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TOOLS FOR EMERGENCY PLANNING AND MANAGEMENT

FOR NURSING HOMES AND ASSISTED LIVING RESIDENCES

Colorado Department of Public Health and Environment

BE SAFE BE PREPARED

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Please Read

For the purposes of this toolkit, nursing homes and assisted living residences will be referred to as *long term care facilities,* except when referencing regulations and other sections and appendices that are specific to nursing homes or assisted living residences

This revised toolkit was made possible by a grant from the U.S. Department of Health and Human Services.

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Table of Contents

Introduction

This emergency management and planning toolkit is made available to assist Colorado nursing homes and assisted living residence providers with the resources and guidelines to effectively develop, maintain and implement your emergency operations plans for all hazards, including those required by federal and state regulations and those determined by your geographic region and hazard vulnerability analysis.

For the purposes of this toolkit, *all nursing homes and assisted living residences will be referred to as long term care facilities*, except for specific sections and appendicies that are specific to nursing homes and/or assisted living residences.

This emergency preparedness toolkit provides you with a template to build out your facility emergency operations plan (EOP) using the simplified hazard analysis tool as well as standard operating guidelines for all potential hazards, disasters and emergencies. Additional resources and links can be found under additional resources.

Icons used throughout this toolkit indicate:

 **further web resources**  **hint, tip or best practice**  **appendicies & checklists**

You will encounter many acronymns and terms. APPENDIX A of this guide includes websites for downloading comprehensive lists.

To complete your toolkit please review each section of this document. This toolkit is also designed to use each section and standard operating guidelines as a training resource for your staff and residents. Use the Long Term Care Emergency Operations Plan Template as an outline to build out your plan using the appropriate documents identified in this guide.

If you have questions regarding this information please contact:

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Long Term Care Emergency Operations Basic Plan

Purpose

The purpose of the <insert Facility Name> Emergency Operations Plan (EOP) is to improve the capacity to detect, respond to, recover from, and mitigate (ease) the negative outcomes of threats and emergencies. The <insert Facility Name> Emergency Operations Plan establishes a basic emergency plan to provide timely, integrated, and coordinated response to the wide range of natural and manmade events that may disrupt normal operations and require pre-planned response to internal and external incidents.

The material in this section may be used as a guide to write your facility specific purpose, scope, awareness and planning assumptions.

The objectives of your Emergency Operations Plan should include:

- Providing maximum safety and protection from injury to residents, visitors, and staff.
- Attending promptly and efficiently to all individuals requiring medical attention in an emergency situation.
- Providing a logical and flexible chain of command to enable the maximum use of resources.
- Maintaining and restoring essential services as quickly as possible following an incident.
- Protecting facility property and equipment.
- Satisfying all applicable regulatory and accreditation requirements.
- Keeping CDPHE informed of any emergency that directly impacts this facility.

Scope

- Within the context of this plan, an incident is any emergency event which overwhelms or threatens to overwhelm the routine capabilities of the facility.
- This all-hazards EOP describes an emergency management plan designed to respond to natural and manmade incidents, including natural disasters as well as technological, hazardous material, and terrorist events.
- This base plan describes the policies and procedures <insert Facility Name> will follow to mitigate, prepare for, respond to, and recover from the effects of emergencies.
- The Standard Operating Guidelines are the blueprint for how this facility will respond to certain hazards. Any attachments or job aids are necessary details to those responses.

Situation and Planning Assumptions

1. Situation Overview

The most serious hazards faced by <insert Facility Name> are facility fire, infectious disease outbreak, staff shortages, termination of vital services & utility disruptions, and winter storms *(Using the Hazard Vulnerability Analysis Tool (3), add any other hazards your facility may face or that your local emergency manager may want you to prepare for).* Vulnerabilities to these hazards have the potential to affect the community as a whole, and this facility's Standard Operating Procedures for each hazard will detail how the staff of this facility plans to respond in each situation.

Local County Health Department

Through cooperative efforts with community partners, <insert Facility Name> has identified the capabilities that the community can contribute to aid in meeting the needs of the facility.

During an emergency, <insert Facility Name>'s role within the community is to care for affected residents and/or wounded individuals to the best of our ability, while maintaining the health and safety of our unaffected residents.

2. Planning Assumptions

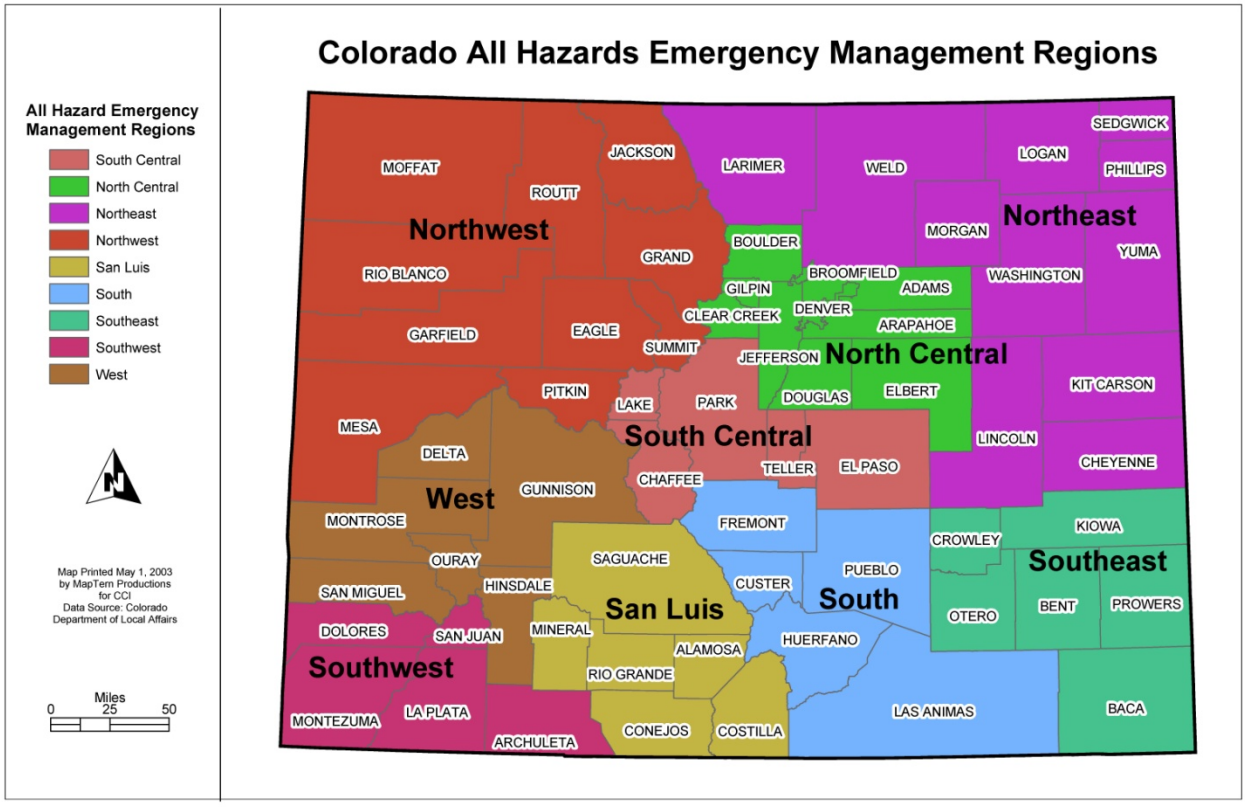
This plan was created with the following assumptions being treated as fact in all disaster situations:

- The facility is vulnerable to tornadoes, floods, blizzards, wildfires, facility fires, civil unrest, and the spread of epidemic or pandemic diseases and infections. <Add other hazards as directed by your hazard vulnerability analysis (HVA) and/or your area emergency manager>.
- Disasters can occur in all sizes and durations and will require the coordinated response of the facility's personnel to protect residents and employees alike.
- All disasters will merit one of two responses by the facility: *to evacuate or to shelter in place.*
- The facility will require outside assistance from emergency medical services, firefighters, law enforcement, the healthcare community, and the community at large to evacuate the facility for long periods of time.
- Sheltering in place is the preferable response to most disasters.
- This facility will be as self-sustaining as possible for 96 hours, or until community help can arrive.

3. Hazard Vulnerability Analysis (HVA)

<Insert Facility Name> will identify the potential emergencies that could affect demand for the facility's services or its ability to provide those services. You should also analyze the likelihood of those events occurring and the consequences of those events. This assessment is a **Hazard Vulnerability Analysis,** a simple Excel Spreadsheet tool designed to assist in gaining a realistic understanding of the vulnerabilities your facility may face and to assist you in focusing the resources and planning efforts required. Colorado is divided into 9 hazard regions. There will be specific hazards you will need to address in your plan, based on the region in which your facility is located. The HVA instructions and worksheet is located under the **Emergency Preparedness Resources** on our website.

REMEMBER: SPECIFIC HAZARDS FOR SPECIFIC REGIONS



Building Resilient Community Partnerships

It is essential to build vital community partnerships with your local law enforcement agencies, fire departments, emergency management services, area emergency managers, hospitals and public health organizations. Each county has an Emergency Manager that who would like to become your new best friend. Invite them into your community and start building a collaborative partnership.

The Resilient Community Partnership is a cooperative and integrative approach to implementing the Emergency Management Cycle within a community promoting economic stability, continuity of government and other vital services following a disaster.

Once you identify your partners, create a Local Emergency Preparedness Council. Many counties in Colorado have already established these resources. Make a phone call to your area emergency management office. Jefferson County, CO, for example, has established an excellent disaster preparedness partnership with health facilities in their community.

Go to your local county website and download a copy of their emergency operations plan. An example of Jefferson County's Citizen EOP is available: http://jeffco.us/jeffco/emerg_uploads/citizens_emergency_prep_guide.pdf

Colorado All Hazards and Emergency Area Contacts (as of 7/15/12)

San Luis Valley Region Jeff Babcock Phone: 719-480-1767 Fax: 719-587-5276 slvhls@gojadeorg www.sanluisvalleyretac.org	**Northwest Region** Liz Mullen Phone: 970-468-0295 x 123 lmullen@nwc.cog.co.us
Northeast Region Jon Surbeck Phone: 970-397-5784 vistap@lpbroadband.net	**Southeast Region** Susie Wickman Phone: 719-456-0796 susie.wickman@bentcounty.net www.seregion.com
Southwest Region Shelly Thompson Phone: (970)563-0100 x2401 FAX: (970)563-0215 sthompson@southern-ute.nsn.us	**North Central Region** Scott Kellar Phone: 303-768-8732 skellar@co.arapahoe.co.us www.ncrcolorado.org
South Region Don Saling Phone: 719-583-6290 shsgcoord@co.pueblo.co.us	**West Region** Christy Laney Phone: 970-417-4945 Fax: 866-527-7320 coordinator@westregion.org www.westregion.org
South Central Erin Duran 375 Printers Parkway Colorado Springs, CO 80910 (719) 385-7274 eduran@springsgov.com	**Homeland Security Coordinators for Colorado Regions:** http://www.colorado.gov/cs/Satellite/GrantProgram-OHS/GOHS/1211361062933 **Colorado Area Emergency Managers:** http://www.coemergency.com/p/sources.html

Emergency Operations Plan Checklist

The purpose of this checklist is to provide guidance in the development of an emergency operations plan containing detailed information, instructions, and procedures that can be engaged in any emergency situation threatening or occurring at a nursing home or assisted living residence. This plan must incorporate staff roles and responsibilities essential to this process. Staff must be educated and well prepared for their role(s). Drills and reviews must be conducted to ensure that the plan is workable and that it includes back up measures for plan components.

ITEM	ITEM COMPLETED		REVIEW DATE	REVISION DATE
PROGRAM MANAGEMENT	**YES**	**NO**		
Facility Chain of Command established & current				
Emergency Management Committee established/current				
Incident Command System structure established/current				
Local partnerships established & renewed				
• Area Emergency Management				
• Emergency Responders (Police, Fire & EMS)				
• Other Health Care Network/Providers				
• Other public/private responders & resources				
Plan activation triggers defined & understood				
Responsible parties assigned for implementation of Emergency management program				
Emergency Operations Plan & Guidelines reviewed, (Revisions complete minimum of twice each year)				
Transfer agreements/MOUs established & current				

ITEM	ITEM COMPLETED		REVIEW DATE	REVISION DATE
COMMUNICATIONS MANAGEMENT	**YES**	**NO**		
24/7 Communication capability with redundancy				
Emergency Power				
Protocols for rapid notification of staff				
• Facility Staff				
• Area Emergency Management Agency				
• Oversight Agencies				
• Public and Private Resources				
• Facility Ombudsman				
System & staff in place for communication with resident & staff families, media, etc.				
24-hour contact info for above current & verified				
HAZARD VULNERABILITY ANALYSIS	**YES**	**NO**		
Facility internal and external hazard analysis completed				
Communication & facility hazard analysis integrated				
RISK REDUCTION FACTORS (Mitigation)	**YES**	**NO**		
Identification				
Implementation plan established				

ITEM	ITEM COMPLETED		REVIEW DATE	REVISION DATE
CAPABILITY ASSESSMENT	**YES**	**NO**		
Able to respond to threats based on plans & resources				
Consistent with hazard analysis & risk reduction actions				
EMERGENCY PLANNING AND RESPONSE	**YES**	**NO**		
Plans and Procedures in place to respond to the following hazards and events				
• Active Shooter/Intruder/Hostage Situation				
• Animal Care During An Emergency				
• Avalanche/Landslide				
• Bomb Threat and Suspicious Mail				
• Civil Disturbances				
• Chemical, Biological, Radiological and Nuclear				
• Drought				
• Earthquake				
• Electrical Power Outage				
• Emergency Notification of Administrator				
• Epidemic/Pandemic				
• Explosions				
• Fire				
• Flood and Dam Failure				
• Heat and Humidity				

ITEM	ITEM COMPLETED		REVIEW DATE	REVISION DATE
EMERGENCY PLANNING AND BRESPONSE	**YES**	**NO**		
• Infectious Diseases				
• Landslide or Subsidence (sinkhole)				
• Lockdown				
• Loss of Telephone				
• Mass Casualty Incident				
• Missing Resident				
• Murder/Suicide				
• Psychological First Aid				
• Severe Weather				
• Staff Shortage				
• Termination of Vital Services				
• Terrorism				
• Tornados				
• Water Shortage				
• Wild Fires				
• Winter Storms/Blizzards				
• Workplace Violence				
RECOVERY	**YES**	**NO**		
Plan to restore services				

RECOVERY	YES	NO		
Plan to restore/repair infrastructure				
Plan to restore programs				
Plan for continuity of staff & operations				
EVACUATION PLAN	**YES**	**NO**		
Activation criteria established				
Identification and mutual agreement of alternate site(s)				
Resources to move residents identified & on-hand				

ITEM	ITEM COMPLETED		REVIEW DATE	REVISION DATE
EVACUATION PLAN	**YES**	**NO**		
External transportation arrangements & written contract				
Resident (specific to care needs) evacuation destination predetermined & current				
System to identify & track destination/arrival of residents				
Family/responsible party notification protocol				
Government agency notification protocol				
Transport of medical records, meds & specialized treatment supplies with residents				
DRILLS AND EXERCISES	**YES**	**NO**		
Emergency preparedness drills (min 2 times each year)				
Written critique & responsible party review of each				
Written critique & responsible party review of real world incidents or responses				

Revisions initiated & completed immediately				
Participation in community wide exercise program				
EDUCATION AND TRAINING	**YES**	**NO**		
All staff educated within four weeks of plan revisions				
Staff familiar with their roles in the facility's Emergency Operations Plan				

There is no perfect emergency operations plan!

Any checklist has shortcomings in that it cannot measure the reality of a given event, or actual capabilities of facility staff. Expand this checklist as needed. A blank checklist is included Do your best to **BE SAFE and BE PREPARED**!

Emergency Operations Plan Checklist

ITEM	ITEM COMPLETED		REVIEW DATE	REVISION DATE
	YES	NO		

Memorandums of Understanding (MOUs)

It is essential for your community to engage with other facilities and organizations on evacuation agreements. These agreements must address evacuation procedures to and from another facility or organization. Your community should also have agreements in place for food, water and other essential medical products and services.

The FEMA *Writing Guide for A Memorandum of Understanding* (MOU) is included at the end of this section as a resource for developing your facility MOU.

A sample health care facility MOU is also provided for your review.

Instruction Sheet for Facilities
Attached Memorandum of Understanding (MOU) Template

1. The attached MOU template is not intended to be legally binding on the parties. Rather, the intent is to establish an advance relationship between a facility in need of resources and a company who may have resources and is willing and able to provide assistance during a declared emergency or disaster. It is important to recognize that, even if an MOU has been signed by the parties, resources are always subject to availability and a company's prior commitment. Thus, it is good planning to have more than one MOU with companies that may be in a position to provide particular goods or services. Don't become discouraged if you are unable to find companies who are willing to sign an MOU to provide resources. Every community is different. Be resourceful. If a company does not agree to assist your facility, find another source, or negotiate more reasonable amounts of goods or services. Please also keep in mind that, although you may want to secure as much of a particular resource as you can, the company always has the right to ration supplies. Be respectful and reasonable in your requests and expectations.

2. During a declared emergency or disaster, many retail companies with large amounts of stock will choose to help their communities recover quickly by making available water, tarps, construction supplies, etc. Although some companies may donate good and services, it is more likely that your facility will be required to pay for needed resources. Because of this it is critical for the facility to keep sufficient emergency cash reserves secured onsite and available for use in the event of a disaster. Also, keep in mind that credit cards may not work if a major emergency or disaster strikes. Before you approach a company that has resources you need, fill in the bold font, bracketed portions of the template, deleting **BOLD FONT** wording in the brackets. Be aware that some companies have their own MOUs or Memorandum of Agreement (MOAs) available to use.

3. Facilities are strongly urged to consult with an attorney of their own choosing and their insurance carrier before electing to use the attached Memorandum of Understanding (MOU) template. The Colorado Department of Public Health and Environment /Health Facilities and Emergency Medical Services Division, is not responsible for any facilities' agreements or emergency operations plans.

Sample #1 Memorandum of Understanding

Between

(Insert Facility Name Here) and

(Insert Company Name Here)

1. **Introduction**
   During times of emergencies, critical functions (water, gas and electric utilities) and infrastructures (governments and communities) may not be working or may be only providing minimal services. Some facilities such as this one may require assistance with water supply, transportation, delivery of food or medications, temporary alternative shelter, or with other important functions. This facility is planning ahead for those times and seeks your assistance so that it may better provide for the health, safety and welfare of facility residents.

2. **Parties**
   This Memorandum of Understanding is entered into by the parties for the purpose of acquiring resources from **(insert full name of company here**) located at **(insert full address here)** and **(insert name of assisted living facility as it appears on the license**) located at **(insert full address here),** a duly licensed assisted living residence that provides care and services to vulnerable adults.

3. **Purpose**
   This MOU is not intended to be legally binding. Rather, it is an advance agreement whereby, subject to availability, **(INSERT COMPANY NAME HERE)** agrees to provide needed goods and services to **(INSERT LICENSED FACILITY NAME HERE)** for the benefit of and use by facility residents during a declared emergency or disaster.

   A declared emergency or disaster is an event or incident such as a facility fire, gas explosion resulting in severe damage to the facility, tornado resulting in severe damage to the facility, bomb threat resulting in evacuation of the facility, loss of services to the facility such as power outage, gas outage, or water outage, or a community-wide disaster declared as such by local, state or federal authorities which threatens to create severe hardship for facility residents.

4. **(INSERT COMPANY NAME HERE)**
   Subject to availability, **(INSERT COMPANY NAME HERE)** agrees to provide one or more of the following: ***(Insert what the facility needs here that this particular company can provide and delete the rest: Water, equipment, transportation, shelter, etc., for instance, one pallet of bottled water, or if the facility needs transportation, one bus with a handicap lift with and driver.)***

5. There are no monetary agreements pursuant to this MOU between **(INSERT COMPANY NAME HERE)** and **(INSERT LICENSED FACILITY NAME HERE).**

6. **(INSERT LICENSED FACILITY NAME HERE)** in turn, shall provide **(INSERT COMPANY NAME HERE)** with as much information regarding all related emergency event activities, including providing the company as much notification time as possible regarding the facility's needs for the agreed upon resources. If possible, such information will include a tentative timeframe when the facility expects the emergency to conclude.

7. **Activation**

In the event of a declared emergency or disaster an authorized representative of **(INSERT LICENSED FACILITY NAME HERE)** will contact **(INSERT COMPANY NAME HERE)** or other key staff of the company to request needed goods and services under this MOU.

8. **Implementation and Term**

This MOU shall take effect upon its signing by all parties. This MOU may be amended at any time by mutual agreement of all parties. All parties will conduct an independent review this MOU on an annual basis. This MOU shall remain in effect until terminated by written notification from one party to another.

Agreed and Accepted to:

(Name of Facility) (Name of Corporation or Company)

(Person of Authority) (Name of manager, president, etc.)

Sign: _____ Sign: _____

Print Name: _____ Print Name: _____

Date:_____ Date:_____

Sample #2 Basic Memorandum of Understanding

The following < insert name of nursing home/assisted living> facilities agree to accept residents from other "like" facilities in the event of a disaster. A disaster is any event, natural, man-made or technological, that the facility determines that a partial or full evacuation is necessary.

This transfer would not exceed the receiving facility's total bed capacity on a long-term basis.

All facilities involved in a transfer during **a declared** disaster will be responsible for contacting the Health Facilities and Emergency Medical Services Division for decisions regarding Medicare/Medicaid reimbursement and any other issues.

The facilities involved in transferring residents during a disaster will mutually determine the beds available, whether special needs and resident choice can be accommodated.

All employees of the transferring facility will remain employees of the transferring facility for the purpose of worker's compensation insurance.

The receiving facility will distribute facility policies and procedures and information on emergency plans to employees of the transferring facility. The receiving facility will assign all employees to work with the transferring facility personnel.

Medical records will be evacuated as discussed in each facility's emergency plan.

The receiving facility will be responsible for all resident related costs after 12:00 midnight on the day of evacuation.

This agreement will renew automatically annually unless prior written 30-day notice is given.

Signed:

_____ _____

Transferring Facility Administrator Date

Writing Guide for a Memorandum of Understanding (MOU)

Homeland Security

SAFECOM

Table of Contents

Communications Interoperability Continuum

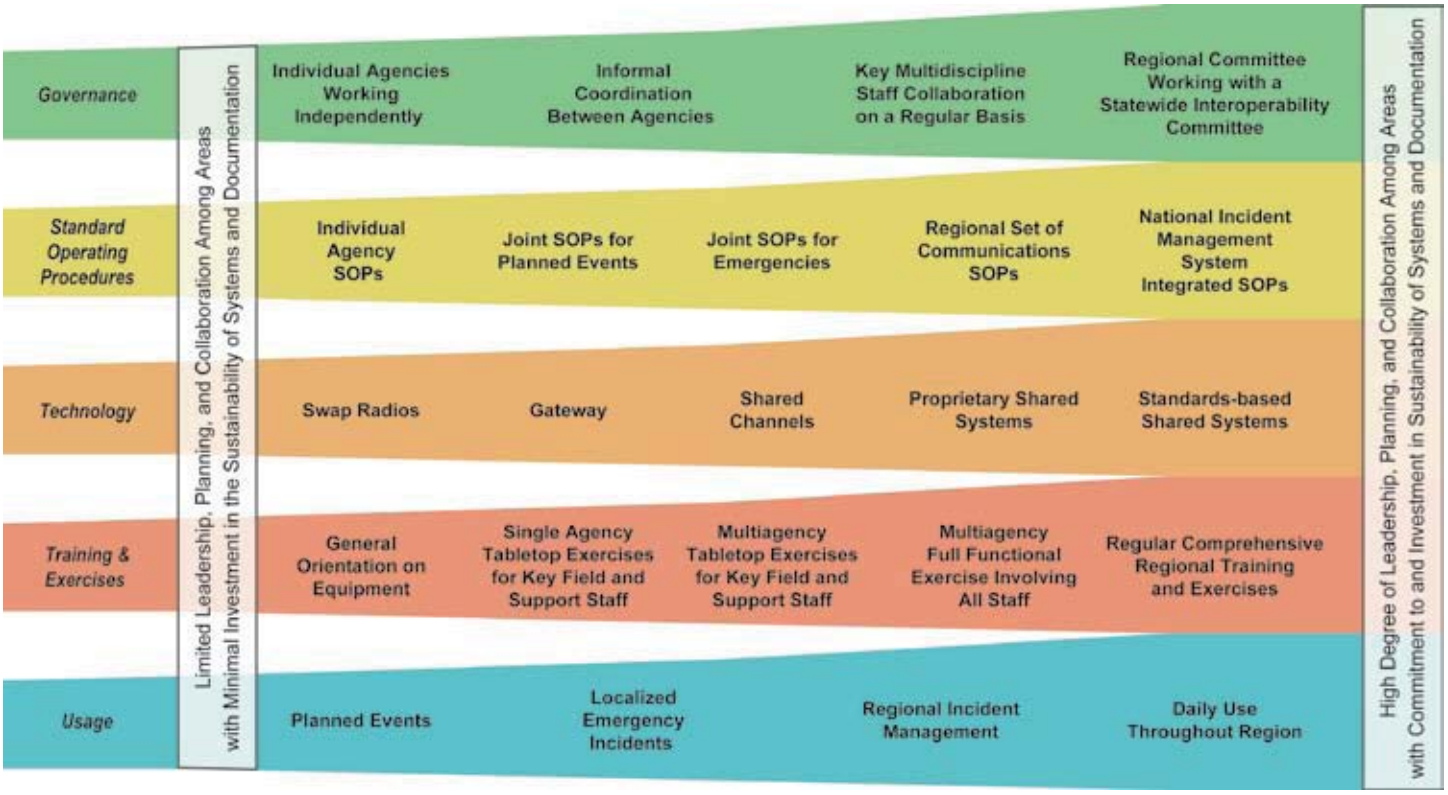


Figure 1

Writing Guide for a Memorandum of Understanding (MOU)

Overview and Background

With its Federal partners, SAFECOM provides research, development, testing and evaluation, guidance, tools, and templates on communications-related issues to local, tribal, state, and Federal emergency response agencies. A communications program of the Department of Homeland Security's Office for Interoperability and Compatibility, SAFECOM is managed by the Science and Technology Directorate.

SAFECOM helps the public safety community and local, tribal, state, and Federal policy makers address critical elements for success as they plan and implement interoperability solutions. The program is working with the public safety community to encourage a shift from a technology-centric approach to a comprehensive focus on improving interoperability. Although technology is critical for improving interoperability, other elements, including governance, standard operating procedures, training and exercises, and usage of interoperable communications, play a vital role.

To assist this shift to a comprehensive focus on interoperability, SAFECOM worked with public safety practitioners and local communities to develop a comprehensive framework called the Interoperability Continuum **(see Figure 1)**.

SAFECOM developed the Interoperability Continuum in accordance with its locally driven philosophy and its practical experience in working with communities across the Nation. The Continuum visually depicts the core facets of interoperability according to the stated needs and challenges of the public safety community and aids the efforts of public safety practitioners and policy makers to improve interoperability.

One of SAFECOM's goals is to provide the public safety community with tools to progress along all elements of the Continuum. This tool focuses on the Governance element of the Continuum and is specifically aimed to help communities interested in establishing formal agreements, such as Memorandums of Understanding (MOU), to address multi-organization coordination and communications.

Purpose

This tool provides guidance for developing an MOU. It includes:

- Recommendations for structuring the MOU
- Questions to consider when generating content for each section
- Sample language to illustrate how a community could write each MOU section

How To Use This Tool

This tool is intended to be your guide for writing an MOU. The document is laid out in a recommended MOU structure with suggested headings for each section. Each section poses questions to consider to help guide you when writing content for it. Sample paragraphs are included for your reference; however, it is important to note that the sample paragraphs are geared for illustration purposes toward a specific MOU example. The sample used in this document is for a city that is setting up an MOU among disciplines for the use of an intra-jurisdictional interoperability channel. Further, each community's MOU language will need to be modified according to the purpose of the agreement. The sample paragraphs provide examples and guidance only and should *not* be taken literally.

This document does not address every issue that jurisdictions may face when seeking to establish an MOU. An MOU should be customized to the capability or resource for which it is established and should consider any unique characteristics of the specific community and participating jurisdictions.

MOU Section 1: Introduction

The introduction section of the MOU helps the reader to understand the agreement content. It describes the need, the agencies involved, why it is necessary to work together, etc. This section should be a simple explanation of the agreement and why it is necessary. It does not need to include details about past efforts or discuss how the agencies reached this level of agreement.

Questions to consider:

① For what capability or resource is this MOU being created?

② What agencies are participating in the MOU? Include public safety agencies, other governmental bodies, and any private services.

③ Why is this MOU necessary?

④ What agreements are set forth by this MOU?

[Insert name of city here] public safety agencies recognize the need for interagency communication, interoperability, and cooperation. *[Insert name of city here]* police, fire response, and Emergency Medical Services (EMS) have well-established interoperability capabilities and mutual aid agreements in place. While these plans and agreements formally extend beyond jurisdictions, they tend to remain intra-discipline in practice. Today's public safety realities have highlighted the need for agencies to work together to establish communications interoperability and mutual aid plans—not only across traditional jurisdictional boundaries—but across disciplines as well.

To remedy the intra-discipline communication problem, the *[insert name of city here]* public safety agencies, *[insert agency names here]*, as well as the public service agencies *[insert agency names]*, have worked cooperatively to develop an intra-jurisdictional interoperability solution. This solution establishes dedicated radio channels with procedures that are accessible on communication equipment used by key public service officials, public safety officials, and public and private service executives.

MOU Section 2: Purpose

The purpose section should be a concise statement discussing the intention of the new or proposed capability that makes the MOU necessary. It explains how the agencies involved will use the new capability and under what circumstances.

Questions to consider:

① To what capability does the MOU apply? When answering this question, consider the questions that follow.

- **a.** What is the intended level of command?
- **b.** When will it be used?
- **c.** How will it be used?

The purpose of the intra-jurisdictional interoperability channel is to provide a command-level communications structure for ***[insert name of city here]*** and other key support agencies when managing any incident that affects public safety in ***[insert name of city here]***. This network transcends traditional or mutual intra-discipline aid in terms of purpose. The intra-jurisdictional interoperability channel ensures an organized method of coordinating ***[insert name of city here]*** resources to expedite efficient deployment of those resources and serves primarily as a logistics and unified command network.

MOU Section 3: Scope

The scope section lists the agencies and jurisdictions to be included in the agreement and describes their relationship. This section can also discuss end users, level of command, level of government, voice and/or data, etc.

Questions to consider:

① Who are the public safety, public service, and other governmental and non-governmental agencies that will use the capability/resource?

② What is the authorized user command level for the capability/resource?

The scope of the intra-jurisdictional interoperability channel includes ***[insert name of city here]*** public safety agencies including ***[insert name of city here]*** police, fire, and EMS, as well as ***[insert name of city here]*** public service agencies including ***[insert public service agency names here]***. Each agency has its own interoperability capabilities beyond the intra-jurisdictional interoperability channel.

MOU Section 4: Definitions

The definition section describes the operational and technical terms associated with the capability or resource for which the agreement is written. Providing definitions will help avoid confusion and uncertainty.

Questions to consider:

① What are the technical and operational aspects of the capability/resource? Consider including definitions for each.

② Are there any community-specific terms or acronyms? Consider including these acronyms and definitions.

The interoperability channels are referred to as ***[insert name of capability]***, whether transmitting on the ***[insert name of city]*** public safety communication system or the city's 800 Megahertz (MHz) trunked communication system. The ***[insert name of capability]*** is composed of one dedicated Ultra High Frequency (UHF) channel and a dedicated talk group on the city's trunked system that are "cross-patched."

MOU Section 5: Policy

The policy section of the MOU briefly describes circumstances under which the capability can be used. This section can also mention authorized use, activation, timing, and other circumstances.

Questions to consider:

① When can the capability/resource be used?

② When should the capability/resource be considered for use?

③ Who has the ability to authorize use of the capability/resource?

④ Are there operating procedures associated with this capability/resource? Can specific procedures be referenced?

The intra-jurisdictional interoperability channel is available for use on an as-needed basis any time multidiscipline operations dictate or at the discretion of the mayor's office. At a minimum, use of the channel should be considered during the planning phase for all large preplanned events and incorporated into any written operations plans. In the case of unplanned events, use of the channel will be in accordance with procedures outlined in the ***[insert name of capability/resource here]*** Standard Operating Procedures (SOP).

MOU Section 6: User Procedure Requirements

This section outlines the obligations of this agreement. For an agreement on sharing an enhanced capability, obligations may include training, exercises, user requirements, responsible parties for ensuring training, and awareness.

Questions to consider:

① What are the training, exercise, and equipment requirements associated with participating in this MOU?

② Are there additional requirements?

③ Are there any financial obligations that must be considered?

By signing this agreement, each agency using the intra-jurisdictional interoperability channel agrees to participate in city-wide drills to the greatest possible extent. The purpose of these procedure requirements is to ensure awareness of the channel and to prepare city personnel for its activation. Agencies with a signed MOU will be permitted to operate on the frequency but are required to provide and maintain their own equipment.

MOU Section 7: Maintenance

The maintenance section designates a responsible party or parties for maintaining equipment, systems, and licenses. The maintenance section can name a jurisdiction, agency, or individual.

Questions to consider:

① What are the maintenance requirements associated with participating in this MOU?

② Who will own the licenses?

③ Who will maintain the equipment?

The *[insert name of city here]* fire department will be responsible for licensing and maintaining the UHF and 800 MHz trunked systems that make up the intra-jurisdictional interoperability channel.

MOU Section 8: OVERSIGHT

The oversight section describes how agencies or jurisdictions will deploy the new capability. It can also describe how the agencies can provide recommendations that affect policy and whether other agencies accept or reject these recommendations. A description of internal agency policy regarding usage of the capability can also be provided.

Questions to consider:

① What governance structure oversees the use of this capability/resource and enforces all requirements of this MOU?

② Who is the chair of this governance structure and how is he/she appointed?

③ What are the participation requirements in this governance structure of agencies entering this MOU?

④ How are issues affecting policy, recommendations, and/or subsequent change implemented by the governance structure?

⑤ What is the voting method within the governance structure?

⑥ How do individual agencies establish oversight authority for the capability/resource?

Oversight of the intra-jurisdictional interoperability channel is administered through the ***[insert city name here]*** Interoperability Committee core members. The committee will be chaired by an appointee of the Mayor. Each agency participating in the use of the channel is required to provide a representative to the Interoperability Committee after entering into this MOU.

Any issues affecting policy, recommendation, and/or subsequent change that alter the purpose of the intra-jurisdictional interoperability channel will be implemented only after a consensus is reached by the Interoperability Committee.

Accordingly, each agency must establish oversight authority and the level of delegation in reference to use of the intra-jurisdictional interoperability channel.

MOU Section 9: Responsibility for SOP Compliance

This section assigns responsibility to agencies to ensure Standard Operating Procedures (SOP) for the capability are followed.

Questions to consider:

① Who is responsible for ensuring the SOPs associated with this capability/ resource are followed and that individual agency personnel are trained appropriately?

② How will compliance be carried out?

It is the responsibility of agency heads to ensure that the intra-jurisdictional interoperability channel SOPs are followed when necessary and to ensure that agency personnel are trained appropriately.

MOU Section 10: Updates to the MOU

This section describes how updates can be made to the MOU. It includes information such as who has the authority to update the MOU, how updates will be made, how participating agencies will be notified of updates, and the types of updates that will require signatures of all participating agencies.

Questions to consider:

① Who has the authority to update/modify this MOU?

② How will this MOU be updated/modified?

③ Will updates/modifications require this MOU to have a new signature page verifying the understanding of changes by each participating agency?

Updates will take place after the Interoperability Committee meets and gains consensus on proposed changes. It is then the responsibility of the committee to decide the best possible method of dissemination to all affected agencies. In the event that a proposed change or technical upgrade to the intra-jurisdictional interoperability channel degrades the capability or changes the purpose of the channel, a new signature page verifying the understanding of changes may be required.

Conclusion

For any area or region to improve communications interoperability, collaboration and participation of pertinent public safety stakeholders in a governing body are essential. A formal governance structure provides a unified front across multiple jurisdictions and disciplines within a particular political constituency. Such unity aids the funding, effectiveness, and overall support for communications interoperability. An MOU is important because it defines the responsibilities of each party in an agreement, provides the scope and authority of the agreement, clarifies terms and outlines compliance issues. It is SAFECOM's hope that this writing guide for an MOU helps practitioners establish the partnerships and authority necessary to achieve an effective governance structure for interoperable communications.

Sample Application

The following can be used to add agencies, jurisdictions, or individuals to the agreement.

This application is submitted by the requesting agency to the chair of the ***[governance body]*** for participation in the ***[name of capability/resource]***. ***[Name of capability/resource]*** participation is governed by the ***[governance body]***. Submission and acceptance of this application grants the authority for the use of the ***[name of capability/resource]*** as outlined in this MOU and in accord with the ***[capability/resource SOP]***. Each agency will need to update its own contact information with the ***[governance body]***.

APPROVED BY:

Name	City Executive Representative	Date
Name	Law Enforcement Representative	Date
Name	Emergency Management Representative	Date
Name	Emergency Medical Services Representative	Date
Name	Fire Service Representative	Date
Name	Other Agency Representative	Date

This MOU must be signed by the agency's head or his/her designee and submitted to the appropriate governing body for consideration.

The Department of Homeland Security (DHS) established the Office for Interoperability and Compatibility (OIC) in 2004 to strengthen and integrate interoperability and compatibility efforts in order to improve local, tribal, state, and Federal emergency response and preparedness. Managed by the Science and Technology Directorate, OIC is assisting in the coordination of interoperability efforts across DHS. OIC programs and initiatives address critical interoperability and compatibility issues. Priority areas include communications, equipment, and training. A communications program of OIC, SAFECOM, with its Federal partners, provides research, development, testing and evaluation, guidance, tools, and templates on communications-related issues to local, tribal, state, and Federal emergency response agencies.

Homeland Security

SAFECOM

Visit www.safecomprogram.gov or call 1-866-969-SAFE

Concept of Operations

This section provides <facility name>'s intended course of action in the event of an emergency.

Organization and Assignment of Responsibilities

This section establishes the emergency organizational structure that is relied on by all participants during an emergency scenario.

1. **National Incident Management System (NIMS) and Incident Command System (ICS)**
   a. <Facility Name> has incorporated the principles of NIMS into its EOP to ensure maximum compatibility with local and federal government response plans and procedures.
   b. <Facility Name>'s assignment of responsibility is as follows (Designate responsibilities by title, not name). Additionally, ICS forms 203 and 207 **(See ICS Appendices)** can help ensure that appropriate responsibilities are delegated.

NATIONAL INCIDENT MANAGEMENT SYSTEMS FOR NURSING HOMES AND ASSISTED LIVING RESIDENCES

Background

Homeland Security Presidential Directive (HSPD) 5 called for a single, comprehensive federal system to enhance the ability of the United States to manage domestic incidents. The National Incident Management System (NIMS) was rolled out in 2004 by the Department of Homeland Security to provide a template to enable all levels of government, the private sector, and nongovernmental organizations to work together during an incident. Much of NIMs is built upon the Incident Command System (ICS), which was developed in the 1970s. The U.S. Department of Homeland Security's National Response Framework incorporates key concepts for incident management (Chapter III, 9/07) which includes a community response using the Incident Command System.

National Incident Command System:
http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf

National Response Framework:
http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf

NATIONAL INCIDENT MANAGEMENT SYSTEMS FOR NURSING HOMES AND ASSISTED LIVING RESIDENCES

Don't panic! Think of it as preparing Thanksgiving Day dinner or planning a wedding.

The National Incident Management System (NIMS) is simply a management system was created to enable efficient incident management by integrating equipment, personnel, procedures, and communications operating within a common organizational structure. What makes the Incident Command System useful to businesses and health care entities is that it is a known system. Local, state, and federal emergency management offices already know the vocabulary, the organization, and the activities associated with the National Incident Command System. Police, fire, and rescue responders will be familiar with it. Key private sector organizations are encouraged to integrate NIMS into their emergency management plans, thereby unifying and strengthening a whole jurisdiction's response and recovery efforts.

Incident Command Designed for Long Term Care

As key private sector organizations and border-line critical infrastructure facilities, it is vital for nursing homes and assisted living residences to be incorporated in local community and state emergency response plans. *Utilizing the National Incident Management System in a long term care facility's emergency management planning will result in the facility better conforming to the State's Emergency Management System and position it to be better integrated into formal emergency response plans.* More importantly, the National Incident Management System may serve as an effective tool in helping nursing homes and assisted living residences assign staff for key emergency management duties and to designate needed equipment and supplies to carry out their assigned duties.

The Functions

NIMS features modular organization, which means the National Incident Management System:

- Develops in a top-down, modular fashion.
- Is based on the size and complexity of the incident
- Is based on the hazard environment created by the incident.

When needed, separate functional elements can be established, each of which may be further subdivided to enhance internal organizational management and external coordination.

The National Incident Management System is structured to support five major functional areas: command, operations, planning, logistics, and finance/administration. To do so your facility should assign the following roles to employees:

1. **Incident Commander:** The person who organizes and directs the facility's emergency operations. This person gives overall direction for facility operations and makes evacuation and sheltering in place decisions. Always name an alternate Incident Commander, who will be responsible for Incident Command in the event the initial designee is unable to assume responsibility. The Incident Commander may assign or assume three special functions which round out the Command Team:

2. **Public Information Officer:** Working directly with the Incident Commander as part of the Command Team, this is the person who is responsible for interfacing with the public and media about incident-related information. The PIO's role is to serve as a conduit for information flowing out from the facility regarding the emergency and the facility/resident(s) status. The PIO will also supervise communications to residents and family members. The Incident Commander must approve the release of all incident-related information. Only one incident PIO should be designated.

3. **Liaison Officer:** Working directly with the Incident Commander as part of the Command Team, the Liaison Officer is the point of contact for representatives of external agencies, organizations, and/or private entities that need to obtain the status of the facility or provide assistance or volunteers. This person will interact with the Colorado Department of Public Health and Environment, the local emergency operations center, the Red Cross, the fire department, and law enforcement. Such assistance efforts should be coordinated through the Liaison Officer interacting with the Logistics Section Chief.

4. **Safety Officer:** Working directly with the Incident Commander as part of the Command Team, the Safety Officer monitors the impact of the emergency on facility operations and advises the Incident Commander on all matters relating to operational safety. While the ultimate responsibility for the safe conduct of incident management operations rests with the Incident Commander, the Safety Officer works to ensure the safety of residents, staff, and visitors, and to monitor and correct hazardous conditions. The Safety Officer has emergency authority to stop and/or prevent unsafe activity during incident operations.

5. **Operations Section Chief:** This person organizes and directs activities related to providing resident care, dietary services, and environmental services. This section chief is in charge of hands-on, on-the-ground actions which serve to care for residents and staff, meet food service needs, and manage facility grounds during an incident.

6. **Planning Section Chief:** This person gathers and analyzes incident-related information across departments. This section chief obtains status and resource projections from all the other section chiefs for immediate and long range planning, helping the Incident Commander make decisions. From these projections, this chief compiles and distributes the facility's Incident Action Plan; a written plan containing general objectives and strategies for managing the incident. The Incident Action Plan is revised at time intervals set by the Incident Commander, e.g. every 8 hours.

7. **Logistics Section Chief:** This person organizes and directs those operations associated with providing adequate levels of personnel, food, and supplies to support the facility during an incident.

8. **Finance/Administration Section Chief:** This person monitors the utilization of financial assets and accounting for financial expenditures. This person also supervises the documentation of expenditures and cost reimbursement activities; as well as working to ensure business functions are maintained to the greatest extent possible.

Two things are important to remember about the NIMS functions.

1. Not all functions must be formally assigned to a person; assignment depends upon the nature and scope of the incident, as well as the availability of personnel. For example, it may be that during a low-risk incident with a small scope, the nursing home or assisted living residence's existing systems may suffice for managing the event, in which case only the Incident Commander and the Operations Section Chief are assigned.

2. One person may serve more than one function.

NIMS emphasizes the development and use of an Emergency Operations Plan (EOP). Every incident should be considered when creating an Emergency Operations Plan, which must be a written document, to cover all potential hazards sustainable in your facility's environment and geographical location.

An Emergency Operations Plan reflects the overall strategy for managing an incident within a prescribed timeframe called an Operational Period. An EOP includes the identification of resources and assignments.

Every EOP must answer the following four questions:

1. What do we want to do and how are we going to do it? ("Incident Objectives")
2. Who is responsible for doing it? ("Assignment List" or "Job Action Sheet")
3. How do we communicate with each other? (NIMs Org Chart")
4. What is the procedure if staff members are injured or otherwise unable to work?

The purpose of an Emergency Operations Plan is to give your facility's staff a clear understanding of the tactical actions for the next operational period.

For nursing homes and assisted living residences, it is recommended that written plans be used because:

- Oral plans could result in the miscommunication of critical information.
- Large changes of personnel will occur during each operational period.
- Personnel will often work across more than one shift.
- The incident may have important legal, political, or public ramifications.
- Complex communication issues may arise.
- A written record of actions taken is needed for historical or administrative needs.

Developing Standard Operating Guidelines for an EOP

The initial step in the incident action planning process is to develop the incident objectives. The Incident Commander must develop incident objectives within a short timeframe after assuming command. After the incident objectives are clear, strategies and tasks to achieve the objectives can be developed.

Use input from Section Chiefs and any other organizations involved. Key questions to consider include: What is the problem? What are the obstacles? What resources are needed to address the objectives? What are considerations for the next operational period?

Standard Operating Guidelines

A series of Standard Operating Guidelines (SOGs) have been developed and included in the appendices of this toolkit to assist you, the long term care provider, in implementing the appropriate guidelines, based on your hazard analysis process, to be addressed in Section [ ].

JAS Job Action Sheets for Long Term Care Incident Command

On the following pages you will find sample Job Action Sheets for the top level Command Staff that were developed by public health staff at the Westchester County Department of Health in New York State:

- Incident Commander (IC)
- Liaison Officer
- Safety Officer
- Public Information Officer (PIO)
- Documentation Officer
- Finance Section Chief
- Logistics Section Chief
- Planning Section Chief
- Operations Section Chief

These roles serve critical functions with which everyone should be familiar. They also provide a good illustration of the division of labor that occurs in the other sections. The Command Staff function as a single unit, and one single person might be competent to carry out all of the associated tasks, but in a large emergency no one person could carry out all these tasks simultaneously.

Note that on each JAS there are some blank lines. This is where incident-specific tasks can be quickly added if necessary. Additionally, any tasks on the JAS that are not needed during the event can be crossed out by the person issuing the JAS to a responder.

Why Use JAS?

Planning Purposes

Developing good Job Action Sheets that are appropriate for a specific agency's personnel and emergency response role can take a lot of time, effort, and collaboration. But it lets planners and potential responders (the people who are actually going to perform roles) clarify responsibilities and identify gaps or overlaps. They can also serve as guides for the development of a training curriculum.

When the Time Comes

Unlike other traditional emergency responders, such as fire, police, and EMS, most public health workers do not normally operate in emergency response mode. While regular planning, training, exercises and evaluation are necessary to ensure that public health workers are competent to perform their emergency response roles, having a JAS can help ensure that each responder understands and performs assigned duties according to plan.

Components of the Job Action Sheet

A Job Action Sheet, or JAS, is a tool for defining and performing a specific emergency response functional role. Remember, the tasks on the Job Action Sheet can be amended to fit the situation by adding or deleting tasks. The Unit Leader or Section Chief who is issuing the Job Action Sheet should review for applicability and add in writing any incident-specific instructions or changes. The key elements are:

- Position Title
- The name of the emergency response functional role.
- Note that these generally are not the same as every day, non-emergency job titles.
- Reports to: The supervisor that has direct authority over the worker.
- Mission: The purpose of the role, and a brief guiding principle for the responder to keep in mind.
- Immediate (goals and objectives): Tasks that must be completed first upon assuming the role or coming on duty.
- Intermediate: Tasks to be completed after the immediate tasks are addressed.
- Extended: Tasks to be completed later on an ongoing basis during the work shift.

Nursing homes and assisted living residences are encouraged to customize the Job Action Sheets, but must maintain the prescribed format and terminology as a means of ensuring the standardization benefit of NIMS.

It is recommended that the Job Action Sheets are kept with Incident Command identification (vest, cap, etc.) for the position, along with needed administrative items such as pens and paper.

Other ICS Resources

Emergency Management Institute: The Emergency Management Institute (EMI), located at the National Emergency Training Center in Emmitsburg, MD., offers a broad range of NIMS-related training. EMI's free online courses are located at: **http://training.fema.gov/IS/crslist.asp**

The following FEMA courses are highly recommended:

- IS-200.HCa Applying ICS to Healthcare Organizations
- IS-100.HC Introduction to the Incident Command System for Healthcare/Hospitals is a prerequisite.
- Completion of IS 700A, National Incident Management System (NIMS), An Introduction is recommended.

Click on the **logos** for additional information, educational and training resources. These sites provide excellent FREE PowerPoint presentations and multi-lingual training tools to further enhance your emergency operations plan and educate your safety team, staff, residents and families.

FEMA

CDC Centers for Disease Control and Prevention

American Red Cross

OSHA

Homeland Security

READYColorado Make a Plan. Make a Difference.

Ready America Prepare. Plan. Stay Informed. Click Here

EM Public Safety, Public Trust

Natural Hazards Center

Colorado Division of Emergency Management

LONG TERM CARE INCIDENT COMMAND SYSTEM **A QUICK GUIDE TO JOB RESPONSIBILITIES & AUTHORITIES**		
POSITION	JOB RESPONSIBILITIES	Staff Level
INCIDENT COMMANDER 	Responsible for all incident activities including development of incident objectives, strategies, and tactics, and release of resources. Overall authority and responsibility.	Director or Division Director. Someone with leadership skills and an understanding of ICS. Is ultimately accountable.
SAFETY OFFICER 	Monitors and assesses safety hazards, unsafe hazards or situations. Develops measures for ensuring personnel safety.	Someone with an understanding of the safety issues associated with the incident and the authority to intervene and/or stop processes that are unsafe.
LIAISON OFFICER 	Coordinates with representatives from cooperating and assisting agencies.	Knowledge and/or working relationship with outside agencies. This could be specific to the incident.
PUBLIC INFORMATION OFFICER 	Interfaces with press to deliver messages to the public. Provides concise and pertinent (coordinated) information to the media.	Training in media relations and crisis communication

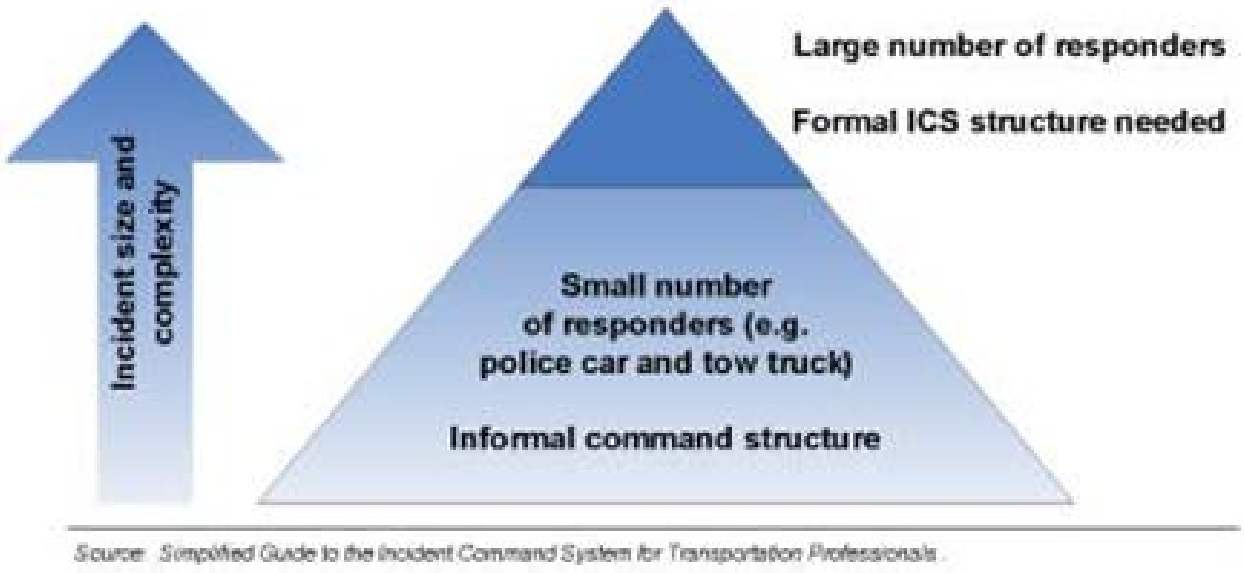
LONG TERM CARE INCIDENT COMMAND SYSTEM

A QUICK GUIDE TO JOB RESPONSIBILITIES & AUTHORITIES

POSITION	JOB RESPONSIBILITIES	STAFF LEVEL
OPERATIONS CHIEF 	Manages all incident tactical activities and implements the Incident Action Plan (IAP). Direct involvement in preparation of IAP for period of responsibility.	Leadership role with knowledge/expertise in the processes associated with the implementation of the response to the particular incident.
LOGISTICS CHIEF 	Provides resources and services to support the incident/operations.	Leadership role. Knows the procedures necessary to acquire the services/products to accomplish operation's objectives/IAP.
PLANNING CHIEF 	Collects, evaluates, and disseminates operational information as it relates to the incident. In larger incidents, develops the Incident Action Plan (IAP) in the planning meeting (based on commander's incident objectives).	Leadership role. Organized individual who is able to think ahead about what is needed or may be needed during all phases of an incident. Able to quickly gather necessary information to formulate and communicate an initial plan. Updates plan as incident and information unfolds.

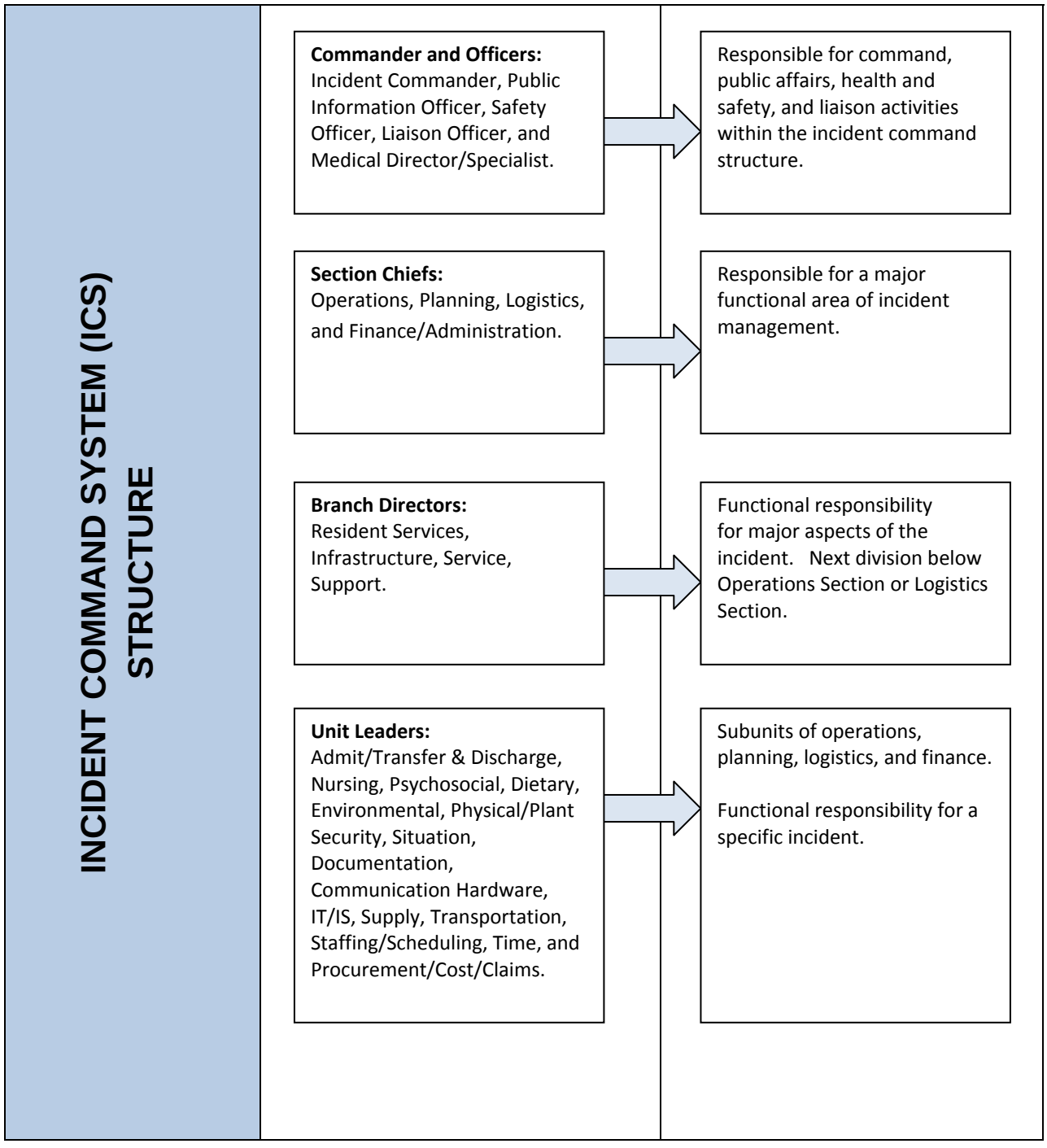
There are many vendors that sell incident command vests. A web search using the terms "incident command vests" will provide you a variety of options.

LONG TERM CARE INCIDENT COMMAND SYSTEM **A QUICK GUIDE TO JOB RESPONSIBILITIES & AUTHORITIES**		
POSITION	JOB RESPONSIBILITIES	STAFF LEVEL
FINANCE CHIEF 	Monitors costs related to the incident, provides accounting, procurement, time recording, and cost analyses.	Experience with administrative and accounting procedures of the facility.
UNIFIED COMMAND 	Application of ICS when there is more than one agency with incident jurisdiction or when incidents cross political jurisdictions. Develop common set of objectives and strategies and a single IAP.	Provides knowledge and skills needed to perform a required activity to a section or jurisdiction that may have resources but lacks necessary expertise or authority. May be assigned to Command Staff or any General Staff Section.



Source: Simplified Guide to the Incident Command System for Transportation Professionals

ICS COMMAND RESPONSIBILITIES CHART

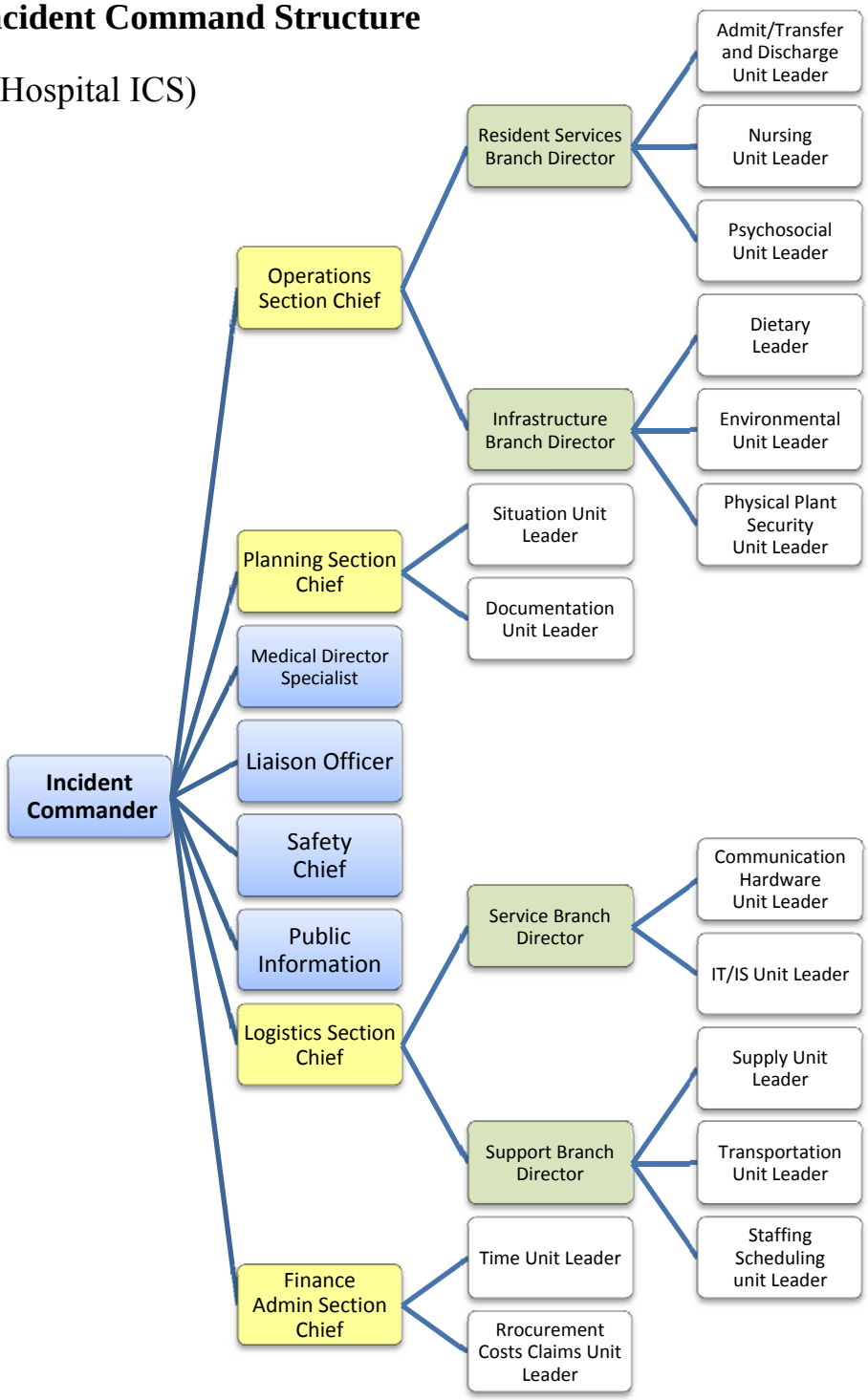


ICS/LONG TERM CARE CROSS REFERENCE CHART

ICS Position	Long Term Care Position
Incident Commander	**Administrator**
Medical Director/Specialist	Medical Director/Nurse Consultant
Public Information Officer	Media Relations/Administrator
Liaison Officer	Assistant Administrator
Safety Officer	Maintenance
Operations Section Chief	**Director of Nursing**
Resident Services Branch Director	Director of Staff Development
Nursing Unit Leader	Charge Nurse
Psychosocial Unit Leader	Activities Director
Admit/Transfer & Discharge Unit Leader	Charge Nurse or Rehab Director
Infrastructure Branch Director	Housekeeping supervisor
Dietary Unit Leader	Cook
Environmental Unit	Housekeeper
Physical Plant/Security Unit Leader	Maintenance
Planning Section Chief	**Assistant/Associate Administrator**
Situation Unit Leader	Director of Admitting
Documentation Unit Leader	Medical Records Staff
Logistics Section Chief	**Assistant/Associate Administrator**
	Director of Dietary Services
Service Branch Director	Accounts Manager
Communication Hardware Unit Leader	Maintenance Staff/Rehab Director
IT/IS Unit Leader	Business Office Staff
Support Branch Director	Director of Social Services
Supply Unit Leader	Housekeeping or Central Supply
Staffing/Scheduling Unit Leader	Lead CNA
Transportation Unit Leader	Maintenance or Activity Staff
Finance/Admin Section Chief	**Business/Finance Director**
Time Unit Leader	Payroll/Biller
Procurement/Costs/Claims Unit Leader	Risk Manager/Quality Management

Sample Incident Command Structure

(Based on Hospital ICS)



JAS Incident Commander

Date Issued:
Date Revised:

Reports to: Corporate and/or chief health official

Reporting Contact Information: _____

_____

Incident Commander: _____

Incident Commander Telephone Number: _____

Mission: Organize and direct health department's Emergency Operations Center (EOC). Give overall direction for emergency response and operation.

Immediate:

1. Read this entire Job Action Sheet.
2. Obtain a full briefing of the incident.
3. Appoint all Command Staff and Section Chiefs that are required for this response and establish assistants; distribute the section packets which contain: Job Action Sheets for each position and any forms pertinent to section and positions.
4. Assign someone as Documentation Officer.
5. Appoint person to be responsible for maintaining essential day-to-day services.
6. Activate the agency Emergency Operations Center (EOC).
7. Confer with Command Staff, section chiefs and consultants and develop an Incident Action Plan (IAP) for a defined period of time, establishing priorities (Section Chiefs will communicate IAP to each section and pertinent consultants).
8. Confer with Section Chiefs to identify and consider necessary health department services.
9. Consider and assign communication responsibilities to agency staff, external agencies and public and media.
10. Assure that contact has been established and resource information shared with relevant external agencies.

Intermediate:

1. Authorize resources as needed or requested by Section Chiefs, through the Finance/Administration Section Chief.
2. Schedule routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and/or termination of the action plan.
3. Maintain contact with relevant agencies.
4. Approve media releases submitted by the Public Information Officer (PIO).

Extended:

1. Observe all staff for status and signs of stress.
2. Provide for rest periods for staff.
3. Prepare end of shift report and update with incident tracking board and present to chief health official, County Executive and oncoming Agency Incident Commander.
4. Plan for the possibility of extended deployment.

JAS Logistics Section Chief

Date Issued:
Date Revised:

Reports to: Incident Commander: _____

Logistics Section Chief: _____

Logistics Section Chief Telephone Number: _____

Mission: Organize, direct and coordinate those operations associated with maintenance of the physical environment (facilities), security, personnel deployment (movement) and provide for adequate levels of shelter and supplies to support the mission's objectives.

Immediate:

1. Receive appointment from the Agency Incident Commander (IC). Obtain packet containing Section's Job Action Sheets (JAS).
2. Read this entire Job Action Sheet.
3. Obtain briefing from, including Incident Action Plan (IAP).
4. Confer with appointed Logistics Section Unit Leaders and ensure the formulation and documentation of an incident-specific Section Action Plan (SAP) as approved by the Command Staff.
5. Add additional (or delete) tasks and distribute Job Action Sheets.
6. Distribute the corresponding JAS with incident specific tasks.
7. Establish Logistics Section Center in proximity to agency Emergency Operations Center (EOC).
8. Advise IC on current logistical service and support status.

Intermediate:

1. Update Logistics Section staff of new developments and receive Section status reports.
2. Secure areas as needed to limit unauthorized personnel access.
3. Obtain information and updates regularly from unit leaders and officers; maintain current status of all areas.
4. Review IAP and estimate section needs for next operational period or shift through Liaison Officer, initiate contact with jurisdiction's emergency services agency for EMS, fire and police assistance when necessary.

Intermediate (continued):

5. Prepare to manage large numbers of potential volunteers.
6. Confer with Public Information Officer (PIO) to establish areas for media personnel.
7. Obtain supplies as requested by Planning/Intelligence or Operations Sections.

Extended:

1. Maintain documentation of all actions and decisions on a continual basis. Forward completed unit activity log to Finance/Administration Section Chief.
2. Participate in the development and execution of the demobilization and make recommendations to AIC as necessary.
3. Observe all staff for signs of stress, report issues to Safety Officer.
4. Provide rest periods and relief for staff.
5. Prepare end of shift report and present to oncoming IC and Logistics Section Chief.
6. Plan for the possibility of extended deployment

JAS Public Information Officer

Date Issued:
Date Revised:

Reports to: Incident Commander: _____

Public Information Officer: _____

Public Information Officers' Telephone Number: _____

Mission: Provide information to internal and external resources (facility residents, family members, staff and corporate or board representative(s), as well as the news media.

Immediate

1. Read this entire Job Action sheet and review organizational chart on back;
2. Put on position identification vest;
3. Identify restrictions in contents of news release information from Incident Commander;
4. Establish a Public Information area away from the emergency operations center (EOC).

Intermediate

1. Ensure that all news releases have the approval of the Incident Commander;
2. Issue an initial incident information report to the news media;
3. Relay any pertinent data back to Incident Commander;
4. Inform on-site media of the physical areas that they have access to and those that are restricted;
5. Coordinate with Safety Officer;
6. Contact other at-scene agencies to coordinate released information, with respective PIOs;
7. Inform Liaison Officer of action.

Extended

1. Obtain progress reports from emergency management team (EMT) as appropriate;
2. Notify media about casualty status;
3. Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior and report concerns to the Safety Officer;
4. Provide for staff rest periods and relief; and
5. Other concerns:

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JAS Finance Section Chief

Date Issued:
Date Revised:

Finance/Administration Section Chief: _____

Reports To: Incident Commander:_____

Finance Chief Telephone Number: _____

Mission: Monitor the utilization of financial assets. Oversee the acquisition of supplies and services necessary to carry out the facility's mission. Supervise the documentation of expenditures relevant to the emergency incident.

Immediate

1. Receive appointment from Incident Commander;
2. Obtain packet containing Section's Job Action Sheets;
3. Read this entire Job Action Sheet and review organizational chart on back;
4. Put on position identification vest;
5. Obtain briefing from Incident Commander;
6. If staff available, appoint Time Unit Leader, Procurement Unit Leader, Claims Unit Leader, and Cost Unit Leader; distribute the corresponding Job Action Sheets and vests (may be pre-established);
7. Confer with Unit Leaders after meeting with Incident Commander; develop a section action plan;
8. Establish a Financial Section Operations Center; and
9. Ensure adequate documentation/recording personnel.

Intermediate

1. Approve a "cost-to-date" incident financial status report every eight hours summarizing financial data relative to personnel, supplies, and miscellaneous expenses;
2. Obtain briefings and updates from Incident Commander, as appropriate;
3. Relate pertinent financial status reports to appropriate chiefs and unit leaders; and
4. Schedule planning meetings to include Finance Section unit leaders to discuss updating the section's incident action plan and termination procedures.

JAS Finance Section Chief

Extended

1. Assure that all requests for personnel or supplies are copied to the Logistics Chief and Operations Chief in a timely manner;
2. Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior;
3. Report concerns to appropriate medical personnel;
4. Provide for staff rest periods and relief; and
5. Other concerns:

JAS Liaison Officer

Date Issued:
Date Revised:

Liaison Officer: _____

Reports To: Incident Commander: _____

Liaison Officer Telephone Number: _____

Mission: Function as incident contact person for representatives from other agencies.

Immediate:

1. Receive appointment from Agency Incident Commander.
2. Read this entire Job Action Sheet and review organizational chart.
3. Obtain briefing from Agency Incident Commander and participate in planning meetings to formulate and evaluate the Incident Action Plan (IAP).
4. Establish contact with liaison counterparts of each assisting and cooperating agency.
5. Keep the chief health official and other agencies and organizations updated on changes in response to incident.

Intermediate:

1. Respond to requests and complaints from incident personnel regarding inter-agency issues.
2. Relay any special information obtained to appropriate personnel in the receiving facility (e.g., information regarding toxic decontamination or any special emergency conditions).
3. Keep agencies supporting the incident aware of the incident status.
4. Monitor the incident to identify current or potential inter-organizational problems.

Extended:

1. Maintain a list of all assisting agencies including their resource availability.
2. Observe all staff for signs of stress. Report issues to the Safety Officer.
3. Provide rest periods and relief for staff.
4. Prepare end of shift report and present to oncoming Liaison Officer.
5. Plan for the possibility of extended deployment.

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JAS Safety Officer

Date Issued:
Date Revised:

Safety Officer: _____

Reports To: Incident Commander: _____

Safety Officer Telephone Number: _____

Mission: Develop and recommend measures for assuring health department personnel safety (including psychological and physical), and to assess and/or anticipate hazardous and unsafe situations.

Immediate:

1. Receive appointment from Incident Commander.
2. Read this entire Job Action Sheet and review organizational chart.
3. Obtain a briefing from Incident Commander.
4. Establish Safety Command Post in proximity to the agency Emergency Operations Center (EOC).
5. Review the Incident Action Plan (IAP) for safety implications.

Intermediate:

1. Exercise emergency authority to stop and prevent unsafe acts.
2. Keep all staff alert to the need to identify and report all hazards and unsafe conditions and ensure that all accidents involving personnel are investigated and actions and observations documented.
3. Arrange with Logistics to secure areas all areas as needed to limit unauthorized access.
4. Advise the Incident Commander and Section Chiefs immediately of any unsafe, hazardous situation (review Hazardous Materials Plan).
5. Schedule routine briefings with Incident Commander.
6. Schedule routine briefings with Finance/Administration Section Chief.

Extended:

1. Observe all staff, for signs of stress. Report issues to Incident Commander. Provide rest periods and relief for staff.
2. Prepare end of shift report and present to oncoming Safety Officer

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JAS Planning Section Chief

Date Issued:
Date Revised:

Planning Section Chief: _____

Reports To: Incident Commander: _____

Planning Section Chief Telephone Number: _____

Mission: Identify data elements and data sources and implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident. Organize and direct all aspects of Planning/Intelligence Section operations. Ensure the distribution of critical information/data. Compile scenario/resource projections from all section chiefs and perform long range planning. Document and distribute Incident Action Plan and measure/evaluate progress.

Immediate:

1. Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
2. Read this entire Job Action Sheet.
3. Obtain briefing from Incident Commander.
4. Activate the Planning/Intelligence Section leaders and distribute Job Action Sheets.
5. Brief unit leaders after meeting with Incident Commander.
6. Determine data elements required by the Incident Action Plan (IAP) and Section Action Plan (SAP).
7. Identify and establish access to data sources as needed.
8. Communicate all technical support and supply needs to Logistics Section Chief.
9. Establish Planning/ Data Collection Center and other data entry sites as needed.
10. Ensure standardization of data collection.
11. Collect, interpret, and synthesize data regarding status and response of incident and provide reports to Incident Commander.

JAS Planning Section Chief

Intermediate:

1. Assemble information in support of the IAP and or projections relative to the project.

Extended:

2. Continue to receive projected activity reports from section chiefs and Planning/Intelligence Section at appropriate intervals.
3. Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Incident Commander.
4. Assure all requests for data or plan information/status are routed/documented through the Public Information Officer (PIO).
5. Observe staff for signs of stress. Report issues to Safety Officer. Provide rest periods and relief for staff.
6. Prepare end of shift report and present to oncoming Planning/Intelligence Section Chief.
7. Plan for the possibility of extended deployment.

JAS Operations Section Chief

Date Issued:
Date Revised:

Operations Section Chief: _____

Reports To: Incident Commander: _____

Operations Section Chief Telephone Number: _____

Mission: Activates and coordinates any units that may be required to achieve the goals of the Incident Action Plan (IAP). Directs the preparation of specific unit operational plans and requests and identifies and dispatches resources as necessary.

Immediate:

1. Receive appointment from Incident Commander. Obtain packet containing section's Job Action Sheets.
2. Read this entire Job Action Sheet and review organizational chart.
3. Obtain briefing from Incident Commander.
4. Establish Operations Section Center in proximity to the Incident Command Post.
5. Appoint Operations Section branch directors.
6. Brief all Operations Section branch directors on current situation and develop the Section Action Plan (SAP).
7. Add additional (or delete) tasks and distribute Job Action Sheets.
8. Identify and report to Liaison Officer and/ or Finance/Administration Section Chief any tactical resources needed for the Incident Action Plan (IAP).
9. Coordinate IT and data entry needs with Logistics and Planning/Intelligence Section Chiefs.

Intermediate:

1. Brief the Incident Commander routinely on the status of the Operations Section.
2. Coordinate and monitor Operations Section and available resources needed to achieve mission and request resources as needed.

Extended:

1. Maintain documentations of all actions and decisions on a continual basis; forward completed unit activity log to Incident Commander.
2. Observe all staff for signs of stress. Report issues to Finance/Administration Section Chief.
3. Provide rest periods and relief for staff.
4. Prepare end of shift report and present to oncoming Operations Section Chief and Agency Incident Commander.
5. Plan for the possibility of extended deployment.

JAS Documentation Officer

Date Issued:
Date Revised:

Documentation Officer: _____

Reports To: Incident Commander: _____

Documentation Officer Telephone Number: _____

Mission: Responsible for the maintenance of accurate up-to-date documentation relative to the incident. Incident files will be stored for legal, analytical and historical purposes.

Immediate:

1. Receive appointment from Incident Commander.
2. Read this entire Job Action Sheet and review organizational chart activated for this event.
3. Review Incident Action Plan (IAP).
4. Establish a work area within the agency Emergency Operations Center (EOC).
5. Arrange for equipment (e.g., LCD projector, laptop) through Logistics Section Chief.
6. Arrange for support staff if required.
7. Identify important phone numbers from master contact list and give to health education personnel for internal and external distribution.

Intermediate:

1. Review entries/records for accuracy and completeness.
2. Provide for ongoing incident documentation and maintenance of the incident mission board and log.
3. Track deadlines for IAP.

Extended:

1. Store files for post-incident use.
2. Review Section Action Plans (SAPs) from Section Chiefs as appropriate.
3. Prepare end of shift report and present to oncoming Documentation Officer.
4. Plan for the possibility of extended deployment.

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Continuity of Operations

1. Policy

It is the policy of <Facility Name> to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of residents/guests, visitors, and staff has been assured, the facility will give priority to providing or ensuring resident/guest access to healthcare.

2. Continuity of Operations Goals and Planning Elements

<Facility Name> will take the following actions to increase its ability to maintain or rapidly restore essential services following an incident to ensure:

a. *Resident/guest, visitor, and personnel safety*

Develop, train on, and practice a plan for responding to internal emergencies and evacuating staff, residents/guests and visitors when a facility is threatened. See Appendices H.1 - Emergency Procedures and H.5 - Facility Evacuation Template.

b. *Continuous performance or rapid restoration of the facilities essential services during an emergency*

Develop plans to obtain needed medical supplies, equipment and personnel. See Appendix J.3 - Incident Contacts. Identify a backup site or make provisions to transfer services to a nearby provider. See Appendix L.1 - Healthcare/Long Term Care Alternate and Referral Facilities.

c. *Protection of medical records*

To the extent possible, protect medical records from fire, damage, theft, and public exposure. If a facility is evacuated, provide security to ensure privacy and safety of medical records.

d. *Protection of vital records, data and sensitive information*

- Ensure offsite back-up of financial and other data.
- Store copies of critical legal and financial documents in an offsite location.
- Protect financial records, passwords, credit cards, provider numbers and other sensitive financial information.
- Update plans for addressing interruption of computer processing capability.

- Maintain a contact list of vendors who can supply replacement equipment. See Appendix J.2 - Basic Facility Support Call List.
- Protect information technology assets from theft, virus attacks, and unauthorized intrusion.

e. Protect medical and business equipment

- Compile a complete list of equipment serial numbers, dates of purchase and costs. Provide list to the CFO, or designee, and store a copy offsite.
- Protect computer equipment against theft through use of security devices.
- Use surge protectors to protect equipment against electrical spikes.
- Secure equipment to floors and walls to prevent movement during earthquakes.
- Place fire extinguishers near critical equipment, train staff in their use, and inspect according to manufacturer's recommendations.

f. Relocation of services

<Facility Name> will take the following steps, as feasible and/or appropriate, to prepare for an event that makes the primary facility unusable. <Facility Name> will:

- Identify a back-up facility for continuation of hospital and /or health/long term care services, if possible. See Appendix L.1 - Healthcare/Long Term Care Alternate and Referral Facility Locations for location of back-up facility.
- Establish agreements with nearby health facilities to accept referrals of <Facility Name> patients or residents.
- Establish agreements with nearby health and long term care/assisted living facilities to allow medical staff to see patients at these alternate facilities.
- Identify a back-up site for continuation of <Facility Name> business functions and emergency management activities. See Appendix L.1 for location.

g. Restoration of utilities <Facility Name> will:

- Maintain contact list of utility emergency numbers. See Appendix J.2 - Basic Facility Support.
- Ensure availability of phone and phone lines that do not rely on functioning electricity service.

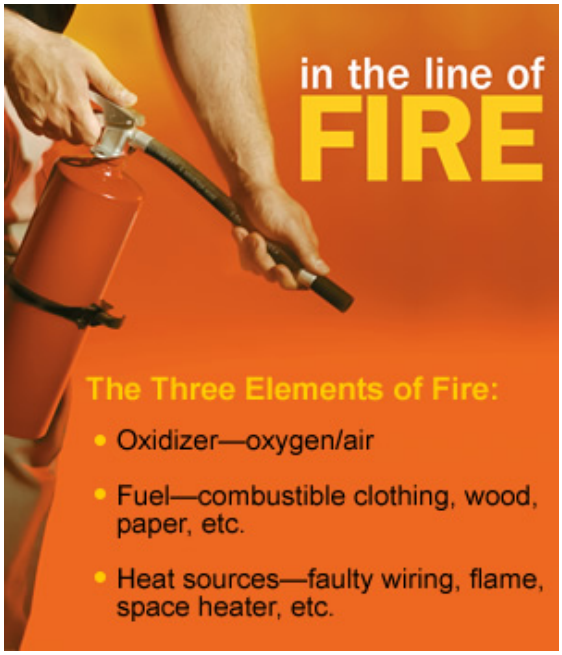
- Request priority status for maintenance and restoration of telephone service from local telephone service provider.
- <Facility Name> has an emergency generator at the facility to ensure its ability to continue operations in the event of an emergency that creates power outages. <Facility Name> will obtain assistance from local utilities or vendors. Specific steps are carried out to ensure reliability for use in incidents including:
- Inventory essential equipment and systems that will need continuous power.
- \Determine the maximum length of time a facility will operate on emergency power (i.e., is emergency power primarily for short-term outages or for extended operations)
- Determine power output needs.
- Determine location of nearest supplies of selected fuels that can be accessed in an emergency.
- Perform recommended periodic maintenance.
- Run monthly generator start-up tests.

3. Response to Internal Emergencies

a. Response

An internal emergency is an event that causes or threatens to cause physical damage and injury to the facility, personnel or residents/patients. Examples are fire, explosion, hazardous materials releases, violence or bomb threat. External events may also create internal incidents. The following procedures provide guidance for initial actions for internal emergencies (refer to <Facility Name> Fire Emergency Plan for complete information:

➢ **If the event is a fire within the facility, institute R.A.C.E.**



R = Remove residents patients and others from fire or smoke areas.

A = Announce CODE RED (3 times) and call 911.

C = Contain the smoke/fire by closing all doors to rooms and corridors.

E = Extinguish the fire if it is safe to do so.

Evacuate the facility if the fire cannot be extinguished.

- If the internal emergency is other than a fire, the person in charge will determine if assistance from outside agencies is necessary. Such notification will be done by calling 911.
- Notification of on-duty employees of an emergency event will be made by calling the appropriate code shown **in Appendix H.2** - Emergency Code, telling them of the situation or calling for help, as appropriate. During the early stages of an emergency, information about the event may be limited. If the emergency is internal to the facility, it is important to communicate with staff as soon as possible.
- If the event requires outside assistance and the telephones are not working, a person may be sent to the nearest working telephone, fire station or police department for assistance.

b. Damage assessment

<Facility Name> will conduct an assessment of damage caused by the incident to determine if an area, room, or building can continue to be used safely or if it is safe to re-enter following an evacuation. Systematic damage assessments are indicated following an earthquake, flood, explosion, hazardous material spill, fire, or utility failure.

The facility may require three levels of evaluation:

Level 1: A rapid evaluation to determine if the building is safe to occupy

Level 2: A detailed evaluation that will address structural damage and utilities

Level 3: A structural/geological assessment

Depending on the event and the level of damage, fire or law services may conduct a Level 1 or 2 assessments. If damage is major, a consulting engineering evaluation, assessment by a county engineer, and/or an inspection by the licensing agency may be required before the facility can reopen for operations. Following each level of evaluation, inspectors will classify and post each building as: 1) Apparently OK for Occupancy; 2) Questionable: Limited Entry; 3) Unsafe for any Occupancy. In some cases, immediate repairs or interim measures may be implemented to upgrade the level of safety and allow occupancy.

c. Hazardous materials management

<Facility Name> will maintain a list of all hazardous materials and their Material Safety Data Sheet (MSDS), locations, and procedures for safe handling, containing and neutralizing them. This list should be kept with the facility's Policies and Procedures or other central and accessible location. The list should also be kept in an offsite location. All materials will have their contents clearly marked on the outside of their containers. The location of the storage areas will be indicated on the facility floor plan. See Appendix

In the event of a hazardous material release inside the facility, facility staff should:

- Avoid attempting to handle spills or leaks themselves unless they have been trained, have appropriate equipment as shown in Appendix N - Resident Decontamination Plan and Personal Protective Equipment and can safely and completely respond. NOTE: Level C protection, or below, is not acceptable for chemical emergency response.
- Immediately report all spills or leaks to a supervisor.

- Isolate area of spill and deny entry to building or area. Initiate fire or HazMat cleanup notifications, as appropriate.
- Obtain further instructions from the facility Executive Director or Safety Officer or refer to management guidance maintained at MSDS Online.

d. Evacuation procedures

The facility may be evacuated due to a fire or other occurrence, threat, or order of the facility Executive Director or designee. Refer to <Facility Name> Facility Evacuation Plan for complete information. See Appendix H.5 - Facility Evacuation Plan Template.

<Facility Name> will ensure the following instructions are communicated to staff:

- All available staff members and other able-bodied persons should do everything possible to assist personnel at the location of the fire or emergency in the removal of patients.
- Close all doors and windows.
- Turn off all unnecessary electrical equipment, but leave the lights on.
- Evacuate the area/building and congregate at the predetermined site. Evacuation routes are posted throughout the facility.
- Patients, staff, and visitors should not be re-admitted to the facility until cleared to do so by fire, police, other emergency responders, or upon permission of the Incident Commander.
- Procedures for evacuation of patients
- **Patients will be evacuated according to the following priority order:**

  Persons in imminent danger.

  Wheelchair patients.

  Walking patients.
- Staff should escort ambulatory patients to the nearest exit and direct them to the congregation point. Wheelchairs will be utilized to relocate wheelchair-bound patients to a safe place.
- During an evacuation, a responsible person will be placed with evacuees for reassurance and to prevent patients from re-entering the dangerous area.

- If safety permits, all rooms will be thoroughly searched by the Search and Rescue Team upon completion of evacuation to ensure that all patients, visitors, and employees have been evacuated.

- Lists of patients evacuated will be prepared by the Nursing Director or designee and compared to the patient sign-in log. This list, including the names and disposition of patients, will be sent to the Medical Director, Incident Commander, and Executive Director. Rather than say who, say 'Develop a policy for this.

- The Nursing Director or designee will report the numbers of patients and staff evacuated, as well as any injuries or fatalities, to the facility Executive Director, Incident Commander, Safety Officer, or designee.

- When patients are removed from the facility, staff will remain with them until they are able to safely leave or have been transported to an appropriate facility for their continued care and safety. If patients evacuated from the facility are unable to return home without assistance, the relatives of patients evacuated from the facility will be notified of the patient's location and general condition by the facility staff as soon as possible.

f. Evacuation information

In case a partial or full facility evacuation is required, see Appendix H.1 – Emergency Procedures for general facility evacuation procedures. The following information should be used to facilitate the evacuation:

- Floor plan and map of exits with the building, location of emergency equipment including fire extinguishers, phones, first aid supplies, and fire route out of the building. See Appendix H.3 - Facility Floor Plan.

- Instructions for and locations of utility shut-offs, including emergency equipment, gas, electrical timers, water, computers, heating, AC, compressor, and telephones are listed in Appendix H.4 - Utility Shutoff.

g. Decision on facility operational status

Following the occurrence of an internal or external incident or the receipt of a credible warning the Executive Director will decide the operating status for <Facility Name>. The decision will be based on the results of the damage assessment, the nature and severity of the incident and other information supplied by staff, emergency responders or inspectors.

The decision to evacuate the facility, return to the facility and/or re-open the facility for partial or full operation depends on an assessment of the following:

- Extent of facility damage / operational status.
- Status of utilities (e.g., water, sewer lines, gas, and electricity).
- Presence and status of hazardous materials.
- Condition of equipment and other resources.
- Environmental hazards near the facility.

h. Extended facility closure

If the <Facility Name> experiences major damage, loss of staffing, a dangerous response environment or other problems that severely limit its ability to meet patient needs, the Incident Commander, in consultation with the Administrator or Executive Director, may suspend facility operations until conditions change. If that decision is made, the facility staff will:

- If possible, ensure facility site is secure.
- Notify staff of facility status and require that they remain available for return to work unless permission is provided.
- Notify the Colorado Department of Public Health and Environment, the <County Name> County Health Department, and/or the local Medical Reserve Corps (MRC) Coordinator.
- Notify the nearest hospital(s) of the change in facility operating status and intent to refer patients to alternate sources of care.
- Notify corporate headquarters and the Hospital Coordination Center, if applicable.
- Place a sign on the facility door in appropriate languages that explains the circumstances, indicates when the facility intends to reopen (if known), and location of nearest source of medical services. See Appendix L.1 - Healthcare–Long Term Care Alternate and Referral Facility Locations.
- If the environment is safe, station staff at facility entrance to answer patient questions and make referrals.

i. *<Facility Name> response to incident alert, warning, or notification*

Incidents can occur both with and without warning. Upon receipt of an alert from credible sources the <Facility Name> Administrator or Executive Director will notify key managers, order the updating of phone lists, and the inspection of protective equipment and supply and pharmaceutical caches.

Depending upon the nature of the warning and the potential impact of the emergency on <Facility Agency Name>, the Administrator or Executive Director and Medical Director may decide to evacuate the facility; suspend or curtail facility operations; take actions to protect equipment, supplies and records; move equipment and supplies to secondary sites; backup and secure computer files; or other measures he/she may find appropriate to reduce facility, staff, and patient risk.

The <Facility Name> Administrator will consider the following options, depending on the nature, severity and immediacy of the expected emergency:

- Close and secure the facility until after the incident has occurred. Ensure residents visitors can return home safely or ensure residents are relocated to an alternate facility.

  Review plans and procedures. Update contact information.

  Inform residents' families that the facility is closing temporarily

  Check inventory of supplies and pharmaceuticals. Augment as needed.

  Ensure essential equipment is secured, computer files backed-up and essential records stored offsite.

  Notify the city/county, community members and staff. Cancel scheduled appointments.

  If time permits, encourage staff to return to their homes.

  If staff remains in the facility, take shelter as appropriate for the expected incident.

  Ensure staff is informed of call-back procedures and actions they should take if communications are not available.

  Take protective action appropriate for the emergency.

- Allow facility to remain fully or partially operational.

  Review plans and procedures. Update contact information.

  Check inventory of supplies and pharmaceuticals. Augment as needed.

Reduce facility operations to essential services.

Cancel non-essential appointments.

Inform residents' families of the change in operations.

Ensure safety of patients/residents and staff.

j. Determining <Facility Name>'s response role

If <Facility Name> remains fully or partially operational following an incident, the Administrator, Director of Nursing, Medical Director, and other members of an emergency planning committee will define the response role the facility will play. The appropriate response role for <Facility Name> will depend on the following factors:

- The impact of the incident on <Facility Name>.
- The level of personnel and other resources available for response.
- The pre-event medical care and other service capacity of <Facility Name>.
- The medical care environment of the community both before and after an incident occurs as assessed by the ESF8 Committee (e.g., medical care demands may be reduced if the 911 system and nearby hospitals and long term care facilities are operational and not overwhelmed).
- The needs and response actions of residents of the community served by <Facility Name> (e.g., convergence to the facility following incidents).
- The priorities established by the <Facility Name> Administrator or Corporate Management (e.g., to remain open if at all possible following a incident).
- The degree of planning and preparedness of <Facility Name> and its staff.

4. Response to External Emergencies

An external incident is an event that occurs in the community. Examples include earthquakes, floods, fires, hazardous materials releases or terrorist events. An external incident may directly impact the facility and its ability to operate.

a. Internal (local) vs. external (communitywide) emergencies

Local emergencies are incidents which affect your facility only or a relatively small area near your facility. In local emergencies, other health facilities and resources will likely be unaffected and remain available to receive your residents or to send assistance to your facility if you need it. Widespread emergencies may also affect nearby health facilities and medical resources in your community, city, county, etc., and may be less likely to be able to offer assistance to your facility or to receive evacuating residents.

b. Weapons of Mass Destruction (WMD)

Preparations for an event involving WMD - chemical, biological, nuclear, radiological, or explosives (CBRNE) - should be based on existing programs for handling hazardous materials. If staff suspects an event involving CBRNE weapons has occurred, they should:

- Remain calm and isolate the victims to prevent further contamination within the facility.
- Contact the Administrator-on-Call, EPC or supervisor.
- Secure PPE and wait for instructions.
- Comfort the victims.
- Contact appropriate city/county authorities. See Appendix J.3 – Incident Contacts.

"Shelter-In-Place": Terrorist use of WMD may result in the release of radiation, hazardous materials and biological agents in proximity to the facility. Shelter-In-Place may be the best strategy to minimize risk of exposure to these agents. See Appendix H.6 - Shelter-In-Place Guidelines.

c. Bioterrorism response

- Reporting

The Colorado Revised Statutes require that healthcare providers immediately report to the local health department those diseases that pose a significant public health threat, such as agents of biological terrorism.

<Facility Name> will report diseases resulting from bioterrorist agents, like other communicable and infectious diseases, to the County Health Department Epidemiologist

<Facility Name>'s response to a bioterrorism incident may be initiated by the Administrator, or other senior staff due to:

The request of local civil authorities

Government official notification of an outbreak within or near the facilities community

Presentation of a resident/guest with a suspected exposure to a bioterrorism agent. In case of presentation by a patient with suspected exposure to a bioterrorism agent, <Facility Name> will follow current CDC response guidelines.

- Potential indicators of a bioterrorism attack are:

  Groups of people becoming ill around the same time.

  Sudden increase of illness in previously healthy individuals.

  Sudden increase in the following non-specific illnesses:

- Pneumonia, flu-like illness, or fever with atypical features
- Bleeding disorders
- Unexplained rashes and mucosal of skin irritation, particularly in adults
- Neuromuscular illness, like muscle weakness and paralysis
- Diarrhea
- Simultaneous disease outbreaks in human and animal or bird populations
- Unusual temporal or geographic clustering of illness (for example, patients who attended the same public event, live in the same part of town, etc.).

Infection control practices for resident management

<Facility Name> will use Standard Precautions to manage all patients, including symptomatic patients with suspected or confirmed bioterrorism-related illnesses. For certain diseases or syndromes (e.g., smallpox and pneumonic plague), additional precautions may be needed to reduce the likelihood for transmission. In general, the transport and movement of patients with bioterrorism-related infections, as with patients with any epidemiologically important infections (e.g., pulmonary tuberculosis, chickenpox, measles), should be limited to movement that is essential to provide patient care, thus reducing the opportunities for transmission of microorganisms within healthcare facilities.

<Facility Name> has in place adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, and other frequently touched surfaces and equipment, and ensures that these procedures are being followed.

- Facility-approved germicidal cleaning agents are available in patient care areas to use for cleaning spills of contaminated material and disinfecting non-critical equipment.

- Used patient-care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions is handled in a manner that prevents exposures to skin and mucous membranes, avoids contamination of clothing, and minimizes the likelihood of transfer of microbes to other patients and environments.

- <Facility Name> has policies in place to ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed, and to ensure that single-use patient items are appropriately discarded.
- Sterilization is required for all instruments or equipment that enter normally sterile tissues or through which blood flows.
- Contaminated waste is sorted and discarded in accordance with federal, state and local regulations.
- Policies for the prevention of occupational injury and exposure to blood borne pathogens in accordance with Standard Precautions and Universal Precautions are in place.
- If exposed skin comes in contact with an unknown substance/powder, recommend washing with soap and water only. If contamination is beyond the facility's capability, call 911. Local government, fire departments and hospitals normally conduct decontamination of patients and facilities exposed to chemical agents.

Resident Placement

In small-scale events, routine facility resident placement and infection control practices should be followed. However, when the number of residents presenting to a healthcare facility is too large to allow routine triage and isolation strategies (if required), it will be necessary to apply practical alternatives. These may include cohorting residents who present with similar syndromes, i.e., grouping affected patients into a designated section of a facility or emergency department, or a designated ward or floor of a facility, or even setting up a response center at a separate building.

Evidence collection

<Facility Name> will establish procedures for collecting and preserving evidence in any suspected terrorist attack. In the event of a suspected or actual terrorist attack involving WMD, a variety of responders, ranging from healthcare providers to law enforcement and federal authorities, will play a role in the coordinated response. The identification of victims as well as the collection of evidence will be a critical step in these efforts.

- The healthcare provider's first duty is to the patient; however, interoperability with other response agencies is strongly encouraged.
- The performance of evidence collection while providing required patient decontamination, triage and treatment should be reasonable for the situation.

- Information gathered from the victims and first responders may aid in the epidemiological investigation and ongoing surveillance.

It is imperative that individual healthcare providers work with the local law enforcement agencies and prosecutors in the development and customization of these policies.

Evidence to be collected could include clothing, suspicious packages, or other items that could contain evidence of contamination. At a minimum:

- <Facility Name> has a supply of plastic bags, marking pens, and ties to secure the bags.
- Each individual evidence bag will be labeled with the patient's name, date of birth, medical record number, and date of collection and site of collection.
- An inventory of valuables and articles will be created that lists each item that is collected. The list will be kept by the facility and a copy given to the patient.
- The person responsible for the valuables and articles will be identified and documented. If possessions are to be transported to the FBI or local law enforcement agency, the facility will document who received them, where they were taken, and how they will be returned to the owner.

Mass prophylaxis

<Facility Name> encourages its facility to participate in a mass prophylaxis program, if the disruption to facility operations would not negatively affect the health of the community the facility serves.

Healthcare providers from hospitals throughout the county could be called to volunteer to distribute medication or provide vaccines in response to a large-scale attack. Under this scenario, **<County Name>** County Health Department would establish mass prophylaxis sites throughout the County. These sites would be large facilities such as school gymnasiums or warehouses that can accommodate large groups of people. These sites would require a large number of healthcare providers to administer medications. Since the county does not employ enough practitioners to staff the sites, they will look to the private sector, including hospitals, to adequately staff mass prophylaxis sites.

Point of Dispensing Sites (PODS)

Function: To establish a place or *point of dispensing* designed to provide and deliver mass prophylaxis as well as patient information and individual support services.

Why: A key to decreasing the impact of an infectious disease is to provide a vaccine, if available, or treatment with antibiotics or other appropriate medications as soon as possible to those exposed to a pathogenic agent. Traditional services (hospitals, public health clinics, urgent care centers, community health clinics) for providing medications or vaccinations to individuals will not be sufficient for large numbers or entire populations to receive prophylaxis in a very short time period of time.

Who: The planning to accommodate community-wide mass prophylaxis during an overwhelming incident where entire populations need access to interventions must include; public health, emergency management, law enforcement, chief elected officials, hospitals and clinics and all other health care delivery stakeholders within the community.

When: The activation of a POD for mass prophylaxis will be determined by Colorado Department of Public Health and Environment on prioritization of groups to receive medications will be developed at the State level and disseminated to communities for implementation into their response activities.

Where: Points of Dispensing Sites should be pre-identified through collaborative planning on the local level and number and size of sites locally will be population dependent. Mass prophylaxis programs should be coordinated with and complement treatment provided by other alternate patient care areas.

How: Planning Assumptions:

- CDPHE personnel at local and regional levels are responsible for the oversight and management of POD sites. Tribal personnel will manage PODS that are implemented by tribes on tribal lands.
- CDPHE is the lead agency for mass prophylaxis planning and response. A community's planning efforts must be coordinated with NMDOH POD policies. Security at each POD site will be necessary, particularly if there is any measure of public panic.Any mass prophylaxis program must reach affected individuals who are unable to visit a POD.

Questions for consideration during assessment and planning include:

- Are local public health representatives at the table for medical surge response planning?

- Does your community emergency response system utilize incident management?

- How will your homebound, institutionalized (long-term care) and other at risk individuals (children, pregnant women, senior citizens and other individuals who have special needs in the event of a public health emergency) be accommodated in your community's POD or mass prophylaxis planning?

- Have POD sites been pre-identified in your area?

- Has security of the POD site been considered?

Facility Plan Development and Maintenance

This section includes all of the guiding factors for developing and maintaining a facility's EOP. It should include the description of the planning process, provide for the regular testing, review and revision of the plan, and assign the responsibility for maintaining the plan. This section keeps the plan current, accurate and effective in the facility's daily operating procedures. Without revision and improvement, plans quickly stagnate and lose effectiveness. For more information on the development and evaluation of exercises, the organization's trainer should visit the Homeland Security Exercise and Evaluation Plan (HSEEP) website at www.hseep.dhs.gov This website provides all the materials required for designing, developing, implementing, and evaluating the exercises which test an EOP. Facilities are encouraged to partner with other local resources when conducting exercises to maximize the effectiveness of the event. There is also a Drill and Exercise section in this toolkit.

Surveyors and Life Safety Code Inspectors

Remember that surveyors and life safety code inspections all require the EOP be reviewed and updated at least annually. That means, even if the facility does not experience a major disaster, the plan must still be tested in exercises and the learning points identified as a result of the exercises must be introduced into the EOP. A variety of methods for tracking plan development are provided in the **Hazard Vulnerability Analysis**, but the facility should create accountability and tracking methods that work best for the facility's staff. Accountability for the plan is also documented in the *Plan Authorization* and the *Record of Changes sections.*

- Identify and describe the reference manuals used to develop the plan including software, toolkits, contractors, interviews, planning tools and development guides.
- Coordinated with local or state emergency management resources for review and commentary on the plan.
- List all members of the collaborative planning team.
- Include an exercising and review schedule, with a method for tracking progress.
- Describe how this plan was coordinated with EOPs from other facilities in the county and region, local emergency plans, and mutual aid partners.
- Use each section of this Emergency Operations Plan resource as an in-service training opportunity,
- Plan a yearly calendar of training (i.e. don't plan severe winter weather training in December or don't plan wild fire training in April.)

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Regulatory Authorities for Nursing Homes and Assisted Living Residences

- **Nursing Home Regulatory Requirements**
- **Assisted Living Regulatory Requirements**

Nursing Home Regulatory Requirements

1. ***State Regulations*** *(found in Long Term Care Facility - State Licensure Regulations: [6 CCR 1011-1, Chapter V, Part 13]:*

At a minimum the state of Colorado requires

13.1 Emergency Care Policies: SAYS THAT the facility "shall have and follow written policies for caring for residents during an emergency, and these policies should be available for staff use. These policies shall include

- arrangements for necessary medical care when a resident's physician is unavailable,
- procedures and training programs that cover immediate care of residents; and
- persons to be notified in an emergency.

13.2 Fire and Internal Disaster Plan: SAYS THAT with the assistance of fire and safety experts, the facility shall develop written policies and procedures for protecting persons within the building in case of fire, explosion, flood, staff shortage, food shortage, termination of vital services, or other emergencies. These policies should include:

- brief, written instructions, posted at each nurses' station, that included persons to be notified and other immediate steps to be taken before first responders arrive.
- A schematic plan of the building posted at each nurse's station, showing evacuation routes, smoke stop and fire doors, exit doors, and locations of fire extinguishers and fire alarm boxes
- Procedures for evacuating helpless residents
- Assignment of specific tasks and responsibilities of staff on each shift
- At least annual training to keep employees informed of their duties
- Provisions for conducting simulated fire drills at least three times a year

13.3 Mass Casualty Plan SAYS THAT each facility shall develop a written mass casualty plan for managing residents and treating casualties in an external or community disaster. The program shall be developed in cooperation with other health facilities in the area and with official and other community agencies.

2. ***Life Safety Code (***NFPA 101 sections 18.7.1.2 and 19.7.1.2)

Fire drill requirements for facilities participating in the Medicare and Medicaid programs SAY THAT nursing homes must complete one fire drill per quarter per shift.

3. ***Federal Regulations (****found in Federal Licensure Regulations:* [42 *C.F.R. 483.75(m)]:*

At a minimum, the federal government requires:

483.75 (m)(1) Emergency Plan SAYS THAT each facility must have detailed written plans and procedures to meet all potential emergencies and disasters, including fire, severe weather and missing residents.

***The facility should tailor its disaster plan to its geographic location and the types of residents it serves.**

483.75 (m)(2) Emergency Training SAYS THAT :

- all employees must be trained in emergency procedures when they being to work in your facility.
- Facility must periodically review the procedures with existing staff, and carry out unannounced staff drill using these procedures.

483.70 (h)(1) Emergency water SAYS THAT the facility must establish procedures to ensure that water is available to essential areasa when there's a loss of normal water supply.

483.70 (m)(2) Emergency Power SAYS THAT there must be an emergency electrical power system to supply power adequate at least for:

- lighting all entrances and exits;
- equipment to maintain the fire detection, alarm and extinguishing systems;
- life support systems in the event the normal electrical supply is interrupted.

For more specific information:

LSC Laws, Regulations, and Compliance Information (PDF, 31 KB)
State Operations Manual, Chapter 2, Sections 2470-249
Guidance for Laws and Regulations for Life Safety Code
Survey and Certification General Enforcement Information

Regulatory Authorities and Legal References for Nursing Homes and Assisted Living Residences

Assisted Living Residence Regulatory Requirements

1. ***State Regulations*** *(found in Assisted Living Residences - State Licensure Regulations: [6 CCR 1011-1, Chapter VII, Part 13]:*

   At a minimum the state of Colorado requires

   1.104(5) Emergency Plans: SAYS THAT the facility "shall develop and follow written policies and procedures that include:

   (5) (b) Emergency Plan and Fire Escape procedures must include:
   - planned response to fire, gas explosion; bomb threat; power outages, and tornado
   - provisions for alternate housing if evacuation is necessary
   - fire escape procedures with a diagram developed with local fire department officials and posted in a conspicuous place
   - within 3 days of admission, the plan and diagram shall be explained to each resident or legal representative.

   ***The facility should tailor its disaster plan to its geographic location and the types of residents it serves.**

   1.113(3). Fire Drills: SAYS THAT:
   - drills shall provide residents with experience exiting through all exits required by the Life Safety Code. Exits not used in any fire drill shall not be credited in the LSC requirements.
   - Drills may be announced in advance to residents, however, you cannot prompt the residents immediately prior to sounding the fire alarm
   - If evacuating is part of your emergency plan, your drills shall involve the actual evacuation of all residents to a predetermined assembly point outside the building or relocating to a point of safety
   - Monthly fire drills are required **during the first year of operation** and every other month in for facilities that are 2 years old and older
   - At least two drills annually during overnight hours when residents are sleeping

   1.104(3)(f) (ii)(B) Emergency Training: SAYS THAT the facility shall
   - within three days of date or hire or commencement of volunteer service provide adequate training in emergency and fire escape plan procedures

- every two months review all components of the emergency plan, including each individual employee's responsibilities under the plan, with the staff of each shift.

1.113(4)(b) Emergency Telephone SAYS THAT facility must have a telephone, not powered by household electrical current, for use in emergencies.

1.109(5)(a) Emergency Food Supply: SAYS THAT the facility shall have enough food on hand to prepare three nutritionally balanced meals for three days

2. ***Medicaid Regulations (****found in 10 CCR 2505-108.400, 8.495 Alternative Care Facilities)*

8.495.6.E. Environmental Standards SAY THAT facilities have a battery or generator-powered alternative lighting system available in the event of power failure

Colorado Nursing Home and Assisted Living Residence All Hazards Emergency Operations Plan Standard Operating Guidelines

SOGs

Colorado Department of Public Health and Environment

Purpose:

If your residence has communal pets, or if residents have personal pets that reside in their apartments, policies need to be developed to evacuate and care for these pets in the event that you have to evacuate to an alternate location/facility. Contact your local animal shelter or talk with a veterinarian to learn about emergency options for pets. At no time should pets be left behind or otherwise abandoned when evacuating.

In choosing your alternate location, inquire whether they accept pets or whether provisions can be made for your residence's pets. (Your alternate location may not accept pets due to health, safety and noise concerns.) If they do allow pets, be able to provide them with current vaccination records.

Articles to Bring:

Create a Go Kit for your pet or service animal – a collection of items your pet may need in case of an evacuation. Discuss your pet's Go Bag with your local veterinarian to see if there are any special items that you should include.

1. Collar, identification tag and leash
2. A current color photograph of you and your pet together (in case pet and owner are separated).
3. Vaccination and medical records
4. Medications and written instructions for administering any pet medications for each pet
5. Enough food and water (plus bowls, can openers) for each pet during the disaster
6. Portable carrier/crate and bedding for each pet during its stay. Carries should be large enough to allow the pet to stand and turn around.
7. Sanitation materials for the pet, i.e., plastic poop bags. Pet owners will be responsible for cleaning and sanitation of the kennel/cage and the surrounding areas.
8. Kitty litter/box, scoopers
9. Quick bath wipes
10. Toys and comfort items for each pet including chew toys, etc.
11. If used, flea treatments with written instructions for each pet

Emergency situations may result in a prolonged period of sheltering in place. Keep in mind a stressed pet may behave differently than normal and his/her aggression level may increase. (Consider whether using a muzzle to prevent bites is necessary. Panicked pets may try to flee.)

The following are suggestions to consider when you are developing your residence's pet policies for disasters:

1. Address options for staff that have pets. Determine if staff will be allowed to bring pets with them if staff are evacuated, and clarify who is responsible for food, water and sanitation supplies for these pets.

2. Define allowable pets in your pet policy. Also define pets that are not allowable or will be allowable subject to specified restrictions.

3. If you allow staff to bring their pets to the residence, advise staff to bring housing (crate) materials food and all other supplies for the health and wellbeing of each pet for the duration of the stay during the disaster.

4. Pets should not accompany staff while they are on duty. Accommodations should be made for staff to walk and exercise their pets during breaks and off-duty hours.

5. An appropriate room should be designated for the pets to stay in their kennels or cages during a disaster. If possible, animal species should be separated in different rooms to minimize traumatic experiences for the animals (and for humans in the same area.) Dogs that do not get along with one another should also be separated, if possible. Bringing old blankets or towels to cover pet kennel or cage sides is recommended to help create individual comfort/privacy areas for each pet.

6. Before finalizing and adopting your policy, consult with your legal and insurance advisors.

- Copies of medical records that indicate dates of vaccinations and a list of medications your pet takes and why he or she takes them.
- Proof of identification and ownership, including copies of registration information, adoption papers, proof of purchase, and microchip information.
- Physical description of your pet, including his/her species, breed, age, sex, color, distinguishing traits, and any other vital information about characteristics and behavior.
- Animal first-aid kit, including flea and tick treatment and other items recommended by your veterinarian.
- Food and water for at least three days.
- Food and water dishes.
- Collapsible cage or carrier.
- Muzzle and sturdy leash.
- Cotton sheet to place over the carrier to help keep your pet calm.
- Comforting toys or treats.
- Litter, litter pan, litter scoop.
- Plastic bags for clean-up.

Preparing Makes Sense for Pet Owners Video
http://www.fema.gov/medialibrary/media_records/7048

Leaving Your Pet at Home

If you have no choice but to leave your pet at home:

- Never leave your pet outside during an emergency.
- Leave a minimum three-day supply of food and water. Consider using a large capacity self-feeder and water dispenser.
- Consult with your veterinarian to develop a plan for your pet's needs.
- Remember to make sure all doors and windows are secure so your pet cannot escape.
- Place a Rescue Alert sticker on the main entrances of your home to alert rescue workers that there are pets inside.

Proper identification

Dogs and cats should wear a collar or harness, rabies tag, and identification tag at all times. Identification tags should include your name, address, and phone number, and the phone number of an emergency contact. Dogs should also wear a license. Talk to your veterinarian about micro-chipping your pet. A properly registered microchip enables positive identification of your pet if you and your pet are separated. Current color photo of your pet (in the event it becomes lost).

After an Emergency

Following an emergency, be extra careful when letting your pet loose outdoors and be sure your pet wears an identification tag. Familiar scents and landmarks may have been altered, which may cause your pet to become confused or lost.

Animal Care and Pet Safety Resources

American Red Cros Pet Safety
http://www.redcross.org/www-files/Documents/pdf/Preparedness/checklists/PetSafety.pdf

Pet Finder
http://www.petfinder.com/pet-care/disaster-preparedness-pet-checklist.html

Humane Society of America
http://www.humanesociety.org/issues/animal_rescue/tips/pet_disaster_plan.html

ASPCA
http://www.aspca.org/pet-care/disaster-preparedness/

The purpose of this guideline of the Emergency Operations Plan is to protect the life and well being of residents and staff of this facility before and after an avalanche. This includes guidelines for locating people as quickly as possible and moving them to a designated safe area of the facility. It also could include sheltering-in-place if the avalanche happened near the facility. It may also involve sheltering searchers, or accommodating a staging area for local rescue operations.

North American Public Avalanche Danger Scale

Avalanche danger is determined by the likelihood, size and distribution of avalanches.

Danger Level		Travel Advice	Likelihood of Avalanches	Avalanche Size and Distribution
5 Extreme		Avoid all avalanche terrain.	Natural and human-triggered avalanches certain.	Large to very large avalanches in many areas.
4 High		Very dangerous avalanche conditions. Travel in avalanche terrain not recommended.	Natural avalanches likely; human-triggered avalanches very likely.	Large avalanches in many areas; or very large avalanches in specific areas.
3 Considerable		Dangerous avalanche conditions. Careful snowpack evaluation, cautious route-finding and conservative decision-making essential.	Natural avalanches possible; human-triggered avalanches likely.	Small avalanches in many areas; or large avalanches in specific areas; or very large avalanches in isolated areas.
2 Moderate		Heightened avalanche conditions on specific terrain features. Evaluate snow and terrain carefully; identify features of concern.	Natural avalanches unlikely; human-triggered avalanches possible.	Small avalanches in specific areas; or large avalanches in isolated areas.
1 Low		Generally safe avalanche conditions. Watch for unstable snow on isolated terrain features.	Natural and human-triggered avalanches unlikely.	Small avalanches in isolated areas or extreme terrain.

Safe backcountry travel requires training and experience. You control your own risk by choosing where, when and how you travel.

Avalanche Danger Scale provided by Avalanche.org

Precautions:

1. Keep posted on all area weather bulletins and relay to others.
2. Have portable radio available. Make sure extra batteries are available.
3. Be prepared for isolation at the facility.
4. Make sure all emergency equipment and supplies are on hand, or can be readily obtained.
5. Make sure emergency food supplies and equipment are on hand.
6. Make sure emergency supply of water is available.
7. Make sure emergency power supply is operable.

8. Make sure heating system is operable.
9. Have extra blankets available and keep residents as warm as possible.
10. Make sure adequate staff is available.
11. Keep flashlights handy, and have extra batteries available.
12. Close drapes on cloudy days and at night.
13. Travel only when necessary and only during daylight hours. Never travel alone. Travel only assigned routes.
14. Be prepared to evacuate residents if necessary.
15. Do not make any unnecessary trips outside. If you must venture outside, make sure you are properly dressed, and fully covered.
16. Avoid overexertion by doing only what is necessary. Cold weather strains the heart.
17. Do not panic; remain calm.

Procedures:

1. Begin search and rescue of all residents and staff.
2. Account for all residents and staff. Make sure everyone is inside.
3. Close all windows and pull all curtains.
4. Keep all residents away from windows.
5. Follow Shelter in Place Standard Operating Procedures. If power goes out, also follow Loss of Utilities Standard Operating Procedures.

Avalanche Resources

Since 1938, the nonprofit National Ski Patrol has dedicated itself to - and has become the preeminent authority on - serving the public and outdoor recreation industry by providing education and credentialing to emergency care and safety services providers.

http://www.nsp.org/default.aspx

Colorado Avalanche Information Center (CAIC)

The Colorado Avalanche Information Center (CAIC) began in 1973 as the Colorado Avalanche Warning Center. It is the oldest public avalanche forecast program in the United States. The Warning Center grew out of the US Forest Service's avalanche research efforts. The US Forest Service dropped the program in 1983 due to budget cuts. That winter the CAIC found a home with the Colorado Department of Natural Resources, and in 1987 the CAIC was placed into the administration of the Colorado Geological Survey. In 1993 the Colorado Department of Transportation contracted with the CAIC to forecast for many mountain roads. Our highway forecasters work closely with the Department of transportation to keep mountain highways open and travelers safe.

http://avalanche.state.co.us/index.php

Crested Butte Avalanche Center

The Crested Butte Avalanche Center's sole purpose is to provide valuable and needed information and support to the community and neighboring towns. Volunteers and forecasters of the Center will observe, record, and report daily weather, snow pack and avalanche activity and provide regularly updated avalanche danger ratings.

http://www.cbavalanchecenter.org/page.cfm?pageid=6869

http://www.avalanche.org/tutorial/tutorial.html

http://www.fsavalanche.org/

Avalanche,Org
http://www.avalanche.org/

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The purpose of this section is to save or protect the life and well being of residents and staff of this facility before and after a bomb threat by notifying authorities as soon as possible and taking protective actions to insure the safety of the residents either by evacuating them, moving them to a designated safe area of the facility, or following the directions of local authorities.

Bomb Threat Guidelines:

If you receive a bomb threat over the phone, follow these guidelines **OR** Use the Homeland Security Bomb Threat Call Checklist:

1. Keep the caller on the line as long as possible.
2. Ask the caller to repeat the message.
3. Ask the caller his name.
4. Ask the caller where the bomb is located.
5. Record every word spoken by the person making the call.
6. Record time call was received and terminated.
7. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.
8. Complete the bomb threat form, attached, to record the caller's characteristics.

If possible, during the call, try to notify a supervisor immediately. That person should:

1. Call the Police Department at 9-1-1.
2. Call the Administrator if not present.
3. Organize staff to evacuate residents upon police or administrative order.

Once the police have arrived:

- Keys should be available so that searchers can inspect all rooms. Employee lockers will be searched.
- The Administrator or designee should remain with the police search commander during the entire search to provide assistance and counsel during the search.
- If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

BOMB THREAT CALL PROCEDURES

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist (reverse side) immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of the call, do not hang up, but from a different phone, contact FPS immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call _____
- Handle note as minimally as possible.

If a bomb threat is received by e-mail:

- Call _____
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected Delivery
- Poorly handwritten
- Misspelled Words
- Incorrect Titles
- Foreign Postage
- Restrictive Notes

DO NOT:

- Use two-way radios or cellular phone; radio signals have the potential to detonate a bomb.
- Evacuate the building until police arrive and evaluate the threat.
- Activate the fire alarm.
- Touch or move a suspicious package.

WHO TO CONTACT (select one)

- **Follow your local guidelines**
- **Federal Protective Service (FPS) Police**
  1-877-4-FPS-411 (1-877-437-7411)
- **911**

BOMB THREAT CHECKLIST

Date: _____ **Time:** _____

Time Caller Hung Up: _____ **Phone Number where Call Received:** _____

Ask Caller:

- Where is the bomb located? (Building, Floor, Room, etc.)
- When will it go off?
- What does it look like?
- What kind of bomb is it?
- What will make it explode?
- Did you place the bomb? Yes No
- Why?
- What is your name?

Exact Words of Threat:

Information About Caller:

- Where is the caller located? (Background and level of noise)
- Estimated age:
- Is voice familiar? If so, who does it sound like?
- Other points:

Caller's Voice

- ❑ Accent
- ❑ Angry
- ❑ Calm
- ❑ Clearing throat
- ❑ Coughing
- ❑ Cracking voice
- ❑ Crying
- ❑ Deep
- ❑ Deep breathing
- ❑ Disguised
- ❑ Distinct
- ❑ Excited
- ❑ **Female**
- ❑ Laughter
- ❑ Lisp
- ❑ Loud
- ❑ **Male**
- ❑ Nasal
- ❑ Normal
- ❑ Ragged
- ❑ Rapid
- ❑ Raspy
- ❑ Slow
- ❑ Slurred
- ❑ Soft
- ❑ Stutter

Background Sounds:

- ❑ Animal Noises
- ❑ House Noises
- ❑ Kitchen Noises
- ❑ Street Noises
- ❑ Booth
- ❑ PA system
- ❑ Conversation
- ❑ Music
- ❑ Motor
- ❑ Clear
- ❑ Static
- ❑ Office machinery
- ❑ Factory machinery
- ❑ Local
- ❑ Long distance

Other Information:

_____

_____

Threat Language:

- ❑ Incoherent
- ❑ Message read
- ❑ Taped
- ❑ Irrational
- ❑ Profane
- ❑ Well-spoken

_____

_____

_____

Homeland Security

Colorado Department of Public Health and Environment

Suspicious Mail Procedures

If you identify a suspicious letter or package:

If the item is highly suspicious (e.g. obvious contamination or specific written threats):

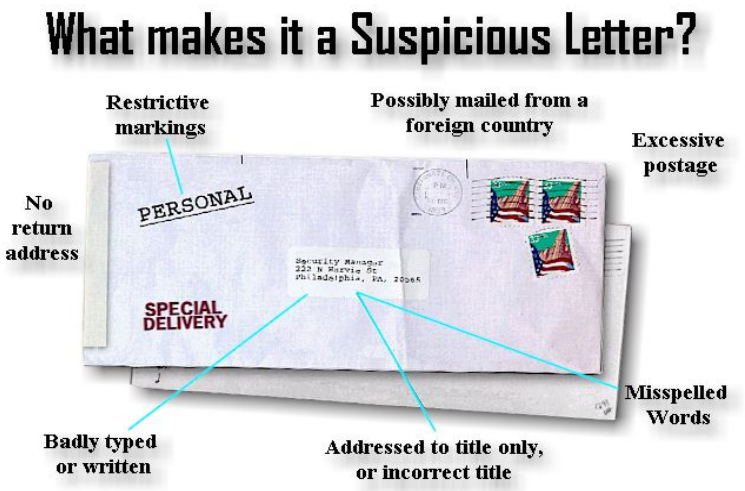
- Do not open
- Avoid further handling and isolate item as best possible
- Evacuate the area, close the room and prevent further access
- Wash your hands immediately with soap and water
- Call your local Police Department and follow their instructions and wait for their arrival.

Awareness of what may be suspicious:

Please understand that your knowledge of the types of mail your facility receives will help you to identify what is out of the ordinary. Suspicious traits include, but are not limited to:

- Envelopes sealed with tape
- Handwritten or poorly typed addresses, especially those in hand printed block lettering
- Incorrect or non-existent departments or position titles
- Misspelling of common words
- Powders, oily stains, discolorations or strange odors
- Unusual or unverifiable return addresses
- Restrictive endorsements such as “Personal”, “Confidential” or “Addressee Only”
- Mail that is inconsistent with the types of mail normally received

Again, knowing the type of mail that your facility receives will help you to determine what is “suspicious”.



Bomb and Suspicious Mail References

The Bomb Threat Film
http://www.threatplan.org/

Telephone Bomb Threats
http://www2.binghamton.edu/police/emergency-resources/bomb-threat.html

Bomb Threat Form
http://www.ndscs.nodak.edu/uploads%5Cresources%5C166%5Cbombthreat.pdf

Disaster Resource Guide For Business Continuity
http://www.ndscs.nodak.edu/uploads%5Cresources%5C166%5Cbombthreat.pdf

F,B.I. Bomb Threat Challenge
http://www.dps.mo.gov/homelandsecurity/safeschools/documents/FBI%20-%20The%20Bomb%20Threat%20Challenge.pdf

Reality Check

Colorado Bomb Threat

Federal agents and bomb squad members search a Jeep Cherokee owned by a suspect in two bomb threats in Aspen, Colo., in 2009. The suspect, 72-year-old Jim Blanning, was found dead in the vehicle following the bank robbery and extortion attempts.

Bombing of School Stopped

Police say a student from Newton Middle School planned to plant a bomb at school, and he had the materials to do it. Another student may have stopped it from happening.

The suspect was arrested after investigators raided his home. Police say they found materials for making a bomb Wednesday.

When confronted by FOX31 Denver's Justin Joseph, the 13-year-old boy's mother refused to comment on why bomb making materials were allegedly found inside her home.

The student, named Patrick, allegedly told a classmate about his intent to plant a bomb at the school under the jock's table in the cafeteria.

Arapahoe County Sheriff Grayson Robinson says when deputies raided the student's home they found the elements necessary to construct a bomb.

Standard Operating Guideline| Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE)

Purpose

The purpose of this Standard Operating Guideline is to protect the life and safety of residents and staff at the facility in the event of an a Chemical, Biological, Radiological, Nuclear (CBRN) or Hazardous Material (HazMat) incident by outlining the specific procedures the facility will take to secure residents, maintain standards of care, and address safety concerns during this type of disaster.

Procedures:

1. For all CBRN incidents occurring outside the facility's walls, the facility will follow instructions from emergency response personnel or other local, state or federal authorities.
2. For minor incidents inside the facility, the staff will respond with appropriate personal protective equipment PPE) and follow standard procedures to clean up minor exposures, and will then contact local emergency personnel for additional assistance.
3. In all events, the staff will prioritize the life safety of residents and staff and take the necessary precautions to minimize exposure to such agents.
4. Large exposures to CBRN materials will probably be a community-wide event and the facility will receive instructions on the appropriate actions from authorized personnel.
5. The facility should follow these instructions and maintain open communication pathways for additional updates on the situation. When the facility is a single-exposure, it will contact emergency personnel for assistance, again following instructions.
6. This facility knows all hazardous materials stored here, and remedies to their exposure. Any hazardous materials are stored safely in this facility.
7. The Incident Commander (IC), based on current information gathered, must determine the protective actions the facility will take in response to the hazard.

Planning Assumptions:

Most exposures will be external and community wide. Follow the instructions issued by authorities, rather than developing independent procedures.

The facility will remain open and shelter in place as long as feasible, considering the safety of residents and staff.

- **Control access and isolate danger area**
  - If necessary, cordon off or evacuate areas of the facility that are dangerous because of the disaster.

- Implement procedures to minimize movement of residents and staff, to preserve situation integrity, based on the hazard.
- Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for the patient
- If necessary, address the specific medical issues caused by the event. This may include life support measures.
- Communicate medical or search and rescue needs to emergency personnel
- Some residents may not be able to stay in the facility during this scenario. Communicate the need to evacuate those residents with emergency personnel, time permitting
- Account for all staff and residents through an attendance or roster procedure. Notify emergency personnel of any missing residents or staff

CBRNE Checklist

- Note how many employees are available at a given time
- Include aid agreements for additional assistance during the hazard or event. This assistance might include:
    - Portable generators and knowledgeable personnel to run them
    - Alternative cooking facilities
    - Delivery of potable water
    - Outsourcing of linens and other housekeeping requirements
    - Additional staffing to assist with tasks
- Identify what resources, personal protective equipment, and other materials are available to mitigate the impact of exposures
- Explain where this equipment is stored, how it activates, and any special procedures or requirements it might have
- Outline how the equipment is tested for reliability and kept ready for use
- Explain the protocol for staff training on equipment use
- Establish inventory protocols for this equipment
- Have a facility information sheet on hand
- Pre-stage chemical sheltering supplies such as plastic sheeting, tape, respiration masks, and scissors in the sheltering location in order to block off a safe area inside the facility
- List how long the facility can continue to operate under these circumstances.
    - Seal off all outside access for the shelter spaces
    - Gather critical supplies for the next four hours in the shelter space
    - Turn off all heating, ventilation and air conditioning (HVAC) units

CBRNE References:

These resources may serve as additional information points during a disaster, or provide citation for examples the facility chooses to include in their plan. Additional resources are widely available on the internet and through local, state and federal agencies.

- Radiation Emergencies Fact Sheet from the CDC:
  http://www.bt.cdc.gov/radiation/emergencyfaq.asp
- Bioterrorism Emergencies Fact Sheet from the CDC:
  http://emergency.cdc.gov/bioterrorism/
- Chemical Emergencies Fact Sheet from the CDC:
  http://www.bt.cdc.gov/chemical/
- Introduction to CBRN Terrorism
  http://www.disasters.org/dera/library/Heyer%20WMD.pdf
- Colorado Veterinary Medical Foundation CBRN
  http://cvmf.org/displaycommon.cfm?an=1&subarticlenbr=61
- CBRNE - Biological Warfare Agents
  http://emedicine.medscape.com/article/829613-overview
- CBRNE Emergency Preparedness for Medical Care Providers:
  http://www.emsa.ca.gov/disaster/files/cbrne_manual.pdf
- Interpol CBRN Radiological and Nuclear Terrorism
  http://www.interpol.int/Crime-areas/Terrorism/CBRNE-programme/Radiological-and-nuclear-terrorism

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Standard Operating Guideline| Drought

Purpose:

The purpose of this Standard Operating Guideline (SOG) is to protect the life and safety of residents and staff at the facility during the secondary hazards caused by a drought.

This SOG will work in conjunction with the Evacuation SOG, the Shelter-in-Place SOG, the Mass Care/Mass Casualty SOG, and the Basic Plan. Though a drought does not directly impact the life safety of a facility's residents, it is a primary hazard that creates secondary hazards and disasters that will impact the facility. The occurrence of a drought provides the opportunity to mitigate and prevent those secondary hazards, rather than reacting specifically to the drought itself. To prevent confusion from staff or responders, the facility administrator or the IC will officially determine at what point to activate this SOG, and will declare when it reaches its conclusion.

Planning Assumptions

Droughts can be caused by lack of rain and snow and may be accompanied by extreme heat. This leads to increased risks for flash flooding, landslides, heat strokes, loss of vital services, and food and water shortages. Facilities should develop their own specific procedures for each of these potential hazards, as well as any additional ones relevant to the population of the facility and the geographic location.

Procedures:

- The facility will remain open and shelter in place as long as feasible, considering the safety of residents and staff.
- Begin preparing for the determined action. For shelter-in-place scenarios, begin ordering additional supplies of food, water, medication, etc.
- For evacuation scenarios, begin packing non-essential supplies, pre-transporting overstocks, setting up the secondary shelter or evacuation point, etc.
- Communicate with local emergency management personnel to determine the best actions and timelines.
- Communicate with resident's families or caregivers about the situation.
- Encourage facility staff to implement their own personal plans.

Drought Checklist

1. Are life support patients being transferred or supported in place?
2. How long will these alternative measures be in effect?
3. What procedures will the facility take to ensure life safety for staff and residents?

4. How can the families of staff and residents assist in the disaster?
5. If possible, use volunteers to disseminate the information to resident and staff families using a pre-scripted message.
6. If necessary, make announcements or communications inside the facility about the situation, protective actions in place, and the actions residents and staff should now take.
7. Provide updates as they become available.
8. Distribute alternative communication methods to staff if required.
9. Use the designated liaison in the facility to notify emergency personnel and the state health department of the facility's situation, needs, and projected actions.
10. Remember to update emergency personnel and the state if previous decisions made by the facility are affected by the activation of this SOG.

Drought References

These resources may help the facility clarify portions of your plan, serve as additional information points during a disaster, or provide citation for examples the facility chooses to include in their plan. Additional resources are widely available on the internet and through local, state and federal agencies. The CPT is encouraged to review each of these references, and include any other important references they identify. Remember; only include specific references for the hazard in this section!

Colorado Climate Center
http://ccc.atmos.colostate.edu/drought.php

Interactive Colorado Drought Map
http://www.plantmaps.com/interactive-colorado-drought-monitor-map.php

Drought Mitigation Planning for Colorado
http://cwcb.state.co.us/watermanagement/drought/Pages/StateDroughtPlanning.aspx /

USGS Colorado Drought Watch
http://co.water.usgs.gov/drought/

Colorado Drought Information
http://www.co.nrcs.usda.gov/technical/features/colorado-drought/focus-events-drought.htm

Purpose:

The purpose of this Standard Operating Guideline (SOG) is to save or protect the life and well being of residents of this facility before and after an earthquake by finding them as quickly as possible and moving them to a designated safe area of the facility. It also could include sheltering-in-place. If the building is structurally damaged, response could include evacuating to a safer pre-determined place.

Situation Overview:

Earthquakes are a hazard to communities in this geographic area of Colorado. When they happen, the facility administrator or designated authority will activate the Earthquake Standard Operating Guidelines (SOG) as well as other relevant sections of the facility's EOP (the Evacuation SOG for instance). This facility has worked with local authorities on earthquake procedures for the community.

Secondary Event caused by Earthquake:

1. **Primary:** When an earthquake strikes, there is little warning. This facility is prepared to immediately go to alternative power, and to shut off gas or other utilities that may have been affected by the quake. Food supplies are stocked; routes for evacuation or transport are designated, and staff are ready to shelter-in-place should the facility become isolated.

2. **Secondary:** After an earthquake has structurally damaged this facility, it is determined to move residents and evacuate. This assessment will be made between the facility administrator or acting official and relevant structural experts assessing the facility. The first priority of the staff will be to keep all residents safe, to find all missing residents and to assess their needs.

Earthquake Checklist

- Note how many employees are available and assign staff.
- Include aid agreements for additional assistance during an event.
- Identify what resources or equipment are available to move residents, or protect them, or if evacuation is necessary, to transport them.
- Depending on the time of day, are there flashlights? Batteries for them? Neon vests for staff to wear at night?
- Explain where necessary equipment is stored and how to use it.
- Clearly mark resource storage areas for staff access during an emergency event;
- Are there supplies on each wing?
- Ensure equipment can be accessed 24/7 and that keys are available.
- Explain the protocol for staff training on equipment use.
- Establish inventory protocols for this equipment.

- Pre-identify which residents require more attention, or are apt to wander or not follow emergency directions.
- Have a facility information sheet on hand, also a contact sheet.
- When the event changes, regroup staff.

Mitigation – How to make your facility more safe and secure BEFORE the earthquake

- Talk with local emergency manager about what you can do before disaster strikes.
- Conduct personnel training in safety procedures – document drills, procedures you have practiced, etc.
- Proper maintenance of the facility, grounds, locks, fences, etc.
- Review construction considerations of the building – where is the strongest area?
- Review facility security (locked doors, restricted access, security guards, etc.)
- The facility should maintain aid agreements with local search and rescue resources, volunteer organizations, and emergency management sources for assistance in responding to an earthquake in the community.
- Make sure your plan addresses:
    - Downed power and telephone lines;
    - Disruption in transportation (closed roads): staff's ability to come to work, ambulance transportation if anyone requires treatment at a hospital;
    - Provisions if facility or county experiences broken pipes (Water & Gas);
    - Evacuation to an undamaged part of your facility or relocation site; and
    - How to maintain refrigerated food, medications in the event of power loss.
    - How well does your staff know your disaster **plan?**
    - Does your staff have questions about their responsibilities during an earthquake?

For staff and residents:

- Have earthquake preparedness classes with staff and residents. Include what can be expected. Allow them to ask questions and possibly give suggestions of how to decrease hazards and facility risks. Use "earthquake classes" and drills to reassure residents that your facility is taking the proactive approach to ensure that your facility and staff are prepared for a disaster.
- Keep your "Disaster Plan" in a brightly colored binder for easy visibility.
- Keep a supply of light sticks/glow sticks in case of generator/emergency light failures.
- Have hospital grade surge protectors, to help prevent "arching" in event of flooding (broken pipes/activated sprinkler system), or power surge. Paint the hospital grade surge protectors orange for easier identification.
- Conduct regular facility checks for structural changes and new potential problems before an earthquake.
- Know the "safe spots" in every room. Look for sturdy tables or desks.
- Know the "danger spots" in your facility: windows, mirrors/hanging objects, fireplaces, and tall furniture.

- Have adequate medical and food supplies for residents and staff for a minimum of 3-days. Have a feasible dietary plan for worse case scenarios, including loss of power and road closures due to unsafe conditions.
- Develop a post earthquake inspection checklist to assist staff in identifying hazards (e.g. cracks in walls, pipes and loose cables/wires).
- Have a "post earthquake protocol" for residents. For example, "All residents are to remain where they are until a staff person checks them; UNLESS there is an immediate danger at their location". This provides your staff better control to account for residents and identify injuries, etc.

Other considerations:

- Examine the situation and then think ahead:
  - What time of day is it?
  - What are current weather conditions?
  - How full is the facility?
  - How many staff members are currently on-hand?
  - Is power out? Are other utilities hazardous because of the quake?
  - Has the building collapsed on any of the residents or staff?

- Assess and analyze the hazard
  - How long did the quake last?
  - How strong was it? Did things fall off shelves and walls?
  - How much of the community is impacted?
  - How much of the facility could be impacted?

Procedures:

1. Get flashlights to begin searching for staff and residents when the earthquake has stopped. Be careful of debris and structural damage! Stay calm! Use pre-established search and rescue procedures. Use two-way radios to communicate.
2. Move residents to the pre-designated safe area in the facility. Bring a blanket with them to keep them warm. Keep injured residents together for easier medical treatment.
3. If staff or residents have died, but are accessible, remove to pre-designated morgue area.
4. Notify authorities with facility information.
5. Make sure facility blueprints, shut-off valve locations, and other critical facility information are available for search and rescue teams.
6. Designated staff should turn off gas supply if possible.
7. Bring critical supplies (medical or other (water) to the safe area for easy access.
8. Keep disaster radio accessible for instructions from authorities.
9. If the quake did extreme damage to medical equipment and supplies, putting residents in danger, a determination will be made by the IC to evacuate immediately.
10. Conduct a "hazard hunt" to identify not secured objects. Don't forget cleaning supplies and chemicals that could spill and mix.
11. Identify your facility's "building/structural" weaknesses.
12. Develop a checklist for post earthquake hazards, like cracks in walls or broken pipes.

Earthquake References

These resources may help the facility clarify portions of the Appendix plan, serve as additional information points during a disaster, or provide citation for examples the facility chooses to include in their plan. Additional resources are widely available on the internet and through local, state and federal agencies. The CPT is encouraged to review each of these references, and include any other important references they identify.

FEMA, information on earthquakes
http://www.fema.gov/hazard/earthquake/index.shtm

FEMA, information on the risk of earthquakes in Colorado
http://www.fema.gov/hazard/earthquake/risk.shtm

FEMA, information on rebuilding after earthquakes, publications and other resources
http://www.fema.gov/plan/prevent/earthquake/publications.shtm

USGS Colorado Earthquake Resources
http://earthquake.usgs.gov/earthquakes/states/?region=Colorado

Colorado Earthquake Reality Check

The largest natural earthquake in Colorado in more than a century struck Monday night, August 23, 2011, in the state's southeast corner, but there were no reports of injuries. Some buildings received structural damage.

The quake, with a preliminary magnitude of 5.3, was centered about nine miles from the city of Trinidad and hit at 11:46 p.m. local time. It was felt as far away as Greeley, about 350 miles north, and into Kansas and New Mexico, said Julie Dutton, a geophysicist at the National Earthquake Information Center in Golden, Colo.

Earthquake Best Practice for Kitchen Staff Safety

1. When earthquake begins, take shelter away from windows, sharp objects, or objects that can fall on you. Do NOT go into a walk-in freezer.
2. When earthquake stops, assess damage to yourself and other staff with you. Administer first aid if necessary.
3. If possible, locate emergency flashlight and two-way radio. Check in with other staff.
4. Locate instructions for gas shut-off valve. Turn off gas as soon as possible to prevent leaks or explosions. Remember there could be after-shocks.
5. If instructed to do so, help with search and rescue of other staff, residents.

This Best Practice should also be applied to tornados and severe wind.

Standard Operating Guideline| Electrical and Other Power Outages and Emergency Generators

Purpose:
The purpose of this Standard Operating Guideline (SOG) is to save or protect the life and well being of residents of this facility before and after an earthquake by finding them as quickly as possible and moving them to a designated safe area of the facility. It also could include sheltering-in-place. If the building is structurally damaged, response could include evacuating to a safer pre-determined place.

It is the policy of this facility to provide auxiliary power to designated areas within the facility to operate life-support equipment in case our normal power supply fails or is shut off.

The generator is capable of providing the facility with a minimal supply of electricity.

Procedure:

In the event of a power outage, the following steps should be taken:

1. Immediately identify any residents that require oxygen concentrators or other life support equipment. Move the resident to areas supplied with emergency power. Outlets are marked.
2. Gather all flashlights and other needed supplies. Check on all residents to ensure their safety. Calm any residents experiencing distress. Distribute flashlights to staff and residents as pre-designated.
3. Unplug the fax machine, and plug in the "Emergency Phone."

Facility Generator DOES NOT:

- Provide heat or water
- Provide power to laundry or kitchen
- Operate Fire Alarm System (it is on its own battery back-up system)
- Operate the phone system

Areas Equipped with Emergency Lighting are:

- Front Lobby
- Hallways
- Break room
- Laundry Room
- Boiler Room
- Stairways
- Other _____

Planning Considerations

Identify all critical operations, including:

- Utilities including electric power, gas, water, hydraulics, municipal and internal sewer systems, wastewater treatment services.
- Security and alarm systems, elevators, lighting, life support systems, heating, ventilation and air conditioning systems, electrical distribution system.
- Medical equipment, pollution control equipment.
- Telephone and Communication systems, both data and voice computer networks.
- Transportations systems including air, highway, railroad and waterway.
- Determine the impact of service disruption.
- Ensure that key safety and maintenance personnel are thoroughly familiar with all building systems.
- Establish procedures for restoring systems. Determine need for backup systems.
- Establish preventive maintenance schedules for all systems and equipment.

Telephone and Communication Interruptions

An interruption to telephone and communication requires immediate response. One of the biggest problems is to determine whether the problem is with the long term care facility. Many digital phone systems will not work when telephone directory and systems manuals to troubleshoot the problem. Alternate telephone systems include pay phones, cell phones and others that may not be hooking into the facility system. Develop a troubleshooting plan of action. Telephone and communication equipment providers have a variety of maintenance plans available for the repair and/or replacement of equipment.

Utility Outages

Power failure, lack of gas or water, may require positive actions on the part of the staff of the long term care facility. The cause and duration of the interruption will affect the type of responses. It may be nothing more than providing extra blankets for the residents to keep warm. However, it could be evacuation of the facility. Whether or not a particular adult care home can continue to operate when faced with a sudden and prolonged loss of one or more of the primary utilities, depends on the degree of limitation of normal operations and the amount of pre-planning on the part of the facility. Loss of utilities may be caused by any number of natural and man-made emergencies. In the event of or prior to a utility outage, the following actions should be taken.

Water Outage:

- Develop water emergency procedures.
- Call local water company emergency service.
- Immediately restrict use of available water in the facility.
- Inventory the community for the location of water tanks and tankers to rent or borrow.

- Know from whom or where in the community the facility can purchase bottled and bulk containers of water and ice.
- Determine the number of gallons of safe (potable) drinking water that will be required
- Each day for residents and staff. A general guideline for determining baseline daily fluid needs is to multiply the resident's/patient's body weight in kilograms (kg) x 30ml (2.2lbs = 1kg), except for residents with renal or cardiac distress, or other restrictions based on physician orders. For example, the average 150 lb. person will require about 2,000ml (about ½ gallon) per day.
- Potable water will be required for washing dishes, personal hygiene and resident care.
- Non-potable water will be required to flush toilets and for cleaning.
- Inform the local Emergency Management Coordinator of the problem. If the outage is to be lengthy, request temporary use of water pumps and tankers.
- If the local Emergency Management cannot provide water pumps and tankers, ask them to contact the Colorado Department of Public Health and Environment for assistance.
- If auxiliary water is not available, and the water outage is to be of extended duration, evacuate residents in accordance with your evacuation plan.
- Call on volunteer resources as needed.

Gas Outage:

- Call local gas company emergency service.
- Appoint a staff member to turn off the gas at the main valve.
- As a safety measure, open windows to prevent gas accumulation and possible explosion.
- Do not turn on any light switches.
- Inventory your community for the location of bottled gas for sale
- Inform the local Emergency Management Coordinator of the problem. If the outage is to be lengthy and the facility does not have an emergency generator, request temporary use of one. If the local Emergency Management Coordinator cannot provide a generator, ask them to contact the Colorado Department of Emergency Management for assistance. If the decision is made to evacuate residents, do so in accordance with your evacuation plan.
- Call on volunteer resources as needed.

In the winter months, make sure the residents are warmly dressed when there is a gas outage (if the facility is heated by gas).

Location of Main Controls for Utilities

A trained staff member, and an alternate, should be designated and available at all times, to be able to operate utility controls such as water, gas and power into the adult care facility. The Disaster Response and Recovery Plan should clarify who has the authority to turn off the utilities and under what circumstances. The location of all utility controls should be on a floor plan of the facility.

Operation of Emergency Generator

Long term care facilities depend on power services (electrical and gas) to provide adequate services to residents. Having a dedicated emergency generator ensures the facility's ability to continue to operate uninterruptedly in case of power failure. Generators must be tested regularly. Your facility's plan should outline the persons trained and responsible for operating this equipment. Clear instructions must be posted near the generator explaining how to activate it and how to maintain it. Generator systems must meet life safety codes as specified in NFPA 99.

If your facility has a generator, indicate in your plan:

> The facility has an emergency generator that should be automatically activated in the event of a power outage. The generator operates on _____ fuel and should be able to operate for a minimum of _____ hours/days with current fuel supply.

Keeping Food Safe to Consume During Outages

If the power is out for longer than 2 hours, follow these guidelines:

- For the Freezer section: A freezer that is half full will hold food safely for up to 24 hours. A full freezer will hold food safely for 48 hours. Do not open the freezer door if you can avoid it.
- For the Refrigerated section: Pack milk, other dairy products, meat, fish, eggs, gravy, and spoilable leftovers into a cooler surrounded by ice. Inexpensive Styrofoam coolers are fine for this purpose.
- Use a digital quick-response thermometer to check the temperature of your food right before you cook or eat it. Throw away any food that has a temperature of more than 40 degrees Fahrenheit.

The following provide additional information on preparing for emergencies and determining if your food is safe after a power outage:

- Keeping Food Safe in an Emergency, USDA: www.fsis.usda.gov/Fact_Sheets/keeping_food_Safe_during_an_emergency/index.asp
- Food Safety Office, CDC, comprehensive food safety information: www.cdc.gov/foodsafety

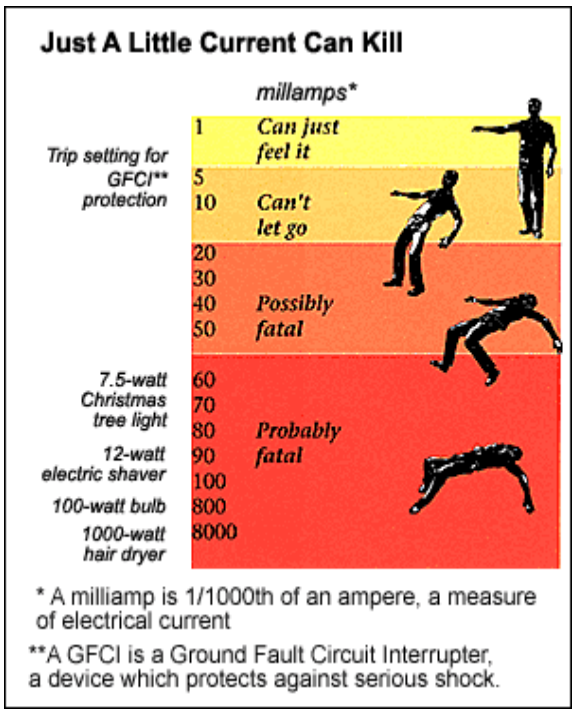
Safe Drinking Water

- Do not use contaminated water to wash dishes, brush your teeth, wash and prepare food, wash your hands, make ice, or make baby formula. If possible, use baby formula that does not need to have water added. You can use an alcohol-based hand sanitizer to wash your hands.
- If you use bottled water, be sure it came from a safe source. If you do not know that the water came from a safe source, you should boil or treat it before you use it. Use only bottled, boiled, or treated water until your supply is tested and found safe.

- Boiling water, when practical, is the preferred way to kill harmful bacteria and parasites.
- Bringing water to a rolling boil for 1-minute will kill most organisms.
- When boiling water is not practical, you can treat water with chlorine tablets, iodine tablets, or unscented household chlorine bleach (5.25% sodium hypochlorite).
- If you use chlorine tablets or iodine tablets, follow the directions that come with the tablets.
- If you use household chlorine bleach, add 1/8 teaspoon (~0.75 mL) of bleach per gallon of water if the water is clear. For cloudy water, add 1/4 teaspoon (~1.50 mL) of bleach per gallon. Mix the solution thoroughly and let it stand for about 30 minutes before using it.

Note: Treating water with chlorine tablets, iodine tablets, or liquid bleach will not kill parasitic organisms.

Use a bleach solution to rinse water containers before reusing them. Use water storage tanks and other types of containers with caution. For example, fire truck storage tanks and previously used cans or bottles may be contaminated with microbes or chemicals. Do not rely on untested devices for decontaminating water.



Avoid Carbon Monoxide

For important information about the risk of carbon monoxide poisoning during a power outage, see

"Carbon Monoxide Poisoning": www.bt.cdc.gov/disasters/carbonmonoxide.asp and

"Q&A Carbon Monoxide Poisoning": www.cdc.gov/co/faqs.htm

Safety During Power Recovery

As power returns after an outage, people may be at risk of electrical or traumatic injuries as power lines are reenergized and equipment is reactivated. Be aware of those risks and take protective steps if you are in contact with or in proximity to power lines, electrical components, and the moving parts of heavy machinery. More information on electrical safety is available in our fact sheet on "Safety in Power Outages": www.bt.cdc.gov/poweroutage/workersafety.asp or at www.cdc.gov/niosh/topics/electrical/

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Standard Operating Guideline| Emergency Notification of Administrator

Purpose:

To have a policy in the Emergency Operation Plan (EOP) stating what to do when a crisis or disaster happens at the facility and the administrator is not there.

Identify which job function/job titles, e.g. Business Office Manager, Resident Care Manager, will notify the administrator during normal business hours and at other times. In the following situations, the Administrator is to be notified immediately, if possible, on a 24-hour basis:

- Death involving unusual circumstances or family dispute;
- Emergency requiring immediate services or repair authorization;
- Fire of any size or nature;
- Missing resident;
- Formal department of health inspection or annual survey;
- Urgent resident/family problems;
- Any situation involving violence by staff or resident.

Absence of Administrator

A staff person should be designated in charge in the absence of the Administrator from the facility. There can be a formal letter of authority to cover liability, etc. See online resources. Each facility should determine what that facility's needs are in times of crises.

If the Administrator cannot be reached, identify who should be contacted. If your facility has a corporate parent company or a Board of Directors, identify names and telephone numbers of the board members and which member would be contacted if the administrator is not reachable. For example, "If the Vice President cannot be reached, the Secretary shall be notified. If none of the former persons can be reached, attempts should continue to inform any one of the other board members."

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Partnerships Essential For Epidemic/Pandemic Planning

Planning Assumptions

Specific epidemic/pandemic precautions will be taken by the facility, or an explanation as to how this facility works with local responders and the community during an epidemic/pandemic could be helpful. See references section for help. Talk with local emergency manager and local health department about the epidemic to see what they want you to do to keep residents safe and healthy.

1. Personnel training in sanitary or medical procedures
   - This facility assumes that 30 percent of the workforce will be ill.
   - At least 30 percent of the resident population may succumb to the epidemic/pandemic. Staffing shortages will be a problem.
   - Deliveries may be delayed.
   - Diets may change.
   - Medical supplies may get low.
   - It is also assumed that regular operations may be curtailed, reduced or delayed due to all of the above.
   - Abbreviated activities, schedules and responsibilities may become the norm. It is also assumed that some residents/staff may die.]

2. The facility will enter into and maintain aid agreements with local emergency medical resources, volunteer organizations, and emergency management sources for assistance in responding to an epidemic/pandemic in the community.]

3. An epidemic/pandemic may come in waves and could last for months.

   - This facility has a plan in place for staff shortages, changing activities schedules, cleaning schedules, and other necessary procedures for the duration of the event.
   - Food supplies are stocked; alternate routes for transport and deliveries are designated, and staff are ready to shelter-in-place should the facility become isolated.
   - There are body bags and a plan for storage of the deceased until help arrives.

Procedures:

A. Examine the situation
- How many staff/residents are affected?
- What are local/national projections of the epidemic/pandemic?
- What is the community situation?

- How long will food stocks, medical supplies and sanitary supplies last?
- How many staff members are currently on-hand?
- Are staff family plans in place? Is the facility ready to shelter family members? Sick family members?

B. Assess and analyze the hazard

- How severe is the disease in the facility?
- How long can current staff maintain? Would shorter shifts help?
- How many staff/residents received inoculations?
- How much of the facility could be impacted? For how long?
- Is it possible to safely control the situation or is outside help required?
- Have emergency personnel been notified of the situation?

C. Select and Implement Protective Actions.

The Incident Commander (IC), based on the information gathered from step one, must determine the protective actions the facility will take in response to the hazard. This decision may influence the decisions made using other parts of the EOP. Try to accomplish some/all of the following actions, but do not be limited by these suggestions:

Determine the protective action

- Determine if sick residents/staff should be isolated in a controlled area
- How will outside agencies communicate with the facility? Liaison?
- At what point will the facility involve outside agencies? On whose authority? **Example: Over 50% of residents and staff are ill. The facility will require healthy residents to be moved. The facility may be required to close.**
- Who will notify health/families of deceased residents/staff? Who will write the script for the notification message?
- Are alternate medical personnel on scene to assist the facility?
- Are other medical personnel from the community available?

Implement protective actions

- Who will contact the department of health with the occurrence report or complete the report on the CDPHE-HFEMSD web site?
- Will the facility isolate affected residents?
- What are the specific actions this facility will take?
- Who will call the family of any casualties of the incident? Is there a scripted message? Who will write it?
- Who will de-brief staff at the end of the incident? When?
- Include applicable ICS forms if possible so emergency personnel will be familiar with your reporting.

D. Control access and isolate danger area

- Establish who is allowed into the facility during the emergency event
- Control access to isolation areas

- Implement procedures to minimize movement of residents and staff, to avoid confusion, to keep residents calm, and to slow the spread of disease

E. Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for residents

Address specific medical issues of the residents caused by varieties of epidemic/pandemic diseases

- Who will provide medical treatment if this facility cannot?
- Are alternate doctors on call?
- In the event all medical personnel are unavailable, how will this facility handle this prolonged event?

F. Communicate medical needs to emergency personnel

- Account for all staff and residents through an attendance or roster procedure
- What kind of long-term care might this scenario create for residents and staff?
- What can the staff immediately treat?
- Establish how residents are prioritized in this situation
- Make facility staff aware of these procedures
- Include details of staff/resident conditions to authorities, including ambulatory restrictions and critical health conditions periodically
- The facility planning team should consider some/all of the following as it determines what to do:
  - What protocols are in place to keep spread of disease in check?
  - What is the protocol for staff training and conducting drills on this scenario? All facility staff should be aware of this protocol
  - Are local emergency responders aware of this protocol?

Epidemic or Pandemic References

These resources may help the facility clarify portions of the Epidemic plan, serve as additional information points during a disaster, or provide citation for examples the facility chooses to include in their plan.

Colorado Epidemic/Pandemic Flu Plan and information
http://www.cdphe.state.co.us/epr/panflusummary.html

Centers for Disease Control, Flu information
http://www.cdc.gov/flu/

Colorado Ready: Flu and Epidemic/Pandemic Information
http://www.readycolorado.com/who-is-ready-colorado/disasters-101/epidemics-pandemics/

FEMA: Information on Pandemic Preparedness
http://www.ready.gov/pandemic

Global Security: World and U.S. Pandemic and Epidemic Resources
http://www.globalsecurity.org/security/ops/hsc-scen-3_ref.htm

Infection control strategies for specific procedures in health-care facilities
http://www.who.int/csr/resources/publications/WHO_CDS_HSE_2008_2/en/index.html

Resources for Planning and Preparedness: Flu and other Pandemics
http://www.flu.gov/planning-preparedness/index.html

Pandemic Influenza Preparedness and Response Guide for Healthcare Workers and Employers
http://www.osha.gov/Publications/OSHA_pandemic_health.pdf

Planning for a Pandemic/Epidemic or Disaster: Caring for persons with cognitive impairment
http://www.ahcancal.org/facility_operations/disaster_planning/Documents/pandemic_dementia_care.pdf

Standard Operating Guideline| Evacuation and Transportation

Evacuations depend on mobility. People with physical, sensory, chronic, behavioral, or cognitive disabilities may not be mobile enough for evacuations. Planners must consider the transportation needs of the community in evacuation plans. Those with disabilities that decrease mobility may need additional help evacuating.

- **Preparedness**
- **Response**
- **Recovery**
- **Mitigation**
- **Additional Resources**

Preparedness

Know your community. It is important to know who might need additional services. Planners must also know where they are located within the community. Important steps of preparedness include:

- Identifying the location and condition of those with special transportation concerns
- Identifying the type of transport necessary
- Determining who will transport each person
- Identifying the equipment needed to enable transport. Door-to-door pick up may be an option.

Include community resources. Planners may benefit from using resources already in the community. Potential partners include:

- Transportation providers
- Emergency response organizations
- Local community-based services
- Advocacy groups
- Agencies that serve transportation-dependent populations
- Employment and training providers
- Health and social services, including home health care and long term care facilities

- Faith-based organizations, including the Salvation Army
- American Red Cross
- State Departments of Transportation
- Paratransit services – These organizations transport those with specific mobility needs daily. Vehicles are equipped to move those with disabilities and drivers know where their clients live. Paratransit rider lists will help emergency personnel identify those who need extra help. These can also be a communication resource.

  Case Study:
  During Hurricane Katrina, Louisiana churches started a program called Operation Brother's Keeper. This program helped evacuate those who lacked transportation. The churches matched those who had "empty seats" in their vehicles to those who needed a ride. As a long-term goal, the program sought to relieve some of the pressures on public transit services during an evacuation. Although only a pilot program, Operation Brother's Keeper evacuated 60 percent of Jefferson Parish's population that did not have their own rides.

  Lessons Learned: By partnering with private, nonprofit, or faith-based groups, planners can provide additional transportation resources to those in need.

Keep track of transportation resources. In an emergency, resources will be limited. Communities should prioritize transportation for those with impaired mobility. Planners should keep a sharp eye on the transportation resources they have available and the needs of the community. Consider the following:

- Maintain a list of transportation resources. Organize it by type and availability. Also include things like vehicle accessibility and capacity.
- Develop lists of additional resources. Consider fuel needs, access to vehicles, mileage to be traveled, and storage of resources.
- Keep all lists up-to-date before, during, and after an event.

Crosswalk plans with neighboring communities. Ensure that your plans do not rely on the same equipment as a neighboring community. A single transport agency may have multiple contracts for their resources. When disaster strikes, there may not be enough vehicles or drivers to meet all of the agreements. Planners should create back up plans for limited resources.

Provide specialized transportation equipment. According to U.S. DOT's Catastrophic Hurricane Evacuation Plan Evaluation, "even in urban areas where more modes [of transportation] are available, few plans recognize the potential role for intercity buses, trains, airplanes, and boats. These modes may be particularly important for persons who cannot evacuate in personal vehicles including persons with various disabilities."

- Planners might look to include such resources in their plans. They might also incorporate:
    - School buses
    - Wheelchair accessible school buses
    - Private vehicles, like sedans or minivans
    - Private medical transport vehicles
- Some people may have serious medical conditions that need immediate attention. They will need to be transported as quickly as possible. Consider using life-flight helicopters or MICU ambulances.
- Some equipment must be operated by trained personnel. Planners should keep a master list of drivers by status and availability. This will help match the appropriate equipment and driver skill level in an emergency.

Review emergency transportation plans. Emergency responders and volunteers should be familiar with emergency plans. The emergency planner can help this process. Additionally, planners can help train and review how to transport those with disabilities. Include ways to transport service animals.

Response

Use appropriate vehicles for transport. Individuals with disabilities will have a diverse set of needs. Not everyone will need specialized transportation equipment. Many will need assistance. For example, those with vision impairment, mental retardation, or psychiatric disorders will be able to ride in any type of transportation. *Those that require* assistants will benefit if assistants travel with them in the same vehicle. People in wheelchairs will require special vans with lifts for transportation. Others who use mobility aids may need vehicles with enough room for their special equipment.

- Planners should consider the range of equipment available for transport.
- They should also consider how to best maximize those resources.

Provide door-to-door service. Consider providing door-to-door services in an evacuation. This will be especially helpful for those who have mobility limitations or do not have their own transportation. Local organizations, like Meals-on-Wheels or faith-based organizations can help. These groups maintain lists of those that need door-to-door pick-up. They may even have the resources to help evacuate.

Keep transportation records. During an evacuation, it is likely that people will be scattered. Friends and family may be separated. For people with disabilities, separation from a care giver or support network can cause problems. Transportation operators can create rosters to record

service. These billing rosters will help recover revenue. It may also help friends and families track the whereabouts of their loved ones.

A roster should contain the following information:

- Name of driver
- Driver's telephone number
- Time departed staging area
- Time arrived at sheltering location
- Vehicle number
- Sheltering location
- Person(s) transported
- Service Animals

Track the whereabouts of evacuees. Keeping track of who has been evacuated and to where, helps an evacuation run smoothly. Additionally, records can help reunite families and friends.

Case Study: *During the evacuations in Hurricane Katrina, victims were poorly tracked. Once they reached their destination, some evacuees were unable to contact their families. Others were separated from their groups during the evacuation. Family members loading on different buses thought that all the buses were going to the same destination when they were not. Once phone and internet service was restored, family and friends began filing missing person reports with groups like the American Red Cross. Other tools to assist in locating missing people began operations including the "Katrina PeopleFinder Project" and web boards like the "Yahoo! Message board Katrina: Search for Missing People." Some of the more successful tracking was done by The National Center for Missing & Exploited Children (NCMEC). This group staffed a hotline to take reports of missing and found children and adults.*

Lesson Learned: Communities may benefit from having centralized hotlines or message boards. This will help families locate each other following an evacuation. Ensure that people with disabilities can access the systems, and advertise the system before and during the evacuation.

Recovery

Planning for the recovery begins by identifying resources. Finding transportation resources may be difficult. Drivers may be stranded, burned out, or gone. The whole community may be competing for the same resources, including fuel. Private owners may want vehicles returned so they can begin their own recovery. Individuals with disabilities may need a certain type of vehicle for transport. Logically, these resources may be in high demand.

Arrange to return people home based on their needs. Returning to an area following a disaster is likely to be a slow process. Long-term contracts with transport services may be needed. Damages may require long stays in shelters or other disaster housing. Regardless, people may be eager to return to their homes. This will place limited transportation resources in high demand. Planners may work to schedule transportation back to a home or community in shifts. Individuals with

disabilities may have a greater need to return to their home or care facility. Planners should prioritize the transport of individuals in need to ease the burden that a disaster may cause.

Ensure transportation is accessible. Even during the recovery phase, transportation will be in high demand. This demand will likely outpace resources. It is important to keep transport services accessible to everyone in the community.

- Prioritize specialized vehicles for those who require them.
- Passengers may require door-to-door drop off or assistance entering the home. Plan to have transportation providers give this aid.
- Accessibility may be affected by a disaster. For example, someone's home may remain unaffected but their ramp may be damaged. Include this information in post disaster assessment.

Mitigation

After any event, planners should identify lessons learned and ways to improve.

Draft an After Action Report. Planners should create an after action report. This will help evaluate response and recovery from an event. It will also help identify successes and gaps in service. This will help improve future operations. Involving partners in the feedback is critical successfully reviewing and improving on the plan. Consider using community partner workshops, meetings, driver reports, etc to gather information. Also use Incident Action Plans, activity logs, and functional and position checklists.

Clarify the evacuation process. Planners should look for ways to make evacuation transport services more well-known. For example, a signage committee can examine what signs are needed at the pick-up and drop off points. Better signs can help traffic and pedestrian flow. They can also increase the efficiency and safety of an evacuation. This will be particularly important for individuals with disabilities who may take longer to evacuate.

Insert Facility Name

Resident Evacuation and Shelter-In-Place Policy

Policy: It is the policy of *Insert Facility Name* to have defined procedures to protect the life and safety of both residents and staff should there be a hazard that causes the healthcare facility to decide either to shelter-in-place or evacuate.

Definitions:

1. **Alternate Care Site:** a building or facility to which residents from the evacuated healthcare facility can be taken to for continued care and treatment and shelter.

2. **Assembly Area**: In a complete evacuation, this is an area(s) where residents are processed before going to the Patient Staging Area(s) for transport out of the healthcare facility. (The Assembly Area(s) could be the resident rooms).

3. **Complete Evacuation**: evacuation of the entire facility.

4. **Emergency Management Plan** (Disaster Plan): the procedures, developed by the healthcare facility, to manage an internal or external hazard that threatens residents, staff, and visitor life and safety.

5. **Emergency Operations Center** (EOC): a village, town, city, county, regional, state central command and control facility responsible for managing and supporting an emergency situation.

6. **Healthcare Facility**: a facility where patients/residents, who need assistance in caring for themselves, are supervised by healthcare professionals.

7. **Healthcare Facility Incident Command**: This is used to refer to the authority that makes any decision, coming from the healthcare facility Command Center. Typically once responders arrive this person will make decisions jointly with responders in a Unified Command Post.

8. **Horizontal Evacuation**: evacuation beyond corridor fire doors and/or smoke zones into an adjacent secure area on the same floor.

9. **House Supervisor**: for the purposes of this policy, this refers to the person, who has the authority, at any given moment, to intervene to protect resident, staff, visitor and facility safety.

10. **Incident Site Evacuation**: evacuation of persons from the room or area of the incident.

11. **Local Authorities**: for the purposes of this policy this includes, but is not limited to the chief elected official, local Emergency Management Director, Law Enforcement, Fire Department, Public Health, EMS and Human Services.

12. **Partial Evacuation**: an evacuation of certain groups of residents or of areas within the facility.

13. **Resident Transport Area**: In a complete evacuation, this is an area(s) to which residents are sent for transport out of the healthcare facility.

14. **Transportation Vehicle Staging Area:** In a complete evacuation, this is an area(s) at which vehicles that will transport residents from the evacuated facility will wait until summoned by the Transportation Task Force Leader.[1]

15. **Response Agency Incident Commander**: The person, usually first on-scene, such as the Fire Department, Law Enforcement, etc. that assumes command and is responsible for the management of the incident.[2]

16. **Shelter-in-Place**: a protective action strategy taken to maintain resident care within the facility and to limit the movement of residents, staff and visitors to protect people and property from a hazard

17. **START**: a rapid assessment of every patient, determining which of four categories residents should be in and visibly identifying these categories for rescuers, who will treat the residents.

18. **Triage Tag**: this is "slip of paper" that is attached to a resident, usually by Emergency Medical Services (EMS) in the field, to provide key information about the patient. The "tag" includes and identification number and a color-coded system to document the acuity level of the resident.

19. **Unified Command**: a structure that brings together the "Incident Commanders" and the Incident Management Structures of all major organizations, involved in the incident, in order to coordinate an effective response while at the same time carrying out their own jurisdictional responsibilities.

20. **Vertical Evacuation**: evacuation from one floor(s) to the floor(s) below or above.

Part A: Decision to Shelter-in-Place versus Evacuation

1. The staff person, who identifies an internal hazard or who is notified of an external hazard, is responsible to notify the house supervisor immediately.

[1] "Healthcare Facility Incident Command" is responsible for command of internal facility operations, but must collaborate with the Response Agency; a Unified Command should be established if response agencies are present.

2. Shelter-in-place is the preferred option, unless the decision is made by the house supervisor, usually in coordination with response agencies, to evacuate, considering the circumstances of the incident.

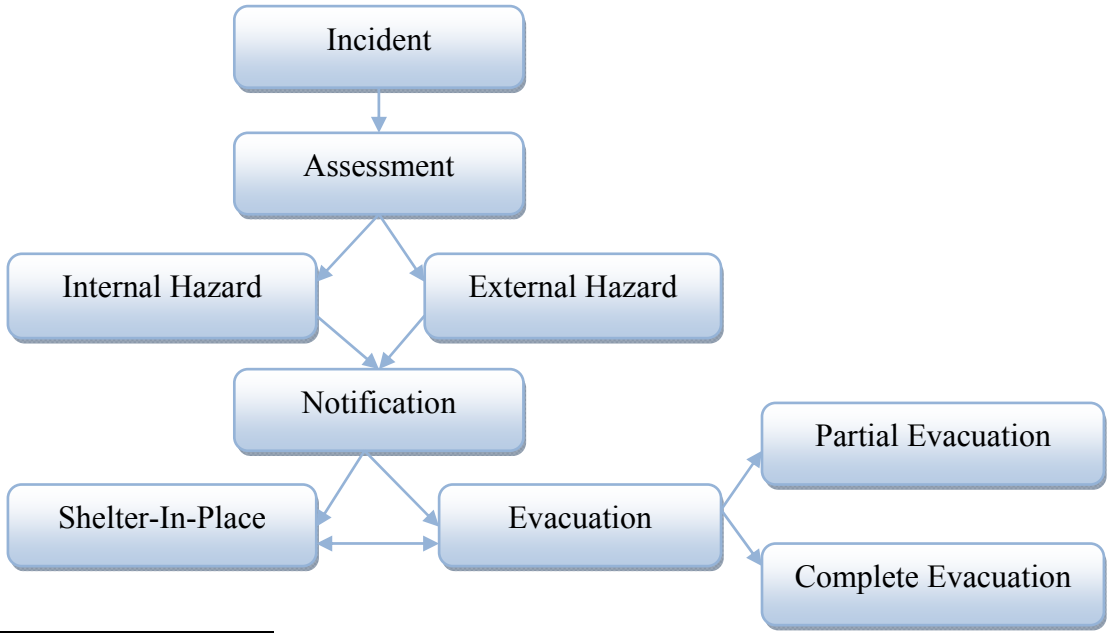
a. The healthcare facility is to initiate its Emergency Management Plan and operate under the Incident Command System (ICS).[2]

b. The appropriate referral facilities/agencies are to be notified that admissions are to be canceled. The Liaison Officer is also to notify the EOC, if activated.

3. The decision to shelter-in-place or evacuate is to be made in consultation with the response agency Incident Commander/Unified Command, if established (e.g. the local Emergency Management Director, Fire Department, Law Enforcement, Public Health, EMS, Human Services and others, as appropriate.)

a. If there is no response Incident Commander, healthcare facility Incident Command is to do all that is necessary to protect the life and safety of its residents, staff and visitors. The healthcare facility Incident Command is to notify 911 of its decision.

b. Prior to the actual need to shelter-in-place or evacuate, the healthcare facility is to consult with the local Emergency Management Director, Fire Department, Law Enforcement, Public Health, EMS, Human Services and others, as appropriate so that these agencies are aware of and are in agreement with this plan and its procedures



[2] The Emergency Operations Plan recommends that the top 8 positions of the Incident Command System be adopted and used by all healthcare facilities: Incident Commander, Safety Officer, Public Information Officer, Liaison Officer, Operations Chief, Planning Chief, and Finance Chief. These positions are functions and not necessarily individual persons. One person can fulfill more than one function if necessary.

Note: A healthcare facility may decide to both evacuate parts of the facility, shelter-in-place in another part of the facility and temporarily shelter in place until an evacuation can be conducted.

Part B: Decision to Shelter-in-Place

1. The healthcare facility Incident Command is to make an assessment whether the healthcare facility faces an internal or external hazard or both.

2. If the decision is made to shelter-in-place due to an internal and/or external environmental hazard[3], the healthcare facility Incident Command will notify local authorities by calling 911, if appropriate, and will make an assessment for the need to initiate environmental engineering interventions. The primary decisions are:

a. The decisions on how to protect residents, staff and visitors by movement to a more secure area will be made by healthcare facility Incident Command in collaboration with the response agency Incident Commander or Unified Command, as appropriate.

b. The decisions on how to protect the building will be made by healthcare facility Incident Command, based on the known hazards and their effects on the building and its inhabitants in collaboration with the response agency Incident Commander or as part of a Unified Command, as appropriate.

3. The healthcare facility is to initiate a process to secure the building (lockdown).

4. Staff is to be advised to stay within the building and to advise all residents and visitors to stay within the building until further notice.

5. If shelter-in-place is expected to last for more than 24 hours, the healthcare facility Incident Command is to inform all departments that all resources are to be conserved. For example: (the following list is not meant to be inclusive)

a. This is the Incident Command System Section that carries out all activities related to the management of the incident. (Operations)

b. Establish resident management plans, including identifying the current census, the cancellation of elective admissions and procedures etc.; establish a workforce plan, including a plan to address staff needs for the expected duration of the shelter-in-place and establish communications and a back-up communications plan (Planning).

c. Coordinate communications and a back-up communications plan with the local Emergency Management, Fire Department, Law Enforcement, Public Health, EMS, Human Services and others, as appropriate and the Emergency Operations Center

[3] Each healthcare facility is to identify its critical functions that will need to continue the provision of services during shelter-in-place.

(when activated). The healthcare facility Public Information Officer is to coordinate all communications through the EOC. (Liaison, Information Officer)

d. Request through local Emergency Management resources and supplies, e.g. the amount of generator fuel available and the duration that this fuel is expected to last (Logistics).

6. Each department head/critical function is expected to provide in writing to the Logistics Chief, within one hour of the activation of healthcare facility Incident Command, the resources that is has available, the expected duration of these resources and the contingency plan to conserve these resources, should replenishment of supplies be in jeopardy.

7. Healthcare facility Incident Command is to determine, or if response agencies are present participate in Unified Command, as appropriate, when shelter-in-place can be terminated and to identify the issues that need to be addressed to return to normal business operations, including notification of local authorities about the termination of shelter-in-place.

Part C: Decision to Evacuate

1. In the event of a hazard, which requires a complete or partial evacuation of the facility, if necessary to protect the life and safety of residents, staff and visitors, the healthcare facility Incident Command is to give the order to evacuate or if response agencies are present in collaboration with Unified Command, as appropriate.

2. If the circumstances are such so that there is no immediate danger to the life and safety of residents, staff and visitors, healthcare facility Incident Command is first to determine the availability of transportation resources and destination sites (internal and external) before giving the order to evacuate. Until the time that these resources are determined, healthcare facility Incident Command shall give the order to shelter-in-place or if response agencies are present this decision should be made by Unified Command.

3. Once transportation resources and destination sites (internal and external) are identified healthcare facility Incident Command or Unified Command shall give the order to activate the procedures to initiate an orderly and timely transfer of residents to the pre-designated destination site(s).

4. The following are the procedures to be followed to evacuate the building or a portion of the building, when it has been determined that the healthcare facility is unsafe or unable to deliver adequate resident care[4].

5. When it is determined that evacuation is necessary, healthcare facility Incident Command will provide directives according to its communications policy, Insert how your facility will make the announcement e.g. call the switchboard and instruct the operator to make an announcement over

[4] Examples of possible incidents that require evacuation include: fire, bomb threat, major structural damage, threat of explosion, major power loss, flood, major gas leak, or exposure to a hazardous material.

the PA system. [Fire Alarms should not be used to evacuate during a bomb threat or suspicious package evacuation unless fire or smoke is present.] The specific directive will depend upon the type of evacuation required (Incident Site, Horizontal, Vertical, or Complete) Healthcare facility Incident Command or Unified Command will determine to which area(s) (internal or external) the residents are to be moved.

a. If an Incident Site Evacuation is necessary, the directive will state "Incident Site

b. Evacuation": evacuate from (room number or name of area) to (room number or name of area)

c. If a Horizontal Evacuation is necessary, the directive will state "Horizontal Evacuation": evacuate from (area) to (area).

d. If a Vertical Evacuation is necessary, the directive will state "Vertical Evacuation": evacuate from (floor) to (floor).

e. If a Complete Evacuation is necessary, healthcare facility Incident Command or Unified Command will define the sequence of evacuation and when to begin the movement of residents to the Assembly Area(s) and/or to the Patient Transport Area(s).

6. The following procedures apply to Incident Site, Horizontal and Vertical Evacuation.

a. After the directive of the evacuation, all available staff are to report to the Personnel Staging Area or a designated area. Staff will be assigned to departments needing additional help at the direction of the Operations Chief.

b. All residents, not on their respective units, are to be returned to their respective units, if possible. If this is not possible, ancillary staff (e.g. Dietary Department, Physical Therapy, etc.) are to maintain the census of all patients and their room numbers and report this census to the Planning Chief. Ancillary staff and residents are to remain in place until further directives are received.

c. After the evacuation of the residents and others (family members, visitors) from the area to be evacuated, staff, in collaboration with the local Fire Department, is to apply a "visual cue[5]" (Insert your facilities "visual cue" procedure) to the door of the room to indicate that the room has been cleared. These doors should be closed except during a bomb incident when only fire doors should be closed.

d. Staff are to be prepared to evacuate from the area all residents, along with visitors and staff, according to the level of acuity of the residents.

[5] Examples of visual cues include a sign, taped to the door, use of pillows, waste baskets, etc.

1) **Evacuee Acuity Level 4[6]:** self-sufficient residents, who are ambulatory, require minimal nursing care and are candidates for rapid discharge to home or to a temporary shelter(s).

2) **Evacuee Acuity Level 3:** Ambulatory residents, who require moderate nursing care and require assistance in evacuation.

3) **Evacuee Acuity Level 2:** Residents, who are non-ambulatory, require frequent supportive nursing care and observation.

4) **Evacuee Acuity Level 1:** Residents, who are non-ambulatory, require continuous nursing care and observation.

e. The resident's chart, medications and patient ID are to accompany the resident as they are evacuated.

f. The charge nurse or designee is to compile a list of all residents in the area(s) that is being evacuated.

g. If time permits and there is no threat to the safety of the staff, the staff are to return to obtain any devices necessary for daily living (glasses, dentures, prosthesis) and any other valuables and belongings. Staff may also want to collect their own personal belongings.

h. Healthcare facility Incident Command or Unified Command, if responders are present, is to make the necessary arrangements to secure the evacuated area, primarily to keep people from entering the evacuated area.

i. Staff are to enforce "Keep to the Right" when moving down hallways.

j. Staff should remain with residents in the relocated area until the resident(s) has been reassigned/handed off.

k. Upon completion of evacuation of each area, staff (through their chain of command) are to report to healthcare facility Incident Command or Unified Command that the evacuation of the area has been completed.

7. The following procedures apply to Complete Evacuation

a. All the procedures identified in Section 5 are also to be followed for a Complete Evacuation.

[6] This "numbering system" is used to be in compliance with the National Incident Management System (NIMS) where a higher number indicates a lesser degree of intensity and a lower number indicates a higher degree of intensity.

b. The following additional procedures are also to be implemented:

    1) Sequence of Evacuation: Healthcare Facility Incident Commander Unified Command, if response agencies are present, will determine which floors and/or smoke zones are evacuated first and in which order. Those floors that are most in danger or the floors of the incident are to be evacuated first. Then adjacent floors are to be evacuated. Otherwise, evacuation is to start at the top floor and work downwards. In all incidents, residents are to be evacuated according their Evacuee Acuity Level.

    2) Healthcare facility Incident Command or Unified Command are to identify area(s) for both Assembly and Resident Transport.

c. Assembly Area(s): The following activities will take place in the Assembly Area(s):

Note: Residents are not to be moved to the Assembly Area(s) until there is confirmation that there are transportation resources and destination sites (internal and external).

    1) Residents are to be assessed for rapid discharge, if appropriate. Triage should also be conducted upon residents' arrival.

    2) Staff is to maintain care of the resident in the Medical Groups, Treatment Task Force Area and continue to assess acuity.

    3) Staff are to make every effort to obtain the "Resident Evacuation Information" (See Appendix A: Resident Evacuation Information Form), if the resident is to be transported to another destination site: (Data in **BOLD** is required information)

    4) Healthcare facility Incident Command or Unified Command is responsible for accounting for all staff. Healthcare facility Incident Command or Unified Command is also to maintain a log of staff, who accompanies residents to destination sites with consideration, to the extent possible, for their lodging, food, and other needs.

d. The Medical Group's Triage, Treatment, Transport and Discharge Area is the designated area for residents, who are being discharged and also for those residents, who are being transported to external destination sites.

Note: Residents are not to be moved to the Medical Group's Triage, Treatment, Transport or Discharge Area until there is confirmation that there are transportation resources on-site. Until that time, the residents shall continue to stay in the Assembly Area(s).

1) A triage tag[7] is to be applied by the Medical Group Supervisor to all residents, who are being transported to destination sites. The resident is also to be triaged according to the START triage protocols, that is, a color code is to be assigned to the patient based on the patient's acuity. The triage tag number is the number that will be used to track the patient after leaving the evacuated healthcare facility to destination sites.

START Triage: Simple Triage and Rapid Treatment Quick Reference

GREEN	Assigned to ambulatory residents
YELLOW	Assigned to residents whose care can be delayed
RED	Assigned to residents in need of immediate care
BLACK	Assigned to residents that are deceased or expectant

Note: The triage tag should be put on the patient's chart, if there is concern that the resident may lose the tag or tear it off.

a) A staff person is to be assigned to match the triage tag number to the list of residents, being transported, that was generated by the Charge Nurse or Planning Section.

b) This same staff person must also match any residents, being discharged or being sent to a temporary shelter, to the same list that was generated by the Charge Nurse or Planning Section.

c) Demographic information for all residents, both those, who were discharged and those who are being evacuated along with the triage tag number, are to be entered into the electronic, centralized database within one hour or, as soon as possible, of the resident leaving the healthcare facility according to the "Policy on Patient Tracking" (Release due 2008).

2) The on-site healthcare facility Transportation/Discharge Task Force Leader shall assure that:

a) Each resident, being transported to a destination site, must be logged on the Transportation Log for Evacuated Residents Form (See Appendix B).

[7] Hospitals and EMS have triage tags. Healthcare facilities may purchase triage tags for this purpose or, in an emergency, request these tags from the hospital or EMS. If purchasing triage tags facilities should coordinate with the local EMS Director to ensure consistency with existing triage systems.

b) Each resident, being transported by private vehicle, must be logged on the Transportation Log for Discharged Residents Form (See Appendix C).

e. Transportation Vehicle Staging Area

1) To maintain open access to the healthcare facility Resident Transport Area(s)[8], the healthcare facility Incident Command or Unified Command will activate the Transportation Vehicle Staging Area. (This area(s) is to be pre-identified).

2) The Transportation Vehicle Staging Area Manager or Transportation Vehicle Assistant Staging Area Manager, if Unified Command has assigned a Staging Area Manager to manage all staging activities, is responsible for sending vehicles to the healthcare facility Resident Transport Area(s) as requested by the Transportation Task Force Leader.

Note: The healthcare facility is to make every effort to pre-identify and use only authorized vehicles for resident transport. However, it is recognized that circumstances may be such that authorized vehicles may not be available and the healthcare facility may need to resort to the use of private vehicles. The use of private vehicles poses risks to the healthcare facility and those being transported. The following protocols are examples of the best efforts that can be made to "authorize" drivers of private vehicles.

3) All vehicles need to be documented before being sent to the healthcare facility from the Transportation Vehicle Staging Area. The Transportation Vehicle Staging Manager or Assistant will verify the information found on the Transportation Log for Discharged Residents (Appendix C) for each vehicle before it is sent to the healthcare facility.

4) The Transportation Log for Discharged Residents (Appendix C) is to be given to the driver of the vehicle by the Transportation Vehicle Staging Area Manager to present to the healthcare facility Transportation Task Force Leader at the healthcare facility.

5) No resident is to be released to a vehicle without obtaining the Transportation Log for Discharged Residents (Appendix C) from the driver. The Transportation Task Force Leader is to verify all the information on the form before assigning a resident for transport by the private vehicle.

f. Methods for Evacuating Residents

1) The healthcare facility is to use elevators, if permitted by the Fire Department.

[8] The healthcare facility is to have a policy for internal and external traffic control, which should be implemented, when the decision to shelter in place or evacuate is give by healthcare facility Incident Command or Unified Command. These plans should be coordinated with local response agencies prior to the incident.

2) Ambulatory residents are to be guided down the stairs, accompanied by a staff person with a ratio, based on the acuity of the residents. For example, ambulatory residents, needing assistance, may be assisted with belts or "fore and aft" carry, shoulder-to-shoulder human chain, mother carries baby, etc.

3) Non-ambulatory residents[9] may need special equipment such as stair chairs and stoker baskets are an option and require staff to be trained in their use.

g. Alternate Care Sites

1) The healthcare facility is to identify two sets of Alternate Care Sites:

a) The first set is to include facilities that are geographically close to the healthcare facility in those cases where the hazard has affected only the healthcare facility.

b) The second set is to include facilities that are geographically distant from the healthcare facility in those cases where the hazard has affected the entire area around the healthcare facility.

2) The healthcare facility on-site Transportation Task Force Leader is to consider the triage priorities and Evacuee Acuity Level assigned to the residents as they are being transported to the various Alternate Care Sites. Evacuee Acuity Level 3 and 4 residents are to have priority for transport.

3) The healthcare facility is to identify facilities[10] in the sequential order that it will use these facilities to shelter evacuated residents, based on the acuity level of the residents that the facility can manage. The following is a list of facilities, to be used in sequential order, for exemplary purposes only:

a) Hospitals (for Evacuee Acuity Levels 1, 2, 3, 4)

b) Skilled nursing facilities (for Evacuee Acuity Levels 1, 2, 3)

c) Clinic buildings (for Evacuee Acuity Levels 1, 2)

d) Hotels (for Evacuee Acuity Levels 1, 2)

4) The healthcare facility is to pre-identify Alternate Care Sites and have Memoranda of Understanding[11] with these facilities in case the healthcare facility needs to utilize these facilities in an evacuation.

[10] The Alternate Care Site should be a building that is already being used for medical purposes, e.g. clinics and nursing homes or building that are set up to shelter people and take care of their needs such as hotels versus schools or community centers which will create serious logistical issues in regard to patient care.

5) Supplies and equipment for the Alternate Care Sites

    a) For each Alternate Care Site, the healthcare facility is to pre-identify what equipment and supplies are already available on-site and at what quantity.

    b) For each Alternate Care Site, the healthcare facility is to pre-identify what equipment and supplies will need to be delivered to the site and at what quantity. The Municipal or County Emergency Operations Center (EOC), if activated may be able to assist with the procurement of these supplies and equipment.

    c) Staffing for the Alternate Care Site

    a) The healthcare facility is to assign one of its staff as Site Supervisor of the alternate Care Site.

    b) The staffing plan for the Alternate Care Site will need to take into consideration the acuity of the residents at each site.

    c) There is to be an agreement with the Alternate Care Site to pre-identify any of its staff, who can be retained for resident care or other services

    d) If possible, a healthcare facility staff person is to accompany the resident to the Alternate Care Site and hand over the resident to the staff there with a briefing on the care and treatment of the resident.

    e) It is important to keep in mind that staff from the evacuated healthcare facility will be tired and stressed and may not be able to provide care at the Alternate Care Site, until they get the necessary rest and recuperation.

    d) The Site Supervisor at each Alternate Care Site is responsible for re-triaging residents, based on changes in patient acuity, and moving them to a more appropriate facility.

h. Notifications

1) The city/county Emergency Management Director is to be notified that the healthcare facility has been evacuated.
2) The Colorado Department of Public Health and Environment Health Facilities Division to be notified that the healthcare facility has been evacuated.

Resident Evacuation Information Form

Note: Items in **BOLD** are required.

Sending Facility:	
Evacuee Acuity Level:	☐ 1 ☐ 2 ☐ 3 ☐4
Resident Name:	
Resident Medical Record #:	
Receiving Facility (if known):	
Time Discharged from Assembly Area:	
Equipment Sent with Resident:	
Family Notification:	☐ Yes ☐ No
Name of Primary Attending Physician:	
Diagnosis:	
Type of Isolation:	☐ Contact ☐ Droplet ☐Airborne
Special Considerations and Precautions:	
Other information and Directives:	

1) **Evacuee Acuity Level 4:** Self-sufficient residents, who are ambulatory, require minimal nursing care and are candidates for rapid discharge to home or to a temporary shelter(s).
2) **Evacuee Acuity Level 3:** Ambulatory residents, who require moderate nursing care and require assistance in evacuation.
3) **Evacuee Acuity Level 2:** Residents, who are non-ambulatory, require frequent supportive nursing care and observation.
4) **Evacuee Acuity Level 1:** Residents, who are non-ambulatory, require continuous nursing care and observation.

Transportation Log for Evacuated Residents

Transport Vehicle # ________	
Name of Transport Company:	
# or License # of Transport Vehicle:	
Resident #1 Name:	Triage Tag #:
Resident #2 Name:	Triage Tag #:
Resident #3 Name:	Triage Tag #:
Resident #4 Name:	Triage Tag #:
Name of staff person, accompanying resident:	
Destination Site:	
Transport Vehicle # ________	
Name of Transport Company:	
# or License # of Transport Vehicle:	
Resident #1 Name:	Triage Tag #:
Resident #2 Name:	Triage Tag #:
Resident #3 Name:	Triage Tag #:
Resident #4 Name:	Triage Tag #:
Name of staff person, accompanying resident:	
Destination Site:	
Transport Vehicle # ________	
Name of Transport Company:	
# or License # of Transport Vehicle:	
Resident #1 Name:	Triage Tag #:
Resident #2 Name:	Triage Tag #:
Resident #3 Name:	Triage Tag #:
Resident #4 Name:	Triage Tag #:
Name of staff person, accompanying resident:	
Destination Site:	
Transport Vehicle # ________	
Name of Transport Company:	
# or License # of Transport Vehicle:	
Resident #1 Name:	Triage Tag #:
Resident #2 Name:	Triage Tag #:
Resident #3 Name:	Triage Tag #:
Resident #4 Name:	Triage Tag #:
Name of staff person, accompanying resident:	
Destination Site:	

Transportation Log for Discharged Residents

Private Vehicle # _____	
Name of Driver:	
Vehicle License #:	
Driver License #:	
Proof of Insurance:	____ Yes ____ No
Resident #1 Name:	
Destination:	
Resident #2 Name:	
Destination:	
Resident #3 Name:	
Destination:	
Resident #4 Name:	
Destination:	
Verification Form:	____ Yes ____ No
Private Vehicle # _____	
Name of Driver:	
Vehicle License #:	
Driver License #:	
Proof of Insurance:	____ Yes ____ No
Resident #1 Name:	
Destination:	
Resident #2 Name:	
Destination:	
Resident #3 Name:	
Destination:	
Resident #4 Name:	
Destination:	
Verification Form:	____ Yes ____ No
Private Vehicle # _____	
Name of Driver:	
Vehicle License #:	
Driver License #:	
Proof of Insurance:	____ Yes ____ No
Resident #1 Name:	
Destination:	
Resident #2 Name:	
Destination:	
Resident #3 Name:	
Destination:	
Resident #4 Name:	
Destination:	
Verification Form:	____ Yes ____ No

Sample Resident/Guest GO-Kit

CHECK & INITIAL	SUGGESTED ITEMS
BY:	Face Sheet With Current Emergency Contact Information
BY:	History And Physical
BY:	Medication And Treatment Administration Record
BY:	Advance Directive/Preferred Intensity Of Care
BY:	If Possible, Transfer Trauma Plan And Discharge Note
BY:	Disaster Id Tag With Picture, ID Info, And Medical Alerts
BY:	Medications (72-Hours)
BY:	Essential Medical Supplies Of Special Diet Requires (72-Hours)
BY:	Essential Medical Supplies & Equipment (E.G. Tracheotomy, Colostomy, O2, Glucose Monitoring)
BY:	Nutritional Supplies Of Special Diet Requires (72-Hours)
BY:	Wheelchair/Walker
BY:	Dentures/Eye Glasses/Hearing Aids/Prosthesis
BY:	Change(S) Of Clothing
BY:	Activity Supplies Of Choice (Resident's Preference)
BY:	Incontinence Supplies (72-Hours Minimum)
BY:	Large Plastic Bag Labeled With Client's Name For Accumulation Of Laundry
BY:	Other (Please Specify):

Evacuation Resources

- ***Are You Ready? A Guide to Citizen Preparedness,* FEMA**

  FEMA's guide helps people prepare themselves and their families for disasters. It provides a step-by-step outline on how to prepare a disaster supply kit. It also includes information on emergency planning for people with disabilities and how to locate and evacuate to a shelter. In addition, it has suggestions for contingency planning for family pets.

  Access this document at http://www.citizencorps.gov/ready/cc_pubs.shtm

- ***Assisting People with Disabilities in A Disaster,* FEMA**

  This website provides tips for neighbors of and people working with people with disabilities. The tips are categorized by disability.

  Access this document at http://www.fema.gov/plan/prepare/specialplans.shtm

- ***Disaster Mitigation and Persons with Disabilities,* Independent Living Resource Utilization**

  This report suggests training for responders in using medical support equipment. It also says that emergency responders should provide similar training to volunteer groups.

  Access this document at http://www.ilru.org/html/training/webcasts/handouts/2003/08-27-PB/Transcript.txt

- ***Disaster Preparedness and People with Disabilities or Special Health Care Needs,* Iowa's Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)**

  This article in Iowa's EPSDT's "Care for Kids" Newsletter gives tips for preparing for a disaster. These include creating a disaster plan and setting up a support network.

  Access this document at http://www.iowaepsdt.org/EPSDTNews/2002/win02/disaster.htm

- ***Disaster Preparedness--Reasoning WHY Physical, Emotional and Financial Preparation for Disabled Citizens,* How Eliminating Limited Perceptions Unifies Us (HELPU Fire and Life Safety)**

  "Reasoning WHY" is an online disaster preparedness booklet. It discusses why people with disabilities should prepare for disasters and steps they can take to do so. It includes self-assessments and information on physical, emotional and financial preparations.

  Access this document at http://www.helpusafety.org/3PREPSDI.pdf (PDF - 1,000 KB)

- ***Drivewell*, American Society on Aging**

  DriveWell is a program that promotes safe driving for seniors. This site has information on driving with impairments that seniors often suffer from. This information should be helpful for planners focused on all populations facing similar challenges.

  Access this document at:
  http://www.asaging.org/asav2/drivewell/index.cfm?CFID=23210127&CFTOKEN=62971471

- ***Emergency Preparation and Evacuation for Employees with Disabilities: Identifying Potential Interventions and Methods for Testing Them*, Glen W. White, PhD**

  This presentation discusses the relationship between people with disabilities and their environment. It explains that particular surroundings can put these people at increased risk. The "Person-Environment Model" presented here shows how employers and planners can address how emergencies affect people with disabilities. The presentation includes key emergency planning suggestions. One is to create an employee buddy system for emergencies. A second is to buy assistive equipment and accessible communications devices. A third is to include the needs of people with disabilities in evacuation plans.

  Access this document at http://www2.ku.edu/~rrtcpbs/powerpoint/EPEED.ppt

- ***Emergency Preparation and People with Disabilities*, National Service Inclusion Project, National Council on Disability (NCD)**

  This NCD report provides recommendations to the Federal Government. It says that people with disabilities need to be included in emergency preparedness, disaster relief, and homeland security programs.

  Access this document at
  http://www.serviceandinclusion.org/index.php?page=emergency

- ***Emergency Tip Sheets for People with Disabilities*, Independent Living Resource Center of San Francisco**

  The 10 sheets offer tips for people with various disabilities. This include cognitive and communication disabilities, medical concerns, environmental or chemical sensitivities, hearing and visual impairments, life-support systems, mobility concerns, psychiatric disabilities, and service animals or pets. The sheets list information by category on what people can do before, during and after disasters. The document also includes a checklist for people to use to prepare themselves.

  Access this document at http://www.prepare.org/disabilities/disabilities.htm

- **Evacuation issues for people with disabilities, National Council on Disability (NCD)**

  This NCD Webcast shows their conference on Emergency Preparedness for People with Disabilities. It includes a number of tips for planners, responders, and people with disabilities.

  Access this document at http://www.tvworldwide.com/events/NOD/player.cfm

- ***Katrina PeopleFinder Project***

  Dozens of websites have been established to help survivors of Hurricane Katrina report missing persons and find their loved ones. This creates difficulty for people trying to locate missing persons. They must search dozens of separate databases and message forums. This project is a central repository. It allows users to search the data from all of these at one time.

  Access this document at http://katrinahelp.info/wiki/index.php/Katrina_PeopleFinder_Project

- ***Leaving New Orleans: Social Stratification, Networks, and Hurricane Evacuation,* Elizabeth Fussell**

  This article explores the social factors that led to the response to Hurricane Katrina. It identifies the powerful intangibles that determine an individual's response to the storm. Planners may find this useful to better understand how a given community will interpret response efforts.

  Access this document at http://understandingkatrina.ssrc.org/Fussell/

- ***Last Invited In, Forced to be Last Out,* Illinois Assistive Technology Project**

  This article discusses evacuation methods and resources for people with disabilities.

  Access this document at http://www.iltech.org/erevac.asp

- ***National Center for Missing & Exploited Children***

  Following Hurricanes Katrina and Rita, the NCMEC created and staffed a hotline to take reports of missing children, missing adults, and found children. This site links to the hotline. It also provides more information about tracking following an evacuation.

  Access this document at http://www.missingkids.com/missingkids/servlet/PageServlet?LanguageCountry=en_US&PageId=2077

- ***Orientation Manual for First Responders on the Evacuation of Persons with Disabilities,* FEMA**

  This manual provides information on identifying and locating people with disabilities in a community. It details how responders can assist people with various categories of disabilities. One example is carrying methods for people with limited mobility.

  Access this document at http://www.usfa.dhs.gov/downloads/pdf/publications/FA-235-508.pdf (PDF - 910 KB)

- ***Preparing for Emergencies: A Checklist for People with Mobility Problems,* FEMA**

  This checklist will help people with mobility disabilities to prepare an emergency plan. It includes a suggested disaster supplies kit. It also includes information on an escape plan, a home hazard hunt, evacuations, and fire safety.

  Access this document at http://www.montgomerycountymd.gov/Content/homelandsecurity/preparedness/mobilitychecklist.pdf (PDF - 34 KB)

- ***Report on SNAKE Project,* National Organization on Disability**

  The conditions of people with disabilities often worsen during emergency evacuations. The root cause of this is often an over-use of medical interventions and an under-use of trained caregivers. Expensive treatments given under these circumstances are often poor replacements for proper care and equipment. Disaster workers need specific training to address this problem. This training should teach them to identify evacuee limitations and to place them with the appropriate caregivers.

  Access this document at http://www.nod.org/Resources/PDFs/katrina_snake_report.pdf (PDF - 56 KB)

- ***Special Needs Planning Considerations for Services and Support Providers,* FEMA**

  The purpose of this course is to provide representatives of the special needs service and support system with the basic information and tools to develop their emergency plans. This course is designed for people who work with the elderly and people with disabilities. It teaches how to collaborate with local Emergency Management and better prepare for all phases of an emergency.

  Access this document at http://training.fema.gov/EMIWeb/IS/IS197SP.asp

- ***Strategies in Emergency Preparedness for Transportation-Dependent Populations,* National Consortium on Human Services Transportation**

  Certain people may need extra help to evacuate during an emergency. State emergency

planners can address potential evacuation problems by implementing recognized best practices. Emergency planners should develop a voluntary, self-identified database of people with disabilities who may need help during an emergency. They should also create contingency plans and agreements for helping this population during an emergency. Finally, they should conduct a public education campaign. This would prepare people for certain actions or inactions that may occur during emergency response operations.

Access this document at
http://www.dotcr.ost.dot.gov/Documents/Emergency/Emergency%20Preparedness%20Strategy%20Paper.do

- ***The Emergency Preparedness Initiative (EPI) Guide for Emergency Managers, Planners & Responders*, National Organization on Disability**

  This Guide highlights key concerns for emergency planners. It advises them on how to develop plans that will take into account the needs and insights of people with disabilities before, during and after emergencies. Overall, it is designed to help emergency managers, planners, and responders make the best use of available resources. This includes involving people with disabilities in the emergency preparedness planning process.

  Access this document at http://www.nod.org/resources/PDFs/epiguide2005.pdf (PDF - 165 KB)

- ***Transportation and Emergency Preparedness Checklist*, National Consortium on the Coordination of Human Service Transportation**

  The NCCHST created this checklist to help emergency planners prepare evacuation guides and programs. Among other topics, this checklist highlights best practices for assisting people with physical disabilities during evacuations.

  Access this document at
  http://www.dotcr.ost.dot.gov/Documents/Emergency/Emergency%20Checklist.doc

- **Mass Casualty Incident Plan: Rappahanock Area Medical Facilities Memorandum of Understanding**

  http://www.google.com/url?sa=t&rct=j&q=evacuation%20and%20mass%20casualties%20long%20term%20care&source=web&cd=1&ved=0CJMBEBYwAA&url=http%3A%2F%2Fwww.quantico.usmc.mil%2Fdownload.aspx%3FPath%3D.%2FUploads%2FFiles%2FFIN_Rappa%2520EMS%2520Signed%2520MOU.pdf&ei=RoHfT9TuFKPo2AXc9fHgAQ&usg=AFQjCNFC2EQrw7ESMGBYPzNXbBgRoO1uag

- **Long Term Care Evacuation Drill Guide**
  http://www.cahfdownload.com/cahf/dpp/CAHFEvacDrillGuide.pdf

- **Planning Considerations-Long Term Care Facility Evacuations**
  http://www.cahfdownload.com/cahf/dpp/LTCFacilityEvacuationConsiderations.pdf

- **Long Term Care Facility Evacuation Checklist:**
  http://www.google.com/url?sa=t&rct=j&q=evacuation%20%20long%20term%20care&source=web&cd=6&ved=0CKEBEBYwBQ&url=http%3A%2F%2Fdanedocs.countyofdane.com%2Fwebdocs%2Fdoc%2FEMS%2FEvacuationChecklist.doc&ei=movfT4WBNqaM2gXpyZyqCA&usg=AFQjCNGxBxR4vC0VHIh_pIFqokTH7cKwjQ

- **Long Term Care Evacuation Job Aid (Threat Assessment/Decision Tool)**
  http://www.health.state.mn.us/oep/healthcare/evacltcjob.pdf

- **Questions to Assist in the Creation of a Nursing Home Evacuation Plan**
  http://www.google.com/url?sa=t&rct=j&q=evacuation%20nursing%20home%20residents&source=web&cd=2&ved=0CHIQFjAB&url=http%3A%2F%2Fwww.gnyha.org%2F300%2FFile.aspx&ei=a5jfT_GiPMnC2wWYlp2CCQ&usg=AFQjCNH_yYBfYB1J7HOBCSmJsN6aaJYjfA

- **Chatham County Emergency Management Nursing Home Evacuation Guide**
  http://www.chathamemergency.org/docs/Nursing%20Home%20Evacuation%20Guide.pdf

- **Agency for Healthcare Research and Quality-Altered Standards of Care in Mass Casualty Settings**
  http://archive.ahrq.gov/research/altstand/altstand.pdf

Facility Evacuation Checklist

Assumptions:

- ✓ The hazard has been assessed.
- ✓ The need for a complete or a partial activation has been determined.
- ✓ Facility Incident Commander establishes a Unified Command upon the arrival of response agencies.
- ✓ Organizational structures are merged.

	1. Facility Incident Commander/Unified Command gives the order to evacuate.
	2. If there is no immediate danger the Facility Incident Commander/Unified Command determines transportation resources, destination site availability and sequence of evacuation.
	3. Facility Incident Commander announces the need evacuation to all staff, resident and visitors. - Incident Site: Room number/area to room number/area - Horizontal: Area to area - Vertical: Floor to floor - Complete
	4. Available staff report to staging area for assignment.
	5. Residents are assisted to the Assembly Area for triage. Tags are applied if available.
	6. A list is compiled of all residents in evacuation area.
	7. Visual cues are applied to indicate the room is cleared and evacuated area is secured.
	8. Resident Evacuation Information Form, charts, medications and identification are completed/readied/applied.
	9. Transportation units are on site – Residents are moved to the Resident Transport Area (on-going triage, treatment, transport and discharge).
	10. Evacuation occurs based on level of acuity of residents, staff and visitors. Level 4 (green) Ambulatory are evacuated out first Level 3 (yellow) Ambulatory - moderate care Level 2 (red) Non- Ambulatory - frequent care Level 1 (black) Non- Ambulatory - continual care
	11. Staff accountability and their location information is maintained.
	12. The Transportation Log for Evacuated Residents (included triage tag number) is maintained.
	13. The Transportation Log for Discharged Residents (private vehicle) is maintained. Note: Driver is required to complete log information.
	14. The City/County Emergency Management Director is notified of the evacuation.
	15. The Bureau of Quality Assurance, Wisconsin Department of Health and Family Services is notified of the evacuation.

Facility Evacuation: Planning Considerations

Suggested Emergency Operations Plan Components for Evacuation

Use common sense. No planning advice can be a substitution for good judgment on the ground as a disaster is unfolding.

Provision	Description of Provision
General Provisions *these should be part of your overall disaster plan. It is difficult to adequately plan for evacuation until you have your overall disaster plan (Emergency Operations Plan) in order.*	
Hazard & Vulnerability Analysis	Know your risk for different types of disasters. Conduct a Hazard and Vulnerability Analysis (HVA).
Mitigation Strategies	After completing your HVA, take what steps are practical and necessary to reduce the severity/impact of a potential disaster. The steps you take will depend on the types of vulnerabilities you have identified. Examples include: creating a fire break around your facility; bolting large furniture to the walls in earthquake prone areas, etc.
Command and Control	Define your management for emergency operations. Determine who has the authority to order a voluntary evacuation of the facility. At least one person (and a backup) with the authority to order an evacuation should be in the facility 24/7. This means multiple people need to have this authority. **Best Practice**: Use the National Incident Management Systems (NIMS) organization chart and Job Action Sheets. Local responders have the authority to order a mandatory evacuation if they see a clear threat to your population or facility. **Best Practice**: Using the "Unified Command" principle, have the employee in charge of decision-making at your facility (your Incident Commander), work *with* the first responder in charge of decision-making onsite at your facility (their Incident Commander) to ensure a smooth evacuation. Share your transportation and relocation plans with the first responder Incident Commander.
Decision-Making Criteria	Include factors to consider in deciding to evacuate or shelter in place. What triggers will you use in determining whether or not to evacuate?

Expense Tracking	Create a strategy for tracking any expenses (including supplies, transportation, staff overtime, clean-up, etc.), and clearly documenting your actions during a disaster. This will help you with reimbursement later. Consider what type of payment arrangement you will use with the receiving facilities (see information below on “like facilities for more details).

Purpose:

The purpose of these standard operating procedures is to protect your residents and staff in the event of a gas explosion (internal or external) by outlining the specific procedures your staff will take to secure residents, maintain standards of care, and address safety concerns in the event of a gas explosion.

Explosions can occur because of accidents, technological errors, human mistakes, or human attacks. Good maintenance, routine inspection, and common safety practices help minimize the risk of accidental explosions inside the residence and surrounding exterior property.

Scope:

Depending on the location of the explosion, you and your staff will either respond by evacuating your residence or sheltering in place. In certain instances, residences may also shelter-in-place following an internal explosion by moving all residents and staff to a secure location in the residence. The facility may also serve as a mass care/mass casualty location.

External explosions may damage your residence structure (which may cause injury or death) or may damage the community infrastructure that your residence relies on. (For instance, the power may go out due to an explosion down the street, or the gas and power may go out). When explosions occur outside your residence, staff will secure the safety of residents and staff first and then be available as required by emergency personnel. (They may need to help with community injured.)

Partner with your local emergency manager to determine the best procedures for various scenarios and determine the best use of the residence to the community during this type of disaster.

Recognize that the location of the explosion will dictate your response, as to what emergency support and assistance your residence will need. Immediately call 911 and follow their instructions. If residents or staff are injured, immediately arrange for a medical response for injuries. For this reason, it's always important to cross train your staff in case a staff person is injured or unable to gain access to your residence.

Determine:

1. What events or hazards in your residence's neighborhood can trigger this SOP?
2. Who is in charge? How long will this emergency last?
3. How long can your residence continue to operate under these circumstances?
4. Clear objectives addressing how an explosion will activate different parts of the EOP.

5. If your staff have been trained in responding to a gas explosion.
6. How many staff are on duty to assist, and if you have access to additional staff, if necessary.
7. If staff know the location of and how to use shut-off valves for gas, electric and water, if necessary.
8. If your staff know the location of your building's blueprints, should they be asked for them.
9. If staff have been trained in first aid for burns to provide immediate medical response to injured residents or staff.
10. If evacuating, from which exit will you evacuate, (depending on the location of the explosion).
11. What mutual aid agreements (MAAs) are in place to help you get additional resources?
12. If you are sheltering-in place, do you need alternate cooking facilities or water delivered?
13. If you have access to extra linens, blankets, etc, if needed?

Gas Explosion Checklist

A. Examine the situation

1. Where was the explosion located?
2. How much damage is done to the facility?
3. Are there injured residents or staff?
4. Does the facility require an immediate evacuation?
5. Have emergency personnel been notified of the explosion?
6. How did the facility learn of the explosion?
7. Is the facility required for mass care/mass casualty functions?

B. Determine the protective actions the facility will take.

Based on the information gathered from step one, must determine the protective actions the facility will take in response to the hazard. Try to accomplish the following actions:

1. **Determine the protective action**
   - Based on the location and extent of the explosion, decide how to handle it.
   - Should you stay in the facility, or evacuate?
2. **Implement protective actions**

   Use extreme caution when evacuating the facility and be aware of potential secondary explosives set to injure evacuated residents, staff, or arriving emergency personnel
3. **Control access and isolate danger area**
   - If necessary, cordon off or evacuate areas of the facility that are dangerous because of the explosion

- Implement procedures to minimize movement of residents and staff to preserve situation integrity

4. **Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for the patient**
   - If necessary, address the specific medical issues caused by the explosion. This may include life support measures.
   - Provide care for the most amount of people possible before focusing on providing the most amount of care possible for each individual
5. **Communicate medical or search and rescue needs to emergency personnel**
   - Some residents may not be able to stay in the facility during this scenario. Communicate the need to evacuate those residents with emergency personnel, time permitting
   - Account for all staff and residents through an attendance or roster procedure. Notify emergency personnel of any missing residents or staff

Conduct public warning or information communication

The facility rarely communicates with the public directly, but there are always audiences a facility must address during a disaster. These may include local emergency personnel, residents, staff, families of residents and staff, and local and state health officials. The type of disaster will impact who the facility must notify. Have several employees trained in public information officer (PIO) skills to reduce the stress of this step on the facility. Remember that any information procedures listed here should be specific to an explosion**.**

1. **Determine the content and scope of a public warning or information communication**
   - Is the public already aware of the hazard?
   - Are local officials already communicating procedures for the explosion?
   - Are there pre-established information sources for this type of disaster?
   - What information MUST the facility disseminate about staff and residents? Examples include:
     1. Are life support patients being transferred or supported in place?
     2. How long will these alternative measures be in effect?
     3. What procedures will the facility take to ensure life safety for staff and residents?
     4. How can the families of staff and residents assist in the disaster?

2. **Disseminate internal warning or information communication**
   - Designate a single person to disseminate the information to resident and staff families using a pre-scripted message
   - If necessary, make announcements or communications inside the facility about the situation, protective actions in place, and the actions residents and staff should now take
   - Provide updates as they become available

- Distribute alternative communication methods to staff if required

3. **Disseminate external information**
   - Use the designated liaison in the facility to notify emergency personnel and the state health department of the facility's situation, needs, and projected actions
   - Remember to update emergency personnel and the state if previous decisions made by the facility are affected by the activation of this guideline.

Gas Explosion References

These resources may help the facility clarify portions of their Explosions Preparedness Plan, serve as additional information points during an emergency, or provide citations for examples the facility may choose to include in their plan. Additional resources are also available on the internet and through local, state and federal agencies.

- Explosions and Injuries: a Primer for Clinicians
  http://www.bt.cdc.gov/masscasualties/explosions.asp

- FEMA: Explosion Preparedness
  http://www.ready.gov/explosions

- CDC Guide to Preparedness and Response to Mass Casualties caused by Explosions
  http://www.bt.cdc.gov/masscasualties/pdf/CDC_Guidance-508.pdf

- Colorado Hazard-Specific Appendix: Explosions
  http://www.cdphe.state.co.us/hf/emergencyplanning/hazardspecific/Explosion.pdf

Purpose:

The purpose of this Standard Operating Guideline is to save or protect the life and well being of residents of this facility before and after a facility fire by finding them as quickly as possible and moving them to a designated safe area of the facility, or out of the facility as part of an evacuation.

It also could include sheltering-in-place if the fire is contained or can be contained in the facility.

Scope:

This SOG could work together with the Shelter-in-Place procedures, though it may also work with the Evacuation and Mass Care/Mass Casualty SOG.

Fires are an unexpected but common hazard. When a fire breaks out, the facility administrator or designated authority will activate the Facility Fire Standard Operating Guidelines as well as other relevant sections of the facility's EOP (the Evacuation SOG, for instance), and will remain active until the facility is out of danger, and all residents and staff are safe.

Steps taken to mitigate the loss of residents could include moving residents into a designated safe area and sheltering in place for the duration of the fire, or evacuating immediately if warranted.

Procedures:

1. When a fire breaks out in the facility, the fire alarms and extinguishers should be used immediately. Call 911
2. If possible, designate some staff to search for and remove any residents from the fire area. Remember smoke is just as deadly as the fire itself!
3. Then attempt to put out the fire.
4. In the event of an explosion in the kitchen when fire breaks out, personnel are equipped with fire extinguishers, and should try to contain the fire after setting off the fire alarm. If the fire is immediately out of control, leave the area!
5. If personnel are injured, remove them to safety before attempting to put out the fire.
6. If natural gas did not cause the fire, but is available in the kitchen, leave the premises.

Facility Fire Checklist

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1. **Examine the situation**
   - ✓ How big is the fire?
   - ✓ How full is the facility?
   - ✓ How many staff members are currently on-hand?

2. **Assess and analyze the hazard**
   - ✓ How many people are impacted directly, either by injury or proximity?
   - ✓ Can the fire be contained by staff?
   - ✓ How many residents need to be moved?
   - ✓ How much of the facility could be impacted?
   - ✓ Is it possible to safely control the situation or does outside help need to be called now?
   - ✓ Have emergency personnel been notified of the situation?

3. **Determine the protective action**
   - ✓ Who will be in charge of the event?
   - ✓ How many staff will be involved?
   - ✓ Do they know to whom they report?
   - ✓ How will the sheltering/move to safety be conducted?
   - ✓ Are there teams? Is there a time limit? **[Example: At the time of the incident, residents will be moved to the designated safe area immediately by all available staff. Then, if possible, staff will attempt to put out the fire.]**
   - ✓ How will outside agencies communicate with the facility? By radio?
   - ✓ Who are the movers? All available staff? Non-critical, non-medical staff?
   - ✓ At what point will the facility involve outside agencies? On whose authority?
   - ✓ If any residents are trapped, missing, or injured, what is the procedure? Is there a facility format for this? Who will write it?
   - ✓ How will a possible search and rescue be conducted in bad weather? At night? Are the directions for a night search different?
   - ✓ Determine if outside help must be called in earlier because of severity of the blaze.
   - ✓ Are emergency personnel on scene to assist the facility?

4. **Implement protective actions.**
   - ✓ Who determines when the event is over? On what/whose authority?
   - ✓ Who will write a news release that is complete except for the details (called a "Swiss Cheese news release") in case the media needs to be informed? Corporate headquarters?
   - ✓ At what point is the media contacted? Is there a news release for finding an alive (or injured, or dead) resident/s as the result of the hazard?
   - ✓ Who will contact the department of health with the occurrence report or complete the report on the CDPHE-HFEMSD web site?

- ✓ Who will call the family of any casualties of the incident? Is there a scripted message? Who will write it?
- ✓ Is there a scribe to document everything that is being done from the time of the initial report? Who is it? They should be with the Incident Commander.
- ✓ Is there to be an After-Action Report describing the incident? To whom does it go? Corporate headquarters?
- ✓ Who will de-brief staff at the end of the incident? When?
- ✓ What are the protective actions for this incident?

5. Control access and isolate danger area

- ✓ Establish who is allowed into the facility during the emergency event
- ✓ Control access to already-searched areas, destroyed areas
- ✓ Implement procedures to minimize movement of residents and staff, to avoid confusion and keep residents calm

6. Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for the residents if found injured

- ✓ If necessary, address the specific medical issues of the residents caused by fire, including providing oxygen, etc.

7. Communicate medical or search and rescue needs to emergency personnel

- ✓ Account for all staff and residents through an attendance or roster procedure. Notify emergency personnel of any missing residents or staff
- ✓ What kind of injuries might this scenario create for residents and staff?
- ✓ What injuries can the staff immediately treat?
- ✓ Establish how residents are prioritized
- ✓ Is the facility staff aware of these procedures?
- ✓ Include name, title, last known location, ambulatory restrictions, and critical health conditions to authorities after taking attendance

Other considerations:

- What protocol is in place to verify rooms have been cleared/checked?
- What is the protocol for staff training and conducting drills on this scenario? Are all facility staff aware of this protocol?
- Are local emergency responders aware of this protocol?

Facility Fire References

These resources may help the facility clarify portions of their Facility Fires Preparedness Plan, serve as additional information points during an emergency, or provide citations for examples the facility may choose to include in their plan. Additional resources are also available on the Internet and through local, state and federal agencies.

U.S. Fire Administration: Focus on Fire Safety Emergency Preparedness
http://www.usfa.fema.gov/citizens/focus/emergency.shtm

FEMA Introduction to Fire Safety Preparedness
http://www.ready.gov/wildfires

Information on Firewise, a U.S. Fire Administration program to aid citizens in wildfire awareness and prevention, http://www.firewise.org/Information.aspx

Red Cross Fire Prevention and Safety Checklist
http://www.redcross.org/portal/site/en/menuitem.53fabf6cc033f17a2b1ecfbf43181aa0/?vgnextoid=16e61c99b5ccb110VgnVCM10000089f0870aRCRD&currPage=5c6ed02fbdb42210VgnVCM10000089f0870aRCRD

Oregon Fire & Life Safety Manual for Long Term Care and Hospice Facilities
http://www.oregon.gov/OSP/SFM/docs/Fire_Life_Safety/FireLifeSafeyPracticesNH_Hospices.pdf?ga=t

The purpose of this guideline is to implement procedures to protect the life and safety of residents and staff at the facility in the event of a flood (including flash flooding, seasonal flooding, or other geographically driven floods) and/or from a dam failure by outlining the procedures a facility will take in response to the disaster.

This guideline may work in conjunction with the Evacuation, Shelter-in-Place, the Mass Casualty/Mass Care, and the standard operating procedures outlined in the Basic Plan. It details the specific procedures your facility must take to prepare for all potential flooding disasters, including those caused by the failure of a dam,

- Facilities not near a major damn may be vulnerable to dam failure and flooding.
- Internal flooding (floods caused by water main breaks, the activation of fire sprinkler systems, rain, or snow melt), and prolonged warning floods (those that are seasonal or long-term weather driven.
- Flooding and dam failure may also be a secondary hazard caused by other disasters.

Whether due to weather, other disasters, erosion, or human and electrical error, this guideline operates on the assumption that the facility has either flooded or is in imminent danger thereof. Flooding provides several challenges to the facility as it may make the space uninhabitable, contaminate water supplies, cause service outages, delay the delivery of supplies, and minimize the ability of staff and support personnel to travel. The response to flooding scenarios may either be evacuation or shelter-in-place, and the decisions might change as the situation evolves.

- Flooding occurs very quickly and with minimal warning, or can be planned for and mitigated when it occurs due to an expected natural occurrence such as snowmelt.
- Response to a flood may shift rapidly, depending on the circumstances of the disaster.
- The facility will remain open and shelter in place as long as feasible, considering the safety of residents and staff.

During a Flood Watch or Warning

- Monitor National Weather Service and other helpful sites for predictions of changing conditions:
  http://www.weather.gov/organization.php
  http://www.wrh.noaa.gov/
  http://www.cdc.gov/healthywater/disease
- Watch and or listen to local news to catch updates on the status of flood conditions.
- Prepare to activate your emergency evacuation plan.
- Turn off utilities at main power switch, and main gas valve if evacuation is necessary.

- Bring outdoor possessions, such as lawn furniture, grills and trash cans inside or tie them down securely.
- Fill your vehicle's gas tank and make sure the emergency kit for your car is ready.
- If no vehicle is available, make arrangements with your emergency transportation providers or local authorities.
- Listen for disaster sirens and warning signals.
- Adjust the thermostat on refrigerators and freezers to the coolest possible temperature.

If You Are Ordered to Evacuate:

You should never ignore an evacuation order. Authorities will direct you to leave if you are in a low-lying area, or within the greatest potential path of the rising waters. If a flood warning is issued for your area or you are directed by authorities to evacuate the area:

- Take only essential items with you.
- If you have time, turn off the gas, electricity and water.
- Disconnect appliances to prevent electrical shock when power is restored.
- Follow the designated evacuation routes and expect heavy traffic.
- Do not attempt to drive or walk across creeks or flooded roads.

If You Are Ordered NOT to Evacuate:

Flood Recovery - How to Avoid Illness

Always wash your hands with soap and water that has been boiled or disinfected before preparing or eating food, after toilet use, after participating in flood cleanup activities and after handling articles contaminated with flood water or sewage. If you receive a puncture wound contaminated with feces, soil or saliva, ask a doctor or health department whether a tetanus booster is necessary.

How to Make Sure Your Food is Safe

To be safe, remember, "when in doubt, throw it out." Discard any refrigerated or frozen food that has been at room temperature for two hours or more and any food that has an unusual odor, color or texture. Do not use any fresh foods or can foods that come in contact with flood waters.

How to Make Sure Your Water is Safe

Listen for public announcements on the safety of the municipal water supply. Flooded, private water wells will need to be tested and disinfected after flood waters recede. Questions about testing should be directed to your local health department.

Safe water for drinking, cooking and personal hygiene includes bottled, boiled or treated water. Your local health department can make specific recommendations for boiling or treating water in your area. Remember these general rules concerning water for drinking, cooking and personal hygiene.

- Do not use contaminated water. You can use an alcohol-based hand sanitizer to wash your hands.
- If you use bottled water, be sure it came from a safe source. If you do not know that the water came from a safe source, you should boil or treat it before you use it. Use only

bottled, boiled or treated water until your supply is tested and found safe.

- Boiling water, when practical, is the preferred way to kill harmful bacteria and parasites. Bringing water to a rolling boil for one minute will kill most organisms.
- When boiling water is not practical, you can treat water with chlorine tablets, iodine tablets or unscented household chlorine bleach (5.25 percent sodium hypochlorite).
- If you use chlorine tablets or iodine tablets, follow the directions that come with the tablets.
- If you use household chlorine bleach, add 1/8 teaspoon (~0.75 mL) of bleach per gallon of water if the water is clear. For cloudy water, add ¼ teaspoon (~1.50 mL) of bleach per gallon. Mix the solution thoroughly and let it stand for about 30 minutes before using it.

  Note: *Treating water with chlorine tablets, iodine tablets or liquid bleach will not kill parasitic organisms.*

  Use a bleach solution to rinse water containers before reusing them. Use water storage tanks and other types of containers with caution. For example, fire truck storage tanks and previously used cans or bottles may be contaminated with microbes or chemicals.

How to Deal With Chemical Hazards

Be aware of potential chemical hazards you may encounter during flood recovery. Flood waters may have buried or moved hazardous chemical containers of solvents or other industrial chemicals from their normal storage places. If any propane tanks (whether 20-lb. tanks from a gas grill or household propane tanks) are discovered, do not attempt to move them yourself. These represent a very real danger of fire or explosion, and if any are found, police or fire departments or your State Fire Marshal's office should be contacted immediately. Car batteries, even those in flood water, may still contain an electrical charge and should be removed with extreme caution by using insulated gloves. Avoid coming in contact with any acid that may have spilled from a damaged car battery.

How to Deal with Electric and Gas Utilities

Electrical power and natural gas or propane tanks should be shut off to avoid fire, electrocution or explosions until it is safe to use them. Use battery-powered flashlights and lanterns, rather than candles, gas lanterns or torches. If you smell gas or suspect a leak, turn off the main gas valve, open all windows and leave the house immediately. Notify the gas company or the police or fire departments or State Fire Marshal's office, and do not turn on the lights or do anything that could cause a spark. Avoid any downed power lines, particularly those in water. All electrical equipment and appliances must be completely dry before using them. You should have a certified electrician check these items if there is any question. Also, remember not to operate any gas-powered equipment indoors.

How to Clean Up

Walls, hard-surfaced floors and many other household surfaces should be cleaned with soap and water and disinfected with a solution of 1 cup of bleach to five gallons of water. Wash all linens and clothing in hot water, or dry clean them. For items that cannot be washed or dry cleaned,

such as mattresses and upholstered furniture, air dry them in the sun and then spray them thoroughly with a disinfectant. Steam clean all carpeting. If there has been a backflow of sewage into the house, wear rubber boots and waterproof gloves during cleanup. Remove and discard contaminated household materials that cannot be disinfected, such as wall coverings, cloth, rugs and drywall.

Information adapted from the Centers for Disease Control and Prevention

EVACUATION PLANNING DURING DAM FAILURE

According to the Federal Emergency Management Agency (FEMA): Before a Dam Failure, knowing your risk, making sure an Emergency Action Plan (EAP) is in place, and evacuating when directed by emergency response officials are the most important steps you can take to staying safe from a dam failure.

Ways to Plan Ahead

Know your risk. Do you live downstream from a dam? Is the dam a high-hazard or significant-hazard potential dam? To find out, contact your state or county emergency management agency or visit the National Inventory of Dams (NID) or the Association of State Dam Safety Officials (ASDSO). Find out who owns the dam and who regulates the dam. This information also should be available from your state or county emergency management agency, NID, or ASDSO.
Once you determine that you live downstream from a high-hazard or significant-hazard potential dam and find out who owns the dam, see if a current EAP is in place for the dam. An EAP is a formal document that identifies potential emergency conditions at a dam and specifies preplanned actions to be followed to reduce property damage and loss of life. An EAP specifies actions the dam owner should take to take care of problems at the dam. It also includes steps to assist the dam owner in issuing early warning and notification messages to responsible downstream emergency management authorities of the emergency.

If there is a dam failure or an imminent dam failure and you need to evacuate, know your evacuation route and get out of harm's way. In general, evacuation planning and implementation are the responsibility of the state and local officials responsible for your safety. However, there may be situations where recreational facilities, campgrounds, or residences are located below a dam and local authorities will not be able to issue a timely warning. In this case, the dam owner should coordinate with local emergency management officials to determine who will warn you and in what priority.

For more information visit FEMA's website or click on the following:
What to Do Before a Dam Failure

After a Flood

Listen for news reports to learn whether the community's water supply is safe to drink.
Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may also be electrically charged from underground or downed power lines.

Avoid moving water.

Be aware of areas where floodwaters have receded. Roads may have weakened and could collapse under the weight of a car.

Stay away from downed power lines and be sure to report them to the power company.

Return to your facility only when authorities indicate it is safe.

Use extreme caution when entering a building; there may be hidden damage, particularly in the foundation.

Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are serious health hazards.

Clean and disinfect everything that got wet during the flood occurrence. Mud left from floodwater can contain sewage and chemicals.

Additional Resources:

National Weather Services, Extreme weather service warnings and alerts for Colorado: http://alerts.weather.gov/

Centers for Disease Control and Prevention, contaminated water-related diseases: www.cdc.gov/healthywaterldisease/

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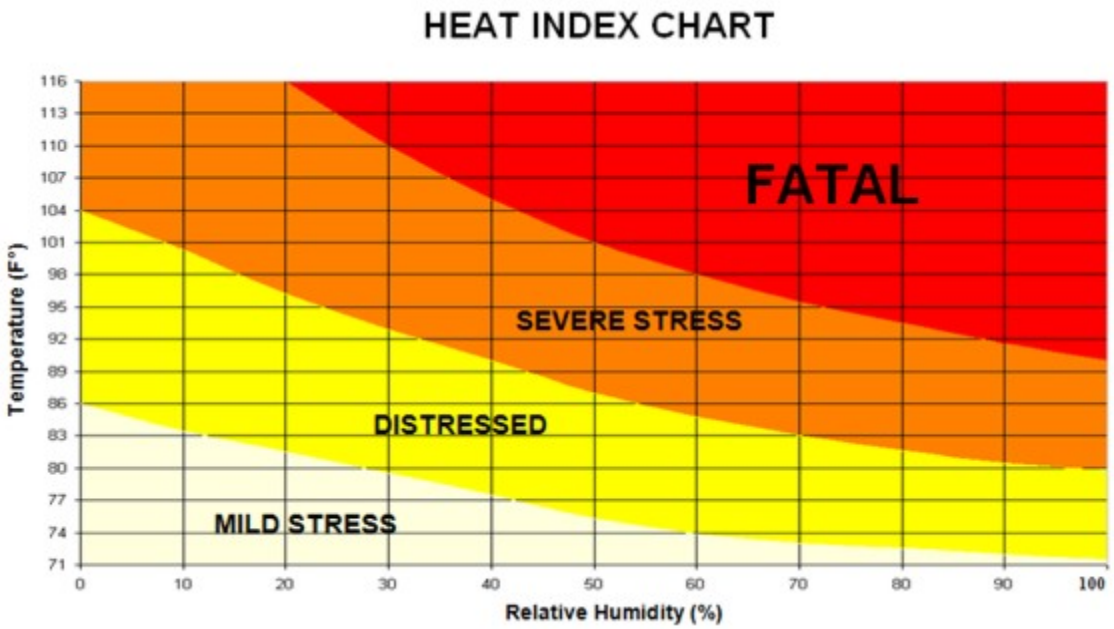

Purpose:

The purpose of this g is to provide precautionary and preventative measures for our residents during the hot and humid summer months. Elderly people are extremely vulnerable to heat related disorders.

Definitions:

Heat Exhaustion: A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.

There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, pulse and breathing are rapid.

Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.

The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.

Precautionary Procedures:

1. Keep the air circulating.
2. Draw all shades, blinds and curtains in rooms when exposed to direct sunlight.
3. Remove residents from areas that are exposed to direct sunlight.
4. Keep outdoor activities to a minimum.
5. Check to see that residents are appropriately dressed.
6. Provide ample fluids, and provide as many fluids as the resident will take.
7. Increase the number of baths given.

Heat and Humidity References

These resources may help the facility clarify portions of their Heat and Humidity Preparedness Plan, serve as additional information points during an emergency, or provide citations for examples the facility may choose to include in their plan. Additional resources are also available on the internet and through local, state and federal agencies.

Colorado Division of Emergency Management: Heat Safety Tips
http://www.coemergency.com/search/label/heat

CDC Guide to Extreme Heat
http://www.bt.cdc.gov/disasters/extremeheat/heat_guide.asp

FEMA Introduction to Extreme Heat Conditions
http://www.ready.gov/heat

California Emergency Management Agency Guide to Heat Planning and Preparedness
http://www.calema.ca.gov/PlanningandPreparedness/Pages/Heat.aspx

Missouri's State Emergency Management Agency Guide to Heat Waves and Extreme Heat
http://sema.dps.mo.gov/plan_and_prepare/heat_wave.asp

Purpose:

The purpose of this guideline is to protect the life and safety of residents and staff at the facility during events that require the lockdown of the facility, including (but not limited to) prisoner/felon/convict escapes from prison, civil disturbances, domestic violence intrusions, or hazardous material exposures in the community. This guideline will outline the specific procedures the facility will take during this type of disaster.

This guideline will primarily compliment the Shelter in Place guidelines, though it may also be used with the Evacuation and Mass Care/Mass Casualty Guidelines. It will also compliment the standard operating procedures outlined in the Basic Plan. It details the specific procedures a facility must take in the event of a lockdown scenario. The guideline activates when the facility is warned of a lockdown scenario as identified in the situational overview and remains in effect until the emergency is over, even if other aspects of the Basic Plan remain in effect. To prevent confusion from staff or responders, the facility administrator or the IC will officially determine at what point to activate this guideline, and will declare when it reaches its conclusion.

Due to the proximity of the facility to major highways, roads, public transportation mechanisms, prisons, or public government buildings, the facility must practice lockdown procedures to protect residents and staff inside the building. Lockdown scenarios are generally triggered when a dangerous person or crowd is suspected of being in the area and seeking shelter or exploitation of resources, including shelter, hostages, or food sources, as part of their actions. Lockdown scenarios may also include the arrival of hostile individuals involved in domestic violence incidents or any other situation where the facility must bar entry to the premises for safety concerns. These scenarios might occur independently of other hazards or because of them. The primary response to this scenario is to shelter in place, however, at some point the capability of the facility to operate will be overwhelmed and the facility will be evacuated. Both sheltering and evacuation plans are discussed in separate guidelines.

- Periodically, events will force the facility to defend in place and secure all entrance and exit points.
- Local law enforcement will notify the facility of lockdown scenarios whenever possible. The facility will notify law enforcement of other lockdown scenarios that may occur.
- Facilities expect to remain locked down for short periods of time. If necessary, the facility can remain locked down for 96 hours without additional assistance.
- Examine the situation
- What caused the lockdown scenario?
- Are residents or staff in immediate danger?
- Are there injuries?
- How long is the event expected to last?
- How long can the facility function while locked down?
- Are other nearby buildings impacted by this disaster?

- Can the facility communicate with outside resources?

Select and Implement Protective Actions

The Incident Commander (IC), based on the information gathered from step one, must determine the protective actions the facility will take in response to the hazard. This decision may influence the decisions made using additional guidelines as well. There are some guidelines to help the CPT develop procedures to accomplish the following actions:

1. Determine the protective action

    - How should the facility lock down?
    - Are there particular areas, windows, service corridors or other points of entry that require additional measures to secure?
    - Which actions best suit the needs of the facility, considering the wider situation?
    - Does the situation affect or change earlier decisions?

2. Implement protective actions.

    - Lock all doors and windows and secure coverings where appropriate
    - Secure outside sources of flammable/explosive or dangerous materials
    - Distribute flashlights or other illumination resources to prevent injuries in dark areas of the building
    - Turn off gas or water valves as required and coordinate necessary evacuations
    - Distribute blankets or extra water to residents and staff
    - Contact emergency response personnel if required

3. Control access and isolate danger area

    - If necessary, cordon off or evacuate areas of the facility that are dangerous because of the disaster.
    - Implement procedures to minimize movement of residents and staff, to preserve situation integrity, based on the hazard.

4. Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for the patient

    - If necessary, address the specific medical issues caused by the disaster. This may include life support measures.

5. Communicate medical or search and rescue needs to emergency personnel

    - Some residents may not be able to stay in the facility during this scenario. Communicate the need to evacuate those residents with emergency personnel, time permitting
    - Account for all staff and residents through an attendance or roster procedure. Notify emergency personnel of any missing residents or staff

Conduct public warning or information communication.

The facility rarely communicates with the public directly, but there are always audiences a facility must address during a disaster. These may include local emergency personnel, residents, staff, families of residents and staff, and local and state health officials. The type of disaster will impact whom the facility must notify. Have several employees trained in public information officer (PIO) skills to reduce the stress of this step on the facility. Remember that any information procedures listed here should be specific to lockdown scenarios.

1. Determine the content and scope of a public warning or information communication
- Is the public already aware of the hazard?
- Are local officials already communicating procedures for lockdown scenarios?
- Are there pre-established information sources for this type of disaster?
- What information MUST the facility disseminate about staff and residents?

Examples include:
- Are life support patients being transferred or supported in place?
- How long will the lockdown measures be in effect?
- What procedures will the facility take to ensure life safety for staff and residents?
- How can the families of staff and residents assist in the disaster?

2. Disseminate internal warning or information communication
- If possible, use volunteers to disseminate the information to resident and staff families using a pre-scripted message
- If necessary, make announcements or communications inside the facility about the situation, protective actions in place, and the actions residents and staff should now take
- Provide updates as they become available
- Distribute alternative communication methods to staff if required

3. Disseminate external information
- Use the designated liaison in the facility to notify emergency personnel and the state health department of the facility's situation, needs, and projected actions
- Remember to update emergency personnel and the state if previous decisions made by the facility are affected by the activation of this guideline.

- Outline types of information critical during lockdown scenarios.
- Determine how to coordinate this information with other disaster intelligence required for the EOP.
- Ensure information resources are accurate and easily available.
- Familiarize staff with proactive information collection.
- Create standards for information dissemination in the facility.
- Have procedures for sharing critical information with the emergency community during a disaster.
- Practice sharing information internally and with other partners.
- Identify information resources required by state, local, or corporate agencies.
- Use ICS forms 201, 202, 203, 204, 205, 207, 209, and 213, or variations of them, to assist in this process.

Sample Resident Services Department Checklist for Lockdown

During an emergency, services may be abbreviated or minimal, but resident care should be the first consideration. This checklist outlines the critical actions the Resident Services Department must complete in the event of a lockdown. The department head is responsible for assigning these tasks and holds accountability for their completion. If additional tasks are required of the Resident Services Department, they should be noted on this sheet and incorporated into the revised plan after the disaster. Remember that this is a sample. The facility should determine the best layout for the checklist, as well as the duties to include.

Determine the following tasks in the order most appropriate to the event. Note the time the task was completed, who completed it, and who is accountable for the task. If additional tasks are required, write them down here.

- Check to be sure residents comfortable in the lockdown location for the facility.

Completed: _____ By whom: _____ Verified: _____

- Ensure resident mobility, within reason considering the safety of the scenario, at this location.

Completed: _____ By whom: _____ Verified: _____

- Make sure reasonable accommodations for residents with sensory issues are available and in use.

Completed: _____ By whom: _____ Verified: _____

- Maximize mobility and self-sustainability as much as possible for blind, deaf, or visual/hearing impaired residents.

Completed: _____ By whom: _____ Verified: _____

- Gather activities suitable to the environment and hazard scenario for residents to use while in lockdown.

Completed: _____ By whom: _____ Verified: _____

- Partner with other departments to maintain acceptable living standards during the lockdown event.

Completed: _____ By whom: _____ Verified: _____

Purpose:

The purpose of this guideline is to save or protect the life and well being of a missing resident of this facility by finding them as quickly as possible.

Scope:

This guideline includes procedures for finding a missing resident, a search protocol, and facility dependencies on other critical community resources such as police, sheriff, fire department, EMTS, search and rescue personnel, other searchers and any medical staff. It also includes facility floor plans, and maps of the grounds and outlying area. The SOG is intended to function from the moment a facility decides to initiate the Missing Resident procedures until the person is found alive, injured or dead in conjunction with the facility EOP and other SOG or EOP documentation. There are scripted staff checklists, pre-approved and prepared messages for family members of the missing resident, and the public in the SOG.

Situation Overview

Potential disasters meriting a missing resident search include facility fires, flooding, wildfires, landslides or subsidence events, earthquakes, or hazardous materials exposure. It could also include a resident wandering off, elopement or being abducted. When such events occur, the facility administrator or designated authority will activate the SOG, which will include the public information section as needed, and will remain active until the facility has found the missing resident(s). Steps taken to mitigate the loss of a resident could include locking down the facility.

Procedures

1. Any staff member observing a patient attempting to leave the facility will try to prevent such departure. If a resident is determined missing on scheduled checks, tell a staff supervisor immediately. Then:

    - All available staff will be directed by the Incident Commander to systematically search the entire premises, both inside and outside, patient rooms, bathrooms, closets, kitchen, basement, lobby, and offices.

Should a facility search prove unsuccessful, the Incident Commander should:

2. Assign available staff to begin neighborhood search. Some staff members should always remain in the building with residents.
3. Contact medical personnel on call if none in the building. The Administrator and/or other supervisors should be called if possible.

Should a neighborhood search prove unsuccessful, the person-in-charge should:

4. Notify local law enforcement agency via 911. Ask for assistance to locate a wanderer, give them description of the resident.
5. When the authorities arrive, give them a picture of the resident if available.
6. The authorities will assume command and direction of the search from this point. The briefing to authorities should include identification and other pertinent information about the resident that could assist in finding them.
7. Call the family and/or responsible party of the resident. Explain what is being done to find the resident and encourage them to assist if able.
8. All previously contacted persons and organizations should be notified when the resident is found.

When the resident is back at the facility, (if alive) staff should:

9. Examine the resident for injuries, and contact the attending physician and report findings and conditions of the resident.
10. An incident report will be written and signed by the assigned staff providing detailed information about the incident.
11. The person-in-charge shall be responsible for documenting the incident in the nursing notes of the resident's chart. All documentation must be concise and reflect the actual facts as they relate to the incident including:
    - times
    - persons contacted
    - condition of resident upon return to the facility
    - physician notification
    - physician's orders
    - treatment indicated
    - other pertinent information.
12. The maintenance personnel are responsible for seeing that alarms are operational for 24 hour service and are checked on a routine basis.
13. In the event of an alarm malfunction, maintenance shall be notified immediately. In event of the inability to locate maintenance personnel, contact the alarm company.

Information taken from SAMHSA, US Dept. HHS, field guide for the Medical Reserve Corps, National Child Traumatic Stress Network, National Center for PTSD. Info from SAMHSA can be shared with source citation, but may not be charged money to use it.

The National MRC Mental Health Work Group is recommending 'Psychological First Aid' be used as a standard model of mental health intervention in early response to disasters and other traumatic events.

What is Psychological First Aid? Definition:

Psychological First Aid is an evidence-informed[i] modular approach to assist children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism.[ii] Psychological First Aid is designed to reduce the initial distress caused by traumatic events, and to foster short- and long-term adaptive functioning and coping. Principles and techniques of Psychological First Aid meet four basic standards. They are: (1) consistent with research evidence on risk and resilience following trauma; (2) applicable and practical in field settings; (3) appropriate to developmental level across the lifespan; and (4) culturally informed and adaptable. Psychological First Aid does not presume all survivors will develop severe psychopathology, but instead fosters an understanding that disaster survivors, and others impacted by such events, will experience a broad range of reactions (e.g. physical, psychological, cognitive, spiritual). Some of these reactions will cause sufficient distress for the individual and may be alleviated by support from compassionate and caring disaster responders.

In many natural disasters and terrorism events, it is likely that many more people will be mentally affected than the actual number of physically injured patients. The "Psychological Footprint" is much larger than the "Medical Footprint."

As you probably know from your own experience, the mental stress of a serious incident can linger with you for hours, days, weeks, months, or years. Pre-, during, and post-incident stress management is as important as ever. Proactively managing your stress will help you be at your best for your partner, patients, friends, and family.

When Should Psychological First Aid Be Used?

PFA is a supportive behavioral intervention for use in the immediate aftermath of disasters and other traumatic events. It is intended to blend into the general Medical Reserve Corps (MRC) response structure early in disaster stabilization and recovery efforts.

Strengths of Psychological First Aid

- Psychological First Aid includes basic information-gathering techniques to help mental health specialists make rapid assessments of survivors' immediate concerns and needs and how to implement supportive activities in a flexible manner.
- Psychological First Aid relies on field-tested, evidence-informed strategies that can be provided in a variety of disaster settings.
- Psychological First Aid emphasizes developmentally and culturally appropriate interventions for survivors of various ages and backgrounds.
- Psychological First Aid includes important elements of risk communication and education via the use of materials and handouts that provide information for youth, adults, and families for their use over the course of recovery in contending with post-disaster reactions and adversities.

Basic Objectives of Psychological First Aid

- Establish a human connection in a non-intrusive, compassionate manner.
- Enhance immediate and ongoing safety, and provide physical and emotional comfort.
- Calm and orient emotionally-overwhelmed or distraught survivors.
- Help survivors to articulate immediate needs and concerns, and gather additional information as appropriate.
- Offer practical assistance and information to help survivors address their immediate needs and concerns.
- Connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community helping resources.
- Support positive coping, acknowledge coping efforts and strengths, and empower survivors; encourage adults, children, and families to take an active role in their recovery.
- Provide information that may help survivors to cope effectively with the psychological impact of disasters.
- Facilitate continuity in disaster response efforts by clarifying how long the Psychological First Aid provider will be available, and (when appropriate) linking the survivor to another member of a disaster response team or to indigenous recovery systems, mental health services, public-sector services, and organizations.

Delivering Psychological First Aid

Professional Behavior

- Operate only within the framework of an authorized disaster response system.
- Model sound responses; be calm, courteous, organized, and helpful.
- Be visible and available.
- Maintain confidentiality as appropriate.
- Remain within the scope of your expertise and your designated role.
- Make appropriate referrals when additional expertise is needed or requested by the individual.
- Be knowledgeable and sensitive to issues of culture and diversity.

- Pay attention to your own emotional and physical reactions, and actively manage these reactions.

Guidelines for Delivering Psychological First Aid

- Politely observe first, don't intrude. Then ask simple respectful questions, so as to be able to discuss how you may be of help.
- Initiate contact only after you have observed the situation and the person or family, and have determined that contact is not likely to be an intrusion or disruptive.
- Be prepared to be either avoided or flooded with contact by affected persons, and make brief but respectful contact with each person who approaches you.
- Speak calmly. Be patient, responsive, and sensitive.
- Speak in simple, concrete terms; don't use acronyms or responder 'jargon'. If necessary, speak slowly.
- If survivors want to talk, be prepared to listen. When you listen, focus on learning what they want to tell you and how you can be of help.
- Acknowledge the positive features of what the person has done to keep safe and reach the current setting.
- Adapt the information you provide to directly address the person's immediate goals and clarify answers repeatedly as needed.
- Give information that is accurate and age-appropriate for your audience, and correct inaccurate beliefs. If you don't know, tell them this and offer to find out.
- When communicating through a translator or interpreter, look at and talk to the person you are addressing, not at the translator or interpreter.
- Remember that the goal of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.

Some Behaviors to Avoid

- Do not make assumptions about what the person is experiencing or what they have been through.
- Do not assume that everyone exposed to a disaster will be traumatized.
- Do not pathologize. Most acute reactions are understandable and expectable given what people exposed to the disaster have personally experienced. Do not label reactions as 'symptoms,' or speak in terms of "diagnoses," "conditions," "pathologies," or "disorders."
- Do not talk down to or patronize the survivor, or focus on their helplessness, weaknesses, mistakes, or disability. Focus instead on what the person has done that is effective or may have contributed to help others in need, both during the disaster and in the present setting.
- Do not assume that all survivors want to talk or need to talk to you. Often, being physically present in a supportive and calm way helps affected people to feel safer and more able to cope.
- Do not "debrief" by asking for details of what happened.
- Do not speculate or offer erroneous or unsubstantiated information. If you don't know something that you are asked, do your best to learn the correct facts.

- Do not suggest fad interventions or present uninformed opinion as fact.

Preparing to Deliver Psychological First Aid

In order to be of assistance to disaster-affected communities, the provider must be knowledgeable about the nature of the event, the post-event circumstances, and the type and availability of relief and support services.

Pre-planning and Preparation

Pre-planning and preparation is particularly important. PFA could pose potential communication problems unless thought about and resolved ahead of time. Facilities should discuss staff that has enough training to understand expectations and limitations, agreed upon response guidelines, organizational control, incident command structure and working guidelines of other 'partner' agencies in order to keep residents calm and functional during disasters or crises. Pre-event exercises and interagency drills to help bridge these important differences should be conducted

in the community and facility to help understand psychosocial impacts on facility residents. Flexibility, open-mindedness and cooperation will be highly regarded skills early in the response. Talk with community resources when discussing psycho-social impact.

As you provide Psychological First Aid, you need to have accurate information about what is going to happen, what services are available, and where services can be found. This information needs to be gathered as soon as possible, given that providing such information is often critical to reducing distress and promoting adaptive coping.

Providing Services

In some settings, Psychological First Aid may be provided in designated areas. In other settings, Psychological First Aid staff may circulate around the facility to identify those residents who are distressed by disaster events. Focus your attention on how people are reacting and interacting in the setting. Individuals who may need assistance include those showing signs of acute distress. This includes individuals who are:

- Disoriented
- Confused
- Frantic
- Panicky
- Extremely withdrawn, apathetic or "shut down"
- Extremely irritable or angry
- Individuals who are exceedingly worried

Decide who may need help.

Maintain a Calm Presence

People take their cue from how others are reacting. By demonstrating calmness and clear thinking, you can help survivors feel that they can rely on you. Others may follow your lead in

remaining focused, even if they do not feel calm, safe, effective, or even hopeful. Psychological First Aid techniques often model a sense of hope that affected persons cannot always feel while they are still attempting to deal with what happened, and current pressing concerns during the disaster.

Be Sensitive to Culture and Diversity

Sensitivity to culture and ethnic, religious, racial, and language diversity is key to providing Psychological First Aid. Staff should be aware of their own values and prejudices, and how these may match or differ with those of the facility residents. Helping to maintain or reestablish customs, traditions, rituals, family structure, gender roles, and social bonds is important to helping survivors cope with the impact of a disaster. Information about the residents, including how emotions and other psychological reactions are expressed, attitudes towards governmental agencies, and whether the facility population (including staff) is open to counseling, should be available to staff. Some information could be gathered with the assistance of community cultural leaders who represent and best understand local cultural groups.

Be Aware of At-Risk Populations

Individuals that are at special risk after a disaster include:

- Staff's children (especially children whose parents have died, were significantly injured or are missing) those who have had multiple relocations and displacements
- medically frail adults
- the elderly
- those with serious mental illness
- those with physical disabilities or illness
- adolescents who may be risk-takers
- adolescents and adults with substance abuse problems
- pregnant women
- mothers with babies and small children
- professionals or volunteers who participated in disaster response and recovery efforts
- those who have experienced significant loss of their possessions (e.g., home, pets, family memorabilia, etc.)
- those exposed first hand to grotesque scenes or extreme life threat

The prevalence of exposure to pre-disaster trauma may be higher among economically disadvantaged populations. As a consequence, minority and marginalized communities may have higher rates of pre-disaster trauma-related mental health problems, and are at greater risk for developing problems following disaster. Mistrust, stigma, fear (e.g., fear of deportation), and lack of knowledge about disaster relief services are important barriers to seeking, providing, and receiving services for these populations. Those living in disaster-prone regions are more likely to have had prior disaster experiences, although having dealt well with a disaster in the past may be helpful in the current situation.

PSYCHOLOGICAL FIRST AID CORE ACTIONS

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1. Contact and Engagement

Goal**:** To respond to contacts initiated by affected persons, or initiate contacts in a non-intrusive, compassionate, and helpful manner.

The first contact with a survivor is important. If managed in a respectful and compassionate way, it can help establish an effective helping relationship and increase the person's receptiveness to further help. Your first priority should be to manage contacts with persons who seek you out, especially if a number of people approach you simultaneously. Make contact with as many residents as you can. Often this will be very brief, but even a brief look of interest and calm concern from another person can be grounding and helpful to people who are feeling detached or overwhelmed.

2. Safety and Comfort

Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort.

3. Stabilization (if needed)

Goal: To calm and orient emotionally-overwhelmed/distraught survivors.

4. Information Gathering: Current Needs and Concerns

Goal: To identify immediate needs and concerns, gather additional information, and tailor psychological first aid interventions.

5. Practical Assistance

Goal: To offer practical help to the survivor in addressing immediate needs and concerns.

6. Connection with Social Supports

Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources.

7. Information on Coping

Goal: To provide information (about stress reactions and coping) to reduce distress and promote adaptive functioning.

Culture Alert: **The type of physical or personal contact that is appropriate may vary from person to person and across cultures and social groups, for example, how close to stand to someone, how much eye contact to make or how acceptable it is to touch someone. You should look for clues to a survivor's need for "personal space," and be informed about cultural norms through community cultural leaders who best understand local customs.**

8. Linkage with Collaborative Services

Goal: To inform and link survivors with available services needed at the time, or in the future. Some distress signals may not show up in residents immediately. There could be a delayed reaction to the disaster.

These core goals of Psychological First Aid constitute the basic objectives of providing early assistance (e.g., within days or weeks following an event) and will need to be addressed in a flexible way, using strategies that meet the specific needs of children, families and adults. The amount of time spent on each goal will vary from person to person, and with different circumstances according to need.

Others will not seek your help but may benefit from assistance. When you identify such persons, timing is important. Do not interrupt conversations. You may try to make nonverbal contact first (e.g., by returning eye contact). *Do not assume* that people will respond to your assistance with immediate positive reactions. It may take time for some survivors or bereaved persons to feel some degree of safety, confidence and trust. If an individual declines your offer of help, respect his/her decision and indicate when and where staff will be available later on.

Psychological First Aid Resources

The National Medical Corps Mental Health Work Group
www.medicalreservecorps.gov/file/mrc_resources/mrc_pfa.doc

Psychological First Aid for Nursing Homes
http://www.ahcancal.org/facility_operations/disaster_planning/documents/psychologicalfirstaid.pdf

Psychological First Aid for First Responders
http://store.samhsa.gov/shin/content/NMH05-0210/NMH05-0210.pdf

Mental Health and Psychosocial Support During Emergencies
http://www.who.int/mental_health/emergencies/en/index.html

Psychological First Aid Power Point Presentations
http://www.pptsearch365.com/Psychological-Response-to-Disaster.html

Purpose, Scope, Situations and Assumptions:

The content here is more specific than the counterparts located in the **Basic Plan** because it focuses exclusively on shelter-in-place-driven scenarios. Consider this section as the implementation instructions. When complete, the section should provide the following information:

- What events or hazards can trigger the guideline.
- What personnel in the facility have the authority to order the activation of the plan.
- How long the plan can be in effect
- What other aspects of the EOP, if any, should be activated with the guideline.
- List what scenarios or assumptions are included in the guideline.

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1. ***Purpose:***

This section defines what the facility does in the event that residents, staff and perhaps others must stay in the facility for an extended period of time (planning is recommended for a 96-hour time frame). Tailor this paragraph to your specific facility by supporting this section with information from the **Basic Plan**, other guidelines or appendices that may be needed, and at the same time leaving this section general enough that it covers the scope and situation (below). This section may be changed as the plan is tested or revised, but it should be a fairly simple statement. Revisit it throughout the process of creating this annex.

An example is listed below:

*[***Example:** *The purpose of this guideline is to provide guidance for this facility during a crisis or emergency that forces the residents, staff and others to stay in this facility for a 96-hour period in a self-sufficient way. The health and safety of the people here is the first priority of this facility. This facility is responsible for keeping residents healthy, property safe and medical equipment in good working order to sustain life during this emergency incident. The facility is also responsible for communicating the status of the facility to local authorities, responsible parties for residents, the department of health, and the local community. The facility manager will trigger this plan in the event of the following hazards previously defined in the Hazard Analysis: Winter Storm, (fill in the hazards set by the Hazard Vulnerability Assessment.]*

2. ***Scope:***

This paragraph establishes how much the plan is intended to do. In other words, this section must clarify at what point before or during a disaster the plan goes into effect and how far

into or past the event the plan is intended to function. Include the title of who is responsible for what function and an assessment of the responsible area. Maps, facility floor plans, or other graphics may be helpful to include as tabs for reference and clarification.

Incident Command decides the length of time this plan will remain in operation. The ICS team discusses the facility's departments' needs, the possibility of staffing shortage, and anything that may affect Sheltering-in-Place at this facility. This paragraph changes as the plan evolves, as will the Situation and Assumptions below as this plan is tested and revised.

*[***Example:** *This plan includes sheltering-in-place procedures for staying in this facility for a four-day period, an ordering plan for supplies and medicines, sheltering guidelines, and a demobilizing plan for returning to normal functions. It also includes facility floor plans and the locations of utility shut-off points, a generator operating plan, and any necessary maps or building schematics. The Plan is intended to function from the time a facility decides to initiate the sheltering-in-place procedures until the emergency is contained.]*

3. *Situation and Assumptions:*

This is a characterization of the situation. ICS can refer to the Evacuation or Stay Chart in this toolkit online when developing this section.

Hazard Analysis Summary: ICS team determines what hazards will trigger the Shelter-in-Place Plan. Discuss the relative probability and impact of the hazards, the geographic areas likely to be affected by particular hazards, the most vulnerable departments or buildings at this facility, characteristics of the special needs populations in this facility, and dependencies of this facility on other critical resources. An example of how to begin the process for this section is:

a. Why would this facility shelter in place?

1. Residents cannot be moved easily.

2. There is danger outside the facility (e.g. tornado, acts of terrorism, community disaster---In some cases, a forest or grass fire, or a chemical explosion happens nearby, or a winter storm makes leaving impossible)

*[***Example:** *According to our Hazard Analysis, this facility may Shelter in Place because of _____, _____,and _____. Or, there is a community disaster or emergency event and the residents and staff have been ordered to remain in the building by local authorities. Therefore, in order to save lives and protect property it is safest to shelter in place.]*

Capability Assessment: The planning team determines the length of time the facility can function during the disaster. 96 hours is the new federal standard. This is a good place to include the assessment of the facility's storage capabilities and note any Memorandums of Understanding (MOUs) the facility has in place to procure additional resources for sheltering and

feeding of residents, staff and maintaining equipment. It could also include a timeline for the duration of the emergency, and a list of what resources already are on hand. Other important points to discuss include:

- Note how many employees are available at a given time
- Discuss any special training employees may have relating to sheltering procedures
- Include aid agreements for additional assistance during an extended period of isolation in the facility
- Describe plans to delay any unnecessary services
- Identify what resources or equipment are available to move residents between rooms and floors, including when the elevator is not useable
- Explain where this equipment is stored
- Clearly mark resource storage areas for staff access
- Ensure necessary equipment (including generator) can be accessed 24/7
- Explain the protocol for staff training on equipment use
- Establish inventory protocols for this equipment and other supplies
- Pre-identify which residents require special medical equipment
- Have a facility information sheet on hand

*[***Example:** *This facility will shelter in place for a period of 96 hours (four days) until the disaster concludes or local services are restored. With the food supplies this facility has on hand, a generator in place that will supply power for telephones, cooking, lights, heat and other critical medical equipment, adequate planning for staff shortages, and adequate housekeeping and infection control supplies, this facility should be self-sufficient barring unforeseen difficulties. A list of special protocols, inventories and other information follows.]*

Mitigation Overview: Provide the steps the facility takes to prevent or mitigate the necessity of a shelter-in-place scenario. Think creatively and address the variety of ways a facility keeps residents and staff safe in the building. These include life-safety measures, training and exercise, building construction types, and temporary preventative measures. Specific things to include might be:

- Fire alarms
- Fire inspections
- Sandbags or drainage ditches
- Safe storage of chemicals, cleaning supplies, and biohazards
- Personnel training in safety procedures
- Proper maintenance of the facility
- Appropriate landscaping to handle climate-related hazards
- Construction considerations of the building
- Rules governing the use of flammable materials (candles, wall hangings, etc.)
- Facility security (locked doors, restricted access, security guards, etc.)

What can this facility do now, in advance, of such an emergency? How can it prepare to be self-sufficient for the length of time set by ICS?

*[***Example :** *This facility needs to better prepare for medical supply delivery during the disaster. There are currently only two-day supplies of life-sustaining drugs, and better storage is needed for refrigerated drug supplies for the 96-hour time frame.]* The team adds whatever the department supervisors see as problems, trouble spots or areas that could use improvement.

Use the 96-hour Resource Kit, the department checklists, and other tools available online to see some examples of what may be needed, how departments interact, and how personal and family emergency planning may change the scope, situation and assumptions for this facility. If members of the local community are NOT part of plan, make sure they are aware of this plan. ICS forms 201 and 202 may help the CPT team in planning. They may also be adapted to the facility's specific needs, or the team may make their own forms to suit this section.

Planning Assumptions

These identify what the planning team assumed to be facts for planning purposes in order to make it possible to execute the EOP. During operations, the assumptions indicate areas where adjustments to the plan have to be made as the facts of the event become known. "Obvious" assumptions should be included but limited to those that need to be explicitly stated (e.g., do not state as an assumption that the hazard will occur; it is reasonable for the reader to believe that if the hazard was not possible, the plan would not address it.)

Use the **Hazard Analysis Tool** to determine which hazards may apply, then make assumptions based on the scenarios. Sample assumptions may include:

- Assume that the power goes out.
- Assume that the roads are impassable to medical teams, vendors, and families.
- Assume that half of the staff (or whatever percentage of staff ICS decides) will not be at work, and will not be able to get to work.

What does that scenario look like for this facility? Put those assumptions here.

If one of the assumptions is that all the refrigerators will be operable, for both food and medical supplies, but during the testing or exercising of this plan the facility finds that the facility's back-up generator will only power half of them, this part of the plan should reflect those assumptions, but may also have to be revised when this plan is exercised and tested.

*[***Example:** *This facility has a small back-up generator that will be used for heat and lights. The second generator will power refrigerators, phones and other kitchen equipment. With only _____% of staff in the facility, daily operations will be limited to _____, _____, and other emergency functions.]*

Facility Shelter-in-Place Checklist

Assumptions:

- ✓ Assessment has been completed and the decision is made to shelter-in-place.
- ✓ Facility Incident Commander establishes a Unified Command upon the arrival of response agencies.
- ✓ Organizational structures are merged.

	1. Facility Incident Commander is identified and establishes command.
	2. Notify/communicate with the local authorities by calling 911 if appropriate.
	3. Assign organizational structure
	4. Take special protective actions as indicated. These may include moving residents to interior areas, closing windows, vents, or shutting down HVAC systems (Collaborate with response agency if indicated).
	5. Lockdown the facility.
	6. Advise all staff, visitors and residents to remain indoors.
	7. Notify departments to conserve resources if shelter-in-place is predicted to last more than 24 hrs.
	8. Develop an Incident Action Plan. 9. Current census report 10. Address staffing needs for the expected duration 11. Activity cancellations 12. Communication (primary and back-up) plan with external agencies
	13. Liaison with the local Emergency Operations Center (if activated)
	14. Coordinate all Public Information with the local Incident Commander and/or Emergency Operations Center (if activated).
	15. Units provide a list of available resources, expected duration of the resources, and a contingency plan to conserve resources to the Logistics Chief.
	16. Facility Incident Commander coordinates with emergency response officials to determine the need to terminate shelter-in-place order.
	17. Facility Incident Commander identifies issues that need to be addressed to return to normal business operations.
	18. Notify local authorities, staff, visitors and residents that shelter-in-place has been terminated.

Shelter-in-Place Resources

National Criteria for Evacuation Decision-Making In Long Term Care
http://www.ahcancal.org/facility_operations/disaster_planning/Documents/NationalCriteriaEvacuationDecisionMaking.pdf

Long Term Care Facility Evacuation Planning Considerations
http://www.cahfdownload.com/cahf/dpp/LTCFacilityEvacuationConsiderations.pdf

Emergency Planning for Flooding /Flash Flooding Evacuation and Shelter-in-place
http://www.bouldercolorado.gov/files/Utilities/Projects/Critical_fac/crit_fac_emergency_mgmt_plan.pdf

Nursing Home Administrators: Deciding to Evacuate or Shelter in Place in the Event of a Disaster http://www.lorihefner.com/NHA-Evacuate%20or%20Shelter%20in%20Place.pdf

Department of Health and Human Services Shelter In Place
http://www.hhs.gov/od/disabilitytoolkit/shelter/supervision.html

Black Diamond Table-Top Exercise
http://www.ahcancal.org/facility_operations/disaster_planning/Documents/Black%20Diamond%20-%20AAR-IP%20-%20FINAL.PDF

CDC Learn How To Shelter In Place
http://www.bt.cdc.gov/preparedness/shelter/

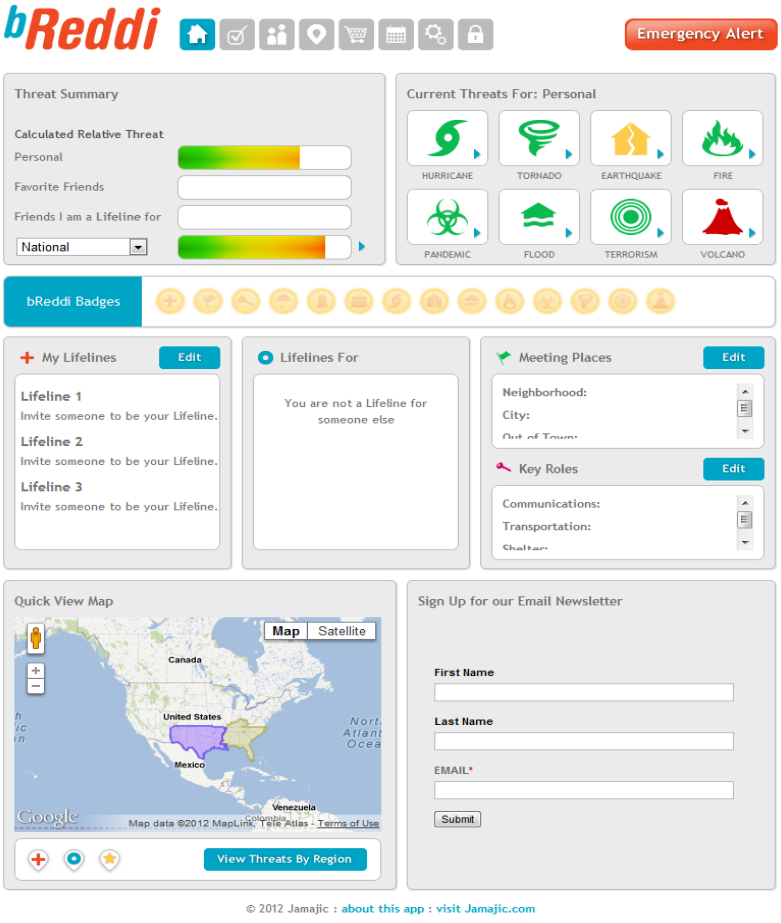
CDC Radiation Emergency
http://www.bt.cdc.gov/radiation/shelter.asp

CDC Chemical Agents
http://www.bt.cdc.gov/planning/shelteringfacts.asp

American Red Cross: Shelter In Place
http://www.redcross.org/preparedness/cdc_english/Sheltering.asp

During the Colorado wildfires in June, 2012, social media became an integral component in the rapid communication and dissemination of information. Online emergency scanners put you on the frontline with the firefighters and emergency personnel. As long as services like Facebook and Twitter remain online during a disaster you may receive timely updates from a variety of emergency management sources and communicate with others.

The following Facebook application, bReddi, is a helpful emergency management resource tool.



What is bReddi?

bReddi is an application that helps you and your family prepare for natural disasters and other emergencies that may affect your life. It is also a central location to manage your preparedness needs and to create a safety net inside and outside of your community.

Why use bReddi?

Your family and friends need to know what they can do in case of an emergency. With bReddi you can discuss with your friends and family about how you can assist each other before a disaster happens. You can set meeting places and Lifeline roles so there's no question of what to do, where to go or who to contact when disaster comes your way.

The summary page will keep you up to date on the latest threats to you, your friends and your family. bReddi can also alert you when threat levels change for you or anyone you are a Lifeline for via text message, Facebook or Twitter.

Developing emergency managers' capacity to benefit from social media requires more than simply training them to monitor Facebook pages and to adopt new technology to separate sound from noise in the cacophonous Twitter feed following a disaster, experts say.

To use social media effectively during emergencies, officials also must have in place a social community so that affected people know where to turn when they're out of water, trapped in their homes, or don't have information about where to find shelter.

Emergency managers' adoption of social media is scattershot across the country and while the public often rushes to Facebook and Twitter during emergencies, police, firefighters and other responders are unprepared to deal with this situation. According to a recent American Red Cross survey, for example, more than one-third of respondents said they expected help to arrive in less than one hour if they posted a request to an emergency response agency on Facebook or Twitter. Yet many police stations and regional emergency response agencies don't actively monitor their Facebook or Twitter accounts.

The Federal Emergency Management Agency has launched an aggressive Twitter campaign in recent years, largely because it wants to develop a community of followers that it can draw on for information both during emergencies and to alert the agency to problems with post-disaster services, said Rachel Racusen, FEMA public affairs director.

"If we rely on the government alone to do the job, whether it's as emergency managers or anything else we do at FEMA, we're going to fail," she said. "We need to take all the needs of the entire community into account when we do disaster planning, including preparation, response, recovery efforts and mitigation efforts."

Social media has been used to worthwhile effect during natural disasters such as the Colorado wildfires in the summer of 2012. Long term care communities reported communication, via Facebook, with alternate care sites in preparation for potential evacuations were extremely helpful.

Most recent disasters, though, have highlighted the challenges of using social media as much as the benefits.

One of the biggest barriers to leveraging Twitter during disasters, for instance, is sifting out important information, such as Tweets from people trapped in collapsed buildings or at ad hoc shelters that are short of food and water, from the larger universe of Tweets and re-Tweets.

One of the greatest benefits of following Twitter effectively is that it raises the amount of information an emergency response coordinator has to work with by tenfold or more, said Pascal Schuback, an emergency management coordinator in the Seattle area.

"We're getting better numbers than we've ever got before," Schuback said. "If you look at the county where I'm from in Seattle, we've got 2 million people. If I get just 1 percent of that, that's 20,000 people telling me what's going on. That's more than all the officers I have in the region

and more than can ever go through a call center or a radio. I've got this nice radio, but only one person can talk through it at a time."

Another benefit of mining Twitter and other social media for emergency response information is that it can easily be done remotely, Schuback said. That means if Seattle's emergency responders are out in the field dealing with a major disaster, most of the communications work can be farmed out to colleagues in Denver, Chicago or elsewhere, he said.

And while among the emergency services community, there are a lot of folks working to develop Virtual Operations Support Teams (VOST) to assist incident command entities like Incident Management Teams (IMTs) and Emergency Operations Centers (EOCs), we all know that disasters are local. People will share information across social channels well before an incident response entity begins to coordinate a community response.

Just like in any crisis, the everyday neighbor-helping-neighbor activities are the true "first responders" to any emergency incident.

How Can I Help Online

Here are some initial recommendations for "helpful behavior" on social media when disaster strikes:

- Identify whether there are any official social media feeds for the affected jurisdiction.
- Begin to assemble official voices into a list for easy access & monitoring by others.
- If you are actively sharing / tweeting, encourage others to look at the official sources and amplify messages from official sources.
- Identify key hashtags in use for a breaking situation. Remember at the beginning of a new situation, tags may change or there may be multiple tags before they begin coalescing into fewer tags.
- Use www.Tweetgrid.com or www.Monitter.com to begin watching the active hashtags. On both of these platforms, you can actually save a set of searches and share this with others on social sites so they can watch, too.
- If you are actively sharing / tweeting, watch & encourage good time-stamps on data as dynamic situations change rapidly. FEMA's standard looks like this 6/24 6:45p PDT.
- Look for requests for help or assistance. Help to direct those requests towards official channels.
- If you are sharing pictures about damaged homes, be sensitive to the fact that you may be inadvertently notifying someone that their home has been destroyed. If you know people in the affected area, check with them first before broadly sharing damage pictures to be kind.

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Administrator
The Administrator or their designee will designate the location of a Command Post. The Command Post will coordinate all activities of the facility and be a liaison with the Fire Department, Police and other agencies, if necessary. The Administrator or their designee will activate the disaster plan and ensure the required steps are taken as the emergency evolves. Progress of all hazards may be tracked online and downloaded for discussion and presentation to the staff and residents.

Administrator's Checklist
The administrator, in any disaster situation, should:

- ✓ Track all potential threats.
- ✓ Notify all staff and residents about disaster events, storms, the storm's strength and location, and any other threats.
- ✓ Keep key supervisors informed and have them brief their departmental staff continually.
- ✓ Establish an Incident Command Center.
- ✓ Assign a staff person to monitor the radio.
- ✓ Have supervisors review staffing needs.
- ✓ Provide 24-hour Switchboard operation.
- ✓ Provide outside rounds until it is not safe to do so.
- ✓ Special purchases as required.
- ✓ Dietary Department should prepare alternate menus.
- ✓ Nursing should review resident needs.
- ✓ Those residents that can be discharged to families should have left the facility with adequate medications.
- ✓ Medical director will determine which residents need to be admitted to a hospital facility.
- ✓ Occupational Therapy, Physical Therapy, etc. should have cancelled visits.
- ✓ Maintenance should have secured the facility.
- ✓ Security Guards should be on duty.
- ✓ Steps should have been taken to save drinking water.
- ✓ Ice and coolers should have been purchased. Freeze as much water as you can.
- ✓ An alternate receiving site should have been selected and alerted.
- ✓ Transportation should be available in order to evacuate residents if needed. Make sure drivers are available and know evacuation route (provide maps as necessary).
- ✓ Have vehicles fueled and keys available.
- ✓ Transportation should be made available to transport supplies.
- ✓ Assign someone to coordinate transportation.

- ✓ Establish communications with CDPHE and Emergency Management.
- ✓ Utilize volunteers.
- ✓ Check the status of the laundry service.
- ✓ Alert alternate sites. Establish hospital arrangements for the seriously ill. Alert the ambulance service. Notify the evacuation site.
- ✓ Notify the Medical Director and maintain communications.
- ✓ Establish communication with local long term care facilities hospital(s).
- ✓ Make sure extra back braces are available to those loading and unloading busses.
- ✓ Check that buses are staffed, adequately supplied with money for tolls, destination maps and guidelines regarding what to do in an emergency, have cell phones.
- ✓ Establish communications with County Emergency management and Public Safety Division.
- ✓ Oversee the notification of family/significant others.
- ✓ Administrator is in charge of the following steps in the evacuation process:
    - Reporting to the Colorado Department of Public Health and Environment
    - Facility preparations and decision making
    - Evacuation and staging
    - Offsite evacuation operations
    - When buses arrive at receiving facility
    - Operations after all residents arrive and locations established
    - Reverse evacuation, reentry, and post storm follow through

The Medical Director (SNF/NF) or Resident Services Manager (ALR)

This individual will review any particular need of the residents, coordinating recommendations with the physicians, nursing director, and administrator, as needed.

Nursing Department

Nursing (or determined responsible party in ALR)

Provide normal routines to the extent possible:

- Prepare an initial resident list of who will remain after Phase I evacuation is complete.
- Ensure that enough medications and medical supplies are on hand to care for the uninterrupted medical needs of the residents.
- Check all medical supplies periodically to make sure that the proper equipment for treating minor injuries is available.
- Make sure that all flashlights are in working order.
- Coordinate pharmaceutical needs with the pharmacist as early as possible while delivery service is still operating.
- The Nursing Office will be responsible for assigning nursing personnel to the various wings before, during, and after the Emergency period. Nursing and CNA staff will be

assigned to the extent possible, based on primary assignments and knowledge of the resident

Director of Nursing (or determined responsible party in ALR)

The DON should:

- Assume administrator's position in the event of the administrator's absence.
- Assist the administrator in making executive decisions.
- Work with the administrator to notify CDPHE of the intention to evacuate or when evacuation is complete.
- Provide lists of resident and staff names to CDPHE.
- Review and prioritize resident health care requirements.
- Coordinate staffing needs based on resident acuity and individualized needs.
- Inform all in-house personnel of possible intent to evacuate on a continual basis.
- Notify all supervisory nursing staff when to report to the facility.
- Designate supervisory nursing staff to contact nursing employees when needed.
- Establish a system to update emergency telephone numbers for staff, residents, and families.
- Request all visitors to leave the facility and supervise their removal if necessary. (Some facilities allow visitors to come to the facility in Phase I, consider how to address their needs.)
- Assist in the movement of residents from rooms to departure areas as needed. Assist in the transferring of residents into transport vehicles as needed.
- Supervise resident removal from the building and the flow of residents. Oversee staff to ensure an ongoing check of resident ID bands.
- Accompany residents to receiving facility and serve in any capacity deemed necessary, and remain until released by the administrator or executive in charge.
- Be available to serve in any capacity assigned by the administrator or executive in charge.
- Establish a Nursing Office for 24-hour periods. Administrative positions should be set as 12 hours with a back up during the rest period for the official DON or other administrative nurse. No one can work effectively 24-7.
- Assure availability of necessary clinical supplies and equipment needed for the provision of care.
- Review and/or revise Disaster procedures as needed, and communicate to staff and designated responsible parties that may be involved with the care and treatment of residents.

Assistant Director of Nursing or Administrative Designated Nurse (or determined responsible party in ALR)

The Assistant Director of Nursing (ADON) should:

- Be available to assume the function and responsibilities of the DON in the event of that person's absence.
- Contact all nursing personnel regardless of shift to report for duty.

- Assist the DON in notifying staff members of the intent to evacuate.
- Assist in the supervision of resident transfer and coordination of flow to departure areas for evacuation.
- Maintain high visibility with nursing staff members to avoid confusion or panic.
- Assist in the allocation of medication and/or treatment supplies as necessary for evacuating residents.
- Assume the position of charge nurse and fulfill al charge nurse duties as needed.
- Be available to accompany residents to receiving facility, assist in any capacity necessary, and remain there until released by administrator or executive in charge.

Charge Nurse (or determined responsible party in ALR)

When notified by the DON of the impending plan to evacuate, the Charge Nurse will:

- Be available to fulfill the functions of the Supervising Nurse if no supervisor is available.
- Gather all nursing assistants on the floor and inform them of the plan to evacuate.
- Supervise and direct the preparation of all residents directly under his/her charge.
- See that each resident has at least 3 days supply of medications.
- Prepare resident charts for evacuation.
- Conduct a walking check of all resident's rooms to be sure that they are being properly prepared for evacuation.
- Accompany the appropriate team to the receiving facility in a nursing capacity and remain there until released by the administrator or executive in charge.
- Assist in duties and/or functions assigned by the administrator or executive in charge.

Nursing Staff (Non-Supervisory) (or determined responsible party in ALR)

The Certified Nursing Assistants (CNA) will:

- Upon notification of an evacuation, immediately report to his/her scheduled nursing station.
- The charge nurse or other supervisory staff member will assign him/her a number, which will correspond to the residents for whom he/she will be responsible.
- When informed by the charge nurse or other supervisory staff member, prepare assigned residents for evacuation.

Dietary/Food Services Department

Kitchen Management

The Dietary/Food Services Department will oversee kitchen management. Food will be furnished for all personnel on duty who remain in the facility over the given time necessary before normal operation goes into effect.

Water, Food, Supplies, and Ice

Conserve. Storm effects may last for several days. If the water supply is interrupted, use emergency water supply (tubs, containers, etcetera) very sparingly. Do not drink water from

faucets until cleared by the command post. Make and store as much ice as possible. Ice will be needed, especially if power is out for a lengthy period of time

- Make sure that at least a two-week supply of emergency food is available.
- Review menus of easily prepared meals.
- Be familiar with the facility's emergency water policy.

Dietary

- Do all possible clean up and preparations prior to the storm to conserve water supplies, electricity, etc. during the emergency period.
- Prepare alternate menus. In the event the power is interrupted, plan enough menus to serve residents nutritional substitutes as necessary for three meals a day.
- Plan to feed employees at least three meals, plus a midnight snack, which consists of at least sandwiches containing protein, crackers, and a beverage.
- Ensure that adequate food for at least one week of emergency operations is on hand for residents and staff.
- Use disposable utensils whenever possible.

Food Service Director

When evacuation is considered, report to the administrator or executive in charge to discuss food stores and needs. Initiate the following plan:

- Notify all dietary staff members of intent to evacuate.
- Contact all dietary staff members who are needed to report for duty.
- Supervise the movement and separation of food stores to staging area.
- Supervise and record the placement of all foods in departing vehicles.
- Supervise the assignment of dietary personnel to all receiving facilities.
- Be available to accompany residents to evacuation facilities and function in a dietary capacity remaining there until released by administrator or executive in charge as needed.
- Supervise the closing of the kitchen, store all equipment and secure the kitchen area.
- Assist in the movement of residents from rooms to departure areas as needed.
- Assist in the transferring of residents into departing vehicles as needed.
- Assist in the securing of the facility as needed.
- Assist in the closing of the facility as needed.

Dietary Supervisor

The Dietary Supervisor should:

- Be available to fulfill the duties of the director of food service in the event he or she is unavailable.
- Supervise or assist the movement and separation of food from storage areas to staging areas.
- Supervise or assist the placement of foods into departing vehicles.
- Assist in the assignment of dietary personnel to receiving facilities.
- Assist or supervise the storage of kitchen equipment and secure kitchen area.
- Assist in the movement of residents from rooms to departure areas as needed.

- Assist in the transferring of residents into departing vehicles as needed.
- Be available to accompany residents to receiving facility, function in a dietary capacity and remain until released by the Administrator or Executive in Charge

Cooks

The Dietary Cooks should;

- Assist and supervise the movement and separation of food from storage areas to staging areas
- Supervise the assignment of dietary personnel to receiving facilities.
- Assist and/or supervise the closing of dietary equipment and secure kitchen area.
- Assist in the movement of residents from rooms to departure areas as needed.
- Assist in the transferring of residents into departing vehicles as needed.
- Be available to accompany residents to receiving facility, function in a dietary capacity and remain until released by the Administrator or Executive in Charge
- Assist in any capacity deemed necessary by Administrator or other supervisory personnel.

Dietary Aides and Assistants

Dietary Aides and Assistants Should:

- Report for duty, regardless of shift, when contacted by staff personnel.
- Assist in removing all stored food items to staging areas.
- Assist in separating and packing food items for delivery to receiving facilities,
- Assist in the movement of food items into transport vehicles.
- Assist in storing kitchen equipment and securing of kitchen area.
- Be available to accompany residents to receiving facility and serve in a dietary capacity until released by the administrator or executive in charge.
- Assist in the movement of residents to departing areas as needed.
- Assist in transferring residents into transport vehicles as needed.
- Assist in any capacity deemed necessary by Administrator or other supervisory personnel

Therapy/Social Services/Activities/Related Departments

Physical Therapy

- If evacuation is not required, treatments may continue at bedside as appropriate.
- Ensure that the Hubbard tank, or any whirlpool tub, is filled with an emergency water supply.

Therapy, Activities, Medical Records and Bookkeeping

During the evacuation, it is imperative that the hallways along the evacuation route remain free of unnecessary equipment, chairs, etc. it is also important that the movement of residents from their rooms, on elevators and to the departure areas be accomplished in a smooth and coordinated

manner. This is the responsibility of the above departments. Once the evacuation process has begun, the following procedures will be adhered to:

- Brief the Administrator or Executive in Charge on evacuation schedule and areas.
- Supervise and/or assist in clearing all hallways along the evacuation routes and departure areas.
- Take up positions at elevators and coordinate the movement of residents from floor to floor.
- Assist placing residents into wheelchairs and stretchers.
- Assist in the transport of residents from rooms to departure areas.
- Assist in transferring residents into evacuation vehicles.
- Be available to accompany residents to the receiving facilities, serve in a capacity necessary and remain there until released by the administrator or executive in charge as needed.
- Assist in securing the physical plant.
- Be available to serve in a capacity directed by the Administrator or Executive in Charge.

Social Services

- Have up-to-date listing of all employees and their phone numbers.
- Have up-to-date listing of residents with proper family or responsible party contact and their phone number
- Contact family members/guardians of residents and inform them of the intent to evacuate.
- Have up to date listing of Advance Directives and residents receiving Hospice services or Palliative Care.
- Will work as a team with nursing to respond to the personal and emotional needs of the residents. This team provides a continuous information flow to residents and to coordinate feedback information to responsible supervisors and the Administrator.
- Residents will be informed of an approaching hurricane and hurricane status by Special Services, Activities, and Nursing on a one-on-one basis and in conjunction with Resident Council meetings.

Admissions, Activities, Receptionist, Resident Recreation Therapist, Office Personnel (including Medical Records)

- Assist, in conjunction with the Administrator, with the coordination of resident council activity as appropriate as a means to keep residents informed.
- Take up posts in areas designated as departure or transport areas.
- Keep all doors clear of equipment, chairs, etc.
- Comfort and reassure residents.
- Coordinate resident specific activities as applicable.
- Handle phone and in person inquiries.
- Keep intercom system clear, and perform all necessary communications and/or announcements throughout the facility.
- Assist with the coordination of groups leaving for transport.

- Check all residents in departure areas to ensure that they are clean, dressed properly, and in possession of all required belongings.
- Accompany residents to receiving facilities, perform in a capacity necessary and remain there until released by the Administrator or Executive in Charge.
- Be available to assume a supervisory capacity directed by the Administrator or Executive in Charge.
- Safeguard all records and be sure to maintain a data backup.
- Assist to contact family members/guardians of residents and inform them of the intent to evacuate.

Maintenance/Housekeeping

In a building evacuation it is the primary responsibility of the maintenance department to prepare the building for evacuation then, time permitting, secure it as well as possible. Check all rooms and tape doors once they are vacant. The maintenance department will also perform any emergency repairs, and be responsible for maintaining appropriate inventories of emergency supplies.

- Carry out periodic checks to ensure a continued state of readiness in all buildings and surrounding grounds.
- Document and report any repairs needed for building and any supplies needed to properly secure building during an emergency or disaster.

- Supplies:
    - Check for cull supply of fuel, belts, filters, and lubricants for emergency power system.
    - Flashlights and Batteries (4 dozen).
    - Masking Tape (1 ½ inch, a dozen rolls)
    - Portable Radios with fresh extra Batteries.
    - At least two (2) radios will be available to the resident's areas or at least one in each nursing station. Make sure extra batteries are available.
    - Boarding materials.
    - Walkie-Talkies and extra batteries will be needed for hurricane preparation
    - Each nursing station will have a flashlight and extra batteries.
- Outside: Ensure that all potential hazards such as loose boards, metal patio furniture, etcetera, are secured properly or brought inside and stored.
- Roof: Check all protruding apparatus and mechanical equipment
- Fuel: Ensure that fuel for emergency generator is topped off to full capacity.
- Inside: Check generator periodically to ensure that it is working satisfactorily.
- Doors: Ensure that all external doors not boarded are working properly
- Fire Alarms: Test sprinkler system. Check oxygen level, order oxygen tanks as needed. Assign employees to remain in the facility during the hurricane to react to emergency maintenance requirements. Be prepared to repair or board up broken windows if you do not evacuate.
- Shutter and secure entire building. Make final rounds of grounds and the facility.

- The emergency phone list will be posted at each nursing station, the kitchen, and offices.

Maintenance Director

The Maintenance Director will:

- Brief all maintenance personnel on the evacuation plan.
- Advise the administrator or executive in charge on the availability of stored supplies.
- Supervise and/or assist in closing, shuttering, and taping of all windows.
- Perform all other duties required to safely secure the physical plant.
- Perform a walking check with the Administrator or Executive in Charge to check all rooms and equipment prior to leaving the facility.
- Assist in the movement of residents into transport vehicles as needed.
- Be available to accompany residents to receiving facility and assist in any capacity deemed necessary and remain there until released by the Administrator or Executive in Charge.
- Be available to fulfill any supervisory position as deemed necessary by the Administrator or designee or Executive in Charge.

Maintenance Staff

Maintenance personnel will:

- Report for duty when contacted for evacuation
- Fulfill the maintenance director position if he or she is not available.
- Secure or store loose objects around the building.
- Assist in performing all emergency repairs as needed.
- Close all windows and shutter appropriate windows as per director of maintenance.
- Perform all other duties to secure the physical plant as needed.
- Assist in a walking check to the facility prior to leaving.
- Assist in moving residents from rooms to departure areas.
- Assist in transferring residents to transport vehicles.
- Be available to serve in a capacity designated by the administrator or executive in charge.

Laundry

Laundry personnel will:

- Ensure that an adequate level of linens is available to resident areas. Prior to the storm, all available soiled linen should be cleaned and made available for use. Provide for emergency linen supply as needed.
- Inventory all supplies and make sure there is at lease a two-week supply of cleaners
- Make sure that enough supplies of linen, blankets, and pillows will be available.
- Assign bucket brigades as needed.
- Ensure there are adequate emergency linens for soaking up water spills and leaks.
- Make sure that adequate supplies such as toilet tissues are on hand for one week's duration.

- Assist when needed in moving residents to designated areas.
- Make continuous rounds and immediately report any roof leaks or intrusions of water from doors and windows to command post.

Housekeeping Director

In the event of evacuation the housekeeping director will, after the order is given to evacuate, proceed with the following plan;

- Report to the Administrator, DON, or Executive in Charge on the availability of clean laundry for use.
- Contact all laundry and housekeeping personnel to report for duty.
- Supervise the movement of clean laundry from storage, or to the staging area.
- Supervise the movement of clean laundry for transport to the receiving facilities.
- Supervise the loading of laundry, housekeeping equipment and supplies into various transport vehicles.
- Assign housekeeping and laundry personnel to receiving facilities.
- Supervise the securing of laundry machinery, the laundry room, and all housekeeping areas.
- Assist in the movement of patients into departing vehicles as needed.
- Accompany residents to the receiving facility in laundry and/or housekeeping capacity, and remain until released by the Administrator or Executive in Charge.
- Assist in securing the physical plant as needed.
- Fulfill any supervisory position as assigned by the Administrator or Executive in Charge.

Housekeeping Staff

- Supervise or assist in the movement of clean laundry from storage to staging area.
- Transport equipment and supplies to receiving facilities.
- Assist or supervise the loading of housekeeping and laundry supplies into transport vehicles.
- Assist or supervise the securing of laundry equipment, the laundry, and the housekeeping areas.
- Assist in the moving of residents from rooms to departure areas as needed.
- Assist in transferring residents to transport vehicles as needed.
- Accompany residents to the receiving facility in laundry and/or housekeeping capacity, and remain until released by the Administrator or Executive in Charge.
- Assist in securing the physical plant as needed.
- Fulfill any supervisory position as assigned by the Administrator or Executive in Charge.

The Housekeepers and Laundry Personnel should:

- Be available for duty when notified of impending evacuation regardless of shift assignment.
- Remove all clean laundry from storage, and bring it to the separation area designated by the executive housekeeper.

- Separate and assist in preparing laundry for transport to receiving facilities.
- Assist in gathering and separating cleaning and housekeeping equipment and materials for transport.
- Accompany assigned residents to receiving facilities and act in the capacity of housekeeper until released by the administrator or executive in charge.
- Shut down all laundry equipment and secure laundry area.
- Assist in the movement of residents from rooms to departure areas.
- Assist in transferring residents into transport vehicles as needed.
- Be available to fulfill any position or responsibility assigned by the Administrator or Executive in Charge.

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Facilities are dependent on a wide variety of skilled and labor personnel to function. These tasks include caring for residents, maintenance of the facility's structure, and environmental upkeep. The loss of staff affects the ability of the facility to function, and if the shortage is severe enough it will impact the quality of care and life safety for residents. Staff shortages may occur for any length of time, from the very short through the extended, and be caused by a variety of events such as economic downturns, epidemics and pandemics, or community-wise hazards and disasters. At some point, without sufficient staff, the capability of the facility to operate will be overwhelmed and residents must be re-located. Mass care, sheltering and evacuation plans are discussed in separate guidelines. This guideline serves as an additional resource of information for those Annexes, as well as the Basic Plan.

- Small staff shortages occur frequently and are NOT considered a disaster.
- The facility has mitigation procedures in place to function using alternative staffing plans for 96 hours.
- Staff shortages for extended periods are probable when other hazards affect the larger community. These MAY BE considered a disaster if the shortages exceeds 96 hours, or the shortage occurs during extreme weather such as heat waves or extreme cold snaps.
- The facility will remain open and shelter in place as long as feasible, considering the safety of residents and staff.
- Small staff shortages occur frequently and are NOT considered a disaster.
- The facility has mitigation procedures in place to function using alternative staffing plans for 96 hours.
- Staff shortages for extended periods are probable when other hazards affect the larger community. These MAY BE considered a disaster if the shortages exceeds 96 hours, or the shortage occurs during extreme weather such as heat waves or extreme cold snaps.
- The facility will remain open and shelter in place as long as feasible, considering the safety of residents and staff.

    - Determine the protective action
        - What alternative staffing resources exist?
        - Are they accessible and ready to report for work?
        - Which actions best suit the needs of the facility, considering the wider situation?
        - Does the situation affect or change earlier decisions?

    - Implement protective actions.
        - Activate alternative staffing resources
        - Distribute job action sheets to consolidate facility functions

        - Determine which functions may be temporarily suspended until staffing issues are resolved
        - Hold a situation briefing to inform existing staff of the situation and expected timeline
    - Control access and isolate danger area
        - If necessary, cordon off or evacuate areas of the facility that are dangerous or temporarily out of use.
        - Implement procedures to minimize movement of residents and staff, to preserve situation integrity, based on the severity of the shortage.
    - Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for the patient
        - If necessary, address the specific medical issues caused by the staff shortages. This may include life support measures, movement of residents, or contacting emergency medical personnel.
    - Communicate medical or search and rescue needs to emergency personnel
        - Some residents may not be able to stay in the facility during this scenario. Communicate the need to evacuate those residents with emergency personnel, time permitting
        - Account for all staff and residents through an attendance or roster procedure.

What information MUST the facility disseminate about staff and residents? Examples include:

- Are life support patients being transferred or supported in place?
- How long will these alternative measures be in effect?
- What procedures will the facility take to ensure life safety for staff and residents?
- How can the families of staff and residents assist in the event?

Disseminate internal warning or information communication

- If possible, use volunteers to disseminate the information to resident and staff families using a pre-scripted message
- If necessary, make announcements or communications inside the facility about the situation, protective actions in place, and the actions residents and staff should now take
- Provide updates as they become available
- Distribute alternative communication methods to staff if required

Disseminate external information

- Use the designated liaison in the facility to notify emergency personnel and the state health department of the facility's situation, needs, and projected actions
- Remember to update emergency personnel and the state if previous decisions made by the facility are affected by the activation of this Appendix.
- Outline types of information critical during staff shortages.

- Records and reports associated with tracking the status of the facility during the staff shortage
- Attach labor schedules, shift coverage diagrams, and call lists
- Oversee assignment of staff, substitute staff, and volunteers for specific duties
- Department responsibility flow charts illustrating how to combine functions during a staff shortage
- Charts depicting the organizational structure of the facility staff.
- Step –by-step, picture instructions for various tasks such as completing laundry tasks, providing basic housekeeping, or preparing simple pre-planned meals
- Methods of communicating around language barriers, including those who are deaf or do not speak English.

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Surge Capacity refers to the ability of the health care system to convert quickly from their normal operation of services to a significantly increased capacity in order to serve an influx of residents or patients during an emergency. An effective surge capacity plan involves all the health care resources in a community, including long-term care providers.

The unprecedented number of major wildfires and extreme heat in Colorado in June 2012 revealed a more aggressive approach necessary to address evacuation and surge capacity guidelines for nursing homes and assisted living residences.

In some surge situations, long-term care health facilities may be asked to accept additional patients, either from other long-term care health facilities or from general acute care hospitals. Long-term care health facilities that are damaged or threatened by natural disasters (e.g., forest fires, floods) may need to transfer residents to nearby "like" facilities. Acute care hospitals may need to transfer lower-acuity patients to skilled nursing facilities so that additional hospital beds are available to patients of higher acuity. Long-term care health facilities may also be asked to admit patients who have been receiving long-term care services in their homes through home and community-based waivers. To prepare for these situations, long-term care health facilities will need to plan for how they will accept additional patients, how policies and procedures must change to allow the acceptance of these patients, and what laws and regulations will require waivers or flexibility before the patients can be admitted. In cases of pandemic disease, long-term care health facilities will need to decide if, when, and how they will accept patients that may be infectious and what safeguards they will use to contain the infection.

In any situation, it will be essential for long-term care health facilities to participate in community planning efforts to develop an integrated community planning response. While developing surge plans, long-term care health facilities should work with their local and county government (e.g., Office of Emergency Services, Emergency Medical Services). By collaborating with local government, long-term care health facilities will benefit from local knowledge and expertise and begin to build strong local relationships, which will then benefit the facility during a healthcare surge or other emergency.

It is also important to have sections of the plan that address response and recovery. In the response section, you may wish to include the ICS Incident Management Team Charts and Job Action Sheets based on the needs of your organization. Make sure your EOP has a process for identifying and assigning staff to cover all of your essential staff functions in a disaster situation. You may have all of your staff available to you after a disaster situation. You may not have all of your staff available to you after a disaster, but you can increase your chances of retaining staff if they have personal emergency plans at home, understand their disaster roles and responsibilities at work, have ready access to transportation and understand that the organization will still pay them for coming to work. Staff will also be more likely to return to work or stay at work if the facility EOP includes provisions for their dependents (including pets-even if it is to

simply determine the nearest pet disaster shelter) and family, and if they understand that the EOP takes into account caregiver disaster mental health needs (such as incident debriefing).

The facility EOP should also address the important issue of evacuation - what roles will staff play, who needs to be notified, how it will be conducted, where you will evacuate to, how to prepare residents for evacuation when it becomes necessary. Remember to include processes for evacuating horizontally as well as vertically, when applicable.

Natural disasters, fires, loss of utilities and other disaster related events can lead to the evacuation of healthcare facilities. Such events have led to continued focus on healthcare facility evacuation plans. Long term care facilities commonly maintain agreements to assist each other in the event of an evacuation. Some areas have even established formalized mutual aid plans to address the evacuation of residents and the allocation of resources and assets (i.e. supplies, equipment, staff and transportation).

The Massachusetts Senior Care Association developed the following Influx/Surge Guidelines for long term, care communities in 2010.

Template for "Receiving" Facility

This document is intended to provide guidance to a long term care facility on the receiving end of a healthcare facility evacuation. It is intended to serve as a best practice template. Therefore, to be properly utilized by a specific facility, the guide will require review and tailoring. In many cases, footnotes have been utilized throughout the guide to prompt locations where facility specific tailoring will be required.

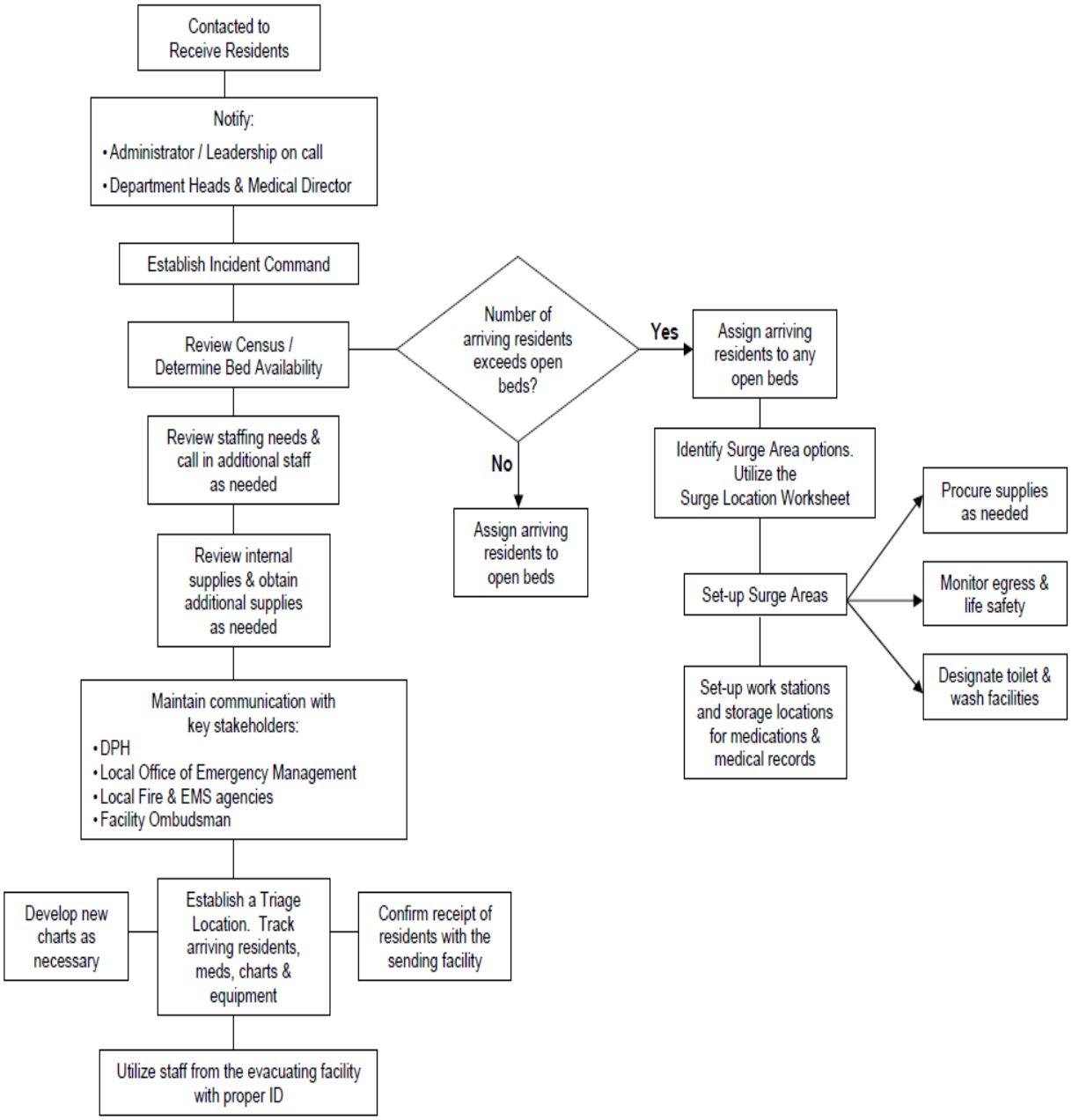
The guide provides three (3) sections of information relative to receiving residents from another healthcare facility:

- General activation and preparation guidelines
- Influx guidelines utilizing existing open beds within the facility licensed bed capacity
- Guidelines for surging beyond the facility licensed bed capacity.

As a rule of thumb, long term care facilities should be prepared to surge to 110% of their licensed bed capacity. Therefore, a facility should develop a strategy for establishing temporary sleeping and care areas. Included in this guide is a *Surge Planning Worksheet* to assist facilities in pre-planning designated surge areas and outlining the process involved in setting them up. The benefits of this tool are maximized if the facility completes the worksheet proactively rather than at the time of a surge situation. Plans for surging should be reviewed with the local fire department.

The information in this guide addresses short-term influx / surge situations. For the purposes of this document, short-term is intended to reference 72 hours (3 days) or less. After an initial evacuation occurs, a longer term resident care and housing plan should be developed and implemented if return to the evacuating facility is not a viable option. The suggested actions in this guide are intended as short-term options and are not proposed as practical resident care and housing solutions beyond 72 hours.

Influx/Surge Algorithm



Section I: Activation & Preparation For *Receiving* Residents From Evacuating Facilities

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When Your Facility Is Contacted To *Receive* Residents

- Phone contact with the facility may be through an automatic messaging communication system or via a personal call. When an automatic message is received, the individual taking the call should immediately document the entire message. If receiving a personal call, the call should be forwarded to the on-site individual in-charge of the facility at the time. When receiving a personal call, attempt to obtain the following information:

    - Total number of arriving residents
    - Estimated time of arrival
    - Sending facility contact phone number(s) and contact name
    - Gender breakdown
    - Number of arriving residents requiring wandering precautions
    - Arriving residents requiring specialized medical needs (isolation, dietary, infection control)
    - Resident medical equipment needs
    - Quantity and type of medical equipment arriving with residents
    - Quantity and type (clinical or not) of staff arriving with residents
    - Will medications accompany residents
    - Will charts accompany residents
        - Need for the receiving facility to provide transportation (identify what type of transportation is available and any specialized capacity)

- Relay all information to the on-site individual in-charge of the facility at the time.
- If you receive an automated message and you are not on-site, contact the on-site individual in-charge of the facility at the time.

INTERNAL NOTIFICATIONS

- Notify the Administrator and/or the leadership individual on-call.
- **Administration** – Contact department heads and Medical Director.

INCIDENT COMMAND

- Consider utilizing the Incident Command System and establishing an internal Command Center.

CENSUS / RESIDENT CAPACITY

- Determine the up-to-date facility census and identify the number of open conventional beds and types of beds (sub-acute, dementia, psych, isolation, etc.).
- If the total number of arriving residents can be addressed through open beds within the licensed bed capacity of the facility, review *Section II – Influx Utilizing Existing Licensed Beds*.
- If the total number of arriving residents exceeds the open beds available within the licensed bed capacity, review *Section III – Surging Beyond Licensed Bed Capacity*.

STAFFING

- Determine the need to call-in additional staffing.

- Attempt to identify the quantity and type (RN, LPN, CNA, other) of staff that may be provided by the sending facility. They may work in tandem with your staff or may provide all clinical care without assistance. However, additional ancillary staff such as food service, housekeeping and maintenance will probably be required throughout the situation.
- Maintain staff to resident ratios necessary to meet resident needs throughout the duration of the situation.

SUPPLIES

- Conduct a baseline inventory of all supplies with specific focus on the following departments:
  - Food Service – types and quantity of food and beverage
  - Nursing – types and quantity of medical equipment (pumps, oxygen cylinders/concentrators, oxygen tubing/cannulas/masks, etc.) and medications
  - Housekeeping / Laundry – quantity of linens
  - Maintenance – types and quantities of beds, mattresses, privacy dividers, etc.

  Reference *Attachment A – Influx / Surge Equipment Storage*

- Assess the type and quantity of equipment / supplies that will be arriving from the evacuating facility if possible.
- Contact vendors to request additional supplies as necessary. Reference *Attachment B – Influx / Surge Supply Vendor List*.

EXTERNAL COMMUNICATIONS

- Initially communicate with the Colorado Department of Public Health and Environment. Request permission to surge beyond licensed bed capacity if necessary. Provide on-going periodic updates as necessary.
- Initially contact and continually update resident responsible parties.
- Consider notifying key stakeholders as appropriate including Local Office of Emergency Management, Local Fire & EMS, and the facility Ombudsmen. Provide on-going periodic updates as necessary.

RESIDENT TRIAGE

- Establish a triage area.
- **Administration** – Designate an individual to oversee the set-up and operations of the triage area. Ensure adequate staffing and supplies at the triage location. Consider the following:
  - Staffing
    - Nursing / Resident Care (triage, managing care)
    - Social Work
    - Food Service (food and beverage)
    - Administrative (tracking and documentation)
  - Supplies
    - Chairs / wheelchairs
    - Pens, paper, nametags, charting materials
    - Food and beverage
    - Medications
    - Portable oxygen (cylinders, tubing, cannulas, etc.)

    - Blood pressure cuffs and stethoscopes
    - Standard precautions
- Document the arrival of all residents as they enter the triage area. Utilize *Attachment C – Influx of Residents Log*.
- Triage each arriving resident. If arriving residents do not arrive with a completed Resident Evacuation Tag (Disaster Tag), attempt to minimally collect and document the following information on each resident:
    - Name
    - Age
    - Responsible party
    - Medical diagnosis
    - Medication allergies
    - Other known allergies
    - Diet restrictions / last meal
    - Medications / last administered
    - Mental status
    - Mobility
    - Hearing impairments
    - Special precautions, procedures or equipment
    - Valuables with the resident

- Complete an initial nursing assessment of each arriving resident. Review any available medical records that accompanied the resident and establish an interim plan of care for each resident as appropriate. Establish a new chart if necessary.

FOOD AND NUTRITION

- Modify planned menus as necessary to accommodate the additional residents.
- Maintain food supplies and provide meals for residents, additional staff, and possibly families.

MEDIA AND FAMILIES

- Designate an individual to prepare and provide statements to the media and to families. Coordinate statements with the evacuating facility and emergency agencies.
- Consider separate staging locations (internal or external) for media and family members.
- Attempt to unify families / responsible parties with residents as quickly as possible.

RESIDENT TRACKING

- Communicate with the sending facility the total number of residents received along with the specific name of each resident received.
- If the sending facility has designated a fax line or email address, fax or email a completed copy of the *Influx of Residents Log* to the sending facility.

ARRIVING STAFF & STAFF CREDENTIALING / PRIVILEGING

- Review and confirm arriving staff have ID badges provided by the facility where they are employed.
- Log in staff as they arrive.
- Provide temporary facility ID.
- Identify where and to whom arriving staff are to report.
- Disaster privileges may be granted upon presentation of a valid government issued photo ID (i.e. driver's license or passport), and any of the following:
  - A current picture ID or other ID card from a Hospital, NH, ALR, RH.
  - A current license certification or registration to practice and a valid picture ID issued by a state, federal or regulatory agency. A primary source of verification must be given where applicable.
  - Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or Medical Reserve Corps (MRC).
  - Identification indicating that the individual has been granted authority to render resident care in emergency circumstances. Such authority having been granted by a federal, state or municipal entity.
  - Presentation by current organizational staff member(s) with personal knowledge of the practitioner's identity.

FINANCE

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

Section II: Utilizing Existing Beds For Receiving Residents

RESIDENT PLACEMENT

- Verify the quantity and location of open beds throughout the facility.
- Do not consider beds that are being held for a confirmed admission.
- Ensure available rooms / beds are prepped for use.
- When feasible, utilize open beds that are proximal to each other to avoid scattering residents throughout the facility.

CONTINUING CARE

Monitor resident psychological status. Provide additional social services support.

- Incorporate into resident activities as appropriate.
- Communicate with attending physicians as necessary.
- Provide consistent services and support to residents facility wide.

Section III: Exceeding Your Facility's Licensed Capacity

RESIDENT PLACEMENT

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

OPTIONS FOR INCREASING CAPACITY

- Identify options for adding beds to existing sleeping rooms (i.e. a single room becomes a double room, a double room becomes a triple room, etc.).
- Identify options to transform non-sleeping areas into temporary sleeping / resident care areas. Areas should be at or above grade.

Consider the following areas:

- Activity Rooms
- Lounges
- Dining Rooms
- Chapel

- Meeting Rooms
- Rehab / Therapy Rooms

Reference Attachment D – Surge Location Worksheet

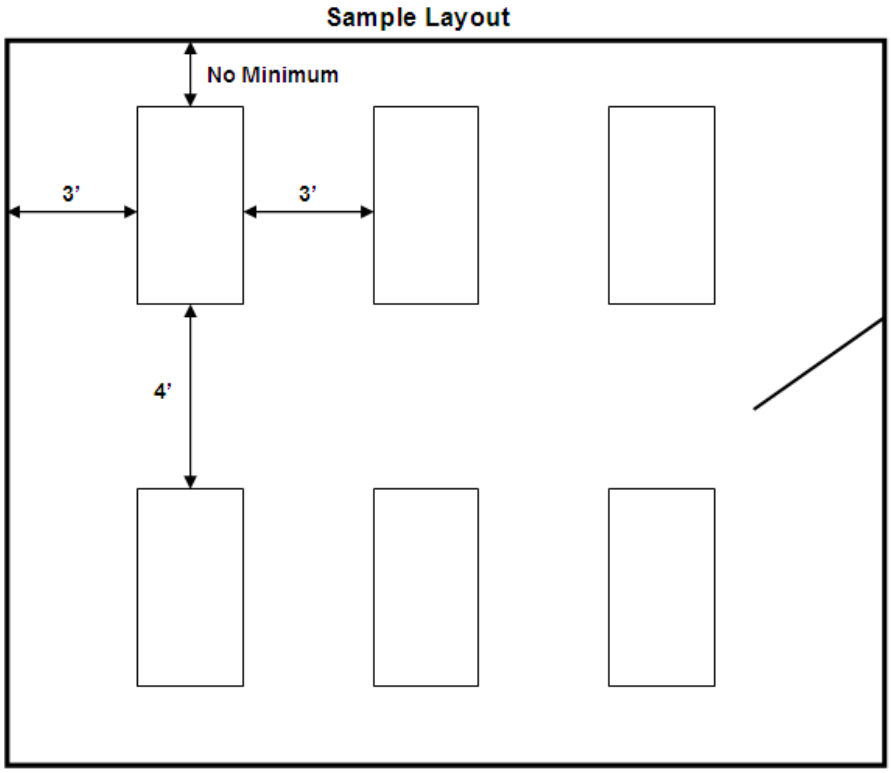
- Identify areas served with emergency power to support residents requiring critical electric medical equipment.

SURGE AREA SET-UP

- Based on the *Surge Location Worksheet*, set-up surge locations based on priority. Utilize internal available supplies first. Consider the following options to obtain additional supplies:

  - Vendors
  - Supplies from the resident sending facility
  - Local Office of Emergency Management
  - Other healthcare facilities

- When establishing groupings of beds, cots or mattresses, attempt to place privacy dividers between them.
- Provide night lighting in each surge area.
- Provide call devices for each resident.
- Designate toilet and wash sink locations for each established surge area.
- Provide storage areas for resident belongings. Key personal belongings such as eye glasses, hearing aids, prosthesis, dentures, etc. should be located proximal to the resident. Other items such as clothing, shoes, etc. may be stored in a separate location.
- Consider establishing one or more provisional work station(s) located within or near surge areas.
- Provide constant clinical staffing in surge areas located outside of normal resident care areas.
- Ensure all surge arrangements do not impede egress or reduce life safety. Consider the following guidelines:
  - Maintain three (3) feet between beds/cots/mattresses
  - Maintain four (4) foot egress paths to the exit access corridor
  - Designate an 8.5 ft. x 4.5 ft. footprint for each sleeping space (this considers an average 7 ft. x 3 ft. mattress and a 1.5 ft. perimeter). Adjust as necessary if using a bed or cot.
- Communicate surge area arrangements with the Department of Public Health if spacing guidelines cannot be accomplished.



MEDICATIONS AND MEDICAL RECORDS

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

CONTINUING CARE

- Monitor resident toilet needs and provide staff to accompany residents to toilet facilities.
- Develop a bathing schedule based on the available bathing facilities.
- Maintain infection control standards.
- Monitor resident psychological status. Provide additional social services support.
- Provide resident activities.
- Communicate with attending physicians as necessary.
- Establish a process for constant monitoring of surge areas.

ATTACHMENT A – INFLUX / SURGE EQUIPMENT STORAGE

Items	Quantity	Location
Beds		
Cots		
Mattresses		
Linen		
Pillows		
Blankets		
Tap Bells		
Privacy Partitions		
Oxygen Cylinders		
Oxygen Cylinder Regulators		
Others		

ATTACHMENT B – INFLUX / SURGE SUPPLY VENDOR LIST

Items	Vendor	Phone #
Beds		
Cots		
Mattresses		
Linen		
Tap Bells		
Privacy Partitions		
Pharmacy		
Oxygen		
Medical Equipment		
Other		

Food Service Items	Vendor	Phone #
Bread		
Dairy		
Dry Foods		
Meats		
Water		
Beverages		
Other		

The purpose of this guideline is to save or protect the life and well being of residents of this facility before and after a terrorism event by finding them as quickly as possible and moving them to a designated safe area of the facility. It also could include sheltering-in-place. It may also involve sheltering searchers, or accommodating a staging area for local rescue operations. Federal authorities will be in charge of all terrorism events, and this facility may receive instructions from them or from local authorities on their behalf in procedures.

This guideline will compliment the Shelter-in-Place Functional Annex though it may also work with the Evacuation and Mass Care/Mass Casualty Function Annexes. This guideline includes procedures for keeping residents safe during a terrorist event. This facility recognizes that terrorist attacks could be nuclear, biological, chemical or radiological. There are scripted staff checklists, pre-approved and prepared messages for family members, media, and the public.

Terrorist events are not common, but if they happen the federal authorities will be involved immediately, and this facility may be directed in procedures. When such events occur, the facility administrator or designated authority will activate the Terrorism SOG as well as other relevant sections of the facility's EOP (the Shelter-in-Place Annex, for instance). Steps taken to mitigate the loss of residents could include moving residents into a designated safe area and sheltering in place for the duration of the threat. This guideline also takes into consideration housing additional personnel/staff/searchers/ in the event the facility is used as a staging area for rescue personnel or operations due to the location of the event.

- Include aid agreements for additional assistance during an event
- Clearly mark resource storage areas for staff access during an emergency event
- Do nurses' stations in each wing have supplies?
- Pre-identify which residents require more attention, or are apt to wander or not follow emergency directions
- Have a facility information sheet on hand
- Specific precautions taken by the facility, or an explanation as to how this facility interfaces with local responders and the community during a terrorist event. See references section for help. Talk with local emergency manager. Spell out procedures for biological, chemical, nuclear and radiological response that this facility can train
- Proper maintenance of hazardous materials, chemicals
- Construction considerations of the building, including security (locked doors, restricted access, security guards, etc.)
- Knowledge of HVAC systems shut-offs, ways to prevent air plumes from contaminating systems, availability of duct tape for windows, plastic sheeting, etc.

- For a chemical attack, the following assumptions are... Work with local authorities on procedures to use when federal authorities are involved during the following situations.

  Biological Attack
  Radiological Attack
  Nuclear Attack

The facility will enter into and maintain aid agreements with local search and rescue resources, volunteer organizations, and emergency management sources for assistance in responding to a terrorist attack in the community.

In the event of a terrorist attack at this facility, the local emergency manger should be notified immediately. In all domestic terrorist attacks, the FBI takes charge. If the community is attacked, this facility should go into Lockdown mode immediately and notify local authorities. Sheltering-in-Place should also be activated. Food stores are stocked; alternate routes for evacuation or transport are designated, and staff are ready to shelter-in-place should the facility become isolated.

Extreme Wind Events Tornado Hazards

Thunderstorms Often Produce Violent Rotating Columns Of Wind Called Tornadoes. The Violent Rotating Winds Carry Debris Aloft That Can Be Blown Through The Air As Dangerous Missiles. A Tornado May Have Winds 300+ Miles Per Hour And An Interior Air Pressure That Is 10-20 Percent Below That Of The Surrounding Atmosphere. The Typical Length Of A Tornado Path Is Approximately 16 Miles, But Tracks Much Longer Than That – Even Up To 200 Miles – Have Been Reported. Typically, Tornadoes Last Only A Few Minutes On The Ground, But Those Few Minutes Can Result In Tremendous Damage And Devastation.

Tornado Watch Vs Warning/Tornado Watch

Issued when weather conditions in your area are favorable to development of tornadoes. Listen to NOAA Weather Radio, commercial radio or television and be prepared to act quickly.

TORNADO WARNING
A tornado has been sighted in the area, or indicated on radar. Implement emergency shelter actions for residents and staff! Listen to the NOAA Weather Radio, commercial radio or television for weather information

.

EMERGENCY ACTIONS WHEN A *TORNADO WATCH* IS ISSUED

- Keep NOAA Weather Radio, commercial radios or televisions turned on and listen for the latest advisories.
- Keep staff members advised about location, direction and progress of the storms.

- Review the tornado warning procedure with staff. Make preliminary duty assignments in case the National Weather Service issues a tornado warning.
- When or if the storm begins to approach the vicinity of the community, increase level of interest and begin to take additional measures.
- Close windows and pull curtains in all areas of the adult care home.
- Secure outdoor objects such as garbage cans, garden tools, outdoor furniture, etc., to prevent them from becoming missiles in high winds.
- Begin movement of selected residents into hallways and/or basement.
- Shut off lights and close doors to unoccupied rooms and service areas.
- Place as many resident records as possible in a safe place.

WHEN A *TORNADO WARNING* IS ISSUED

1. Seek shelter immediately!
2. Clear all large rooms (dining room, activities room, etc.) of residents, visitors and staff personnel.

3. Move residents into hallways (first floor of the facility) and away from windows and outside walls.
4. 4. If possible, move a comfortable chair from the room into the hallway so residents can sit. Furnish a pillow and blanket so the residents feel more secure. They can provide some protection from small flying debris and can be used for comfort in case of damage to the facility.
5. 5. If the facility has a basement, take shelter there. Usually you take shelter when the Tornado Warning is given. However, in the case of a long term care facility, there may be little time to move numerous residents, so it may be wise to move selected residents during the Tornado Watch.
6. Close doors to resident rooms. Close fire doors to form a protective envelope in the hallway for residents, visitors and staff.
7. Staff members should be assigned to each hallway.
8. Keep NOAA Weather Radio, commercial radios and/or televisions turned on and listen for latest advisories.

AFTER THE TORNADO PASSES

1. Restore calm to the residents.
2. Render first aid to residents and staff as necessary.
3. Call ambulance as required.
4. If numerous residents require hospital treatment, alert area hospital of what to expect.
5. Call medical director of the facility, as necessary.
6. Check for fires throughout the facility.
7. For fires, follow guidance as set forth in the fire plan.
8. If not already done, shut off damaged or potentially damaged utilities.
9. Call County Emergency Management to request emergency assistance report damage.
10. Notify appropriate utility companies.
11. Recall off-duty staff as needed.
12. Have facility inspected for damage if necessary.
13. If the facility is damaged, be responsive to the instructions of the safety officials on the
    a. scene.
14. Part of, or the entire facility may have to be evacuated. If evacuation is required, follow the procedures established in the plan for evacuation. 15. Notify next-of-kin on the status of their relatives.
15. Prepare public information media releases.
16. Call on volunteer resources as needed.

If the tornado damages the facility, make sure to inform local officials (including the County Emergency Manager).

PLANNING CONSIDERATIONS

- Listen to NOAA Weather Radio and local radio and television stations for weather information.
- Store food, water, blankets, battery-powered radios with extra batteries and other emergency supplies for employee who become stranded or remain at the facility.
- Provide backup power source for critical operations.

Precautions:

1. Keep posted on all area weather bulletins and relay to others.
2. Have portable radio available. Make sure extra batteries are available.
3. Be prepared for isolation at the facility.
4. Make sure all emergency equipment and supplies are on hand, or can be readily obtained.
5. Make sure emergency food supplies and equipment are on hand.
6. Make sure emergency supply of water is available.
7. Make sure emergency power supply is operable.
8. Make sure heating system is operable.
9. Have extra blankets available for residents to place over their heads during the tornado.
10. Make sure adequate staff is available.
11. Keep flashlights handy and extra batteries available.
12. Close drapes on cloudy days and at night.
13. Travel only when necessary and only during daylight hours. Never travel alone. Travel only assigned routes.
14. Be prepared to evacuate residents if necessary.
15. Do not make any unnecessary trips outside. If you must venture outside, make sure you are properly dressed, and fully covered.
16. Begin the Shelter-in-Place guidelines.

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Purpose: The purpose of these winter storm safety precautions is to inform staff of measures that should be taken during severe winter weather. The greatest threat to the facility caused by winter storms are power outages, which may be minimal or extensive in duration. In addition to power outages, weather hazard events can cause breakdowns in transportation and communications.

Keep NOAA Weather Radio, commercial radios and/or televisions turned on and listen for latest advisories.

KNOW THE DIFFERENCE! SEVERE WINTER STORMS

Winter storms bring heavy snow, ice, strong winds, freezing rain, cold temperatures and dangerous driving conditions. Winter storms can prevent employees from reaching the facility to work. Additionally, winter storms create difficulty for the facility accessing emergency services. Heavy show and ice can also cause structural damage and power outages. There are a few steps that can be taken to better prepare for implementing the Disaster Response and Recovery Plan during severe winter storm events.

PLANNING CONSIDERATIONS

- Listen to NOAA Weather Radio and local radio and television stations for weather information.
- Arrange for snow and ice removal from parking lots, walkways, loading docks, etc.
- Store food, water, blankets, battery-powered radios with extra batteries and other emergency supplies for employee who become stranded or remain at the facility.
- Provide backup power source for critical operations.

WINTER STORM WATCH VS WARNING

Winter Storm Watch

A winter storm WATCH means that severe winter weather conditions may affect the area. This could mean freezing rain, sleet or heavy snow. The information listed below becomes important if a winter storm watch is issued for the county.

- Keep posted on developing weather conditions.
- Avoid unnecessary travel. If travel cannot be avoided, call the Colorado Department of Transportation's hotline for current road conditions.
- Exercise extreme caution when using portable heaters.
- Assure that battery-powered radio and flashlights are serviceable.
- Check the food and stock extra emergency supplies. Supplies should include food that requires no cooking or refrigeration in case of power failure.
- Check generator, if applicable. A generator may very well be the most important piece of emergency equipment during a power outage, when power is crucial for keeping the residents warm.
- Check the supply of heating fuel, if applicable. Fuel carriers may not be able to move if

a winter storm buries the area in snow.

Winter Storm Warning

A winter storm WARNING means that severe winter weather, including freezing rain, sleet, or heavy snow is about to occur. If a winter storm WARNING is issued for the area, be prepared!

- Listen to the NOAA Weather Radio, commercial radio or television for weather information.
- Instruct residents and staff to stay indoors during the storm.
- Anyone venturing outside will need to wear several layers of clothes. They will keep the person warmer than a single heavy coat. Gloves or mittens, and a hat will help reduce loss of body heat.
- Special transportation arrangements may need to made for staff to get to and from work.
- If the long term care facility must be evacuated, follow the established procedures in the evacuation section of your plan.

The following winter storm safety precautions have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, or sleet.

Precautions:

1. Keep posted on all area weather bulletins and relay to others.
2. Have portable radio available. Make sure extra batteries are available.
3. Be prepared for isolation at the facility.
4. Make sure all emergency equipment and supplies are on hand, or can be readily obtained.
5. Make sure emergency food supplies and equipment are on hand.
6. Make sure emergency supply of water is available.
7. Make sure emergency power supply is operable.
8. Make sure heating system is operable.
9. Have extra blankets available and keep residents as warm as possible.
10. Make sure adequate staff is available.
11. Keep flashlights handy, and extra batteries available.
12. Close drapes on cloudy days and at night.
13. Travel only when necessary, and only during daylight hours. Never travel alone. Travel only assigned routes.
14. Be prepared to evacuate residents if necessary.
15. Do not make any unnecessary trips outside. If you must venture outside, make sure you are properly dressed, and fully covered.
16. Avoid overexertion by doing only what is necessary. Cold weather strains the heart.
17. Begin the Shelter-in-Place guidelines.

The use of these forms is optional when preparing for and responding to emergencies. You may adapt any of these forms to suit your needs.

ICS Form 201: Incident Briefing

The Incident Briefing contains the initial overview of the event, including the cause, the initial impact, the actions taken, and other critical information. This form is completed by the Incident Commander and should provide a clear and succinct overview of the situation to incident management team members.

ICS Form 202: Incident Objectives

As previously noted, the Incident Commander sets the overall command objectives for the response. These are documented on the ICS 202. The incident name and operational period, as first identified on the LTCICS 201, are repeated on the LTCICS 202. Weather conditions are documented on this form, in consideration of any operations that may be impacted by inclement weather, such as heat, rain, extreme cold, etc. As an example of the importance of weather conditions, consider a nursing home evacuation due to power failure. If there is extremely hot weather predicted for the next 12 hours, it may not be safe to move residents to an external location to await transportation. The Logistics Section may be required to provide shelter from the heat if residents must wait for outside for prolonged periods.

General safety information is also reflected on the ICS 202. In the example above, safety information may include use of tents or overhead shelters for staging of residents, directions to drink water and watch for signs of heat exposure to residents and staff.

A separate section is available to indicate any attachments to the form; some examples are contained but there is opportunity here for customization. For example, if a local health alert is issued in response to an infectious disease outbreak, the guidance from the health officer may be attached here. This is a key reference document in the development of strategies and tactics identified for the event response.

The Incident Commander will approve all information contained on the ICS 201. The Planning Chief has the responsibility for completing the form; if this role has not been activated or cannot be filled, the Incident Commander assumes the responsibility.

ICS Form 203: Organization Assignment List

This form provides a documentation tool that reflects those positions on the Incident Management Team chart that are activated in the response, and the nursing home personnel currently assigned to the position. In larger facilities, a representative from the nursing home may respond to the (external) Emergency Operations Center (EOC) within the jurisdiction. This position should be documented on the form.

ICS Form 204: Branch Assignment List

This form documents the branches and/or units under the sections that have been activated in the response, and identifying the persons assigned to each position. It also provides for documentation of the strategic and tactical objectives for the branches and/or units. The use of this form clearly provides direction for persons filling branch and unit roles, identifying the tasks assigned and providing a documented line of authority.

ICS Form 205: Incident Communications Plan

Communications are an integral element of the response, and are most often cited as a failure in the response. This form allows for clear assignment of available technology, including radios, telephones, pagers, and other devices. Facilities may elect in the planning stage to complete this form with the systems and technology currently available. Decisions may also be made in the planning stage concerning the assignment of response specific technology and tools. For example, if the nursing home has 4 two-way radios available for use in the response, these may be indicated on the form along with the IMT position to which each radio may be assigned.

The second page in this form contains the communication information for external partners. Sections of this form may also be completed during planning, providing key contact information for external partners including other nursing homes, hospitals, public health, and emergency management officials.

ICS Form 206: Staff Medical Plan

In some cases, the care of ill or injured employees must be considered. If there is infrastructure damage to the facility that causes injuries to staff or if there is an infectious disease outbreak that requires assessment and prophylaxis of employees, the nursing home may need to care for its staff. The form 206 documents these actions, providing clear direction and accountability for protection of employees.

ICS Form 207: Organization Chart

Similar to the information contained on the ICS Form 203, position assignments are documented in a visual organization chart / incident management team format.

ICS Form 213: Incident Message Form

Clear documentation of messages received and sent in activation is important both for ensuring critical information flow and in follow-up of actions taken. The person sending the message should document legibly the request being made, including the need for follow-up of actions taken. Persons receiving messages should use the form to document actions taken as requested and provide answers to messages. This form may also be used for documentation of telephone or radio messages received, again serving as a tool to record requests and actions.

The ICS Form 213 may be produced on NCR (non-carbon) paper, allowing for multiple copies of the messages to be routed accordingly. When used effectively, this allows for message archive without the use of a copy machine.

ICS Form 214: Operational Log
Each person within the IMT should complete an operational log, documenting their assignment, actions taken, critical information received, and other key information and decisions as determined by the individual. This critical chronology of information serves multiple functions: as a record of the work performed during the operational period; as a personnel log to assist with reimbursement; as a guide for the after-action review; and as a resource tool for personnel assuming the same position in follow-on operational periods.

ICS Form 251: Facility System Status Report
This form can and should be customized to the individual nursing home. Used when there is structural damage (power failure, earthquake, severe weather, fire) key information is gathered on the infrastructure of the facility. This will aid in determining the capability of the facility to sustain operations, as well as provide clues to system recovery for engineers.

ICS Form 252: Section Personnel Time Sheet
This form is used to document the persons assigned to IMT positions, facilitating cost projections and financial reimbursement when possible.

ICS Form 253: Volunteer Staff Registration
This form is used to document those non-Nursing Home personnel who respond or assigned to the nursing home in support of operations. This form is used to document and track these persons, and to facilitate financial reimbursement when possible.

ICS Form 254: Disaster Patient Tracking Form
In the event the nursing home receives patients from the response or as transfers from another facility or hospital, this form is used to document those persons received.

ICS Form 255: Master Resident Evacuation Tracking Form
Form 255 provides documentation for tracking of nursing home patients who are evacuated from the facility in response to a disaster. This form may be customized during the planning stage to provide greater specificity to the resident requirements and special considerations of the individual nursing home.

ICS Form 256: Procurement Summary Report
This form is used by the Finance Section to track all supplies and equipment procured in the response and recovery, providing an ongoing cost assessment tool for current and projected operations.

ICS Form 257: Resource Accounting Record
A major component in a successful response that utilizes outside resources is the ability to track and account for the supplies and equipment used. This form provides a tracking tool for those items, allowing for rapid identification of what is being used in the response and what is still needed.

ICS Form 258: Nursing Home Resource Directory

The resource directory can be customized in the planning stage to identify those current resource partners, such as transportation services and supply vendors, as well as those resources that may only be used in an emergency such as emergency management officials, health officials, and repair services. It is critical during the response to have accurate contact information, with redundancies of information. This data can be collected well in advance of an event, and may serve to identify those response partners within the jurisdiction of the nursing home that can be engaged in planning.

ICS Form 259: Casualty and Fatality Report

In the event of patient, visitor, or staff injury or death, this form may used to report to local health and emergency management officials, as defined within the jurisdiction. In planning, the release of information should be discussed, identifying those agencies or individuals to whom potentially confidential information will and will not be released.

ICS Form 260: Patient Evacuation Form

This form is used for individual resident or patient evacuation, providing a clear and concise overview of individual needs that will be communicated to the receiving nursing home, hospital, or shelter site.

ICS Form 261: Incident Action Safety Analysis

All Incident Action Plans contain a safety analysis. This form directs the Safety Officer to identify those potential hazards and direct mitigation efforts to lessen the risk of injury or illness. For example, in a power failure it may be advised to restrict all residents to their rooms to prevent falls in areas where lighting is limited. This is information that would be documented, with the assignment of restriction of resident movement assigned to branches.

Colorado Department of Public Health and Environment

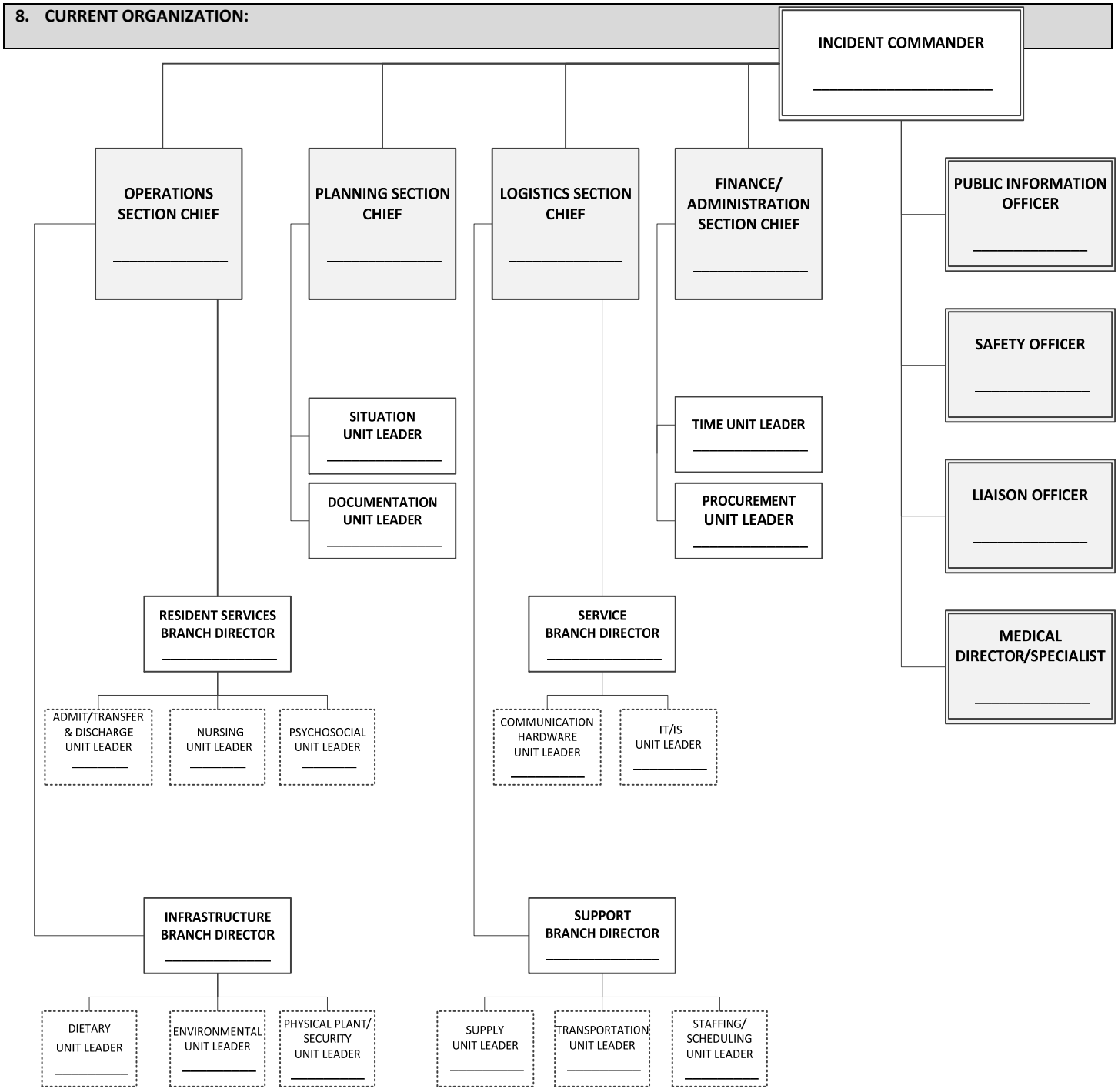
LTCICS FORM 201 | INCIDENT BRIEFING & OPERATIONAL LOG

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:	4. TIME PREPARED:	5. PREPARED BY:	
6. INCIDENT SITUATION (EVENT HISTORY & CURRENT ACTION SUMMARY):			
7. PREPARED BY (NAME & ICS POSITION, e.g. SECTION CHIEF):			

Colorado Department of Public Health and Environment

LTCICS FORM 201 | INCIDENT BRIEFING & OPERATIONAL LOG

8. CURRENT ORGANIZATION:



Colorado Department of Public Health and Environment

LTCICS FORM 201 | INCIDENT BRIEFING & OPERATIONAL LOG

9. OPERATIONAL LOG: SUMMARY OF CURRENT ACTIONS AND KEY DECISIONS:

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Colorado Department of Public Health and Environment

LTCICS FORM 202 | INCIDENT OBJECTIVES

1. INCIDENT NAME:		**2. FACILITY NAME:**			
3. DATE PREPARED:		**4. TIME PREPARED:**		**5. OPERATIONAL PERIOD DATE/TIME:**	
6. GENERAL COMMAND & CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES)**:**					
1)					
2)					
3)					
4)					
5)					
7. WEATHER/ENVIRONMENTAL IMPLICATIONS FOR PERIOD: (INCLUDES AS APPROPRIATE: FORECAST, WIND SPEED/DIRECTION, DAYLIGHT)					
1)					
2)					
3)					
4)					
5)					
8. GENERAL SAFETY/STAFF MESSAGES TO BE GIVEN: (e.g. PERSONAL PROTECTIVE EQUIPMENT (PPE), PRECAUTIONS, CASE DEFINITIONS - REFER TO NHICS FORM 261: INCIDENT ACTION PLAN SAFETY ANALYSIS)					
1)					
2)					
3)					
4)					
5)					
9. ATTACHMENTS (MARK IF ATTACHED)**:**					
☐ LTCICS FORM 203: ORGANIZATION ASSIGNMENT LIST ☐ LTCICS FORM 205: INCIDENT COMMUNICATION PLAN ☐ LTCICS FORM 206: STAFF INJURY PLAN ☐ LTCICS FORM 251: FACILITY SYSTEM STATUS REPORT ☐ LTCICS FORM 261: INCIDENT ACTION PLAN SAFETY ANALYSIS			☐ TRAFFIC PLAN ☐ INCIDENT MAP ☐ OTHER:		
10. PREPARED BY (PLANNING SECTION CHIEF)**:**					

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Colorado Department of Public Health and Environment

LTCICS FORM 203 | ORGANIZATION ASSIGNMENT LIST

1. INCIDENT NAME:		**2. FACILITY NAME:**			
3. DATE PREPARED:		**4. TIME PREPARED:**		**5. OPERATIONAL PERIOD:**	
6. POSITION			**NAME / AGENCY**		
INCIDENT COMMANDER AND STAFF:					
INCIDENT COMMANDER					
PUBLIC INFORMATION OFFICER					
LIAISON OFFICER					
SAFETY OFFICER					
MEDICAL DIRECTOR/SPECIALIST					
MEDICAL/TECHNICAL SPECIALIST					
OPERATIONS SECTION:					
CHIEF					
RESIDENT SERVICES BRANCH					
NURSING UNIT					
PSYCHOSOCIAL UNIT					
ADMIT/TRANSFER & DISCHARGE UNIT					
INFRASTRUCTURE BRANCH					
DIETARY UNIT					
ENVIRONMENTAL UNIT					
PHYSICAL PLANT/SECURITY UNIT					

Colorado Department of Public Health and Environment

LTCICS FORM 203 | ORGANIZATION ASSIGNMENT LIST

POSITION	NAME / AGENCY
PLANNING SECTION:	
CHIEF	
SITUATION BRANCH	
DOCUMENTATION BRANCH	
LOGISTICS SECTION:	
CHIEF	
SERVICE BRANCH	
COMMUNICATION/HARDWARE UNIT	
IT/IS UNIT	
SUPPORT BRANCH	
SUPPLY UNIT	
STAFFING/SCHEDULING UNIT	
TRANSPORTATION UNIT	
7. AGENCY REPRESENTATIVE (IN NURSING HOME COMMAND CENTER)	
AGENCY:	**NAME:**
8. AGENCY REPRESENTATIVE (IN NURSING HOME COMMAND CENTER)	
EXTERNAL LOCATION:	**NAME:**
9. PREPARED BY (DOCUMENTATION UNIT LEADER)**:**	

Colorado Department of Public Health and Environment

ICS FORM 204 - BRANCH ASSIGNMENT LIST			
1. INCIDENT NAME	2. SECTION	3. BRANCH	4. OPERATIONAL PERIOD DATE: TIME:
5.PERSONNEL			
SECTION CHIEF		BRANCH DIRECTOR	

6. UNITS ASSIGNED THIS PERIOD

Name	Name	Name	Name	Name	Name
Leader	Leader	Leader	Leader	Leader	Leader
Location	Location	Location	Location	Location	Location
Members	Members	Members	Members	Members	Members

7. KEY OBJECTIVES

8. SPECIAL INFORMATION / CONSIDERATION

9. PREPARED BY (BRANCH DIRECTOR)	10. APPROVED BY (PLANNING SECTION CHIEF)	11. DATE	12. TIME

13. FACILITY NAME

Purpose: Document assignments within branch
Origination: Branch Director
Copies to: Command Staff, General Staff and Documentation Unit Leader

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Colorado Department of Public Health and Environment

LTCICS FORM 205 | INCIDENT COMMUNICATIONS PLAN (INTERNAL)

1. INCIDENT NAME:				**2. FACILITY NAME:**			
3. DATE PREPARED:		**4. TIME PREPARED:**			**5. OPERATIONAL PERIOD:**		
6. BASIC CONTACT INFORMATION							
NAME	LTCICS ASSIGNMENT	PHONE (PRIMARY & ALTERNATE)	FAX	E-MAIL	RADIO CHANNEL FREQUENCY	ALTERNATE COMMUNICATION DEVICE	COMMENTS
7. PREPARED BY (COMMUNICATIONS UNIT LEADER)**:**							
8. APPROVED BY (LOGISTICS CHIEF)**:**							

PURPOSE: DOCUMENT CONTACT INFORMATION/CHANNELS TO BE USED WITHIN FACILITY
ORIGINATION: SITUATION UNIT LEADER
COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, & STAFF/SCHEDULING UNIT LEADER
NOTE: CAN BE PREFILLED BEFORE INCIDENT AND UPDATED AS NEEDED

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Colorado Department of Public Health and Environment

LTCICS FORM 206 | STAFF INJURY PLAN

1. INCIDENT NAME:		**2. FACILITY NAME:**			
3. DATE PREPARED:		**4. TIME PREPARED:**		**5. OPERATIONAL PERIOD:**	

6. TREATMENT PLAN FOR INJURED/ILL STAFF	
LOCATION OF STAFF TREATMENT AREA (INTERNAL):	
TREATMENT AREA TEAM LEADER:	**ALTERNATE TREATMENT AREA TEAM LEADER:**
SPECIAL INSTRUCTIONS:	

7. TREATMENT RESOURCES (EXTERNAL):

NAME	PHONE	ADDRESS
MD/DO		
NEAREST HOSPITAL/EMERGENCY ROOM		
ALTERNATE HOSPITAL/EMERGENCY ROOM		
OCCUPATIONAL HEALTH CLINIC		

8. PREPARED BY (SAFETY OFFICER)**:**	

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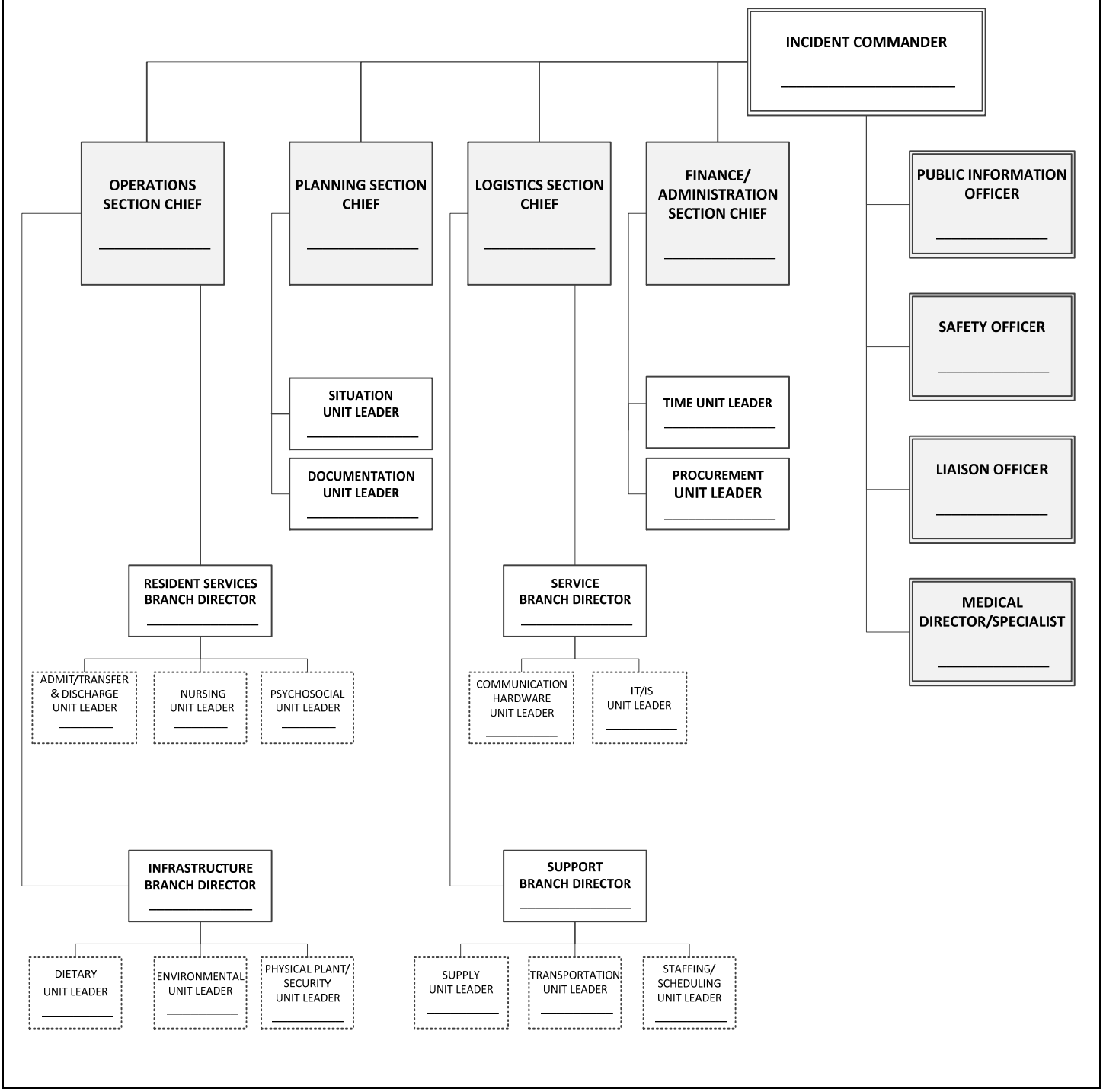
Colorado Department of Public Health and Environment

LTCICS FORM 207 | ORGANIZATION CHART

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:	4. TIME PREPARED:	5. OPERATIONAL PERIOD DATE/TIME:	

6. ORGANIZATION CHART:



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Colorado Department of Public Health and Environment

LTCICS FORM 213 | INCIDENT MESSAGE FORM

1. INCIDENT NAME:		**2. FACILITY NAME:**	
3. FROM (SENDER)**:**		**4. TO** (RECEIVER)**:**	
5. DATE RECEIVED:		**6. TIME RECEIVED:**	
7. RECORDED VIA:	☐ PHONE ☐ RADIO ☐ OTHER:		
8. REPLY REQUESTED:	☐ YES ☐ NO	**IF YES, REPLY TO** (IF DIFFERENT FROM SENDER)**:**	
9. PRIORITY:	☐ URGENT – HIGH ☐ NON-URGENT – MEDIUM ☐ INFORMATIONAL – LOW		

10. MESSAGE (KEEP ALL MESSAGES/REQUESTS BRIEF, TO THE POINT AND VERY SPECIFIC)**:**
11. ACTION TAKEN (IF ANY)**:**

RECEIVED BY:		**TIME RECEIVED:**	
FORWARD TO:			
COMMENTS:			

RECEIVED BY:		**TIME RECEIVED:**	
FORWARD TO:			
COMMENTS:			

PURPOSE: PROVIDE STANDARDIZED METHOD FOR RECORDING MESSAGES RECEIVED BY PHONE OR RADIO
ORIGINATION: ALL POSITIONS
ORIGINAL: TO RECEIVER
COPIES TO: DOCUMENTATION UNIT LEADER

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Colorado Department
of Public Health
and Environment

ICS FORM 214 – OPERATIONAL LOG

1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
4. SECTION /BRANCH	5. POSITION	

6. ACTIVITY LOG

Time	Major Events, Decisions Made, and Notifications Given
7. PREPARED BY (sign and print)	
8. FACILITY NAME	

Purpose: *Document incident issues encountered, decisions made and notifications conveyed* ***Origination:*** *Command staff, general staff.* ***Copies*** *to Incident Commander, Planning Section Chief, and Documentation Unit Leader.*

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Colorado Department of Public Health and Environment

LTCICS FORM 251 | FACILITY SYSTEM STATUS REPORT

1. INCIDENT NAME:		**2. FACILITY NAME:**			
3. DATE PREPARED:		**4. TIME PREPARED:**		**5. OPERATIONAL PERIOD:**	

6. SYSTEM STATUS CHECKLIST		
COMMUNICATION SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
FAX	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	
INFORMATION TECHNOLOGY SYSTEM (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM/INTRANET, ETC.)	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	
NURSE CALL SYSTEM	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	
PAGING – PUBLIC ADDRESS	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	
RADIO EQUIPMENT	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	
SATELLITE SYSTEM	☐ **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**	
OTHER	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	

Colorado Department of Public Health and Environment

LTCICS FORM 251 | FACILITY SYSTEM STATUS REPORT

5. SYSTEM STATUS CHECKLIST (CONTINUED)		
INFRASTRUCTURE SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
CAMPUS ROADWAYS	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	
FIRE DETECTION/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	**OPERATIONAL STATUS**	**COMMENTS** (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
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**	
5. SYSTEM STATUS CHECKLIST (CONTINUED)		
SECURITY SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
DOOR LOCKDOWN SYSTEMS	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	
SURVEILLANCE CAMERAS	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	
OTHER	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	
UTILITIES, EXTERNAL SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELECTRICAL POWER-PRIMARY SERVICE	☐ **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	**OPERATIONAL STATUS**	**COMMENTS** (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
AIR COMPRESSOR	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	

Colorado Department of Public Health and Environment

LTCICS FORM 251 | FACILITY SYSTEM STATUS REPORT

ELECTRICAL POWER, BACKUP GENERATOR	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	
UTILITIES, INTERNAL SYSTEM	**OPERATIONAL STATUS**	**COMMENTS** (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELEVATORS/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**	
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**	
WATER HEATER AND CIRCULATORS	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	
OTHER	☐ **FULLY FUNCTIONAL** ☐ **PARTIALLY FUNCTIONAL** ☐ **NONFUNCTIONAL** ☐ **NA**	

7. CERTIFYING OFFICER:	

Colorado Department of Public Health and Environment

LTCICS FORM 252 | SECTION PERSONNEL TIME SHEET

1. FACILITY NAME:			
2. FROM DATE/TIME:		**3. TO DATE/TIME:**	
4. SECTION:		**5. TEAM LEADER:**	

6. TIME RECORD

#	EMPLOYEE (E)/VOLUNTEER (V) NAME (PLEASE PRINT)	E/V	EMPLOYEE NUMBER	NHICS ASSIGNMENT/ RESPONSE FUNCTION	DATE/TIME IN	DATE/TIME OUT	SIGNATURE	TOTAL HOURS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

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

7. CERTIFYING OFFICER:		**8. DATE/TIME SUBMITTED:**	

PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY
ORIGINATION: SECTION CHIEFS
ORIGINAL TO: TIME UNIT LEADER EVERY 12 HOURS
COPIES TO: DOCUMENTATION UNIT LEADER

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Colorado Department of Public Health and Environment

LTCICS FORM 253 | VOLUNTEER STAFF REGISTRATION

1. FACILITY NAME:			
2. FROM DATE/TIME:		**3. TO DATE/TIME:**	

4. REGISTRATION						
NAME (LAST NAME, FIRST NAME)	**ADDRESS** (INCLUDE CITY, STATE, ZIP)	**SOCIAL SECURITY NUMBER**	**TELEPHONE**	**CERTIFICATION/ LICENSURE & NUMBER**	**REFERENCE CHECK**	**SECTION ASSIGNMENT**

5. CERTIFYING OFFICER:		**6. DATE/TIME SUBMITTED:**	

PURPOSE: VOLUNTEER SIGN-IN FOR OPERATIONAL PERIOD
ORIGINATION: FINANCE ADMINISTRATION/TIME UNIT LEADER
COPIES TO: LOGISTICS CHIEF STAFF, SCHEDULE UNIT LEADER

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LTCICS FORM 254 | MASTER EMERGENCY ADMIT TRACKING FORM

1. INCIDENT NAME:		**2. FACILITY NAME:**	
3. DATE/TIME PREPARED:		**4. OPERATIONAL PERIOD DATE/TIME:**	

		RESIDENT NAME:			**MEDICAL RECORD #:**
SEX	**DOB/AGE**	**ADMITTED FROM**	**ADMITTED TO**	**TRIAGE TAG** OR **MR#**	**COMMENTS**
☐ MALE ☐ FEMALE					
		RESIDENT NAME:			**MEDICAL RECORD #:**
SEX	**DOB/AGE**	**ADMITTED FROM**	**ADMITTED TO**	**TRIAGE TAG** OR **MR#**	**COMMENTS**
☐ MALE ☐ FEMALE					
		RESIDENT NAME:			**MEDICAL RECORD #:**
SEX	**DOB/AGE**	**ADMITTED FROM**	**ADMITTED TO**	**TRIAGE TAG** OR **MR#**	**COMMENTS**
☐ MALE ☐ FEMALE					
		RESIDENT NAME:			**MEDICAL RECORD #:**
SEX	**DOB/AGE**	**ADMITTED FROM**	**ADMITTED TO**	**TRIAGE TAG** OR **MR#**	**COMMENTS**
☐ MALE ☐ FEMALE					

5. SUBMITTED BY:			
6. AREA ASSIGNED TO:		**7. DATE/TIME SUBMITTED:**	

PURPOSE: ACCOUNT FOR EMERGENCY ADMITS OR OTHERS SEEKING TEMPORARY SHELTER
ORIGINATION: ADMIT/TRANSFER & DISCHARGE UNIT
COPIES TO: SITUATION UNIT LEADER AND RESIDENT CARE BRANCH DIRECTOR

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Colorado Department
of Public Health
and Environment

LTCICS FORM 255 | MASTER RESIDENT EVACUATION TRACKING FORM

1. INCIDENT NAME:		**2. FACILITY NAME:**	
3. DATE PREPARED:		**4. RESIDENT TRACKING MANAGER:**	
5. RESIDENT EVACUATION INFORMATION			

	RESIDENT NAME:				**MEDICAL RECORD #:**	
DISPOSITION	**MODE OF TRANSPORTATION**	**ACCEPTING FACILITY NAME & CONTACT INFO**	**TIME FACILITY CONTACTED & REPORT GIVEN**	**TRANSFER INITIATED** (TIME/TRANSPORT CO.)	**MED RECORD SENT:**	☐ YES ☐ NO
					MEDICATION SENT:	☐ YES ☐ NO
☐ HOME ☐ FACILITY TRANSFER ☐ TEMP. SHELTER					**MD/FAMILY NOTIFIED:**	☐ YES ☐ NO
					ARRIVAL CONFIRMED:	☐ YES ☐ NO

	RESIDENT NAME:				**MEDICAL RECORD #:**	
DISPOSITION	**MODE OF TRANSPORTATION**	**ACCEPTING FACILITY NAME & CONTACT INFO**	**TIME FACILITY CONTACTED & REPORT GIVEN**	**TRANSFER INITIATED** (TIME/TRANSPORT CO.)	**MED RECORD SENT:**	☐ YES ☐ NO
					MEDICATION SENT:	☐ YES ☐ NO
☐ HOME ☐ FACILITY TRANSFER ☐ TEMP. SHELTER					**MD/FAMILY NOTIFIED:**	☐ YES ☐ NO
					ARRIVAL CONFIRMED:	☐ YES ☐ NO

	RESIDENT NAME:				**MEDICAL RECORD #:**	
DISPOSITION	**MODE OF TRANSPORTATION**	**ACCEPTING FACILITY NAME & CONTACT INFO**	**TIME FACILITY CONTACTED & REPORT GIVEN**	**TRANSFER INITIATED** (TIME/TRANSPORT CO.)	**MED RECORD SENT:**	☐ YES ☐ NO
					MEDICATION SENT:	☐ YES ☐ NO
☐ HOME ☐ FACILITY TRANSFER ☐ TEMP. SHELTER					**MD/FAMILY NOTIFIED:**	☐ YES ☐ NO
					ARRIVAL CONFIRMED:	☐ YES ☐ NO

6. CERTIFYING OFFICER:		**7. DATE/TIME SUBMITTED:**	

PURPOSE: RECORD INFORMATION CONCERNING RESIDENT DISPOSITION DURING A FACILITY EVACUATION
ORIGINATION: OPERATIONS BRANCH
COPIES TO: PLANNING SECTION CHIEF AND DOCUMENTATION UNIT LEADER LEADER

LTCICS 255
PAGE __ of __
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Colorado Department of Public Health and Environment

LTCICS FORM 256 | PROCUREMENT SUMMARY REPORT

1. FACILITY NAME:	

2. PURCHASES								
#	**P.O./REFERENCE #**	**DATE/TIME**	**ITEM/SERVICE**	**VENDOR**	**$ AMOUNT**	**REQUESTOR NAME/DEPT.**	**APPROVED BY** (PLEASE PRINT)	**RECEIVED DATE/TIME**
1								
	COMMENTS:							
2								
	COMMENTS:							
3								
	COMMENTS:							
4								
	COMMENTS:							
5								
	COMMENTS:							
6								
	COMMENTS:							
7								
	COMMENTS:							
8								
	COMMENTS:							
9								
	COMMENTS:							
10								
	COMMENTS:							

3. CERTIFYING OFFICER:		**4. DATE/TIME SUBMITTED:**	

PURPOSE: SUMMARIZE AND TRACK PROCUREMENTS BY OPERATIONAL PERIOD AND/OR INCIDENT TIMEFRAME
ORIGINATION: LOGISTICS
COPIES TO: FINANCE/ADMINISTRATION SECTION CHIEF AND DOCUMENTATION UNIT LEADER

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Colorado Department of Public Health and Environment

LTCICS FORM 257 | RESOURCE ACCOUNTING RECORD

1. FACILITY NAME:				**2. SECTION:**			
3. DATE PREPARED:		**4. TIME PREPARED:**			**5. OPERATIONAL PERIOD:**		
6. RESOURCE RECORD							
TIME	ITEM/FACILITY TRACKING ID#	CONDITION	RECEIVED FROM	DISPENSED TO	RETURNED (DATE/TIME)	CONDITION (OR INDICATED IF NON-RECOVERABLE)	INITIALS
7. CERTIFYING OFFICER:							

PURPOSE: TRACK REQUESTED EQUIPMENT
ORIGINATION: LOGISTICS SECTION CHIEF
COPIES TO: FINANCE/ADMINISTRATION SECTION CHIEF AND ORIGINATOR

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Colorado Department of Public Health and Environment

LTCICS FORM 258 | FACILITY RESOURCE DIRECTORY

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	**PHONE NUMBER** - PRIMARY	**PHONE NUMBER** - SECONDARY	**E-MAIL**	**FAX** / **WEBSITE**
Agency for Toxic Substances and Disease Registry (ATSDR)					
Ambulance/EMS					
American Red Cross					
Biohazard Waste Company					
Buses					
Cab, City					
Emergency Management Agency					
CDC					
Clinics					
Coroner/Medical Examiner					
Dispatcher - 911					
Emergency Operations Center (EOC), Local					
Emergency Operations Center (EOC), State					
Engineers:					
HVAC					
Mechanical					
Structural					
Environmental Protection Agency (EPA)					
Epidemiologist					
Family	*SEE FAMILY CONTACT LIST*				
Fire Department					
Food Service					

PURPOSE: LIST RESOURCES AND SUPPLIES
ORIGINATION: LOGISTICS
COPIES TO: COMMAND SECTION AND GENERAL STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

Colorado Department of Public Health and Environment

LTCICS FORM 258 | FACILITY RESOURCE DIRECTORY

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	**PHONE NUMBER** - PRIMARY	**PHONE NUMBER** - SECONDARY	**E-MAIL**	**FAX** / **WEBSITE**
Fuel					
Funeral Homes/Mortuary Services					
Generators					
HazMat Team					
Health Department, Local					
Heavy Equipment (e.g., Backhoes, etc.)					
Home Repair/Construction Supplies:					
Hospitals:					
Hotel					
Housing, Temporary					
Ice, Commercial					
Laboratory Response Network					
Laundry/Linen Service					
Law Enforcement:					
City Police					
County Sherriff					
Highway Patrol					
Licensing & Certification District Office					
Licensing & Certification After-Hour Line					
Local Office of Emergency Services					

Colorado Department of Public Health and Environment

LTCICS FORM 258 | FACILITY RESOURCE DIRECTORY

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	**PHONE NUMBER** - PRIMARY	**PHONE NUMBER** - SECONDARY	**E-MAIL**	**FAX** / **WEBSITE**
Long-Term Care Facilities:					
Media:					
Print					
Radio					
Radio					
TV					
TV					
TV					
Medical Gases					
Medical Supply:					
Medication, Distributor:					
Moving Company:					
Pharmacy, Commercial:					

Colorado Department of Public Health and Environment

LTCICS FORM 258 | FACILITY RESOURCE DIRECTORY

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	**PHONE NUMBER** - PRIMARY	**PHONE NUMBER** - SECONDARY	**E-MAIL**	**FAX** / **WEBSITE**
Poison Control Center					
Portable Toilets					

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	**PHONE NUMBER** - PRIMARY	**PHONE NUMBER** - SECONDARY	**E-MAIL**	**FAX** / **WEBSITE**
Radios:					
Amateur Radio Group					
Service Provider (e.g., Nextel)					
Walkie-Talkie					
Repair Services:					
Beds					
Biomedical Devices					
Medical Devices					
Oxygen Devices					
Radios					
Restoration Services (e.g., Service Master)					
Road Conditions	*CALTRANS*	*1-800-427-7623*			
Salvation Army					
Shelter Sites					
Staff	*SEE STAFF CONTACT LIST*				
Surge Facilities					
Trucks:					
Refrigeration					
Towing					
Utilities:					

PURPOSE: LIST RESOURCES AND SUPPLIES
ORIGINATION: LOGISTICS
COPIES TO: COMMAND SECTION AND GENERAL STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

Colorado Department of Public Health and Environment

LTCICS FORM 258 | FACILITY RESOURCE DIRECTORY

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	**PHONE NUMBER** - PRIMARY	**PHONE NUMBER** - SECONDARY	**E-MAIL**	**FAX** / **WEBSITE**
Gas					
Power					
Sewage					
Telephone					
Water					
Ventilators					
Water Vendor - Potable					
Other:					

PURPOSE: LIST RESOURCES AND SUPPLIES
ORIGINATION: LOGISTICS
COPIES TO: COMMAND SECTION AND GENERAL STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

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Colorado Department
of Public Health
and Environment

LTCICS FORM 259 | MASTER FACILITY CASUALTY/FATALITY REPORT

1. INCIDENT NAME:		**2. FACILITY NAME:**	
3. DATE/TIME PREPARED:		**4. OPERATIONAL PERIOD DATE/TIME:**	

5. REPORTED CASUALTY/FATALITY

RESIDENT NAME:		**MEDICAL RECORD #:**	

INJURY	**TRANSFER DATE / TIME**	**RECEIVING HOSPITAL**	**EXPIRED DATE / TIME**

RESIDENT NAME:		**MEDICAL RECORD #:**	

INJURY	**TRANSFER DATE / TIME**	**RECEIVING HOSPITAL**	**EXPIRED DATE / TIME**

RESIDENT NAME:		**MEDICAL RECORD #:**	

INJURY	**TRANSFER DATE / TIME**	**RECEIVING HOSPITAL**	**EXPIRED DATE / TIME**

RESIDENT NAME:		**MEDICAL RECORD #:**	

INJURY	**TRANSFER DATE / TIME**	**RECEIVING HOSPITAL**	**EXPIRED DATE / TIME**

RESIDENT NAME:		**MEDICAL RECORD #:**	

INJURY	**TRANSFER DATE / TIME**	**RECEIVING HOSPITAL**	**EXPIRED DATE / TIME**

6. PREPARED BY OPERATIONS SECTION:	

PURPOSE: DOCUMENT THE NUMBER OF INJURIES AND FATALITIES AFTER INCIDENT
ORIGINATION: OPERATIONS SECTION
COPIES TO: COMMAND STAFF, GENERAL STAFF AND DOCUMENTATION UNIT LEADER

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Colorado Department of Public Health and Environment

LTCICS FORM 260 | INDIVIDUAL RESIDENT EVACUATION TRACKING FORM

1. FACILITY NAME:		**2. DATE:**	
3. UNIT:			
4. RESIDENT NAME:		**5. AGE:**	
6. MEDICAL RECORD #:		**7. SIGNIFICANT MEDICAL HISTORY:**	
8. ATTENDING PHYSICIAN:			
9. FACILITY NOTIFIED:	☐ YES ☐ NO	**CONTACT INFORMATION:**	_____

10. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY):			
☐ **HOSPITAL BED** ☐ **GURNEY** ☐ **WHEEL CHAIR** ☐ **AMBULATORY** ☐ **SPECIAL MATTRESS**	☐ **IV PUMPS** ☐ **OXYGEN** ☐ **VENTILATOR** ☐ **BLOOD GLUCOSE MONITOR** ☐ **RESPIRATORY EQUIPMENT**	☐ **SERVICE ANIMAL** ☐ **G TUBE PUMP** ☐ **MONITOR** ☐ **OTHER** ☐ **OTHER**	☐ **FOLEY CATHETER** ☐ **OTHER** ☐ **OTHER** ☐ **OTHER** ☐ **OTHER**
ISOLATION:	☐ YES ☐ NO	**TYPE:**	_____

11. DEPARTMENT LOCATION			
ROOM#:		**TIME:**	
ID BAND CONFIRMED:	☐ YES ☐ NO		
ID BAND CONFIRMED BY:			
MEDICAL RECORD SENT:	☐ YES ☐ NO		
FACE SHEET/TRANSFER TAG SENT:	☐ YES ☐ NO		
BELONGINGS:	☐ WITH PATIENT ☐ LEFT IN ROOM ☐ NONE		
VALUABLES:	☐ WITH PATIENT ☐ LEFT IN ROOM ☐ NONE		
MEDICATIONS:	☐ WITH PATIENT ☐ LEFT IN ROOM ☐ NONE		

12. ARRIVING LOCATION			
ROOM#:		**TIME:**	
ID BAND CONFIRMED:	☐ YES ☐ NO		
ID BAND CONFIRMED BY:			
MEDICAL RECORD RECEIVED:	☐ YES ☐ NO		
FACE SHEET/TRANSFER TAG RECEIVED:	☐ YES ☐ NO		
BELONGINGS RECEIVED:	☐ YES ☐ NO		
VALUABLES RECEIVED:	☐ YES ☐ NO		
MEDICATIONS RECEIVED:	☐ YES ☐ NO		

13. SPECIAL CONSIDERATIONS			
TIME TO STAGING AREA:		**TIME DEPARTING TO RECEIVING FACILITY:**	
DESTINATION:		**ARRIVAL TIME:**	
TRANSPORTATION:	☐ **AMBULANCE UNIT** ☐ **HELICOPTER** ☐ **BUS** ☐ **OTHER:**		
ID BAND CONFIRMED:	☐ YES ☐ NO	**ID BAND CONFIRMED BY:**	

PURPOSE: DOCUMENT DETAILS AND ACCOUNT FOR EACH RESIDENT TRANSFERRED TO ANOTHER FACILITY
ORIGINATION: OPERATIONS SECTION – ADMIT/TRANSFER & DISCHARGE UNIT
ORIGINAL TO: RECEIVING FACILITY
COPIES TO: PLANNING

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Colorado Department of Public Health and Environment

LTCICS FORM 261| INCIDENT ACTION SAFETY ANALYSIS

1. INCIDENT NAME:		**2. FACILITY NAME:**	
3. DATE/TIME PREPARED:		**4. OPERATIONAL PERIOD DATE/TIME:**	

5. HAZARD MITIGATION			
POTENTIAL/ACTUAL HAZARDS (BIOHAZARDS, STRUCTURAL, UTILITY, ETC.)	**SECTION OR BRANCH & LOCATION**	**MITIGATIONS** (E.G., PPE, BUDDY SYSTEM, ESCAPE ROUTES)	**MITIGATION COMPLETED** (SIGN OFF)

6. SAFETY OFFICER:	

PURPOSE: DOCUMENT HAZARDS AND DEFINE MITIGATION
ORIGINATION: SAFETY OFFICER
COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS AND UNIT LEADERS

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Emergency Operations Plan
Facility Template

Colorado Department of Public Health and Environment

< FACILITY NAME >

< Specify Nursing Home or Assisted Living Residence >
< Address >
< City, State, Zip >
< Phone >
< Fax >

EMERGENCY OPERATIONS PLAN
Template

Colorado Department of Public Health and Environment

RECORD OF CHANGES AND DISTRIBUTION

The EOP will be reviewed and updated as needed according to law governing this facility

Date Revised	Revised By	Distribution	Remarks

I. Design a "Cover Page" for your plan. A template is provided for your use. As a minimum it should contain the following information:

- Emergency Operations Plan. "Insert the Name of Your Facility", Street Address, phone and fax number.
- Identify type of facility: Nursing Home or Assisted Living Residence
- Date plan was written

Acknowledgments

Development and implementation of this plan is intended to comply with the Health Facilities Division of the Colorado Department of Public Health and Environment (CDPHE) and Centers for Medicare & Medicaid Services (CMS) guidance for emergency planning. This template was created using outlines from the Colorado Department of Public Health and Environment's long-term care and assisted living residence emergency planning resources and are acknowledged for providing a framework from which this long-term care facility or assisted living facility Emergency Operations Plan template could be created.

Plan Authorization

This <Facility Agency Name> Emergency Operations Plan (EOP) has been developed for use by the <Facility Agency Name> (also called "the facility"). By affixing the signature indicated below, this EOP is hereby approved for implementation and intended to supersede all previous versions. This EOP was established to promote a system to: save lives; protect the health and ensure the safety of the long term care or assisted living facility environment; alleviate damage and hardship; and reduce future vulnerability within the long term care and assisted living facilities and patient care areas. Further, this document indicates the commitment to annual planning, training, and exercise activities in order to ensure the level of preparedness necessary to respond to emergencies or incidents within the long term care facility.

_____	_____
Chief Executive Officer Signature	Date
_____	_____
Facility Administrator Signature	Date
_____	_____
Environmental Services Manager Signature	Date
_____	_____
Planning Team Member <Title> Signature	Date

II. After the Cover Page

As a minimum, it is suggested that you include the following information:
(1) a general statement describing your facility's services to its residents/patients,
(2) number of beds or capacity,
(3) number of employees,
(4) is there only one facility or is your facility part of a corporation, etc.

III. Emergency Notifications List (A suggested list follows; add to it as needed)
MEDICAL, FIRE AND POLICE *EMERGENCIES* –911
Fire (Non-Emergency) - _____
Emergency Medical Services (EMS) (Non-Emergency) - _____
Police Department (Non-Emergency) - _____
Sheriff's Department (Non-Emergency) - _____
Local Emergency Management Agency (Business Office) - _____
Local Emergency Operations Center (If Activated) - _____
Local Electrical Power Provider (Business Office) - _____
Local Electrical Power Provider (Emergency Reporting) - _____
Local Water Department (Business Office) -
Local Water Department (Emergency Reporting) -
Local Telephone Company (Business Office) -
Local Telephone Company (Emergency Reporting)
Local Natural/Propane Gas Supplier (Business Office) -
Local Natural/Propane Gas Supplier (Emergency Reporting)
(Review and up-date this list as necessary or *at least once per year*)

IV. Table of Contents Page should follow the Cover Page.

V. On the next page write a Purpose Statement or insert the following Purpose Statement:

PURPOSE: To continue providing quality care to the residents of ***"Insert Name of Your Facility"*** during times of major emergencies and/or disasters or when such events are reasonably believed to be pending by maintaining close coordination and planning links with local emergency response organizations on an ongoing basis.

GENERAL PLANNING NOTES

There are times when a facility must be evacuated for an extended period of time because the structure is unsafe. Depending on the circumstances, there may be one or more similar facilities in your area that are not affected by the same event. Therefore, the following information is provided to assist you in caring for your residents/patients during major emergencies/disasters.

It is recommended that each facility manager meet with the managers of other similar facility managers in his/her area and develop a **Memorandum of Understanding/Agreement.** The purpose of such an agreement is to form pairings of similar facilities. If your facility must be evacuated, your residents are moved to another similar facility until your facility can be

occupied. It is the facility owner's/manager's responsibility to ensure procedures and applicable agreements are in place to move his/her residents/patients to safety.

For emergency preparedness planning purposes: *A **small facility** is defined as one with one (1) to four (4) employees on any shift. A **large facility** is defined as one with five (5) or more employees on any shift.*

Large facilities are required to complete the **Staff Functions by Department and Job Assignment** section in each plan Annex. If you own or manage more than one facility and/or you have a corporate office or a staff dedicated to managing more than one facility, you must include these personnel in the Staff Functions by Department and Job Assignment section.

Maps, floor plans, personnel rosters, etc., should be added to the applicable Annex as Appendices. It is important that larger facilities develop an ***alerting or call out*** roster for each Annex. The *Staff Functions by Department and Job Assignment* section of each Annex will aid you in developing an alerting or call out roster.

ANNEX – A
FIRE SAFETY PROCEDURES

1. **MINOR FIRE ACTIONS AND EVACUATION PROCEDURES:** (defined a minor fire as one that is not structural in nature, i.e., fire in a trash can.) It is strongly suggested that you contact the local fire department that would respond to a fire at your facility and work together in determining what size fire, type of fire and location of fire would constitute a minor fire. *A small skillet or sauce pan fire can be extinguished by shutting off the heat source and covering the skillet/pan or by using common table salt.* A dry powder fire extinguisher is also effective but very messy.

- When a fire is detected or smoke from an unknown source is detected, ***activate pull station fire alarm.***
- Begin evacuating all persons from the building.
- If safe to do so, close all interior doors and look for fire location as you evacuate.
- Perform a head count to ensure all persons are out of the building.
- Notify ***911*** and report your problem for assistance in checking the building for safety purposes.
- Notify the Administrator if he/she is not on property and is not aware of the problem.

2. **STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**
- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

3. **MAJOR FIRE ACTIONS AND EVACUATION PROCEDURES:** A major fire usually involves the structure or a portion of the structure. It could also be a deep fat fryer fire or similar appliance if it is burning out of control. Another major fire source would be (if applicable to your facility) the natural gas line at the side of a facility. If the line is broken, there is always the possibility of ignition. If you facility uses a 500 or 1,000 gallon propane gas tank for heating and/or cooling, there is a potential for leaks, fire and even an explosion. Once again you are strongly urged to contact the local fire department that would be the first response unit and ask for assistance in determining your facility's potential vulnerability to a major fire.

- Activate pull station alarm
- Begin evacuating all persons from the building
- If safe to do so, close all interior doors and look for fire location as you evacuate.
- Perform a head count to ensure all persons are out of the building.
- ***Do not re-enter the building***.
- Go to the nearest building that has a phone and ask someone there to call ***911***.
- Return to the evacuated persons and stay with the evacuees.

***4.* FIGHTING THE FIRE:** Fire fighting priorities in order are, *protect human life, protect private property and protect the environment.* It is suggested that you remove all the residents of your facility to a safe area (evacuate) before attempting to fight a fire. Your local fire department's safety representative is your best source of information and planning assistance.

Remember, a MINOR FIRE can become a MAJOR FIRE very quickly.

If you reasonably believe the fire to be **minor** in nature and you wish to do so, re-enter the building and use the fire extinguishers.

***5.* EVACUATION PROCEDURES:** In you own words describe how your facility will be evacuated, i.e.:

- Persons in the Recreation Area (TV viewing area) will evacuate the building through the Main Entrance door. If the Main Entrance door is blocked by fire, smoke or other obstacles, evacuate the building through the West Wing Entrance door.
- Persons in the kitchen area will, if possible, assist in evacuating residents from the Recreation Area. If persons in the kitchen area cannot get to the Recreation Area because of smoke, fire or other obstacles, they will evacuate the building through the Kitchen Entrance door. They should then go around the building to the Main Entrance door and attempt to assist in evacuating the Recreation area.
- Residents and employees who are in the West Wing when a fire is detected, will evacuate the building by using the West Wing Entrance door.
- Residents and employees who are in the East Wing when a fire is detected, will evacuate the building by using the East Wing Entrance door.
- After evacuating the facility, ***residents and employees*** will assemble on the North side, at least 150 feet from the facility.

NOTE: List each area of your facility, including utility room(s) and common area bathrooms and indicate the primary and secondary evacuation routes out of the facility. If your facility is a multi-level (2 stories or more; don't forget the basement area) do the same in-depth planning.

6. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

7. EXERCISES: This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

- Date of the exercise: Must be exercised once per year, any time.
- List the type of fire exercise (MAJOR or MINOR):

- Results of the exercise: Satisfactory: YES ____ NO ____ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you re-accomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Fire Procedures Exercise Record*" sheet follows.

FIRE PROCEDURES Exercise Record

DATE OF LAST EXERCISE: _____

TYPE OF EXERCISE: MAJOR FIRE - ____ MINOR FIRE - ____
EXERCISE OF PROCEDURES WAS *SATISFACTORY:* YES ___ NO ___

PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:

1.
2.
3.
4.

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ANNEX B
TORNADO/SEVERE WEATHER PROCEDURES

1. When a **SEVERE THUNDERSTORM WATCH** is issued for your area**:**

- Notify the Administrator and staff that a Severe Thunderstorm Warning has been issued for your area and include time frame of warning. (Larger facilities may have a designated position to perform this function.)
- Begin monitoring the storm system on radio, TV or National OceanographicAtmospheric Administration (NOAA) Weather Alert Radio.
- Have a battery powered portable radio available to backup commercial and auxiliary electrical power systems.

2. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Housekeeping Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

3. When a ***SEVERE THUNDERSTORM WARNING*** is issued for your area:

- Notify the Administrator and staff that a Severe Thunderstorm Warning has been issued for your area and include time frame of warning. (Larger facilities may have a designated position to perform this function.)
- Begin monitoring the storm system on radio, TV or National Oceanographic Atmospheric Administration (NOAA) Weather Alert Radio.
- Have a battery powered portable radio available to backup commercial and auxiliary electrical power systems.
- Close all exterior doors and windows.
- Keep all persons away from windows.
- Ready pillows and blankets so if weather worsens, you are prepared.
- If any injuries are sustained by Staff members or residents/patients, call ***911***.
- If case of injury to residents or if residents/patients experience other medical problems, the Administrator will be responsible for ensuring family members of injured or ill residents/patients are notified as soon as possible.
- If there is any damage to the facility and/or surrounding area, call the **Non-Emergency** number at the (***Your Local Emergency Management Director will provide you the department and number to call***.)

NOTE: Add one or more bullets to the above that states how you will provide emergency food and water for your residents/patients. Your Local Emergency Management Director can provide

you with some helpful pre-disaster tips regarding emergency food, water and other essential supplies.

4. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

5. TORNADO WATCH:

- Notify the Administrator and staff that a Tornado Watch has been issued for your area and include time frame of warning.
- Begin monitoring the storm system on radio, TV or National Oceanographic Atmospheric Administration (NOAA) Weather Alert Radio.
- Have a battery powered portable radio available to backup commercial and auxiliary electrical power systems.
- Be prepared to transition from a Tornado Watch to a *Tornado Warning* with little or no advance warning.

6. **STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

7. TORNADO WARNING:

- Notify the Administrator and staff that a Tornado Warning has been issued for your area and include time frame of warning.
- Close all exterior doors and windows.
- Close all interior doors.
- Ensure all Staff members and residents are moved to the interior hallways and have a pillow and blanket.

NOTE: If your facility has a basement, move everyone to the basement instead of hallways.

- Staff members and residents will remain at their Tornado Warning shelter area until the warning has expired and/or the storm cloud has passed.

8. S*TAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:*

- Management Personnel
- Administrative Staff

- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

9. AFTER THE TORNADO/WINDS HAVE PASSED:

- Check Staff members and residents/patients for injuries.
- If there are injuries, call ***911***, if the telephone is operable. You may have to try and use a cellular phone, neighbor's phone, nearby business' phone or pay phone.

(**NOTE:** Cellular phone systems are usually useless immediately after an event occurs because everyone, including first responders, overload the system.)

- Check the facility and immediate outside area for damages.
- Electricity – Does the facility have electrical power? Look for downed power lines, trees on lines and/or storm debris on power lines.
- Water – Does water flow when faucets are turned ON? Is the water color normal? Does it have an unusual odor?
- Gas (if applicable) – Does gas appliances work when turned ON? Is a there an odor of gas (rotten eggs)? Are gas lines/regulators outside the facility intact?

(**NOTE:** *If your facility has a residential propane storage tank, is it still upright? Is the fuel supply line from the tank to you facility intact? If you suspect a leak or hear a high pressure, hissing or whistling sound, release in progress, move everyone upwind and uphill from the leak and extinguish or guard against potential ignition sources*.)

10. DAMAGE

Look at damage to the facility and use your judgement as to whether or not it is safe to occupy the facility. If you determine the building is unsafe for occupancy, notify the Local Emergency Management Agency by calling _____.

11. EVACUATION

If an evacuation of "***Insert Name of Your Facility***" is necessary, residents/patients and Staff members will move to "***Insert the Name, Street Address, Phone Number and Name of the Receiving Facility***."

(**NOTE:** Your Local Emergency Management Director will provide you with the number to call. It is recommended that you use the ***Pairing Principal*** discussed at the NOTE shown on the page before Annex A. Prior to moving your residents, you should coordinate the evacuation with the Local Emergency Management Agency to ensure the roads/streets between your facility and the receiving facility are passable.)

12. GATHER INFORMATION

Look for anything else that might be of Disaster Intelligence value to the local response officials and report the information.

- The Administrator will ensure family members of the residents/patients are notified as soon as possible concerning any medical problems, injuries and/or evacuation of the facility.

13. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

14. EXERCISES: This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

- Date of the exercise: Must be accomplished prior to ***MARCH*** each year.
- List the type of severe weather exercise (THUNDER STORM or TORNADO):
- Results of the exercise: Satisfactory: YES ____ NO ____ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you re-accomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Tornado/Severe Weather Procedures Exercise Record*" sheet follows.

TORNADO/SEVERE WEATHER Exercise Record

DATE OF LAST EXERCISE: _____
TYPE OF EXERCISE: THUNDERSTORM - ____ TORNADO - ____

EXERCISE OF PROCEDURES WAS *SATISFACTORY:* YES ___ NO ___

PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

ANNEX C
BOMB THREAT PROCEDURES

1. BOMB THREAT ACTIONS:

- Use the Bomb Threat Checklist when the threat is made.
- Alert the employees (Each facility will determine its own internal alerting/warning procedures. Some facilities set off the fire alarm, others use the facilities' public address system.)
- Call ***911*** and report the threat.
- Notify the facility administrator.
- Notify facility Security Personnel (if applicable).

2. EVACUATION:

NOTE: It is recommended that you evacuate the building to a safe area outside (300-400 feet from the bomb's most probable location). *It is important that the CALL TAKER attempt to learn the bomb's approximate location within the facility or adjoining structure(s) during the threatening call.*

- Keep all evacuees and employees together in the safe area and wait until first responders arrive.
- The threat CALL TAKER should be available to talk to first arriving response units and provide all available information concerning the call to fire department and law enforcement personnel.
- Do not re-enter the facility until told it is safe to do so by law enforcement personnel.

3. BOMB SEARCH BY EMPLOYEES:

- As you evacuate your work area, look for suspicious object(s)/package(s) that do not belong there.
- ***DO NOT*** touch or attempt to move any strange object/package.
- It is not necessary to move furniture, books or open desk drawers. (A visual work area search should take no more than 5 seconds as you leave your work area.
- Look HIGH, look LOW and ALL IN BETWEEN.
- As you are exiting the facility, visually scan the hallways and open doorways for strange object(s)/package(s) or anything out of the ordinary.
- Report any suspicious object(s) and/or packages(s) to fire department and law enforcement personnel.

4. RE-ENTERING THE FACILITY AFTER CLEARED BY LAW ENFORCEMENT AND/OR FIRE DEPARTMENT:

- Be alert, visually scan the areas again. DO NOT take a bomb threat lightly.

5. POST-DETONATION/EXPLOSION:

- Check employees and residents/patients for injuries.
- Call ***911*** if the call has not already been made or the device detonates/explodes before or immediately after the caller hangs up.

- Administrator will ensure relatives of employees and residents/patients are notified as necessary.

6. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

NOTE: Large facilities may want to expand on the accompanying Bomb Threat Checklist because the call taker would probably be able to attempt to keep the caller on the line a while longer, while other employees carried out Bomb Threat Preparedness duties. You are encouraged to contact your local Police Department or Sheriff's Department for assistance in expanding on the checklist. Small facilities are expected to pay attention to the minimum checklist items in the hope of being able to help law enforcement officials identify the caller.

BOMB THREAT CALLER – CHECKLIST

Name of EMPLOYEE who took the call: _____
Time the BOMB is supposed to explode: _____
WHERE is the bomb? _____
Time the call was RECEIVED: _____
Was the CALLER – **MALE _____ FEMALE _____ UNSURE _____**
Describe the caller's VOICE (Muffled, high pitched, bass, etc)
Describe the caller's SPEECH (Clear, slurred, mumble, etc)
Did the caller have an ACCENT? **YES _____ NO _____ UNSURE ____**
If YES, describe the accent: _____
Give your best guess of the caller's AGE (Teens, 20-30, 40-50, etc) _____
Were there any BACKGROUND noises heard during the threat call? YES ___ NO ___
If YES, describe the noises in as much detail as possible: _____
_____

NOTE: Information contained in this checklist can be very helpful to law enforcement personnel in identifying, apprehending and prosecuting the caller. It is recommended that this checklist be started while the caller is still on the line. Finish filling out the checklist as soon as possible after the caller hangs up the phone. Make and keep several copies of this checklist or the checklist you develop. Place a copy next to each business phone.

10. EXERCISES: This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

- Date of the exercise: Must be accomplished once per year, any time.
- List the type of exercise: BOMB THREAT

- Results of the exercise: Satisfactory: YES ____ NO ____ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you reaccomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Bomb Threat Procedures Exercise Record*" sheet follows.

BOMB THREAT Exercise Record

DATE OF LAST EXERCISE: _____

TYPE OF EXERCISE: BOMB THREAT
EXERCISE OF PROCEDURES WAS *SATISFACTORY:* YES ___ NO ___

PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

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ANNEX D:
FLOODING OR DAM INUNDATION

1. FLOOD PLAIN STATUS: (Select the appropriate statement shown below. If you are unsure about being *in or out* of a flood plain, ask you Local Emergency Management Office.)

- "**Insert the Name of Your Facility**" is not located in a flood plain.
- "**Insert the Name of Your Facility**" is located in a flood plain.

2. FLOOD WATCH: *Flooding is possible*.

- Monitor National Oceanographic and Atmospheric Administration (NOAA) radio or commercial radio or TV for additional information.
- Be prepared to evacuate to higher ground.

3. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

4. FLOOD WARNING: ***Flooding is occurring in your area or will occur soon***.

- Prepare to evacuate your facility.
- Monitor National Oceanographic and Atmospheric Administration (NOAA) radio or commercial radio or TV.
- If you are paired with a facility outside the projected flood waters, you may want to evacuate before being asked to evacuate by the authorities.
- If you decide to evacuate your facility and go to higher ground, ***call*** and coordinate your evacuation with the Local Emergency Management Office.

The roads you want to travel may already be underwater. (The Local Emergency Management Director will provide you with the number to call.)

5. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

6. FLASH FLOOD WATCH: ***Flash Flooding is possible***. A flash flood can occur without warning.

7. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

NOTE: If your facility is in an area that has a history of *flash flooding*, it is strongly suggested that you use this part of the Annex to list those minimum *things* your staff should do when a *flash flood watch* is issued.

8. FLASH FLOOD WARNING: *A Flash Flood is occurring*.

9. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

NOTE: If your facility is in a flash flood prone area, it is recommended that you use the facility paring principle in your pre-planning process.

10. EVACUATION:

- Notify the administrator.
- Call the Local Emergency Management Agency at _____ and let them know you are evacuating your facility. (The Local Emergency Management Office will provide you with the number to call.)
- Ensure residents/patients carry prescription medications with them.
- The administrator will ensure families of employees and residents/patients are notified as necessary.

11. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

12. AFTER THE FLOOD:

- Do not turn on or plug in any electrical appliances until told to do so by a qualified electrician.
- Do not turn on gas appliances until told to do so by a qualified gas system technician.
- Prepare an inventory of loses associated with flooding of the facility.
- Take photographs and/or video footage of the facility.
- Report any damages and approximate dollar value to your Local Emergency Management Agency.

13. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

14. EXERCISES: This annex will be exercised at least once per calendar year.
Documentation of the annual exercise will include:

- Date of the exercise: FLOODING exercise must be accomplished prior to ***MARCH*** each year.
- List the type of flooding exercise (FLOOD or FLASH FLOOD):
- Results of the exercise: Satisfactory: YES ____ NO ____ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you re-accomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Flooding Procedures Exercise Record*" sheet follows.

FLOODING Exercise Record

DATE OF LAST EXERCISE: _____

TYPE OF EXERCISE: FLOOD - ____ FLASH FLOOD - ____
EXERCISE OF PROCEDURES WAS *SATISFACTORY:* YES ___ NO ___

PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:

1.
2.
3.
4.

ANNEX E:
SEVERE HOT AND COLD WEATHER

PROCEDURES

1. COLD WEATHER:

NOTE: Under normal circumstances the facility's heating unit(s) will provide a comfortable environment. The following steps should be taken when/if the facility's heating unit(s) become inoperative.

- Notify the appropriate heating repair personnel.
- If the heating repair company indicates an unusual amount of time to repair the unit, consider relocating to a paired facility.
- If you decide to move to another facility, notify your Local Emergency Management Office for coordination purposes.
- If an evacuation of the facility is necessary, the Administrator will ensure family members are notified.
- Keep persons dressed warmly.
- Get blankets ready for use in case they are needed.
- Provide warm liquids for residents.
- If feasible for your facility and if it can be done safely, consider using portable gas heaters.
- If electrical power is interrupted for more than five (5) minutes, notify the Administrator.

NOTE: Indicate how you intend to provide and prepare food for your residents.

2. *STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:*

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

3. HOT WEATHER:

NOTE: Under normal circumstances the facility's cooling unit(s) will provide a comfortable environment. The following steps should be taken when/if the facility's cooling unit(s) become inoperative.

- Notify the appropriate air conditioning repair personnel.
- If the air conditioning repair company indicates an unusual amount of time to repair the unit, consider relocating to a paired facility.
- If you decide to move to another facility, notify your Local Emergency Management Office for coordination purposes.
- If an evacuation of the facility is necessary, the Administrator will ensure family members are notified.
- If a person appears to be in any danger of heat related stress, call ***911***.
- Provide cool liquids for persons to drink.
- Use fans to circulate air.
- Provide cold wash cloths as needed.
- If electrical power is interrupted for more than five (5) minutes, notify the Administrator.

NOTE: Indicate how you intend to provide and prepare food for your residents.

4. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

5. EXERCISES: This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

- Date of the exercise: Severe Weather HOT exercise must be accomplished prior to ***MAY*** each year. COLD Weather exercise must be accomplished prior to ***NOVEMBER*** each year.
- List the type of severe weather hot/cold exercise (HOT or COLD):
- Results of the exercise: Satisfactory: YES ____ NO ____ (Satisfactory
- Indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you reaccomplish the portion(s)

or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Severe Weather Hot/Cold Procedures Exercise Record*" sheet follows.

SEVERE WEATHER HOT/COLD Exercise Record

DATE OF LAST EXERCISE: _____

TYPE OF SEVERE WEATHER HOT/COLD EXERCISE: HOT ___ COLD ___
EXERCISE OF PROCEDURES WAS *SATISFACTORY:* YES ___ NO ___

PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

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ANNEX E:
EARTHQUAKE PROCEDURES

NOTE: You will have ***no warning*** before an earthquake occurs.

1. DURING THE EARTHQUAKE:

When the shaking begins, get under the nearest piece of heavy furniture, wedge yourself in a doorway, get under a bed or in a bathtub and hold on.

- **Do Not** attempt to go outside until the shaking has stopped.
- Most earthquake related injuries occur from falling objects.

NOTE: It is not recommended to attempt to take any action (job assignments) while an earthquake is occurring except TAKE COVER and hang on.

2. AFTER THE SHAKING STOPS:

- Check yourself and those near your for injuries.
- Perform simple rescues such as removing victims from under lightweight debris.
- To the best of your ability, assess the number and types of injuries at your facility.
- If the facility appears to be structurally unsafe, evacuate to an open outside area that is free of trees, overhead power lines, adjacent tall structures, etc. An after shock can occur at anytime and cause previously damaged buildings to collapse.
- Telephones may or may not work. If you have a working phone, DO NOT use it unless you have a medical, fire or Hazardous Materials emergency. Using your phone may cause the system to fail.
- Turn off all utilities and leave them off until you are told it is safe to turn them on.
- All off duty personnel should automatically report for duty if they can reach the facility safely. They should ensure their family members are safe before reporting.
- Do Not use the phone to call in off duty personnel.

3. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

4. EXERCISES: This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

- Date of the exercise: (Must be exercise once per year, any time.)
- List the type of exercise: **EARTHQUAKE**
- Results of the exercise: Satisfactory: YES ____ NO ____ (Satisfactory
- indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you re-accomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Earthquake Procedures Exercise Record*" sheet follows.

EARTHQUAKE Exercise Record

DATE OF LAST EXERCISE: _____

TYPE OF EXERCISE: EARTHQUAKE
EXERCISE OF PROCEDURES WAS *SATISFACTORY:* YES ___ NO ___

PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

ANNEX F
CHEMICAL SPILLS PROCEDURES PLAN

NOTE: This Annex is designed to address a ***Hazardous Materials*** (Chemical Spill) inside your facility, outside on facility property and in the vicinity of the facility.

REPORTING HAZARDOUS MATERIALS (CHEMICAL) SPILLS:

Incidents/accidents involving Hazardous Materials (substances) must be reported to the Idaho Bureau of Hazardous Materials. This is usually accomplished through the Local Emergency Management Agency or the Fire Department. (Check with your Local Emergency Management Office to determine how reporting is managed in your county/city.

1. MINOR SPILLS INSIDE FACILITY OR ON PROPERTY OUTSIDE:

- Isolate (evacuate) the immediate area and call ***911.***
- DO NOT touch, inhale or perform taste tests on the spilled material.
- Provide first response units with as much information as you can about the material, spill circumstances and location.

2. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

3. MAJOR SPILLS INSIDE FACILITY AND/OR ON PROPERTY OUTSIDE:

- Isolate (evacuate) the area and call ***911.***
- DO NOT touch, inhale or perform taste tests on the spilled material.
- Provide first response units with as much information as you can about the material, spill circumstances and location.
- If possible, move everyone uphill and upwind.
- Be prepared to move (evacuate) employees and residents/patients to a paired facility or location designated by Local Emergency Management personnel.

NOTE: Every health care facility is vulnerable to a Hazardous Materials incident/accident because of one or more of the following:

A. *Located within one mile of a railroad*

B. *Located within one mile of a county, state or federal highway*
C. *Uses propane gas from 500 gallon or larger tank*
D. *Uses Natural gas supplied through an underground line*
E. *Regularly uses Hazardous Materials/Substances in treatment of patients*
F. *Located within two (2) miles of an airport*

4. **STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

- Management Personnel
- Administrative Staff
- Environmental Staff
- First Aid/Medical Staff
- Facility Maintenance Staff
- Food Preparation Staff
- LIST OTHER Departments and Job Assignments as Applicable

5. EXERCISES: This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

- Date of the exercise: (Must be exercise once per year, any time.)
- List the type of exercise: **CHEMICAL SPILL**
- Results of the exercise: Satisfactory: YES ____ NO ____ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you reaccomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Chemical Spill Procedures Exercise Record*" sheet follows.

CHEMICAL SPILL Exercise Record

DATE OF LAST EXERCISE: _____

TYPE OF EXERCISE: CHEMICAL SPILL
EXERCISE OF PROCEDURES WAS *SATISFACTORY:* YES ___ NO ___

PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:
1.
2.
3.
4.

Continue to use this format in addressing additional specific hazards identified in your Hazard Vulnerability Analysis

Sample Security Department Job Action Sheet

Remember that during an emergency, regular services may be abbreviated or minimal but resident care should remain the priority. This Job Action Sheet outlines the critical actions the department must complete during an explosion to maintain resident care standards and to provide accountability for the facility's records after the hazard concludes. The head of the department is responsible for assigning these tasks and holds accountability for their completion. If additional tasks are required of the department, they should be noted on this sheet and incorporated into the revised plan after the disaster. Remember that this is a sample. The facility should determine the best layout for the checklist, as well as the duties to include.

Task:	Assigned To:	Completed By:	Date/Time:
Assess building security			
Secure building as needed			
Secure area of explosion as needed			
Control exit and entry to facility			
Provide protection for residents and staff			
Communicate status of the facility to IC			
ADDITIONAL TASKS:			
Put out any fire caused by the explosion			
Check for any strange packages, or causes for the explosion			
Note any strange vehicles or people in the building, or area			

Other Valuable Resources

Recommended Resources

CMS Survey & Certification Emergency Preparedness All Hazards Acronyms & Glossary
(A list of acronyms and glossary of terms may be located at the following CMS website:

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/CMS_EP_Acronym-Glossary_final.pdf

Additional helpful glossaries include:
Center for Disease Control and Prevention - Agency for Toxic Substances and Disease Glossary
http://www.atsdr.cdc.gov/glossary.html

Pandemic.gov Glossary
http://www.flu.gov/resources/glossary/

FEMA Acronyms
http://www.fema.gov/pdf/plan/prepare/faatlist07_09.pdf

FEMA All Hazard Operation Planning Glossary
http://www.fema.gov/pdf/plan/slg101.pdf

National Response Plan Glossary
http://www.fema.gov/emergency/nrf/glossary.htm

Disability Preparedness Glossary
http://www.disabilitypreparedness.gov/glossary.htm

NIMS Incident Command System Glossary
http://www.fema.gov/emergency/nims/Glossary.shtm

Department of Health and Human Services Acronyms
http://www.hhs.gov/acronyms.html

Centers for Medicare & Medicaid Services Acronyms & Glossary
http://www.cms.hhs.gov/apps/acronyms/

Center for Disease Control and Prevention - Agency for Toxic Substances and Disease Glossary http://www.atsdr.cdc.gov/glossary.html

Pandemic.gov Glossary
http://www.pandemicflu.gov/glossary/

EPA Risk Communication Toolkit Glossary
www.epa.gov/superfund/tools/pdfs/37riskcom.pdf

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FEMA Acronyms
http://www.fema.gov/regions/ix/env/acronym.shtm

FEMA All Hazard Operation Planning Glossary
http://www.fema.gov/rrr/gaheop.shtm

Homeland Security Presidential Directive (HSPD) 8 National Preparedness
http://www.whitehouse.gov/news/releases/2003/12/print/20031217-6.html

National Response Plan Glossary
http://www.nemaweb.org/docs/national_response_plan.pdf

NIMS Incident Command System Glossary
http://www.w0ipl.com/ECom/icsterms.htm

Ready.Gov Glossary
http://www.ready.gov/glossary.html

I. American's with Disabilities Act (ADA) and Other Laws as Pertaining to Disaster Preparedness for People with Disabilities

Access Board. Resources on Emergency Evacuation and Disaster Preparedness.
http://www.access-board.gov/evac.htm

American Association of People With Disabilities Emergency Preparedness
http://www.aapd.com/resources/emergency-preparedness/

Connecticut State Office of Protection and Advocacy for Persons with Disabilities. Emergency Shelter Accessibility Checklist an Assessment Tool for Emergency Management Staff and Volunteers.
http://www.ct.gov/demhs/lib/demhs/emergmgmt/planningguides/emg_shelter_accessibility_checklist.pdf

Connecticut State Office of Protection and Advocacy for Persons with Disabilities. Universal access and sheltering: Space and Floor Planning Considerations.
http://www.ct.gov/demhs/lib/demhs/space__layout_considerations.pdf

Fadale, Anthony. Kansas ADA Coordinator. Memo and Outline on Guidance for Agencies during Emergency Management/COOP. a. Memo b. Outline

University of California, Berkley (2008). Americans with Disabilities Act (ADA) and Universal Design Resource. http://www.lib.berkeley.edu/ENVI/ada.html

ADA Best Practices Tool Kit for State and Local Governments
http://www.ada.gov/pcatoolkit/toolkitmain.htm

U.S. Department of Home Land Security, Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities. (2006). Individuals with disabilities in emergency preparedness Executive Order 1334: Progress report. [report]. Washington, D.C.
http://www.dhs.gov/xlibrary/assets/icc-0506-progressreport.pdf

II. Business Preparedness Plans for People with Disabilities

National Fire Protection Agency (NFPA). Emergency Evacuation Planning Guide for People with Disabilities (search under disabilities for reports on persons with disabilities).
http://www.nfpa.org/itemDetail.asp?categoryID=824&itemID=20919&URL=Learning/Public%20Education/Safety%20for%20people%20with%20disabilities

Batiste, Linda Carter and Beth Loy (2004). Employers' Guide to Including Employees with Disabilities in Emergency Evacuation Plans. www.jan.wvu.edu/media/emergency.html

FEMA and US Fire Administration. Emergency Procedures for Employees with Disabilities in Office Occupancies.
http://www.usfa.fema.gov/downloads/pdf/publications/fa-154.pdf

U.S. Department of Labor. (2005). Effective Emergency Preparedness Planning: Addressing the Needs of Employees with Disabilities. http://www.dol.gov/odep/pubs/fact/effective.htm

U.S. Equal Employment Opportunity Commission. Fact Sheet on Obtaining and Using Employee Medical Information as Part of Emergency Evacuation Procedures.
http://www.eeoc.gov/facts/evacuation.html

III. Clearinghouses on Emergency Management and Disabilities

American Association on Health and Disability (2008). Annotated Bibliography on Emergency Preparedness and Response for People with Disabilities.
http://www.aahd.us/initiatives/emergency-preparedness/

Disability.gov. Online Resources for Americans with Disabilities.
http://www.gsa.gov/portal/content/193773

University of Colorado, Natural Hazard Center. Natural Hazards and Disasters Information Resources Guide. http://www.colorado.edu/hazards/resources/

IV. Communications

Federal Communications Commission.
Guidelines for Emergency Planning (Business)
Pandemics Guide
State Emergency Management Offices
http://www.fcc.gov/pshs/emergency-information/

V. Education/Training

Center for Disability and Special Needs Preparedness (DPC). Website:
http://www.disabilitypreparedness.org/

VI. Emergency Management Planning

FEMA and DHS Office of Civil Rights and Civil Liberties. (2008). Interim Emergency Management Planning for Guide for Special Needs Populations. Version 1.0. Comprehensive Preparedness Guide (CPG) 301.

Centers for Disease Control and Prevention. Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors.http://www.bt.cdc.gov/planning/responseguide.asp

FEMA. Accommodating Individuals with Disabilities in the Provision of Disaster Mass Care, Housing, and Human Services Reference Guide. http://www.fema.gov/oer/reference/index.shtm

FEMA. (2001). FEMA Emergency Procedures: Special Equipment and Devices. National Organization on Disability. Guide on the Special Needs of People with Disabilities for Emergency Managers, Planners and Responders.
http://nod.org/disability_resources/emergency_preparedness_for_persons_with_disabilities/

U.S. Equal Employment Opportunity Commission (2005). Fact Sheet on Obtaining and Using Employee Medical Information as Part of Emergency Evacuation Procedures.
www.eeoc.gov/facts/evacuation.html

University of Arizona. Tips for First Responders.
http://cdd.unm.edu/dhpd/images/Fourth%20Edition.pdf

VII. Emergency Management Research and Disabilities

U.S. Department of Education (April 2008). Emergency Management Research and People with Disabilities Resource Guide. http://www.ed.gov/rschstat/research/pubs/guide-emergency-management-pwd.pdf

VIII. Individual Preparedness for Persons with Disabilities

Kailes, J. I. Emergency Evacuation Preparedness: Taking Responsibility for Your Safety. A Guide for People with Disabilities and Other Activity Limitation. http://www.cdihp.org/evacuation/toc.html

American Red Cross. Tips for Seniors and People with Disabilities. http://www.redcross.org/museum/prepare_org/disabilities/medicaltips.htm

Disability Resources Monthly (DRM) Web watcher. Disaster Preparedness for Persons with Disabilities (also link to resources by state). http://www.disabilityresources.org/DISASTER.html

ILRU. Disaster Preparedness for Persons with Disabilities Preparedness Checklist for Evacuation and Checklist For Staying in Place. http://www.disability911.com/

Kansas Disability Commission. Emergency Preparedness Information Network. http://www.kcdcinfo.com/index.aspx?nid=80

Homeland Security. Emergency Preparedness Plan for Disabled. http://www.fema.gov/about/odic/

Krumpe, A. & White, E. (2207). Emergency Preparedness Toolkit for Persons with Disabilities. Virginia Commonwealth University and Virginal Leadership in Neurodevelopmental Disabilities. http://www.vcu.edu/partnership/PDF/Emergency Prep Toolkit FINAL April 2007.pdf

FEMA. Special Needs Specific Disaster Preparedness. http://www.fema.gov/plan/prepare/specialplans.shtm

U.S. Department of Transportation. Emergency Preparedness and Individuals with Disabilities. https://www.civilrights.dot.gov/page/departmental-guidelines-emergency-preparedness-and-individuals-disabilities

IX. Mapping and/or Assessment of Disability Populations

BRFSS maps by state on disabilities http://apps.nccd.cdc.gov/gisbrfss/default.aspx

National Association of State Directors of Mental Development Disabilities Services. Emergency Response Preparedness Self Assessment Instrument. http://www.rtc.umn.edu/erp/main/

University of South Carolina Hazards and Vulnerability Research Institute (November 2006). Social Vulnerability Maps and Data by Counties in Kansas. http://webra.cas.sc.edu/HVRI/SOVI_Access/SOVI_search.aspx?Region=state&State=Kansas&Search=Submit+Query

X. Pandemic Planning (This section is not necessarily disability specific.)

American Public Health Association. Stockpile Campaign and Tool Kit.

- http://www.getreadyforflu.org/clocksstocks/index.htm
- http://www.getreadyforflu.org/clocksstocks/stockpilingtoolkit.pdf

American Nursing Association. (March 2008) Adapting Standards of Care under Extreme Conditions: Guidance for Professionals during Disaster, Pandemics, and Other Extreme Emergencies. http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/DPR/TheLawEthicsofDisasterResponse/AdaptingStandardsofCare.pdf

Centers for Disease Control and Prevention. Pandemic Influenza Information for Health Professionals. http://www.cdc.gov/flu/pandemic/healthprofessional.htm

U.S. Department of Health and Human Services and Centers for Disease Control and Prevention. The Great Pandemic: The United States in 1918-1919. http://www.flu.gov/pandemic/history/index.html

U.S. Department of Health and Human Services. An excellent resource to keep up to date with what is globally happening and for federal, state and local, personnel, workplace, school and medical planning: http://www.pandemicflu.gov/ http://www.PandemicPractices.org

XI. Testimonials of Surviving Disasters and Recommendations for Policy Makers by People with Disabilities

California State Independent Living Council (2004). The Impact of 2003 Wildfires on People with Disabilities. (PDF)

Center for Independence of the Disabled in New York (2004). Lessons Learned From the World Trade Center Disaster: Emergency Preparedness for People with Disabilities in New York, September 2004. (PDF)

Rooney, C. (2007). Nobody Left Behind: Consumer Experiences of Emergency and Disaster. Impact. http://www.ici.umn.edu/products/impact/201/over4.html

Rooney, C. and G.W. White. 2007. Consumer Perspective: A Narrative Analysis of a Disaster Preparedness and Emergency Response Survey from Persons with Mobility Impairments. Journal of Disability Policy Studies, 17: 206-215. http://www.nobodyleftbehind2.org/~rrtcpbs/findings/journal07.shtml

White, G. W., M.H. Fox, C. Rooney and A. Cahill. 2007. Assessing the Impact of Hurricane Katrina on Persons with Disabilities. Lawrence, KS: The University of Kansas, The Research and Training Center on Independent Living. http://www.rtcil.org/products/NIDRR_FinalKatrinaReport.pdf.