primary: Administrative (John Andrus) Conference Room

Alternate: Main Floor Lounge

Command Center Email: TBD

Local/Regional/State Healthcare Internet-Based System:

- NY State Health Commerce System

Emergency Contacts:

Primary Contact:

Name: James Roseman

Title: Chief Executive Officer

Email:

Work Phone: 914-478-3700

Home Phone:

Cell Phone: 978-621-1552

Cell Phone Carrier:

SECTION F: EMERGENCY RESOURCES AND LISTS

Alternate Cell Phone:
Alternate Cell Phone Carrier:
Numeric Pager:
Text Pager:
Other:

Secondary Contact:

Name: Jon Kole
Title: CEO / Administrator
Email: jkole@andrusonhudson.org
Work Phone: 914-999-5858
Home Phone:
Cell Phone: 914-330-3245
Cell Phone Carrier:
Alternate Cell Phone:
Alternate Cell Phone Carrier:
Numeric Pager:
Text Pager:
Other:

Alternate Contact:

Name: Rich Felipe
Title: Director of Capital Projects
Email: rfelipe@andrusonhudson.org
Work Phone: 914-478-3700
Home Phone:
Cell Phone: 914-255-7576
Cell Phone Carrier:
Alternate Cell Phone:
Alternate Cell Phone Carrier:
Numeric Pager:
Text Pager:
Other:

SECTION F: EMERGENCY RESOURCES AND LISTS

Supply Delivery Location:

Delivery Location Type (e.g.: Loading Dock):

Location Description: Rear of Building

Latitude: 42.252865

Longitude: -73.790962

(Note: Lat & Long are for the town)

SECTION F: EMERGENCY RESOURCES AND LISTS

DISASTER KIT CONTENTS

An Emergency or Disaster Kit is located at each nursing station and at the concierge Desk.

Suggested Contents:

First aid supplies kit (antibiotic ointment, assorted Band-Aids, roller gauze, triangular bandages, splints, etc.)

Disposable gloves, dressing tape, blood pressure cuff and stethoscopes

Surgical or N95 masks, sterile water for irrigation

Flashlight with spare batteries and bulbs

Note pads, pencils and portable pencil sharpener

Permanent markers, scissors, name tag stickers for Volunteers

Red bags, duct tape, safety pins

Battery operated radio with spare batteries

Emergency Operations Plan and Mutual Aid Plan

Head lamps or “snake lights” with extra batteries and bulbs, Fluorescent lumi sticks (glow sticks, 8-12 hour type)

Rolls of heavy plastic and/or plastic tarps, rolls of “caution tape”

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY RESPONSE AGENCY PHONE NUMBERS

SERVICE		PHONE
EMS	(Emergency)	911
	Empress Ambulance (Non-Emergency)	914-965-5040
Fire	(Emergency)	911
	(Non-Emergency)	914-478-1322
Police (Village)		914-478-2344
Local Emergency Operations Center		914-478-1322
Office of Emergency Management	(Regional)	914-231-1850
	(State)	914-495-9300
Red Cross		
State Police	(Non-emergency)	914-524-0200
Westchester County	(Non-emergency)	914-741-4400
Westchester County Corner		914-593-5500
Other:		

EXTERNAL RESPONSE PARTNERS PHONE NUMBERS

SERVICE		PHONE
Building Inspector		914-478-3400 x 645
Center for Disease Control & Prevention Hotline		770-488-7100
Coroner/Medical Examiner		
Department of Health	(State)	
	(County)	914-478-3400
Electric Company	Con Edison White Plains	1-800-752-6633
Fire Marshal		914-478-2707
Gas Company	Con Edison White Plains	1-800-752-6633
Highway Department	(State)	1-866-881-2809
	(Local)	914-478-3400
	(Non-Emergency)	
National Weather Service		631-924-0000
Poison Control Center		1-800-222-1222
Sewer Department		914-478-3400
Telephone Company	Select Telecom	
	914-761-1313	
Water Department		1-866-439-2837
Other: Suez Water		877-266-9101

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY BEDDING MATERIALS

EQUIPMENT	QUANTITY	LOCATION
Mattresses	20	Lower Level Wheelchair Room
Pillows	100	6 th Floor
Beds	15	Lower Level
Blankets	120	Laundry and 6 th Floor
Linens	1 extra day supply	Laundry and 6 th Floor

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY FOOD SUPPLY LIST

EMERGENCY FOOD SUPPLIES ARE LOCATED: Food Service Storage Area

ITEM	QUANTITY STORED
Bottled Water	600.75 Gallons
Assorted Juices	22 Cases

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY TRANSPORT EQUIPMENT TO MOVE RESIDENTS

EQUIPMENT	QUANTITY	LOCATION
Wheelchairs	20	Lower Level Wheelchair Room
Gurneys/Stretchers	2	Mezzanine
Hoyer Lifts	2	Mezzanine
Evacuation Chairs	0	
Canvas Stretchers	0	
Evacuation Sleds	<u>3</u>	Stairwells
Other Items		

SECTION F: EMERGENCY RESOURCES AND LISTS

ELEVATOR KEYS

LOCATION OF KEYS	ELEVATOR # CONTROLLED	WHO HAS 24/7 ACCESS
LL Switch gear room	4	Maintenance

SECTION F: EMERGENCY RESOURCES AND LISTS

TRANSPORTATION RESOURCES - FACILITY-OWNED VEHICLES

Vehicle 1:

Year: 2009

Make: Ford

Model: 250

Vehicle Type (van, bus, truck, car): Pick-up

Fuel Type: Gas

Registration #: 89944JY

Dept. Assigned to: Maintenance

Transportation Type (Residents or Equipment/Supplies): Equipment/Supplies

Seats 3

Wheelchairs NO

Load Capacity (Weight): 9000

Vehicle 2:

Year: 2012

Make: Ford

Model: Escape

Vehicle Type (van, bus, truck, car): SUV

Fuel Type: Gas

Registration #: FWS 8989

Dept. Assigned to: Maintenance

Transportation Type (Residents or Equipment/Supplies): Equipment/Supplies

Seats 5

Wheelchairs NO

Load Capacity (Weight): 3331

SECTION F: EMERGENCY RESOURCES AND LISTS

TRANSPORTATION RESOURCES - FACILITY-OWNED VEHICLES (continued)

EMERGENCY UTILITY SHUT-OFF LOCATIONS

UTILITY	SHUT-OFF LOCATION	METHOD TO SHUT OFF	WHO HAS 24/7 ACCESS TO LOCATION
Water (Domestic) (Fire Protection)	Pump Room LL D Wing	Shut pumps and shut SNY valves	Maintenance
	Fire Pump Room D Wing	Shut pumps and shut SNY valves	Maintenance
Natural Gas	Outside the building A Wing	Wrench	Maintenance/Con Edison
Electric – Main feeds to areas of the building	Switch gear room D Wing	Shut Breakers	Maintenance
Emergency generator	Garage C wing	Switch at generator	Maintenance
Refrigeration (water cooled)	LL C Wing	Circuit Breaker	Maintenance

SECTION F: EMERGENCY RESOURCES AND LISTS

GENERATOR INFORMATION

Generator #1:

Area/Equipment Served (Describe in detail): Boiler, Fire Pump Room, Pump Room, Elevators, Nurse Call Lights, Hallway Outlets, Fire Panel,

Voltage / Amperage / Kilowatts: Volts: 110, Amps: 1312

Primary Fuel Type: Diesel

Alternate Fuel Type: None

Fuel Capacity (gallons, etc.): 1,000

Normal Runtime:

Contingency / Reduced Load Runtime:

Facility equipped with a Quick Connection: No

Location of Quick Connection: N/A

Length (feet) of cable needed to connect a portable generator: 40

Location to park portable generator (hard surface): Yes

Operate in parallel with other Generators? N/A

Generator #2: N/A

Area/Equipment Served (Describe in detail):

Voltage / Amperage / Kilowatts:

Primary Fuel Type:

Alternate Fuel Type:

Fuel Capacity (gallons, etc.):

Normal Runtime:

SECTION F: EMERGENCY RESOURCES AND LISTS

Contingency / Reduced Load Runtime:

Facility equipped with a Quick Connection:

Location of Quick Connection

Length (feet) of cable needed to connect a portable generator:

Location to park portable generator (hard surface):

Operate in parallel with other Generators?

SECTION F: EMERGENCY RESOURCES AND LISTS

VENDOR SOURCES OF FUEL

DIESEL

Vendor name and location: Westchester Heating and Oil
11 Fourth street
New Rochelle, NY 1801

Vendor phone number: Michael (cell) – 914-490-9482
Emergency (24/7) phone number: Office – 914-235-2288

Delivery available 24/7:

Agreement in place: No formal agreement

GASOLINE

Vendor name and location: DAK Enterprises, INC
339 Warburton Ave
Hastings-on-Hudson, NY 10706

Vendor phone number: 914-478-0201
Emergency (24/7) phone number:

Delivery available 24/7:

Agreement in place:

PROPANE

Vendor name and location:

Vendor phone number:
Emergency (24/7) phone number:

Delivery available 24/7:

Agreement in place:

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

HOUSEKEEPING / LINEN SERVICES

Local Sources (within a 90-mile radius of facility)

Vendor/Contractor

Name: Crown Products

Address: 450 Nepperhan Ave Yonkers, NY 10701

Primary Phone #: 914-968-2222

24 Hour Phone #: 917-578-8104 (Howie) Howard Rosenzewig

Service / Product Provided: Chemicals and other products

Vendor/Contractor

Name: Clean Slate

Address: 1420 East Uniden Ave Linden, NJ 07036

Primary Phone #: 908-912-2500

24 Hour Phone #: 732-343-1844 & 973-420-6941 (Bob Benson)

Service / Product Provided: Chemicals for the Laundry Department

Vendor/Contractor

Name: WB Mason

Address: 76 Progress Drive Stamford, CT 06902

Primary Phone #: 888-926-2766 (Christine)

24 Hour Phone #: 203-996-1882 (Edmond Turkson)

Service / Product Provided: Paper goods, supplies, chemicals etc.

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

HOUSEKEEPING / LINEN SERVICES

Backup Sources (outside a 90-mile radius of facility)

Vendor/Contractor

Name: Servco Industries

Address: 77 Tarrytown Road, Suite 1-SE, White Plains, NY 10607

Primary Phone #: 914-604-0676

24 Hour Phone #:

Service / Product Provided: Laundry Equipment Repair

Vendor/Contractor

Name: Standard Textiles

Address: 1 Knollcrest Drive Cincinnati, OH 45236

Primary Phone #: 800-999-0400 (Abby Berding) ext. 2389

24 Hour Phone #:

Service / Product Provided: Linen, bed pads and towels

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

FOOD SERVICES DEPARTMENT

Local Sources (within a 90-mile radius of facility)

Vendor/Contractor

Name: US Foods

Address: 1051 Amboy Ave Perth Amboy, NJ 08861

Primary Phone #: 800-222-1278

24 Hour Phone #: 917-312-1121 – Christine Quaglietta – Acct. Exec.

Service / Product Provided: Water supply

Vendor/Contractor

Name: Troncillito Bros

Address: 33 Miki Lane Marlboro, NY 12542

Primary Phone #: 845-236-4616

24 Hour Phone #:

Service / Product Provided:

Vendor/Contractor

Name: Wagner G. Construction (Wagner Godinho)

Address: 12 Peekskill Hollow Tpke, Putnam Valley, NY 10579

Primary Phone #:

24 Hour Phone #: 914-879-6727

Service / Product Provided: General Construction

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

FOOD SERVICES DEPARTMENT

Backup Sources (outside a 90-mile radius of facility)

Vendor/Contractor

Name: Jennings Co., Inc. (Mark Jennings)

Address: 480 Mamaroneck Ave, Harrison, NY 10528

Primary Phone #: 914-381-5300 x 102

24 Hour Phone #: 914-424-4719

Service / Product Provided: General Construction

Vendor/Contractor

Name:

Address:

Primary Phone #:

24 Hour Phone #:

Service / Product Provided:

Vendor/Contractor

Name:

Address:

Primary Phone #:

24 Hour Phone #:

Service / Product Provided:

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

TRANSPORTATION RESOURCES

FOR TRANSPORTATION OF RESIDENTS

Vendor/Contractor

Name: Senior Care EMS

Address: 700 Havemeyer Ave Bronx, NY 10473

Primary Phone #: 718-430-9700

24 Hour Phone #:

Transportation Service Provided:
(ALS/BLS Ambulance, Wheelchair, Bus, etc.)

Vendor/Contractor

Name:

Address:

Primary Phone #:

24 Hour Phone #:

Transportation Service Provided:
(ALS/BLS Ambulance, Wheelchair, Bus, etc.)

Vendor/Contractor

Name:

Address:

Primary Phone #:

24 Hour Phone #:

Transportation Service Provided:
(ALS/BLS Ambulance, Wheelchair, Bus, etc.)

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

MAINTENANCE DEPARTMENT

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Boiler Repair	Borrelli Mechanical	Office – 914-495-3030 Cell – 914-490-9339
Building Contractor		
Call-Light System Repair	Raintech (Todd Russell)	860-469-8122 800-400-7246
Electrical Contractor	Switch Electric (John Whelan)	914-271-8821 Cell – 914-403-4153
Elevator Company	United Elevator (Peter Pepaj)	718-489-2900 Cell – 917-559-4975
Environmental Waste		
(non-hazardous)	CRP Sanitation (RJ Carbone)	914-592-4129 Cell 914-760-5534
(hazardous)	Approved Waste Solutions (Charles Dippolito)	914-664-4791 914-652-4726
Fire Alarm Monitoring Service	Open System Metro Statewide Fire	914-494-6798
Fire Alarm Service	Open System Metro (John Cobb)	914-241-0057 800-436-9755 cell 914-241-4216
Fire Sprinkler Service	W&M Sprinkler (Tim Paul)	914-741-2222 Cell 845-661-1702
Generator		
(Service)	Weld Power Generator	800-288-6016
(Rental)		
(Fuel)	Westchester Heating Oil (Mike)	914-235-2288 Cell 914-490-9482
HVAC Contractor	A Borrelli (Al Borrelli)	914-495-3030 Cell 914-490-9339

SECTION F: EMERGENCY RESOURCES AND LISTS

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADDRESS	PHONE NUMBERS - Primary - 24 HR
Ice Machine Repair	Boyd Steam, Gas and Electric	516-808-6130
Internal Telephone System		
Kitchen Appliance Repair		
(Major)	Boyd Steam, Gas and Electric	516-808-6130
(Small)	Boyd Steam, Gas and Electric	516-808-6130
Laundry Equipment Repairs	H&K Laundry	914-273-5757
Locksmith	Dale Security	914-973-6945
Plumbing Contractor	Archer Plumbing (Steve)	919-713-3040 Cell 914-374-3242
Toilet Rental (portable)	Royal Flush	800-234-6545
Other Tree Care	Potanovic & Sons (Bob)	914-969-6943 Cell 914-490-7450

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

MAINTENANCE DEPARTMENT

RESTORATION COMPANIES (MOLD, BUILDING, ETC.)

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Dehumidification / Drying	Dura Clean	914-294-2700
Mold / Mildew or other toxins	Dura Clean	914-294-2700
Cleaning & Corrosion control	Dura Clean	914-294-2700
Smoke & Odor Elimination	Dura Clean	914-294-2700
Air Duct Cleaning	Dura Clean	914-294-2700
Vital Document & Record Restoration	Iron Mountain	866-604-1069

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

MAINTENANCE DEPARTMENT

RESTORATION COMPANIES (MOLD, BUILDING, ETC.)

Backup Sources (outside a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Dehumidification / Drying	New York Insulation	718-326-0125
Mold / Mildew or other toxins	New York Insulation	718-326-0125
Cleaning & Corrosion control	New York Insulation	718-326-0125
Smoke & Odor Elimination	New York Insulation	718-326-0125
Air Duct Cleaning	New York Insulation	718-326-0125
Vital Document & Record Restoration	Iron Mountain	866-604-1069

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

NURSING DEPARTMENT

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS -
Enteral Feeding Supplies	MBS	718-624-3144 EXT 105
Medical Supplies	Medline	1-800-MEDLINE (1-800-633-5463)
Nursing Contract Agency	Aequor	212-324-0049

Backup Sources (outside a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Enteral Feeding Supplies	MBS	718-624-3144 EXT 105
Medical Supplies	Medline	1-800-MEDLINE (1-800-633-5463)
Nursing Contract Agency	Green Key	212-584-6444

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

PHARMACY

(Supplies and Drugs)

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR/CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Pharmacy	L.I. Script	(631) 321-3850

Backup Sources (outside a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR/CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
N/A		

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

RESPIRATORY THERAPY

(Supplies and Drugs)

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Oxygen cylinders & regulators	O2 Safe Solutions	800-847-0745
Portable suction	O2 Safe Solutions	800-847-0745
Ventilators	N/A	

Backup Sources (outside a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS - Primary - 24 HR
Oxygen cylinders & regulators	O2 Safe Solutions	800-847-0745
Portable suction	O2 Safe Solutions	800-847-0745
Ventilators	N/A	

EMERGENCY OPERATIONS PLAN

SECTION G:

DISASTER RECOVERY PLAN

DISASTER RECOVERY PLAN

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SECTION G: DISASTER RECOVERY PLAN

RECOVERY PLAN OVERVIEW

The three stages of Disaster Recovery contained with the Emergency Operations Plan include:

- **Immediate Recovery:** Comprised of the internal actions taken until external services can reach the facility.
- **Long Term Temporary Recovery:** Considered to be the actions and equipment that allow the facility to operate at some level until operations return to pre-disaster conditions.
- **Full Recovery:** The return of the facility to its pre-disaster conditions.

Generalized actions for the Recovery Plan reside in each disaster-specific procedure. The Recovery Plan is supported by the Emergency Resources and Lists found in Section F.

The facility Command Center will manage the recovery process through the use of the Incident Command System.

Plan of Action:

- Follow guidelines for specific disasters, such as loss of utilities, located in Section E – Emergency Procedures for Specific Events.
- Complete an assessment (*See Department Rapid Assessment*) of your department's operational ability and report the status to the Command Center.

SECTION G: DISASTER RECOVERY PLAN

DAMAGE AND OPERATIONAL ASSESSMENTS (Including Checklists)

Maintenance, with special expertise support (i.e.: Architect and/or Structural Engineering), will evaluate structure and utilities.

Department Heads should assess their own areas and provide a report to the Command Center via the *Department Rapid Assessment Form*.

The following assessment priority should be considered:

- Structural and utility stability
- Life support functions
- Food and liquids
- Infection control ability
- Pharmaceuticals/Medications
- Electronic and Information Systems
- Vital consumable materials
- Staff housing
- Other areas, as time allows

This information will allow the Incident Commander to make a decision to sustain operations within the facility or conduct a full or partial evacuation.

Note: If the facility is severely damaged, residents may have to be relocated / evacuated to allow the facility to recover fully.

SECTION G: DISASTER RECOVERY PLAN

FACILITY SYSTEM STATUS REPORT			
1. Operational Period Date/Time	2. Date Prepared	3. Time Prepared	4. Building Name:
5. SYSTEM STATUS CHECKLIST			
COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)	
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Information Technology System (email/resident records/time card system/intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Paging - Public Address	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Satellite System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, External	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Video-Television-Internet-Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)	
Campus Roadways	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Fire Detection/Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		

SECTION G: DISASTER RECOVERY PLAN

Structural Components (building integrity: columns, beams, walls, ceiling, roof)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
RESIDENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Isolation Rooms (positive/negative air)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Door Lockdown Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Electrical Power-Primary Service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Supplies: Domestic	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Water Supplies: Industrial	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Water Removal Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Natural Gas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

SECTION G: DISASTER RECOVERY PLAN

Electrical Power, Backup Generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Fuel status)
Electrical Power: Life Support Functions	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Elevators/Escalators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Steam Boiler	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sump Pump	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Well Water System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Vacuum (for resident use)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Heater and Circulators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Areas: Internal Command Center	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Areas: Medical Director's Office	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Areas: Staff Housing	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
6. CERTIFYING OFFICER		
7. FACILITY NAME		

SECTION G: DISASTER RECOVERY PLAN

Recovery Checklist

This document is a checklist of potential issues to review after a disaster, to assist facilities in maintaining a safe environment of care.

ISSUE	ACTION ITEMS	YES/NO Initials
Access	1. Safe access and egress is assured to/from buildings for people and supply deliveries.	
	2. Safe access and egress is assured for ambulances.	
<i>Comments:</i>		
Building(s)	1. Building(s), or parts of building(s) in use, have been declared safe for their intended use by appropriate governmental/regulatory agencies for fire; environmental (water and air quality); engineering (Life Safety Code®, structural and electrical integrity, environmental controls, medical gas system); etc., as appropriate, prior to their use.	
	2. Community fire fighting services available.	
	3. Appropriate plan for pest control and/or containment.	
	4. Adequate staff and resources to maintain facilities (buildings and facility equipment) currently in use.	
	5. Adequate environmental control systems in place.	
<i>Comments:</i>		
Communication: Internal	1. Adequate call system enabling residents to summon staff for assistance.	
	2. Functional system in place for internal communication with all areas of the facility.	
	3. Emergency call system functional to summon assistance to a specific area (i.e. cardiac arrest, fire or security emergency).	
	4. Functional fire alarm system for receiving manual (pull station) or automatic (e.g., smoke/heat detectors, waterflow, etc.) inputs and issuing appropriate automatic outputs (visual and audible annunciators, elevator recall, HVAC shutdown, signal to fire department or central station alarm monitoring service, etc.).	
	5. Notification to staff of what is operational, what is not operational, and alternate means of communications in place.	
<i>Comments:</i>		

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ISSUE	ACTION ITEMS	YES/NO Initials
Communication Systems: External	1. Communication system functional to summon outside assistance for police, fire department, and other community resources.	
<i>Comments:</i>		
Food Services	1. Adequate facilities, personnel, and supplies onsite to meet the nutritional needs of residents (and personnel as necessary).	
	2. Adequate equipment and facilities, including refrigeration, for storage of foods and dietary supplies.	
	3. Adequate storage for all prepared food to ensure appropriate temperature and sanitation.	
	4. Food approved for re-use by appropriate governmental agencies if applicable.	
<i>Comments:</i>		
Electrical Systems	1. Vaults <ul style="list-style-type: none"> • Main switches operational. • Utilities transfer switches operational. 	
	2. Distribution Panels <ul style="list-style-type: none"> • Fuses operational. • Breakers operational. 	
	3. Transformers reviewed.	
	4. Emergency generators, backup batteries, and fuel available for any location where residents are incapable of self-preservation, as well as other critical areas. Transfer switches in working order. Sufficient fuel for generators.	
	5. Test equipment for confirming voltage and amperage.	
<i>Comments:</i>		

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ISSUE	ACTION ITEMS	YES/NO Initials
Emergency Preparedness and Management	1. Disaster plan in place for timely evacuation of residents to a safe location for internal and external disasters and plan is adequate to address the safety of residents and/or staff.	
	2. The facility should be enabled to address subsequent emergency situations, indicating the establishment of a functional all hazards command structure and the replenishment of emergency supplies and other equipment.	
	3. Adequate equipment and supplies on site (including oxygen) for planned services.	
	4. Equipment is inspected and cleared for resident use prior to use.	
	5. Mechanism in place for replenishing supplies.	
	6. Ability to maintain resident care equipment that is in use.	
	7. Ability to provide oxygen in a safe manner, indicating the presence of materials such as: compressors/dryers, a piping system, vacuum piping and pumps, controls, and alarms.	
	8. Flashlights and batteries (including radio and ventilator batteries) available.	
<i>Comments:</i>		
Maintenance	1. Cooling Plant <ul style="list-style-type: none"> • Chiller/DX/absorption unit operational. • Pumps operational. • Valves and controls operational. • Cooling towers operational. • Fan coil units operational. 	
	2. Heating Plant <ul style="list-style-type: none"> • Boiler system operational. • Support systems (feedwater pumps, diesel tank, etc.) operational. • Heating system (converters, valves, etc.) operational. • Process steam (sterilizers, general building systems, etc.) operational. • Diesel tank re-filled. Diesel Vendor operational. 	
	3. Distribution System <ul style="list-style-type: none"> • Ductwork, including functional smoke detection / alarm capability and dampers, operational. • Piping operational. • Valves and controls, including functional emergency fan shutdown tied into fire alarm system and emergency smoke purge capability, operational. • Risers operational. • Filtration operational. 	

SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
	<ul style="list-style-type: none"> • Negative pressure (ability to maintain CDC-compliant air exchanges) operational. 	
	4. Treatment Chemicals <ul style="list-style-type: none"> • Water / Boiler treatment 	
<i>Comments:</i>		
Infection Control	1. Procedures in place to prevent, identify, and contain infections and communicable diseases.	
	2. Procedures and mechanisms in place to isolate and prevent contamination from any unused portions of facility.	
	3. Adequate personnel and resources to maintain a sanitary environment.	
	4. Process in place to segregate until discarded previously contaminated supplies, medications, etc., prior to reopening of facility.	
<i>Comments:</i>		
Information Technology / Medical Records	1. Ensure that all usual internal and external systems, backup systems, clinical systems, medical information systems, and resident registration systems are functional, or there is an alternate method for capturing the information.	
	2. System in place to maintain a medical record for each resident served.	
	3. Storage space to ensure security and maintain integrity of medical records (i.e., protection from fire, environmental hazards, unauthorized access).	
	4. System in place to ensure medical records are readily accessible and promptly retrievable when needed.	
<i>Comments:</i>		
Management	1. Resources and capability to deliver services assured by	

SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
	management prior to initiation of services. 2. Management staff onsite to ensure the health and safety of residents and staff. 3. Adequate resources, personnel and supplies onsite to meet the needs of residents for the services offered. 4. Adequate arrangements for care and services of individuals whose condition exceeds the capability of the facility have been established. 5. All initial services and each expansion of services approved by applicable government authorities prior to location being used and initiation of services.	
<i>Comments:</i>		
Morgue	N/A – no morgue	
<i>Comments:</i>		
Personnel	1. Adequate types and numbers of personnel onsite for services. 2. Adequate staffing plan to maintain personnel (e.g., transportation, meals and lodging, laundry, etc.). 3. Any non-facility employed staff comply with State licensure requirements.	
<i>Comments:</i>		
Pharmaceuticals / Medications	1. Adequate facilities, equipment, supplies, and appropriate staff to meet the pharmaceutical needs of residents. 2. Adequate equipment and facilities, including refrigeration for storage of drugs. 3. Remove any unsafe/damaged medications from medication rooms and/or and residents.	
<i>Comments:</i>		

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ISSUE	ACTION ITEMS	YES/NO Initials
Security	1. A system of security in place to ensure the safety of residents, visitors, and staff, including access control, securing sensitive areas, protection of property, processing identification cards, locks, and keys.	
	2. Outside law enforcement personnel conferred with regarding appropriate facility security, if necessary.	
<i>Comments:</i>		
Sterile Procedures Systems, as applicable	1. Systems for sterile procedures (steam, gas, cold) are functional.	
<i>Comments:</i>		
ISSUE	ACTION ITEMS	YES/NO Initials
Vendors	1. Ensure all vendors are operational and supplies are available.	
<i>Comments:</i>		
Waste Management	1. System in place for trash handling (e.g., conveyors, compactors, etc.) and removal (solid and liquid).	
	2. System in place for regulated medical and hazardous waste storage and removal.	
<i>Comments:</i>		
Water Systems	1. Potable water for drinking, bathing, food service, and for all planned resident services.	
	2. Distribution pumps operational.	

SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
	3. Water towers/tanks operational.	
	4. Sewer Systems <ul style="list-style-type: none">• Sanitary• Storm	
	5. Fire suppression (fire pumps, sprinkler risers and lines, standpipes, and waterflow detection/alarm capability) operational.	
<i>Comments:</i>		

SECTION G: DISASTER RECOVERY PLAN

Andrus on Hudson	Form 301 - Department Rapid Assessment Form
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THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

Instructions: Immediately, when **Code D** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)
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1. Staffing Show total staff presently on duty by title/position

Are you staffed at a safe minimal level for the disaster? **Yes / No** If no, do you need to recall staff from home? **Yes / No**

Type of Position	Number Present	Available for the Labor Pool (if needed)

2. Total Unit Resident Census: _____ **3. Total Residents for Discharge to Home:** _____

4. Full Evacuation – Note type of vehicles needed to transport residents to another facility

Enter total number of residents per category to assist in determining transportation requirements

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:
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5. Resource Status Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)

Resource	Quantity On Hand	Available for Deployment	Resource	Quantity On Hand	Available for Deployment
Wheelchairs			Geriatric Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

6. Technology/Utility Systems Status Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)

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

SECTION G: DISASTER RECOVERY PLAN

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)
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7. Operational Status Are you fully operational, limited capability, non-operational (**describe**). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> Non-operational

8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: If additional information is necessary, please send on a separate sheet.

STAFFING: If off-duty staff cannot come in, how long can you operate?

SUPPLIES: List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

- 8 hours: _____
- 12 hours: _____
- 24 hours: _____
- 48 hours: _____
- 72 hours: _____
- 96 hours: _____

OTHER RECOVERY ISSUES: What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

SECTION G: DISASTER RECOVERY PLAN

FULL RECOVERY

Full Recovery: This is the return of the facility and its operations to pre-disaster conditions.

The following information must be completed by applicable regulatory agencies such as local/state health or other noted individuals.

Structure

Structure has been surveyed by the following individuals and has been declared safe to be occupied, or is fully recovered.

	Areas Surveyed	Areas Approved	Signature of Health Department Surveyor
Architect			
Structural Engineer			
General Construction			

SECTION G: DISASTER RECOVERY PLAN

Utilities

Utilities have been returned to normal operation.

	Internal Equipment (Contractors)	Public Utility Company	Signature of Health Department Surveyor
Power			
Gas			
Water			
Communication Systems			
Oxygen System			
HVAC System			
Fire Alarm System			

SECTION G: DISASTER RECOVERY PLAN

Food Services

Food Services have been inventoried and foods and liquids have been found to be adequately stocked and able to return to normal operation:

Areas Surveyed	Areas Approved	Signature of Health Department Surveyor

SECTION G: DISASTER RECOVERY PLAN

Resident Services

Resident Services have been reviewed by the following individuals and have returned to normal operation.

	Areas Surveyed	Areas Approved	Signature of Health Department Surveyor
Pharmaceutical/ Medication Storage			
Clinical Supplies			
General Resident Areas			

SECTION G: DISASTER RECOVERY PLAN

Information Technology

Information Technology has been reviewed by the following individuals and has been approved to return to normal operation.

Systems Reviewed	Approved By

SECTION G: DISASTER RECOVERY PLAN

Staffing

Staffing has been reviewed by the following individuals and has been found adequate to return to normal operation.

	Areas Surveyed	Areas Approved	Signature of Internal Surveyor	Signature of Health Department Surveyor
Nursing				
Support Services				
Office / Clerical Staff				

Service Call Procedure

Thank you for being a loyal Select Telecom customer! Below are instructions to guide you through the process of notifying us of any difficulties you may experience with your telecommunications system. In order to get the ***fastest possible service***, please follow the procedure below to request a service call:

Please include the following information in your service request:

- Name
- Company name
- Address where the system is having difficulties
- Phone number where you can be reached
- Brief description of the problem
- Name of someone on-site to give our Technician access

For non-emergencies –

- Call the Service Department at (914) 761-1313.
 - If you reach us after hours, please leave a message in our general mailbox.

OR

- Email us at service@select-tele.com

For non-emergencies, you can expect to hear back from us **within the next business day** (Monday – Friday, 8 AM to 5 PM).

For emergencies –

- Call the Service Department at (914) 761-1313.
 - If you reach us after hours, please follow the prompts on our Automated Attendant to leave a message in our Emergency Mailbox. This will alert our Service Manager and On-Call Technicians.

For emergencies, you can expect to hear from us **within 2-4 hours** or sooner.

In any case, we will always call you back promptly to make arrangements to service your account. Our goal at Select Telecom is to provide all of our customers with the most prompt, courteous and dependable service available.

Please feel free to contact us at any time if you would like clarification on any of the above procedures.