<Facility Logo>

<Facility Name>

Emergency Operations Plan Template

<Date>

**Table of Contents**

INTRODUCTION4

INSTRUCTIONS FOR USE4

APPROVAL & IMPLEMENTATION5

RECORD OF CHANGES6

ACKNOWLEDGEMENT OF RECIEPT7

RECORD OF DISTRIBUTION8

ACRONYMS9

EMERGENCY OPERATIONS PLAN (EOP)10

PURPOSE10

SCOPE10

CONCEPT OF OPERATIONS (CONOPS)11

STAGES OF INCIDENT RESPONSE11

INCIDENT COMMAND SYSTEM (ICS)12

INCIDENT COMMANDER (IC)13

SAFETY OFFICER13

OPERATIONS CHIEF13

LOGISTICS CHIEF13

FINANCE/ADMIN CHIEF 13

PUBLIC INFORMATION OFFICER (PIO)/LIAISON OFFICER13

ADDITIONAL INCIDENT COMMAND STAFF13

INCIDENT RECOGNITION14

ACTIVATION14

FACILITY PROFILE15

FACILITY SITE MAP17

RESIDENTIAL PROFILE18

STAFF ORGANIZATIONS CHART20

EMERGENCY STAFFING STRATEGIES21

RESOURCE MANAGEMENT21

RELOCATION SITES & ALTERNATE CARE SITES21

RECOVERY22

RETURN23

DEMOBILIZATION24

COORDINATION WITH LOCAL RESPONSE AUTHORITIES24

TRAINING & TESTING25

POLICIES & PROCEDURES26

ACTIVE SHOOTER/ARMED INTRUDER26

BOMB THREAT27

EARTHQUAKE27

EMERGENCY ADMITS29

EVACUATION/RESIDENT STAFF TRACKING31

RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT AND RELOCATION FACILITIES32

PRIMARY EVACUATION ROUTES36

EXTREME WEATHER – HEAT OR COLD37

FIRE EMERGENCY- INTERNAL AND EXTERNAL39

AIR QUALITY INDEX41

VISIBILITY INDEX42

FLOOD43

HAZARDOUS MATERIALS43

INFECTIOUS DISEASE44

LOCK DOWN45

MEDICAL DOCUMENTATION48

MISSING RESIDENT49

POWER OUTAGE50

SHELTER IN PLACE52

SUBSISTENCE NEEDS53

RESOURCE, QUANTITY & LOCATION CHART54

LOSS OF FIRE/LIFE SAFETY SYSTEMS55

INSERT POLICY & PROCEDURE FOR UNIQUE HAZARD56

ATTACHMENTS57

1. BOMB THREAT FORM57
2. EVACUATION FORMS58
3. MEMORANDUMS OF UNDERSTANDING68
4. HAZARD VULNERABILITY ASSESSMENT FORMS69
5. SITE MAP WITH FIRE EXTINGUISHERS75
6. STAFF RECALL SURVEY LOG76
7. FACILITY SYSTEMS STATUS REPORT77
8. LOCAL RESPONSE FORMS84
9. LOSS OF FIRE/LIFE SAFETY SYSTEMS85
10. DISASTER SUPPLY86
    1. VENDOR CONTACT INFORMATION87
    2. MENU’S90
    3. WATER SUPPLY91

FUNCTIONAL ANNEXES95

1. CONTINUITY OF OPERATIONS PLAN (COOP)
2. RECOVERY PLAN

**INTRODUCTION**

The New Mexico Department of Health (NMDOH) is the lead administrative and planning agency for public health initiatives, including public health emergency preparedness. Department of Health (DOH) works with federal, state, regional, and local partners to improve the state’s ability to respond in emergency situations. This Emergency Operations Plan (EOP) was developed for in-patient facilities to ensure emergency preparedness requirements are being met in accordance with Centers for Medicare and Medicaid Services (CMS). This plan is being offered as a base template from which a facility can build a comprehensive EOP.

**INSTRUCTIONS FOR USE**

**This template is incomplete until it is reviewed, filled out, and modified by the user**. Your EOP should be specific and unique to your facility’s needs. There are several areas within this EOP template that require insertion of facility-specific information. In those areas, you will see <Insert Facility Name Here>, where your facility name needs to be placed. While there are some areas that appear complete, they may need customization for your facilities specific needs. Guidance information should be deleted before finalizing your EOP.

**APPROVAL & IMPLEMENTATION**

This EOP describes the management and coordination of DOH resources and personnel during periods of public health emergencies, disasters or events.

This EOP incorporates guidance from CMS and Federal Emergency Management Agency (FEMA). This plan also builds on lessons learned from planned events, disasters, emergencies, trainings and exercises.

This EOP:

* Defines emergency response roles and responsibilities.
* Aligns the basic structures, processes, and protocols of CMS requirements into response plans.
* Provides a basis for unified training and exercises.

This emergency operations plan is hereby approved. This EOP is effective immediately and supersedes all previous editions. The following signatories agree to support the DOH EOP and to carry out their functional responsibilities described in this plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_

Signature Date

**RECORD OF CHANGES**

Change notifications are sent to those on the distribution list.

To annotate changes:

1. Add new pages and destroy obsolete pages.
2. Make minor pen and ink changes as identified by letter.
3. Record changes on this page.
4. File copies of change notifications behind the last page of this EOP.

Table 1- Record of Changes

|  |  |  |  |
| --- | --- | --- | --- |
| **Change Number** | **Date of Change** | **Print Name & Signature** | **Date of Signature** |
|  |  |  |  |
| Description of Change: |  | | |
| **Change Number** | **Date of Change** | **Print Name & Signature** | **Date of Signature** |
|  |  |  |  |
| Description of Change: |  | | |
| **Change Number** | **Date of Change** | **Print Name & Signature** | **Date of Signature** |
|  |  |  |  |
| Description of Change: |  | | |

**ACKNOWLEDGEMENT OF RECIEPT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have received the New Mexico Department of Health All-Hazard EOP, or the changes to the EOP listed below. In the event of any questions, please contact <Insert Person Responsible> for clarification.

Table 2- Acknowledgement of Receipt

|  |  |  |
| --- | --- | --- |
| **Change Number** | **Description of Change** | **Date of Change** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Signature Date

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

Title Email/Phone

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

Department/Agency/Organization

Please return this signed form to:

<Insert Person Responsible>

<Insert Facility Information>

<Insert Facility Address>

<Insert Facility Fax>

**RECORD OF DISTRIBUTION**

A single copy of this EOP is distributed to each person in the positions listed below.

Table 3- Record of Distribution

| **Date Received** | **Agency** | **Title** | **Name** |
| --- | --- | --- | --- |
| **<Facility Name>** | | | |
|  |  | Regional Coalition Chair | (waiting on JH for names) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | DOH/BHEM | Healthcare & Response Coordinator | John Hodges |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ACRONYMS**

|  |  |
| --- | --- |
| AAR | After Action Report |
| ASHE | American Society of Healthcare Engineering |
| AQI | Air Quality Index |
| BHEM | Bureau of Health Emergency Management |
| CDC | Center for Disease control and Prevention |
| CEO | Chief Executive Officer |
| CMS | Centers for Medicare and Medicaid Services |
| CONOPS | Concept of Operations |
| COOP | Continuity of Operations Plan |
| DOH | Department of Health |
| EMS | Emergency Medical Services |
| EOCR | Emergency Operations Center Representative |
| EOP | Emergency Operations Plan |
| ER | Emergency Room |
| FEMA | Federal Emergency Management Agency |
| HVA | Hazard Vulnerability Assessment |
| HIPPA | Health Insurance Portability and Accountability Act |
| IC | Incident Commander |
| ICS | Incident Command System |
| IMT | Incident Management Team |
| MOU | Memorandum of Understanding |
| NFPA | National Fire Prevention Agency |
| NIMS | National Incident Management System |
| NMDOH | New Mexico Department of Health |
| POD | Points of Dispensing |
| PIO | Public Information Officer |
|  |  |

**EMERGENCY OPERATIONS PLAN (EOP)**

This document describes the EOP for <Insert Facility Name Here>. This EOP uses an “all-hazards” approach for emergency planning and response.

**PURPOSE**

The purpose of this plan is to define the actions and roles necessary to provide a coordinated response within <Insert Facility Name Here>.

This plan provides guidance to agencies within <Insert Facility Name Here> with a universal concept of possible emergency situations before, during and after emergencies.

<Insert Facilities Mission Statement Here>

**SCOPE**

The scope of this plan applies to inpatient treatment facilities contained within the State of New Mexico. These facilities include, but are not limited to: Home Health, Hospice, and Long-term Care. Please refer to facilities mission statement.

**CONCEPT OF OPERATIONS (CONOPS)**

This CONOPS is created to express the needs and goals to communicate successfully. In the event of an emergency <Insert Facility Name Here> is to meet the response objectives, to do so excellent communication is the main key between management and staff. This EOP should be reviewed and integrated into preparedness exercises during non-emergency operations. Training and exercise allows this plan to be tested and modified when applicable. It is important to keep essential documentation up-to-date, such as: distribution lists, staff preparedness and training, emergency communication, and so forth.

**STAGES OF INCIDENT RESPONSE**

The incident response is a six-step plan. The steps include:

1. **Preparation:** Be prepared, make sure you have a trained incident response team.
2. **Identification:** Incidents can be identified numerous ways, but identification also includes investigation. Investigation is done to evaluate the potential emergency source as well as its success and failure.
3. **Containment:** Identification and containment usually come together, if not, containment is quickly to follow identification. The goal of containment is to stop the source from happening.
4. **Eradication:** The goal of eradication is to remove and remediate any damage. This means starting to put things back together, use what you have as backups, and move forward.
5. **Recovery:** Tests the eradication phase and fixes what’s broken. If something is compromised, change or remove it, make everything secure again.
6. **Lessons Learned:** This is the last phase, and the most important to prevent future incidents. In this phase it is important to review the steps that were taken, improve on your incident response, and learn your take-aways so they can be fixed for the future.

**INCIDENT COMMAND SYSTEM (ICS)** Table 4- Incident Command System

|  |
| --- |
| **THE INCIDENT MANAGEMENT TEAM CHART** |
| (Fill in additional positions as appropriate)   |  | | --- | | **INCIDENT COMMANDER** |  |  | | --- | | **LIAISON/PUBLIC INFORMATION OFFICER** |  |  | | --- | | **SAFETY OFFICER** |  |  | | --- | | **MEDICAL DIRECTOR/SPECIALIST** |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **OPERATIONS SECTION CHIEF** | |  | **PLANNING SECTION CHIEF** |  | **LOGISTICS SECTION CHIEF** |  | **FINANCE/ ADMINISTRATION SECTION CHIEF** | | |  | |  |  |  |  |  |  | | |  | **RESIDENT SERVICES BRANCH DIRECTOR** |  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  | **INFRASTRUCTURE BRANCH DIRECTOR** |  |  |  |  |  |  | |

**ICS Continued**

The National Incident Management System (NIMS) provides a systematic, proactive approach to guide departments and agencies at all levels of government to include nongovernmental organizations and private sector to work seamlessly to prevent, protect against, respond, and recover from and mitigate the effects of incidents regardless of cause, size, location or complexity to reduce the loss of life and property and harm to the environment. NIMS defines several important roles in the event of an emergency that include, but not limited to:

**INCIDENT COMMANDER (IC):** Is responsible for all incident activities, including the development of strategies, tactics, ordering, and the release of resources. IC has overall authority and responsibility for conducting incident operations as well as the responsibility for the management of all incident operations sites. It is possible that once Law Enforcement arrives, their will establish their own IC.

**SAFETY OFFICER:** Monitors and evaluated all incident operations for hazardous and unsafe conditions.

**OPERATIONS CHIEF:** Manages all operations and progress related to the incident.

**LOGISTICS CHIEF:** Provides resources and services needed to support the incident.

**FINANCE/ADMIN CHIEF:** Monitors incident-related costs. Provides overall fiscal guidance.

**PUBLIC INFORMATION OFFICER (PIO)/LIAISON OFFICER:** Communicates up-to-date and accurate information to the media, general-public, and key agencies. Is also the point of contact for government representatives, nongovernment, and private entities.

**ADDITIONAL INCIDENT COMMAND STAFF:** Personnel may be called in the event of an emergency to operate the EOC and report to the IC.

**INCIDENT RECOGNITION**

Incident recognition helps to identify the emergency and the quickest way to go about assessing the emergency. This assessment will also allow for related details such as if an activation is necessary. If activation is necessary, the assessment will help determine the earliest possible appropriate response.

**ACTIVATION**

This EOP will be activated if there is an emergency that has the potential to impact the safety and well-being of residents, staff or visitors and/or the ability to disrupt resident care. Activation of <Insert Facility Name Here> will be done by <Insert Name Here> who will act as the IC. The IC has the authority to make staff assignments and initiate specific procedures warranted by the threat or an onset of an emergency. Anyone trained or qualified for the IC can step into this role if necessary. The IC does not have to be the person of most authority in your facility, but the most trained and qualified for the position. The IC will assign additional incident command staff as they see fit.

Table 5- Quick Reference Guide

|  |  |
| --- | --- |
| Name | Contact Number |
| Primary: <Insert Admin On-Call> | <Insert Phone Number> |
| Backup 1: <Insert Backup 1> | <Insert Phone Number> |
| Backup 2: <Insert Backup 2> | <Insert Phone Number> |

Table 6- Facility Profile

|  |  |
| --- | --- |
| **FACILITY PROFILE** | |
| **Facility Name** |  |
| **Facility Address** |  |
| **Facility Location (Cross streets, map coordinates, landmarks)** |  |
| **Facility Telephone #** |  |
| **Facility Fax #** |  |
| **Facility Email** |  |
| **Facility Web Address** |  |
| **Administrator/Phone #** |  |
| **Maintenance Coordinator/Phone #** |  |
| **Insurance Agent/Phone #** |  |
| **Owner/Phone #** |  |
| **Attorney/Phone #** |  |
| **Year Facility Was Built** |  |
| **# of Licensed Beds** |  |
| **Average # of Staff- Days** |  |
| **Average # of Staff- Nights** |  |
| **Emergency Power Generator Type** |  |
| **Emergency Power Generator Fuel** |  |
| **Emergency Communication System** |  |
| **Like-Facility #1 for Residential Evacuation (within 10 miles)/Phone #** |  |
| **Like-Facility #2 for Residential Evacuation (within 10 miles)/Phone #** |  |
| **Like-Facility for Residential Evacuation (within 25 miles)/Phone #** |  |
| **Like-Facility for Residential Evacuation (within 25 miles)/Phone #** |  |
| **Other Emergency Contacts:**  **Durable Medical Equipment**  **Oxygen Supplier** |  |

**FACILITY SITE MAP WITH EMERGENCY SHUT-OFF LOCATIONS**

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

**RESIDENTIAL PROFILE**

All residents are at risk during an emergency, each resident is unique due to their health needs. This residential profile will help identify the common services provided by <Insert Facility Name Here>.

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

Average daily census: (enter a range) \_\_\_\_.

Table 7- Resident Profile

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

**RESIDENT PROFILE** (continued)

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

**STAFF ORGANIZATIONS CHART**

<Insert Organization Chart of Staff Assignments >

**EMERGENCY STAFFING STRATEGIES**

It is the policy of <Insert Facility Name Here> to ensure adequate staffing during emergencies. Employees are expected to report to their work site and provide services related to emergency response and recovery operations, in addition to their normal assigned duties. The designated reporting locations for staff and volunteers will be the <Insert Reporting Locations>. The <Insert Position Title> will delegate assignments based on communication with the Facility Command Center. Medical services will proceed uninterrupted, and medical needs generated by the incident will be addressed.

**RESOURCE MANAGEMENT**

To maintain safe and effective care, resource management is critical to maintain. Emergencies can easily disrupt resources. Knowing your supply and subsistence needs helps manage resources when it comes to emergencies. Know your facilities policies and procedures for subsistence needs to be better prepared in resource management. According to the National Fire Prevention Agency (NFPA) it is required to have a 96-hour supply of resources.[[1]](#footnote-1)

**RELOCATION SITES & ALTERNATE CARE SITES**

Should an alternative site become necessary arrangements should be made with another facility. These arrangements should also address the receipt of residents to ensure the relocating facility is able to continue their operations.

<Insert Alternate Business Functions Location>

If desired alternate care facility is not available, it may be applicable to develop nontraditional options. These options may include: working from home, telecommuting, or mobile office concepts. While these may not work for inpatient facilities there may be some staff that can do these non-traditional working environments temporarily.

**RECOVERY**

To ensure that this facility can respond to a disaster while minimizing the effect on business operations is the main goal of recovery. Recovery planning starts immediately after an emergency occurs. Every emergency is different, and the recovery process may look different in each unique situation.

Employee training is first and foremost when it comes to recovery. Staff should know their roles and responsibilities. They should know about threats, hazards, and protective actions. Staff should also be familiar with emergency response procedures and be able to warn, notify, and communicate these procedures. Staff members should know what to do in the event of an evacuation, shelter in place, emergency shutdowns, and common locations used when needed.

Again, recovery starts from the beginning and works its way through the emergency. The steps to recovery include:

* Report the incident to applicable agencies
* Assess residents, staff and visitors and identify any medical needs
* Offer treatment for residents, staff, and visitors after assessing their medical needs
* Assess all residents for transfer
* Notify families, staff, and other appropriate entities
* Coordinate return of residents with local authorities and vendors
* Resume normal operations
  + Unlock doors, exits and windows
  + Put furniture back
* Continue to assess residents for adverse impacts
* Coordinate with law enforcement and other emergency response authorities for follow-up actions
* Work with insurance companies, funding agencies, local, state and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.
  + Arrange for inspections from local and state authorities
  + Resupply as needed to ensure facility is resident ready
    - Discard all food and other supplies that may have been damages or expires during the incident
  + Obtain repairs and/or cleaning of facility as needed
* Complete all repairs/resupply and restoration activities
* Conduct After Action Report (AAR)

**RETURN TO FACILITY**

**AUTHORITY TO CALL FOR RE‐ENTRY**

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

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

**POST EVACUATION RETURN TRANSPORTATION**

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

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

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

The CEO/Chief Administrator or his/her designee is responsible for determining the order in which residents are returned to the facility. Emergency admit tracking forms, or their equivalent will be completed and returned with the resident.

**POST DISASTER PROCEDURES FOR THE FACILITY**

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

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

**DEMOBILIZATION**

Demobilization planning begins well in advance of the need, it involves the release of resources used to respond to an incident. While transitioning into the recovery phase, increasing numbers of resources will be demobilized. The main goal of demobilization and recovery is for this EOP to respond to emergencies with the allowance for a return to normal operations as soon as possible.

**COORDINATION WITH LOCAL RESPONSE AUTHORITIES**

In the event of an emergency, other response agencies will be involved. Establishing a relationship with local response authorities helps establish response roles between <Insert Facility Name Here> and local authorities. It gives a sense a familiarity, so all response partners are prepared in the event of an emergency. In the event of an emergency <Insert Facility Name Here> will contact <Enter Appropriate Response Agency, Local Emergency Manager>. This will ensure coordination within community response partners for resources, awareness, as well and information sharing.

**TRAINING AND TESTING**

CMS requires the in-patient facilities to develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at lease annually. In-patient facilities should also participate in a full-scale exercise that is community-or facility-based; and an additional exercise of the facility’s choice annually.[[2]](#footnote-2)

Training and testing this plan helps ensure the facility staff are aware of emergency response protocols and can effectively implement them in an actual emergency. During the new staff orientation, training shall be conducted on this EOP. All other staff members should go through an annual training to be informed on any updates, or changes to this EOP.

A fire drill should be done every quarter, and a disaster drill should happen every six months to one year. A written report of the drills and exercises should be maintained and modified when necessary. As this EOP was designed for inpatient treatment facilities actual evacuation of residents is optional but may be necessary to ensure safe evacuation or residents in the event of an actual emergency.

<Insert Facility Name Here> should participate in a Table Top Exercise when feasible to document and conduct a facility-based exercise to test specific aspects of this EOP and identify areas of improvement. There will be a formal exercise plan developed by <Insert Facility Name Here> with objectives and scenarios designed to meet the objectives.

This plan should be reviewed bi-annually, or after an incident, exercise, or real-world event and in coordination with CMS requirements.

An After-Action Report (AAR) must be completed following all exercises with identified areas of improvement. Documentation of the exercises include sign-in sheets available for review <Enter Location of Documentation or State Upon Request>.

**POLICIES & PROCEDURES****[[3]](#footnote-3)**

**ACTIVE SHOOTER/ARMED INTRUDER**

**POLICY**

<Insert Facility Name Here> believes it is important for staff, volunteers, and contracted employees to be trained on how to minimize their risk and their residents risk of injury should an active shooter/armed intruder situation arise. Early and immediate recognition of an active shooter/armed intruder event is imperative to increase survivability chances. While this is an unlikely event, situations of this nature have been happening often.

Active Shooter as defined by the US Department of Homeland Security” … is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms and there is no pattern or method to their selection of victims.”[[4]](#footnote-4)

While an active shooter does not have a specific victim and is looking to create mass amounts of casualty, an armed intruder may have a specific targeted victim they are looking for to act out violence on that person.

<Insert Facility Name Here> should treat an active shooter and armed intruder as one in the same. The likely hood of an armed intruder turning into an active shooter situation can happen fast and without warning. <Insert Facility Name Here> should refer to their Lockdown Policy & Procedure or follow the direction of Law Enforcement.

**PROCEDURE**

Active shooter event is emergent in nature, staff should immediately carry out the procedure without the direction of the IC. The first person to be notified of the active shooter threat should initiate the response by announcing information on your internal notifications system and dialing 911 if safe to do so.

* Activate any internal notifications system and announced last known location of shooter/intruder.
* Begin Resident Safety Protocol

**RESIDENT SAFETY PROTOCOL:**

* Evacuate: If opportunity allows move patients/residents to a safe location
* Hide: If unable to evacuate hide patients/residents
* Barricade: If you can hide, barricade your position using locked doors, furniture, etc. to prevent shooter/intruder from entering

**BOMB THREAT**

<Insert Facility Name Here> will act to protect all resident, staff, and visitors from harm. In the event of a Bomb Threat the following actions should be initiated:

**POLICY**

Protect yourself and those in immediate area from harm. Call 911 if appropriate. Assess the situation, gather basic facts. Know the location of incident, number and type of injuries, and document actions taken- if the situation allows. Contact your immediate supervisor, report incident, and await further instructions. If the supervisor is unavailable, activate the IC and EOP. Activate any internal notifications systems, and alert emergency personnel appropriately. Follow the policies and procedures of <Insert Facility Name Here> for documenting actions and incident reporting. (Refer to Appendix A for Bomb Threat Form).

**PROCEDURE**

**IC and Planning Chief:**

* Should cooperate with law enforcement officials and provide any information or evidence when the initial threat is resolved
* Provide law enforcement with a copy of how the threat was made, whether it be by phone or other communication
* Communication plan should be activated, and staff, residents, and families should be briefed

**Operations Chief:**

* Assess residents, staff and visitors for any medical necessities
* Reassurance and psychological first aid should be offered if needed

**EARTHQUAKE**

**POLICY**

<Insert Facility Name Here> will act to protect all resident, staff, and visitors from harm. In the event of an earthquake this facility is prepared to maintain essential care and services for a minimum of <Insert duration of time that you are prepared to maintain services> (72 hours is the minimum recommended) and protect residents, staff, and others from harm.

**PROCEDURE**

**IC and Planning Chief:**

* Immediate response should be acted on
* The facility command center must be activated
* Safety Officer must be appointed if required
* An earthquake may require the activation of search teams, local law enforcement can help with that. It is essential to communicate with local authorities and response officials to ensure they have a status of the facility and the impact the earthquake caused.
* Gather external status, this includes weather, road conditions, utilities, etc.
* Communication plan should be activated, staff should be briefed as well as residents and families as soon as possible
* After the initial assessment other policies and procedures may need to be followed, such as subsistence, evacuation, and/or shelter in place

**The Safety Officer:**

* Should identify hazards and mitigate strategies based on their assessment
* Unsafe areas should be restricted by signage or barrier tape, or by placing a staff member in that location if safe to do so to monitor entry
* Notify the IC and Section Chief to any unsafe areas, internal and external. If damage is evident externally the safety officer should request inspection of the building.

**The Operations Chief:**

* Initiate response specific to resident care plans
* Triage and treatment areas should be activated
* Assess and treat injured residents, visitors and staff
* Conduct a census of residents
  + Those who can be discharged should be identified, those who need transferring for acute care should be transferred.
  + If there are causalities, fatality management procedures should be followed.
* Assess the damage to the facility to include:
  + Status to utilities, ability to sustain operations, activate utility contingency, activate disaster menus and dietary services, active Memorandums of Understanding (MOU) for: transportation, relocation, oxygen, mass fatality, generator refueling, waste management, linen services, descendant care, Points of Dispensing (POD) and re-supply order.

**Logistics Chiefs:**

* Inspect all onsite supplies and equipment
* Obtain supplies, equipment, medications, food, and water to sustain operations
* All onsite communications equipment and information technology systems should be assessed for operational status
* Coordinate the transportation services to ensure safe resident relocation, if necessary. (See Evacuation Policy & Procedure)
* Track equipment and moved supplies
* Report any resource requests to finance

**Finance and Admin Chief:**

* Monitor staff and volunteer usage by tracking their time
* Document all costs, including claims and insurance reports, lost revenue, services, and report to IC.

**EMERGENCY ADMITS**

**POLICY**

<Insert Facility Name Here> will act to protect all resident, staff, and visitors from harm. If we are not impacted by an event and it is feasible to do so, we are prepared to receive residents from evacuated facilities whom we have made prior arrangements with. If movement is being coordinated by local response authorities, we will consider accepting residents from other facilities, if feasible. The following procedures will be followed if we receive residents from a disaster-stricken area:

**PROCEDURE**

**IC and Planning Chief:**

* Activate the facility command center and communicate with the sending facility and local emergency responders, as appropriate
* Available bed capacity will need to be assess and respond to polls via <Enter method that local response agency uses to identify vacancies for resident placement>.
  + Decided how many residents we can safely accommodate, we consider the following: vacant beds, possible space conversions, adequate power supply, outlets, and lighting, as well as necessary emergency and routine supplies. If needed, contact the State Survey agency to obtain permission to increase capacity and/or place residents in areas not previously approved for resident care.

**Operations Chief:**

* Set up a site for processing incoming residents, as well as clear the hallways and entry
* Prepare a triage area/admit area
* Assess all residents for transfer trauma, and records of vital signs
  + Any injured residents should be transferred to the Emergency Room (ER) for acute care
  + Residents transferred in should be put on a temporary admit status, set up temporary charts, unless they will be formally admitted-routine admissions process should be followed
  + Intake log of residents should be kept and inventory of medications, equipment should be tracked. Should any residents need to be relocated to be comfortable, operations chief should assist them as soon as possible.
  + Necessary supplies should be obtained by contact pharmacies and other vendors as needed by doctor’s orders. Continuous observation and immediate aid should be provided if necessary.
* Request any forms needed from the sending facility
  + These forms may include: evacuation tracking form, medical treatment orders, medication record, advance directive, and any other patient documents

**Logistic Chief:**

* Assess staffing and call in any additional employees needed to ensure safe staffing ratio
* Discuss with operations to identify needed emergency and routine supplies
* Track equipment and moved supplies
* Report any resource requests to finance

**Finance and Admin Chief:**

* Monitor staff and volunteer usage, track overtime, and document all costs

**EVACUATION/RESIDENT STAFF TRACKING**

**POLICY**

It is the policy of this facility to pre‐plan for all anticipated hazards with a goal to minimize the stress and danger to our residents, staff and visitors. Recent research indicates there are increased risks of mortality and morbidity related to the evacuation of people who are elderly and/or suffer from chronic health conditions. For this reason, sheltering in place will always be our first response choice if it is feasible. When sheltering in place would put our residents at greater risk than evacuation, or when given a mandatory order to do so by appropriate authorities, the IC will activate this Evacuation Policy & Procedure. If DOH Patient Tracking System is utilized contact the Healthcare and Response Program Coordinator, or the Emergency Operations Center Representative (EOCR) at 505-231-5506.

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

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

**Transportation and Relocation Sites**

Agreements for transporting residents to evacuation sites have been made with the following transportation companies. Our facility also maintains agreements with at least <Enter number> evacuation sites for relocation. (See Table 8 for contact information.)

Table 8- Resource Agreements for Evacuation

| **RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT & RELOCATION FACILITIES** |

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

In the event of a wide scale event resulting in evacuation of multiple sites in the area, transportation resources and relocation sites will be coordinated with the local response authorities.

**Triage Residents Based on Unique Needs**

Based on the unique needs of our residents including mobility status, cognitive abilities, and health conditions, evacuation logistics is included as part of our plan.

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

##### **Resident Care Information**

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

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

* Diagnosis, allergies, code status, physician’s name and contact info, and the next of kin or responsible party (see Resident Face Sheet in Evacuation Forms – Appendix B),
* A current medication administration record,
* A photo identification if possible

Confidentiality of this information will be protected through the following means: <insert information on how this will be done such as in a sealed envelope or folder>

**Medications**

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

**Evacuation Supplies**

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

##### **Resident and Staff Tracking**

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

##### **Important Safety Information**

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

**PROCEDURES**

**Initial Response: Phase One Evacuation- On Alert of Possible Evacuation**

**IC and Planning Chief:**

* Confer with local response authorities as well as determine whether partial or complete evacuation is advisable
* To determine order or resident departures IC and Planning Chief should work with operations and local authorities
* Some details to consider when departing residents: available relocation sites and road conditions, available types of transportation, and resident activity and special needs needed to accommodate residents
  + Weather and other conditions are important to obtain as they might impact residents during transportation
* Delegate the duty or notifying authorities, families, suppliers, representatives, and PIO, or any other appropriate staff
* Logistical arrangements with relocation sites must be made to determine: if staff can accompany their residents, what supplies, and equipment will need to be sent, will this be considered a temporary relocation, formal discharge, or admission, and if this is a temporary relocation who will work with funding and oversight agencies for reimbursement and record submission of resident care

**Operations chief:**

* Assess resident for adverse impacts related to the incident and notify physician of changes in resident’s conditions
* Reassure residents and family if they are in communication to try to minimize stress
* Obtain physician orders as needed, prepare supplies, and document transport
* Triage or residents should be done to determine if transport is needed
* Staff assignments must be planned for any accompanying residents

**Logistics Chiefs:**

* Arrange for staffing (use Staff Recall and Survey in Appendix F), transportation, and critical equipment transport
* Assist with preparation of medical information and critical supplies that will be sent
* Work with Finance Admin to ensure preservation and accessibility to medical records
* Track equipment and moved supplies
* Report any resource requests to finance

**Finance/Admin Chief:**

* Track costs, screen volunteers, keep records for staff time and any other expenditures
* Arrange for relocation site for critical business operations if needed
* Assist with logistics and preservation and accessibility of medical records

Table 9- Primary Evacuation Routes

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

**Immediate Response: Phase Two Evacuation- Decision Made to Evacuate**

**IC and Planning Chief:**

* Work with local response authorities, determine a plan for staffing to include numbers, schedules, and assignments
* Manage critical communications with families, external stakeholders, and the media
* Communicate with receiving facilities to ensure safe arrival of residents and staff if send to accompany residents at relocation site

**Operations Chief:**

* Ensure critical care information and medications accompany residents
* Oversee the loading and movement of residents to relocation sites in a safe and orderly fashion, fill out tracking logs for residents and on-duty staff
* Site should be prepared for shut down

**Logistics Chief:**

* Provide communication devices to staff on non-ambulance transport for use during evacuation to contact entities proving assistance
* Ensure water, sanitary supplies, flashlights and other emergency equipment are on board all non-ambulance transport vehicles
* Prepare medical records and other critical data for preservation and accessibility
* Track equipment and moved supplies
* Report any resource requests to finance

**Finance/Admin Chief:**

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

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

**Extended Response:**

* Inform any response authorities if any changes in resident or facility status occurs
* Staff assignments to monitor relocated residents through regular communication with receiving facilities needs to be done
* All staff, volunteers, residents, families, and representatives will need to be briefed on that situation status
* Will need to determine whether it is safe to return to original sight location (See Return to Facility).
  + It is possible permission need to be obtained to return to facility. Lastly, notification to families, vendors, ombudsman, and other appropriate contacts of situation if planning to return.

**EXTREME WEATHER- HEAT OR COLD**

**POLICY**

<Insert Facility Name Here> will act to protect all resident, staff, and visitors from harm. The priority of this facility is to minimize the stress our residents could experience from extreme temperatures related to weather events. We maintain our systems of heating, ventilation, air conditioning, and generator to mitigate these risks. In the event of disruption to these systems during extreme weather we will initiate the following actions.

**PROCEDURES**

**IC and Planning Chief:**

* Monitor and obtain updates on weather conditions, structural integrity and conditions
* Assign staff to regularly check internal temperatures in residential areas
* Contact utility company for restoration of power and/or vendors for needed equipment such as heaters and coolers
* Monitor the situation in coordination with local response authorities
  + If appropriate, initiate the evacuation plan or partial evacuation to ensure safety of impacted residents
* Communicate with local law emergency management on situation status, critical issues, or any resource requests
* Update an inform staff, residents, and families/representatives of the situation. If appropriate implement limited visitation policy

**Operations Chief:**

* Assess residents frequently for comfort
* Identify residents who are in fragile condition and may require transfer
* Ensure continuation of resident care and essential functions
* Distribute appropriate comfort equipment (e.g. fans and blankets) as needed
* Implement cooling and warming measures as needed to increase hydration
* If unable to maintain safe temperatures in all resident areas, gather residents into the <enter location(s) here> where temperatures can be maintained

**Logistics Chief:**

* Support operations with equipment and supplies as needed
* If instructed, obtain additional equipment such as portable coolers
* Track equipment and moved supplies
* Report any resource requests to finance

**Finance/Admin Chief:**

* Monitor all costs, including claims and insurance reports, lost revenue, and expanded service- provide report to IC

**FIRE EMERGENCY- INTERNAL AND EXTERNAL**

**POLICY- Internal Fire**

<Insert Facility Name Here> will act to protect all resident, staff, and visitors from harm. Staff should receive training annually on fire procedures, and the use of fire extinguishers.

**PROCEDURE**

<Insert facility-specific actions to Fire>.

If evacuation was not activated, follow the following procedures:

**IC and Planning Chief:**

* Ensure all staff members and residents are accounted for
* Appoint a Safety Officer to assess for impacts to the infrastructure
* Supervise emergency operations
* Communicate with local emergency operations centers to give info on status of the facility
* Coordinate all emergency operations with Fire Department and establish contact officer in charge
* Remind all staff and residents to remain calm
* Gather data on damage and projected impact
* Active the communications plan

**Safety Officer:**

* Assess damage
* Assess air quality

**Operations Chiefs:**

* Initiate response-specific resident care plans
* Activate triage and treatment areas
* Assess injuries of staff, residents, and visitors
* Continue routine care, transfer those in need of more specialized care, discharge appropriately
* Assess damage to facility infrastructure

**Logistics Chief:**

* Support operations with equipment and supplies as needed
* Track equipment and moved supplies
* Report any resource requests to finance

**Finance/Admin Chief:**

* Monitor staff and volunteer usage by tracking their time
* Document all costs, including claims and insurance reports, lost revenue, and expanded services- report to IC

**POLICY- External Fire (Wildfire)**

<Insert Facility Name Here> will act to protect all resident, staff, and visitors from harm. If an external fire threatens our facility we will closely monitor the evolving situation with the communication with local response authorities. If needed, we will evacuate. We will be using the following guide to determine how polluted our air is and if that means we evacuate.

**Air Quality Index (AQI)[[5]](#footnote-5)**

An air quality index (AQI) is a number used by government agencies to communicate to the public how polluted the air currently is or how polluted it is forecast to become. As the AQI increases, an increasingly large percentage of the population is likely to experience increasingly severe adverse health effects. Monitor the “AirNow” website, at <https://www.airnow.gov/>. This resource is a multi-agency web site run by EPA that reports air quality using the AQI. The table below outlines the AQI index meanings and related concerns. Refer to Table 5 for Index.

Table 10- Air Quality Index5

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

**Visibility Index 5**

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

Table 11- Visibility Index

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

**PROCEDURE**

**IC and Planning Chief:**

* Monitor the situation with coordination from local response authorities
* Determine if air quality issues are a priority threat
* Anticipate the need for evacuation, and active if applicable

**Operations Chief:**

* Assess residents comfort, change condition if needed
* Discourage outside activities
* Identify residents whose respiratory condition may require transfer due to air quality
* Ensure continuation of resident care and essential functions
* Maintain measure to reduce indoor smoke pollution

**Logistics Chief:**

* Acquire any needed equipment
* Initiate Emergency Staffing Strategy if applicable
* Ensure supplies deliveries are on schedule, or postponed
* Track equipment and moved supplies
* Report any resource requests to finance

**Finance/Admin Chief:**

* Monitor staff and volunteer usage by tracking their time
* Document all costs, including claims and insurance reports, lost revenue and expanded services and provide report to IC

**FLOOD**

**POLICY**

<Insert Facility Name Here> will act to protect all resident, staff, and visitors from harm. We have taken to proactive measures to minimize potential damage to critical systems such as backup power, supply storage through placement in areas least likely to flood. Should we face a flood threat from external conditions we will protect our residents, staff and visitors through the following actions.

**PROCEDURE**

<Insert facility-specific procedures as indicated by your risk assessment>.

Depending on the flood situation, which will be monitored through coordination with local response authorities, the IC may initiate the Evacuation or Shelter in Place Policy and Procedure.

**HAZARDOUS MATERIALS**

**POLICY**

<Insert Facility Name Here> will act to protect all resident, staff, and visitors from harm. This facility minimizes the risk of an internal HazMat incident through staff training on proper storage a use of hazardous materials. If we are threatened by an internal or external HazMat event, we will protect our residents, staff, and visitors by implementing the following actions. (Reference NFPA with information from John H.)

**PROCEDURE**

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

Depending on the situation, which will be monitored through coordination with local response authorities, the IC may initiate the Evacuation or Shelter in Place Policy and Procedure.

**INFECTIOUS DISEASE**

**POLICY**

According to the Center for Disease Control and Prevention (CDC) and through NMDOH all infectious diseases should be reported per statute 24-1-15.2[[6]](#footnote-6) for mandatory reporting <Insert Facility Name Here> will act to protect all resident, staff, and visitors from harm. Policies and procedures that direct our response to the threat of infectious disease outbreaks will be followed. If the community is impacted by a threat of an epidemic, we will activate our EOP and be guided by the following policies and procedures in addition to our infection prevention/outbreak procedures.

**PROCEDURE**

<Insert facility-specific procedures as indicated by your risk assessment>.

Local public health authorities will be monitoring the situation, the IC may initiate the Shelter in Place P&P and the Emergency Staffing Strategy. Additional actions may need to be taken as directed by the local and state health departments and may include:

* Closing to new admissions
* Urgent prophylaxis and vaccination of all staff and residents
* Limited visitation
* Screen staff, contracted entities, volunteers, and visitors for signs of illness
* Personal protective equipment for staff
* Activation of the subsistence Policy and Procedure if disruptions to supply chain occur

**LOCK DOWN**

**POLICY**

<Insert Facility Name Here> will act to protect all resident, staff, and visitors from harm. The ability to lockdown the facility in the case of an emergency is very important. Lockdown is the process by which the facility is secured, and staff and visitors are channeled to specific entry/exit points. The priority in a Lockdown is to protect the safety of the residents, staff, contracted employees and any visitors in the building.

Table 12- Lockdown Incidents

|  |  |  |
| --- | --- | --- |
| **Incidents That May Necessitate Lockdown** | | |
| **Event** | **Prevent Entry** | **Prevent Exit** |
| Power Failure | X |  |
| Earthquake | X |  |
| Flooding | X |  |
| Fire | X |  |
| Bomb Threat | X |  |
| External HazMat | X | X |
| Civil Disturbance | X | X |
| Hostage Event | X |  |
| Active Shooter | X |  |
| Workplace Violence | X |  |

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

Entry lockdownis for preserving the facility’s ability to operate and respond to a possible emergency event such as a power outage or keeping unauthorized individuals from entering the facility.

Full lockdown means no one can leave or enter the facility. This procedure may be employed during risk of exposure to a hazardous substance, especially an airborne contaminate. Depending on the event, entry and/or exit may be permitted with staff/security screening or decontamination procedures in place.

When a threat necessitates Lockdown, this facility will comply with all directives from law enforcement.

**PROCEDURE**

* All staff, volunteers, and contracted employees are trained regarding this facility’s Lockdown Policy and Procedure
* Activate internal communications notification <Insert facility-specific code and/or procedure if they are different> is announced overhead with the instructions of Entry, Exit or Full Lockdown as soon as the IC activates procedure
* Contact 911: Anyone at any time can call 911 when it is safe to do so. Provide 911 dispatcher with as much relevant information as possible:
  + Facility name and location
  + Your name
  + Nature of event
  + Description of threat (be specific)
  + Persons injured (number and extent if known)

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

**Incident Commander and Planning Chief:**

* Instruct staff members, patients/residents and visitors of the nature and type of lockdown
* Activate EOP
* Assign a law enforcement/emergency service liaison
* Instruct staff to close blinds, and drapes, close interior and exterior doors and windows and move patients/residents away from doors and windows

**Safety Officer:**

* Report and respond to event location as directed by IC
* Lock all exterior doors and assign personnel to control entry and exit of facility per Lockdown requirements
* If applicable, close and secure roadways into facility
* Report to the Incident Command Post

**Management Staff:**

* Contact employees to advise of Lockdown
* Instruct staff members to close interior doors, lock exterior windows, close blinds and drapes, and move residents away from doors and windows
* Direct staff members to take census of residents, visitors, and staff

**Staff Members:**

* Follow Management Staff directives
* Ensure residents and visitors follow lockdown requirements as announced
* Remain calm

**When Law Enforcement arrives, follow officer’s directives:**

* Empty your hands
* Keep hands up and fingers spread
* Do not scream or yell at arriving officers
* Do not run directly at officers and/or avoid quick movements or grab onto them
* Follow Law Enforcement’s instructions
* Provide information to officers

ALL CLEAR- Wait for Law Enforcement or other response authorities to provide an “All Clear: before leaving your position. After response authorities have concluded emergency operations they will declare a scene “safe” or “all clear”. If Law Enforcement isn’t involved, IC will be the one making the determination of “all clear”.

**MEDICAL DOCUMENTATION**

**POLICY**

In accordance with the Health Insurance Portability and Accountability Act (HIPPA) of 1996[[7]](#footnote-7) <Insert Facility Name Here> will preserve resident information, protect the confidentiality of that information, and secure and maintain availability of medical records during an emergency.

**PROCEDURE**

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

**MISSING RESIDENT**

**POLICY**

This facility will protect our residents through early assessment of their risk for exit seeking behaviors. An individualized care plan and good communication between, staff, visitors, and families regarding supervision needs will be a person-to-person basis. If a potential missing resident is identified the following actions will be implemented immediately:

**PROCEDURE**

**Incident Commander and Planning Chief:**

* Ensure completion of search procedure to ascertain whether resident is missing
  + Assign staff to double check resident’s medical record for any explanation such as discharge or family leave
  + If no explanation in record, continue to search floor-to-floor, room-by-room and campus search
* Coordinate all search results and prove information to Law Enforcement
* Provide all staff involved in search with basic information about the missing resident
* Activate Lockdown procedures
* Provide law enforcement with resident information:
  + Heights, weights, hair color, etc.
  + Any available photos
  + Distinguishing features
  + Clothing worn, articles carries
  + Medical equipment in use
* Provide law enforcement with surveillance camera footage, facility maps, blueprints, master keys, card access, search grids, or other requested data
* Notify the resident’s representatives

**Operations Chief:**

* Ensure continuation of resident care and essential services
* Ensure safety of residents, staff, and visitors during the closure of entry and exit points; coordinate with law enforcement if needed
* Once missing resident is found, immediately asses for injuries or other harm
* Initiate medical exam in the facility or transfer to the ER for further assessment

**Logistics Chief:**

* If Lockdown continues, consider impact on scheduled deliveries or pickups
* Notify operators of planned deliveries or pickups of the needs to reschedule
* Track equipment and moved supplies
* Report any resource requests to finance

**Finance/Admin Chief:**

* Monitor staff and volunteer usage, and track time
* Document all costs, including claims, lost revenue, and expanded services- provide report to IC.

<Insert additional facility-specific action as needed>.

**POWER OUTAGE**

**POLICY**

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. We will have maintained generators in the event of a power outage and contact our local electrical provider for assistance when necessary. Should a power outage occur in our facility, we will initiate the following actions:

**PROCEDURE**

**Incident Commander and Planning Chief:**

* Through communication with local response authority’s emergency process should be monitored and maintained to determine potential duration of power outage.
* Determine whether Shelter in Place or Evacuation (partial or full) is appropriate
* Consider the high-risk residents such as those on life support
* Identify current generator fuel needs and any additional supplies needed
* Identify the needs of staffing, equipment’s, and supply as well as the overall impact from the ongoing utility outage
* Communicate with local response authorities’ requests
* Provide regular updates to staff, residents, and families of the situation
* If our generator fails, implement Policy and Procedure for Loss of Fire/Life Safety Systems

**Safety Officer:**

* Evaluate safety of residents, staff and visitors and their impact from power outage
* Assess the function of security devices, emergency lights, fire alarm, and suppression systems
* Work with logistics to appropriately distribute emergency equipment
* Work with Operations to secure facility and implement limited visitation policy

**Operations Chief:**

* Assess residents for risk and prioritize care and resources
* If additional staffing is needed to assist with care, a report will be needed
* Ensure critical care residents equipment are connected to emergency outlets
* Determine battery life on essential care equipment and notify IC
* Ensure continuation of resident care and essential services
* If call light system in down in resident rooms, initiate frequent checks and provide alternative system (i.e. bells)
* Provide reassurance to resident and visitors
* Provide increased hydration and implement heating and cooling measures
* Consider temporarily moving all residents to area that has not been affected <Insert specific area in the facility identified>
* Ensure generator is functioning properly

**Logistics Chief:**

* Support Operations with equipment and supplies
* Initiate emergency staffing strategy if appropriate
* Check communications
* Begin back up of essential records
* Preserve power supplies
* Obtain back up batteries for critical equipment
* Track equipment and moved supplies
* Report any resource requests to finance

**Finance/Admin Chief:**

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

**SHELTER IN PLACE**

**POLICY**

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. This Shelter in Place Policy is a decision that will be made with the best interest of the residents and advise from local authorities.

At times, Shelter in Place decision may need to be made quickly. For instance, if there is a wild fire headed straight for our facility, it may be impossible to contact local response authorities, and the decision will need to be made by the IC. Situations that may warrant a shelter in place include:

* Severe weather conditions
* Hazardous materials
* Earthquakes
* Wildfires
* <Insert additional facility hazards based on risk assessment>

**PROCEDURE**

**Incident Commander and Planning Chief:**

* Confer with local authorities to gain situational awareness of threat
* Determine if Shelter in Place is advisable based off information given
* Assign staff to notify local response authorities and families
* If appropriate, notify off-duty staff, volunteers, and families
* Initiate Lockdown, if appropriate
* Monitor emergency progress
* Maintain communication with local response authorities
* Brief staff and residents about situation

**Operations Chief:**

* Continue care and monitoring of residents
* Assess residents for change in condition related to incident
* Inventory supply of medications and other critical medical supplies
* Continue support activities such as dietary and housekeeping
* Monitor damage due to incident and initiate repairs, if appropriate

**Logistics Chief:**

* Inventory supplies and critical equipment
* Project the need for additional resources, including staffing
* Ensure communication equipment is available and operational
* Track equipment and moved supplies
* Report any resource requests to finance

**Finance/Admin Chief:**

* Track cost, record keep for staff time, and report to IC

**SUBSISTENCE NEEDS**

**POLICY**

It is the policy of this facility to protect our residents, staff and others who may be in our facility from harm during emergency events. If subsistence supplies are low, and you are unable to leave the facility, the IC will activate evacuation procedures.

**PROCEDURE**

**Emergency Food:**

If there is a disruption in service, disaster menus will be put into effect. These menus identify the supply chain on hand to provide food and water to residents, staff, and visitors for <enter number> of days. (See Disaster Supply Inventory- Appendix J.)

**Medication and Medical Supplies:**

Our routine pharmacy refill schedule enables us to have a minimum of <Enter number of days of on hand medications>for all residents. If medication supplies are inadequate to meet specific residents’ needs, the IC will activate a partial evacuation of the impacted residents. Staff are trained and expected to bring a supply of personal medications for their use in the event of an emergency.

**Pharmacy Supplier:**

<Insert name>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Insert contact number>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Supplies:**

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

**Emergency Water**

To ensure safe water for residents, staff and visitors during a crisis, our facility maintains: (See Disaster Water in Appendix J.)

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

Table 13- Subsistence Needs Resources

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

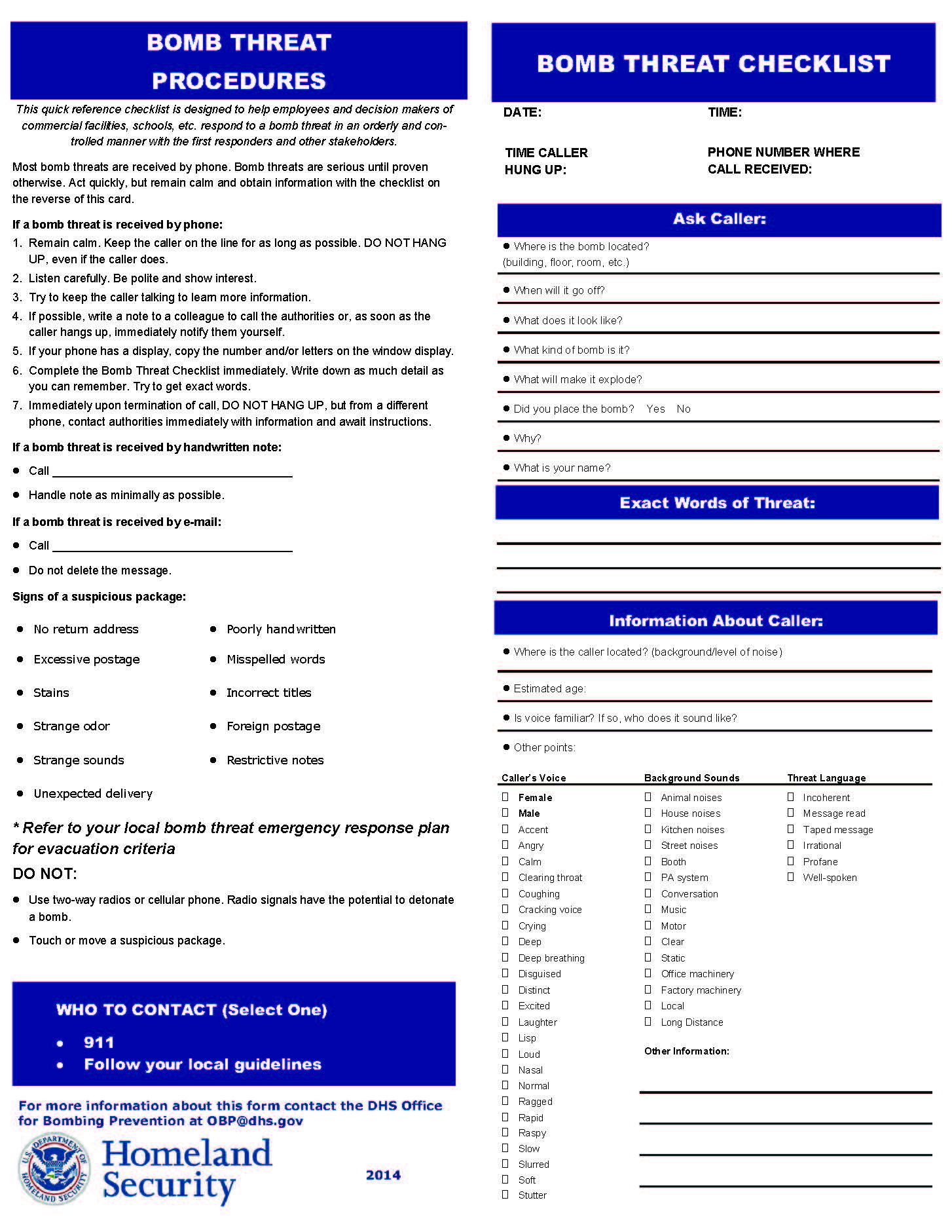
**LOSS OF FIRE/LIFE SAFETY SYSTEMS**

In the event of a disruption to our facility’s fire and life safety systems (e.g. fire alarms, sprinklers, fire door) or a commercial electricity with a concurrent generator failure, we will immediately reduce the risk to resident safety by following the Power Outage, Evacuation, or Subsistence Needs Policy and Procedure, whichever is more applicable.

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

**INSERT POLICY & PROCEDURE FOR UNIQUE HAZARD**

<Insert P&P for Your Organizations Unique Hazard>

**APPENDIX A**

**APPENDIX B**

**EVACUATION FORMS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LONG‐TERM CARE FACILITY EVACUATION RESIDENT ASSESSMENT FORM FOR TRANSPORT AND DESTINATION** | | | | | |
| Adapted from the Shelter Medical Group Report: Evacuation, Care and Sheltering of the Medically Fragile. | | | | | |
| **FACILITY NAME:** |  | | | **DATE:** |  |
| **COMPLETED BY:** |  | | | **DATE:** |  |
| **LEVEL OF CARE** | **FACILITY TYPE** | **TRANSPORT TYPE** | **NUMBER OF RESIDENTS** | | |
| **LEVEL I**  Description: Patients/residents are usually transferred from in‐patient medical treatment facilities and require a level of care only available in hospital or Skilled Nursing or Subacute Care Facilities.  **Examples:**   * Bedridden, totally dependent, difficulty swallowing * Requires dialysis * Ventilator‐dependent * Requires electrical equipment to sustain life * Critical medications requiring daily or QOD lab monitoring * Requires continuous IV therapy * Terminally ill |  |  |  | | |
| **LEVEL OF CARE** | **FACILITY TYPE** | **TRANSPORT TYPE** | **NUMBER OF RESIDENTS** | | |
| **LEVEL II**  Description: Patients/residents have no acute medical conditions but require medical monitoring, treatment or personal care beyond what is available in-home setting or public shelters.  **Examples:**   * Bedridden, stable, able to swallow * Wheelchair‐bound requiring complete assistance * Insulin‐dependent diabetic unable to monitor own blood sugar or to self‐inject * Requires assistance with tube feedings * Draining wounds requiring frequent sterile dressing changes * Oxygen dependent; requires respiratory therapy or assistance with oxygen * Incontinent; requires regular catheterization or bowel care |  |  |  | | |
| *NOTE: It is unlikely that licensed health facilities such as SNFs will have residents that fall below Level II care needs. Evacuation planning must take this into consideration. Also, consider cognitive/behavioral issues in evaluating residents’ transport and receiving location needs.* |
| **LEVEL III**  Description: Residents able to meet own needs or has reliable caretakers to assist with personal and/or medical care.  **Examples:**   * Independent; self‐ambulating or with walker * Wheelchair dependent; has own caretaker if needed * Medically stable requiring minimal monitoring (i.e., blood pressure monitoring) * Oxygen dependent; has own supplies (i.e. O2 concentrator) * Medical conditions controlled by self‐administered medications (caution: * refrigeration may not be available at public shelters) |  |  |  | | |

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

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

**RESIDENT EVACUATION TRACKING FORM - INDIVIDUAL**

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

**Sending Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Receiving Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Name:** (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_ /\_\_\_\_/\_\_\_\_ **Gender:** Male Female

**Transferring Facility Medical Record Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Triage tag number (if used):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notified of Transfer?** YES NO

**Attending Physician:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Notified of Transfer:** YES NO

**Primary Diagnosis:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESIDENT EVACUATION TRACKING FORM - INDIVIDUAL**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Do Not Resuscitate:** | Yes (attach copy) | NO |  |
| **Advanced Directives:** | Yes (attach copy) | NO |  |
| **Healthcare Proxy:** | Yes (attach copy) | NO |  |
|  |  |  |  |
| **Sent with patient:** | Face sheet | YES | NO |
|  | Patient identification | YES | NO |
|  | Medication list/administration record | YES | NO |
|  | Physicians orders | YES | NO |

**Date transferred:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time of departure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time of arrival at receiving facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment owned by sending facility accompanying patient during transport:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMENTS:**

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

**ON-DUTY STAFF EVACUATION TRACKING LOG**

|  |  |  |  |
| --- | --- | --- | --- |
| **STAFF NAME** | **DESTINATION** | **DATE & TIME DEPARTED** | **ARRIVAL CONFIRMED** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONNEL TRACKING FORM** | | | | | | | | | |
| 1. **INCIDENT NAME** | |  | | | | 1. **OPERATIONAL PERIOD** | | | |
| **DATE: FROM: TO:**  **TIME: FROM: TO:** | | | |
| 1. **TIME RECORD** | | | | | | | | | |
| **#** | **EMPLOYEE (E)**/  **VOLUNTEER (V)**  **NAME** (PRINT) | **E**/**V** | **EMPLOYEE**  **NUMBER** | **NHICS ASSIGNMENT** | **DATE**/**TIME**  **IN** | | **DATE**/**TIME**  **OUT** | **TOTAL HOURS** | **SIGNATURE** (TO VERIFY TIMES) |
| 1 |  |  |  |  |  | |  |  |  |
| 2 |  |  |  |  |  | |  |  |  |
| 3 |  |  |  |  |  | |  |  |  |
| 4 |  |  |  |  |  | |  |  |  |
| 5 |  |  |  |  |  | |  |  |  |
| 6 |  |  |  |  |  | |  |  |  |
| 7 |  |  |  |  |  | |  |  |  |
| 8 |  |  |  |  |  | |  |  |  |
| 9 |  |  |  |  |  | |  |  |  |
| 10 |  |  |  |  |  | |  |  |  |

**FACILITY EVACUATION MAPS**

<INSERT MAPS OF EVACUATION ROUTES OUT OF BUILDING>

**APPENDIX C**

<Insert Memorandums of Understanding for: Points of Dispensing (POD), Transportation, Relocation, Oxygen, Re-Supply Orders, Mass Fatality, Generator Refueling, Waste Management, Linen Services, and Descendant Care. >

**APPENDIX D**

**HAZARD VULNERABILITY ASSESSMENT FORM**

**Hazard Vulnerability Assessment and Mitigation[[8]](#footnote-8)**

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

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

**Assumptions**

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

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

**Unique Threats**

Based on the facility’s geographic location, past history, proximity to other structures and operations, proximity to transportation corridors, as well as other unique factors, it is essential to identify all threats that can potentially impact the facility. A risk assessment tool is used to determine hazards and vulnerabilities for its County and surrounding areas.

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

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

<If using a different HVA Place HERE>

**HAZARD VULNERABILITY ASSESSMENT FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EVENT** | **PROBABILITY** | **RISK** | **PREPAREDNESS** | | **TOTAL** |
|  |  |  |  | |  |
|  |  | **5=LIFE THREAT** |  | **Probability X Risk X Preparedness = Score**  **Focus on top 3-5 hazards with the highest scores** | |
| **3=HIGH** | **4=HEALTH/SAFETY** | **3=POOR** |
| **2=MEDIUM** | **3=HIGH DISRUPTION** | **2=FAIR** |
| **1=LOW** | **2=MODERATE DISRUPTION** | **1=GOOD** |
| **0=NONE** | **1=LOW DISRUPTION 0= NO DISRUPTION** | **N/A= NOT APPLICABLE** |
| **NATURAL EVENTS** |  |  |  |  | |
| Hurricane Winds |  |  |  |  | |
| Tornado |  |  |  |  | |
| Severe thunderstorm |  |  |  |  | |
| Snow fall |  |  |  |  | |
| Blizzard |  |  |  |  | |
| Ice storm |  |  |  |  | |
| Earthquake |  |  |  |  | |
| Temperature extremes |  |  |  |  | |
| Drought |  |  |  |  | |
| Flood, external |  |  |  |  | |
| **HVA (CONT) EVENT** | **PROBABILITY** | **RISK** | **PREPAREDNESS** | **TOTAL** | |
| Wild fire |  |  |  |  | |
| Landslide |  |  |  |  | |
| Epidemic/pandemic |  |  |  |  | |
| Dam failure |  |  |  |  | |
| Explosion/munitions |  |  |  |  | |
| Nuclear power plant incident |  |  |  |  | |
| Other |  |  |  |  | |
| **HUMAN EVENTS** |  |  |  |  | |
| Elopement |  |  |  |  | |
| Work place violence |  |  |  |  | |
| Security threat |  |  |  |  | |
| Hazmat exposure, external |  |  |  |  | |
| Terrorism, chemical |  |  |  |  | |
| Terrorism, biological |  |  |  |  | |
| Hostage situation |  |  |  |  | |
| **HVA (CONT) EVENT** | **PROBABILITY** | **RISK** | **PREPAREDNESS** | **TOTAL** | |
| Civil disturbance/ community violence |  |  |  |  | |
| Labor action |  |  |  |  | |
| Bomb threat |  |  |  |  | |
| **OTHER EVENTS** |  |  |  |  | |
| Fire, internal |  |  |  |  | |
| Electrical failure |  |  |  |  | |
| Generator failure |  |  |  |  | |
| Transportation failure |  |  |  |  | |
| Fuel shortage |  |  |  |  | |
| Natural gas failure |  |  |  |  | |
| Water failure |  |  |  |  | |
| Sewer failure |  |  |  |  | |
| Steam failure |  |  |  |  | |
| Fire alarm failure |  |  |  |  | |
| Communications failure |  |  |  |  | |
| Medical gas failure |  |  |  |  | |
| **HVA (CONT) EVENT** | **PROBABILITY** | **RISK** | **PREPAREDNESS** | **TOTAL** | |
| Medical vacuum failure |  |  |  |  | |
| HVAC failure |  |  |  |  | |
| Info. Systems failure |  |  |  |  | |
| Flood, internal |  |  |  |  | |
| Hazmat exposure, internal |  |  |  |  | |
| Unavailability of supplies |  |  |  |  | |
| Structural damage |  |  |  |  | |
| Other: |  |  |  |  | |

**TOP FIVE HAZARDS:**

* 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **HAZARD VULNERABILITY ASSESSMENT FORM (C0NT)** | | |
| **Geographic Hazardous Areas** | **Proximity to Facility:** | **Potential Hazard (Y/N)** |
| Busy Roadways—**Elopement, Haz Mat** |  |  |
| Wooded Areas—**Elopement, Fire** |  |  |
| Bodies of Water—**Elopement** |  |  |
| Designated Truck Routes—**Haz Mat** |  |  |
| Railroad—**Elopement, Haz Mat** |  |  |
| Airport—**Terrorism Target, Mass Casualty** |  |  |
| Dam—**Terrorism Target Mass Casualty** |  |  |
| Military Bases/Installations—**Explosion,** **Haz-Mat, Terrorism Target** |  |  |
| Pipelines—**Explosion, Haz Mat** |  |  |
| Gas Stations—**Explosion, Haz Mat** |  |  |
| Industrial Areas/Distribution Centers/Trucking Terminals—**Explosion, Haz Mat** |  |  |
| Chemical Plants—**Explosion, Haz Mat, Terrorism Target, Mass Casualty** |  |  |
| Nuclear Plants—**Explosion, Haz Mat, Terrorism Target, Mass Casualty** |  |  |
| Bulk Fuel Storage/Tank Farms (Oil, Gasoline,  Propane, Natural Gas, etc,)—**Explosion, Haz Mat,**  **Terrorism Target, Mass Casualty** |  |  |
| Refineries—**Explosion, Haz Mat, Terrorism Target, Mass Casualty** |  |  |
| Sewage Treatment Plants—**Haz Mat, Terrorism Target, Mass Casualty** |  |  |
| Agricultural Processing Plants/Storage Facilities (Grain Silos)—**Haz Mat, Explosion** |  |  |
| Public Swimming Pools—**Elopement, Haz Mat** |  |  |
| Schools—**Law Enforcement Activity** |  |  |
| Jails/Prisons—**Civil Unrest, Law Enforcement Activity** |  |  |
| Any Immediately Adjacent Operation posing a threat |  |  |
| Any Operation in the general area posing a threat |  |  |

**APPENDIX E**

**SITE MAP WITH FIRE EXTINGUISHERS**

<INSERT MAP WITH SUPRESSION EQUIPMENT MARKED>

**APPENDIX F**

**STAFF RECALL SURVEY LOG**

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

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

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

Instructions: List all department staff members and responses received.

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

**APPENDIX G**

**FACILITY SYSTEMS STATUS REPORT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SYSTEM STATUS REPORT |** | | | | | | | | | | |
| **INCIDENT NAME** | |  | | | | **OPERATIONAL PERIOD** | | | | |
| **DATE: FROM: TO:**  **TIME: FROM: TO:** | | | | |
| **SYSTEM** | | | | **STATUS** | | **COMMENTS**  (If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected) | | | | |
| **COMMUNICATIONS** | | | | | | | | | | |
| **FAX** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **INFORMATION TECHNOLOGY SYSTEM** (EMAIL/REGISTRATION/ PATIENT RECORDS/TIME CARD SYSTEM) | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **NURSE CALL SYSTEM** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **PAGING – PUBLIC ADDRESS** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **TELEPHONE SYSTEM** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **TELEPHONE SYSTEM – CELL** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **VIDEO-TELEVISION-INTERNET-CABLE** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
|  | | | |  | | ***SYSTEMS STATUS REPORT (CONT)*** | | | | |
| **OTHER**  (SATELLITE PHONES, RADIO EQUIPMENT, ETC) | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **INFRASTRUCTURE** | | | | | | | | | | |
| **SYSTEM** | | | | **STATUS** | | **COMMENTS** | | | | |
| **CAMPUS ACCESS** (ROADWAYS, BRIDGES, SIDEWALKS) | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **FIRE DETECTION SYSTEM** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **FIRE SUPPRESSION SYSTEM** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **FOOD PREPARATION EQUIPMENT** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **ICE MACHINES** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **LAUNDRY**/**LINEN SERVICE EQUIPMENT** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **STRUCTURAL COMPONENTS** (BUILDING INTEGRITY) | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **OTHER** | | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **RESIDENT CARE** | | | | | | | | | | |
| **SYSTEM** | | | **STATUS** | | | **COMMENTS** | | | | |
| **PHARMACY SERVICES** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **DIETARY SERVICES** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **ISOLATION ROOMS** (POSITIVE/NEGATIVE AIR) | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **OTHER** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **SECURITY SYSTEM** | | | | | | | | | | |
| **SYSTEM** | | | **STATUS** | | | **COMMENTS** | | | | |
| **DOOR LOCKDOWN SYSTEMS** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **SURVEILLANCE CAMERAS** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **CAMPUS SECURITY**  (LIGHTING, TRAFFIC CONTROLS) | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **OTHER** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | | ***SYSTEMS STATUS REPORT (CONT)*** | | | | |
| **UTILITIES, EXTERNAL SYSTEM** | | | | | | | | | | |
| **SYSTEM** | | | **STATUS** | | | **COMMENTS** | | | | |
| **ELECTRICAL POWER-PRIMARY SERVICE** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **SANITATION SYSTEMS** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **WATER** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **NATURAL GAS** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **OTHER** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **UTILITIES, INTERNAL SYSTEM** | | | | | | | | | | |
| **SYSTEM** | | | **STATUS** | | | **COMMENTS** | | | | |
| **AIR COMPRESSOR** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **ELECTRICAL POWER, BACKUP GENERATOR** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **FUEL STORAGE** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | | SYSTEMS STATUS REPORT (CONT) | | | | |
| **UTILITIES, INTERNAL SYSTEM** | | | | | | | | | | |
| **SYSTEM** | | | **STATUS** | | | **COMMENTS** | | | | |
| **ELEVATOR/ESCALATORS** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **HAZARDOUS WASTE CONTAINMENT SYSTEM** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **HEATING, VENTILATION, AND AIR CONDITIONING** (HVAC) | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **OXYGEN** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | | (NOTE BULK, H-TANKS, RESERVE SUPPLY STATUS) | | | | |
| **PNEUMATIC TUBE** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **STEAM BOILER** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **SUMP PUMP** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **WELL WATER SYSTEM** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | | SYSTEMS STATUS REPORT (CONT) | | | | |
| **VACCUM (FOR PATIENT USE)** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **UTILITIES, INTERNAL SYSTEM** | | | | | | | | | | |
| **SYSTEM** | | | **STATUS** | | | **COMMENTS** | | | | |
| **WATER HEATER AND CIRCULATORS** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **EXTERNAL LIGHTING** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **EXTERNAL STORAGE**  (EQUIPMENT) | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **EXTERNAL STORAGE**  (VEHICLES) | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| **PARKING LOTS** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | | (POWER, PANIC ALARMS, ACCESS, EGRESS, LIGHTING) | | | | |
| **OTHER** | | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | |  | | | | |
| 1. **REMARKS** (CRACKED WALLS, BROKEN GLASS, FALLING LIGHT FIXTURES, ETC.) | | | | | | | | | | |
| ***SYSTEMS STATUS REPORT (CONT)*** | | | | | | | | | | |
| 1. **PREPARED BY** | **PRINT NAME:** | | | |  | | **SIGNATURE:** | |  |
| **DATE/TIME:** | | | |  | | **FACILITY:** | |  |
|  | | | |  | | |  | |

**APPENDIX H**

**LOCAL RESPONSE FORMS**

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

**APPENDIX I**

**LOSS OF FIRE/LIFE SAFETY SYSTEMS**

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

<Insert your fire life safety policies and procedures here>

**APPENDIX J**

**DISASTER SUPPLY**

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

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

|  |  |  |
| --- | --- | --- |
| **VENDOR CONTACT INFORMATION (CONT)** | | |
| **Pharmacy**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **Sanitation Supplies**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **Gas Utility**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: |
| **Incontinence Supplies**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **Paper Goods – Kitchen**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **Telephone Company**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: |
| **Paper Goods – Toiletries**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **Linen Supplies**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **Satellite Phone Provider**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: |
| **Assistive Devices**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **Fire Alarm System**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **Sprinkler System**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: |

|  |  |  |
| --- | --- | --- |
| **VENDOR CONTACT INFORMATION** | | |
| **Transportation – Alternates**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **Transportation – Truck,**  **Cargo Van, Trailer**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **Amateur Radio Service**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: |
| **VENDOR CONTACT INFORMATION CONTINUED** | | |
| **Hazard Waste**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **<Additional Vendor Insert Here>**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: | **<Additional Vendor Insert Here>**  Name:  Address:  City:  State/Zip Code:  Phone:  Fax:  Email:  Website: |

**DISASTER MENUS**

<Insert your disaster menu and feeding procedures here>

**DISASTER WATER SUPPLIES**

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

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

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

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

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

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

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

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

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

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

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

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

**DISASTER WATER SUPPLY (CONT)**

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

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

**SAFE SOURCES OF POTABLE WATER**

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

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

**SUPPLIERS**

**Municipal Water Company:**

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

Name Emergency Contact Number

**Water Vendor:**

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

Name Emergency Contact Number

**SPECIAL NOTE: RESIDENT HYDRATION DURING EVACUATION**

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

**STORAGE**

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

**DISASTER WATER SUPPLIES (CONT)**

* Name of Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Guidelines for use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Location (i.e.: outside, storage room, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Surface Preparation (concrete, pallet, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Protection (covered, UV light safe, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Additional equipment (pump, spigot, hose): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**DISTRIBUTION OF WATER SUPPLIES TO POINT OF CARE**

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

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

**ANNEX 1**

**CONTINUITY OF OPERATIONS PLAN**[[9]](#footnote-9)

This Continuity of Operations Plan (COOP) will document how this division will perform essential functions during an emergency. Emergency situations can last anywhere from a few days to several weeks, and sometimes even years. To ensure <Insert Facility Name Here> can respond effectively to any situation this COOP will focus on the 8 concepts to include:

* Essential functions
* Key Personnel
* Delegations of Authority & Orders of Succession
* Critical Records Databases
* Systems & Equipment
* Alternate Facilities
* Communications
* Reconstitution & Devolution
* Training & Exercise

**Essential Functions:**

According to Federal Emergency Management Agency (FEMA) the essential functions are the critical activities performed by organizations, especially after a disruption of normal activities.

These essential functions are duties <Insert Facility Name Here> is responsible for no matter what is happening. <Insert Facility Name Here> cannot let disruptions interrupt normal practices for more than 12 hours. These essential functions may include statues required by law, vital services, or any civil authority. It is important that <Insert Facility Name Here> maintains the safety of staff, residents, and visitors during an emergency.

Essential functions must be prioritized according to this facility, so that this facility may continue operations in the event of an emergency. Any task that is not deemed an essential function will be deferred until personnel and/or resources become available.

After 1 day of emergency operations are completed, functions from the next time frame shall be resumed as personnel and resources allow.

* After 1 week of emergency operations, either normal operations must be reinstated or functions from the last time frame shall be resumed as personnel and resources allow.
* After 30 days of emergency operations, all functions shall be resumed at normal operation levels.
  + If normal operations cannot be resumed in 30 days, the hospital will defer to the devolution agreement with <Insert Alternative Site Here>.

<Insert Facility Name Here> has specified which functions shall be carried out in order of priority, who the responsible and alternate staff are, any alternate location and dependencies as well as the location of the supporting documentation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Function Description** | **Priority Level** | **Responsible and Alternate Staff** | **Alternate Location** | **Dependencies** | **Location of Supporting Documentation** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Key Personnel:**

**STAFF ORGANIZATION CHART**

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

**Delegations of Authority & Orders of Succession:**

According to FEMA Delegations of Authority is the identification, by position, of the authorities for making policy determinations and decisions at HQ, field levels, and all other organizational locations. Generally, pre-determined delegations of authority will take effect when normal channels of direction have been disrupted and will lapse when these channels have been reestablished. While Orders of Succession are for the assumption of senior agency offices during an emergency if any of those officials are unavailable to execute their legal duties.

On the previous page you will see the Key Personnel Staff Organizations Chart. This chart has staff assignments/pre-defined roles, showing hierarchy of authority and succession plan. This chart shows the people who can make everyday decisions at the organizational level. However, this chart may not be feasible in an event of an emergency. (See below for authorized representatives.)

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

Alternate legally authorized representative: <Insert their name>

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

1. <Insert their name>

2. <Insert their name>

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

1. <Insert their name>

2. <Insert their name>

3. <Insert their name>

4. <Insert their name>

5. <Insert their name>

**Critical Records, Databases, Systems & Equipment**

FEMA refers the Critical Records, Databases, and Systems & Equipment as the identification, protection and ready availability of electronic and hard copy documents, references, records, information systems, data management software and equipment needed to support essential functions during a continuity situation.

This documentation can include: staff rosters, patient records, employee records, preparedness plans, legal & financial functions, etc.

See the below table for your facilities Critical Records, Databases, and Systems & Equipment.

In the below table provide any important Critical Records, Databases, and Systems & Equipment:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **0Name of Record** | **Type of Record (i.e. Paper or electronic- type of electronic)** | **Priority Level** | **Responsible and Alternate Staff** | **Location of Supporting Documentation** | **Protection Method** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Alternate Facilities**

Should an alternative site become necessary arrangements should be made with another facility. These arrangements should also address the receipt of residents to ensure the relocating facility is able to continue their operations. (Refer to Appendix B for evacuation forms).

<Insert Alternate Business Functions Location>

If desired alternate care facility is not available, it may be applicable to develop nontraditional options. These options may include: working from home, telecommuting, or mobile office concepts. While these may not work for inpatient facilities there may be some staff that can do these non-traditional working environments temporarily.

**Communications**

Communications is critical as communication systems must support connectivity to internal organizations, other agencies, critical customers, and the public. It is important to have accurate communications with staff, residents, visitors, stakeholders, and most importantly, the media. A communications plan is a primary tool used in an emergency to ensure protocols are followed.

This communications plan will govern all communications within an organization and externally as well. Depending on the emergency depends on how much of the communications plan is needed.

Staff training is not only important, but a necessity. Lack of preparedness can potentially disrupt the preservice of life and property. Being unprepared may allow for low emergency response times, harm or stress staff, residents, and/or visitors, agitate parties involved, leave the media out, and allow the emergency to go on longer than it needs to.

If an incident were to occur this facilities staff should know instinctively what to do and how to report information up the chain, to the Incident Commander (IC).

The Incident Commander (IC) should:

* Evaluate the severity of the event
* Gather accurate information
* Notify stakeholders
  + First responders (911, EMS, fire, police)
  + Utility companies (power, water, gas)
  + Residents and families
  + Employees
  + Corporate management
  + Public Information Officer (PIO) of Facility Spokesperson
    - IC and PIO should work together to approval any official statements being released. (Use organizations media plan.)

This facility day-to-day communication capabilities rely upon:

* Telephone (landline and mobile)
* Radio
* E-mail
* Website (Intranet and Internet)

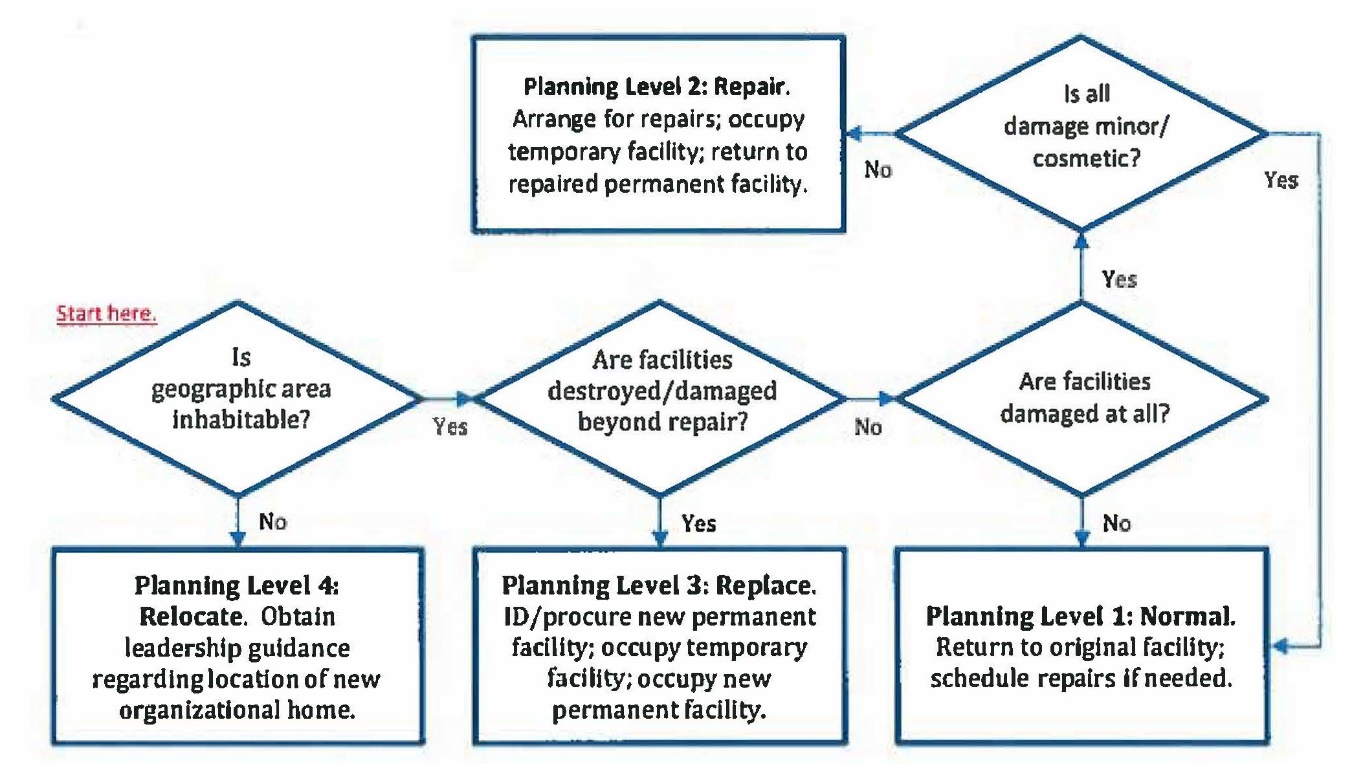
When these day-to-day communications are disrupted it is important to have an alternative communications channels plan. Organizational leadership must be prepared to deal with the situation as it happens and find alternative communication methods.

**Reconstitution & Devolution[[10]](#footnote-10)**

FEMA states that reconstitution is the process by which surviving and or replacement agency personnel resume normal agency operations form the original or replacement primary operating facility. While Devolution is the capability to transfer statutory authority and responsibility for essential functions from an agency’s primary operating staff and facilities to other agency employees and facilities.

Reconstitution has three planning levels: Level One- Operations Planning, Level Two- Short-Term Planning, and Level Three-Long-Term Planning. (See Reconstitution Exhibit below for quick reference guide)

Table 14- Reconstruction Exhibit



* Operations planning: the facility has little to no damage and focuses on returning to normal operations within less than 30 days.
* Short-Term Planning: the facility has moderate damage and focuses on moving operations to a temporary facility which lasts from one to six months.
* Long-Term Planning: the facility has been severely damaged or damaged beyond repair and focuses on moving operations to a new building or rebuilding the current operating facility. This generally takes six months to over a year.

Devolution may occur when emergencies render the facilities leadership and staff of being uncapable of performing essential functions normally this type of emergency event is a destruction of the facility.

<Insert Facility Name Here> Devolution Plan:

* Includes the elements of a viable continuity capability: program plans and procedures, budgeting and acquisitions, essential functions, orders of succession and delegations of authority specific to the devolution site, interoperable communications, essential records management, staff, TT&E, and reconstitution.
* Identifies prioritized essential functions, defines tasks that support essential functions, and determines the necessary resources to facilitate those functions.
* Includes a roster that identifies fully equipped and trained personnel who will be stationed at the designated devolution site and have the authority to perform essential functions and activities when the devolution option of the COOP Plan is activated.
* Identifies what would likely activate or “trigger” the devolution option and specifies how and when control and direction of the <Insert Facility Name Here> operations will be transferred to and from the devolution site.
* Lists or references the necessary resources (i.e., equipment and materials) to facilitate the immediate and seamless transfer of and performance of essential functions at the devolution site.
* Establish and maintain reliable processes and procedures for acquiring the resources necessary to continue essential functions and to sustain those operations for extended periods.
* Establish and maintain capability to restore or reconstitute the NMDOH authorities to their pre-event status upon termination of devolution.

Devolution plans will involve the following:

* Personnel at the devolution organization are trained and/or capable to perform the COOP functions to the same level of proficiency as <Insert Facility Name Here> personnel.
* Vital records, documents, and databases are up to date and available to the devolution organization.
* Communications and information management systems can be transferred or are accessible to the devolution organization.
* Delegation of authority planning includes senior personnel at the devolution organization.
* The estimated duration of devolution and a process to return functions and equipment.

<Insert Facility Name Here> is prepared to transfer all essential functions and responsibilities to personnel at a different location should an emergency render leadership or staff unavailability. The following location will be used in the event of devolution:

* <Insert Devolution Site Name Here>
* <Insert Contact Information Here>
* <Insert Leadership Information Here>

<Insert Facility Name Here> will need to identify what training will need to be given to the devolution site staff so they are able to take over essential functions. Facility will need to come up with other training necessities for the transfer of essential functions.

* How to do a certain duty
* How to access patient records if record keeping system is different

<Insert Facility Name Here> will need to identify an essential functions priority list to include:

* Vital services
* Functions not familiar with

<Insert Facility Name Here> will need to identify what type of file, records, and databases the devolution staff may need to carry out essential functions.

* Type of record
  + Vital files
  + Paper
  + Electronic
* Last update of record
* Where can record be found
* Is this record accessible at the devolution site?

<Insert Facility Name Here> will record any communications capabilities the devolution site should need to carry out essential functions. If <Devolution Site Name> already has communication capabilities in place, facility can perform essential functions. If <Devolution Site Name> does not have communication capabilities a procedure may need to be established for moving them from <Insert Facility Name Here> to <Devolution Site Name>.

<Insert Facility Name Here> will provide information on triggering conditions that may set off a devolution activation.

* How the devolution site will be notified it’s being initiated
* What will trigger termination of devolution
  + by which functions
* How will equipment be returned to facility

**Training & Exercise**

Training and testing this plan helps ensure the facility staff are aware of emergency response protocols and can effectively implement them in an actual emergency. During the new staff orientation, training shall be conducted on this EOP. All other staff members should go through an annual training to be informed on any updates, or changes to this EOP.

A fire drill should be done every quarter, and a disaster drill should happen every six months to one year. A written report of the drills and exercises should be maintained and modified when necessary. As this EOP was designed for inpatient treatment facilities actual evacuation of residents is optional but may be necessary to ensure safe evacuation or residents in the event of an actual emergency.

<Insert Facility Name Here> participated in a Table Top Exercise when feasible to document and conduct a facility-based exercise to test specific aspects of this EOP and identify areas of improvement. There will be a formal exercise plan developed by <Insert Facility Name Here> with objectives and scenarios designed to meet the objectives.

An After-Action Report (AAR) must be completed following all exercises with identified areas of improvement. Document of the exercises include sign-in sheets available for review <Enter Location of Documentation or State Upon Request>.

**ANNEX 2**

**RECOVERY PLAN**

This Emergency Recovery Plan is to ensure that this facility can respond to a disaster while minimizing the effect on business operations. Recovery planning starts immediately after an emergency occurs. Every emergency is different, and the recovery process may look different in each unique situation.

Employee training is first and foremost when it comes to recovery. Staff should know their roles and responsibilities. They should know about threats, hazards, and protective actions. Staff should be familiar with emergency response procedures and be able to warn, notify, and communicate these procedures. Staff members should know what to do in the event of an evacuation, shelter in place, emergency shutdowns, and common locations used when needed.

Again, recovery starts from the beginning and works its way through the emergency. These steps to recovery include:

* Report the incident to applicable agencies
* Assess residents, staff and visitors and identify any medical needs
* Offer treatment for residents, staff, and visitors after assessing their medical needs
* Assess all residents for transfer
* Notify families, staff, and other appropriate entities
* Coordinate return of residents with local authorities and vendors
* Resume normal operations
  + Unlock doors, exits & windows
  + Put furniture back
* Continue to assess residents for adverse impacts
* Coordinate with law enforcement and other emergency response authorities for follow-up actions
* Work with insurance companies, funding agencies, local, state and federal emergency management to begin reimbursement procedures for resident billing and cost expenditures related to the event.
  + Arrange for inspections from local and state authorities
  + Resupply as needed to ensure facility is resident ready
    - Discard all food and other supplies that may have been damages or expires during the incident
  + Obtain repairs and/or cleaning of facility as needed
* Complete all repairs/resupply and restoration activities
* Conduct After Action Report (AAR)

1. “NFPA 110's Fuel Requirements Can Help Guide Backup Power Plan For Hospitals.” *Facilitiesnet*, 18 Sept. 2013, www.facilitiesnet.com/healthcarefacilities/article/NFPA-110s-Fuel-Requirements-Can-Help-Guide-Backup-Power-Plan-For-Hospitals--14338. [↑](#footnote-ref-1)
2. CMS. “Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements by Provider Type.” *CMS Requirements*, 2019, www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/EP-Rule-Table-Provider-Type.pdf. [↑](#footnote-ref-2)
3. “CAHF-DPP: Emergency Operations Plans for Long Term Care.” *California Association of Health Facilities Disaster Preparedness Program*, Nov. 2017, https://www.cahfdisasterprep.com/eop. [↑](#footnote-ref-3)
4. “Active Shooter.” *Wikipedia*, Wikimedia Foundation, 16 Nov. 2019, en.wikipedia.org/wiki/Active\_shooter. [↑](#footnote-ref-4)
5. *Air Quality Index (AQI) Basics*, airnow.gov/index.cfm?action=aqibasics.aqi. [↑](#footnote-ref-5)
6. “2018 New Mexico Statutes :: Chapter 24 - Health and Safety :: Article 1 - Public Health :: Section 24-1-15.2 - Conditions of Public Health Importance; Reporting.” *Justia Law*, law.justia.com/codes/new-mexico/2018/chapter-24/article-1/section-24-1-15.2/. [↑](#footnote-ref-6)
7. “Health Insurance Portability and Accountability Act of 1996 (HIPAA).” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 14 Sept. 2018, www.cdc.gov/phlp/publications/topic/hipaa.html. [↑](#footnote-ref-7)
8. “Topic Collection: Hazard Vulnerability/Risk Assessment.” *Hazard Vulnerability/Risk Assessment | ASPR TRACIE*, asprtracie.hhs.gov/technical-resources/3/hazard-vulnerability-risk-assessment/1. [↑](#footnote-ref-8)
9. “Hospital Continuity Resources.” *Emergency Preparedness*, 2017, https://www.calhospitalprepare.org/continuity. [↑](#footnote-ref-9)
10. “Reconstitution Plan/Annex Template and Instructions.” *Home | FEMA.gov*, Oct. 2018, http://www.fema.gov/media-library-data/1571761169488-6e09e170694b390039db262fa7cd2053/reconstitution\_plan\_template.pdf. [↑](#footnote-ref-10)