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CMS - 1135 Waivers

1135 Waivers

When the President declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take certain actions in addition to her regular authorities.

For example, under section 1135 of the Social Security Act, the Secretary may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure:

1. sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods
2. providers who give such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

Examples of these 1135 waivers or modifications include:

- Conditions of participation or other certification requirements
- Program participation and similar requirements
- Preapproval requirements
- Requirements that physicians and other health care professionals be licensed in the State in which they are providing services, so long as they have equivalent licensing in another State (this waiver is for purposes of Medicare, Medicaid, and CHIP reimbursement only – state law governs whether a non-Federal provider is authorized to provide services in the state without state licensure)
- Emergency Medical Treatment and Labor Act (EMTALA)
- Stark self-referral sanctions
- Performance deadlines and timetables may be adjusted (but not waived).
- Limitations on payment for health care items and services furnished to Medicare Advantage enrollees by non-network providers

These waivers under section 1135 of the Social Security Act typically end no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published unless the Secretary of HHS extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period.

Additionally, the *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers* regulation applicable to all 17 provider types, also requires inpatient providers to have policies and procedures that address the facility's role under an "1135 waiver". For additional information, please visit <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>.



EMERGENCY PREPAREDNESS PROGRAM

TO ACTIVATE THIS PLAN:

TURN DIRECTLY TO **PAGE: B.3**

(SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES)

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EMERGENCY PREPAREDNESS PROGRAM



EMERGENCY PREPAREDNESS PROGRAM

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SECTION A:

POLICIES AND PLANNING

POLICIES AND PLANNING

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SECTION A: POLICIES AND PLANNING

EMERGENCY MANAGEMENT PLAN

Policy and Organizational Statements

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

The EPP was developed in collaboration with Russell Phillips & Associates.

This plan has been shared with Amherst Fire Department to ensure an integrated response during a disaster or emergency situation impacting the facility.

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

This plan will be reviewed and updated on an annual basis, and the Environmental Services Director will be assigned this responsibility. The Environmental Services Director will submit the reviewed plan annually to the Quality Assurance and Performance Improvement (QAPI) Committee. Should there be significant revisions to the plan, all staff will be trained regarding the revisions. An “Annual Review and Analysis” document is found in Appendix J.

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

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

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

SECTION A: POLICIES AND PLANNING

The EOP includes the following sections and appendices:

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

Appendices:

- Appendix A: Hazard Vulnerability Assessment (HVA)*
- Appendix B: Mutual Aid Agreements / Memorandum(s) of Understanding*
- Appendix C: Compliance Schedule / Calendar*
- Appendix D: Vendor Agreements*
- Appendix E: Evacuation Route Maps*
- Appendix F: Organizational Chart and Roster of Staff with Key Disaster Roles*
- Appendix G: Resident and Responsible Party – Sample Emergency Communications Plan*
- Appendix H: Staff Competency Post Training Test*
- Appendix I: Collaborative and Cooperative Planning Efforts Documentation*
- Appendix J: Annual Analysis and Review*

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

The purpose of the EPP is to:

- Develop an all-hazards planning approach that will be used for all threats to, and/or emergencies or disasters that may impact the campus.
- Create the general framework of planning for preparedness, response, recovery and mitigation activities of the campus.
- Reduce the vulnerability of residents, staff and visitors and the community, including the loss of life or injury, or the damage and loss of property resulting from natural, technological, and man-made disasters, by developing effective preparedness, response, recovery and mitigation plans.

SECTION A: POLICIES AND PLANNING

- Describe the facility's role in coordinating with and supporting local, state and federal governments during an emergency or disaster.
- Describe the types of disasters which are likely to impact the campus, from local emergencies to minor, major or catastrophic disasters.

Risk Assessment Process

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

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

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

Community/Region Risk Statement:

Due to Buffalo's unique geography, the region is vulnerable to various natural hazards, including snowstorms, blizzard conditions, freezing temperatures and flooding. Technological hazards are those that are a direct result of the failure of a man-made system or the exposure of a population to a hazardous material. Buffalo is also vulnerable to power plant accidents, hazardous materials incidents, mass communication failures, major power disruptions, and critical infrastructure disruption/failure, amongst others. Finally, man-made hazards include active shooter incidents and terrorist attacks. Buffalo is in close proximity to the Canadian border.

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

Communications

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

The Communications Plan provides names and contact information for staff, entities providing services under arrangement, residents' physicians, other healthcare facilities and volunteers. Additionally, local, regional and state emergency response and emergency management

SECTION A: POLICIES AND PLANNING

agencies and other sources of assistance are provided in this plan. These contact lists are located in Section F: Emergency Resources and Lists.

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

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

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

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

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

The facility will communicate with local, regional and state emergency responders and emergency management agencies, local and state health departments, WNY Mutual Aid Plan / healthcare coalitions and/or other healthcare facilities, when applicable, the following information during an emergency or disaster:

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

The Incident Command System assigns specific roles and responsibilities for the communication of this information. Additionally, reporting of this information is accomplished electronically through the use of the WNY Mutual Aid Plan documents and E-Finds System.

Resident and Family Information

Upon admission, residents and their responsible parties will be provided with the Resident Handbook outlining Fire Safety and Resident Response.

SECTION A: POLICIES AND PLANNING

Continuity of Operations

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

The facility is an Independent Living Residence / Assisted Living Facility / Skilled Nursing Facility / Special Needs Assisted Living “Memory Care” Residence that provides the following levels of specialized service:

- Therapy (Respiratory, Speech, OT/PT)
- Rehabilitation
- Hospice Care
- Dementia/Alzheimer’s Care
- IV (i.e., peripheral, PICC, central line)
- Tube Feedings
- Tracheostomy Care
- Bariatric Care
- Respite Care

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

In the event an emergency or disaster impacts any of the services provided by the facility to its residents, the facility has developed contingency plans to ensure continued services, to the extent possible. These plans include, but are not limited to, emergency procedures, vendor support, agreements with other healthcare facilities, mutual aid plan support and support from local/state emergency management.

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

- Therapy (Respiratory, Speech, OT/PT) residents will be directed to providers in the local area.

Where inpatient services can no longer be provided, it may be necessary to make alternate care arrangements or evacuate the residents to another healthcare facility. (See Full Building Evacuation Plan and Appendix B). Should a full evacuation be necessary, the WNY Mutual Aid Plan would be activated.

The facility will maintain agreements with a temporary “stop-over” location and other healthcare facilities as receiving sites. Alternate care sites will be considered as identified by local Emergency Management officials in collaboration with the WNY Mutual Aid Plan. The facility will serve as an alternate care site if deemed necessary and as outlined in a Section 1135 waiver when issued.

SECTION A: POLICIES AND PLANNING

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

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

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

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

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

Training and Testing Program

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

Training

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

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

Annual Testing

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

- The facility will conduct two separate exercises on an annual basis. One of these exercises will be a community based full scale exercise (when available) and the second may be a tabletop of similar exercise.
- Each calendar year, the facility will participate in a community based full scale exercise.

SECTION A: POLICIES AND PLANNING

- Canterbury Woods is a member of the WNY Mutual Aid Plan and participates in a mutual aid exercise involving other healthcare facilities and local/regional partners and emergency responders, serving as the required community based full scale exercise.
- If a community based full scale exercise is not available, Canterbury Woods will conduct an individual facility based disaster on an annual basis and document its actions and invitations towards having community partners and stakeholders involved.
- If Canterbury Woods experiences an actual natural or man-made emergency that requires the activation of the Emergency Preparedness Program, the facility is exempt from engaging in a community based or Individual facility based mock disaster drill for one year following the onset of the actual event.
- Canterbury Woods may conduct a paper based tabletop exercise on an annual basis that includes a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan.

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

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



SECTION B:

PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

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SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ACTIVATION OF EMERGENCY OPERATIONS PLAN (EOP)

IMMEDIATE EOP (CODE) ACTIVATION:

Any staff member becoming aware of a disaster should:

1. If immediate life threat, call out appropriate code and follow procedures.
2. Notify their immediate supervisor, who will alert the person in charge of the facility at the time.

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

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

1. Ensure notification of all staff via Code Alert/ announcement to bring designated Management/ Leadership staff to the Command Center and alert the facility of a disaster status (see Command Center Operations). All other staff should return to their assigned areas for instruction.
2. Analyze the situation for its immediate and subsequent impact on the facility.
3. Determine if disaster can be handled within normal operations.
4. If situation is outside of normal operations, but not an immediate life threat, disaster procedures need “controlled activation”. Activate Command Center with appropriate Section Chiefs (see Command Center Operations).
5. If incident that causes immediate threat to life or safety of residents, visitors and staff, immediate pre-planned action must be taken by staff in area of incident. Have specific disaster code announced; e.g. “Code Red” for fire or general announcement in accordance with Emergency Plan.
6. Notify the following, as needed and appropriate:
 - a. Appropriate emergency or regulatory agencies (Fire, Police, Dept. of Health, Office of Emergency Management, etc.) and other healthcare facilities, as necessary.
 - b. Administrator
 - c. Environmental Services Director
 - d. CEO/President
 - e. Director of Nursing
 - f. Gates Circle Associate Executive Director
 - g. Other appropriate Management/ Leadership, in accordance with Emergency Phone Tree.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

7. Additional notifications to consider:
 - a. Residents and their families
 - b. Ombudsmen
 - c. Independent Licensed Practitioners
 - d. Erie County Department of Emergency Services
 - e. Suppliers and vendors
 - f. State and Federal emergency authorities (as applicable)
 - g. News media.

NOTES:

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

EMERGENCY CODES

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

NOTE: Coded announcements may be made via the Oxford Village Intercom System, two-way radios, and telephones, as applicable.

Disaster Alert:	Code Alert will alert the facility to a disaster situation. Designated leadership reports to the Command Center and other staff return to their work areas.
Active Shooter / Person with a Weapon:	CODE Alert: Active Shooter or Person with a Weapon and the Location.
Bomb Threat:	CODE Black and the Location
Building Lockdown:	CODE Alert: The Building is in Lockdown
Evacuation: (Full or Partial Building)	CODE Alert: Evacuation in Progress and the Location
Fire:	CODE Red and the Location
Haz-Mat Situation:	CODE Alert: Hazardous Spill and the Location
Hostage Situation:	CODE Gray and the Location
Loss of Utility Service:	CODE Alert: There is loss or impaired _____ Utility Services (e.g., electric, gas, water, fire alarm system, etc.).
Missing Resident:	CODE Alert: Missing Resident and the Location
Need for Security Personnel:	CODE Alert: Security Assistance Needed and the Location
Tornado:	CODE Alert: Announcement of Situation

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ACTIVATION OF THE INCIDENT COMMAND SYSTEM

COMMAND CENTER OPERATIONS

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

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

- Establish a Command Center as follows:
 - **Primary Location:** SNF Nursing Office
 - **Alternate Location:** Social Work Office

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

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

COMMUNICATIONS PLAN

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

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

INTERNAL COMMUNICATIONS DURING A DISASTER

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

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

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

- **Normal Telephones / Intercom System**
- **Portable Radios***
- **Cellphones* (Verizon):** Wireless communication assigned primarily to resident care staff, transporters and others, to provide person to person communication.
- **Fax Lines:** Fax lines are outside lines that could be used if Telephone System fails (see Section F – Emergency Resources and Lists for list of fax numbers and locations).
- **Runners:** Use unassigned staff to deliver messages when other forms of communication are not functional
- **Blast Emails, Voicemails and Faxes:** Provides opportunities to communicate to all staff. Pre-incident information or messaging to department heads
- **Facility Internet:**
 - Public Information Officer has ability to make real time updates
- **Informational Signs:** Can be posted to keep staff updated within the facility regarding disaster status, expected duration, etc., using paper or dry erase boards
- **Briefings:** Staff Information Updates by Administration
 - Managers should have Staff Information Meetings at the start of each shift.
 - Specific phone line for pre-recorded messages (information relating to staff or residents) can be established by Communications / Public Information Officer.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

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

RETURN TO NORMAL OPERATIONS / RECOVERY:

Incident Command – When communications return to normal mode:

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

EXTERNAL COMMUNICATIONS DURING A DISASTER

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

- Incident Command Center
- WNY Mutual Aid Plan – Regional Control Center (RCC)
- Local /Regional Emergency Operations Centers
- NYS Department of Health
- Canterbury Woods Gates Circle location, if still operational
- Healthcare Coalition, as applicable.

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

- **Telephones:** The Government Emergency Telecommunication Service (GETS) and the Wireless Priority System (WPS) can be accessed by certain individuals in the event phone or cell phone systems are overloaded.
- **Try e-mail, cell phones and phones outside the main system** (e.g. pay phones, fax lines, etc.) when applicable. If phones are overloaded, try text messaging (uses less band width).
- **Web EOC: NYS Department of Health - Health Commerce System E-Finds Program** A web-enabled crisis information management system that provides secure real-time information sharing between healthcare facilities, EMA, and Federal agencies. Available via internet.
- **Homeland and Health Alert Network (HHAN)/Health Alert Network (HAN):** Web based system that provides real time communications between healthcare facilities and New York State Department of Health on bed and surge capacity and status of healthcare facilities thorough a web-based application.
- **Local/Regional/State provided radio system: N/A**
- **Call Back Lists for Facility Staff:** Department Managers are responsible for maintaining an up-to-date list of all staff telephone numbers.
- **Public Media:** Utilization of local TV, radio and newspapers, to provide appropriate facility status information to staff and resident families.
- **Use of Municipal technology resources:** Area, city, and town websites and automated voice message systems would be another valuable resource to provide the public with updates, information and instructions, and pertinent contact information.

RETURN TO NORMAL OPERATIONS / RECOVERY:

Incident Command – When communications return to normal mode:

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING RESOURCES AND ASSETS

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

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

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

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

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

To remain operational, the following strategies will be employed:

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

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

RECOVERY

Use the Department Rapid Assessment Form as a guide.

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

RESPONSIBILITIES FOR ENSURING CRITICAL SUPPLIES AND ACTIVITIES

Director of Nursing (DON) is responsible for clinical needs of residents, as follows:

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

Nursing Supervisor is responsible for:

- Medical supplies
- Resident medical records
- PPE supplies
- Paper supplies
- Oxygen Portable Tanks - Loss of Primary Conditions

Director of Human Resources is responsible for:

- Assisting with ancillary staffing needs

Environmental Services Director is responsible for:

- Water supplies (normal conditions)
- Industrial Water (if during loss of water)
- Electrical Generator (Fuel) (if during loss of normal power)
- Fuel - Boilers
- Consider portable gasoline generators for running specific items (i.e. freezers, medication refrigerators, or other items not on the main generator).
- 24/7 ability to react in a disaster to handle mechanical functions (i.e. HVAC system)

Director of Dining Services is responsible for:

- Potable Water (if during loss of water)
- Food - Perishables
- Food - Dry Stocks
- Paper Plates / Utensils

Housekeeping Supervisor is responsible for:

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

Important Note: During a Code Alert Activation and implementation of Incident Command System/ Center the responsibilities for these supplies will fall under appropriate HICS assignments.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

BASELINE ASSESSMENT OF 96 HOUR CAPABILITIES

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

Assumptions of Baseline Assessment of 96 Hour Capabilities:

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

BASELINE ASSESSMENT OF 96 HOUR CAPABILITIES

Consumable			MINIMUM (day just before delivery) Supplies available without outside resources <u>WITH NO Conservation / Contingency Measures</u>	EXPECTED Supplies available without outside resources <u>WITH Conservation / Contingency Measures</u>	Conservation / Contingency Measures
Domestic Water – Primary (Normal Conditions)					<ul style="list-style-type: none"> # of Main lines= One (1) Loss of 1 Main are cross connected to provide water to entire building – must be manually valved though
Potable Water - if during loss of domestic water					<ul style="list-style-type: none"> Some bottled water in storage (approx. 60 gals) Use of other liquids, as possible (brings total to 65 gallons) Through Upstate Niagara Cooperative, facility has an agreement for emergency water supplies from outside vendor.
Industrial Water - if during loss of domestic water					<ul style="list-style-type: none"> Have external tanker connection with pumps to provide external source of water to buildings, that relies on outside resources
Fire Protection Water – Primary (Normal Conditions)					<ul style="list-style-type: none"> Fire Protection water supplied by single feed / fire pump
Fire Protection Water – if during loss of fire protection water					<ul style="list-style-type: none"> Will institute fire watch internally Consider Amherst Fire Department to connect pumper and water supply to sprinklers
Electrical – Primary (Normal Conditions)					<ul style="list-style-type: none"> Supply via two feeds, each provides independent supply to the complex
Electrical Generator (Fuel) – if during loss of normal power					<ul style="list-style-type: none"> No redundancy in coverage – loss of any one generator results in loss of power in that area Loss of one generator in one area would result in internal relocation of Residents There is a portable on-site generator that can serve any one area, however, it must be wired at the time of connection <i>* Calculations based on 75 % Capacity which is a very conservative estimate</i>
Boilers (Steam) - Fuel (Normal Conditions)					<ul style="list-style-type: none"> Runs on piped in natural gas Provides heat and some cooking
Boilers Fuel (Steam) – Loss of Normal Conditions					<ul style="list-style-type: none"> Can tie in external temp boilers but no “quick connect” Provides heat
Air Conditioning - Primary (Normal Conditions)					<ul style="list-style-type: none"> Air Conditioning relies on water & electricity
Air Conditioning - Loss of Primary Conditions					<ul style="list-style-type: none"> Loss of water results in loss of A/C to rest of building – see loss of water for possible contingency plans

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

Consumable	MINIMUM (day just before delivery) Supplies available without outside resources <u>WITH NO Conservation / Contingency Measures</u>	EXPECTED Supplies available without outside resources <u>WITH Conservation / Contingency Measures</u>	Conservation / Contingency Measures
			<ul style="list-style-type: none"> Loss of electricity results in generator power for chillers Loss of generator to Chillers – portable temporary generator can be wired to chiller
Oxygen - Primary (Normal Conditions)	> 4 Days	> 4 Days	<ul style="list-style-type: none"> Two Liquid O2 Supplies with reserve tanks serving Building II and Main Building
Oxygen - Loss of Primary Conditions	> 4 days (if one of two liquid Oxygen systems is still operational)	Approx. 8 hours (relies on cylinders being distributed,, H and E)	<ul style="list-style-type: none"> Loss of any one Liquid O2 Supply system automatically is provided by second system– relies on intact delivery system Limited stored bottled oxygen
Food - Perishables	>3 Days (meats) >3 Days (produce) >3 Days (Bread)	>3 Days	<ul style="list-style-type: none"> Use of alternate menus for any loss of utilities
Food - Dry Stocks			<ul style="list-style-type: none"> Storage in F & N storerooms, freezers and refrigerators
Linen Supplies			<ul style="list-style-type: none"> Minimize Linen changes to necessary changes
Pharmacy Supplies			<ul style="list-style-type: none"> Approx. 7 Days supplies for most medications, some exceptions
Clinical Supplies			<ul style="list-style-type: none"> Limited supplies in the facility (use Just in Time delivery * Vendor's warehouse is < 10 min away and can provide 24/7 response that has been tested
PPE Supplies			
Housekeeping (EVS) Supplies			
Paper Supplies			

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING SECURITY AND SAFETY DURING A DISASTER

GENERAL CONCEPTS

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

BUILDING LOCKDOWN

GENERAL ACTIONS APPLICABLE TO ALL STAFF

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

INCIDENT COMMANDER (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Summon Leadership to Command Center. In coordination with Section Chiefs, ensure all other guidelines of this procedure are carried out.
- **ACTIVATION STAGE I: BUILDING LOCKDOWN**
 - Assign staff to perimeter exit monitoring and subsequent locking of the doors from exterior entrance.
 - All staff should monitor people in hallways.
 - Assign Maintenance and other staff to security roles, as appropriate and initiate staff monitoring of "sensitive" areas of the building.
 - If danger is imminent, such as notification of a contamination of outside air, person with a weapon, civil disturbance, etc., can be announced without prior administrative approval.
- **ACTIVATION STAGE II: CAMPUS LOCKDOWN³**
 - **Stage II** results in a request of local police and/or designated staff with security responsibilities to block, as appropriate, and control access to the campus and facility. Stage II shall be at the discretion of the Administrator or Incident Commander.
 - Emergency Vehicles such as Police, Fire and Ambulance proceed to the Main Entrance.
 - Facility staff with proper ID park in designated staff parking areas.
 - Residents' responsible parties park in designated area and proceed to the Main Trafalgar Entrance.
 - News media, if allowed on site, to park off site and proceed to the Main Entrance. The Administrator, PIO or designee shall meet and direct them to the designated news media staging area.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Requested deliveries proceed to the loading dock/delivery area. Vendor should have a fax copy of order. Entry must be approved by Command Center.
- Address trash and hazardous materials pick-up.
- If Police or staff assigned security responsibilities are unavailable to oversee facility access, block off access to the facility except for one point of entry, which will be the **Main Trafalgar Entrance**.
- Assign 1-2 staff from Maintenance or other departments to supplement or provide security and direct vehicles as above. These staff persons should have a portable radio.
- Monitoring of individual exits. All staff will visually observe exit doors and direct individuals to the appropriate entry point (see above list).
- People in hallways should be monitored and ensure identification via ID badge or visitor pass
- If a suspicious person is observed, notify your supervisor and observe this person as far as practical.
- At approved entry points, request Command Center assistance to screen news media and help with explanations to visitors, residents, etc. Employees are not to be allowed in without proper facility-issued identification and must wear their badge. Visitors will not be allowed in unless cleared by the Command Center.

NOTE: Once all exits are locked, staff monitoring of exit doors can stop unless the facility is trying to prevent someone from leaving the building.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE / OTHER STAFF - ASSIGNED SECURITY ROLES

- Lock all entry doors to facility. The only points of entry will be the **Main Trafalgar Entrance**.
NOTE: This prevents entry, not exit. Thus, the facility may need to continue observance of exit doors. Also, the Main Trafalgar Entrance must have a staff member(s) assigned to screen persons entering the building. These staff should have portable radios.
- If contamination is suspected, shut down HVAC and water flow, as necessary.
- Follow procedures for: (as necessary)
 - Loss of Air Conditioning
 - Loss of Heat
 - Loss of Water
- In the event of lockdown from civil unrest, terrorist activity or similar incident, the following should be addressed:
 - Monitor outside utility connections if accessible to the public
 - Provide security for sensitive areas such as:
 - Medication, Food and Liquid Storage areas
- Provide escort for staff coming to or leaving the building.

RETURN TO NORMAL OPERATIONS / RECOVERY

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGEMENT OF STAFF DURING A DISASTER

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

ACTIONS APPLICABLE TO ALL STAFF

- Employees of healthcare facilities have an inherent responsibility to maintain service during any internal and/or external disaster. Employees shall ensure that the vital, primary mission of the facility, to provide care and comfort to their residents, will be taken care of appropriately and safely by the staff during a disaster.
- All staff will be expected to report for duty as assigned during the disaster, with shifts, assignments, and other pertinent information being communicated from the Manager of each department to all staff members.
- All departments should consider adjusting their schedules and assignments to compensate for reduction in available staff. Staff will need to adapt their roles to meet demands brought on by a disaster.
- A Labor Pool will be established as necessary to ensure adequate staffing. Employee contact lists are maintained in each department by departmental supervisors.
- Staff will be tracked both during and after any emergency. The “Staff and Equipment Tracking Form” found in conjunction with the Holding Area Unit Leader Job Action Sheet can be utilized as necessary.
- Mandatory evacuations or no unnecessary roadway travel warnings issued by local government officials should be heeded as warnings for impending/possible danger. However, healthcare workers, Law Enforcement officers and fire officials are some of the community workforce members who may be “excused” from these warnings in order to take care of their respective responsibilities and to be able to appropriately respond as needed to situations as they occur.
- Volunteers will not be used as part of this Emergency Management Plan.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ADMINISTRATION / INCIDENT COMMAND

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

Manager of each Department or designee (Senior person on duty):

- Complete Items 1-5 on the "Department Rapid Assessment Form" which includes assessing staffing levels and needs.
- Quickly choose one staff member to deliver this form to the Command Center.

Labor Pool Set-up

- The Planning Section Chief shall assign the Labor Pool Unit Leader position as soon as possible (provide this position with the Labor Pool Job Action Sheet).
- Have department heads initiate their staff "call-back" plans as necessary with staff reporting directly to the Labor Pool.
 - Upon arrival the employees are to sign in on one of the appropriate roster sheets, fill in the information and wait for further instruction.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

DINING SERVICES

- In the event of an emergency, Dining Services will proceed according to the following specific assumptions, conditions and procedures, to provide food under less than normal conditions.
 - A management person might not be on site or reachable when an emergency occurs. In the event that the Director of Dining Services is not available the most senior manager/supervisor will be in charge.
 - Based on the assumption that a minimal number of employees will be available, a Telephone Disaster list may be activated.
 - A remote possibility exists that some volunteers will be available for Dining Services tasks.
 - Sleeping space will be made available for those employees needing to stay overnight.
- Menu Planning
 - The resident menu will be based on existing stores. It is the responsibility of the most senior leadership on duty to determine the menu options for the day. If possible menus are planned in advance to reflect use of perishable foods first and cold meals if utilities are disrupted by the event.
 - Alternate means of meeting sanitation requirements such as hand sanitizer, disposable utensils, and three (3) sink method of dishwashing will be utilized.
 - Meal hours will remain as close to schedule as possible.
 - Menus meet the nutritional needs of the groups you are feeding.
 - Special diets will be available if feasible.
 - Foods from regular meals will be prepared in various textures such as ground, chopped and pureed.
 - When the water supply is limited a high protein level is contraindicated.
 - Resident menus will be preplanned and non-selected. An example menu follows. Food prepared and in the food stores will be used first.
- Retail Services
 - Food services will be available to employees, visitors and other personnel assisting with the disaster.
 - Snacks and meals will be sent to the Command Center as requested.
- Appropriate storage of food and supplies
 - The department maintains a minimum of 72 hours (3 days) of food to provide nutritionally balanced meals. Additionally, the department maintains an adequate supply of water and fruit juices to maintain hydration.
 - The inventory will be reviewed twice a year to determine if additional supplies are needed. If necessary, additional supplies are to be secured immediately, if possible. Vendor phone numbers are maintained in the manager/supervisors office.
- Waste Disposal
 - All existing waste disposal policies are to be followed unless directed otherwise by the Housekeeping Department.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

HOUSEKEEPING SERVICES

- Contact, as requested by the Incident Commander/Logistics Section Chief, the departments to review units and areas where cots or other sleeping arrangements can be made.
- Provide additional linens, blankets, privacy screens, etc., as necessary. If advanced notice is given of the disaster, stock up for 96 hours.
- Set up sleeping areas for staff as necessary.

RETURN TO NORMAL OPERATIONS / RECOVERY

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

NOTIFICATION OF OFF DUTY STAFF / DISASTER STAFFING OPTIONS

- Incident Commander, in consultation with Planning Section, decides to initiate staff call-back (partial or full call backs).
- Consider the following:
 - How far to activate the call-back to ensure staff is properly rested off-site for the potential of an extended disaster, and the need for available staff post disaster as well.
 - Allowing staff with dependents to stay home to prepare their families, and then call them after the initial call back.
 - If staff sheltering is to be provided, ensure this information is given in call-back (see Staff Sheltering).
 - If transportation is to be provided, ensure this information is given in call-back (see Loss of Parking/Inability to Commute.)
- Contacting off duty staff:
 - Primary contact for Nursing Staff will be accomplished via the Nursing Department.
 - Secondary contact for Nursing Staff will be accomplished via the Human Resources Department, who maintains a list of credentialed staff that are not primarily assigned clinical duties (e.g., Employee Health Nurse, etc.).
 - Primary contact for all other departments shall be via department maintained staff call back lists. Department heads are responsible for keeping call lists updated for their own departments and to provide updated lists to all department staff.
- Disaster staffing options:
 - The facility should develop staffing patterns throughout the disaster to avoid “burn-out.” Disasters have shown that it is imperative (when possible) not to under-staff.
 - If able to commute: Divide staff into three (3) groups: Red = working; Blue = resting in facility, and Yellow = off-duty/home. Rotate groups to provide services and rest for staff.
 - If unable to commute: On-duty staff is assigned to 12-hour shifts (12 hours working and 12 hours resting). One group is off duty at all times, allowing for rest and family/personal time. Staff should bring enough clothing and supplies to last four (4) days.

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STAFF SHELTERING

- If sheltering of any kind is provided, a Shelter Manager shall be assigned to manage the shelters.
- Shelter Manger Responsibilities include:
 - Shelter Registration: Review procedures for registering employees, family members and pets, as appropriate. Assure Staff Family Sheltering Information Sheet and Agreement and / or Staff's Pet Sheltering Information Sheet and Agreement are completed.
 - Shelter Monitoring and Control: Review procedure for monitoring and controlling the designated shelter used to house employees, family members and pets, as appropriate.
 - Accountability: Each assigned Shelter Control Team is responsible for maintaining accountability of all individuals assigned to their shelter. (Working, available, or present).
 - Meals: The Shelter Manager will coordinate meal times and locations with Dining Services.
 - Labor Pool: Obtain the names of sheltered employees or family members, as appropriate, who are available to the Labor Pool. Determine their skills and assignments.
- Suggested Internal Shelters:

SHELTER	LOCATIONS
Staff & their Families	1. Empty Residential Rooms, Guest Rooms (2 on campus), Independent Living Apartments, other unused areas – EVS to set up areas 2. Other areas as available at the time
Staff Families with Young Children	1. Empty Residential Rooms, Guest Rooms (2 on campus), Independent Living Apartments, other unused areas – EVS to set up areas 2. Other areas as available at the time
Essential Staff who need to Sleep for the Next Shift	Empty Residential Rooms, Guest Rooms (2 on campus), Independent Living Apartments, other unused areas – EVS to set up areas

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

CRITICAL INCIDENT STRESS DEBRIEFING (CISD) FOR STAFF

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

EMERGENCY CREDENTIALING PROGRAM

Disaster Privileges

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

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

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

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

As soon as the immediate situation is under control, not to exceed 72 hours unless communication is disrupted (and this must be documented), the verification process of credentials and privileges of individuals who have received disaster privileges must be completed.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

LOSS OF PARKING / INABILITY TO COMMUTE TO FACILITY

GENERAL ACTIONS APPLICABLE TO ALL STAFF

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

INCIDENT COMMANDER (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the Plan must be accomplished by on-duty administrative staff.
- Assess impact on facility operations and resident care. Develop an action plan and determine need to activate Incident Command to manage the incident.
- Notify all departments.
- Provide employee information regarding alternate parking sites.
- Consider utilizing news media to inform staff of the situation at the facility.
- Utilize facility vehicle and/or contact outside transportation providers, as necessary. Arrange pre-set times for pick-up. If possible, post a staff member with cell phone or radio to notify Command when staff has arrived for pickup.
- Ensure other guidelines of this Plan are completed.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING UTILITIES DURING A DISASTER

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

The facility will determine how long we expect to remain open to care for residents and plan for our utilities accordingly. Because some emergencies may be regional in scope or of long duration, organizations should not rely solely on single source providers in the community. Refer to Managing Resources and Assets procedure in this section.

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

- Air Conditioners
- Heat
- Domestic Hot Water
- Red Outlets

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

Specific areas of the facility and equipment served by emergency generator power include: (indicated by: Red Outlet Covers)

- Fire alarm system
- PERS system
- Exit lights
- Selective corridor lights
- Night lights
- 2 Refrigerators
- 2 Microwaves
- Heating System
- Automatic doors
- Dining Room
- Pantry
- Camera System
- Outside Lighting for Oxford

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

The facility generator is fueled by a 1000 gallon diesel fuel tank and can operate under full load for 40 hours before refueling will be necessary. If necessary, facility maintenance staff can shed some load off of the generator for a longer run time, if refueling is delayed or not an option. By shedding load, the generator will be able to run for 8 hours under contingency conditions. The following services or areas will be impacted by shedding load:

- The elevator can be turned on/off when needed.
- Minimal lighting will be implemented.
- Disposable service ware will be utilized to minimize dishwashing and food heating equipment.

The following services or areas of the facility are not on the emergency generator and may be impacted by the loss of normal power:

- Non Critical Lighting

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

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

- Loss of Air Conditioning / High Heat
- Loss of Cooking Ability
- Loss of Electric Service
- Loss of Emergency Power
- Loss of Elevator Service
- Loss of Fire Protection Systems
- Loss of Heating System
- Loss of Information Technology
- Loss of Natural Gas/Propane
- Loss of Sewer / Waste System
- Loss of Telephone Service, Internal Communications, Nurse Call
- Loss of Water Service / Contamination of Water Supply

ACTIONS APPLICABLE TO ALL STAFF

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ADMINISTRATION / INCIDENT COMMANDER

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

MAINTENANCE DEPARTMENT

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MANAGING RESIDENTS DURING A DISASTER

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

A disaster may result in the decision to keep all residents on the premises in the interest of safety or, conversely, in the decision to evacuate all residents because the facility is no longer safe.

The facility's basic goal in a disaster is to protect the residents that are in the facility. Throughout this Emergency Operations Plan, staff procedures are designed to:

- Protect the resident during the incident
- Provide acceptable care while they are in the facility until full recovery is accomplished
- Evacuate the resident to a safer environment, when possible, if the above cannot be accomplished

ADMINISTRATION / INCIDENT COMMANDER

- Activate the appropriate parts of this Emergency Operations Plan, as needed to facilitate and manage resident assessment, treatment, admission, transfer, and discharge, for example:
 - Care for residents kept in the facility (e.g., Loss of services plans, availability of supplies, etc.)
 - Evacuating residents if needed (e.g., Full Building Evacuation Plan, Census Reduction Plan)
 - Care for incoming residents (e.g., Surge Plan)
 - Care for deceased residents (e.g., Mass Fatality Plan)
- Provide security and safety via campus and/or building lockdown if necessary.
- The Command Center will develop a plan for the following:
 - Can we keep the residents we have safe and provide necessary services? Necessary services, whether onsite or contracted out, include:
 - Skilled Nursing Care
 - Sub-Acute Care
 - Memory Care
 - Rehab
 - OT/PT
 - Must we evacuate some or all, and what would be the priority of evacuation? Refer to Section D – Full Building Evacuation Plan.
 - Accessing electronic medical records and making them available as necessary.
 - Any needed Electronic Medical Information (including MAR) can be printed via any of the following options:

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- ◆ Printed on-site on unit.
- ◆ Batch printed on-site at Oxford Reception area and distributed to unit.
- ◆ Batch printed off-site at another facility.
- ◆ Printed at any off-site location via the internet (requires staff to have a laptop and proper access).
- Is it possible for us to evacuate vulnerable population only? If we can, should we?
Vulnerable population consists of:
 - End-of-Life Care/ Hospice Care
 - Sub-Acute Care Residents
 - Memory Care Residents
- Can we accept new residents?
 - Develop plan for admission, treatment, discharge and transfer.
 - Must we shut down or restrict the type of residents we accept?

OPERATIONS SECTION

- Follow guides in Section E – Emergency Procedures for Specific Events (e.g., Loss of Water Plan for personal hygiene and sanitation needs of residents).
- Ensure continued care of all residents.
- Develop plan for resident services/care based on the above information. Develop alternate plans where possible.
- After approval by Incident Command, inform resident care areas and departments.

PLANNING SECTION

- Track residents and clinical information if receiving an influx of residents (evacuees from another facility) or if evacuating out of the building.
- Communicate with residents' responsible parties.
- Coordinate with Operations Section to track residents.

RETURN TO NORMAL OPERATIONS / RECOVERY

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

CENSUS REDUCTION PLAN

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

ACTIVATION

To activate the Plan:

The Director of Nursing, in collaboration with the Administrator, can initiate this Plan. At which time Management / Leadership staff should be summoned to the Command Center and a full briefing provided to the Command Center personnel.

PROCEDURE

Incident Commander

- Assign the Operations Section Chief to implement this Plan.

Operations Section Chief

- Oversee implementation of the Census Reduction Plan.
- Review Census Sheets for already identified potential discharges or residents who may be able to go home with family temporarily.
- Convene a “Census Reduction Team” if necessary:
 - Director of Nursing (DON)
 - Nurse Manager/ Supervisor
 - Physician
 - Social Worker
 - Admissions Coordinator
- Consider these steps for residents being discharged or sent home with families:
 - Coordinate EMS or other resources to arrange for transport.
 - Place residents-to-be-discharged in an internal holding area to free up bed space.
 - Internal Holding area will be determined by the Incident Command
 - Potential Holding Areas:
 - **Coventry Hall**
 - **Trafalgar Main Lobby**
- Take other steps to minimize existing census or free up beds, as needed. Consider:
 - Defer admissions until event wanes. Consider reviewing or revising admission criteria for times when bed capacity is limited.
 - Refer to Surge Capacity Plan. If necessary, consult with the Infection Control to place residents in the appropriate location.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

Census Reduction Team

- Make rounds throughout the facility to determine who can be discharged immediately.
- Determine which residents can be:
 - Discharged home without Home Care
 - Discharged home with Home Care
- Social Work will facilitate communication with Home Health agencies, visiting nursing, etc, for resident being discharge to home requiring home health care.
- Coordinate census reduction efforts and communicate status back to the Command Center.

Rapid Discharge Process

- Once a resident has been identified for immediate discharge:
 - The physician will note the discharge in the medical record of the resident and complete a discharge prescription order for each resident, as needed.
 - The Census Reduction Team will:
 - Inform the resident of the need to discharged.
 - Provide copies of the physician and prescription order forms.
 - Provide an explanation of the physician orders and instructions on where to pick up medications.
 - Discuss with the resident options on how to get home, including facilitating phone calls to family/friends.
 - Unit Nursing staff completes the remainder of the discharge process, including:
 - Required paperwork
 - Discharge medical care (e.g., providing wound care dressing materials and any general care instructions, etc.)

Patient / Family Reunification

- Consider discharging residents directly to family vehicles at the facility.
- Consider evacuating discharged residents from the Holding Area to an offsite Family Reunification Center. Family members of evacuated residents may not be able to return to the facility to pick them up due to a perimeter to control vehicular access and flow.
- Determine an appropriate offsite Resident/Family Reunification location, in coordination with local authorities, where family members can be directed. The PIO, in coordination with other agencies PIOs, should utilize the news media and other communication resources to inform family members where the Reunification Center is located.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

MASS FATALITY PLAN

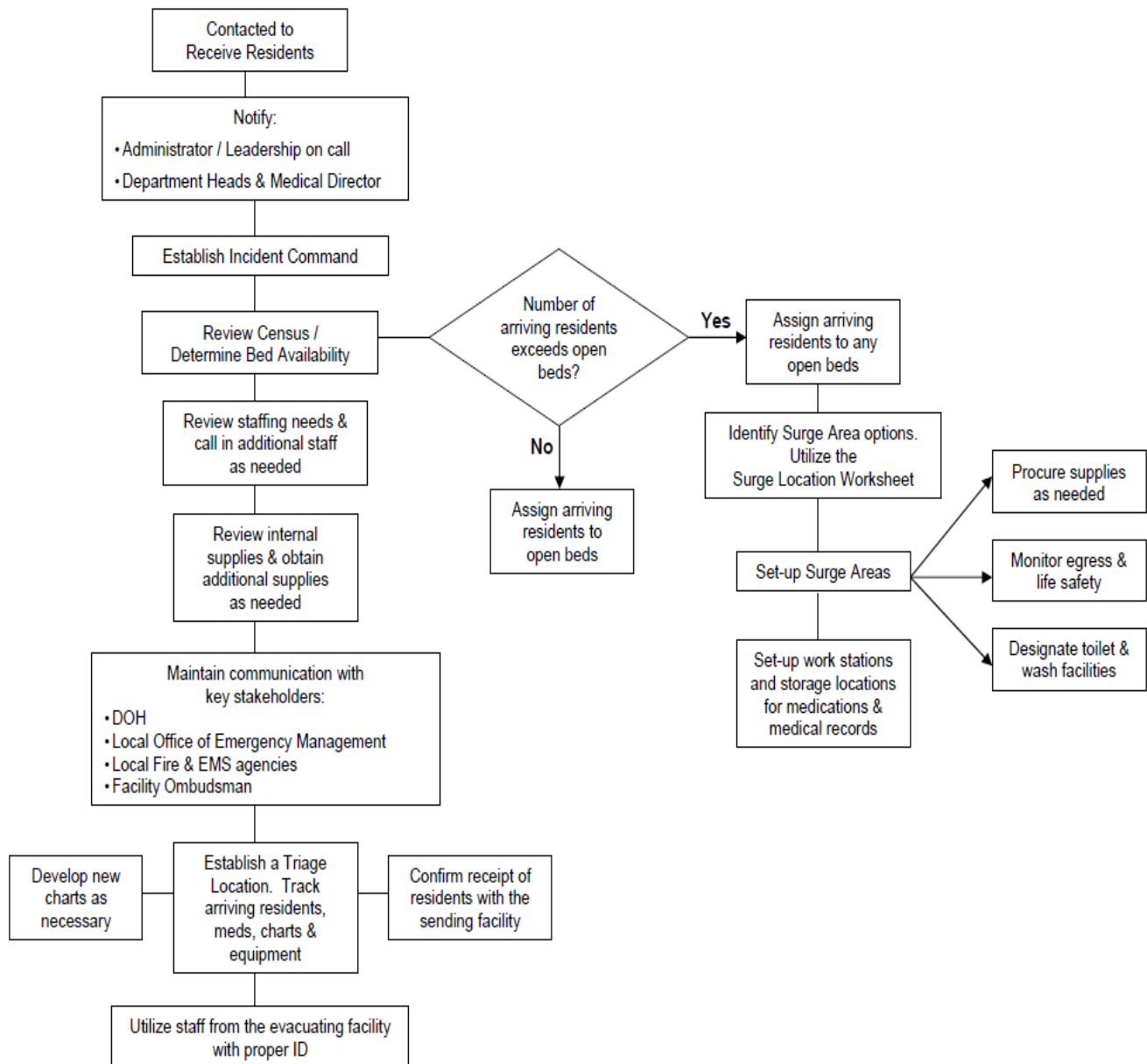
The Mass Fatality Plan is intended to be utilized in the event of a disaster or incident, either internal or external, which results in multiple deceased residents that exceed our existing morgue or storage capacity.

The facility will consider handling mass fatalities as follows:

- Secure body bags.
- If at any time the capability of a storage area is overwhelmed or potentially overwhelmed, the Director of Nursing or Administrator and/or the Incident Commander will determine, based on the situation, if any temporary locations would be established for holding the deceased in consultation with Infection Control / Infectious disease practitioners. Location will be determined based on the actual or anticipated number of deceased, options include:
 - Coventry Hall/ Designated vacant IL apartments (temporary locations)
 - Ordering/use of refrigerated morgue truck: Contact local / regional / state Emergency Management officials.
 - Every effort must be made with area funeral homes to remove bodies from the facility as soon as possible.
- The following procedure should be followed for all deaths:
 - Death Certificates/Pronouncement of Death
 - Pronouncement of death
 - Death certificates are signed by physician
 - Identification and Tagging of Bodies (the facility will follow the existing chain of custody protocol):
 - Assign the Medical Record number to each body, and tag the body.
 - Photograph the body for identification, including reference number on each photograph (Note: 2 photos will be taken and 1 will be retained by the facility).
 - Secure personal belongings with the body and include reference number in the package.
- The facility will use Social Work and/or Pastoral Care to provide families with needed assistance.
- In light of various ethnic and religious beliefs; the facility will make its best effort to accommodate each individual's beliefs based upon the resources available at the time of death and any state mandates by the Medical Examiner's Office.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

SURGE CAPACITY PLAN



SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

SURGE CAPACITY PLAN

This Plan is for the surge of Skilled Nursing or Assisted Living Residents from another evacuating healthcare facility, refer to Policy, Appendix A of manual; e-Finds (Evacuation of Facilities in Disasters System).

GENERAL ACTIONS APPLICABLE TO ALL STAFF

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

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- Dining Services – 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
- EVS/Housekeeping / Laundry – quantity of linens
- Maintenance – types and quantities of beds, mattresses, privacy dividers, etc.
- Assess the type and quantity of equipment / supplies that will be arriving from the evacuating facility if possible.
- Contact vendors to request additional supplies as necessary for additional equipment and supplies.
- Determine need to communicate with the Department of Health. Provide on-going periodic updates as necessary.
- 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.
- Designate an individual to oversee the set-up and operations of the triage area.
- Designate an individual to prepare and provide statements to the media and to families. Coordinate statements with the evacuating facility and emergency agencies.
- Communicate with the sending facility the total number of residents received along with the specific name of each resident received.

DEPARTMENT SPECIFIC ACTIONS

NURSING

- Establish a triage area located at The “Butterfly Cove” Activities Room.
- Ensure adequate staffing and supplies at the triage location. Consider the following:
 - Staffing
 - Nursing (triage, managing care)
 - Social Work
 - Dining Services (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 B – Influx of Residents Log.
- Triage each arriving resident. If arriving residents do not arrive with any form of a disaster tag, or medical information, attempt to minimally collect and document the following information on each resident:

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- 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.
- If the sending facility has designated a fax line or email address, fax or email a completed copy of the Influx of Residents Log to the sending facility.
- Monitor resident psychological status. Provide additional social services support.
- Communicate with resident physicians as necessary.

DINING SERVICES

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

PUBLIC INFORMATION OFFICER

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

HUMAN RESOURCES / DESIGNEE

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

- 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.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

PREPARING AREAS FOR SURGE OF RESIDENTS

SURGING BEYOND LICENSED BED CAPACITY

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

OPTIONS FOR INCREASING CAPACITY

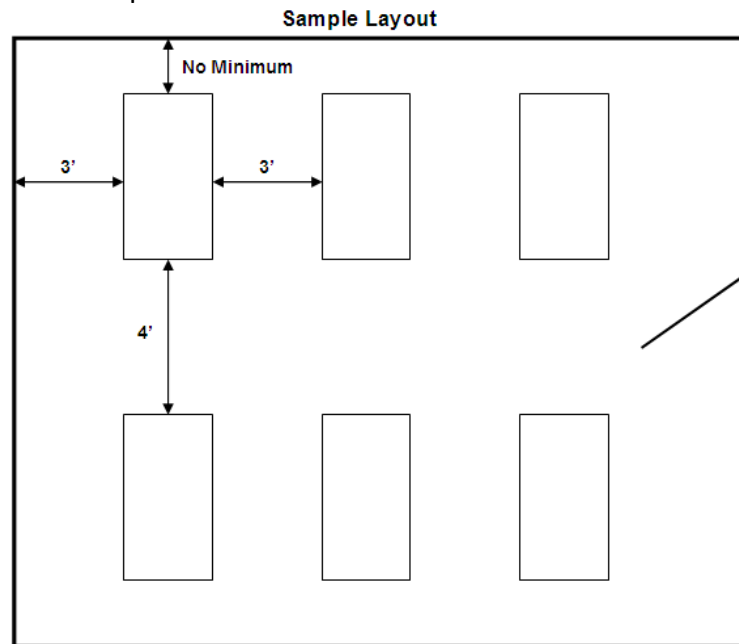
- Identify options for adding beds to existing sleeping rooms (i.e. a single room becomes a double room, a double room becomes a triple room, etc.).
- Identify options to transform non-sleeping areas into temporary sleeping / resident care areas. Consider the following areas:
 - Activity Room – The Butterfly Cove (2 Beds)
 - Conference Room – (1 Bed)
 - Lounges – North & West (1 Bed each)
 - Living Room – The Homestead (3 Beds)
 - Rehab / Therapy Room (2 Beds)
 - Coventry Hall
- Identify areas served with emergency power to support residents requiring critical electric medical equipment.

SURGE AREA SET-UP

- Set-up surge locations using internal available supplies first. Consider the following options to obtain additional supplies:
 - Vendors
 - Supplies from the resident sending facility
 - Local Office of Emergency Management
 - Other healthcare facilities
- When establishing groupings of beds, cots or mattresses, attempt to place privacy dividers between them.
- Provide night lighting in each surge area and provide call devices for each resident.
- Designate toilet and wash sink locations for each established surge area.
- Provide storage areas for resident belongings. Key personal belongings such as 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.

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

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



MEDICATIONS AND MEDICAL RECORDS

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

CONTINUING CARE

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

RETURN TO NORMAL OPERATIONS / RECOVERY

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ATTACHMENT A – SURGE EQUIPMENT STORAGE

Item	Quantity	Location
Beds (cots)	5	Resident Storage Near Apt #308
Mattresses	2	Uncle Bob's Storage
Linen	20	Housekeeping Storage
Pillows	12	Laundry Rooms
Blankets	12	Housekeeping Storage
Tap Bells	48	Nursing Office
Oxygen Cylinders (Size E & D)	24	Oxygen Storage Closet
Oxygen Cylinder Regulators	4	Oxygen Storage Closet
Other:		

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ATTACHMENT B – INFLUX/SURGE OF RESIDENTS LOG

(Accounting for Incoming Residents and Equipment)

Make additional copies prior to use.

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

SECTION B: PROCEDURES APPLICABLE TO ALL HAZARD RESPONSES

ATTACHMENT C – SURGE PLANNING WORKSHEET

Surge Capacity Goal (10% beyond the Licensed Bed Capacity): SNF = 5 / ALR = 2

Internal Location	Ability to Set-up (1) – quick (2) – moderate (3) – extended	Set-up Instructions and Notes	Use Priority (high) (mid) (low)	Max. Capacity

Total: _____



SECTION C:

INCIDENT COMMAND SYSTEM

INCIDENT COMMAND SYSTEM

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SECTION C: INCIDENT COMMAND SYSTEM

CONCEPT OF OPERATIONS

Nursing Home Incident Command (ICS)

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

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

Assess the situation

Situational intelligence is critical in developing the response actions, providing insight on the impact, and projecting the span of an event. Our facility has access to established mechanisms and systems within the community (city, county, regional or state) that may provide and verify situational information.

Another component in assessing the situation is determining potential impact on the facility itself, based on current resident and employee status, the status of the building(s) and grounds, and the ability to maintain resident services. Our facility implements the completion of the “Department Rapid Assessment Form” upon activation of our Emergency Operations Plan. Each department and resident care area completes and forwards the assessment form to the Command Center for use in analyzing the impact of the event on our operations and resident care services.

Establish incident objectives

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

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

Determine strategies to achieve the incident objectives

Once the incident objectives have been established, the Incident Commander reviews with the Section Chiefs the appropriate strategies necessary for the response. This provides a plan of action for each activated section, clearly identifying actions and duties while ensuring no duplication of efforts. Objectives should be developed that provide clear direction and define what needs to be done. Conducting an assessment of building damage, or what is functional or not functional, is an example of a clear objective to be carried out. In this example, the Logistics Section chief would be tasked with assigning staff to complete Form 251A – Facility System Status Report.

SECTION C: INCIDENT COMMAND SYSTEM

Provide tactical direction and ensure it is followed

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

Incident Command Team

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

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

Volunteers will not be used as part of this Emergency Management Plan.

SECTION C: INCIDENT COMMAND SYSTEM

Activation of the Incident Command System

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

1. Activate the Command Center by notifying the Administrator and informing all parties in accordance with the Emergency Phone Tree.

First 15 minutes in the Command Center:

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

SECTION C: INCIDENT COMMAND SYSTEM

Internal Communications during a Disaster

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

- Intercom System
- Normal Telephones
- *Portable Two-Way Radios
 - Key Areas for Communication Include:
 - Command Center
 - Resident Care Units
 - Labor Pool
 - Holding Areas and Evacuation Teams (if evacuating)
- *Cell Phone(s)
- Runners
- E-Mail
- Dry erase boards, bulletin boards or flip charts to keep staff within the facility updated regarding disaster status, expected duration of incident, etc.
- Managers should have Staff Informational Meetings at the start of each shift during a long duration event.

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

External Communications during a Disaster

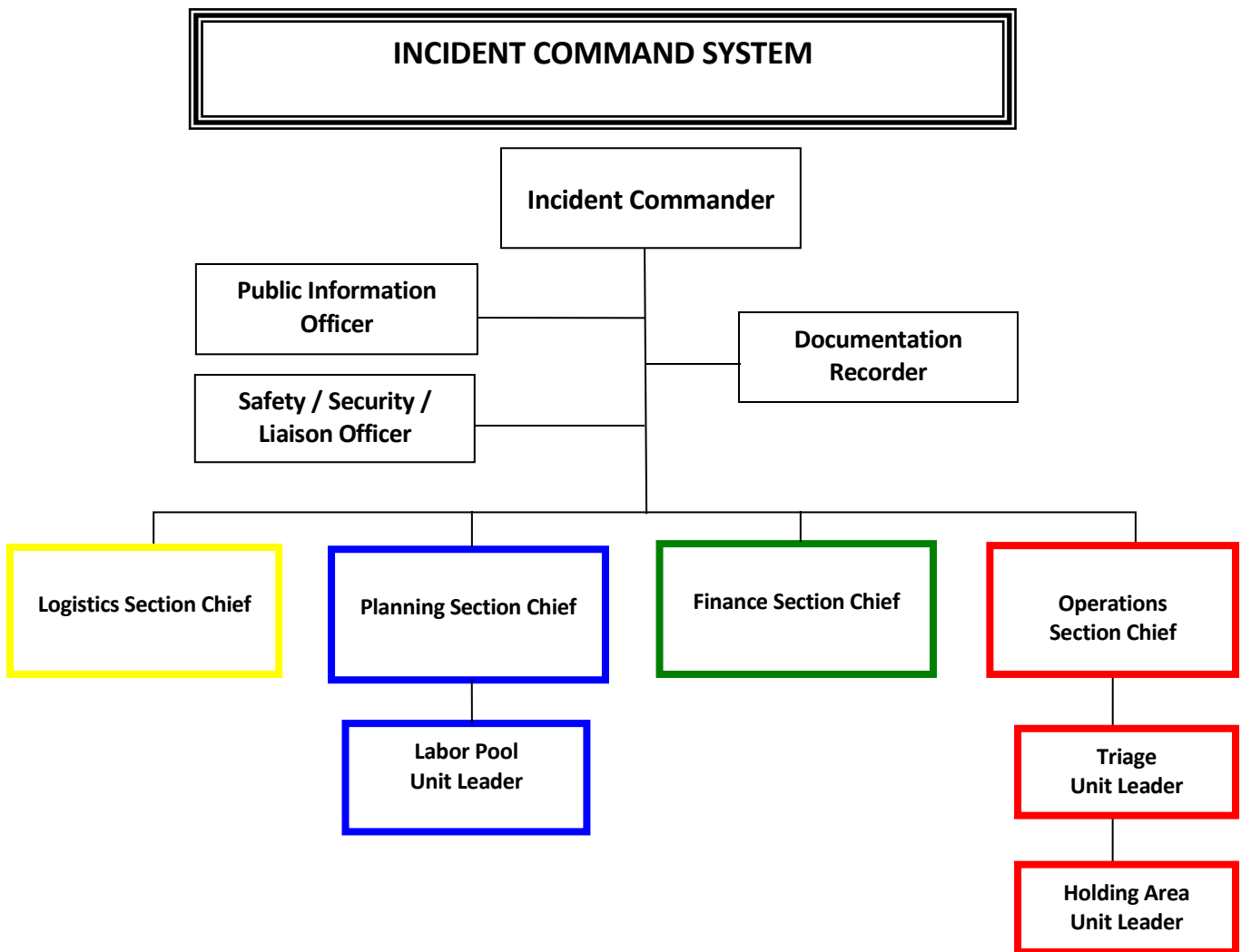
If telephone service has been disrupted:

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

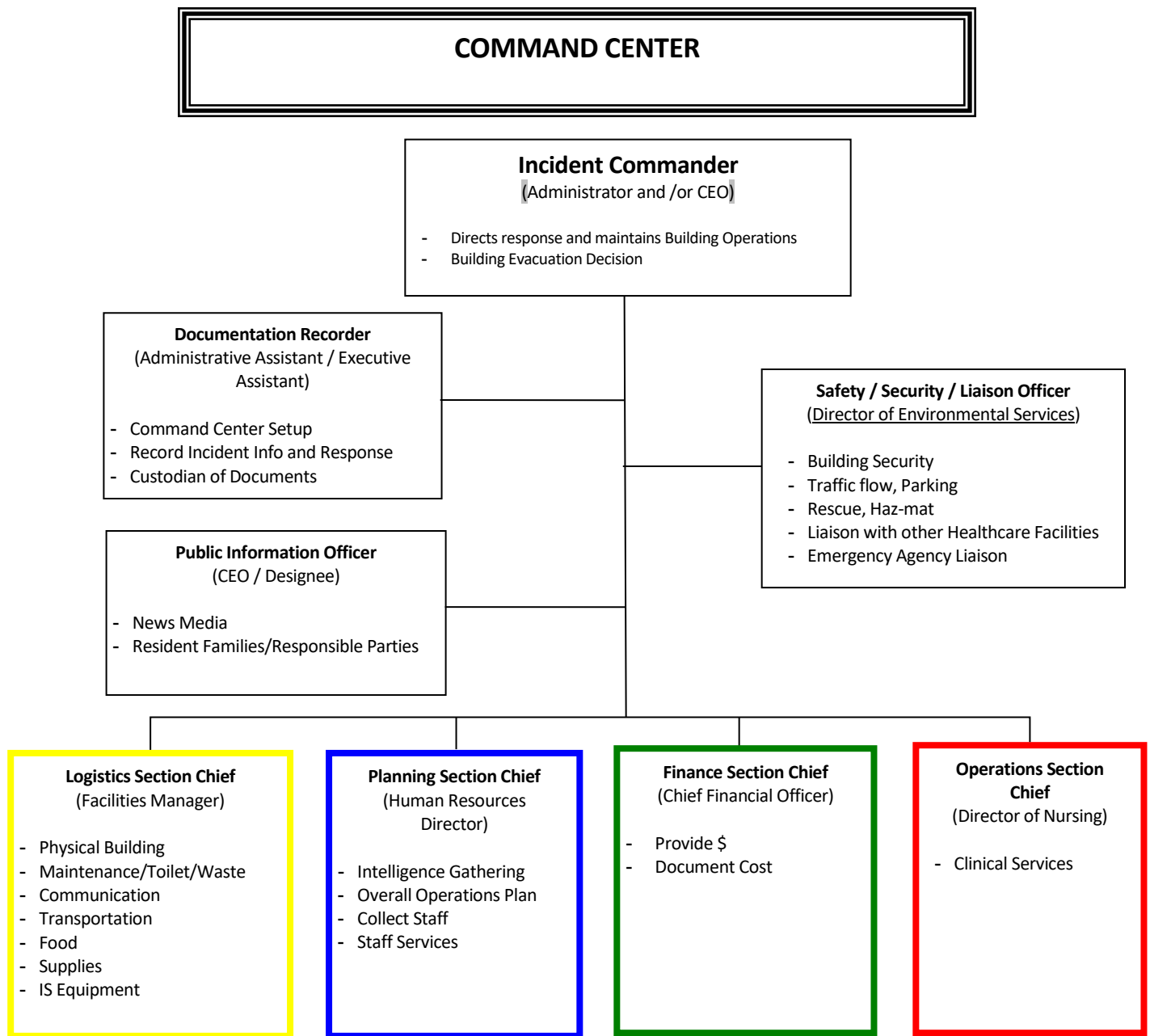
TELEPHONE NUMBERS TO HAVE AT THE COMMAND CENTER:

- Emergency Agencies and the Erie County Department of Health
- All department extension phones and fax lines
- Contact numbers for key personnel (page, home, cell phone, fax, e-mail, next-of-kin)
- Employee home phone numbers and next-of-kin phone numbers / notification list
- Elevator telephone numbers
- Regional contacts/vendors, media, pharmacies, etc.

SECTION C: INCIDENT COMMAND SYSTEM



SECTION C: INCIDENT COMMAND SYSTEM



SECTION C: INCIDENT COMMAND SYSTEM

INCIDENT COMMANDER

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

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: Administrator and/ or CEO

Alternate(s): Environmental Services Director or Director of Nursing (DON)

You Report To: Command Center

Command Center Locations:

Primary: SNF Nursing Office **Telephone:** 929-5133

Alternate: Social Work Office **Telephone:** 929-5122

Radio Channel #: _____

Attached Forms and Information:

- Incident Action Plan (IAP) Quick Start Form
- 201A - Incident Briefing
- 202A - Incident Objectives
- 213A - Incident Message Form
- 301 - Department Rapid Assessment Form
- Resident Care Department / Unit Evacuation Status Form

ALL HAZARDS INCIDENT COMMAND

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

CANTERBURY WOODS

DESIGNATED AREA LOCATIONS & TELEPHONES

<u>Command Center</u>	<u>Location:</u>	<u>Telephone #</u>
Primary:	SNF Nursing Office	929-5133
Alternate:	Social Work Office	929-5122

Labor Pool

Primary Location: Activities Department – “The Butterfly Cove” Room

Alternate Location: Wellness Center

News Media Staging

Primary Location: Fireside Lounge

Alternate Location: Cultural Arts Room

Responsible Party (Family) Area

Primary Location: Therapy Department

Alternate Location: Lobby

Triage (Influx of Residents)

Primary Location: Activities Department – “The Butterfly Cove” Room

Triage (Internal Staging) during an Evacuation:

Assisted Living Residents

Primary Location: Coventry Hall

Alternative Location: Trafalgar Main Lobby

Skilled Nursing Residents

Primary Location: Coventry Hall

Alternative Location: Trafalgar Main Lobby

SECTION C: INCIDENT COMMAND SYSTEM

HICS INCIDENT ACTION PLAN (IAP) QUICK START COMBINED HICS 201—202—203—204

1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
3. Situation Summary — HICS 201 —	
<div style="display: flex; justify-content: space-between;"><div>4. Current Incident Management Team (fill in additional positions as appropriate)</div><div>— HICS 201, 203 —</div></div> <div style="text-align: center; margin-top: 20px;"><pre>graph TD; IC[Incident Commander] --- PIO[Public Information Officer]; IC --- LO[Liaison Officer]; IC --- SO[Safety Officer]; IC -.-> MTS[Medical-Technical Specialists]; IC --- SSC[Operations Section Chief]; IC --- PSC[Planning Section Chief]; IC --- LSC[Logistics Section Chief]; IC --- FASC[Finance / Administration Section Chief];</pre></div>	

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

SECTION C: INCIDENT COMMAND SYSTEM

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

6. Incident Objectives — HICS 202, 204 —

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

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

Purpose: Short form combining HICS Forms 201, 202, 203, 204

Origination: Incident Commander or Planning Section Chief

Copies to: Command Staff, Section Chiefs, and Documentation Unit Leader

IAP Quick Start

SECTION C: INCIDENT COMMAND SYSTEM

[illegible]

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME CANTERBURY WOODS

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

Canterbury Woods	Form 301 - Department Rapid Assessment Form
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THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

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

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

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

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

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

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

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

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

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:

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

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

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

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

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

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

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

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

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

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

SECTION C: INCIDENT COMMAND SYSTEM

UNIT / AREA EVACUATION STATUS

For Use by Command Center

Checklist for Resident Areas Being Evacuated

EVACUATION PRIORITY (complete at time of evacuation)	UNIT / DEPARTMENT	EVACUATED TO HOLDING		NOTES
		Start Time	Finish Time	
	Skilled Nursing Facility (48 beds)			
	Assisted Living Residence (21 apartments)			
	Special Needs Assisted Living "Memory Care" (12 apartments)			
	Independent Apartments <input type="checkbox"/>			
	Departments: <input type="checkbox"/> Rehab, PT/OT <input type="checkbox"/> Other:			
	Other areas: <input type="checkbox"/> Dining Rooms <input type="checkbox"/> "The Butterfly Cove" Activity Room <input type="checkbox"/> North & West Lounges <input type="checkbox"/> Homestead Living Room <input type="checkbox"/> Patios <input type="checkbox"/> Public Restrooms <input type="checkbox"/> Beauty/Hair Salon			
	Other common areas not listed: _____ _____ _____ _____ _____			

SECTION C: INCIDENT COMMAND SYSTEM

DOCUMENTATION RECORDER

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

Date: _____ Start: _____ End: _____	
Position Assigned to: <u>Administrative Assistant</u>	
Alternate(s): <u>Receptionist</u>	
You Report to: <u>Command Center</u>	
Command Center Locations:	
Primary: _____ <u>SNF Nursing Office</u>	Telephone: _____ <u>929-5133</u>
Alternate: _____ <u>Social Work Office</u>	Telephone: _____ <u>929-5122</u>
Radio Channel #: _____	
Attached Forms and Information:	
<ul style="list-style-type: none">▪ 201A – Incident Briefing▪ 202A – Incident Objectives▪ 202B – Section Objectives▪ 213A – Incident Message Form▪ 214A – Operational Log	

ALL HAZARDS INCIDENT COMMAND

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

[illegible]

SECTION C: INCIDENT COMMAND SYSTEM

[illegible]

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES				
CHECK APPROPRIATE SECTION: <input type="checkbox"/> Operations <input type="checkbox"/> Planning <input type="checkbox"/> Logistics <input type="checkbox"/> Finance				
Operational Period:			Prepared by (Name):	
Operational Period Issues	Solution / Fix for Issue	Resources Necessary (staff, equipment, etc.)	Responsible Party	Considerations for Next Operational Period

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

7. PRIORITY

☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

CANTERBURY WOODS

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

HICS 214A – OPERATIONAL LOG – Document Incident Issues encountered and Decisions made

1. INCIDENT NAME

2. DATE/TIME PREPARED

3. OPERATIONAL PERIOD DATE/TIME

4. COMMAND CENTER / SECTION

5. COMPLETED BY

6. ACTIVITY LOG

Time

Major Events, Decisions Made, and Notifications Given

7. PREPARED BY (sign and print)

8. FACILITY NAME

CANTERBURY WOODS

SECTION C: INCIDENT COMMAND SYSTEM

SAFETY/SECURITY/LIAISON OFFICER

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

Date: _____ Start: _____ End: _____	
Position Assigned to: <u>Environmental Services Director</u>	
Alternate(s): <u>Facilities Manager</u>	
You Report to: Command Center	
Command Center Locations:	
Primary: <u>SNF Nursing Office</u>	Telephone: <u>929-5133</u>
Alternate: <u>Social Work Office</u>	Telephone: <u>929-5122</u>
Radio Channel #: _____	
Attached Forms and Information:	
<ul style="list-style-type: none">▪ 205A – Incident Communications Log▪ 213A – Incident Message Form▪ IL Resident Departure – Tracking Form	

ALL HAZARDS INCIDENT COMMAND

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

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	√
Secure areas evacuated to and from to limit unauthorized personnel access.	
Obtain information to provide the inter-healthcare facility emergency communication network (HHAN) and/or the municipal Command Center. Gather the following information for relay: <ul style="list-style-type: none"> ▪ The number of "Long Term Care (LTC) and Alternate Level of Care (ALC)" residents that can be received and cared for ▪ Any current/anticipated shortage of personnel, supplies, etc. ▪ Current condition of facility structure and utilities (facility's overall status) ▪ Any resources that are requested by other facilities (i.e., staff, equipment, supplies) that may be available for transfer 	
During a surge event establish vehicle off-loading area in cooperation with the Operations Section Chief for residents who may be coming from an evacuated facility.	
Establish communication with the inter-healthcare facility emergency communication network (HHAN) municipal Command Center. Relay current facility status.	
Establish mechanism to alert Code Team and Fire Response Team to respond to internal resident and/or physical emergencies, i.e. medical emergencies, fires, <u>if normal means of communications are affected</u> by incident.	
Establish contact with Liaison counterparts of each assisting and cooperating agency (i.e., Police, Fire, local or county EOC/Command Center). Keep governmental Liaison Officer updated on changes and development of your facility's response to incident.	
Intermediate Actions:	√
Provide vehicular and pedestrian traffic control, as needed.	
Secure food, water, medical and other emergency resources, as needed.	
Prepare to assist the Planning Section Chief with problems encountered in the volunteer credentialing process.	
Relay any special information obtained to appropriate personnel in the facility.	

SECTION C: INCIDENT COMMAND SYSTEM

Extended Actions:	√
Inventory any material resources that may be sent to another healthcare facility or authorized shelter, upon official request and determine method of transportation, if appropriate.	
Supply casualty data and other requested information to the appropriate authorities. Prepare the following minimum data: <ul style="list-style-type: none"> ▪ Number of Long Term Care qualified residents received (if a surge event) ▪ Number discharged to home or other facilities ▪ Number dead or injured, if any ▪ Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition, if any 	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to Incident Commander.	
Provide rest periods and relief for staff.	

Full Building Evacuation Related Actions:	√				
Communicate with the Operations & Planning Section Chiefs regarding the number and type of transportation resources required for residents being evacuated.					
Secure ambulance or other transportation for residents being evacuated, identifying transportation needs for ambulatory and non-ambulatory residents. Request transportation resources via the local EOC or EMS/Fire.					
Provide for vehicular traffic control and establish vehicle staging areas as requested. Unless otherwise requested it will be necessary to stage vehicles in the Cambridge Village Parking lot leading up to the Trafalgar Main Entrance. Coordinate vehicle staging with local Police.					
Establish vehicle loading area(s) at building entrances for residents who are being evacuated from the facility.					
Designate an individual to direct the “on-site staging” of vehicles and establish traffic flow from staging to the appropriate Discharge Points. <table border="1" data-bbox="188 1415 1256 1570"> <thead> <tr> <th>HOLDING AREA</th><th>DISCHARGE POINTS</th></tr> </thead> <tbody> <tr> <td>Coventry Hall</td><td>Trafalgar Main Entrance</td></tr> </tbody> </table>	HOLDING AREA	DISCHARGE POINTS	Coventry Hall	Trafalgar Main Entrance	
HOLDING AREA	DISCHARGE POINTS				
Coventry Hall	Trafalgar Main Entrance				
Coordinate evacuation receiving sites. Inform Holding Area of receiving sites and the type of residents they can accept.					
Place facility Public Information Officer in contact with Public Information Officers of other agencies.					
Provide for the transportation/shipment of resources (equipment & supplies) into and out of the facility.					

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:	v
Once the facility is evacuated be prepared to secure appropriate areas. Consider contracting security services during the evacuation and in securing the facility once the evacuation has been completed.	

SECTION C: INCIDENT COMMAND SYSTEM

INDEPENDENT LIVING RESIDENT DEPARTURE TRACKING FORM

DATE & TIME OUT	RESIDENT(S) NAME & CONTACT INFORMATION	APARTMENT NUMBER	KNOWN DESTINATION (FAMILY, HOTEL, ETC.)
Date: _____ Time: _____			Address: _____ Phone #: _____
Date: _____ Time: _____			Address: _____ Phone #: _____
Date: _____ Time: _____			Address: _____ Phone #: _____
Date: _____ Time: _____			Address: _____ Phone #: _____
Date: _____ Time: _____			Address: _____ Phone #: _____
Date: _____ Time: _____			Address: _____ Phone #: _____
Date: _____ Time: _____			Address: _____ Phone #: _____

Make additional copies, as necessary

Page ____ of ____

SECTION C: INCIDENT COMMAND SYSTEM

Display Clearly in Command Center

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

SECTION C: INCIDENT COMMAND SYSTEM

Display Clearly in Command Center

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

7. PRIORITY

☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

CANTERBURY WOODS

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

PUBLIC INFORMATION OFFICER (PIO)

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

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: CEO / Designee

Alternate(s): _____

You Report to: Command Center

Command Center Locations:

Primary: SNF Nursing Office **Telephone:** 929-5133

Alternate: Social Work Office **Telephone:** 929-5122

Responsible Party (Family) Area Locations:

Primary: Therapy Department

Alternate: Lobby

Public Information (News Media) Area Locations:

Primary: Fireside Lounge

Alternate: Cultural Arts Room

Radio Channel #: _____

Attached Forms and Information:

- 213A – Incident Message Form
- Pre-scripted messages

ALL HAZARDS INCIDENT COMMAND

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

7. PRIORITY

☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

CANTERBURY WOODS

Sender should attempt to retain a copy

DATE _____ TIME _____ (a.m. p.m.)

☐ **INFORMATIONAL MESSAGE TO RESIDENTS**

☐ **INFORMATION FOR FAMILIES/RESPONSIBLE PARTIES**

☐ **NEWS MEDIA**

☐ **OTHER HEALTHCARE FACILITY**

MESSAGE CONTENT APPROVED BY: _____

PH: _____

[illegible]

SECTION C: INCIDENT COMMAND SYSTEM

Pre-Scripted Messages

THIS MESSAGE IS FOR **RESIDENTS ONLY**

☐ **SHELTERING IN-PLACE**

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

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

(insert brief description of incident and location of incident)

and that the following precautions should be taken:

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

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

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

(name / title / phone number)

THIS MESSAGE IS FOR **RESIDENTS ONLY**

☐ **BUILDING EVACUATION – Temporary Relocation**

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

_____, it will be necessary to temporarily relocate residents from our facility to: _____
(name / location of Stop-Over Point / External Holding Area)

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

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

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

(name / title / phone number)

SECTION C: INCIDENT COMMAND SYSTEM

THIS MESSAGE IS FOR **RESIDENTS** ONLY

☐ **BUILDING EVACUATION – evacuation to other healthcare facilities**

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

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

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

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

_____.
(name / title / phone number)

SECTION C: INCIDENT COMMAND SYSTEM

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

☐ **RESIDENT EVACUATION**

(Temporarily Housed, Projected a Return Time)

Due to _____,
(incident type)

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

_____.

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

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

_____.
(name / title / phone number)

(Temporarily Housed, No Projected Return Time)

Due to _____,
(incident type)

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

_____.

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

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

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

_____.
(name / title / phone number)

SECTION C: INCIDENT COMMAND SYSTEM

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

☐ **RESIDENT EVACUATION**

(Evacuated to Other Healthcare Facilities)

Due to _____,
(incident type)

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

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

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

_____.
(name / title / phone number)

SECTION C: INCIDENT COMMAND SYSTEM

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

☐ **BUILDING EVACUATION**

(Temporary Relocation)

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

(description of event)

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

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

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

(Evacuation to other Healthcare Facilities)

Due to _____,
(description of event)

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

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

(name / title / phone number)

A family informational center has been established at:

_____.

Family members are requested not travel to the facility.

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

(name / title / phone number)

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

SECTION C: INCIDENT COMMAND SYSTEM

LOGISTICS SECTION CHIEF

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

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: Facilities Manager

Alternate(s): Associate Executive Director

You Report to: **Command Center**

Command Center Locations:

Primary: SNF Nursing Office **Telephone:** 929-5133

Alternate: Social Work Office **Telephone:** 929-5122

Radio Channel #: _____

Attached Forms and Information:

- 202B - Section Objectives
- 213A – Incident Message Form
- 214A – Operational Log
- 251A – Facility System Status Report
- 252A – Section Personnel Time Sheet
- 257A – Resource Accounting Record
- 301 – Department Rapid Assessment Form

ALL HAZARDS INCIDENT COMMAND

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

CANTERBURY WOODS

DESIGNATED AREA LOCATIONS & TELEPHONES

Command Center

Primary:

Alternate:

Location:

SNF Nursing Office

Social Work Office

Telephone #

929-5133

929-5122

Labor Pool

Primary Location: Activities Department – “The Butterfly Cove” Room

Alternate Location: Wellness Center

News Media Staging

Primary Location: Fireside Lounge

Alternate Location: Cultural Arts Room

Responsible Party (Family) Area

Primary Location: Therapy Department

Alternate Location: Lobby

Triage (Influx of Residents)

Primary Location: Activities Department – “The Butterfly Cove” Room

Triage (Internal Staging) during an Evacuation:**Assisted Living Residents**

Primary Location: Coventry Hall

Alternative Location: Trafalgar Main Lobby

Skilled Nursing Residents

Primary Location: Coventry Hall

Alternative Location: Trafalgar Main Lobby

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES				
CHECK APPROPRIATE SECTION: <input type="checkbox"/> Operations <input type="checkbox"/> Planning <input type="checkbox"/> Logistics <input type="checkbox"/> Finance				
Operational Period:			Prepared by (Name):	
Operational Period Issues	Solution / Fix for Issue	Resources Necessary (staff, equipment, etc.)	Responsible Party	Considerations for Next Operational Period

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME CANTERBURY WOODS
--

Sender should attempt to retain a copy

[illegible]

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources

1. DATE

2. SECTION

3. OPERATIONAL PERIOD DATE/TIME

4. RESOURCE RECORD (Fill in Below)

Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials

5. PREPARED BY

6. DATE/TIME SUBMITTED

7. FACILITY NAME

CANTERBURY WOODS

SECTION C: INCIDENT COMMAND SYSTEM

CANTERBURY WOODS	Form 301 - Department Rapid Assessment Form
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THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

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

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

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

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

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

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

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

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

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:

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

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

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

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

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

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

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

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

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

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

SECTION C: INCIDENT COMMAND SYSTEM

PLANNING SECTION CHIEF

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

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: Human Resources Director

Alternate(s): Human Resources Personnel

You Report to: Incident Commander

Command Center Locations:

Primary: SNF Nursing Office **Telephone:** 929-5133

Alternate: Social Work Office **Telephone:** 929-5122

Radio Channel #: _____

Attached Forms and Information:

- 202B – Section Objectives
- 213A – Incident Message Form
- 214A – Operational Log
- 252A – Section Personnel Time Sheet
- 257A – Resource Accounting Record
- 301 – Department Rapid Assessment Form
- 305 – Family / Pet Information Form
- 306 – Labor Pool Staff Log-in & Assignment Form
- 307 – Labor Pool Volunteer Staff Registration / Credentialing Form
- 313 – Resident/Medical Record & Equipment Tracking Form
- Labor Pool Unit Leader Job Action Sheet (Full Building Evacuation)

ALL HAZARDS INCIDENT COMMAND

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

Immediate Actions:	✓
Call for projection reports (Action Plan) from all Planning Section staff and Section Chiefs for scenarios 4, 8, 24 & 48 hours from time of incident onset. Adjust time for receiving projection reports as necessary.	
Work with Documentation Recorder and Command Center staff to document/update status reports from all disaster Section Chiefs and assigned staff for use in decision-making and for reference in post-disaster evaluation and recovery assistance applications.	
Intermediate Actions:	✓
Obtain briefings and updates as appropriate. Continue to update and distribute the facility Action Plan.	
Schedule planning meetings to include Planning Section staff, Section Chiefs, and the Incident Commander for continual update of the facility Action Plan. Consider development of Recovery and/or Demobilization Plans once the incident has been stabilized, in order to return the facility back to normal operations.	
Ensure section personnel utilize Emergency Incident Time Sheet to document hours worked/volunteered during extended emergency incident operations.	
Extended Actions:	✓
Continue to receive projected activity reports from Section Chiefs and Planning Section staff at appropriate intervals.	
Ensure all requests are routed/documented through the Documentation Recorder.	
Observe all staff, volunteers and residents for signs of stress and inappropriate behavior. Report concerns to Incident Commander. Provide rest periods and relief for staff.	
Full Building Evacuation Related Actions:	✓
Assign a staff member to be the Labor Pool Unit Leader. Provide them with the Labor Pool Unit Leader Job Action Sheet.	
Initiate staff call back as necessary.	
Assign a staff member to be responsible for tracking residents. Utilize the Resident/Medical Record & Equipment Tracking Sheet.	
Provide updates related to residents, staff and equipment tracking to the Incident Commander during an evacuation.	
Support the Holding Area(s) by ensuring there is sufficient staffing, equipment and supplies in each area. Enlist the assistance of the Logistics Section Chief for additional supplies and equipment.	

SECTION C: INCIDENT COMMAND SYSTEM

CANTERBURY WOODS

DESIGNATED AREA LOCATIONS & TELEPHONES

Command Center

Primary:

Alternate:

Location:

SNF Nursing Office

Social Work Office

Telephone #

929-5133

929-5122

Labor Pool

Primary Location: Activities Department – “The Butterfly Cove” Room

Alternate Location: Wellness Center

News Media Staging

Primary Location: Fireside Lounge

Alternate Location: Cultural Arts Room

Responsible Party (Family) Area

Primary Location: Therapy Department

Alternate Location: Lobby

Triage (Influx of Residents)

Primary Location: Activities Department – “The Butterfly Cove” Room

Triage (Internal Staging) during an Evacuation:**Assisted Living Residents**

Primary Location: Coventry Hall

Alternative Location: Trafalgar Main Lobby

Skilled Nursing Residents

Primary Location: Coventry Hall

Alternative Location: Trafalgar Main Lobby

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES				
CHECK APPROPRIATE SECTION: <input type="checkbox"/> Operations <input type="checkbox"/> Planning <input type="checkbox"/> Logistics <input type="checkbox"/> Finance				
Operational Period:			Prepared by (Name):	
Operational Period Issues	Solution / Fix for Issue	Resources Necessary (staff, equipment, etc.)	Responsible Party	Considerations for Next Operational Period

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

7. PRIORITY

☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

CANTERBURY WOODS

Sender should attempt to retain a copy

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources

1. DATE

2. SECTION

3. OPERATIONAL PERIOD DATE/TIME

4. RESOURCE RECORD (Fill in Below)

Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if nonrecoverable)	Initials

5. PREPARED BY

6. DATE/TIME SUBMITTED

7. FACILITY NAME

CANTERBURY WOODS

SECTION C: INCIDENT COMMAND SYSTEM

Canterbury Woods	Form 301 - Department Rapid Assessment Form
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THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

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

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

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

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

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

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

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

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

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:

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

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

6. Technology/Utility Systems Status

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

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

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

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

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

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

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

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

SECTION C: INCIDENT COMMAND SYSTEM

CANTERBURY WOODS FORM 306 - LABOR POOL STAFF LOG-IN & ASSIGNMENT FORM

To be completed by Labor Pool Unit Leader or designee

Please Print

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

EMPLOYEE NAME	EMPLOYEE NUMBER	POSITION / SKILL	TIME ARRIVED AT LABOR POOL	ASSIGNMENT	TIME RELEASED FROM LABOR POOL

Make additional copies, as necessary

Page ____ of ____

SECTION C: INCIDENT COMMAND SYSTEM

CANTERBURY WOODS

FORM 307 - LABOR POOL VOLUNTEER STAFF REGISTRATION / CREDENTIALING FORM

To be completed by Labor Pool Unit Leader or designee

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

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

Prepared By: _____

Date/Time Submitted: _____

Make additional copies, as necessary

Page ____ of ____

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

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

Date: _____

Resident Transported To: _____

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

CANTERBURY WOODS

RESIDENT / MEDICAL RECORD & EQUIPMENT TRACKING SHEET

Resident MR # or Tracking #	Date of Birth	Resident Name	Sex	Time Left Bldg.	Name, Type of and # Transport (State if applicable)	Original Chart Sent w/ Resident (Y) (N)	Meds & MAR Sent w/ Resident (Y) (N)	Equipment Sent	Family Notified: Name, Date & Time, Phone Number w/ Area Code			PMD Notified Name, Phone Number, Date & Time			Time Arrived Stop-over / Time Left	Time/ Date Arrived at Resident Accepting Facility
									<u>Y</u>	<u>N</u>		<u>Y</u>	<u>N</u>		A	
															L	
															A	
															L	
															A	
															L	
															A	
															L	
															A	
															L	
															A	
															L	

DISASTER STRUCK FACILITIES KEEP A COPY.

RESIDENT ACCEPTING FACILITIES MUST ALSO TRACK RESIDENTS, CHARTS & EQUIPMENT.

HAVE YOU ADVISED FACILITY THAT YOU HAVE RECEIVED RESIDENT? YES _____ NO _____

Print Name of Person at Receiving Facility & Phone #: _____

Keep 1 Copy and Fax, E-mail or Send
Additional to:

- Transportation Unit (EMS)
- Resident Accepting Facility

SECTION C: INCIDENT COMMAND SYSTEM

LABOR POOL UNIT LEADER

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

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: Staffing Coordinator/ Nursing Secretary

Radio Channel #: _____

Position Reports to: Planning Section Chief

Attached Forms and Information:

- Labor Pool Staff Log-In and Assignment Forms
- Evacuation Team Log-In Form
- Evacuation Team Handouts

Full Building Evacuation Related Actions:	v				
Receive appointment and briefing from the Planning Section Chief.					
Read this entire Job Action Sheet.					
Establish a Labor Pool location. Unless otherwise indicated, the Labor Pool will be established in The “Butterfly Cove” Activities Room.					
Assign staff member(s) to log all staff in and out of the Labor Pool. Utilize the “ <i>Labor Pool Staff Log-In and Assignment Forms</i> ”. Make extra copies as necessary.					
Assign staff to set-up and staff the Holding Areas. Coordinate efforts with the Operations Section Holding Unit Leader. Unless otherwise indicated, the Holding Area locations will be established as follows:					
<table><tr><th>HOLDING AREA</th><th>DISCHARGE POINTS</th></tr><tr><td>Coventry Hall</td><td>Trafalgar Main Entrance</td></tr></table>	HOLDING AREA	DISCHARGE POINTS	Coventry Hall	Trafalgar Main Entrance	
HOLDING AREA	DISCHARGE POINTS				
Coventry Hall	Trafalgar Main Entrance				

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:	v
<p>Assign an Equipment Cleaning Team as follows:</p> <ul style="list-style-type: none"> ▪ Assign 1-2 team members. ▪ Direct Team to set-up an equipment cleaning station at the location determined by the Transportation Unit Leader. If feasible, consider in or adjacent to the Labor Pool. ▪ Obtain appropriate cleaning materials. 	
Continually update the Planning Section Chief with the number of staff / volunteers available in the Labor Pool.	
Assign Evacuation groups to assist in evacuating the residents from their rooms to the designated Holding Areas. Provide each Evacuation Team with a portable radio, if available.	
<p>Upon notification from the Command Center, direct Evacuation Teams with equipment to respond to their designated location based upon the site of evacuation.</p> <p>Inform Evacuation Teams that evacuation should not commence until directed through the Command Center.</p>	
Consider the need to provide seating, food and beverage to staff for a mid to long term duration incident.	
Continue to maintain <i>“Labor Pool Log-In and Assignment Forms”</i> for the duration of the incident.	
Continue to advise the Planning Section Chief of the status of the Labor Pool.	
Request the implementation of staff call-back if the Labor Pool cannot maintain enough staff or staff becomes overworked.	
When the Labor Pool is deactivated, take the <i>“Labor Pool Log-In and Assignment Forms”</i> to the Command Center.	

SECTION C: INCIDENT COMMAND SYSTEM

Floor Evacuation Team – Team Leader

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

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

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

MINIMUM # OF PERSONS NEEDED: 4-6

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

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

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

Team Member Names:

SECTION C: INCIDENT COMMAND SYSTEM

Elevator Evacuation Team – Team Leader

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

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

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

MINIMUM # OF PERSONS NEEDED: 1-2

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

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

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

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

Discharge:

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

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

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

Team Member Name(s):

SECTION C: INCIDENT COMMAND SYSTEM

Stairwell Evacuation Team – Team Leader

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

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

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

MINIMUM # OF PERSONS NEEDED: 6-8

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

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

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

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

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

Discharge:

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

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

Team Member Names:

SECTION C: INCIDENT COMMAND SYSTEM

Discharge Floor Evacuation Team – Team Leader

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

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

NAME OF TEAM LEADER: _____

LOCATION ASSIGNMENT: _____

TRANSPORTATION EQUIPMENT CLEANING AREA: _____

MINIMUM # OF PERSONS NEEDED: 2-4

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

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

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

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

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

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

Team Member Name(s):

SECTION C: INCIDENT COMMAND SYSTEM

Evacuation Team Log-In Form

To be completed by Evacuation Team Leader, or designee

Please Print

NAME OF TEAM LEADER _____

Log in staff and wait in Labor Pool until dispatched by Labor Pool Unit Leader

Submit this form to Labor Pool Unit Leader before leaving Labor Pool

TIME LEAVING LABOR POOL: _____

LOCATION ASSIGNMENT: _____

EMPLOYEE NAME	EMPLOYEE NUMBER

Make additional copies, as necessary

Page ____ of ____

SECTION C: INCIDENT COMMAND SYSTEM

FINANCE SECTION CHIEF

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

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: Chief Financial Officer (CFO)

Alternate(s): Finance Department Staff Accountant

You Report to: Incident Commander

Command Center Locations:

Primary: Finance Department

Attached Forms and Information:

- 202B - Section Incident Objectives
- 213A - Incident Message Form
- 214A - Operational Log
- 252A - Section Personnel Time Sheet
- 256A - Procurement Summary Report
- 257A - Resource Accounting Record
- 300 – Claims Summary Form
- 301 - Department Rapid Assessment Form

ALL HAZARDS INCIDENT COMMAND

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

CANTERBURY WOODS

DESIGNATED AREA LOCATIONS & TELEPHONES

Command Center

Primary:

Alternate:

Location:**SNF Nursing Office****Social Work Office**Telephone #

929-5133

929-5122

Labor Pool

Primary Location: Activities Department – “The Butterfly Cove” Room

Alternate Location: Wellness Center

News Media Staging

Primary Location: Fireside Lounge

Alternate Location: Cultural Arts Room

Responsible Party (Family) Area

Primary Location: Therapy Department

Alternate Location: Lobby

Triage (Influx of Residents)

Primary Location: Activities Department – “The Butterfly Cove” Room

Triage (Internal Staging) during an Evacuation:**Assisted Living Residents**

Primary Location: Coventry Hall

Alternative Location: Trafalgar Main Lobby

Skilled Nursing Residents

Primary Location: Coventry Hall

Alternative Location: Trafalgar Main Lobby

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES

CHECK APPROPRIATE SECTION: ☐ Operations ☐ Planning ☐ Logistics ☐ Finance

Operational Period:

Prepared by (Name):

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

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

7. PRIORITY

☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

Canterbury Woods

Sender should attempt to retain a copy

[illegible]

SECTION C: INCIDENT COMMAND SYSTEM

HICS 252A – SECTION PERSONNEL TIME SHEET – For use when normal time and attendance systems fail

1. FROM DATE/TIME		2. TO DATE/TIME		3. SECTION			4. UNIT LEADER	
5. TIME RECORD								
#	Employee Name (<i>Please Print</i>)	E/V	Employee Number	Response Function/Job	Date/Time In	Date/Time Out	Signature	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
6. Prepared By						7. Date/Time Submitted		
8. Facility Name Canterbury Woods								

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources

1. DATE		2. SECTION			3. OPERATIONAL PERIOD DATE/TIME		
4. RESOURCE RECORD (Fill in Below)							
Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if non-recoverable)	Initials
5. PREPARED BY			6. DATE/TIME SUBMITTED				
7. FACILITY NAME							
Canterbury Woods							

SECTION C: INCIDENT COMMAND SYSTEM

CANTERBURY WOODS

FORM 300 - Claims Summary
Command Center

Date of Incident: _____

Incident Name / Type: _____

Summary of Claims

[illegible]

Prepared By: _____ Date and Time Prepared: _____

SECTION C: INCIDENT COMMAND SYSTEM

Canterbury Woods	Form 301 - Department Rapid Assessment Form
-------------------------	--

THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

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

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

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

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

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

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

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

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

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:

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

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

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

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

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

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

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

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

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

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

SECTION C: INCIDENT COMMAND SYSTEM

OPERATIONS SECTION CHIEF

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

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: Director of Nursing (DON)

Alternate(s): RN Nurse Manager and/or Nursing Supervisor

You Report to: Incident Commander

Command Center Locations:

Primary: SNF Nursing Office **Telephone:** 929-5133

Alternate: Social Work Office **Telephone:** 929-5122

Radio Channel #: _____

Attached Forms and Information:

- 202B – Section Objectives
- 213A – Incident Message Form
- 214A – Operational Log
- 252A – Section Personnel Time Sheet
- 257A - Resource Accounting Record
- 301 – Department Rapid Assessment Form
- Evacuation Destination Form
- Nursing Supervisor/Director of Nursing/Charge Nurse/Department Director Job Action Sheet
- Triage Unit Leader Job Action Sheet

ALL HAZARDS INCIDENT COMMAND

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

HOLDING AREAS AND RESIDENT PICK-UP LOCATIONS

HOLDING AREA	DISCHARGE POINTS
Coventry Hall	Trafalgar Main Entrance

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

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

SECTION C: INCIDENT COMMAND SYSTEM

CANTERBURY WOODS

DESIGNATED AREA LOCATIONS & TELEPHONES

Command Center

Primary:

Alternate:

Location:**SNF Nursing Office****Social Work Office**Telephone #

929-5133

929-5122

Labor Pool

Primary Location: Activities Department – “The Butterfly Cove” Room

Alternate Location: Wellness Center

News Media Staging

Primary Location: Fireside Lounge

Alternate Location: Cultural Arts Room

Responsible Party (Family) Area

Primary Location: Therapy Department

Alternate Location: Lobby

Triage (Influx of Residents)

Primary Location: Activities Department – “The Butterfly Cove” Room

Triage (Internal Staging) during an Evacuation:**Assisted Living Residents**

Primary Location: Coventry Hall

Alternative Location: Trafalgar Main Lobby

Skilled Nursing Residents

Primary Location: Coventry Hall

Alternative Location: Trafalgar Main Lobby

SECTION C: INCIDENT COMMAND SYSTEM

HICS 202B – SECTION INCIDENT OBJECTIVES

CHECK APPROPRIATE SECTION: ☐ Operations ☐ Planning ☐ Logistics ☐ Finance

Operational Period:

Prepared by (Name):

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

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

7. PRIORITY

☐ Urgent – **High** ☐ Non Urgent – **Medium** ☐ Informational – **Low**

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

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

Received by:	Time Received:	Forward to:
Comments:		

Received by:	Time Received:	Forward to:
Comments:		

10. FACILITY NAME

Canterbury Woods

Sender should attempt to retain a copy

[illegible]

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

HICS 257A – RESOURCE ACCOUNTING RECORD – Track Incoming and Outgoing Equipment, Supplies and Resources

1. DATE		2. SECTION			3. OPERATIONAL PERIOD DATE/TIME		
4. RESOURCE RECORD (Fill in Below)							
Time	Item/Facility Tracking ID #	Condition	Received from (Incoming)	Dispensed to (Department or other location)	Returned (Date/Time)	Condition (or indicate if non-recoverable)	Initials
5. PREPARED BY			6. DATE/TIME SUBMITTED				

SECTION C: INCIDENT COMMAND SYSTEM

Canterbury Woods	Form 301 - Department Rapid Assessment Form
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THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

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

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

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

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

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

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

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

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

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:

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

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

6. Technology/Utility Systems Status

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

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

SECTION C: INCIDENT COMMAND SYSTEM

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

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

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

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

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

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

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

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

Resident Transported From: _____ Print Name of Person From Sending Facility Filling Out Form / Phone #: _____
 Date: _____
 Resident Transported To: _____ * Each Receiving Facility will need it's own Tracking Sheet (have sheets for residents evacuated to HOME)

CANTERBURY WOODS

RESIDENT / MEDICAL RECORD & EQUIPMENT TRACKING SHEET

Resident MR # or Tracking #	Date of Birth	Resident Name	Sex	Time Left Bldg.	Name, Type of and # Transport (State if applicable)	Original Chart Sent w/ Resident (Y) (N)	Meds & MAR Sent w/ Resident (Y) (N)	Equipment Sent	Family Notified: Name, Date & Time, Phone Number w/ Area Code			PMD Notified Name, Phone Number, Date & Time			Time Arrived Stop-over / Time Left	Time/ Date Arrived at Resident Accepting Facility
									<u>Y</u>	<u>N</u>		<u>Y</u>	<u>N</u>		A	
															L	
															A	
															L	
															A	
															L	
															A	
															L	
															A	
															L	
															A	
															L	

DISASTER STRUCK FACILITIES KEEP A COPY.

RESIDENT ACCEPTING FACILITIES MUST ALSO TRACK RESIDENTS, CHARTS & EQUIPMENT.

HAVE YOU ADVISED FACILITY THAT YOU HAVE RECEIVED RESIDENT? YES _____ NO _____

Print Name of Person at Receiving Facility & Phone #: _____

Keep 1 Copy and Fax, E-mail or Send
Additional to:

- Transportation Unit (EMS)
- Resident Accepting Facility

(Make multiple copies)

One (1) form per evacuation site

RECEIVING SITE: _____

[illegible]

* Save this form for reference following the evacuation of residents.

SECTION C: INCIDENT COMMAND SYSTEM

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

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

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: _____

Radio Channel #: _____

Position Reports to: Incident Commander

Attached Forms and Information:

- Resident Destination – To Holding Area Form

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

SECTION C: INCIDENT COMMAND SYSTEM

Full Building Evacuation Related Actions:		v			
Unless otherwise notified, the Holding Area locations are as follows:					
<table><tr><th>HOLDING AREA</th><th>DISCHARGE POINTS</th></tr><tr><td>Coventry Hall</td><td>Trafalgar Main Entrance</td></tr></table>			HOLDING AREA	DISCHARGE POINTS	Coventry Hall
HOLDING AREA	DISCHARGE POINTS				
Coventry Hall	Trafalgar Main Entrance				
As resident rooms are evacuated, mark rooms with Yellow door tags to identify they are empty.					
Once evacuation of the unit is complete: <ul style="list-style-type: none">▪ Survey the area to ensure all residents have been evacuated.▪ Account for all staff.▪ Direct all staff to report to the Labor Pool.▪ Report the evacuation status to the Holding Areas and the Command Center.▪ Return the “Resident Destination – To Holding Area Form” to the Command Center.					

SECTION C: INCIDENT COMMAND SYSTEM

RESIDENT DESTINATION – TO HOLDING AREA FORM

Unit _____

Charge Nurse _____

(To be completed as the resident leaves the unit)

Once evacuation is completed return this form to the Command Center

Please Print

RESIDENT NAME	TIME LEFT UNIT	HOLDING AREA DESTINATION

Make additional copies, as necessary

Page ____ of ____

SECTION C: INCIDENT COMMAND SYSTEM

TRIAGE UNIT LEADER

Mission: Provide general oversight to all Holding Area.

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: _____

Radio Channel #: _____

Position Reports to: Operations Section Chief

Attached Forms and Information:

- Holding Area Supplies

Full Building Evacuation Related Actions:	v				
Receive appointment and briefing from the Operations Section Chief. Read this entire Job Action Sheet.					
Assign a Holding Area Coordinator to directly set-up and manage each Holding Area. Provide each individual with a copy of the Holding Area Job Action Sheet and associated forms. Make extra copies as necessary.					
Identify the necessity and number of Holding Areas required through discussion with the Operations Section Chief and the Command Center. Unless otherwise indicated, the Holding Area locations will be established as follows: <table><tr><th>HOLDING AREA</th><th>DISCHARGE POINTS</th></tr><tr><td>Coventry Hall</td><td>Trafalgar Main Entrance</td></tr></table>	HOLDING AREA	DISCHARGE POINTS	Coventry Hall	Trafalgar Main Entrance	
HOLDING AREA	DISCHARGE POINTS				
Coventry Hall	Trafalgar Main Entrance				
Ensure each Holding Area is sufficiently staffed and equipped.					
Once each Holding Area is ready to receive evacuated residents inform Command Center.					
Ensure resident tracking procedures are in place to track residents as they arrive and depart each Holding Area.					
Continue to monitor each Holding Area and provide resources to the Holding Area Coordinator as necessary. Advise Command Center on each Holding Area capacity.					
Monitor Holding Area Coordinator and all staff for exhaustion and psychological wellness.					
When evacuation is complete, notify the Operations Section Chief and the Command Center and deactivate the Holding Areas as directed.					

SECTION C: INCIDENT COMMAND SYSTEM

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

SECTION C: INCIDENT COMMAND SYSTEM

HOLDING AREA UNIT LEADER

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

Date: _____ **Start:** _____ **End:** _____

Position Assigned to: _____

Telephone #: _____

Radio Channel #: _____

Position Reports to: Operations Section Chief and Triage Unit Leader

Attached Forms and Information:

- Holding Area Supplies
- Resident Evacuation Tracking Form
- Resident, Medical Record & Equipment Tracking Sheet
- Holding Area Arrival Tracking Form
- Holding Area Departure Tracking Form
- Staff and Equipment Tracking Form – Holding Area

Full Building Evacuation Related Actions:	✓				
Receive appointment and briefing from the Operations Section Chief or the Triage Unit Leader.					
Read this entire Job Action Sheet.					
Set-up and manage a Holding Area as instructed by the Command Center.					
Request staff to operate the Holding Area from the Labor Pool Unit Leader. Unless otherwise indicated, the Holding Area location and Resident Pick-up Location are as follows:					
<table border="1"><thead><tr><th>HOLDING AREA</th><th>DISCHARGE POINTS</th></tr></thead><tbody><tr><td>Coventry Hall</td><td>Trafalgar Main Entrance</td></tr></tbody></table>	HOLDING AREA	DISCHARGE POINTS	Coventry Hall	Trafalgar Main Entrance	
HOLDING AREA	DISCHARGE POINTS				
Coventry Hall	Trafalgar Main Entrance				
Gather and/or request the following equipment for the Holding Area (see form immediately following this Job Action Sheet):					
Assign an individual(s) to track residents as they ARRIVE in the Holding Area. Provide them with the “Holding Area Arrival Tracking Form”. Make additional copies as necessary (you may choose to track this on an eraser/white board). As residents arrive, ensure the residents medical records and personal belongings accompany them.					

SECTION C: INCIDENT COMMAND SYSTEM

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

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

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

Resident Emergency Evacuation Information Tags and Resident Tracking Forms

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

A sheet should be filled out for each facility that is receiving one or more of your residents. If a number of residents are all being sent to the same facility, these residents can all be listed on one Tracking Sheet. The following is only a sample tracking sheet; facilities may develop their own form or amend this sample. The top sheet/copy of the sample tracking form would be kept by the disaster struck facility as a record of where the residents have been sent.

SECTION C: INCIDENT COMMAND SYSTEM

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

RESIDENT EVACUATION TRACKING FORM
CANTERBURY WOODS INSERT FACILITY NAME AND PHONE #

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

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

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

SENT TO HOLDING: ☐ Yes ☐ No

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

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

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

Allergies: _____

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

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

Other: _____

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

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

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

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

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

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

This Portion of Form Completed by (Name): _____

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

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

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

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

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

This Portion of Form Completed by (Name): _____

RECEIVING FACILITY - To be completed at time of arrival

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

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

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

Top Copy - to accompany Resident - Receiving Facility to return completed top copy to Sending Facility Command Center

Middle Copy – To be retained by Receiving Facility

Bottom Copy – To be retained by Sending Facility

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

Date: _____

Resident Transported To: _____

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

CANTERBURY WOODS RESIDENT / MEDICAL RECORD & EQUIPMENT TRACKING SHEET

Resident MR # or Tracking #	Date of Birth	Resident Name	Sex	Time Left Bldg.	Name, Type of and # Transport (State if applicable)	Original Chart Sent w/ Resident (Y) (N)	Meds & MAR Sent w/ Resident (Y) (N)	Equipment Sent	Family Notified: Name, Date & Time, Phone Number w/ Area Code			PMD Notified Name, Phone Number, Date & Time			Time Arrived Stop-over / Time Left	Time/ Date Arrived at Resident Accepting Facility
									Y	N		Y	N			
															A	
															L	
															A	
															L	
															A	
															L	
															A	
															L	
															A	
															L	
															A	
															L	

DISASTER STRUCK FACILITIES KEEP A COPY.

RESIDENT ACCEPTING FACILITIES MUST ALSO TRACK RESIDENTS, CHARTS & EQUIPMENT.

HAVE YOU ADVISED FACILITY THAT YOU HAVE RECEIVED RESIDENT? YES _____ NO _____

Print Name of Person at Receiving Facility & Phone #: _____

Keep 1 Copy and Fax, E-mail or Send
Additional to:

- Transportation Unit (EMS)
- Resident Accepting Facility

SECTION C: INCIDENT COMMAND SYSTEM

HOLDING AREA RESIDENT ARRIVAL TRACKING FORM

[illegible]

Make additional copies, as necessary

Page ____ of ____

SECTION C: INCIDENT COMMAND SYSTEM

HOLDING AREA RESIDENT DEPARTURE TRACKING FORM

[illegible]

Make additional copies, as necessary

Page ____ of ____

STAFF & EQUIPMENT TRACKING FORM – HOLDING AREA

To be completed at the point of Holding Area DEPARTURE to document staff and equipment who accompany residents from the facility

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

[illegible]

Make additional copies, as necessary

Page ____ of ____



SECTION D:

FULL BUILDING EVACUATION PLAN

FULL BUILDING EVACUATION PLAN

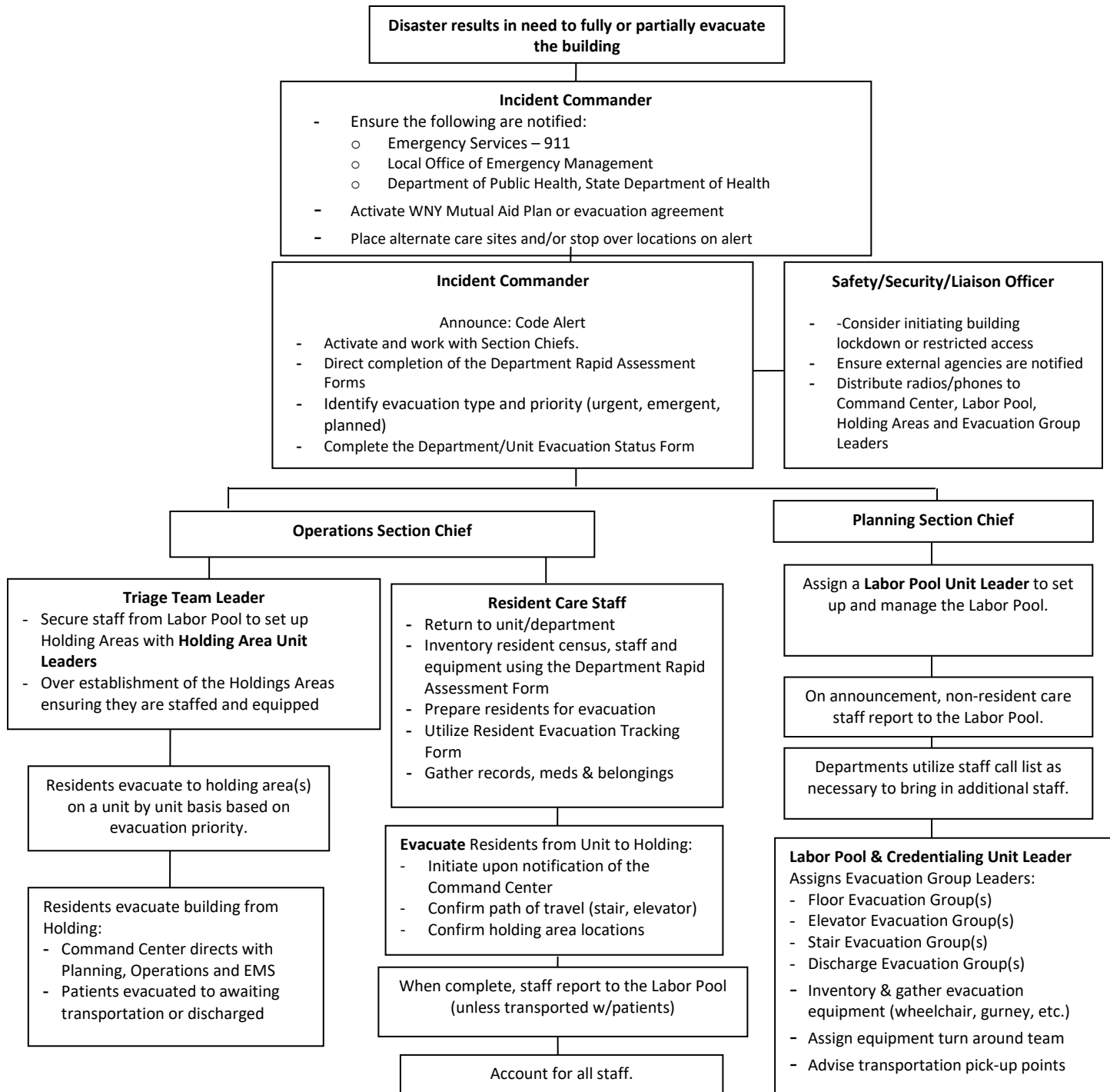
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SECTION D: FULL BUILDING EVACUATION PLAN

FULL BUILDING EVACUATION PLAN ALGORITHM

SECTION D: FULL BUILDING EVACUATION PLAN



SECTION D: FULL BUILDING EVACUATION PLAN

INTRODUCTION

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

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

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

In the event of an **Emergent Evacuation**:

In an emergent building evacuation, an external holding area(s), otherwise known as the **Stop-Over Point**, may be established at the following location:

Primary Location:

St. Gregory’s Church
100 St. Gregory Court
Williamsville, NY 14221
716-668-5678

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

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

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

Following a declaration by the President and HHS Secretary regarding a regional disaster, the facility will work with the department of health to obtain a 1135 waiver (see attached).

The facility point person will be the Administrator.

SECTION D: FULL BUILDING EVACUATION PLAN

ACTION PLAN

INCIDENT COMMANDER

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

Ensure the following agencies are notified:

- Emergency Services – 911 (if not already involved)
- Erie County Department of Emergency Services
- New York State Department of Health

COMMAND CENTER LOCATIONS	
PRIMARY	ALTERNATE
SNF Nursing Office	Social Work Office

ACTIVATION OF PLAN

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

ACTIVATE LABOR POOL

LABOR POOL LOCATIONS	
PRIMARY	ALTERNATE
Activities Department “The Butterfly Cove” Room	Wellness Center

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

SECTION D: FULL BUILDING EVACUATION PLAN

TRANSPORTATION (INTERNAL / EXTERNAL)

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

TRANSPORTATION EQUIPMENT TO BE GATHERED	
EQUIPMENT	LOCATION
Wheelchairs	Unit storage room
BRODA Chairs	Unit storage room

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

TRANSPORTATION STAGING AREAS	
Ambulance and Wheel Chair Vans	Parking Lot to Main Entrance of Trafalgar Village and Cambridge
Buses, Vans, other transport vehicles	Parking Lot to Main Entrance of Trafalgar Village and Cambridge

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

SECTION D: FULL BUILDING EVACUATION PLAN

- Consider the following transportation resources for transportation of equipment and supplies (see Emergency Resources and Lists Section):
 - Consider renting a truck:
 - Penske Truck Rental
 - Budget Truck Rental
 - U-Haul Truck Rental
 - Ryder Truck Rental

CENSUS REDUCTION

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

ASSIGNMENT OF RESIDENT EVACUATION STAFF

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

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

HOLDING AREAS

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

HOLDING AREA TYPE AND LOCATION	DISCHARGE POINT
<u>Independent Living Residents</u> Lobbies of Each Village (Essex – Cambridge - Kent)	Trafalgar, Kent, Cambridge & Bedford- Main Entrance of each Village Essex – Cambridge - Kent

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

- It may be necessary to isolate **Memory Care** residents from the general resident population. Consider establishing a separate Holding Area and pickup point, as indicated above. This will be determined by the Incident Commander in consultation with the Operations Section Chief at the time of the evacuation.

SECTION D: FULL BUILDING EVACUATION PLAN

- Each Holding Area shall be cleared for use as a resident staging area, appropriately staffed with clinical staff, and set up with equipment and supplies.

HOLDING AREA SUPPLIES (as applicable)
<ul style="list-style-type: none">- Emergency Cart/Box- AED- Portable Suction- Portable Oxygen w/ regulators- Oxygen concentrators- Medical Supplies- Vital Sign Equipment- Linen Supplies- Commodes- Personal Disposables (briefs, etc)- Supply of wristbands and markers- Evacuation tracking forms

SECTION D: FULL BUILDING EVACUATION PLAN

COMMUNICATIONS

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

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

EVACUATION PRIORITIZATION

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

NOTES:

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

SECTION D: FULL BUILDING EVACUATION PLAN

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

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

- To provide support to the evacuating units, staff and Emergency Services can access upper floors via the following designated stairs and elevators:
 - **Stairs:** located at each end of Assisted Living Hallways (3)
 - **Elevators:** located on the second and third floor and exit to lobby one (if elevators are cleared for use).

EVACUATION ORDER

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

SECTION D: FULL BUILDING EVACUATION PLAN

- As residents are taken out of their rooms, mark doors with a Yellow Door Tag to indicate room has been evacuated. Door tags are stored in the fire extinguisher cabinets located throughout unit hallways.
- Once evacuation of initial area has been completed, notify the Command Center. The Labor Pool will direct Evacuation Group(s) to the next area to be evacuated. As each area is told to evacuate, they are given the following information:
 - Locations of Holding Areas
 - Evacuation route (specific Elevator or Stairwell) to be used, as applicable.
- Continue this routine until evacuation has been completed. Use *“Resident Care Department / Unit Evacuation Status”* form to document evacuation status of each area.

NOTES:

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

RESIDENT PLACEMENT INTO OTHER FACILITIES

- Moving residents out of the facility will be ordered by the Incident Commander in consultation with the Operations & Planning Section Chiefs, EMS and possibly the Fire Department. The facility shall attempt to evacuate to other similar facilities.
- Selecting Receiving Facilities for evacuated residents will be the responsibility of the Operations & Planning Section Chiefs. Contact with Receiving Facilities will be the responsibility of the Command Center, Safety/Security/Liaison Officer or designee.
- Ensure the *“Resident Evacuation Tracking Form”* is completed prior to each resident leaving the facility. Receiving Facility availability shall be reported to the Holding Area.
- Consider communicating with the following potential evacuation sites:
 - Evacuate to facilities within any established Mutual Aid Agreement such as:
 - Evacuate Independent Residents to Hotels within the area/region:
 - Staybridge Suites Buffalo – Airport, 8005 Sheridan Drive, Williamsville
 - Wyndham Garden – 5195 Main Street, Williamsville
 - Evacuate Assisted Living Residents to facilities in the area/region:
 - Refer to WNY Section 3 Pages 54-75 (Northern Erie County) Assisted Living Facilities Listing

SECTION D: FULL BUILDING EVACUATION PLAN

- Evacuate Skilled Nursing Residents to facilities in the area/region:
 - Refer to WNY Quadrant 2 (Northern Erie County) Skilled Nursing Facilities Listing – Pages 29-47

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

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

RESIDENT MEDICAL RECORDS

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

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

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

SECTION D: FULL BUILDING EVACUATION PLAN

MEDICATIONS & FEDERALLY CONTROLLED SUBSTANCES

- Resident medications, if time allows, will be put into a Ziploc plastic bag or pillowcase, labeled (use marker), and sent with the resident.
- Obtain medications from Independent Residents being evacuated to another healthcare facility. Consider bringing medications on carts to the Independent Living Holding Area.
- Federally controlled substances will not go with the resident unless a Nurse or approved medical practitioner accompanies the resident. Federally controlled substances may be taken to a Receiving Facility by a licensed medication administration nurse (after the evacuation is complete). A controlled substance count will be done and documented at the Receiving Facility.

CARE AND TREATMENT OF EVACUEES

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

RESIDENT PERSONAL BELONGINGS

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

SECTION D: FULL BUILDING EVACUATION PLAN

RESIDENT PREPARATION GUIDE:

INDEPENDENT LIVING RESIDENTS

RESIDENT / DESTINATION / TRACKING

Some residents may be able leave on their own if they are capable to leave under their own power, or have a responsible party (i.e.: family member) available to pick them up. Determine which residents, by necessity, will need to be evacuated to another Independent Living or healthcare facility and follow the following guidelines.

- When possible send vital medical information with each resident being evacuated to another facility.
- Complete the “*Resident Evacuation Tracking Form*” for each resident being evacuated and attach to front of resident’s medical file or packet of information being sent with the resident.
- Independent Living residents will be evacuated vertically using the stairs and/or elevators as depicted on the evacuation floor plans.
- Independent Living residents will initially be evacuated to the lobby of each village and then picked up at the village entrance.
 - The actual location of the internal Holding Area may be amended and will ultimately be determined by the Command Center.

RESIDENT IDENTIFICATION

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

PERSONAL EFFECTS

- Essential personal effects (eyeglasses, dentures, hearing aides, clothing, etc.) are to be placed in a plastic bag, pillowcase or other bag and accompany resident, if possible. Label with resident’s name using a marker.

MEDICATIONS / SUPPLIES

- Any needed medications, medical supplies or equipment will be packaged and evacuated with the resident.

SPECIAL CONSIDERATIONS

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

SECTION D: FULL BUILDING EVACUATION PLAN

RESIDENT PREPARATION GUIDE:

ASSISTED LIVING RESIDENTS

RESIDENT / DESTINATION / TRACKING

Some residents may be able leave on their own if they are capable to leave under their own power, or have a responsible party (i.e.: family member) available to pick them up.

Determine which residents, by medical necessity, will need to be evacuated to another healthcare facility and follow the following guidelines.

- Complete the “*Resident Evacuation Tracking Form*” for each resident prior to evacuation and attach to front of resident’s medical file or packet of medical information being sent with the resident.
- Assisted Living residents will be evacuated horizontally unless contra indicated using the following stairs and/or elevators to the designated Holding Area: Coventry Hall
 - **Stairwells at end of Hallways (path leads to skilled nursing unit & exterior of building)**
 - **Elevators located on the Second & Third floor and exit to lobby** (if permitted for use)

RESIDENT IDENTIFICATION

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

MEDICAL RECORDS

- When possible send the hardcopy resident medical chart/file (including face sheet and MAR) with each resident.
- At a minimum copy the following resident care documentation, to accompany the resident if the hard copy medical file is not sent:
 - Cover sheet
 - Medical Administration Record (MAR)
 - Physician Orders and Nursing Notes
 - Medications List / Treatment Sheet
 - Physicians History & Physical Findings
 - Advanced directives
 - Healthcare Proxy / Responsible Party Information
 - If resident is off the unit, gather personal effects, label with resident’s name, and prepare to send with medical file or medical information to area where they are at the time. The area the resident is in should coordinate this process.
- Attach the “*Resident Evacuation Tracking Form*” to the front of the medical chart/file or packet of medical information being sent with the resident.

SECTION D: FULL BUILDING EVACUATION PLAN

PERSONAL EFFECTS

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

MEDICATIONS / SUPPLIES

- Any medications, medical supplies or equipment needed for specialized treatment will be packaged and evacuated with the resident.
- Resident medications to accompany resident, if possible:
 - Must be dosage-specific for each resident.
 - Must be identified with resident name and Medical Record/File number.
 - Federally controlled substances, if any, will not go with the resident unless a Nurse or approved medical practitioner accompanies the resident. Federally controlled substances may be taken to a Receiving Facility by a licensed medication administration nurse (after the evacuation is complete). A controlled substance count will be done and documented at the Receiving Facility.

SPECIAL CONSIDERATIONS

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

SECTION D: FULL BUILDING EVACUATION PLAN

ASSISTED LIVING HOLDING AREA(S) AND RESIDENT PICK-UP LOCATIONS

HOLDING AREA	DISCHARGE POINT
Primary: Coventry Hall Alternative: Main Entrance Lounge- Trafalgar Village	Trafalgar Main Entrance

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

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

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

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

SECTION D: FULL BUILDING EVACUATION PLAN

RESIDENT PREPARATION GUIDE:

SKILLED NURSING RESIDENTS

RESIDENT / DESTINATION / TRACKING

- Determine which Holding Area residents will be evacuated to and complete the “*Resident Evacuation Tracking Form*” for each resident prior to evacuation and attach to front of resident’s medical file or packet of medical information being sent with the resident.

RESIDENT IDENTIFICATION

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

MEDICAL RECORDS

- When possible send the hardcopy resident medical chart/file (including face sheet and MAR) with each resident.
- At a minimum copy the following resident care documentation, to accompany the resident if the hard copy medical file is not sent:
 - Cover sheet
 - Medical Administration Record (MAR)
 - Physician Orders and Nursing Notes
 - Medications List / Treatment Sheet
 - Physicians History & Physical Findings
 - Advanced directives
 - Healthcare Proxy / Responsible Party Information
 - If resident is off the unit, gather personal effects, label with resident’s name, and prepare to send with medical file or medical information to area where they are at the time. The area the resident is in should coordinate this process.
- Attach the “*Resident Evacuation Tracking Form*” to the front of the medical chart/file or packet of medical information being sent with the resident.

CRITICAL CARE SUPPLIES AND STAFF

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

PERSONAL EFFECTS

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

SECTION D: FULL BUILDING EVACUATION PLAN

MEDICATIONS / SUPPLIES

- Any supplies or equipment needed for specialized treatment will be packaged and evacuated with the resident (bedside and special medications).
- Resident medications to accompany resident, if possible:
 - Must be dosage-specific for each resident.
 - Must be identified with resident name and Medical Record/File number.
 - Federally controlled substances will not go with the resident unless a Nurse or approved medical practitioner accompanies the resident. Federally controlled substances may be taken to a Receiving Facility by a licensed medication administration nurse (after the evacuation is complete). A controlled substance count will be done and documented at the Receiving Facility.

SPECIAL CONSIDERATIONS

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

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

HOLDING AREA	DISCHARGE POINTS
Primary: Coventry Hall Alternative: Main Entrance Lounge – Trafalgar Village	Trafalgar Main Entrance

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

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

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

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

RESIDENT EVACUATION TRACKING FORM
CANTERBURY WOODS (716)-929-5800

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

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

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

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

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

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

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

Allergies: _____

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

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

Other: _____

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

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

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

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

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

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

This Portion of Form Completed by (Name): _____

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

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

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

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

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

This Portion of Form Completed by (Name): _____

RECEIVING FACILITY - To be completed at time of arrival

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

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

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

Top Copy - to accompany Resident - Receiving Facility to return completed top copy to Sending Facility Command Center

Middle Copy – To be retained by Receiving Facility

Bottom Copy – To be retained by Sending

SECTION D: FULL BUILDING EVACUATION PLAN

RECEIVING FACILITIES FOR EVACUATION

See WNY Mutual Aid Plan

WNY Quadrant 2 (Northern Erie County) Skilled Nursing Facilities Listing – Pages 29-47



SECTION E:

EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

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SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ACTIVE SHOOTER / PERSON WITH WEAPON

OVERVIEW

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

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

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

GENERAL ACTIONS APPLICABLE TO ALL STAFF

Staff in the Immediate Area of Threat

- If an Active Shooter or Person with a Weapon enters your area, you should:
 - First, **run away** from the shooter, if possible, encouraging others to follow. If that is not possible, seek a secure place to **hide and deny** the shooter access. As a last resort, each person must consider if he or she can and will fight to survive, **incapacitate the shooter**, and protect others from harm.
 - If it is safe to do so, the first course of action is to run out of the facility or away from the area under attack and move as far away as possible until they are in a safe location.
 - Proceed to the Assembly area, located Chelsea Clubhouse, 671 Downing Lane.
- Despite the complexity of this situation; personnel, residents, and visitors who can evacuate safely should do so.
- RUN and:
 - Leave personal belongings behind.
 - Visualize possible escape routes, including physically accessible routes for residents, visitors, or staff with disabilities and others with access and functional needs.
 - Avoid elevators.
 - Take others with them, but do not stay behind because others will not go.
 - Proceed to the Assembly area, located Chelsea Clubhouse, 671 Downing Lane and call 911 when safe to do so.
- If running is not a safe option, staff should hide in as safe a place as possible where the walls might be thicker and have fewer windows. Likewise, for residents that cannot “run” because of mobility issues (e.g., they are unable to leave their bed), hiding may be the only option.
 - Lock the doors if door locks are available.
 - Barricade the doors with heavy furniture or wedge items under the door. Those in the resident care areas should secure the unit entrance(s) by locking the doors and/or securing the doors by any means available (e.g., furniture, cabinets, bed, equipment, etc.). In a resident room, move a bed against the room door, lock the bed wheels and consider staying with the resident in the bathroom.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Close and lock windows, close blinds or cover windows.
- Turn off lights; silence all cell phones and other devices; remain silent.
- Look for other avenues of escape.
- Identify ad-hoc weapons, such as a fire extinguisher that can be discharged into the shooter's face/eyes.
- When safe to do so, use strategies to silently communicate with first responders, if possible (e.g., in rooms with exterior windows, make signs to silently signal law enforcement and emergency responders to indicate the status of the room's occupants).
- Hide along the wall closest to the exit but out of view from the hallway (which would allow the best option for ambushing the shooter and for possible escape if the shooter enters or passes by the room).
- Remain in place until given an "All Clear" by identifiable law enforcement.
- Consider these additional actions:
 - Barricade areas where residents, visitors, and/or staff are located. Close and secure cross corridor smoke/fire barrier doors when safe to do so. Consider parking a bed with wheels locked against the doors to deny the shooter entry, otherwise use large furnishings, carts, etc.
 - Transport residents in wheelchairs or carry them to a safe location, if possible.
 - A checklist (see E-7) of instructions will be available on the back of identified "Safe Room" doors.
- If neither running nor hiding is a safe option, as a last resort and only when confronted by the shooter, staff in immediate danger should consider trying to disrupt or incapacitate the shooter by using aggressive force and items in their environment, such as fire extinguishers, chairs, etc.
- The first employee to identify an active shooter or a person with a weapon situation should:
 - Call 911 and give the following information (if possible):
 - Facility name and address
 - Location of incident within the building
 - The number of suspects, if known
 - Type of weapon(s) involved
- If you are outside the building and encounter an active shooter or person with a weapon, you should:
 - Try to remain calm.
 - Move away from the active shooter, the sound of gunshot(s) and/or explosion(s), or person with a weapon.
 - Proceed to the Assembly area located (see E-7).
 - Look for appropriate locations for cover/protection (e.g., buildings, brick walls, retaining walls, parked vehicles, etc.).
 - Call 911.

Staff Not in the Immediate Area of Threat

- If you are at a location distant from the active shooter, such as on a different unit or floor, or if you are not able to leave the non-resident care area safely:

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Remain calm.
- Warn other staff and visitors to take immediate shelter; protect residents by placing them into rooms and closing room doors.
 - People with a mobility disability may need assistance leaving the building and may need accessible modes of transportation to move to an evacuation point.
 - People needing accessible communications, such as individuals who are blind or who have low vision or individuals who have limited English proficiency or who are non-English speaking may not be able to independently use traditional orientation and navigation methods such as exit or evacuation signs and should be assisted by staff.
 - An individual who is deaf or who has a cognitive or intellectual disability may be trapped somewhere and unable to communicate if they cannot hear or speak to responders.
 - Children require adult supervision and require support to evacuate safely and avoid becoming lost or separated.
- Go to a room that can be locked or barricaded. Lock and barricade doors or windows, turn off lights and close blinds, block windows, if possible.
 - Optimal locations include areas or rooms with thick walls made of cinder block, or brick and mortar; solid doors with locks; and areas with minimal glass and interior windows.
 - Silence cell phones. Turn off radios or other devices that emit sound.
 - Keep yourself out of sight and take adequate cover/protection (i.e., concrete walls, thick desks, filing cabinets).
- Have one person call 911 and state: *"This is (your name) at Canterbury Woods, 725 Renaissance Drive in Williamsville. We have an active shooter in the building (give your exact location), gunshots fired."*

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Safe Rooms:

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

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

(Staff Restrooms may also have locking doors)

Department/Unit	Floor/Wing	Safe Area/Room Location(s)	Telephone Available
Skilled Nursing	1 st Floor	Conference Room and Spa Rooms	Yes
Assisted Living	2 nd Floor	Spa and Resident Storage Room	No
Memory Care	3 rd Floor	Medication Room and Restroom	No

**Denotes area equipped with a fire extinguisher*

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

POLICE RESPONSE

Role of the Police Upon Arrival

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

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT THE TIME)

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

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

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

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

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

- Provide for resident, staff and visitor accountability to the extent possible. If safe to do so, assign a member of the Leadership Team/designee to proceed to the assembly area located at the command center for accountability. Report any missing persons to Police.
- Plan for a situation that may take several hours to resolve. While the violence may be over quickly, there may be an extensive crime scene over a wide area. See Return to Normal Operations/Recovery section.
- If necessary, contact staff on the next shift and provide reporting information based on Police guidance.
- Make provisions to notify families/responsible parties of any casualties.
- Establish an off-site Media Center, in conjunction with the Police. Staff should not give out any information to the media. The Police will request that any and all official statements from the facility be discussed with a designated Police representative before being released.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Consider need for an off-site reunification center where residents, visitors and/or staff can be picked-up. The Chelsea Clubhouse can be used for this purpose with Police permission.
- Have Maintenance standing by to shut off electrical power, natural gas, or other utilities upon Police request.
- At the direction of the Police, announce “All Clear”. All affected personnel will be contacted immediately for debriefing purposes.
- When appropriate, make the following notifications:
 - Off-duty staff
 - Resident families/responsible parties
 - Department of Public Health

RECEPTIONIST

Notify Police via 911. Give them any information that is known about the situation.

- Initiate plain language announcement over the overhead speaker system three (3) times and include location (e.g., Attention – there is an Active Shooter or Person with a Weapon located...).
- Notify the Administrator, Director of Environmental Services and Director of Nursing if safe to do so and time permits.

MAINTENANCE (staff assigned Security responsibilities)

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

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Consider a Building Lockdown. Assign monitoring of doors if incident is occurring on the exterior grounds. Assign additional staff to control access to the incident area as directed by the Police.
- If safe to do so, secure the crime scene pending Police arrival and isolate witnesses. Escort witnesses to separate rooms to await Police interview.
- Advise Police of:
 - CCTV coverage in area of incident and whether recordings are available
 - Door locking arrangements in the area
 - Capability to lock down the building and/or campus
 - Known history or background information on the shooter
- When Law Enforcement arrives, they assume jurisdiction over the event. Staff will follow all reasonable directions by Law Enforcement, even when asked to leave the area.

NURSING / RESIDENT CARE STAFF

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

RETURN TO NORMAL OPERATIONS / RECOVERY

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

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

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

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

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

When all threats have been eliminated:

- Within an ongoing and/or evolving emergency, where the immediate reunification of loved ones is not possible, providing family members with timely, accurate, accessible and relevant information is paramount. Consider establishment of a family reunification area to help family members locate their loved ones and determine whether or not they are among the casualties. This center should be placed away from media view or exposure. Consider use of Coventry Hall for this purpose, with the permission of Police.
- Schedule periodic updates with family members even if no additional information is available; being prepared to speak with family members about what to expect when reunited with their loved ones; and ensuring effective communication with those who have language barriers or need other accommodations, such as sign language interpreters for deaf or hard of hearing family members.
- While law enforcement and medical examiner procedures must be followed, families should receive accurate information as soon as possible. Having trained personnel immediately available to talk to loved ones about death and injury can ensure the notification is provided to family members with clarity and compassion. Counselors should be on hand to immediately assist family members.
- Keep the scene secure. Follow Police instructions:
 - Isolate and protect the scene and evidence.
 - Do not alter the scene or try to investigate the crime or incident. The Police will advise you of the actions/procedures to follow.
 - Conduct a debriefing with on-duty staff and make provisions for Critical Incident Stress Debriefing following the All Clear.
- Provide for an assessment of the psychological state of individuals at the scene. Initiate staff debriefing and make provisions for the residents and their visitors.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- The Command Center should explicitly address how impacted families will be supported if they prefer not to engage with the media. This includes strategies for keeping the media separate from families and staff while the emergency is ongoing and support for families that may experience unwanted media attention at their homes.
- Identify the need to provide extra staffing and security during the next few days.
- Document everything while it is still fresh in your mind (Police, facility legal counsel, etc. may need this information as soon as possible for the follow-up/on-going investigation).
 - Prepare After-Action Report identifying improvement opportunities that occurred during the incident.
 - Analyze existing procedures for effectiveness:
 - Active Shooter
 - Incident Command System
 - Communications (internal and external)
- All persons involved in the incident should remain available to talk to the Police.

HIPAA (as applicable)

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

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

ADDITIONAL REFERENCES:

Building Lockdown Procedure
Security Situation

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Employee Active Shooter Response Checklist

Building Address: 735 Renaissance Drive, Williamsville, NY

Phone: (716) 929-5800

Your location in the building: _____

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

Follow the instructions of the 911 Dispatcher

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

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BIOTERRORISM / TERRORISM

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BIOTERRORISM / TERRORISM – NATIONAL TERRORISM ADVISORY SYSTEM

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

The National Terrorism Advisory System, or NTAS, has replaced the color-coded [Homeland Security Advisory System \(HSAS\)](#).

This new system more effectively communicates information about terrorist threats by providing timely, detailed information to the public, government agencies, first responders, airports and other transportation hubs, and the private sector, specifically healthcare facilities.

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

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

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

The NATS Alerts are classified as follows:

Bulletin

Describes current developments or general trends regarding threats of terrorism.

Imminent Threat Alert

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

Elevated Threat Alert

Warns of a credible terrorist threat against the United States.

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

Sunset Provision

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

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BIOTERRORISM / TERRORISM RESPONSE

GENERAL ACTIONS APPLICABLE TO ALL STAFF

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

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

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

Threat or Attack Procedures:

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

Telephone Threat:

Person receiving the threatening Terrorism Phone Call:

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

Suspicious Package/Object:

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

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

Contaminated Person:

If you suspect a contaminated person:

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

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Elevated Threat Alert Procedures

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

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

Imminent Threat Alert or Attack Procedures

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

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

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

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If threat of item (i.e. package) is in the building, follow Bomb Threat Policy search procedure, to assist emergency agencies in locating any out of place or suspicious items.
 - Provide the 911 operator a phone number of the Command Center, if it is being setup inside the building.
 - Secure the isolated item and area. Do not allow anyone to enter or exit until Police and/or Fire Department has arrived. Isolate any individual who received the package or letter. This person must remain available for interviews by responding agencies.
 - Be prepared, upon orders from the Police or Fire Department, Health Department or FBI to evacuate as directed. If evacuation is ordered, DO NOT activate agreements to evacuate to another healthcare facility until checking with the Health Department Official on scene (due to potential contaminant).
 - Prepare media statements and statements to families of residents.
- Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements (see *Disaster Staffing*).
- Request an assessment of critical supplies throughout the facility using the *Department Rapid Assessment Form*.
- Consider the following extra security precautions:
 - Facility is in building lockdown (see Building Lockdown procedure).
 - Professional Visitors: No one allowed in facility without Command Center clearance.
 - Resident Visitors: No one allowed in facility. Relatives and responsible parties will be given appropriate information and location to wait as directed by the Command Center.
 - Deliveries: Only specific types of deliveries approved by the Command Center will be accepted. They will be opened and inspected outside.
 - Determine need to contact the following:
 - Fire Department
 - Police Department
 - Erie County Department of Health
 - Local FBI Field Office – **856-7800**
 - Infection Control staff member who will follow up with:
 - ◆ NYS and/or Erie County Department of Health
 - ◆ CDC Emergency Response Hotline: 770-488-7100

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

DEPARTMENT SPECIFIC ACTIONS

DINING SERVICES

Elevated Threat Alert Procedures

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

Imminent Threat Alert or Attack Procedures

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

HOUSEKEEPING

Elevated Threat Alert Procedures

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

Imminent Threat Alert or Attack Procedures

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

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

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LAUNDRY STAFF

Elevated Threat Alert Procedures

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

Imminent Threat Alert or Attack Procedures

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

MAINTENANCE

Elevated Threat Alert Procedures

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

Imminent Threat Alert or Attack Procedures

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

MAINTENANCE (or staff assigned security responsibilities)

Elevated Threat Alert Procedures

- Control public and unauthorized persons from access to utilities (power, gas, water, HVAC, communication). Control methods:
 - Door locking (follow Life Safety Code).
 - Door alarms, access control systems and camera monitoring.
 - People observation.
- Control entrances and exits to the building for staff and visitors.
- Ensure all personnel and visitors are wearing proper identification.
- Secure the areas for food and liquid supplies, etc. Ensure Maintenance has all utilities secured.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Remove unauthorized persons from restricted areas. Consider moving vehicles and other items, as applicable, away from the building. If possible, check vehicles allowed on property including the under carriage.
- In the event of a terrorism threat (phone or package), secure the person and area receiving the threat. Do not allow anyone other than Fire Department Haz-Mat Team, Department of Health or law enforcement official's access to the area/person. Start list of all people who have been in the area since the incident.

Imminent Threat Alert or Attack Procedures

- Contact local Police for help they may be able to provide.
- Implement the facility emergency Building Lockdown policy including control of elevators and stairs. Determine the need for additional staff to provide security or assist with the building lockdown.
- Determine ability to continue operations if utilities and/or computers fail. Provide information to Command Center.
- Fax letter to suppliers of critical supplies to be used as ID at police checkpoints.

NURSING STAFF

Elevated Threat Alert Procedures

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

Imminent Threat Alert or Attack Procedures

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

General Guidelines for Infection Control Practices for Resident Management

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

Elevated Threat Alert Procedures

General Guidelines for Contaminated Resident Placement

- If the situation is small-scale, follow routine resident placement and established infection control practices.
- If a large number of staff or residents are presenting with similar syndromes, group affected individuals into a designated area of the facility. Before grouping, consult with the

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Health Department and the facility Infection Control personnel regarding adequate isolation (i.e. ventilation).

- A separate location should be considered with the Health Department.
- Control entry into this area.
- Areas available for gathering residents could include:
 - Activity Rooms
 - Dining Rooms
 - Chapel/Meditation Rooms
 - Other large rooms/areas within the facility

General Guidelines for Resident Transport

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

General Guidelines for Discharge Management

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

General Guidelines for Post-Mortem Care

- Keep tracking records of all residents.

Psychological Aspects of Terrorism

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

To address resident and general public fears:

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

RECEPTION STAFF

Imminent Threat Alert or Attack Procedures

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

SOCIAL WORK

Imminent Threat Alert or Attack Procedures

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

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Work with Incident Commander to ensure regular information updates are available to the public.

SUPPLY / RECEIVING AREA

Elevated Threat Alert Procedures

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

Imminent Threat Alert or Attack Procedures

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

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

- Internal / External Contamination Eliminated
 - Have Maintenance and Housekeeping ensure all hazardous materials are cleaned up.
 - Have Maintenance change necessary filters.
 - Get clearance from Public and/ or Health Department Authorities for an All Clear.
 - Assess facility, staff and department operations to determine ability to return back to normal operations.
 - Communicate to the public that the facility is open for business.
 - Have Finance Section collect cost for reimbursement.
 - Have department heads re-stock supplies.
 - Develop a full report for critique.
 - Close down Incident Command.
 - Critique reports and make necessary updates.
- The NTAS Alerts contain a **sunset provision** indicating a specific date and or time period when the alert expires. All changes, including the announcement that cancels an NTAS Alert, will be distributed the same way as the original alert.
 - Have departments “return to normal” those actions taken as a result of the threat level.
 - Restate actions still in place if the threat level has been reduced.
 - Follow applicable guidelines from “Internal / External Contamination Eliminated” section above.

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

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

INSPECTION AND HANDLING OF PACKAGES / ENVELOPES FOR SCREENING PURPOSES

Guidelines for Staff Safety

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

Indicators of Suspicious Packages / Envelopes

- Excessive postage, no postage, or non-cancelled postage.
- No return address or fictitious return address.
- Improper spelling of addressee's name, title and location.
- Address badly typed or written.
- Wrong title with name.
- Title with no name.
- Unexpected mail from foreign countries.
- Suspicious or threatening messages written on packages.
- Center mark showing different location from return address.
- Distorted handwriting or cut and paste lettering.
- Unprofessionally wrapped packages/excessive use of tape, string, etc.
- Packages marked "Fragile – Handle with Care," "Rush – Do Not Delay," "Personal," or "Confidential."
- Rigid, uneven, irregular or lopsided packages.
- Packages that are discolored, oily or have unusual odor or sound (sloshing, ticking, etc.).
- Packages with soft spots, bulges or excessive weight.
- Protruding wires or aluminum foil.

Discovery of a Suspicious Packages / Envelope

- DO NOT PANIC. For Anthrax to cause you "trouble," the organism must be able to enter the skin through a cut or scrape, swallowed, or inhaled as a fine, aerosolized mist. All forms of disease are generally treatable with antibiotics.
- Open packages and mail with appropriate tools such as letter openers (not your hands where you could get a paper cut).
- If you open a letter that claims to have contaminated you with anthrax and there is no substance on the letter or envelope, put the envelope down. Remove clothing, uniform or

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

gown and gloves. Move to an adjacent area and wash your hands with soap and water. Report the incident to your department manager and he or she will notify law enforcement officials (911).

- If you open a letter or package and there is a substance in the letter, envelope or package:
 - Do not shake or empty the contents.
 - Put item on flat surface and COVER the envelope or package with anything (e.g. clothing, piece of paper, wastebasket, etc.). DO NOT REMOVE THE COVER. Turn off the ventilation system if possible.
 - Remove gown and gloves, LEAVE the room, and CLOSE the door to section off the area and prevent others from entering.
 - WASH your hands with soap and water to prevent spreading any powder to your face. Notify your immediate supervisor.
 - Ensure all persons who have touched the letter/package wash their hands with soap and water. If gross contamination has occurred, do not brush vigorously, or if advised by emergency responders.
 - List all people who were in the room or area when this suspicious letter/ package was first recognized. Give this list to the Law Enforcement Officials for follow-up investigations.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

TELEPHONE PROCEDURES – TERRORISM THREAT CHECKLIST

*** DO NOT USE THIS SHEET IF YOU HAVE OPENED AND/OR TOUCHED A SUSPICIOUS PACKAGE OR LETTER**

INSTRUCTIONS: BE CALM AND COURTEOUS. LISTEN, do not interrupt caller. Do not joke with caller. Sound very interested in what the caller wants to tell you.

TIME RECEIVED: _____ LENGTH OF CALL: _____ DATE: _____

1. Attempt to hold caller as long as possible, so tracing procedures may be started. Keep the person talking. Try to ask the following questions:

WHEN is the agent going to be released?

HOW will it be released?

WHERE is the agent?

WHY did you place it?

WHAT kind of agent is it?

Will it hurt people (Tell the person we have innocent people here.)

2. Pretend to have difficulty hearing to keep the caller on the phone. Keep caller talking. After other information has been gathered ask, "Where are you calling from?" and "Who is calling, please?"

a) Did the caller appear familiar with the building by his description of the agent location? Any other information?

b) While talking, and as soon after the call as possible, complete the following: Try to remember the caller's exact words.

CALLER'S IDENTITY:

Male_____
Female_____
Adult_____
Juvenile_____

VOICE CHARACTERISTICS:

Loud____ Soft____
High Pitch____ Deep____
Raspy____ Pleasant____
Intoxicated____ Other_____

SPEECH:

Fast____ Slow____ Excellent____ Good____
Distinct____ Distorted____ Fair____ Poor____
Stutter____ Nasal____ Foul____ Squeaky____
Slurred____ Lisp____ Broken____ Other_____

ACCENT:

Local_____
Not local_____
Foreign_____
Race_____

MANNER:

Calm____ Angry____
Rational____ Irrational____
Coherent____ Incoherent____
Deliberate____ Emotional____
Righteous____ Laughing____
Crying_____

BACKGROUND NOISES:

Factory machines____ Trains____
Bedlam____ Animals____
Music____ Quiet____
Office machines____ Voices____
Mixed____ Airplanes____
Street traffic____ Party noises_____

When you have answered the questions above, **tear off the bottom of this paper** and **quickly give it to a colleague**. Your colleague should then bring it to the Administrator or person in charge. **Stay on the line** until you are asked to get off.

A Terrorism threat has been received via the telephone. Notify the Administrator, Department Manager or Person in Charge immediately.

Extension call received on: _____. Person receiving call: _____.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BOMB THREAT / SUSPICIOUS PACKAGE

CODE BLACK AND LOCATION

GENERAL ACTIONS APPLICABLE TO ALL STAFF

ACTIVATION

Bomb Threat Procedure can be activated by any facility staff receiving the call / threat or any facility staff that identify a highly suspicious package.

PERSON RECEIVING THE BOMB THREAT CALL

- Listen **carefully** to everything the caller says, including background noises, speech patterns, etc. Attempt to prolong the conversation as much as possible. Do not put the caller on hold.
- Fill in the appropriate information on the Bomb Threat Checklist as the call is being taken.
- If a co-worker is available, have that person notify your supervisor of the threat. The supervisor will call 911 to summon Police.
- When the caller hangs up, hang up the phone at your end.
- If no one is around to help you, IMMEDIATELY after the call, notify your supervisor and give location and information known to this point. Complete the Bomb Threat Checklist and be ready to give information to Police.

PERSON RECEIVING AN EMAILED BOMB THREAT

- Leave the message open on the computer.
- Remain at computer to safeguard computer and prevent anyone from tampering with the message.
- If possible, print, photograph, or copy the message and subject line; note date and time.
- Notify your supervisor and security of the threat. The supervisor will call 911 to summon Police.

PERSON RECEIVING OR FINDING A SUSPICIOUS PACKAGE OR MAIL

(see Terrorism Procedure for mail screening process and more detailed information)

- *A suspicious letter or package may contain one or more of the following:*
 - Restricted endorsements such as “Personal” or “Private”. Be cautious when the addressee does not normally receive personal mail at the work location.
 - The addressee’s name or title is inaccurate.
 - There is excessive postage.
 - The letter feels rigid or appears uneven or lopsided.
 - The parcel may have soft spots, bulges, or irregular shapes.
 - The handwriting is distorted or prepared with “cut and paste” lettering or homemade labels.
 - Protruding wires, aluminum foil, or oil stains are present.
 - The letter or package emits a strange odor.
 - The package is unprofessionally wrapped and has several different types of tape.
 - The package is marked “Fragile - Handle with Care” or “Rush” – Do not Delay”, etc.
 - The letter or package is making an unusual sound (buzzing, ticking, sloshing, etc.).

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- *Upon receiving suspicious mail:*
 - Isolate the suspicious mail. Place it between pieces of blank paper, if possible.
 - Avoid further unnecessary handling:
 - Do not open or squeeze envelope.
 - Do not pull or release any wires, strings, or hooks.
 - Do not turn or shake the letter.
 - Do not put the letter/parcel in water or near heat.
 - Evacuate the immediate area.
 - IMMEDIATELY notify your supervisor or Administrator.
- *Follow the rest of the guidelines listed below, as applicable.*

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Report to the Command Center and summon Leadership.
 - NOTE:** Staff will be searching for “out of place” object or situation, however, facility is still in normal operations.
- Consider building lockdown.
- Ensure Police have been notified and isolate person receiving call for the Police Department.
- If an emailed threat, consult with IT regarding identification of email properties (server ID, etc.).
- Assist any outside agencies responding to the facility.
- Upon consultation with Law Enforcement Authorities, determine duties that should be performed by facility staff. If search proceedings are recommended, follow guidelines established in the “Bomb Threat Building Inspection Procedure”.
- Send notification by runner or by phone to Department Supervisors and Charge Nurses in units. Ensure that all departments are covered. Generally, each area should be searched by staff who are normally assigned to and familiar with the particular area. Instruct Department Supervisors/Charge Nurses in units to report search results to Command Center. Use a floor plan of the facility and building search checklist to check off areas reported to have been searched.
- Use of two way radios or cellular phones must be approved by local law enforcement officials. When a suspicious device is identified, all communications must be restricted to land-lines and intercom.
 - Two-way radios, cellular phones, and cordless phones can be used for communications when approved, but should be minimized and limited as much as possible and not used in the line of sight of any potential device.
- Some improvised explosive devices have been remotely detonated using relatively simple, low technology devices such as garage door openers, remote car starters and cellular telephones.
- Make decisions regarding evacuation, termination of search, etc. with input from Law Enforcement Authorities (see EVACUATION GUIDELINES which follow). If situation progresses to an evacuation, open Incident Command and appropriate sections.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

DEPARTMENT SPECIFIC ACTIONS

RECEPTIONIST – After receipt of or upon notification of a bomb threat:

- Obtain name, department, and phone number of the person that received the call. Ask this person to stand by and await a call from Maintenance, Administrator or Nursing Supervisor. If Receptionist received the call directly, they should complete the “Bomb Threat Checklist”.
- Contact Security, Administrator or Nursing Supervisor and provide them with the name, department and extension number of the bomb threat recipient.
- Make further phone calls to:
 - Police Department
- As directed by Administrator / Nursing Supervisor, summon Leadership to the Command Center.

NURSING STAFF / COORDINATED BY CHARGE NURSE:

- Check resident care and related work areas for suspicious items or situations. Notify the charge person who will notify the Command Center of any suspicious or out-of-place items.
- Assign staff to:
 - Check utility-type areas (linen & storage rooms, etc.)
- Reassure residents, visitors and family members.
- Account for all staff/ residents in your area. Be prepared to report the results to the Command Center.
- Be prepared to evacuate upon order from Administrator or person in charge.
- Follow Full Building Evacuation guidelines for resident packaging.

MAINTENANCE

- Assign staff to prevent elevators from being used.
- Search mechanical rooms, utility rooms, and other public accessible areas and common public areas. Report results to the Command Center.
- Upon request of the Incident Commander or designee, make immediate plans to discontinue oxygen, gas and steam supplies within the facility. In addition, the facility floor plans should be made available to the Command Center, if required. They can be found in the Environmental Services Director’s Office.
- When directed, lock down the building to prevent persons from entering.
- Control entry.
- Assist Police.

HUMAN RESOURCES

- Provide information to Command Center on any recent employee terminations, disgruntled employees, labor actions, etc.

PUBLIC RELATIONS / COMMUNITY RELATIONS

- At the request of the Incident Commander establish an area to contain the news media.

RECEPTIONIST

- Check visitors sign-in log for any suspicious names.
- Copy log and provide to Command Center.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- When directed by Incident Commander, monitor entrances. Do not allow any non-staff persons into the facility until an all-clear is heard.

SOCIAL WORKER

- Provide information to Command Center on any recent employee terminations, disgruntled employees, labor actions, etc.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BOMB THREAT BUILDING INSPECTION PROCEDURES

GENERAL SEARCH PROCESS

- Staff will search their normally assigned work areas **for an out-of-place object or suspicious item**. The Department Supervisor/Charge Nurse for each area will coordinate the search.
- Once an assigned area has been searched, the results should be reported to the Charge Nurses of the unit and Department Supervisor. As the search of a department/unit is completed, this information should be relayed to the Command Center through applicable Section Chief.
- Areas accessible to the public should be searched first.

*****DO NOT TOUCH ANY SUSPICIOUS OBJECT*****

SPECIFIC SEARCH PROCEDURE

- Upon entering a room, pause and listen for unusual sounds: ticking, beeping, etc.
- Visually divide each room in half. Search the right half first. Divide the right half of the room into three levels: floor-to-waist level, waist-to-eye level, and eye-to-ceiling. If your vision is blocked by an object, look under or behind whatever is blocking your vision, such as objects on window sills, dressers, etc. Do not open closets, drawers, etc.
- Repeat the process above for the left half of the room.
- Be sure to search connecting rooms and bathrooms, as resident rooms are being searched.
- Mark the door with a yellow door tag to indicate the room has been searched.
- Remain calm, not alarming residents as the search is taking place.

IF A SUSPICIOUS OBJECT/PACKAGE IS FOUND:

- Note precise location and description of object. **DO NOT TOUCH IT!**
- Remove residents / staff from the room.
- Notify the Department Head /Supervisor immediately.
- If the room has a window, close the room door and all room connecting doors. If this room has no window, leave the door open and evacuate the room across the hall. Close all other doors.

EVACUATION GUIDELINES

- If location of bomb **is** known:
 - First move horizontally through fire and smoke doors, trying to put two walls between the device and people; then, move vertically away from the device.
 - Establish evacuation site at least 1200 - 1800ft. away from building, depending upon the size of the device located.
 - Account for staff and residents.
- If location of bomb **is not** known:
 - Consider advice from Law Enforcement officials regarding decision to evacuate and the evacuation route to be used.
- Do not use elevators unless approval is given by Police.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

When “all clear” is received from Police Department:

- Alert all departments to the “all clear” and to resume operations.
- Have Nursing reassure residents.
- Have Public Information Officer make any necessary public announcements and converse, as necessary, with responsible parties.
- Debrief applicable staff.
- As applicable, capture cost of disaster.
- Develop a full report for critique.
- If there were any major operations, building, or utility damage, see Full Recovery Plan in Emergency Operations Plan.
- Close down Incident Command.

ADDITIONAL REFERENCES:

Building Lockdown Procedures

Building Search Checklist

Bomb Threat Building Search Checklist (For Use by Command Center)

[illegible]

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

BOMB THREAT CALL LOG KEEP THIS NEAR YOUR TELEPHONE

When a bomb threat is received: <ul style="list-style-type: none">• Listen• Be calm and courteous• Do not interrupt the caller• Obtain as much information as you can	Date: Time: Duration of Call:
Questions to ask	Identifying Characteristics
<ul style="list-style-type: none"><input type="checkbox"/> Where is the bomb or bombs right now?<input type="checkbox"/> When is the bomb going to explode?<input type="checkbox"/> Is there more than one bomb?<input type="checkbox"/> What does it look like?<input type="checkbox"/> What kind of bomb is it?<input type="checkbox"/> What will cause it to explode?<input type="checkbox"/> Did you place the bomb?<input type="checkbox"/> Why?<input type="checkbox"/> Where are you?<input type="checkbox"/> What is your name? <p><u>Note caller's exact words:</u></p>	<p>Sex: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Estimated Age: <input type="checkbox"/> Young <input type="checkbox"/> Middle Age <input type="checkbox"/> Old</p> <p>Accent: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Speech Impediment: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sober: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Voice (loud, soft, etc.):</p> <p>Speech (fast, slow, etc.):</p> <p>Manner (calm, emotional, etc.):</p> <p>Background noises (if any):</p> <p>Is voice familiar? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is caller familiar with area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

-----Tear off and give to colleague-----

Don't ask me any questions. Notify Administrator or Person in Charge. We have a phone call indicating a Bomb Threat.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CARBON MONOXIDE ALARM ACTIVATION

Carbon Monoxide is a dangerous gas produced as a result of incomplete combustion (i.e. heating system are not working correctly). You can't smell, taste or see Carbon Monoxide.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Carbon Monoxide alarms are located in areas of the building where devices or appliances are located that could be a potential source of Carbon Monoxide. These alarms provide an audible alarm from the detector itself. They are not connected or part of the building fire alarm system.
- If a Carbon Monoxide alarm is activated, staff should take the following actions:
 - Evacuate the immediate room/area of both residents and staff. Consider the evacuation of the entire compartment if several residents have displayed illnesses or symptoms of Carbon Monoxide poisoning. Move into fresh air immediately.
 - Contain the area where the alarm has been activated by closing doors.
 - Call 911 and the utility company and inform them that a Carbon Monoxide alarm has been activated.
 - Notify Department Head/Nurse in Charge/Supervisor and Maintenance of incident as quickly as possible.
 - Meet the fire department and inform them of the location of the alarm.
 - Administer immediate medical attention to anyone complaining of associated illness by bringing exposed individuals to an area of fresh air. Call EMS as needed.
 - Consult with fire department and utility company upon their arrival to see if further evacuation is necessary.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.

Note: If fire department is responding they will establish a Command Post outside the facility. The Administrator or designee should be present at the Fire Department Command Post along with a representative from Maintenance.
- Ensure the Fire Department (911) and Gas Company (have been notified).
- Inform all units and departments of the situation and be prepared to evacuate additional areas based upon the fire department or utility company's findings and recommendations.
- Have Department Heads in affected area account for staff and residents and report results to the Command Center.
- Determine need to contact EMS (911) if resident(s) exhibit any symptoms of Carbon Monoxide exposure.
- Provide emergency responders with a list (see Sources of Potential Incomplete Combustion form) of potential sources of Carbon Monoxide within the facility.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- If safe to do so, turn off sources of incomplete combustion (boilers, stoves, water heaters, etc. - see attached list).
- Investigate potential external sources of Carbon Monoxide (i.e. vehicle running).
- Shut down HVAC to limit spread throughout the building. If source is determined to be external, turn off air handling units that bring in outside air.
- If appropriate, check flues, vents and chimneys for proper operation.
- Advise emergency responders of “Emergency Utility Shut-Off Locations” (see Section F - Emergency Resources and Lists).
- Contact appropriate repair vendors, as necessary.

NURSING

- Closely monitor any residents and staff who have been possibly exposed to Carbon Monoxide or display signs or symptoms of exposure:
 - Sudden flu-like illness
 - Dizziness, headaches, sleepiness
 - Nausea or vomiting
 - Fluttering or throbbing heart beat
 - Cherry-red lips, pallor
 - Unconsciousness
- Immediately administer medical attention to anyone exposed to Carbon Monoxide and ensure EMS has been notified via the Incident Commander.
- Document the incident. Complete all paperwork.
- Notify responsible party/family of resident, as necessary.
- Notify resident(s) physician, as necessary.

ADDITIONAL REFERENCES:

Emergency Utility Shut-off Locations list in Emergency Resources and Lists
Emergency Agency Phone Number list in Emergency Resources and Lists
Emergency Contractor/Vendor List in Emergency Resources and Lists
Full Building Evacuation Plan

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

SOURCES OF POTENTIAL INCOMPLETE COMBUSTION

ITEM	LOCATION
WATER HEATERS / BOILERS	EACH VILLAGE / MECHANICAL ROOM / EACH INDEPENDENT APT
KITCHEN APPLIANCES	MAIN KITCHEN
FIREPLACE	FORMAL DINING ROOM, COVENTRY HALL, FIRESIDE LOUNGE
GENERATORS	OUTSIDE FENCED AREA BY SERVICE ENTRANCE
VEHICLES / GARAGE	NO
HEATING APPLIANCES	NO
OXYGEN TANKS	OXYGEN TANK STORAGE ROOM
OTHER:	
OTHER:	
OTHER:	

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CIVIL DISTURBANCE / DEMONSTRATION

GENERAL ACTIONS APPLICABLE TO ALL STAFF

Civil disturbance or demonstrations may take the form of peaceful picketing, inside or outside, attempts to block facility entrances or even more violent behavior.

To ensure continued service to residents and staff, the Civil Disturbance Procedure detailed below will be activated whenever any type of demonstration is observed.

Upon observation of any unauthorized demonstration or assembly, inside or outside the facility, notify the Administrator or Person in Charge, and if necessary, Maintenance (Security) and the police department.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
 - Determine if situation can be handled within normal operations, otherwise summon local Police.
- Coordinate activities with Police.
- Determine if Building Lockdown is necessary.
 - Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements. If shift change will not be possible, arrange to notify off-duty staff not to attempt to report until notified otherwise.
- Address shift change safety.
- Determine need to notify vendors regarding delivery; check staff and supply status of all departments.
- Address services for residents and alter as necessary.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE (SECURITY) RESPONSE

- Upon receipt of the information, go immediately to the location involved. If the person(s) have no official or medical business, they should be asked to leave the premises. If there are a large number of people, or violence erupts, there should be no direct communication with the protestors, but their purpose and numbers should be assessed. This information should be transmitted to the Administrator or Person in Charge, who will then notify the Police Department.
 - If the demonstration is peaceful, but the number involved is disruptive, summon more personnel to the area to minimize the disruption and contact Police to stand by for potential problems. A brief description of the situation should be given; **OR**
 - If there is violence of any kind or blockage of essential entrances to the facility, notify the Police Department to respond. This applies to any situation threatening to disrupt facility service or the safety of residents, visitors, and/or staff.
- If the disturbance is inside facility, isolate area.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If situation dictates:
 - Have each department be responsible for securing exit doors and windows in their area. Staff should be assigned to watch and report anyone coming or going. Stop unauthorized individuals when safe to do so. As possible, have doors locked against outside entry. See Building Lockdown Procedure.
- Secure the outer perimeter by limiting vehicle access to your property. Request help from the local Police Department.
- Limit access to one or two staffed checkpoints.
- Lock off elevators and assign staff to operate using the elevator key.
- Direct all incoming people to the designated secure and monitored entrances (i.e. main entrance)
- Secure and observe building utilities: power (including generator) gas, water and medical gases, as applicable.
- Gather and identify responsible parties of residents in Lobby or other areas of the facility and provide with guidance, as appropriate.

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

- Have Maintenance (Security) ensure all undesirable individuals are gone.
- Have Maintenance inspect facility for damage.
- Assess facility, staff and department operations.
- Have Public Information Officer communicate with the public regarding the fact that the facility is open for business.
- Collect cost for disaster, as necessary.
- Develop a full report for critique.
- Debrief and provide safety for any staff directly involved.
- Close down Incident Command.
- Critique reports and make necessary updates to plan.

ADDITIONAL REFERENCES:

Building Lockdown Procedure

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CONTAMINATION OF OUTSIDE AIR

(fire, smoke, chemical, radiological)

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Contamination of the outside air can occur whether intentional (e.g., act of terrorism) or accidental (e.g., transportation accident).
- Contamination of the Outside Air Procedure may be activated by responsible staff when:
 - You are notified by local authorities that your facility is involved
 - Facility staff identify a potential contamination of the outside air.
- All staff to check their assigned areas and ensure all doors and windows are closed.
- Staff on duty at the time of the incident may need to remain on duty.
- Off-duty staff may not be able to reach the facility.
- Disruption of resident services should be minimized to the extent possible.

NOTE: Anyone outside should be immediately brought inside.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- Instruct staff to close windows and have Maintenance shut down air intakes if this results in no adverse affects.
- Determine the need to issue respiratory protection to staff and residents.
- If you have not received any information, and you feel you are within the perimeter of the problem:
 - Call the local Office of Emergency Management.
 - Determine if people and packages can travel to and enter the building.
- Accomplish the following in coordination with departments managers:
 - Ensure any residents or staff who are outside are immediately brought back into the building.
 - Ensure doors and windows are closed.
 - Confirm that Maintenance has shut down outside air intake fans.
 - When notified, assign staff to doors to prevent people and supplies from entering or leaving the building, as appropriate.
 - Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements. If shift change will not be possible, arrange to notify off-duty staff not to attempt to report until notified otherwise.
 - Arrange for notification of residents' families/responsible parties.
 - Maintain contact with outside authorities and monitor news reports for situation updates.
 - Ensure all other guidelines of this procedure are carried out.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE (SECURITY)

- Initiate Building Lockdown procedure as required.
- Control all entry into the facility.
- Shut down the HVAC systems that would bring outside air into the building. Leave exhaust systems running if you feel pressure differential will not allow contaminated air into the building.
- If shut down of air intake would affect the medical air system, review the situation with Nursing before shutting down.
- Provide duct tape to seal any windows or doors that do not close airtight, where practical.
- If a Radiological Event, be prepared, if advised, to discontinue use of tap water. Follow Loss of Water Procedures.

HOUSEKEEPING

- Assist Maintenance staff, as requested.
- Determine if deliveries will be possible. Advise departments to conserve.

NURSING

- Turn off all resident room air conditioning units first floor.
- Closely monitor any residents who have the potential to open windows or doors. Those residents may have to be grouped together and monitored by staff.
- Monitor residents and staff for effects of heat or cold caused by the shutdown of the ventilation system and the inability to open windows.
- Evaluate medications and other supplies on hand, and plan appropriately if deliveries will not be possible.
- If advised by local or state Health Department, or it is a Radiological Event, be prepared, if advised, to discontinue use of tap water. Follow Loss of Water Procedures.

EVACUATION, however slight, may be ordered by local officials depending on contamination, wind direction, and time.

- If evacuation is ordered:
 - Determine if there are any residents who cannot be evacuated and their medical care requirements (i.e. bariatric, etc.). If the results of this indicate a need for additional personnel, supplies, or equipment, the facility should request help from local authorities or Office of Emergency Management. See Section D – Full Building Evacuation Plan.
- In conjunction with the Health Department, Administration may evacuate those medically ill individuals for whom an evacuation in this situation would have a minimum medical risk.
- If advised by the Health Department that a general evacuation may become / is necessary, it should be done in 4 stages:
 - **EVACUATION STAGE I: MOBILIZATION**
 - Prepare residents for evacuation by assembling necessary clothing, supplies, medications and records.
 - When evacuation is imminent, follow the **Full Building Evacuation Plan**.
 - **EVACUATION STAGE II: EGRESS FROM HOLDING AREAS**

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- As evacuation vehicles (buses, wheelchair vans, ambulances, etc.) arrive, assist residents into the vehicles.
- If necessary, request assistance from EMS in loading residents into the vehicles.
- Provide appropriate numbers of staff to accompany residents to other healthcare facilities.
- **EVACUATION STAGE III**
 - Residents will remain at the receiving facility or alternate care site for the duration of the emergency, except as discharged to family or friends, at the discretion of the appropriate Administrative personnel of Sending / Receiving facility.
- **EVACUATION STAGE IV: RETURN**
 - Upon determination by the local Health Department or Office of Emergency Management that it is safe to return, residents will be returned under the direction of the Health Department representative and the Office of Emergency Management, in consultation with Administration.

DINING SERVICES

- Modify menu if deliveries will not be possible. Also, establish plan for feeding staff and visitors if shift change will not be possible.
- Check that the Kitchen Area has shut down and/or adjusted ventilation hoods to ensure no air intake.
- If a Radiological Event, be prepared, if advised, to discontinue use of tap water. Follow Loss of Water Procedures.

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

- Have Safety/Security/Liaison Officer ensure all exterior contamination has been eliminated or is cleaned up in coordination with local authorities and/or Office of Emergency Management.
- Have Maintenance change necessary filters.
- Assess facility, staff and department operations if any activities were altered.
- Enable staff to communicate with their families.
- Have Public Information Officer communicate with the public regarding the fact that the facility is open for business, as necessary.
- Collect cost for disaster.
- Have department heads re-stock supplies if facility was isolated from deliveries.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates to plan.

NOTE: If the disaster resulted in any major operational building or utility damage, see Full Recovery Plan in Emergency Operations Plan.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ADDITIONAL REFERENCES:

- Loss of Heating System Procedures
- Loss of Air Conditioning System Procedures
- Loss of Cooking Procedures
- Emergency Utility Shut-Off Locations
- Emergency Agency Phone Numbers
- Emergency Contractor/Vendor Phone Numbers

NOTE: If you need information on hazards regarding chemical spills, inside or outside the facility, call the 24-hour Chemical Transportation Emergency Center at 1-800-424-9300.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

EARTHQUAKE

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- As initial shaking begins, position yourself under sturdy furniture, away from windows and swinging doors.
- As initial shaking stops and a reasonable interval has passed with no further immediate “aftershocks”:
 - Quickly position over-bed tables to shield residents’ heads from falling debris.
 - In anticipation of more aftershocks, move residents away from windows and outside walls. Pull all drapes and curtains closed to reduce the potential of flying glass.
 - Perform an immediate assessment of all staff and residents for injuries and inform Command Center of findings.
 - Move residents away from damaged areas.
 - Perform an immediate assessment of structural damage and department’s operational ability in your area; then, inform Administration / Command Center of findings.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Activate Incident Command and in rdination with Section Chiefs ensure all other guidelines of this procedure are carried out. If not all actions of the plan must be accomplished by Administrator or person in charge.
- Assign staff to assess injuries or medical needs of residents immediately and provide care.
- Prepare for influx of patients that have been impacted by the disaster (community injuries) by determining if a triage area with basic medical supplies should be established.
- Prepare for influx of residents from another evacuating healthcare facility.
- Assign maintenance to assess damage to building, systems and building services.
- Establish and maintain communication with external emergency responders and the local Emergency Operations Centers for support and information.
- Prepare for evacuation, if necessary.
- Consider off-site Command Center and communication, only if necessary.
- Establish a process to communicate with resident families; have the Public Information Officer prepare a consistent message for Social Workers, Managers and other team members to use in calling families.
- Ensure all staff are communicated with to determine if they have damage to their homes or any emergencies with their families and address appropriately.

DEPARTMENT SPECIFIC ACTIONS

FRONT DESK/RECEPTIONIST:

- Communicate as needed to all personnel.
- Upon notification by the Administrator or designee, activate a “Code Alert” as per the “Plan Activation” of this Emergency Operations Plan.
- Notify:
 - Administrator
 - CEO

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Director of Nursing
- Environmental Services Director

MAINTENANCE

- Shut down utilities, as necessary.
- Perform an assessment of structural damage for the entire building. Advise Administration / Incident Command.
- Assess for possible water contamination due to broken pipes. If suspected, alert all staff to immediately switch to emergency water supply for all potable needs. See Loss of Water Service/Contamination of Water Supply Procedure.
- If evacuation is ordered: If some staff must stay behind to shut down operations and secure the building, contact offsite Command, or Police Department if you cannot get through to Command.

NURSING

- If you are in a resident care area and are not seriously injured, your first responsibility is to the residents in the vicinity. If possible, reassure them and attempt to calm those who may be hysterical or panic stricken. If there are obvious injuries from falling objects, shattered glass, or if residents or personnel are trapped under debris, request assistance from Command Center and perform first aid within your capability, where possible, until additional clinical personnel arrive to assist in treatment or rescue.
- Be prepared for additional “aftershocks.” Although most of these are smaller than the main shock, some may be large enough to cause additional damage. Move residents away from windows and outside walls. Pull all drapes and curtains closed. Push over-bed tables over residents’ faces, where possible, to prevent debris from falling on them.
- Direct and assist with evacuation of residents, as necessary.
- Make sure all ambulatory residents wear shoes in areas near debris and glass.
- Assess damage of all involved nursing units and report information to Command Center. Maintain bed availability count by specialty and location.
- Check for fire or fire hazards from broken electrical lines or short circuits and follow the Fire Plan if a fire is discovered or reasonably expected.
- Immediately clean up spilled medications, drugs and other potentially harmful materials.
- Check to see that sewage lines are intact before permitting continued flushing of toilets. If necessary, force flushing of toilets may be required.
- Check closets and storage shelf areas. Open closet and cupboard doors carefully and watch for objects falling from shelves.

RETURN TO NORMAL OPERATIONS / RECOVERY

All affected department heads and/or their designee shall perform the following:

- Address life safety of residents and staff.
- Have Maintenance inspect facility for damage to structure and utilities. Use checklist found in Disaster Recovery Plan.
- All departments should complete a Department Rapid Assessment Form and send it to the Command Center.
- If minimal damage, follow procedures for Loss of Central Services, as applicable.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Inspect all hazardous material areas.
- Assess staff and department operations.
- Determine status of area hospitals and other area long term care providers.
- Have Public Information Officer communicate with the families regarding the fact that the facility is open for business.
- Document costs for disaster.
- Have department heads re-stock supplies.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates to plan.

NOTE: If the earthquake resulted in any major operational building or utility damage, see Disaster Recovery Plan.

ADDITIONAL REFERENCES:

Loss of Heating System Procedures
Loss of Air Conditioning System / High Heat Procedures
Loss of Water Service Procedures
Loss of Cooking Ability Procedures
Loss of Telephone / Internal Communications Procedure
Loss of Electric Service Procedures
Loss of Sewer Service Procedures
Loss of Natural Gas / Propane Procedures
Contamination of the Outside Air Procedures
Emergency Utility Shut-Off Locations

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRE

ASSISTED LIVING

STAFF RESPONSE - FIRE PROCEDURES

I. IF YOU DISCOVER A FIRE IN YOUR AREA:

- R. Remove anyone in immediate danger while calling out **"CODE RED, location....."** for assistance. Close the door to the fire room and any room connecting doors.
- A. Activate the fire alarm via the nearest pull station located at the stairwells and fire exits.
- C. Close all remaining doors and windows in the fire zone, assisting residents into apartments.
- E. Evacuate as directed by the person in charge (if the fire is still burning and there is no smoke in the corridor.)

NOTES:

1. If the fire is small and you know that you can put it out **quickly**, do so by using available sources (bed linens, fire extinguisher, etc.) Otherwise, do not attempt to extinguish the fire. Shut the door and leave it closed.
2. Mark the door to the fire room with an **Orange "FIRE SITE" door tag** to indicate that the fire room should not be re-entered. Tags for this purpose are located in the fire extinguisher cabinets.
3. Order of the above steps is somewhat flexible. However, the evacuation of the apartment's occupant(s) and confinement of the fire shall be the top priorities.
4. The Fire Department will automatically be notified when a pull station is activated and/or a smoke detector located in a public area or in the ceiling dampers and/or ducts is activated. ***Smoke detectors located in the resident apartments are NOT CONNECTED to the fire station. You must activate a manual pull station in the corridor to initiate a response from the Fire Department.***

II. RESPONSE TO THE ALARM: OR HEARING "CODE RED" BEING CALLED OUT

A. Staff in the immediate area:

- Assist in the evacuation of the fire room and close the door to the fire room.
- Close doors and windows to the remaining apartments in the fire zone, assisting residents into apartments.
- Clear the corridor of carts - Do not place equipment into resident apartments.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

B. Health Center Receptionist: 8:00a.m. - 8:00p.m.

Nursing Supervisor/ Charge Nurse: 8:00p.m. - 8:00a.m.

- Page the location of fire alarm (3) times from the annunciator panel via the microphone located in the Oxford Village entrance.
- Set up Command Center. The Command Center will be responsible for directing additional staff to the fire area or to other areas within Oxford Village, as necessary. The Command Center will be located in the Oxford Village 1st floor SNF Nursing Office.
- Announce the “All-Clear” at the direction of the Fire Chief from the annunciator panel via the microphone located in the Oxford Village entrance to reassure residents.

C. Trafalgar Reception Desk: 8:00am - 8:00pm

- Place back-up phone call to 911.
- Direct the Fire Chief to Oxford Village, if required.
- Prevent visitors and guests from entering Oxford Village.

D. Maintenance: 6:00am - 4:00pm

- Report to the area in alarm.
- Assess the situation and assist as needed.
- Acknowledge the fire alarm condition at the fire panel.
- Silence and reset the computer alarm system only after the Fire Chief gives the “All-Clear”.
- If verified as a false alarm, contact the Fire Department to notify that the CODE RED was a false alarm.

E. Maintenance: 4:00 p.m. - 6:00 a.m.

- Place back-up phone call to 911 and immediately report to fire scene as indicated via portable radio.
- Assess the situation and assist as needed.
- Acknowledge the fire alarm condition at the fire panel.
- Silence and reset the computer alarm system only after the Fire Chief gives the “All-Clear”.
- Follow Maintenance Department procedure for resetting utility systems following a fire alarm.

PERS FIRE SIGNAL

- First responders to fire alarm in resident apartments as signaled from the smoke detector.
- **Acknowledge the PERS fire alarm via portable radio to alert designated staff.**
- Investigate the alarm in the resident’s apartment; report status via two-way radio. If condition warrants, implement R.A.C.E. procedures as above.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

F. Staff Response to Fire Area:

- **DAY SHIFT:** Administrator, Assisted Living Director, ALR Charge Nurse, Resident Service Assistants (RSA), SNF Director of Nursing/ Nursing Supervisor, Maintenance, and any staff from the floor.
- **EVENING SHIFT:** ALR Charge Nurse, Resident Service Assistants (RSA), SNF Nursing Supervisor, Two (2) SNF Certified Nursing Assistants and Maintenance.
- **NIGHT SHIFT:** Resident Service Assistants (RSA), SNF Nursing Supervisor One (1) SNF Certified Nursing Assistant and Maintenance.

G. Administrator/ Executive Director or Person in Charge:

- Establish the Command Center if evacuation of rooms other than the fire room is taking place. The Command Center will be set up at the Fire Department's Incident Command Post location.
- Verify that a head count of residents and staff has taken place from the fire area. Inform the Incident Commander (Fire Chief) of the results.

H. Staff who have two-way radios that connect directly to fire panel signal/alarm for smoke detectors in resident apartments:

- Director of Environmental Services, Facilities Manager, ALL Maintenance Staff, Trafalgar Reception Desk and Oxford Village Reception Desk.

Staff who have two-way radios that connect directly to Nurse Call System signal/alarm in resident apartments:

- ALR Director and ALR Charge Nurse

I. All Other Staff:

- Secure your area and follow department specific procedures.

J. Accounting of Staff:

- Department Managers or person in charge at the time will use their department schedules and department specific procedures as a way to account for their staff.
- Schedules are to be posted in an easily accessible area for quick access along with specific procedures if necessary.
- Inform person in charge that all staff are accounted for or further measures are needed.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

III. EXTENDED EVACUATION:

To make the decision regarding further evacuation, use the following guidelines:

- If fire has been extinguished, no further evacuation is necessary. Have staff reassure residents.
- If corridor smoke conditions Would Not be tolerable for residents, DO NOT evacuate. Inform Fire Department of smoke concerns upon their arrival.
- If fire has not been extinguished and corridor conditions are tolerable, begin evacuation as follows:
 - ❖ Move residents from the fire compartment to the adjacent side of the fire and smoke doors.
 - ❖ Evacuate the apartments adjacent to the fire room first, followed by the apartment opposite the fire room. This will be followed by all apartments on the fire side of the corridor, and then all remaining apartments on the non-fire side of the corridor.
 - ❖ Mark the door to the apartment with a Yellow “THIS ROOM SEARCHED” door tag to indicate that the room has been searched & evacuated. Tags for this purpose are located in the fire extinguisher cabinets. DO NOT ENTER an apartment that has an evacuation tag on the door.
 - ❖ The residents of the Assisted Living Residence will first be moved Horizontally from the affected area to a safe area of the Village (beyond fire doors). If a full evacuation is indicated, residents will be moved Horizontally to Trafalgar Village. If conditions do not allow for a Horizontal evacuation, residents will be moved Vertically to a safe area. Coventry Hall in Trafalgar Village will be utilized as the assembly point.
 - ❖ Account for residents and staff once all are relocated.

NOTE: The Assisted Living Director or designee to direct removal of residents' medical records to safe area.

I. IF ALARM SOUNDS FROM ELSEWHERE IN THE VILLAGE:

- Remain in your area and secure the floor.
- Assist residents into their apartments.
- Close doors, windows, and clear corridors.

II. IF ALARM SOUNDS FROM ANOTHER AREA WITHIN OXFORD VILLAGE:

A. **Evening Shift**

- Send one Resident Service Assistant (RSA) to the fire area.
- **Remain in your area and wait for further instruction.**

B. **Night Shift**

- Remain in your area and wait for further instruction.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

C. Accounting for Staff:

- Department Managers or person in charge at the time will use their department schedules and departmental specific procedures as a way to account for staff.
- Schedules are to be posted in an easily accessible area for quick access along with specific procedures if necessary.
- Inform person in charge that all staff are accounted for or further measures are needed.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ASSISTED LIVING

RESIDENT RESPONSE – FIRE PROCEDURES

I. IF YOU DISCOVER A FIRE IN YOUR APARTMENT:

- Leave your apartment immediately. **DO NOT** take time to remove personal belongings or pets.
- Shut the door to your apartment. **DO NOT** take time to lock your door.
- Activate the fire alarm by pulling the pull station located in the corridor at the exit door.
- Evacuate to the nearest village that **IS NOT IN ALARM**.

NOTE: If you encounter any smoke or fire while evacuating to the nearest village, leave the building via the closest exit or stairwell. Proceed to the designated assembly point as directed by staff.

II. IF YOU HEAR THE FIRE ALARM WHILE IN YOUR APARTMENT BUT THE FIRE IS NOT IN YOUR APARTMENT:

- Stay in your apartment.
- Close and keep windows and doors shut.
- Wait for instruction from the staff or the Fire Department to progressively evacuate as needed.
- Proceed to the nearest village not in alarm, if you are uncomfortable staying in your apartment.
- Staff will make an announcement over the public address system in the village that was in alarm when directed by the Fire Chief.

NOTE: If you encounter any smoke or fire while evacuating to a neighboring village, leave the building via the closest exit or stairwell. Proceed to a neighboring village from outside.

III. IF YOU HEAR THE FIRE ALARM WHILE IN THE STAIRWELL, HALLWAY, LOUNGES, ETC.:

- Exit your area as directed by staff.
- Go to the nearest village that is **NOT IN ALARM**. Do not return to the building until given the “All-Clear” by the Fire Department.

NOTE: If you encounter any smoke or fire while evacuating to a neighboring village, leave the building via the closest exit or stairwell. Proceed to the neighboring village from outside.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

IV. IF YOU ARE IN THE ELEVATOR WHEN THE ALARM SOUNDS:

- Exit at the nearest floor.
- Go to the nearest village that is **NOT IN ALARM**. Do not return to the building until given the “All-Clear” by the Fire Department.

NOTE: If you encounter any smoke or fire while evacuating to a neighboring village, leave the building via the closest exit or stairwell. Proceed to a neighboring village from outside.

V. IF THE SMOKE DETECTOR IN YOUR APARTMENT ACTIVATES:

- Whenever the smoke detector in your apartment is activated and there is No fire, you need to notify Maintenance by dialing (0), the Trafalgar Reception Desk.
- Leave your apartment and wait in the hallway. Maintenance will respond to your apartment to investigate.
- Staff will re-set the smoke detector. The smoke detector located within your apartment will not cause the strobes and horns to activate throughout the village or notify the Fire Department.

IMPORTANT NOTES FOR YOU TO KNOW:

- If you encounter smoke in the hallway or stairway when you are evacuating and you cannot evacuate outside, return to your apartment or nearby apartment (as long as the fire is not in the apartment) and close the door.
- If you encounter smoke while in your apartment and the fire is **not** in your apartment, stuff wet towels under the door and wait by an open window. Open the window only far enough so you can to wave a towel or clothing to alert the Fire Department to your location.
- If you cannot walk down the stairs, go into the fire-rated stairwell and wait for staff or firefighters to help you. **DO NOT** use the elevator.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ASSISTED LIVING

ASSISTED LIVING DIRECTOR/CHARGE NURSE - FIRE PROCEDURES

I. IF THE FIRE IS ON YOUR FLOOR:

A. Assure that:

- Fire room is evacuated.
- Door(s) to fire room is closed and marked.
- Fire alarm is activated.
- Residents are removed from corridor, doors are closed. Equipment is removed from the corridor (not placed in occupied apartments).

B. Make decision regarding further evacuation, using the following guidelines:

- If the fire is extinguished, no further evacuation is necessary. Have staff reassure residents.
- If corridor smoke conditions would not be tolerable for residents, do not evacuate. Inform Fire Department of smoke concerns upon their arrival.
- If fire is not extinguished and corridor conditions are tolerable, begin evacuation as follows:
 - ❖ Residents from the fire compartment are to be assisted to the adjacent side of the fire/smoke doors.
 - ❖ Evacuate the rooms/apartments adjacent to the room that is on fire followed by the rooms across the hall. Follow this until all rooms are evacuated.
 - ❖ Mark the door to the room with a **Yellow “THIS ROOM SEARCHED” door tag** to indicate that the room has been evacuated. Tags for this purpose are stored in the fire extinguisher cabinets.
 - ❖ Account for residents and staff once all are relocated. Report information to the Control Station.

NOTE: Assisted Living Director/ Charge Nurse is to direct the removal of residents’ medical records to safe area.

II. IF ALARM SOUNDS FROM THE SKILLED NURSING FACILITY, 1st FLOOR OF OXFORD VILLAGE:

- Direct the staff to secure the unit by assisting residents into apartments, closing windows and doors, clearing corridors, etc.
- Direct staff to make rapid rounds, checking on and reassuring residents once the floor is secured.
- Upon hearing page indicating that alarm has originated from an area that evacuates to your floor, direct staff in preparing to receive residents by clearing space for arriving residents. Position one staff member at the entrance to the floor to direct staff arriving with evacuated residents to appropriate areas of receiving unit.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Assist with initial care of residents who have been evacuated to your area, if applicable.

III. IF ALARM SOUNDS FROM ANY VILLAGE OTHER THAN OXFORD VILLAGE:

A. Evening Shift & Night Shift

- Remain in your area and wait for further instruction.

NOTE: If you are out of your assigned work area at the time of the alarm, return to your workstation.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ASSISTED LIVING

ADMINISTRATOR - FIRE PROCEDURES

- Upon activation of the fire alarm, report immediately to the fire scene and assure that staff in the fire area are carrying out their responsibilities.
- If the fire has not been extinguished, establish a Command Center.

For alarms in Assisted Living:

- 2nd Floor – Assisted Living Director's Office
- 3rd Floor – Elevator Lobby

For alarms in Independent Villages other than Trafalgar:

- Coventry Hall

For alarms in Trafalgar Village:

- The Administrator will send representative to the fire area.
- If requested, additional staff will be sent to the fire area.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ASSISTED LIVING

RESIDENT SERVICE ASSISTANT (RSA) - FIRE PROCEDURES

I. IF YOU DISCOVER A FIRE IN YOUR AREA:

- R.** Remove anyone in immediate danger while calling out “**CODE RED, location.....**” for assistance. Close the door to the fire room and any room connecting doors.
- A.** Activate the fire alarm via the nearest pull station located at the stairwells and fire exits.
- C.** Close all remaining doors and windows in the fire zone, assisting residents into apartments.
- E.** Evacuate as directed by the person in charge. (if the fire is still burning and there is no smoke in the corridor)

NOTES:

1. If the fire is small and you know that you can put it out quickly, do so by using available sources (bed linens, fire extinguisher, etc.) Otherwise, do not attempt to extinguish the fire. Shut the door and leave it closed.
2. Mark the door to the fire room with an **Orange “FIRE SITE” door tag** to indicate that the fire room should not be re-entered. Tags for this purpose are located in the fire extinguisher cabinets.
3. Order of the above steps is somewhat flexible. However, the evacuation of the apartment’s occupant(s) and confinement of the fire shall be the top priorities.
4. The Fire Department will automatically be notified when a pull station is activated and/or a smoke detector located in a public area or in the ceiling dampers and/or ducts is activated. ***Smoke detectors located in the resident apartments are NOT CONNECTED to the fire station. You must activate a manual pull station in the corridor to initiate a response from the Fire Department.***

II. IF EVACUATION OF THE AREA IS ORDERED:

This is to be done under the direction of the person in charge of the area.

- Residents from the fire compartment are to be moved to the adjacent side of the fire/smoke doors.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- The apartments adjacent to the fire apartment shall be evacuated first, followed by the apartment opposite the fire apartment. The remaining apartments in the compartment shall be evacuated.
- The residents of the Assisted Living Residence will first be moved Horizontally from the affected area to a safe area of the Village (beyond fire doors). If a full evacuation is indicated, residents will be moved Horizontally to Trafalgar Village. If conditions do not allow for a Horizontal evacuation, residents will be moved Vertically to a safe area. Coventry Hall in Trafalgar Village will be utilized as the assembly point.
- The staff member in charge of the area will mark the doors with a **Yellow “THIS ROOM SEARCHED” door tag** to indicate that the apartment has been evacuated. Tags for this purpose are stored in the fire extinguisher cabinets.
- Following the evacuation, verify and account for all residents and staff. Report results to the Command Center.

III. IF ALARM SOUNDS FROM ELSEWHERE IN THE VILLAGE:

- Remain in your area and secure the floor.
- Assist residents into their apartments.
- Close doors, windows, and clear corridors.

IV. IF ALARM SOUNDS FROM ANOTHER AREA WITHIN OXFORD VILLAGE:

A. *Evening Shift*

- Remain in your area and wait for further instruction.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ASSISTED LIVING

DINING SERVICES - FIRE PROCEDURES

I. IF YOU DISCOVER A FIRE IN YOUR AREA:

- R.** Remove anyone from immediate danger while calling out "**CODE RED, location.....**" for assistance. Close the door to the fire room and any room connecting doors.
- A.** Activate the fire alarm via the nearest manual pull station located at stairwells and fire exits.
- C.** Close all remaining doors and windows in the fire zone, assisting residents into rooms. Turn off individual room heating and air conditioning units in Oxford first floor rooms.
- E.** Evacuate as directed by person in charge. (If fire is still burning and there is no smoke in corridor)

NOTES:

1. If the fire is small and you know you can put it out quickly, do so using available sources (bed linens, fire extinguisher, etc.) Otherwise, do not attempt to extinguish the fire. Shut the door and leave it closed.
2. Report fire to the person in charge and await further instruction.
3. Mark the door to the fire room with an Orange "FIRE SITE" door tag to indicate the fire room should not be re-entered. Tags for this purpose are stored in the fire extinguisher cabinets.
4. Order of the above steps is somewhat flexible. However, the evacuation of the occupants of the room and confinement of the fire shall be top priorities.

II. FIRE CONDITION IN THE KITCHEN:

- Close doors to the kitchen.
- If able, secure the kitchen by turning off the equipment, fans, etc.
- Management to assign staff as needed to assist in evacuating residents from the dining rooms.
- Evacuate the kitchen and report to person in charge; await further instruction.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

III. **ASSEMBLY POINT: Oxford First Floor Butterfly Cove**

- Management in charge of the department at the time of the fire shall take a headcount of staff at the evacuation site to determine if all are accounted for. The results shall be reported to the Command Center.

IV. **IF ALARM SOUNDS FROM ELSEWHERE IN THE VILLAGE:**

- Close the doors in your area.
- Secure the kitchen by turning off cooking appliances, fans, etc.

V. **IF ALARM SOUNDS FROM ANOTHER VILLAGE:**

- Remain in your area and stand by for further instructions.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ASSISTED LIVING

ADMINISTRATIVE, ACTIVITIES, HOUSEKEEPING, AND OTHER - FIRE PROCEDURES

I. IF YOU DISCOVER A FIRE IN YOUR AREA:

- R.** Remove anyone in immediate danger while calling out "**CODE RED, location.....**" for assistance. Close the door to the fire room and any room connecting doors.
- A.** Activate the fire alarm via the nearest manual pull station located at stairwells and fire exits.
- C.** Close all remaining doors and windows in the fire zone, assisting residents into rooms. Turn off individual room heating and air conditioning units in Oxford first floor rooms.
- E.** Evacuate as directed by person in charge. (If fire is still burning and there is no smoke in the corridor)

NOTES:

1. If fire is small and you know you can put it out quickly, do so.
2. Report fire to the person in charge and await further instruction.
3. Mark the door to the fire room with an Orange "FIRE SITE" door tag to indicate the fire room should not be re-entered. Tags for this purpose are stored in the fire extinguisher cabinets.
4. Order of the above steps is somewhat flexible. However, the evacuation of the occupants of the room and confinement of the fire shall be top priorities.

II. ASSEMBLY POINT: Oxford First Floor Butterfly Cove

- Management in charge of the department at the time of the fire shall take a headcount of staff at the evacuation site to determine if all are accounted for. The results shall be reported to the Command Center.

III. IF ALARM SOUNDS FROM ELSEWHERE IN THE VILLAGE:

- Close the doors in your area.
- Report to the Staff Pool at the Oxford 1st floor Butterfly Cove and await further instructions.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

IV. IF ALARM SOUNDS FROM ANOTHER VILLAGE:

- Remain in your area and stand by for further instructions.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ASSISTED LIVING

VISITORS & VENDORS - FIRE PROCEDURES

During a fire alarm, visitors and vendors will be addressed as follows:

- Visitors and vendors in public areas will be requested to wait there until an “All-Clear” is announced, or until they are directed to evacuate by staff.
- Visitors and vendors in waiting areas will be escorted to a safe area by staff.
- Visitors and vendors with residents will remain with them until an “All-Clear” is announced, or until the staff directs you to a safe area.
- Facilities staff will direct traffic away from emergency entrance(s).

NOTE: EXTINGUISHING A FIRE

Canterbury Woods is not a fire department. Our first responsibility is to successfully evacuate our residents. The Amherst Fire Department will be on our premises quickly to fight the fire. The villages are fully sprinklered and are equipped with fire extinguishers for all purposes and staff is trained in the use of these extinguishers.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HEALTH CENTER - STAFF RESPONSE

I. IF YOU DISCOVER A FIRE:

- R. Remove anyone from immediate danger in the room while calling out “**CODE RED, location...**” for assistance. Close the door to the fire room and any room connecting doors.
- A. Activate the fire alarm via the nearest manual pull station located at stairwells and fire exits.
- C. Close all remaining doors and windows in the fire zone, assisting residents into rooms. Turn off heating and air conditioning units in Oxford Village first floor rooms.
- E. Evacuate as directed by person in charge (if fire is still burning and there is no smoke in corridor)

NOTES:

1. If the fire is small and you know you can put it out quickly, do so using available sources (bed linens, fire extinguisher, etc.) Otherwise, do not attempt to extinguish the fire. Shut the door and leave it closed.
2. Mark the door to the fire room with an Orange “fire site” door tag to indicate that the fire room should not be re-entered. Tags for this purpose are located in the fire extinguisher cabinets.
3. Order of the above steps is somewhat flexible. However, the evacuation of the room’s occupant(s) and confinement of the fire shall be the top priorities.

II. RESPONSE TO THE ALARM: OR HEARING “CODE RED” BEING CALLED OUT.

Staff in the immediate area:

- Activate the fire alarm via manual pull station located in the stair wells and fire exits.
- Assist in the evacuation of the fire room and close the door to the fire room.
- Close doors and windows to remaining rooms in the fire zone, assisting residents into rooms. Turn off heating and air conditioning units in Oxford Village first floor rooms.
- Clear corridor of equipment - DO NOT place equipment into resident rooms.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Health Center Receptionist: 8:00 a.m. – 8:00 p.m.

Nursing Supervisor/ Charge Nurse: 8:00 p.m. – 8:00 a.m.

- Page the location of fire alarm (3) times from the enunciator panel via the microphone located in the Oxford Village entrance.
- Set up Command Center. The Command Center will be responsible for directing additional staff to the fire area or to other areas within the building, as necessary. The Command Center will be located in the Oxford Village 1st floor SNF Nursing Office.
- Announce “All-Clear” as directed by the Fire Chief, over the public address system in Oxford Village to reassure residents.

Trafalgar Reception Desk: 8:00 a.m. - 8:00 p.m.

- Place back-up phone call to 911.
- Direct the Fire Chief to Oxford Village, if required.
- Prevent visitors and guests from entering Oxford Village.

Maintenance

- Report to area in alarm.
- Assess the situation and assist as needed.
- Acknowledge the fire alarm condition at the fire panel.
- Silence and reset the computer alarm system only after the Fire Chief gives the “All Clear”.
- Contact Fire Department to notify that the CODE RED was a false alarm once it has been verified.

Maintenance: 8:00 p.m. - 8:00 a.m.

- Place back-up phone call to 911 and Immediately report to fire scene as indicated via portable radio.
- Assess the situation and assist as needed.
- Acknowledge the fire alarm condition at the fire panel.
- Silence and reset the computer alarm system only after the Fire Chief gives the “All-Clear”.
- Follow Maintenance Department procedure for resetting utility systems following a fire alarm.

Staff Response to Fire Area: All Shifts

- Administrator, Director of Nursing/ Nursing Supervisor, Staff from the Unit, and Maintenance.

Administrator/Executive Director or Person of Authority

- Establish a Command Center if evacuation of rooms other than the fire room is taking place. The Command Center will be set up at the Fire Department’s Incident Command Post location.
- Verify that a head count of residents and staff has taken place from the fire area.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Inform the Incident Commander (Fire Chief) of the results.

All Other Staff:

- Secure your area and follow department specific procedures.

Staff who have two-way radio's that connect directly to fire panel and Nurse Call System signal/alarm for smoke detectors in resident apartments:

- Nursing Supervisor, Director of Environmental Services, Facilities Manager, all Maintenance Staff, and Trafalgar Reception Desk.

III. EXTENDED EVACUATION:

To make a decision regarding further evacuation, use the following guidelines:

- If the fire has been extinguished, no further evacuation is necessary. Staffs are to reassure residents.
- If corridor smoke conditions would not be tolerable for residents, do not evacuate. Inform Fire Department of smoke concerns upon their arrival.
- If fire has not been extinguished and corridor conditions are tolerable, begin evacuation as follows:
 - ❖ Move residents from the fire compartment to the adjacent side of the fire and smoke doors.
 - ❖ Evacuate the rooms adjacent to the fire room first, followed by the room opposite of the fire room. This will be followed by all rooms on the fire side of the corridor, and then all remaining rooms on the non-fireside of the corridor.
 - ❖ Mark the door to the room with a **Yellow "THIS ROOM SEARCHED" door tag** to indicate that the room has been evacuated. Tags for this purpose are located in the fire extinguisher cabinets. **DO NOT ENTER** room with an evacuation tag on the door.
 - ❖ Account for residents and staff once are relocated.

NOTE: Nursing Supervisor to direct removal of residents' medical records to safe area.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NURSING DEPARTMENT - FIRE PROCEDURES

I. IF YOU DISCOVER A FIRE:

- R.** Remove anyone from immediate danger in the room while calling out “**CODE RED location.....**” for assistance. Close the door to the fire room and any room connecting doors.
- A.** Activate the fire alarm via the nearest manual pull station located at stairwells and fire exits.
- C.** Close all remaining doors and windows in the fire zone, assisting residents into rooms and turn off heating and air conditioning units in Oxford Village first floor rooms.
- E.** Evacuate as directed by person in charge (if fire is still burning and there is no smoke in corridor).

NOTES:

1. If the fire is small and you know you can put it out quickly, do so using available sources (bed linens, fire extinguisher, etc.) Otherwise, do not attempt to extinguish the fire. Shut the door and leave it closed.
2. Mark the door to the fire room with an Orange “FIRE SITE” door tag to indicate that the fire room should not be re-entered. Tags for this purpose are located in the fire extinguisher cabinets.
3. Order of the above steps is somewhat flexible. However, the evacuation of the room's occupant(s) and confinement of the fire shall be the top priorities.

II. IF EVACUATION OF THE AREA IS ORDERED:

This is to be done under the direction of the Director of Nursing/ Nursing Supervisor.

- Residents from the fire compartment to be moved to the adjacent side of the fire/smoke doors.
- Evacuate the rooms on both sides of the fire room first, followed by the room across from the fire room. Start at the far end of compartment and work progressively to fire doors.
- Mark the doors with a Yellow “THIS ROOM SEARCHED” door tag to indicate that the room has been evacuated. Tags for this purpose are stored in the fire extinguisher cabinets. **DO NOT ENTER** rooms with an evacuation tag on the door.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Verify and account for all residents and staff following the evacuation. Report information to the Command Center.

III. **IF ALARM SOUNDS FROM 2ND OR 3RD FLOOR OF OXFORD VILLAGE:**

- **DAY SHIFT:** Administrator, Director of Nursing/ SNF Nursing Supervisor will respond to fire area. All other staff will remain on floor to secure the unit. (if more help is needed, the Command Center will request assistance)
- **EVENING SHIFT:** SNF Nursing Supervisor, Two (2) Certified Nursing Assistant's and Maintenance. All other staff will remain on the floor to secure the unit.
- **NIGHT SHIFT:** SNF Nursing Supervisor, One (1) Certified Nursing Assistant and Maintenance. All other staff will remain on the floor to secure the unit.

Staff remaining are to assist residents into rooms, closing doors, windows and shutting off heating and air conditioning units. Clear equipment from corridors. Do not place equipment into resident rooms.

NOTE: If you are out of your normally assigned work area at the time of the alarm, return as quickly as possible to assist as directed.

IV. **IF ALARM SOUNDS FROM ANY VILLAGE OTHER THAN OXFORD:**

- Follow the procedure as above; however, it is not necessary to secure the unit unless directed by the Command Station.

V. **MEDICAL EQUIPMENT BREAKDOWN PROCEDURES:**

Feeding Pump Assembly: Remove tubing from pump. Remove bag from pole and place next to resident. Option: Disconnect feeding line from NG-tube or G-tube.

IV: Clamp line or leave it open (at the discretion of the nurse). Remove bag from pole and place on bed.

IV with Pump: If pump is not needed: Remove IV tubing from pump. Remove bag from pole and place on bed.

If pump must be taken: Disconnect pump from electrical outlet, remove pump and bag from pole and place on bed or disconnect pump from electrical outlet and move pole with bed.

Oxygen: Shut off concentrator. Remove tubing from concentrator and leave mask or cannula on resident.

Catheter Drainage Bag: Place drainage bag on resident. Option: Disconnect catheter from drainage tubing.

Pulse Oximeter: Disconnect from electrical outlet and place on bed OR remove from resident's finger.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CHARGE NURSE – FIRE PROCEDURES

I. IF THE FIRE IS ON YOUR UNIT

Assure that:

- Fire room is evacuated.
- Door(s) to fire room is closed and marked with **Orange “FIRE SITE” door tag**.
- Fire alarm is activated.
- Residents are removed from corridor, doors are closed, and heating and air conditioning units are turned off.
- Equipment is removed from the corridor (**DO NOT** place in occupied rooms).

Make decision regarding further evacuation, using the following guidelines:

- If the fire is extinguished, no further evacuation is necessary. Have staff reassure residents.
- If corridor smoke conditions would not be tolerable for residents, **DO NOT** evacuate. Inform Fire Department of smoke concerns upon their arrival.
- If fire is not extinguished and corridor conditions are tolerable, begin evacuation as follows:
 - ❖ Residents from the fire compartment are to be assisted to the adjacent side of the fire/smoke doors.
 - ❖ Have staff evacuate the rooms ADJACENT to the fire room first, followed by the room OPPOSITE the fire room. This will be followed by all rooms on the fire side of the corridor, and then all remaining rooms on the non-fire side of the corridor.
 - ❖ Nursing Supervisor/designee mark the door to the room with a **Yellow “THIS ROOM SEARCHED” door tag** to indicate that the room has been evacuated. Tags for this purpose are stored in the fire extinguisher cabinets.
 - ❖ Account for residents and staff once all are relocated. Report information to the Command Center.

NOTE: Nursing Supervisor to direct removal of residents' medical records to safe area.

II. IF ALARM SOUNDS FROM 2ND OR 3RD FLOOR IN OXFORD VILLAGE:

- Direct staff to secure the Unit by assisting residents into rooms, closing windows and doors, clearing corridors, shutting off heating and air conditioning units, etc.
- Once the Unit is secured direct staff to make rapid rounds, checking on and reassuring residents.
- Upon hearing page indicating that alarm has originated from an area that evacuates to your particular unit, direct staff in preparing to receive residents by clearing space for arriving residents. Position one staff member at the entrance to the unit to direct staff arriving with evacuated residents to appropriate areas of receiving unit.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Assure that initial care of residents who have been evacuated to your area, if applicable.

III. **IF ALARM SOUNDS FROM ANY VILLAGE OTHER THAN OXFORD:**

- Remain on the unit and await further instruction from the Command Center.

NOTE: If you are out of your assigned work area at the time of the alarm, return as quickly as possible and assist as directed.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HEALTH CENTER

DINING SERVICES - FIRE PROCEDURES

I. IF YOU DISCOVER A FIRE IN YOUR AREA:

- R.** Remove anyone from immediate danger while calling out "**CODE RED, location.....**" for assistance. Close the door to the fire room and any room connecting doors.
- A.** Activate the fire alarm via the nearest manual pull station located at stairwells and fire exits.
- C.** Close all remaining doors and windows in the fire zone, assisting residents into rooms. Turn off individual room heating and air conditioning units in Oxford first floor rooms.
- E.** Evacuate as directed by person in charge. (If fire is still burning and there is no smoke in corridor).

NOTES:

1. If the fire is small and you know you can put it out quickly, do so using available sources (bed linens, fire extinguisher, etc.) Otherwise, do not attempt to extinguish the fire. Shut the door and leave it closed.
2. Report fire to the person in charge. Go to your assembly point.
3. Mark the door to the fire room with an **Orange "FIRE SITE" door tag** to indicate the fire room should not be re-entered. Tags for this purpose are stored in the fire extinguisher cabinets.
4. Order of the above steps is somewhat flexible. However, the evacuation of the occupants of the room and confinement of the fire shall be top priorities.

II. FIRE CONDITION IN THE KITCHEN:

- Close doors to the kitchen.
- Secure the kitchen by turning off the equipment, fans, etc.
- Management to assign staff as needed to assist in evacuating residents from the dining rooms.
- Evacuate the kitchen and report to person in charge; await further instructions.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

III. **ASSEMBLY POINT: Oxford First Floor Butterfly Cove**

- Management in charge of the department at the time of the fire shall take a headcount of staff at the evacuation site to determine if all are accounted for. The results shall be reported to the Command Center.

IV. **IF ALARM SOUNDS FROM ELSEWHERE IN THE VILLAGE:**

- Close the doors in your area.
- Secure the kitchen by turning off cooking appliances, fans, etc.

V. **IF ALARM SOUNDS FROM ANOTHER VILLAGE:**

- Remain in your area and stand by for further instructions.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HEALTH CENTER

LAUNDRY DEPARTMENT - FIRE PROCEDURES

I. IF YOU DISCOVER A FIRE IN YOUR AREA:

- R.** Remove anyone in immediate danger while calling out "**CODE RED, location.....**" for assistance. Close the door to the fire room and any room connecting doors.
- A.** Activate the fire alarm via the nearest manual pull station located at stairwells and fire exits.
- C.** Close all remaining doors and windows in the fire zone, assisting residents into rooms. Turn off individual room heating and air conditioning units in Oxford first floor rooms.
- E.** Evacuate as directed by person in charge (If the fire is still burning and there is no smoke in the corridor).

NOTES:

1. If fire is small and you know you can put it out quickly, do so.
2. Report fire to the person in charge. Go to your assembly point.
3. Mark the door to the fire room with an Orange "FIRE SITE" door tag to indicate the fire room should not be re-entered. Tags for this purpose are stored in the fire extinguisher cabinets.
4. Order of the above steps is somewhat flexible. However, the evacuation of the occupants of the room and confinement of the fire shall be top priorities.

II. AT THE SOUND OF THE ALARM IN THE LAUNDRY:

- Close the doors to the laundry.
- Secure the laundry by turning off equipment, fans, etc.
- Evacuate the laundry and report to the assembly point in the first floor Cultural Arts Room.

III. ASSEMBLY POINT: Oxford First Floor Butterfly Cove

- Management in charge of the department at the time of the fire shall take a headcount of staff at the evacuation site to determine if all are accounted for. The result shall be reported to the Command Center.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

IV. IF ALARM SOUNDS FROM ELSEWHERE IN THE VILLAGE:

- Close the doors in your area.
- Secure the laundry by turning off equipment, fans, etc.

V. IF ALARM SOUNDS FROM ANOTHER VILLAGE:

- Remain in your area and stand by for further instructions.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HEALTH CENTER

ADMINISTRATIVE, ACTIVITIES, THERAPIES, HOUSEKEEPING, SOCIAL WORK, MEDICAL SERVICES, AND OTHER STAFF - FIRE PROCEDURES

I. IF YOU DISCOVER A FIRE IN YOUR AREA:

- R.** Remove anyone in immediate danger while calling out "**CODE RED, location...**" for assistance. Close the door to the fire room and any room connecting doors.
- A.** Activate the fire alarm via the nearest manual pull station located at stairwells and fire exits.
- C.** Close all remaining doors and windows in the fire zone, assisting residents into rooms. Turn off individual room heating and air conditioning units in Oxford first floor rooms.
- E.** Evacuate as directed by person in charge (If fire is still burning and there is no smoke in the corridor).

NOTES:

1. If fire is small and you know you can put it out quickly, do so.
2. Report fire to the person in charge. Go to your assembly point.
3. Mark the door to the fire room with an Orange "FIRE SITE" door tag to indicate the fire room should not be re-entered. Tags for this purpose are stored in the fire extinguisher cabinets.
4. Order of the above steps is somewhat flexible. However, the evacuation of the occupants of the room and confinement of the fire shall be top priorities.

II. ASSEMBLY POINT: Oxford First Floor Butterfly Cove

- Management in charge of the department at the time of the fire shall take a headcount of staff at the evacuation site to determine if all are accounted for. The results shall be reported to the Command Center.

Accounting for Staff:

- Department Managers or person in charge at the time will use their department schedules and department specific procedures as a way to account for their staff.
- Schedules are to be posted in an easily accessible area for quick access along with specific procedures if necessary.
- Inform person in charge that all staff are accounted for or further measures are needed.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

III. **IF ALARM SOUNDS FROM ELSEWHERE IN THE VILLAGE:**

- Close the doors in your area.
- Report to the Oxford 1st Floor Butterfly Cove and await further instructions.

IV. **IF ALARM SOUNDS FROM ANOTHER VILLAGE:**

- Remain in your area and stand by for further instructions.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HEALTH CENTER

VISITORS & VENDORS - FIRE PROCEDURES

During a fire alarm, visitors and vendors will be addressed as follows:

- Visitors and vendors in public areas will be requested to wait there until an “All-Clear” is announced, or until they are directed to evacuate by staff.
- Visitors and vendors in waiting areas will be escorted to a safe area by staff.
- Visitors and vendors with residents will remain with them until an “All-Clear” is announced, or until the staff directs you to a safe area.
- Facilities staff will direct traffic away from emergency entrance(s).

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRE

INDEPENDENT LIVING

STAFF RESPONSE - FIRE PROCEDURES

I. IF YOU DISCOVER A FIRE IN YOUR AREA:

- R. Remove anyone in immediate danger while calling out “CODE RED, location ...” for assistance. Close the door to the fire room and any room connecting doors.
- A. Activate the fire alarm via the nearest pull station located at the stairwells and fire exits.
- C. Close all remaining doors and windows in the fire zone, assisting residents into apartments.
- E. Evacuate as directed by the person in charge (if the fire is still burning and there is no smoke in the corridor.)

NOTES:

- 5. If the fire is small and you know that you can put it out **quickly**, do so by using available sources (bed linens, fire extinguisher, etc.) Otherwise, do not attempt to extinguish the fire. Shut the door and leave it closed.
- 6. Mark the door to the fire room with an **Orange “FIRE SITE” door tag** to indicate that the fire room should not be re-entered. Tags for this purpose are located in the fire extinguisher cabinets.
- 7. Order of the above steps is somewhat flexible. However, the evacuation of the apartment’s occupant(s) and confinement of the fire shall be the top priorities.
- 8. The Fire Department will automatically be notified when a pull station is activated and/or a smoke detector located in a public area or in the ceiling dampers and/or ducts is activated. ***Smoke detectors located in the resident apartments are NOT CONNECTED to the fire station. You must activate a manual pull station in the corridor to initiate a response from the Fire Department.***

II. RESPONSE TO THE ALARM: OR HEARING “CODE RED” BEING CALLED OUT

- A. **Staff in the immediate area:**
 - Secure your area.
 - Assist in the evacuation of the fire room and close the door to the fire room.
 - Close doors and windows to the remaining apartments in the fire zone, assisting residents into apartments.
 - Clear the corridor of carts - Do not place equipment into resident apartments.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

B. Trafalgar Reception Desk: 8:00am – 8:00pm

- Place back-up phone call to the Amherst Central Fire Department (689-1212).
- Page location of the fire alarm three (3) times from the annunciator panel via the microphone located in the Trafalgar Village entrance.
- Direct the Fire Chief to the Village in alarm.
- Prevent visitors and guests from entering village in alarm.
- Place a message on channel 119 alerting residents to the condition.
- Post the “All Clear”, at the direction of the Fire Chief and on the community cable station 119.
- Page “All Clear” three (3) times from annunciator panel when instructed to by maintenance.

C. Maintenance: 8:00pm – 8:00am

- Report to the area in alarm.
- Place back-up phone call to the Amherst Central Fire Department (689-1212).
- Assess the situation and assist as needed.
- Acknowledge the fire alarm condition at the appropriate auxiliary fire panel located in the village in alarm.
- Silence and reset the computer alarm system only after the Fire Chief give the “All Clear”.
- Contact the Fire Department to notify that the CODE RED was a false alarm once it has been verified.

PERS FIRE SIGNAL

- First responders to fire alarm in resident apartments as signaled from the smoke detector.
- Acknowledge the PERS fire alarm via portable radio to alert designated staff.
- Investigate the alarm in the resident’s apartment; report status via radio. If condition warrants, implement R.A.C.E. procedures as listed above.

D. Administration/Person of Authority:

- Establish a Command Post if evacuation of rooms other than the fire room is taking place. The Administrative Command Post will be set up at the Fire Department’s Incident Command Post location.
- Verify that a head count of residents and staff has taken place from the fire area. Inform the Incident Commander (Fire Chief) of the results.

NOTE: Communication between the Control Station and the Command Post will take place by means of portable radios.

E. Staff who have portable radios that connect directly to fire panel and PERS signal/ alarm for smoke detectors in resident apartments:

- Nursing Supervisor, Environmental Services Director, all Maintenance staff and Trafalgar Reception Desk.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

F. **Accounting For Staff:**

- Department Managers or person in charge at the time, will use their department schedules and department specific procedures as a way to account for their staff.
- Schedules are to be posted in an easily accessible area for quick access along with specific procedures if necessary.
- Inform person in charge that all staff are accounted for or further measures are needed.

III. **EXTENDED EVACUATION:**

A. **To make the decision regarding further evacuation, use the following guidelines:**

- If fire has been extinguished, no further evacuation is necessary. Have staff reassure residents.
- If corridor smoke conditions would not be tolerable for residents, i.e. smoke, do not evacuate. Inform Fire Department of smoke concerns upon their arrival.
- If fire has not been extinguished and corridor conditions are tolerable, begin evacuation as follows:
 - Move residents from the fire compartment to the adjacent side of the fire and smoke doors.
 - Evacuate the apartments adjacent to the fire room first, followed by the apartment opposite the fire room. This will be followed by all apartments on the fire side of the corridor, and then all remaining apartments on the non-fire side of the corridor.
 - Mark the door to the apartment with a yellow tag to indicate that the room has been evacuated. Tags for this purpose are located in the fire extinguisher cabinets. **DO NOT ENTER** apartment with evacuation tag on door.
 - Account for residents and staff once all are relocated.

IV. **IF ALARM SOUNDS FROM ELSEWHERE IN THE VILLAGE:**

- Remain in your area and secure the floor.
- Assist residents into their apartments.
- Close doors, windows and clear corridors.

V. **IF ALARM SOUNDS FROM ANOTHER VILLAGE:**

A. **Evening Shift**

- Remain in your area and wait for further instruction.

B. **Accounting for Staff**

- Department Manager or person in charge at the time will use their department schedules and department specific procedures as a way to account for staff.
- Schedules are to be posted in an easily accessible area for quick access along with specific procedures if necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Inform person in charge that all staff are accounted for or further measures are needed.

INDEPENDENT LIVING

RESIDENT RESPONSE - FIRE PROCEDURES

I. IF YOU DISCOVER A FIRE IN YOUR APARTMENT:

- Leave your apartment immediately. DO NOT take time to remove personal belongings or pets.
- Shut the door to your apartment. DO NOT take time to lock it.
- Activate the fire alarm by pulling the pull station located in the corridor at the exit door.
- Evacuate to the nearest village that IS NOT IN ALARM.

NOTE: If you encounter any smoke or fire while evacuating to the nearest village, leave the building via the closest exit or stairwell. Proceed to the designated assembly point as directed by staff.

II. IF YOU HEAR THE FIRE ALARM WHILE IN YOUR APARTMENT BUT THE FIRE IS NOT IN YOUR APARTMENT:

- Stay in you apartment.
- Close and keep windows and doors shut.
- Wait for instruction from the staff or the Fire Department to progressively evacuate as needed.
- Proceed to the nearest village not in alarm, if you are uncomfortable staying in your apartment.
- Staff will post “All Clear” on the community cable station (1390) and make an announcement over the public address system in the village that was in alarm when directed by the Fire Chief.

NOTE: If you encounter any smoke or fire while evacuating to a neighboring village, leave the building via the closest exit or stairwell. Proceed to a neighboring village from the outside.

III. IF YOU HEAR THE FIRE ALARM WHILE IN THE STAIRWELL, HALLWAY, LOUNGES, ETC.:

- Exit your area as directed by staff.
- Go to the nearest village that is NOT IN ALARM. Do not return to the building until given the “All Clear” by the Fire Department.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NOTE: If you encounter any smoke or fire while evacuating to a neighboring village, leave the building via the closest exit or stairwell. Proceed to the neighboring village from outside.

IV. IF YOU ARE IN THE ELEVATOR WHEN THE ALARM SOUNDS:

- Exit at the nearest floor.
- Go to the nearest village that is NOT IN ALARM. Do not return to the building until given the “All Clear” by the Fire Department.

NOTE: If you encounter any smoke or fire while evacuating to a neighboring village, leave the building via the closest exit or stairwell. Proceed to a neighboring village from outside.

V. IF THE SMOKE DETECTOR IN YOUR APARTMENT ACTIVATES:

- Whenever the smoke detector in your apartment is activated and there is no fire, you need to notify the Trafalgar Reception Desk by dialing 0.
- Leave your apartment and wait in the hallway. Maintenance will respond to your apartment to investigate.
- Staff will reset the smoke detector. The smoke detector located within your apartment will not cause the strobes and horns to activate throughout the village or notify the Fire Department.

IMPORTANT NOTES FOR YOU TO KNOW:

- If you encounter smoke in the hallway or stairway when you are evacuating and you cannot evacuate outside, return to your apartment or nearby apartment (as long as the fire is not in the apartment) and close the door.
- If you encounter smoke while in your apartment and the fire is NOT in your apartment, stuff wet towels under the door and wait by an open window. Open the window only far enough so you can wave a towel or clothing to alert the Fire Department to your location.
- If you cannot walk down the stairs, go into the fire rated stairwell and wait for staff or firefighters to help you. Do not use the elevator.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FLOOD

(Internal or External)

Flooding can occur whether internal (e.g., pipe break) or external (i.e. rising flood waters from torrential rains, etc.).

Flood Procedure may be activated when:

- You are notified by local authorities that your facility is located in a flood area.
- Facility staff identifies a potential internal or external flooding event.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Move residents and staff to unaffected portions of the building.
- Move important records, equipment, etc. to unaffected portions of the building, if possible.
- When possible, move computer hard drives to top of desks, place resident personal articles and drawers on top of beds or dressers. File cabinet containing important records should be moved to prevent damage.
- Where possible, build dikes, berms or take other actions to prevent the water from entering additional areas. Work with local authorities and the Office of Emergency Management.
- If advanced warning is available, prepare residents, supplies and staff for evacuation out of facility, or to safe areas of the facility, if directed.
- Continue to prepare for evacuation of building should it become necessary.
- See Full Building Evacuation Plan.

NOTE: DO NOT ENTER ANY AREA WHERE WATER LEVEL IS ABOVE ELECTRICAL OUTLETS. ALSO, DO NOT TOUCH ANY ELECTRICAL EQUIPMENT WHEN STANDING IN WATER.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- If advanced warning is available, consider census reduction of higher acuity residents.
- If life threatening, move residents immediately.
- Areas of concern in the facility if external flooding should occur include:
 - 1st Floor Oxford – Health Center
- If threat is present from internal or external flooding, direct residents and articles to be moved to higher ground, away from water pooling.
- If advised by local agencies, prepare for building evacuation. See Full Building Evacuation Plan and begin to make arrangements for transportation resources.
- If full building evacuation is to take place, set up off-site communications / command for staff and responsible parties to contact.
- Request an assessment of staff and operations through the completion of the Department Rapid Assessment form. Direct department managers to complete and forward the form to the Command Center.
- Start planning Recovery:
 - Follow “First 24 Hour Checklist” at the end of the Flood Plan.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- For major building or utility damage, see Recovery Plan.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- IF INTERNAL FLOODING: Immediately move to shut off or block the source of the water, and shut down electrical power to areas of the building affected by or expected to be affected by internal flood waters.
- IF EXTERNAL FLOODING: Monitor areas for exposure to electrical equipment and shut down electrical equipment if affected by rising water. Keep Command Center advised.
- Shut down elevators if water is expected to affect elevator pits or equipment rooms. Move elevators above high water mark. Mark and secure them.
- Work with staff member responsible for Infection Control and handling of regulated medical waste to ensure that minimal contamination occurs.
- Secure any environmental contaminants (i.e. bio-waste, chemical drums) in the area that could be flooded.
- Secure any portable oxygen cylinders in the area that could be flooded.
- Raise or move any chemicals in areas that could be flooded that may react with water to produce heat or flammable or noxious gases (CHECK THE SDS).
- Ensure any storage tanks in area that could be flooded are either anchored securely, or removed.
- Contact local vendors/contractors for clean-up of contaminated silt, debris, oil, chemicals, water, mildew, etc.

NOTE: If Maintenance staff remains in building after evacuation to shut down utilities and secure building, ensure a communications link is established with off-site Command, or notify local Police if you cannot get through to Command.

NURSING

- Monitor staff and residents for signs and symptoms of hypothermia.
- Utilities of power, gas, water, and medical gases/air may be shut down. Follow applicable procedures.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

The following is a pre-designated list of resident units and items that could be threatened by flood waters:

PEOPLE AND ITEMS TO BE MOVED TO A SAFE AREA	LOCATION OF SAFE AREA	RESPONSIBLE PARTY
Skilled Nursing Unit		
		Administrator/ DON
Non-resident Departments		
		Department Director(s)
Medical Records (HIM)		
Resident Files / Charts (if time permits)		HIM Coordinator
Medications		
		Nursing
Special Medical Equipment		
		Nursing
Other (List)		
Wet Vac		Maintenance
Cellphones		Maintenance
Two-Way Radios		Maintenance

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Flood waters recede:

- Instruct staff to not step in pools of water where there is the danger of electrical outlets or cords in water.
- All departments will:
 - Complete “First 24 Hours Checklist” at the end of this Flood Plan.
 - Complete the Department Rapid Assessment Form.
- Have Maintenance:
 - Survey building and utilities.
 - Re-establish communications if lost during the flooding.
 - Test water supplies (drinking).
 - Use emergency supplies of water until authorities announce the water supply to the facility is potable and deemed safe for use.
- As necessary obtain necessary clearance to reoccupy those areas which had been flooded and evacuated.
- Assess staff and department operations
- All departments, as applicable, will re-supply medical, food, equipment and other items necessary for normal operations.
- Residents who were relocated, either within or outside the facility, will be returned when approvals have been obtained.
- Incident Commander (Administrator) should consult with the City / County Emergency Operations Center, as applicable, and issue the “all clear”.
- Have Public Information Officer communicate with the public regarding the fact that the facility is open for business.
- Have Finance Section collect cost for disaster, as necessary.
- Develop a full report and close down Incident Command.
- Critique reports and make necessary updates to plan.

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

ADDITIONAL REFERENCES:

Loss of Heating System Procedure
Loss of Air Conditioning System / High Heat Procedure
Loss of Telephone / Internal Communications Procedure
Loss of Electric Service Procedure
Loss of Emergency Power Procedure
Full Building Evacuation Plan
Disaster Recovery Plan

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRST 24 HOUR CHECKLIST

NOTE: The following actions help your staff begin the cleanup process. Professional cleaners have the equipment necessary to quickly remove large volumes of water and properly clean and treat buildings and furnishings. Professional equipment restorers bring the experience and resources to effectively clean and repair electronic equipment and get it recertified, if necessary.

BUILDING	EQUIPMENT
<ul style="list-style-type: none">➤ Remove wet items such as carpeting, padding & ceiling tile; to exterior location.➤ Use available and rented vacuum equipment to eliminate water on. Also use squeegees and mops.➤ Set up any available dehumidifiers (if outside temperature is >60° F.➤ Open any doors and windows to help reduce humidity (if weather is appropriate).➤ Use fans to help circulate air and assist drying.➤ Open drawers and closet doors to enhance drying.➤ Place non-staining blocks or aluminum foil under furniture legs.➤ Lift draperies off carpet and suspend.➤ Move photos, painting and art objects to a safe, dry location.➤ Remove damp books from shelves and spread in a stable, dry environment.➤ Leave the heat on if damage occurs during a cool season. Utilize air conditioning if it occurs during a warm season.	<ul style="list-style-type: none">➤ Turn off power immediately! Do not energize wet equipment.➤ Do not re-energize equipment until authorized by qualified restoration personnel or manufacturer's technical representative.➤ Open cabinet doors/side panels/covers/chassis drawers – drain all water.➤ Remove equipment to a cool, dry area after wiping down and eliminate as much moisture and contaminants as possible.➤ Set up fans to move ambient air through equipment.➤ Blow water out with clean compressed air (or preferably liquid nitrogen).➤ Spray water displacement solvent on electronic components (such as contact cleaner, LPS 1 or alcohol/Freon mixture).➤ Wipe down and dry metal surfaces as soon as possible – use protective surface treatments to slow corrosion (CRC, LPS 1).➤ Follow up with professional restoration services.
RECORDING EQUIPMENT (disk and tape drives)	MAGNETIC MEDIA
<ul style="list-style-type: none">➤ Do not operate if wet or dirty.➤ Clean tape transport mechanism with alcohol solvents – dry out if wet.➤ Wipe off surface contamination before drive system use.➤ Treat electronics as detailed above.➤ Do not re-energize equipment until authorized by qualified restoration personnel or manufacturer's technical representative.➤ Follow up with professional restoration service.	<ul style="list-style-type: none">➤ Do not use if wet or dirty.➤ Clean and dry dirty tapes/disks / cassettes with alcohol-based solvents for one-time data recovery.➤ Send wet head disk assemblies (HDAs) to a specialist for data recovery.➤ Save the data – not the media.➤ Follow up with professional restoration service.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRST 24 HOUR CHECKLIST

Continued

SPILL RESPONSE CART AND PIPE REPAIR SUPPLIES

If not already available, assemble a spill kit/cart with emergency pipe repair supplies that can be used for quick accessibility and use anywhere in the facility. The following list contains items to be collected as part of the response kit.

SPILL RESPONSE CART AND PIPE REPAIR SUPPLIES	
<ul style="list-style-type: none">➤ Plastic sheets to throw over & protect equipment (Make plastic sheets to cover electronic equipment readily available in the applicable areas for use by operators)➤ Plastic bags to dispose of wet material➤ Wet vacuums or other water removal equipment (commercial grade with effective GFIs, squeegees, mops, buckets)➤ Portable pump(s) and hose➤ Water displacing solvents for applying to electrical equipment (examples: contact cleaner, LPS 1)➤ Preservatives for metal (examples: CRC, LPS 1)➤ Towels for wiping up (assumed to be available from housekeeping)	<ul style="list-style-type: none">➤ Absorbent socks, to contain and absorb spills➤ Alcohol for computer tapes and disks (ISA99 for purity)➤ Pipe clamps to place around and stop a leak (pipe repair kit)➤ Diagrams of piping systems with valve locations highlighted➤ Dehumidifiers (or ready rental source)➤ Boots➤ Portable dikes for diverting surface water away from below grade doorways and possible points of water entry. This would be necessary during unusually heavy rains, especially if the hospital has a history of water accumulating near certain doorways, loading docks, parking ramps, etc.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HAZARDOUS MATERIAL SPILL OR LEAK / INTERNAL

This section of the plan presents procedures to be followed in a hazardous materials (chemicals such as cleaning supplies, pool chemical, oils, solvents, fuels, etc.) spill or leak. The procedures are provided for general emergency conditions that apply to all departments.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

ACTIVATION

In the event of a hazardous materials spill or leak, or suspected spill, staff involved in the area shall initiate this procedure.

Maintenance and Department Head of the affected area have the authority to take immediate corrective actions whenever a hazardous situation exists that can cause injury to residents, employees, or visitors or damage to the physical plant or operations.

- If spill or leak be handled (cleaned up) within normal operations, there may not be a need to activate the Incident Command System or notify external Emergency Agencies.
- If the situation requires additional external assistance, call 911 and set up Incident Command.
- Take initial actions detailed in the next sections if:
 - Hazardous material is involved in fire
 - Rescue of staff or residents is required
 - Evacuation of area is required
 - Hazardous material results in exposure of staff / residents if it spreads throughout the building
- Notify Administrator, Person in Charge and Maintenance of all spills.
- Ensure the Safety Data Sheets (SDS) for the hazardous material is available for Maintenance and emergency responders, if they had been notified, when they arrive.
- Evacuate any residents, visitors or staff from the area if not involved in the spill response.
- Department Manager or Supervisor will account for staff in a safe area.
- Ensure hazardous material is cleaned up, as detailed in this procedure.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Manage the incident in coordination with the Section Chief(s), ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- If applicable, have Maintenance shut down HVAC.
- Once the situation is under control, complete injury and incident reports as applicable.

IF A HAZARDOUS MATERIALS SPILL RESULTS IN A FIRE: RACE

- **R – Remove** anyone in danger and close door.
- **A – Activate** fire alarm.
- **C – Contain** spill and fire – Warn others to stay away.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- **E – Evacuate** from the immediate area of the spill or vapor release.
 - **Advise Fire Department of hazard.**

IF RESCUE OF PERSONNEL IS REQUIRED:

- Determine the level of hazard (reference SDS) presented by the hazardous material.
- Remove injured person(s) from immediate area if no risk of personal exposure. Treat as appropriate.
- If unsafe to enter area, secure area, set up a physical barrier (i.e.: shut door), and inform emergency responders of victim locations and hazards.
- Reference SDS and label information if available, or expert information. Contact Poison Control for first aid information as necessary.
- Complete an official injury report for all injured parties.
- Only trained personnel / contractors will participate in clean-up operations.

IF EVACUATION OF AREA IS REQUIRED:

- Any exposed individual should be transported to the hospital. (EMS will inform the hospital Emergency Department of the exposure before the exposed individuals enter the hospital, if this has not already been done. Decontamination may be necessary, depending on the type of exposure).
- Evacuate the smoke compartment of origin.
- Second, account for staff and residents.
- Evacuate vertically and then evacuate out of the building, when necessary. Follow Full Building Evacuation Plan.

SDS FORMS ARE LOCATED IN THE FOLLOWING AREAS:

- Oxford Skilled Nursing
- Assisted Living
- Facilities
- Dining
- Housekeeping
- Laundry
- The following equipment is located in the facility's area

Absorbent	Broom
Eyewash	Water hose
Face shields	Rubber boots
Rubber gloves	Safety goggles or glasses
Shovel	

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HAZARDOUS MATERIAL SPILL CLEAN-UP

INCIDENTAL SPILLS

Definition

OSHA defines an incidental release as *“a release of hazardous substance which does not pose a significant safety or health hazard to employees in the immediate vicinity or to the employee cleaning it up, nor does it have the potential to become an emergency within a short time frame. Incidental releases are limited in quantity, exposure potential, or toxicity and present minor safety or health hazards to employees in the immediate work area or those assigned to clean them up. An incidental spill may be safely cleaned up by employees who are familiar with the hazards of the chemicals with which they are working.”*

For Example:

- ◆ Small volume of one gallon or less and incidental to ordinary use.
- ◆ Material identified and hazard characteristics do not require specialized clean-up response.

Clean-up Response

- Chemical User can clean-up when The Spill Does Not Involve Fire.
- **IF IN DOUBT – CONTACT MAINTENANCE AND THE FIRE DEPARTMENT; DO NOT ATTEMPT CLEAN-UP.**
- If possible, cover spill with linen or absorbent material to limit vapor spread.
- Notify Maintenance.
- Follow information on SDS and advice of knowledgeable person in area of spill regarding clean-up procedures.
- Adjust anything that is allowing a leak to continue (i.e. stand up knocked over container, adjust a leaking liquefied gas cylinder so it leaks gas and not liquid, close valves), if safe to do so.
- If available, use appropriate spill kits or spill equipment to stop the spread. Seal off any drains.
- Pick up any broken glass with tongs or mechanical device. Do not use your hands!
- Report any release to appropriate agencies (see information following).
- Dispose of hazardous material waste in a plastic bag. Label the bag with the material name. Call Housekeeping for disposal.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LARGE SPILLS / INCIDENTAL

Definition

Moderate to large volume, or the hazards of this material require such a response. Where spill clean-up is beyond capability for safe in-house response and/or presents possibilities for spread to other areas posing hazards to public health, safety, or the environment.

For Example:

- ◆ Greater than 1 Liter, possibly up to several gallons
- ◆ Hazards of material require such a response:
 - Mercury Spill
 - Acids

Clean-up Response

IMMEDIATE NOTIFICATION: **FIRE DEPARTMENT (911)**
 POISON CONTROL CENTER

Large spills shall be handled by commercial emergency service providers with the required notifications to public authorities.

If you need to find local contractors to handle clean-up of your Haz-Mat situation, call 858-6262 or call **CHEMTREC at 1-800-424-9300**.

If hazardous waste discharge from facility threatens human health or the environment, or Reportable Quantities “RQ” Hazardous Substances are discharged into the environment, report this to the **National Response Center at 1-800-424-8802**.

Department of Energy and REAC/TS (Radiation Emergency Assistance Center /Training Site)
24-hour Emergency Phone Number: 1-865-576-1005

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

- Have Maintenance ensure all hazardous materials are cleaned up.
- Have Maintenance change necessary filters.
- Get clearance from applicable local authorities, as necessary.
- Assess facility, staff and department operations.
- Collect cost for disaster.
- Have Department Heads restock supplies, as needed.
- Develop a full report for critique and close down Incident Command.
- Critique reports and make necessary updates to the plan.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NOTE: If disaster resulted in any major operational building or utility damage, see Disaster Recovery Plan.

ADDITIONAL REFERENCES:

- Emergency Utility Shut-Off Locations
- Emergency Agency Phone Numbers
- Emergency Contractor/Vendor Phone Numbers

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HOSTAGE TAKING CODE GRAY AND LOCATION

OVERVIEW

The purpose of this procedure is to provide assistance to staff members and/or visitors who are confronted by an individual who has taken hostages within the healthcare facility or within its property.

SUPPORTING INFORMATION

- The facility reserves the right to inspect the contents of all packages or articles entering or being removed from the facility. Firearms and illegal weapons are prohibited from being on the premises. Weapons, dangerous devices and illegal or unsafe items will be turned over to local law enforcement authorities.
- Weapons are not permitted on the facility's property, except for persons who are professionally exempted or authorized by law to carry a weapon in performance of their duties, such as City, County, State or Federal law enforcement officers.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- If threatened, call out Code Gray and location.
- **If you witness** a hostage situation at the facility, call 911 and give the following information:
 - Location of incident (building, floor and room)
 - The number of suspects and hostages and names, if known
 - Type of weapon(s) involved
 - Time of occurrence
 - Injuries sustained (if any)
 - Announced intention and/or demands of hostage-takers
 - Demeanor of hostage-takers (calm, agitated, angry, violent)
 - Characteristics of hostage scenario (drugs, alcohol, weapons or explosive devices involved)
 - Scope of security perimeters established around the location of hostage situation
- Contact Maintenance (Security) via radio/phone.
- Provide safety to others. **DO NOT FURTHER ENDANGER ANYONE.**
- Contain the incident by preventing people from entering the area until Police arrive.
- If there is ANY sign of actual danger/violence, **DO NOT** attempt any direct contact type of action.
- **If You Are Taken Hostage**, follow these basic survival tips:
 - Remain calm. Be respectful. Be prepared to wait.
 - Make no unnecessary movements that might cause the individual to harm you.
 - Discard anything that may label you as a person of importance or someone the captor(s) may fear (e.g. pager, ID badge).
 - Treat the hostage taker(s) with respect.
 - Do not speak unless you are specifically addressed or questioned.
 - Do not volunteer information or make suggestions.
 - Do not attempt to negotiate with the hostage taker(s).

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Cooperate and follow instructions.
- Be prepared to communicate with Police on the phone. Give as much information as possible to identify suspects discreetly. Consider carefully any attempt to escape. A foiled attempt can be extremely dangerous for you and other hostages.
- When rescue comes, follow Police instructions exactly. Mentally note as many characteristics of the hostage taker(s) as possible (sex, age, height, weight, color of eyes/hair/skin, scars, etc.) NOTE: You may be handcuffed or secured until all suspects are identified.
- Refrain from speaking to other hostages.

ALL FACILITY STAFF NOT IN IMMEDIATE AREA OF THREAT

- **UPON HEARING CODE ALERT, DO NOT GO TO THE AREA SPECIFIED IN CODE ALERT. THIS IS AN EXTREMELY DANGEROUS AND SENSITIVE SITUATION THAT SHOULD ONLY BE HANDLED BY TRAINED AUTHORITIES.**
- Staff near the area specified by CODE ALERT should evacuate if possible, or seek cover / protection and warn others in the area of the situation.
- Staff not in the area specified by CODE ALERT should take cover behind locked doors if possible, and avoid the area. Also avoid windows facing the location and control entrances and exits to their units. Secure doors and stand by for further instructions.
- Department Heads should report to their respective units and assume control of their area with regard to the above procedures.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Activate the Command Center by notifying Section Chiefs and Command Center personnel by phone or pager notification and indicating a Code Alert. Manage the incident, and through the Section Chiefs, ensure all other guidelines of this procedure are carried out.
- Immediate life safety actions have probably been activated in area of threat.
- Decide on course of action to be taken pending arrival of Police. The facility should be closed to all except bona fide calls from staff, physicians, resident family members or other authentic sources.
- If necessary, call the next shift Nursing/Resident Care staff personnel and other departments and inform them of the situation. All personnel, except those on duty, should be instructed to remain out of the facility until further notice. Maintenance (staff assigned security roles) should be directed to report immediately to assist in dealing with the situation.
- Instruct Maintenance to prepare for a fire alert and to have personnel standing by to shut off electrical power, natural gas or any source of ignition. It is imperative that all facility personnel cooperate fully with the Police and Fire Departments.
- At the direction of the Police, a "Code Alert, All Clear" will be paged. All affected personnel will be contacted immediately for debriefing purposes.
- **Department Heads and Managers:**
 - All managers should report to their respective units and assume control of their area with regard to the above procedures.
 - Secure and search their area. Report results to the Command Center.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Endeavor to make sure all residents and staff are present or accounted for and advise the Command Center of any discrepancies.
- They will be briefed about the situation and receive instruction and assignment from the Administrator or person in charge of the incident.
- Pass briefing information along to all staff.
- **Public / Community Relations:**
 - All media coverage is to be directed by the Administrator or Incident Commander. Staff must NOT give out any information to the media. Media representatives may be quite assertive and some may not display official identification. The incident should not be discussed openly among the staff and is extremely confidential. The Police will request that any and all official statements of the facility be discussed with the designated Police representative before being released.

DEPARTMENT SPECIFIC ACTIONS

RECEPTION

- Notify Police via 911 if not already notified. Give them any information that is known about the situation, and advise if there is an approach out of site of the area of the threat.
- Notify Maintenance via radio.
- As appropriate, initiate Code Alert notifications and announce three (3) times, including location, via radio.
- Contact the Administrator or highest ranking person on-site.

MAINTENANCE / STAFF ASSIGNED SECURITY ROLES

- Assess the situation.
- If you determine or suspect that a person with no official business or medically related reason for being in the facility is, in fact, circulating within the premises, they should be challenged. The person should be escorted out of the building as discreetly as possible, on the basis that they have no reason for being in any part of the facility, except the Reception area. If the person objects, back-off and try to isolate. Notify the Police Department.
- Take control until Police arrive. Provide logistical and manpower support.
- Initiate a Building Lockdown, as necessary.
- Secure immediate area, if possible, by removing all residents and personnel.
- Secure doors, if appropriate, to isolate incident.
- Identify phone extensions in the closest proximity of hostage-takers.
- Identify door locking systems and keys controlling ingress and egress of the secured perimeter.
- Identify surveillance and recording systems monitoring the area of suspect and hostage and/or points of ingress and egress from the secured perimeter.
- All telephone extensions to the area should be identified and secured.
- Gather and report information to responding authorities.
- Ensure all delivery/vendor vehicles remain on facility grounds until searched by the Police Department.
- Provide floor plans of building to Police, including HVAC plans.
- Control elevator to affected area(s).
- Place staff at strategic safe points to guide unauthorized people away from the danger area.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Special precautions should be taken to protect the oxygen storage area. The generator, boiler room and food storage shall also be guarded against actions by intruders.

RECOVERY:

Incident Command / Administration:

When all threat has been eliminated:

- Notify the Police, if they have not already been called.
- Provide security for any residents or staff threatened by situation until appropriate responsible parties take over.
- Keep Crime Scene Secure:
 - Isolate and protect the scene and evidence. DO NOT ALTER THE SCENE OR TRY TO INVESTIGATE the crime or incident. The Police will advise you of the actions/procedures to follow.
 - Do not allow witnesses to leave before Police arrive.
 - Do not allow witnesses to “compare notes.”
- Document everything while still fresh in your mind (Police, facility legal counsel, etc. may need this information as soon as possible for the follow-up/on-going investigation).
- Nursing/Resident Care staff shall assess, treat and calm persons involved in the incident, completing any incident reports, as necessary. Debriefing should take place, as necessary, through the Employee Assistance Program.
- All persons actually involved in the incident should remain available to talk to the Police upon their arrival.
- Communicate to the public that the facility is open for business, if necessary.
- Post-incident stress debriefing should be made available to those involved in the incident.
- Have Finance Section collect cost for disaster, if applicable.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates to the plan.

ADDITIONAL REFERENCES:

Building Lock Down procedure

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

AGGRESSIVE OR VIOLENT BEHAVIOR GUIDE

GENERAL

If you recognize a situation where someone is displaying aggressive or violent behavior toward yourself or others:

- **Examine your surrounding environment:**
 - Look for a quick exit if the situation escalates to violence.
 - Don't back yourself into a corner where you can't get away.
 - Don't turn your back on the aggressor.
 - Is there anything you could use to place between you and the aggressor (i.e. chair, desk or furniture) if the situation escalates to violence?
 - Try to maintain a distance between you and the aggressor (i.e. don't lean in too closely if you talk with them).
 - If the situation escalates into violence immediately summon assistance from other staff and request police be notified, as appropriate.
- **Apply de-escalating techniques:**
 - Listen to the person displaying aggressive behavior. Many people are upset because they are hurting and believe that no one cares. Listening to them and displaying empathy may help calm them down.
 - Ask them what is the problem? What is the answer to that problem, i.e. what actions do they want to happen today?
 - Empathize. Reflect back to them the fact that you are listening and that you understand their feelings. Acknowledge their point of view (you don't have to agree with it, just understand how it might make them feel).
 - Lower your voice and speak calmly. When aggressive people are loud or shouting, lowering your voice may make them lower theirs just so they can hear you, or it may make them realize they are using excessive volume in their voice.
 - Encourage the person to physically sit down and talk with you. Aggressive behavior is more likely to escalate to violence if a person is standing up rather than sitting.
 - Assume a non-threatening posture (i.e. don't speak using wide sweeping motions with your hands or arms).
- **If possible, help the aggressor achieve the outcome they desire:**
 - Can you help this person achieve their desired outcome?
 - Can you direct them to someone else who can? If so, physically contact that person via phone and ensure that the issue is being taken care of (i.e. don't just walk away)

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF AIR CONDITIONING / HIGH HEAT

***Note:** Air conditioning units that service common areas of the facility are tied into the emergency generator.

A high temperature/heat situation could result in the facility implementing the following actions:

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Use fans and portable air conditioning units, if available. Notify staff member responsible for Infection Control.
- Keep blinds, curtains, drapes, etc. closed in areas of building that receive direct sunlight.
- Open doors and windows, as necessary, to take advantage of available breezes.
- Avoid activities that may excite residents or require physical exertion.
- Keep residents out of direct sunlight.
- Turn off lights as well as other heat-producing appliances whenever possible.
- Provide plenty of liquids for residents and staff.
- Monitor vital signs of residents and staff.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Activate the Command Center by notifying the Section Chiefs and Command Center personnel by phone or pager notification, as necessary.
- Ensure all essential departments are functioning. Determine impact on resident care, if any.
- Notify departments to complete the Department Rapid Assessment Form and forward to the Command Center.
- Meet with Plant Operations to assess situation and develop an action plan.
- Consider:
 - Consider relaxing dress code.
 - Consider reduction of work time or rotating staff in high heat-producing areas.
- Determine if common and/or gathering areas (Dining Rooms, Dens, Activities Room, etc.) can be cooled using portable A/C units which may have to be rented or purchased. As necessary, direct staff to move residents during high heat situations into these areas.
- Continue to monitor the situation through appropriate Section Chiefs (department heads).
- Monitor the television or radio for important heat-related announcements.
- Determine need to report situation to NYS Department of Health or other regulatory agency. Report any heat related illnesses/deaths immediately.
- Determine if any evacuation is necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- Attempt to determine the extent of the air conditioning system outage, if applicable. Report this information to the Administrator, Person in Charge or Command Center, if activated.
- Institute actions necessary for the repair of the air conditioning system.
- If a long duration outage is expected determine ability to obtain portable air conditioning (e.g.: Movincool units) from vendors.
 - MJ Mechanical Services
 - Lowe's
- Consider spot cooling units for:
 - Selected high-acuity residents; seek advice from clinical staff.
 - Sensitive equipment that could be affected by high heat (i.e. communications, IT).
 - Common or gathering areas such as dining rooms, activity rooms, dens, etc.

NURSING

- As applicable, dress residents in loose, non-restrictive clothing.
- Maintain adequate fluid intake for all residents. Ensure water and other fluids are within easy reach of residents and encourage consumption of liquids.
- Be alert for any changes in residents (physical, emotional or mental) that may indicate heat related illness. Monitor vital signs closely. Be alert for absence of perspiration.
- Identify medications that may be contraindicated or should be administered in modified dosages in high heat conditions.
- Give sponge baths, as necessary.
- Keep residents out of direct sunlight.
- Monitor staff conditions closely.
- Monitor resident treatments and activities, based on high heat conditions.
- Consider moving residents to common or gathering areas that are air conditioned.
- Give sponge baths, as necessary.
- Keep residents out of direct sunlight.
- Monitor staff conditions closely.
- Monitor resident treatments & activities, based on high heat conditions.

DINING SERVICES

- Consider establishing a hydration station in the facility, where water and other fluids are always available to residents and staff.
- Avoid hot foods and heavy meals as they tend to add heat to the body.
- Consider the possibility of using a non-cooking menu.

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Air conditioning operational, or high heat situation no longer in effect:

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Have Maintenance verify operational conditions of sensitive equipment.
- Determine operational ability of facility and what, if any, admission criteria will be established.
- With Nursing, evaluate residents' condition and care.
- Have Logistics Section Chief ensure there is no mold or related situations to affect existing residents or new admissions.
- Assess all other staff and department operations, through the Section Chiefs.
- Determine status of facility.
- Communicate to the public that the facility is open for business.
- Have Finance Section collect cost for reimbursement.
- Have department heads re-stock supplies.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

NOTE: If the loss of air conditioning / high heat disaster resulted in any major operational building or utility damage, see Disaster Recovery Plan in Section G.

ADDITIONAL REFERENCES:

Emergency Agency Phone Numbers
Emergency Contractor/Vendor Phone Numbers
Loss of Cooking Ability

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

HEAT INDEX CHART

In an effort to alert you to the hazards of prolonged heat/humidity episodes, the National Weather Service devised the “heat index.” The heat index (HI) is an accurate measure of how hot it really feels when the effects of humidity are added to high temperatures.

To use the heat index chart, find the appropriate temperature at the top of the chart and read down until you are opposite the humidity. The number that appears at the intersection of the temperature and humidity is the heat index.

Heat Index Chart (Temperature & Relative Humidity)

RH (%)	Temperature (°F)															
	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
90	119	123	128	132	137	141	146	152	157	163	168	174	180	186	193	199
85	115	119	123	127	132	136	142	145	150	155	161	166	172	178	184	190
80	112	115	119	123	127	131	135	140	144	149	154	159	164	169	175	180
75	109	112	115	119	122	126	130	134	138	143	147	152	156	161	166	171
70	106	109	112	115	118	122	125	129	133	137	141	145	149	154	158	163
65	103	106	108	111	114	117	121	124	127	131	135	139	143	147	151	155
60	100	103	105	108	111	114	116	120	123	126	129	133	136	140	144	148
55	98	100	103	105	107	110	113	115	118	121	124	127	131	134	137	141
50	96	98	100	102	104	107	109	112	114	117	119	122	125	128	131	135
45	94	96	98	100	102	104	106	108	110	113	115	118	120	123	126	129
40	92	94	96	97	99	101	103	105	107	109	111	113	116	118	121	123
35	91	92	94	95	97	98	100	102	104	106	107	109	112	114	116	118
30	89	90	92	93	95	96	98	99	101	102	104	106	108	110	112	114
Note: Exposure to full sunshine can increase HI values by up to 15°F																

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF COOKING ABILITY

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Emergency menus are available using food that does not require cooking. (See menus attached to this procedure)
- Determine the availability of alternate areas within the facility to cook or warm food such as staff lounges, areas with microwaves or stoves.
- Depending on the situation, the facility may contract for off-site food preparation, mobile field kitchens, or they may use non-cooking menus.
- Food Services will determine the needs of residents, staff and others sheltering at the facility, and they will address supply issues.
- Advise Food Services of food supplies on unit, as applicable
- Be aware of the schedule Food Services sets up for staff dining.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Meet with Food Services to determine if situation can be handled within normal operations.
- As necessary, open the Command Center to manage the incident. In coordination with Section Chiefs (department heads), ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.

DEPARTMENT SPECIFIC ACTIONS

DINING SERVICES

- A minimum of a 4-day supply of emergency food should be on hand at all times. (Menus must address medical and nutritional needs of residents / See Emergency Resource and Lists Section).
- Food Services priorities will be as follows:
 - Residents (if limited food service, review with Medical Director & Nursing)
 - Staff (Set up separate area and meal times for visiting families who may also be sheltering in the facility)
 - Visitors (Families)
 - Catering will be suspended
- Special Considerations:
 - Meals will be served as close to normal times as possible
 - Follow Emergency Non-Cooking Menu
- Consider using any food preparation areas that are still operational:
 - Main Kitchen
 - Coffee Shop
 - Cafeteria
 - Microwaves (throughout facility)
- Determine if outdoor grills can be utilized for food preparation.
- Consider contracting food prep/delivery from area healthcare facilities, restaurants, schools, etc., depending on expected duration of incident and outside conditions.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If cooking will be lost for an extended period of time, consider mobile field kitchens.
- If Food Service staff are not in the building and cannot return in an acceptable length of time:
 - Kitchen can be entered at posted location.
 - Contact Supervisor for location of Emergency Food Supply
 - Follow Emergency Non-Cooking Menus attached to this procedure.
- Incident Command will work with departments to assign staff to emergency food preparation until normal staff arrives.
- The following is a list of companies to obtain prepared meals and mobile field kitchens:
 - Gardner H. Stern, Jr. Company: 1-800-738-0401
 - www.gardnerstern.com
 - Provides nationwide service
 - Stewart's Mobile Concepts: 1-800-919-9261
 - www.stewartsmobile.com
 - Provides nationwide service
 - Kitchens to Go
 - www.kitchens-2-go.com

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

EMERGENCY (NON-COOKING) MENU - (STANDARD)

NOTE: Special dietary (medical and nutritional) needs of individuals must be considered as meals are being prepared.

Breakfast	
	½ c Fruit Juice
	¾ c Cold Cereal
	2 T Peanut Butter
	1 slice Bread
	8oz Milk (use fresh 1 st , then make from powdered milk and emergency water)
Lunch	
	3oz Canned Meat
	½ c Canned Potatoes
	½ c Canned Fruit
	½ c Canned Vegetables
	1 slice Bread
	8oz Milk (from powdered milk)
Dinner	
	2oz Canned Meat (tuna, chicken, etc.) or peanut butter sandwich
	½ c Canned Fruit
	½ c Canned Vegetable
	2 Cookies
	2 slice Bread
	8oz Milk (from powdered milk)
Snacks	
	Juice, Punch, Crackers, Cookies, Fresh Fruit, Cheese, etc.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Ability to cook restored:

- Verify with Public Health, as necessary, the fact that the kitchen is approved to restart operations.
- If only limited food serving can be offered, review with Medical Director and Nursing to determine what, if any, effects to resident care or admissions.
- Collect cost for reimbursement and develop a full report for critique.
- Have department heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Loss of Natural Gas Procedures
Loss of Water Procedures
Loss of Sewer Service Procedures
Loss of Electric Service Procedures
Emergency Food Supply
Emergency Agency Phone Numbers
Emergency Contractor/Vendor Phone Numbers

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF ELECTRIC SERVICE

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- The facility is serviced by two (2) generators which are located in the rear service area of building. The generator(s) are 230 KW & 350 KW, and are fueled by 750 & 1000-gallon diesel tanks, with a 48 hour running capacity.
- In the event of an emergency, problem or failure involving any portion of the electrical system any staff should:
 - Immediately notify the Administrator, Maintenance and the Director of Nursing.
 - Give your name, location and the nature of the emergency. Someone from Plant Operations will be dispatched immediately to evaluate the situation and provide emergency service.
- Emergency power circuits are identified by Red Covers. See list of services provided by generator, in the Emergency Resources and Lists Section.
- All essential resident care equipment should be routinely connected to these receptacles. Check all such equipment to ensure it is properly plugged into these outlets and functioning.
- Backup electronic data and determine need to shut down computers and servers.
- While the facility is operating on emergency power, all non-essential equipment should be turned off or disconnected. Also turn off any equipment that may have been running when the power was lost.
- Open curtains and drapes to take advantage of natural or off-site lighting, as applicable.
- As necessary, request temporary lighting, flashlights and extension cords from Maintenance.
- Follow procedures for loss of any service which has been lost in the disaster.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Activate the Command Center by notifying the Section Chiefs and Command Center personnel by phone or pager notification, as necessary.
- Ensure all essential departments are functioning. Determine impact on resident care, if any.
- Notify departments to complete the Department Rapid Assessment Form and forward to the Command Center.
- If all power is lost (commercial and emergency) staff would take immediate life safety actions.
- Utilize Resident TV Channel to inform residents, as necessary.
- Determine need to report situation to NYS Department of Health or other regulatory agency. See reporting procedures in the Appendices section.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

WHEN ON GENERATOR POWER

- Check automatic transfer switch to ensure that load has transferred.
- Attempt to determine expected duration of electrical outage.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Ensure Utility Company is aware that you are a healthcare facility and request priority restoral of power.
- Ensure that the generator is functioning properly. If fuel supply is low shut down generator before depletion.
- Check communications, IT, fire and security systems, exit alarms, electronic locks, and applicable medical equipment (i.e. suction, IV pump, ventilators) to determine what is functioning. Provide status update to Command Center.
- Ensure emergency power to utility pumps throughout the building(s), including wells, if applicable.
- The generator should be checked periodically throughout the incident (monitor/record voltage, current, fuel level and temperature).
- Restart equipment following shutdown, as necessary.
- Advise Command and other Section Chiefs (department heads) of any electrical services that are not available due to the power loss.

IF OUTAGE IS EXPECTED TO BE FOR A LONG DURATION

- Be proactive in anticipation of replenishing fuel supplies (see Average Expected Fuel Consumption Calculations below).
 - Using a formula such as 2.5 gallons/hour per 10KW of power, project what your likely fuel consumption will be and make sure that you have supply contracts or arrangements in place. Advise Command Center how long the fuel supply will power the generator.
 - When fuel supply drops to approximately 50% contact vendors. You may have to make this call sooner if your supplier is out of your region.
- Confirm availability of back-up portable generators from Vendors or Office of Emergency Management.
- List of agreements with contractors who may be able to provide back-up building generators are listed in Emergency Resources and Lists.
- Confirm that a fuel supply and mechanic comes with the generators.
- Attain a portable, gasoline-fueled generators to run selective critical equipment (i.e. ventilators, portable A/C units, etc.). Ensure that generators operate in a safe, well-ventilated area that is outside. Use only approved safety cans for fuel. Refueling of generators will take place only after shut down and cool-off has taken place.

NURSING

- Set up portable oxygen where necessary.
- Operate life support equipment on battery back-up or manually (suction, IV pump, vent, etc.), as necessary, until emergency power takes over.
- If necessary, place an extension cord by each portable suction machine to enable one to plug machine quickly into an outlet served by the emergency generator.
- Use extension cords to plug medication refrigerators into outlets (label the extension cord and medical refrigerator to be used only for this purpose) which are served by the emergency generator, **OR** move necessary medications that could spoil without refrigeration (i.e. vaccines) into a refrigerator already served by the generator.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Contact Maintenance for extension cords that will reach emergency outlets to enable beds to be raised and lowered if hand cranks are not available.
- If resident room bathroom lighting will not be served by emergency generator; keep doors open).
- Ensure operation ability and availability of flashlights and batteries.
- Exit door alarms should operate under generator power. If the system is not powered by emergency power, request additional staffing or security for Dementia / Alzheimer's Units, as necessary, based on loss of electronic security systems. Monitor stairwell and exit door alarms for resident safety.
- Frequently check resident rooms if "nurse call system" is not working.
- **CRITICAL CARE RESIDENT AREAS:**
 - For critical medication pumps and ventilator dependent residents, set up portable oxygen tanks and supervise manual ventilation and medication dosage, if necessary.
 - Evaluate need to transfer high acuity residents to acute care based on projected duration of outage and residents' conditions.

FOOD SERVICES

- Remove food from refrigerators and freezers not powered by the emergency generator and transfer food to refrigerators/freezers served by the generator. This would also apply to ice machines.
- For freezers not on emergency generators, keep doors closed as much as possible. If spoilage is possible, start cooking applicable items.

PHARMACY

- Reset electronic medication carts and scanners on each unit, as necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF EMERGENCY GENERATOR POWER

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Where uninterrupted power supply and battery back-up is present, immediately save important data by powering down computer equipment and other applicable items before batteries run out.
- Complete the Department Rapid Assessment Form and inform the Command Center of your ability to function.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Activate the Command Center by notifying the Section Chiefs and Command Center personnel by phone or pager notification.
- Resident care staff will begin life safety procedures for residents. Immediately assess needs in resident care areas.
- Establish which position will notify the Fire Department and/or Police Department if staff should call out a disaster code word or there is a fire. Use cell phone or runner to contact the Fire Department to advise them that your fire alarm and communications are down.
- In the event of a generator failure, and the loss of commercial power, the following would be required. If these items cannot be provided within an acceptable length of time, evacuation of the building would have to be considered. See Section D – Full Building Evacuation Plan.
 - Essential Services Requiring Electrical Power:
 - Egress illumination (corridors, stairways, and landings)
 - Exit and directional signs
 - Communications (telephone, nurse call, etc.) and fire alarm system.
 - Resident care areas (lighting and power for life support systems such as suction, vents, etc.)
 - Task lighting and power in service areas and clinical areas
 - Oxygen
 - Elevators
 - Air handling units
 - Critical water pumps
- Determine need to report situation to NYS Department of Health or other regulatory agency.

DEPARTMENT SPECIFIC ACTIONS

NURSING

- Immediately address life support in high acuity areas (i.e. dialysis, ventilators):
 - Provide portable oxygen tanks, as necessary.
 - Monitor battery backup for IV pumps. Be ready for manual operations if batteries should fail.
 - For residents on ventilators, provide manual ventilation and oxygen tanks, as necessary. Respiratory Therapy should assist.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Request security for Dementia / Alzheimer's areas is doors unlocked or monitoring is effected by loss of power.
- Evaluate need to transfer high acuity residents to acute care based on projected duration of outage and residents' conditions.
- Place heat sensitive medications in a cooler with ice.

MAINTENANCE

- Secure portable generator(s).
- List of agreements with contractors who may be able to provide back-up building generators are listed in Emergency Resources and Lists.
- Portable generator can be positioned in the parking area adjacent to the existing generator and connected using a fifty (50) foot cable.
- When connecting a back-up generator to the building, open the main disconnect switches in the switchgear room to prevent back feed when commercial power is restored.
- If the fire detection system is out of service (4 hours in a 24 hr. period), the facility should notify the Fire Department and establish a fire watch. See Loss of Fire Protection Systems procedure.

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command/Administration:

Upon restoration of normal electric power:

- Determine status of facility.
- Cost for reimbursement and develop a full report for critique
- Have department heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

Maintenance:

- Verify stability of commercial power with utility company.
- Check generator for proper fluid levels and ensure that all circuits have transferred properly.
- Notify each department, as necessary, of procedure for turning equipment back on to avoid all equipment being turned on at once, resulting in a massive power draw.
- Check life support equipment.
- Check all communications systems.
- Check all refrigerators and freezers for proper operation.
- Check HVAC units and boilers for proper operation.
- Reset all clocks, lighting and other timers
- Check all pumps.
- Check fire alarm system to ensure proper operation.
- Check all elevators for proper operation on normal power.
- Check manual transfer switches.
- Check all motor control centers.
- Ensure generator is properly serviced and maintained if run for a long period of time.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

IT Department:

- Check all computer systems. Retrieve information as necessary.

Nursing:

- Re-check medical equipment to ensure proper operation.
- Evaluate residents.

Food Services:

- Dispose of any perishable items that may have been exposed to unsafe storage temperatures.

ADDITIONAL REFERENCES:

Loss of Air Conditioning System / High Heat Procedure

Loss of Cooking Ability Procedure

Loss of Heating System Procedure

Loss of Telephone / Internal Communications Procedure

Loss of Water Service Procedure

Loss of Fire Protection System Procedure

Emergency Resources and Lists:

Emergency Utility Shut-Off Locations

List of Equipment Served By the Emergency Generator

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF ELEVATOR SERVICE

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Notify Administration and Maintenance.
- Determine if anyone is on the elevator. Assure individuals inside the elevator that they will be rescued.
- Determine if there are injuries. If any occupants are injured, notify the Fire Department and Ambulance Service.
- While communicating with passengers, obtain the following information:
 - Number of passengers on elevator.
 - If there are residents in the elevator, their names, room numbers, and apparent condition.
 - If there are staff members in the elevator, their status and units or department numbers.
 - Any immediate problems in the elevator.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Determine extent of outage with Maintenance and impact it will have on facility operations and resident care. Activate Incident Command if necessary.
- If elevator is not operable for an extended period of time, notify staff and develop an action plan. Determine if resident movement, food or supply deliveries will be impacted.
- Post an individual at Reception/Lobby area to explain the situation to incoming persons, or post signs at elevator indicating that it is out of service. Provide directions to alternate elevator[s] and/or stairwells.
- If elevators will be out of service for an extended time, handicapped staff will be assisted to the ground floor by appropriate persons.

DEPARTMENT SPECIFIC ACTIONS

NURSING

- Plan to take necessary services and supplies to residents.
- If all elevators are out of service, arrange for emergency related vertical transport of residents, as necessary, via Fire Department, EMS, and facility staff.
- Consider:
 - Relocation of selected residents to lower floors
 - Any temporary suspension of services or admissions
- Provide medical assistance, as necessary, to injured occupants.
- Determine if any non-ambulatory residents are scheduled to leave the facility during the outage for doctor appointments, testing, etc.

MAINTENANCE

- Notify elevator service contractor. Request estimated time of arrival of service personnel.
- Do not attempt to force open doors or remove occupants without advice from the elevator service contractor.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

DINING SERVICES

- If elevator will be out of service during mealtimes, staff should be organized into a “transport line” for moving meals to upper floors.

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Upon restoration of elevator service:

- Have Maintenance verify with contractor that the elevators are fully functional.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF FIRE PROTECTION SYSTEMS

OVERVIEW

A fire detection and alarm system is installed in the facility. The system includes manual pull stations, smoke detectors, audible/visual alerting devices, automatic sprinkler water flow indicators, and valve position monitors to indicate tampering. Additionally, the fire alarm system causes the notification to the Fire Department.

The facility also has automatic suppression systems as follows:

- Automatic Sprinkler Systems throughout the building
- Kitchen cooking area hood suppression system

If staff observe the failure of any of these systems, or observe any problems related to the Fire Protection Systems, this should be immediately reported to both Maintenance and the Administrator.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Activate the Command Center by notifying Section Chiefs and Command Center personnel by phone or pager notification.
- In the event of a system failure of the fire alarm system, smoke detection system, power systems, or sprinkler system, the following actions shall be taken immediately by the facility:
 - Notify the Amherst Fire Department (689-1212) and document instructions.
 - Notify all staff working in the building of the impairment
- Assess the extent of the condition and effect corrective action, with a documented period. If the corrective action to repair the Fire Alarm Detection System will take more than four (4) hours, or the Fire Suppressions System will take more than 10 hours, the following items shall be completed:
 - Implement a contingency plan to the facility fire plan containing: a description of the problem, a specific description of the system failure, and the projected correction period.
 - Establish a fire watch for Fire Alarm Detection impairments of more than 4 hours in duration, or Fire Suppression impairments of more than 10 hours in duration (see fire watch procedure).
 - For extended impairments notify the facility insurance company.
- All staff on shifts involved shall have documented in-service training for the emergency contingency. Provide education to staff on steps to take during the impairment, as appropriate:
 - Fire alarm impairment – review the use of the facility code word “Code Red”, method for announcing fire situations and locations via the fire alarm system (if operational) or via portable phones/radios carried by staff, and the necessity for contacting 911 directly to notify the fire department of a fire emergency.
 - Sprinkler system impairment – review the location and use (P.A.S.S.) of fire extinguishers with staff.
- Ensure notifications have been made to the local fire department.
- Ensure the appropriate service vendor has been notified.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Notify State Health Department or other regulatory agency, as necessary.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- Review all system outages and provide the Incident Commander or Person in Charge with an assessment of the situation. Service contractors shall be notified as soon as possible.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

Fire Watch Procedures

A fire watch will be implemented in the event the fire alarm system and/or the sprinkler system is out of service (OOS) for an extended period of time including:

- Fire Alarm System – OOS for 4 or more hours (NFPA 101, 2012 Edition)
- Fire Sprinkler System – OOS for 10 or more hours (NFPA 25, 2011 Edition)

It may also be implemented if requested by the Authority Having Jurisdiction.

In the event a fire watch becomes necessary, the following procedures will be implemented:

- The fire watch will be conducted by an individual specifically assigned for the purpose of the fire watch. The individual shall not have other facility responsibilities. Individuals assigned to perform a fire watch shall be looking for the signs of fire and or smoke. In addition, they shall monitor the facility in an attempt to mitigate the potential for a fire to occur by looking for:
 - Electric overloads
 - Overheated electrical equipment
 - Burners left on where stove tops are present
 - Dryer lint buildup in the laundry area
 - Smoking violations
 - Any other possible fire hazards
- If a fire is discovered when the fire alarm system is out of service, staff in the fire area will be responsible to make a page and/or radio announcement of the fire's location in place of activating the fire alarm.

NOTE: See attached checklist for fire watch.

- The local fire department shall be notified that a fire watch has been established.
- The facility will also notify the following when a fire watch has been initiated:
 - Applicable facility leadership (i.e. Maintenance, Administrator, etc).
 - Insurance carrier (if required by the carrier)
 - Notify State Health Department or other regulatory agency, as necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRE WATCH FREQUENCY

A fire watch tour of the entire building shall occur and be logged every hour unless otherwise required by the Authority Having Jurisdiction.

CANCELLATION OF THE FIRE WATCH

The fire watch may conclude when the projected correction period changes or when the system is restored to normal operation. The facility shall notify the NYS Department of Health and local fire authorities, as necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRE WATCH CHECKLIST

Building: _____ Date/Time Fire Watch started: _____

Date/Time Fire Watch completed: _____

Reason for Fire Watch (explain): _____

ITEM	LIST LOCATIONS	CHECKED
EXITS UNOBSTRUCTED	Throughout	
FIRE EXTINGUISHERS UNOBSTRUCTED	Throughout	
SMOKE BARRIER DOORS UNOBSTRUCTED	Throughout	
FIRE ALARM PULL STATIONS UNOBSTRUCTED	Throughout	
CORRIDOR DOORS ARE NOT PROPPED OPEN	Throughout	
HAZARDOUS ROOM DOORS ARE NOT PROPPED OPEN	Soiled Utility Rooms Fuel Fired Equipment Rooms Storage Rooms >50 sq. ft.	
OXYGEN STORAGE IN PERMITTED LOCATIONS	Oxygen Storage Room	
NO ELECTRICAL OVERLOADS	Throughout	
NO DRYER LINT BUILDUP	Laundry	
KITCHEN SUPPRESSION SYSTEM FUNCTIONAL	Kitchen	
EXTENSION CORDS ONLY USED AS PERMITTED	Throughout	
SMOKING ONLY OCCURS IN PERMITTED SMOKING AREAS	Amend as necessary	

Insert Notes Regarding Situations Found and How They Were Mitigated:

Name/Title of person conducting Fire Watch (Print): _____

Signature of person conducting fire watch: _____

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF HEATING SYSTEM

GENERAL ACTIONS APPLICABLE TO ALL STAFF

Note: Loss of water and/or electric may result in the loss of heat in some buildings on the campus.

- Expected duration of outage, along with outside weather conditions, must be evaluated before possible building evacuation is considered. (If necessary, see Full Building Evacuation Plan.)
- All staff should survey their assigned areas to ensure that all windows and doors are closed. Any windows or doors that do not seal effectively should be reported to Maintenance.
- Heating in resident homes may be independent of systems that provide heat to common areas of the building.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Activate the Command Center by notifying the Section Chiefs and Command Center personnel by phone or pager notification, as necessary.
- Determine extent of outage with Maintenance and impact it will have on facility operations and resident care.
- Determine if portions of the building can be used to safely house residents within the State temperature requirements. Continuously monitor building temperatures.
- Adjust employee dress code, as needed.
- Evaluate conditions for possible census reduction or evacuation of residents compromised by loss of heat. See Resident Census Reduction and Full Building Evacuation Plan.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- Attempt to determine expected duration of heating system outage.
- Shut down fresh air systems, as applicable, based on outside air temperature. Depending on outside conditions, if temperature is below 50° Fahrenheit, the ventilation fans will be shut down, and the fresh air systems will be shut down.
- Advise Infection Control.
- Monitor building temperatures.
- Institute actions necessary for the repair of the heating system.
- Determine if alternate heat source can be utilized to warm selected areas.
- Determine ability to switch to alternate methods of heat or consider contacting a vendor to provide a portable heat source (boiler), if practical.

FREEZING OR LOW TEMPERATURES:

- **If Evacuating the Building:**
 - Ensure water-cooled equipment, which has not been otherwise protected, is drained.
 - Ensure condensed moisture from compressed air lines is drained frequently.
 - If heat loss will last for an extended period of time, drain compressors, condensate piping, hydraulically operate devices and air conditioning systems.
 - Institute emergency procedures for processes that depend on steam or water supply.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Drain piping systems that contain liquids, other than water, which are vulnerable to freeze-ups.
- Check pressure-vessel vents as well as relief and safety valves for obstructions such as frozen condensate.
- Ensure sprinkler systems are checked regularly to make sure they are operational.
- Check the water temperature of the fire pump suction tank.
- Maintain a temperature above 40°F (4°C) in rooms with wet/dry pipe sprinkler system valves and electric-powered fire pumps. Rooms housing diesel engine driven fire pumps should be maintained at 70°F (21°C).
- Ensure air handlers remain on and temperatures are monitored in any areas where medications are stored.

NURSING

- Dress residents with several layers of loose clothing, two pair of socks, bathrobes, slippers, etc.
- Use extra blankets, including bath blankets.
- Group residents into rooms, if possible.
- Establish activities to keep residents active, as practical.

OT/PT/ACTIVITIES

- Adjust therapy and activities, as appropriate.

HOUSEKEEPING/LAUNDRY

- Provide blankets to Nursing Department.
- Consider using additional resident clothing that may be stored in the facility.

FOOD SERVICES

- Provide hot foods and drinks, as applicable.

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Upon restoration of the heating system:

- Have Maintenance verify heating system operations and other utilities that may have been damaged due to heat loss.
- Collect cost for reimbursement and develop a full report for critique.
- Have department heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Emergency Utility Shut-Off Locations
Emergency Contractor/Vendor List
Full Building Evacuation Plan
Resident Census Reduction Plan

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF INFORMATION TECHNOLOGY

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- If advanced warning is possible, save and back up all work, then shut down your computer. Most UPS devices have a 30 to 60-minute battery back-up.
- With systems down, the facility will have to go to “Down Time” procedures for necessary records.
- Each department maintains its own “Down Time” procedures.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- As necessary consider activating the Command Center by notifying the Section Chiefs and Command Center personnel by phone or pager notification, as necessary.
- Together with IT staff, assess impact on facility operations and resident care and develop an action plan. Determine ability to access offsite backup data and/or Cloud storage for backup data.
- Notify all departments to activate down-time procedures.
- Determine need to report situation to your regulatory agency.

DEPARTMENT SPECIFIC ACTIONS

INFORMATION SYSTEMS

- Inform departments of disruption and duration via call lists or other contact information.
- Ensure departments are using paper back-up procedures, as appropriate.
- Request all departments to complete a **Departmental Rapid Assessment Form** and forward to the Command Center by fax or runner.
- Prioritize system recovery, if needed with focus on first priority systems:
 - Resident Processing, Accounting, Pharmacy, Food Services
 - HR and Payroll
- Followed by other mission critical systems:
 - Material Management System
 - A/P General System
- Attempt to determine cause of problem and expected duration of systems down. Provide this information to the Command Center.
- Initiate repair process.

MAINTENANCE

- Utilize paper back-up procedures for building mechanical systems controlled by computer, or the electronic work order system.
- Go to manual ordering.

DINING SERVICES

- Utilize paper back-up procedures.
- Use resident tray “hardcopy” list from unit to prepare meals.
- Utilize paper back-up procedure forms to record dietary needs of new admissions manually.
- Go to manual ordering.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CENTRAL SUPPLY

- Utilize paper back-up procedures to record and maintain inventory use.
- Go to manual ordering.

NURSING / SUPERVISOR

- Electronic Health Records including Pharmacy and EMAR's:
 - Utilize paper back-up for records.
 - Distribute reports, as necessary.
 - Maintain manually.
 - Hand-write labels.
 - Go to manual ordering.
 - Once system is back up, re-enter new data.
- Manually open medication dispensing machine.

PHARMACY

- Utilize paper back-up for records.
 - Distribute reports, as necessary.
 - Maintain manually.
 - Hand-write labels.
 - Go to manual ordering.
- Once system is back up, re-enter new data.
- Reset electronic medication carts, as needed.

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Upon restoration of the IT system:

- Have IT/IS staff verify electronic systems are up and running.
- Assess department operations, based on downtime.
- Have IT work with departments which may be having trouble coming back up or retrieving lost information.
- Determine if any financial impact on the facility and develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF NATURAL GAS

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Services dependent upon equipment fueled by natural gas may be disrupted should there be a loss of gas service to the facility.
- The following equipment is fueled by natural gas:
 - Grill, Salamander Broiler, Oven, Stovetop, Pizza Oven

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Activate the Command Center by notifying Section Chiefs and Command Center personnel II
- Evaluate conditions for possible evacuation if safe resident care cannot be continued.
- Request all departments to complete a Departmental Rapid Assessment Form and forward to the Command Center by fax or runner.
- Determine need to report situation to NYS Department of Health or other regulatory agency.

DEPARTMENT SPECIFIC ACTIONS

DINING SERVICES

- The following services will be affected:
 - Some menu items could not be produced.
 - Potential for limited hot meals.
- See Loss of Cooking Ability Procedures.
- Determine if alternate methods of cooking can be used such as microwaves, outdoor gas grills, butane burners, etc.

MAINTENANCE

- Domestic boilers/hot water, dryers and kitchen appliances will be effected.
- Attempt to determine expected duration of gas supply outage.
- Shut off valves supplying any appliances that have pilot lights (kitchens / boilers).

LAUNDRY

- Dryers operate on gas, shut off gas until restored.
- Provide Linen inventory to the Command Center.
- Coordinate reduction of linen changes with Nursing.

NURSING

- The following services will be affected:
 - Hand washing and other resident care services that may depend upon hot water (bathing, showering)
 - Laundry – linen services may be reduced.
- Restrict resident bathing. Use wet wipes for hygiene needs.
- Use waterless hand cleanser or cold water where possible.
- Use disposable pads to reduce the need for linen changes.
- Use pre-mixed, pre-packaged enemas.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Upon restoration of the natural gas/propane:

- Have Maintenance verify integrity of natural gas/propane service.
- Upon restoration of gas supply, have Maintenance re-light all pilot lights and check all gas appliances for proper operation.
- Collect cost for reimbursement and develop a full report for critique.
- Have department heads re-stock supplies as applicable.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Loss of Heating System Procedures
Emergency Contractor/Vendor Phone Numbers
Emergency Utility Shut-Off Locations

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF SEWER / WASTE SYSTEM

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- If you discover the situation, notify your Department Head, Maintenance and Administration.
- Selected toilets and areas will be used.
- If sewer system is damaged, bed pans, commode chairs or toilet bowls can be lined with waste bags and waste material collected if toilets cannot be force flushed.
 - A small amount of chlorine bleach or kitty litter should be poured into each bag prior to sealing. Large receptacles (linen barrels, garbage pails, etc.) with tight fitting lids may also be lined with waste bags for storing waste material collected in smaller bags.
- If sewer system is intact, and appropriate pumps are operable, toilets can be force-flushed by pouring a pail of water into the bowl.
- Use waterless hand sanitizer often.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- As necessary activate the Command Center by notifying Section Chiefs and Command Center personnel by phone or pager notification and indicating a **Code Alert**.
- Assess impact on campus operations and resident care. Develop an action plan.
- Notify Infection Control and all critical areas of outage.
- Together with Command Center staff, determine operational and serviceability of facility. Keep all updated.
- Determine need to report situation to the NYS Department of Health or other regulatory agency.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- Shut off applicable water valves.
- Contact plumber/sewer department and attempt to determine expected duration of incident. Arrange for repairs, if applicable.

HOUSEKEEPING

- Establish an area to store containers of waste matter. Consider storage on the exterior of the building.
- Determine availability of portable toilets from outside vendors.
- If force flushing toilets, coordinate with Nursing and other departments regarding which toilets on each unit/floor will be used. Provide pails of water at site to be used to force flush the toilets. Water will be obtained from main kitchen mop room.
- Post signs and place bags over toilets and urinals which are not to be used informing staff and others which toilets are for their use.
- If using waste bags, keep a supply at all toilets that are to be used.
- Ensure liquid consumption is given primary consideration when assessing available potable water.
- Work closely with the person responsible for Infection Control to minimize contamination.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Provide hand sanitizers at toilet sites.

ALL OTHER DEPARTMENTS

- Coordinate with Maintenance to determine which toilets will be available for use (force flushing or waste bags).
- If force flushing, notify Maintenance / Housekeeping when more water is needed.
- Complete Department Rapid Assessment Form for Incident Command, if requested.
- Use waterless hand sanitizers often.

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Upon restoration of sewer and toilet system:

- Have Maintenance verify repairs.
- Have Infection Control / Maintenance ensure all waste materials are cleaned up.
- Get clearance from Public Health Authorities if necessary.
- Assess staff and department operations, based on situation.
- Have department heads re-stock supplies as applicable.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Loss of Water Service Procedures
Emergency Contractor/Vendor List

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF TELEPHONE SERVICE, INTERNAL COMMUNICATION SYSTEM, AND/OR NURSE CALL SYSTEM

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- If internal or external communications are found to be inoperable, notify your supervisor as soon as possible.
- See alternate communication methods below if normal communication systems fail.
- See list of phones not part of the main phone system attached to this procedure, which may continue to be operational.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Activate the Command Center by notifying the Leadership Team, Designated Management and Command Center personnel by page, phone or other notification, as necessary.
- Assess impact on facility operations and resident care. Develop an action plan.
- Consider:
 - Determine if telephones, not part of the main telephone system, are in service. (list attached to this procedure). Check different lines, such as the fax, modem, etc. If a line is found to be operable, assign someone to it.
 - Determine availability and effectiveness of cellular telephones from staff and visitors.
 - Assign runners to use off-site telephones, as applicable.
 - Establish methods to communicate within the building (runners, portable radios, etc.) if intercom/paging system is affected.
 - Notify telephone company and request a supply of cellular phones.
 - Notify Fire and Police Departments. Ensure that all staff are familiar with the method to notify Fire and Police Departments in the event of an emergency while experiencing a loss of telephone service. Methods of communication could include cell phones, portable radios, etc. Amateur radios and operators may be available through your local Office of Emergency Management.
 - If all phone systems are down, overhead paging / announcements will be done as follows:
 - Use fire alarm system for voice messages
 - Overhead Paging System
- Based on the down-time estimate, Maintenance will determine if any of the following steps must be taken:
 - Set up off-site communications “tied” by radio, cell phone, or runner to Command Center.
 - Public Information Officer will notify the news media (primarily TV and radio) that a problem has occurred and the estimated down time. Request they notify the public that only emergency calls should be attempted to the facility.
 - Request that the phone service provider offer a temporary communication process if available and necessary.
 - Determine if additional personnel should be called in.
 - Ensure all other guidelines of this procedure are carried out.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

INTERNAL COMMUNICATIONS - CONSIDER THE FOLLOWING:

- Assign portable radios to appropriate individuals/areas of the building.
- Assign runners to assist with communication throughout the building.

DEPARTMENT SPECIFIC ACTIONS

NURSING

- If Nursing Call System is inoperable, provide Tap or Hand Bells to residents and increase monitoring of residents. Tap or Hand Bells are stored in the SNF Nursing office.
- Consider moving residents closer to the nursing station that need closer supervision or monitoring.

MAINTENANCE

- Advise all departments of the special fail-safe telephone systems in your building.
- Facility's telecommunications person (or vendor) should analyze problem and initiate repairs.
- Once outside communication is established, attempt to determine the extent and expected duration of the outage. Inform Command Center of status.
- Take portable radios to Command Center for assignment.

SECURITY

- As requested, take portable radios or facility owned cell phones to Command Center for assignment.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOCATIONS OF TELEPHONES NOT PART OF THE MAIN PHONE SYSTEM

THE FOLLOWING PHONES ARE SUPPLIED FROM A SOURCE OTHER THAN THE MAIN PHONE SYSTEM; THEREFORE, **MAY** FUNCTION EVEN THOUGH THE MAIN PHONE SYSTEM IS OUT OF SERVICE.

FACILITY CELLULAR PHONES

ASSIGNED TO	PHONE #
Rob Wallace, President and CEO	716-952-7197
Jim Juliano, Chief Financial Officer	716-310-8143
Nancy Zaleski, Administrative Services Manager	716-868-6651
Paul Campise, Associate Executive Director	716-818-5055
Lynda Marino, Marketing Director	716-909-2450
Isadore DeMarco, Administrator	716-818-1740
Nenette De Asis-Piddisi, Human Resources Director	716-908-0376
Connie Caldwell, Development Director	716-929-5329
Charles Congi, Facilities Director	716-580-2111
Michael Wrobel, Facilities Manager	716-628-5399
Brittany Ivic, Director of Nursing	716-818-1739
Nicole Baker, Director of Assisted Living	716-545-7825
Bridgitte Berthiaume, Social Services & Admissions	716-421-1982

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY:

Incident Command / Administration:

Upon restoration of communications:

- Have Maintenance verify reliability of restored communications.
- When the phone / paging system has been restored, direct appropriate staff to announce over the public address system that the system has been returned to normal operations and regular phone calls and paging may be resumed.
- Assess department operations and determine status of facility.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Emergency Agency Phone Numbers

Emergency Contractor/Vendor Phone Numbers

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

LOSS OF WATER SERVICE / CONTAMINATION OF WATER SUPPLY

OVERVIEW

The facility's domestic cold water supply is derived from one water supply line from the Town of Amherst.

Expected potable water usage under restricted use of water conditions is approximately 30 gallons per day.

Additional non-potable (industrial) water supplies will be required for other building systems (e.g. boilers, toilets, HVAC, etc.).

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Do not drink water which is contaminated or suspected to be contaminated.
- If advanced notice is given, fill all containers and tubs with water.
- Services affected by loss of water:
 - Hot water
 - Hand washing and resident care activities
 - Laundry services
 - Cooking, ice machines and dishwashing
 - Fire suppression system (sprinklers)
- Water currently stored in facility (storage tanks, bottled water, etc.) will be rationed for use depending upon the following priority:

Priorities for the use of Available Water and Liquids	Location Obtained
1. Personal Consumption (1-3 gallons per person per day).	Food Services: milk, soda, juice, bottled water – Outside Vendors
2. Personal Hygiene	SEE water loss contingency plans below. (Non-potable water can be used to force flush toilets)
3. Cooking	SEE water loss contingency plans below.
4. Housekeeping / Clean up	SEE water loss contingency plans below. (Non-potable water may be used to clean up spills or mop floors)

NOTE: If a “Contaminated Water Advisory” is issued, do not drink the water. If a “Boil Water” advisory or order is issued, there may be a need to sanitize the facility water supply system. Coordinate response and recovery efforts for Contamination of Water or Boil Water advisories with local public health, local water supplier and the state Department of Health.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
- As applicable, ensure a Contaminated Water Advisory is issued, staff and residents are notified. Consider posting information and utilizing Resident TV Channel 1390 (Canterbury Woods Community Station) to keep staff and residents informed.
- Water from faucets should only be used for flushing. It is not to be used for drinking, hand washing, or cooking. As applicable, place signage on drinking fountains, sinks and other areas.
- Request Department Rapid Assessment Forms be completed and returned to the Command Center.
- If loss of water supply to the fire suppression system, notify Fire Department and insurance carrier that the fire sprinkler system is out of service.
 - If fire sprinkler system is out of service for more than ten (10) hours, establish a “fire watch.” See Fire Watch at end of this procedure. Make appropriate notifications to the NYS Department of Health, as indicated.
- A list of potable and non-potable water supplies stored in the building is attached to this procedure as well as vendors who can provide resupply.
- Determine ability to obtain potable water and non-potable water from outside sources. Contact vendors or others to determine if a water tanker can be provided to supply non-potable water for building operations.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- If contamination of the water supply is reported or suspected, shut down tap water to prevent anyone from drinking the water.
- If loss of water supply contact Water Department and attempt to determine the extent and expected duration of the outage. Inform Administrator / Command Center.
 - Shut off main valves to prevent loss of water within piping.
 - Assist in obtaining stored water from within facility. Use food service containers to transfer water for consumption.
- If facility has received notification of a planned disruption of the water service, available containers (tubs, pots, sinks, etc.) should be filled prior to the shut-down.
- Check vacuum pumps, boiler water make-up, kitchen coolers/freezers, HVAC, steam sterilizers and the fire sprinkler system. Shut down as necessary.
- Assess possible impact on water cooled heating/refrigeration systems and emergency generator. Shut down if necessary.
- Turn off water heaters and boilers if water is going to be drained for other uses.
- Have Maintenance or plumber close all domestic water main valves.
- As necessary, obtain non-potable water tankers from vendors. Notify Fire Department and request one (1) pumper to respond. When water tanker responds from the vendor, use water tanker to supply the Fire Department pumper so a connection can be made to the Fire Department Connection (FDC) to supply the sprinkler system and/or standpipe connections.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FOOD SERVICES

- Advise Command Center of water and other liquids available for consumption.
- Use disposable/paper dishes and utensils.
- Institute Emergency (non-cooking) Menu, as necessary.
- Shut down water cooled refrigeration units and transfer food items to units which are not water-cooled.
- Provision for an adequate and continuous supply of ice should be made at once. Contact outside vendor as necessary.
- If loss of water is due to contamination, the Food Service dishwasher should be taken out of service, all ice machines should be emptied, including ice in the storage bins, and the water supply should be turned off.
- Coffee machines, soda and juice dispensers, and other appliances connected to the fresh water line should be turned off and valves closed.

CENTRAL SUPPLY

- Use gas sterilization if available/possible.
- Consider using bottled water from an outside vendor to operate sterilizers if outage will be significant.
- Immediately arrange for the provision of potable drinking water.
- Check with clinical areas to see if you can help with water needs.

NURSING

- Restrict resident showers. Consider waterless bath products where applicable.
- Use waterless hand cleansers where possible.
- Use disposable swabs for oral care.
- Use disposable pads to reduce the need for linen changes.
- Disposable linens may be obtained from Central Supply and substituted depending on the expected duration of the water interruption.
- Use bottled water for oxygen humidifiers, vaporizers, etc.
- Use pre-mixed, pre-packaged enemas.
- If it is determined that the water supply has become contaminated, dispose of water at resident's bedside. Replace with bottled water.
- Ensure alternate treatment areas for displaced dialysis residents.

HOUSEKEEPING

- Discontinue any routine cleaning that requires water. Use spray cleaners where necessary.
- As directed by Command Center, take containers of water for force flushing toilets to designated areas.
- If loss of water results from contamination of the water supply, all drinking fountains and hand-washing facilities should be turned off and labeled "Not Suitable to Drink or Wash In."

LAUNDRY

- Provide a linen inventory to the Command Center.
- Coordinate a plan to reduce linen use with Nursing.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Disposable linens may be obtained from Buffalo Hospital Supply and substituted depending on the expected duration of the water interruption.
- Investigate ability of vendors to supply linen.

Other sources of consumable liquid stored in the building or on the campus

TYPE OF LIQUID	LOCATION	AMOUNT
Water Storage Tanks	1 in Each Village	120 Gallon Tanks

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

If water loss was due to contamination, upon restoration of clean water:

- Have Maintenance ensure source of water contamination has been eliminated.
- Have Maintenance:
 - Flush all water lines and strainers, and clean faucet aerators as necessary.
 - For ice machines: Change in-line filters; clean and disinfect hoppers/bins and storage bins; discard the first batch of ice.
 - For coffee machines, soda and juice dispensers and other appliances connected to the fresh water line: change the in-line filters; cycle 3 times before dispensing drinks.
 - For dishwashers: Run empty dishwasher for full cycle; change in-line filters; clean and disinfect interior of unit.

If water loss was due to any other cause, upon restoration of water:

- Have Maintenance check sprinkler system to ensure that no damage has occurred as a result of the disaster before water service is restored.
- Get clearance from Public Health Authorities, as applicable.
- Collect cost for reimbursement as necessary and develop a full report for critique
- Have department heads restock supplies, as needed.
- Close down Incident Command.
- Critique reports and make necessary updates.

ADDITIONAL REFERENCES:

Loss of Sewer/Waste System Procedure
Emergency Utility Shut-Off Locations
Emergency Contractor/Vendor List

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

FIRE WATCH NOTE: Refer to Loss of Fire Protection System Procedure

Fire Watch Procedures

A fire watch will be implemented in the event the fire alarm system and/or the sprinkler system is out of service (OOS) for an extended period of time including:

- Fire Alarm System – OOS for 4 or more hours (NFPA 101, 2012 Edition)
- Fire Sprinkler System – OOS for 10 or more hours (NFPA 25, 2011 Edition)

It may also be implemented if requested by the Authority Having Jurisdiction.

In the event a fire watch becomes necessary, the following procedures will be implemented:

- The fire watch will be conducted by an individual specifically assigned for the purpose of the fire watch. The individual shall not have other facility responsibilities. Individuals assigned to perform a fire watch shall be looking for the signs of fire and or smoke. In addition, they shall monitor the facility in an attempt to mitigate the potential for a fire to occur by looking for:
 - Electric overloads
 - Overheated electrical equipment
 - Burners left on where stove tops are present
 - Dryer lint buildup in the laundry area
 - Smoking violations
 - Any other possible fire hazards
- If a fire is discovered when the fire alarm system is out of service, staff in the fire area will be responsible to make a page and/or radio announcement of the fire's location in place of activating the fire alarm.

NOTE: See attached checklist for fire watch.

- The local fire department shall be notified that a fire watch has been established along with the NYS Department of Health, as indicated.
- The facility will also notify the following when a fire watch has been initiated:
 - Applicable facility leadership (i.e. Maintenance, Administrator, etc.).
 - Insurance carrier (if required by the carrier)
 - Notify State Health Department or other regulatory agency, as necessary.

FIRE WATCH FREQUENCY

A fire watch tour of the entire building shall occur and be logged every hour unless otherwise required by the Authority Having Jurisdiction.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

CANCELLATION OF THE FIRE WATCH

The fire watch may conclude when the projected correction period changes or when the system is restored to normal operation. The facility shall notify the NYS Department of Health and local fire authorities, as indicated.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

MISSING RESIDENT

CODE Alert: Missing Resident and the Location

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- Upon discovery of a missing resident:
 - Alert all staff on the unit
 - Conduct a quick but thorough search of the Unit and logical places where resident may be on Unit.
 - Check resident sign-out book to ensure that resident wasn't signed out of facility by family member.
 - Also review visitor sign-in log at Reception desk to determine if family members or others visited the missing resident prior to resident being declared missing.
- If a resident cannot be located, the Nursing Supervisor shall be responsible for notifying the nursing staff on the Unit via PERS phones, maintenance via two-way radio, and paging overhead **"Code Alert: Missing Resident and the Location"** to inform all of Oxford Village staff.
- The Nursing Supervisor shall notify the Director of Nursing and Administrator.
- This will alert all staff that a resident is missing. Immediate attempts shall be made to determine where the resident was last seen and what the resident was wearing. This information should be indicated on the **"MISSING RESIDENT INFORMATION"** form:
 - Approximate last time resident was seen
 - Age
 - Gender
 - Physical appearance
 - Clothing last seen wearing or clothing missing the resident may be wearing
 - Mental status - In the case of Dementia / Alzheimer's resident, might they be disoriented, gravely disabled, etc.?
 - Likely places on Campus the resident may be going
 - Does the resident have an immediate medical risk?
 - If there is an accomplice or not
 - If there is an accomplice, any information regarding their appearance
- Upon hearing the **"CODE Alert"**, proceed with the following:
 - A quick but thorough search of each area of the Unit will be conducted by all staff on duty (e.g., nursing, activities, therapy, dining services, housekeeping).
 - The search is coordinated by the Nursing Supervisor and Charge Nurse(s).
 - Staff searching within the building should visually identify residents in each room (including "empty" rooms); checking the bathrooms, armoires and behind/under beds. Additionally, clean linen rooms, soiled utility hopper rooms, stairwells, bathing suites, dining areas, cultural arts areas, patios, staff offices, conference room, etc. will be checked for the missing resident.
 - ALL areas will be tagged with a **"YELLOW Door Tag"** (located in the fire cabinet) indicating that the area was checked for the missing resident.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Maintenance staff or other staff assigned to search outside should check areas behind shrubbery, stationary objects, parked cars, etc. Staff searching at night should carry a flashlight and a means of communicating with the Nursing Supervisor and/or Command Center (two-way radio, cell phone, etc.). During cold weather, staff should also carry a blanket for the resident.
- A picture of the missing resident should be provided to the individuals searching.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- As necessary, activate Command Center (Nursing Office) and assign staff to positions to manage the incident.
- Consider making an overhead page for the resident in question to return to the Oxford Village Nursing Unit.
- Maintenance will organize staff so that a thorough search of the campus can be conducted.
- A picture of the missing resident will be distributed to the individuals searching.
- Provide staff with a description of the missing resident and give them the information obtained from the “**INFORMATION ON MISSING RESIDENT**” form, as necessary.
- Floor plans will be utilized to ensure all rooms and areas are checked.
- Simultaneously, a review will be conducted of recorded video images and door alarm activations to try and determine resident’s location or if the resident left the building.
- Staff will organize so that a thorough outside search can be conducted of the grounds, neighboring roads and properties (e.g., Renaissance Drive, Ayers Road, Klein Road, Youngs Road, Hopkins Road, Maple Road, Transit Road, ect.).
- Maintain a checklist of areas assigned and the results that are reported back from each area to the Command Center.
- If the situation warrants, order a Building Lockdown and notify the Amherst Police Department (911).

NOTE: Factors such as the resident’s condition and past history, time of day, weather conditions, etc. should be taken into consideration when deciding when to notify outside authorities. **However, 30 minutes should be considered the maximum length of time** allowed to elapse from the time that the resident was determined missing to the time the outside authorities are notified.

If a Building Lockdown is ordered, observe exit and stairwell doors.

- Document in the resident’s chart resident status, notifications and actions of the staff, as well as any other additional comments.
- Determine need to report situation to the Regional Office of the New York State Department of Health or other regulatory agency.

IF RESIDENT IS NOT LOCATED AFTER SEARCH OF BUILDING AND IMMEDIATE OUTSIDE AREA:

- Notify Amherst Police Department (911). **However, 30 minutes should be considered the maximum length of time** allowed to elapse from the time that the resident was determined missing to the time the outside authorities are notified.
- Provide them with a description of the missing resident and the “**INFORMATION ON MISSING RESIDENT**” form .
- Nursing Supervisor, Director of Nursing and/or Administration to notify family/responsible party.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- If it becomes necessary to call outside authorities, the Regional Office of the New York State Department of Health should also be notified.

UPON RETURN OF THE MISSING RESIDENT:

NURSING

- Notify search teams that the resident has been located.
- Examine resident for injuries.
- Contact the attending physician and report findings and condition of resident.
- Contact the resident's designated representative.
- Complete an incident report.
- Make appropriate entries into the medical record.

RETURN TO NORMAL OPERATIONS / RECOVERY

- The Nursing Supervisor or Nurse in Charge will announce "Code Alert: Missing Resident, All Clear" via PERS phone, two-way radio, and paging overhead to inform all of Oxford Village staff.
- Notify the Director of Nursing and Administrator, if not onsite.
- Develop a full report and ensure appropriate documentation in resident chart.
- Close down Command Center.
- Critique reports and make necessary updates to the plan.

DRILLS

Missing resident drills will be conducted twice a year. Drills will be coordinated by the Director of Environmental Services. A Missing resident drill will simulate a scenario in which a resident is missing and the procedure outlined above will be followed.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

MISSING RESIDENT INFORMATION

Resident's Name: _____ Today's Date: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Hair Color/Style: _____ Ethnicity: _____

Clothing resident was last seen wearing: _____

Last seen:

Time: _____

Where: _____

By Whom: _____

Mental status: _____

ATTACH PHOTO

Ability to communicate: _____

Ambulatory status: _____

Eye Glasses: ___ No ___ Yes If yes, was resident wearing them? _____

Hearing Aid(s): ___ No ___ Yes If yes, was resident wearing it? _____

Immediate Health Risks: _____

Possible Accomplice: _____

Next of kin and relationship: _____

Address: _____ Telephone # _____

Resident's Last Address: _____

Has resident done this before? _____ If yes, when? _____

Where was she/he found? _____

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

MISSING RESIDENT CHECKLIST

Resident Name: _____

Floor/Unit: _____

Date/Time: _____

Place a checkmark (✓) next to each area that has been searched.

Checked (✓)	Location	Checked by:
	All Resident Rooms / Bathrooms	
	All Clean Linen Rooms	
	All Soiled Utility Hopper Rooms	
	Bathing Suites (North & West Halls)	
	All Hallway Bathrooms	
	Stairwells	
	The Homestead Living Room	
	The Butterfly Cove Activities Room	
	Pantry Kitchen	
	Lobby / Reception	
	Therapy Department	
	Offices	
	External Areas Assigned: Homestead Patio Main Patio Front entrance and front parking area Beauty Shop, Massage/Spa, Fitness Room Main Dining Room – Independent Living	

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NATURAL GAS / PROPANE ODOR / LEAK

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- If you smell gas:
 - Move people out of the area and have someone notify Maintenance or your Supervisor ASAP.
- Eliminate all sources of potential ignition in the area of the odor.
 - Extinguish all open flames.
 - Extinguish all pilot lights (i.e. hot water tanks, kitchen cooking equipment) by shutting off gas supply to the appliance.
 - Turn off laundry dryers.
 - Shut off all electrically operated motors.
 - Check with Maintenance to eliminate other potential sources.
- Do not use the elevator.
- Do not activate the fire alarm unless an actual fire occurs.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Activate the Command Center by notifying the Section Chiefs and Command Center personnel by page, phone or other notification and indicating a Code Alert, as necessary.
- If the situation warrants, order a Building Lockdown to prevent unauthorized entry.
- Ensure the Fire Department and Gas Company have been notified.
- Prohibit indoor and outdoor smoking via page announcement.
- Have Department Heads in affected area account for staff and residents and report results to the Command Center.
- Determine need to report situation to NYS Department of Health or other regulatory agency.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- Carefully investigate the source of the odor. Do not turn lights on or off. If unsure of the source of the odor, or a leak is found, notify 911 and the Gas Company.
- Turn off air handling units that bring in outside air.
- If safe to do so, turn off gas supply to the area. See “Emergency Utility Shut-off Locations.”
- Ensure open flames (i.e. pilot lights) have been extinguished by staff in applicable areas.

NURSING

- If gas leak is found in your area, evacuate residents out of the area.
- Closely monitor any residents and staff who have been exposed to the fumes.
- Administer immediate medical attention to anyone exposed to the vapors by bringing exposed individuals to an area of fresh air.
- Document the incident. Complete all paperwork.
- Notify responsible party/family of resident, as necessary.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Once the source of the natural gas odor / leak has been eliminated:

- Have Maintenance ensure all hazardous materials are cleaned up.
- Have Maintenance verify necessary repairs.
- Get clearance from Public Health Authorities, as applicable.
- Assess staff and department operations.
- Determine status of facility.
- Have Public Information Officer communicate with the public regarding the fact that the facility is open for business, as necessary.
- Have department heads restock supplies, as needed.
- Develop a full report for critique.
- Close down Incident Command.
- Critique reports and make necessary updates.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

SECURITY SITUATION

CODE Alert

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- In the event of an act of violence, immediately call a “CODE Alert, Location” and notify Maintenance/ Security via two-way radio to respond to location.
- Notify the receptionist by dialing “5200.”
- UPON HEARING CODE Alert, staff **DO NOT** GO TO THE AREA SPECIFIED IN CODE.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Assess impact on facility operations and resident care. Develop an action plan and determine need to activate Incident Command to manage the incident.
- Decide on course of action to be taken pending arrival of Police.

DEPARTMENT SPECIFIC ACTIONS

RECEPTIONIST

- Initiate CODE Alert announcement three (3) times and announce location.
- Notify Police via 911; upon direction of Administrator, Maintenance/ Security, Person in charge.

SECURITY/MAINTENANCE

- Gather and report information to responding authorities.
- Assess the situation.
- Take control until Administration or Police arrive.
- Upon arrival of law enforcement, Security / Maintenance should provide logistical and manpower support.
- Place staff at strategic safe points to guide unauthorized people away from the danger area.

POST-INCIDENT ACTIONS

- Notify the Police—if they have not already been called.
- Notify the Administrator or Person in Charge if not already called.
- If a crime scene, secure it:
 - Do not contaminate any area where suspects were.
 - Isolate and protect the scene and evidence.
 - Do not allow witnesses to leave before police arrive.
 - Do not allow witnesses to “compare notes.”
- Nursing and other designated staff shall assess, treat and calm persons involved in the incident.
- All persons actually involved in the incident should remain available to talk to the Police upon their arrival.
- DO NOT ALTER THE SCENE OR TRY TO INVESTIGATE the crime or incident. The Police will advise you of the actions/procedures to follow.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Document everything while it is still fresh in your mind. (Administration, police, facility legal counsel etc. may need this information as soon as possible for the follow-up/on-going investigation.)

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Once the security threat has been eliminated and order restored:

- Assess staff and department response to the incident and develop a full report for critique.
- Post-incident stress debriefing should be made available to those involved in the incident.
- Close down Incident Command.
- Critique reports and make necessary updates.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

SNOW EMERGENCY / ICE STORM

GENERAL ACTIONS APPLICABLE TO ALL STAFF IN ALL DEPARTMENTS

- Employees are to stay on duty until released by Administrator, Director of Nursing or Person in Charge.
- Staff members may be asked to perform a variety of functions.
- Sleeping schedule will be set up by Nursing Administration or respective Department Supervisor. He/she will receive information regarding availability of sleeping accommodations. See Disaster Staffing / Sheltering / Credentialing procedure.
- If there is advanced warning, and if applicable, assess supplies and order enough to last through expected weather conditions.
- Due to possible delayed Fire Department response, staff may be asked to perform a fire watch while making rounds in areas which are not staffed 24-hours a day, looking for situations such as:
 - Electrical overloads / Dryer lint build-up in laundry room / Smoking violations
- See Loss of Fire Protection Systems for Fire Watch procedure and checklist.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Assess impact on facility operations and resident care. Develop an action plan and determine need to activate Incident Command to manage the incident.
- **Consider providing transportation for staff to and from work.**
- Work with Director of Nursing and/or Medical Director to determine level of service and rescheduling necessities.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- Keep exits and sidewalks free from snow and ice accumulation. Ensure that all exit doors open freely.
- Keep fire hydrants, fire department hose connections, and emergency access roads free from snow and ice accumulation.
- Review transportation of staff with Incident Commander.
- If amount of snowfall is unusual for your area, monitor the amount of snow and ice on the roof to prevent accumulations from reaching unsafe levels.
- **If evacuating the building in freezing or low temperatures and there is a loss of the heating system, see Loss of Heat procedures.**
- If safe to do so, periodically inspect trees and branches close to the building(s) and/or vital equipment to ensure that they are free from snow/ice accumulation. If ice accumulation becomes severe on branches which are close to the building, consider relocating residents and staff to another area.

NURSING

- Contact Medical Director and request approval to initiate “drug holidays,” as appropriate. If there is advance warning of severe weather conditions, and time allows, check supply of

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

residents' medications. If there is not enough to last through the expected weather condition, order enough to last through the situation, plus one (1) extra day. Doctors' orders may be needed for this.

- Resident meal times should be as close to normal as possible. Coordinate with Food Services regarding modification of menu if deliveries will not be possible.
- Determine work schedule for staff working consecutive multiple shifts.

DINING SERVICES

- If there is advanced warning, check supplies and order enough to last through expected weather conditions.
- Establish a place for feeding staff and visitors if shift change will not be possible.
- If necessary due to limited staffing, implement the Emergency Non-Cooking Menu.
- Resident mealtimes should be as close to normal as possible. Coordinate modification of menus with Nursing if deliveries will not be possible.

HOUSEKEEPING / LAUNDRY

- If there is advanced warning, check supplies and order enough to last through expected weather conditions.
- Check linen supply. Arrange linen change schedule for residents and staff, as necessary.
- Survey building for staff sleeping areas, if necessary. Advise Department Supervisor or Command Center as areas are set aside for staff sleeping.
- Provide linens, etc. necessary to accommodate staff sleeping arrangements.
- Set up work schedule for staff working consecutive multiple shifts.

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Once the snow/ice storm subsides and situations return to normal:

- Have Maintenance determine the need for any necessary repairs.
- Assess staff and department operations and the overall status of facility.
- Collect cost for reimbursement as necessary and develop a full report for critique.
- Have department heads restock supplies, as needed.
- Close down Incident Command.
- Critique reports and make necessary updates.

NOTE: If disaster results in any major operational building or utility damage, see Disaster Recovery Plan.

ADDITIONAL REFERENCES:

Loss of Heating System Procedure
Loss of Water Service Procedure
Loss of Telephone / Internal Communications Procedure
Loss of Electric Service Procedure
Loss of Sewer/Waste System Procedures

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

TORNADO / HIGH WINDS

The National Weather Service may issue a Tornado Watch or Warning or a High Wind Warning. High Wind Warning is announced when winds are 86 mph or greater. When this happens, follow Tornado Warning Procedures.

TORNADO WATCH

If a TORNADO WATCH is received, this would be an indication that there is a possibility that a tornado **may** strike, and the **facility may have several hours to prepare**.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- All departments should prepare emergency supplies for possible use (i.e. linens, food, emergency water and food supplies, medical and first aid supplies, flashlights).
- Identify safe areas (inside hallways and windowless rooms) within the building where staff and residents should be brought, if time allows.
- Turn off all electrical, gas and water appliances not considered essential for resident care and treatment. Leave lights on.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- Assess potential impact on facility operations and resident care. Develop an action plan and determine need to activate Incident Command to manage the incident.
- Weather websites, a weather radio, or local radio and/or television stations should be monitored for condition updates.
- Direct a PERS announcement to be made to alert staff of a “watch” condition and to follow procedures. Keep staff updated on conditions.
- Call in staff as needed for the disaster.
- Initiate evacuation if directed to by local authorities. See Section D - Full Building Evacuation Plan.
- With Nursing and Medical Director, review resident services, based on the potential for facility damage or loss of utilities.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE / HOUSEKEEPING

- Check outdoors for any objects (such as lawn chairs and tables, etc.) which may act as missiles if blown about by high winds. Secure objects, as practical.
- Tape or board-up any large windows as necessary.
- Isolate or remove any chemicals that can react violently with each other (refer to Safety Data Sheet).
- Remove canopies, if safe and time permits.
- Ensure outdoor signs are properly braced.
- Ensure all roof flashing is secured, if safe and time permits.
- **Prepare** to shut down utilities and assess battery lighting.
- “Top off” generator fuel, if possible, once notified of a watch.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

- Ensure all exterior doors and windows are latched.
- Ensure roof and outdoor drains are free from debris in order to handle heavy rains.
- Have staff remain on duty until relieved.

NURSING

- Bring in residents and staff from outside.
- Close all windows, window curtains, and blinds to provide a barrier between windows and the residents. Remove items from window ledges and pictures from walls. Remove any other items that may be blown around. Secure items in clothes wardrobe.
- Put bed in low position.
- Fill tub and sinks with water.
- Monitor weather radio or local radio for changing conditions.
- Have staff remain on duty until relieved.

TORNADO WARNING

An issued TORNADO WARNING means a tornado(s) is in the area specified and immediate staff actions should be taken.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

- All staff will help with moving residents to an inside windowless area of the interior hallway. Follow direction of nursing staff in moving residents.
- Reassure residents.

INCIDENT COMMAND (ADMINISTRATOR OR PERSON IN CHARGE AT TIME)

- **Activate Incident Command if not already done.**
- Direct a PERS announcement to be made alerting staff of disaster situation. Staff should initiate life safety actions.
- Ensure all other guidelines of this procedure are carried out. Monitor official National Weather Service / Local Office of Emergency Management for guidance.
- Call for Department Rapid Assessment Form from all Departments as time allows.
- Determine resident services that can be offered.
- Start repairs as soon as possible.
- Address staff housing and influx of other people, as necessary.

DEPARTMENT SPECIFIC ACTIONS

MAINTENANCE

- Shut down utilities, as necessary. This may include generator if situation is dire (i.e. electrical fire).
- Perform an assessment of structural damage for the entire building. Inform Command Center of survey results.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

NURSING

- If unable to relocate a resident to a hallway or windowless area (i.e. bariatric):
 - Close blinds.
 - Move resident to inside wall of room, if possible.
 - Cover resident with blanket.
- Move all other residents into hallways or areas without windows. If residents are sitting in chairs, place a pillow on their laps. For residents who must be in the prone position, slide the resident and mattress to the floor. If moving all residents is not practical, cover them with blankets, pillows, etc. for protection from flying debris.
- Staff should position themselves under sturdy furniture, crouch in a “ball” and cover with blanket, if possible, away from windows and swinging doors. At a minimum, sit on the floor in the hall against the inside wall.
- As winds subside:
 - Perform an immediate assessment of resident and staff injuries.
 - Perform an immediate assessment of structural damage in the area.
 - Move residents away from damaged areas.
 - Inform Command Center of assessment.
- Institute necessary medical attention, as necessary.

RETURN TO NORMAL OPERATIONS / RECOVERY

Incident Command / Administration:

Once the winds subside and situations return to normal, or tornado watch has been lifted:

- Have Maintenance ensure all hazardous materials and debris is cleaned up, if necessary.
- Have Maintenance verify integrity of building and utilities.
- Have Maintenance work with contractors and vendors on items needed for recovery.
- Instruct all departments to return items and residents which were moved during the disaster, if safe to do so.
- Determine status of facility.
- Collect cost for reimbursement and develop a full report for critique.
- Have department heads restock supplies, as needed.
- Close down Incident Command.
- Critique reports and make necessary updates.

NOTE: If disaster results in any major operational building or utility damage, see Recovery Plan.

SECTION E: EMERGENCY PROCEDURES FOR SPECIFIC EVENTS

ADDITIONAL REFERENCES:

- Loss of Heating System Procedure
- Loss of Air Conditioning System / High Heat Procedure
- Loss of Water Service Procedure
- Loss of Cooking Ability Procedure
- Loss of Telephone / Internal Communications Procedure
- Loss of Electric Service Procedure
- Loss of Sewer / Waste System Procedure
- Loss of Natural Gas / Propane Procedure
- Emergency Agency Phone Numbers
- Emergency Contractor/Vendor Phone Numbers
- Emergency Utility Shut-off Locations



SECTION F:

EMERGENCY RESOURCES AND LISTS

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY RESOURCES AND LISTS

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SECTION F: EMERGENCY RESOURCES AND LISTS

FACILITY INFORMATION DETAIL

General Information:

Facility Name: Canterbury Woods

Address: 725 Renaissance Drive, Williamsville, NY 14221-8090

County: Erie

Fire Department: Town of Amherst (716)689-1212

Average Daily Census:

Resident: 48/50 Capacity

Staff: (7am-3pm): 25, (3pm-11pm): 15, (11pm-7am): 5

Visitors: Refer to sign-in log at reception desk

Facility Phone Numbers:

Main Number (Trafalgar Reception): (716) 929-5800

Trafalgar Reception Area Fax: (716) 929-5812

Oxford Village Reception: (716) 929-5200

Oxford Village Reception Area Fax: (716) 929-5108

Assisted Living Unit: (716) 929-5156

Memory Care Unit: (716) 929-5103

Command Center (SNF Nursing Office) Number: (716) 929-5133

Command Center Fax: (716) 929-5543

Alternate Command Center (Social Work Office): (716) 929-5122

Command Center Locations:

Primary: SNF Nursing Office

Alternate: Social Work Office

Emergency Alert System:

Radio: 2 Way Radios

TV: Canterbury Woods Community Station – Channel 1390

Local/Regional/State Healthcare Internet Based System:

- NYS DOH Health Commerce System e-Finds

SECTION F: EMERGENCY RESOURCES AND LISTS

Emergency Contacts:

Primary Contact:

Name: Rob Wallace
Title: President / CEO & Executive Director
Email: rwallace@echa.org
Work Phone: (716) 929-5801
Cell Phone: (716) 952-7197

Secondary Contact:

Name: Isadore DeMarco
Title: Administrator
Email: idemarco@echa.org
Work Phone: (716) 929-5150
Cell Phone: (716) 818-1740

Alternate Contact:

Name: Charles Congi
Title: Director of Facilities
Email: ccongi@echa.org
Work Phone: (716) 929-5842
Cell Phone: (716) 580-2111

Alternate Contact:

Name: Jim Juliano
Title: Chief Financial Officer
Email: jjuliano@echa.org
Work Phone: (716) 929-5816
Cell Phone: (716) 310-8143

Supply Delivery Location:

Delivery Location: Service Entrance

Location Description: Located near Maintenance Shop

SECTION F: EMERGENCY RESOURCES AND LISTS

DISASTER KIT CONTENTS

An Emergency or Disaster Kit is located in the SNF Nursing Office.

The contents of the kit are as follows:

- Disaster Tags
- First Aid Kit
- Evacuation Lanyards & Resident Tags
- Transfer Assistance Level (TALs) Colored Bracelets
- Disposable gloves, dressing tape, blood pressure cuff and stethoscopes
- Surgical masks
- Eight (8) flashlights
- Note pads, pencils and portable pencil sharpener
- Permanent markers, scissors
- Red bags, duct tape, safety pins
- Rolls of “caution tape”

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY RESPONSE AGENCY PHONE NUMBERS

SERVICE	PHONE
EMS (Emergency)	911
(Non-Emergency)	689-1212
F.B.I.	856-7800
Fire (Emergency)	911
(Non-Emergency)	689-1212
Department of Emergency Services (Erie County)	858-6578
Hotline (State)	1-866-881-2809
Local Emergency Operations Center	
WNY Mutual Aid Plan	
Primary Control Center (Beechwood Nursing Home)	810-7000
Secondary Control Center (Our Lady of Victory Nursing Home)	819-5300
Red Cross	886-7500
Sheriff/Police/State (Emergency)	911
(Non-emergency)	858-7618
Other:	

EXTERNAL RESPONSE PARTNERS PHONE NUMBERS

SERVICE	PHONE
Center for Disease Control & Prevention Hotline	770-488-7100
Coroner/Medical Examiner	898-3181
Department of Health (Emergency)	1-866-881-2809
(Erie County)	858-7690
(New York State)	847-4320
Electric Company-National Grid	1-800-867-5222
Environmental Protection Agency (Federal)	202-272-0167
Amherst Fire Marshal	435-3656
Gas Company	1-800-444-3130
Hazardous Materials (State/County)	858-6262
Highway Department (State)	1-800-847-8929
(Local)	631-7117
National Weather Service (Local)	565-0204
Poison Control Center (Local)	878-7654
(National)	1-800-888-7655
Sewer Department	691-9776
Telephone Company- Carrier (Business)	800-347-1991
Windstream Communication (Repair)	877-340-2555 (option 1)
Water Department	858-8300
Other:	

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY BEDDING MATERIALS

EQUIPMENT	QUANTITY	LOCATION
Mattresses		Life Storage Storage 1275 Sheridan Drive
Pillows		Laundry Room
Beds (cots)		Resident Storage Near Apt. 308
Blankets		Housekeeping Storage
Linens		Housekeeping Storage

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY FOOD SUPPLY LIST

EMERGENCY FOOD SUPPLIES ARE LOCATED: Dietary Storage Area

ITEM
Assorted Cereal
Cans of Peanut Butter
Loaves of Bread
Powdered Milk
Canned Meat (tuna, chicken, etc.)
Canned Potatoes
Canned Fruit
Canned Vegetables
Crackers
Cookies

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY TRANSPORT EQUIPMENT TO MOVE RESIDENTS

EQUIPMENT	QUANTITY	LOCATION
Wheelchairs	12	Unit storage room
Hoyer Lifts	3	Unit storage room
Stand-Sit Lifts	4	Unit storage room
BRODA Chairs	2	Unit storage room

SECTION F: EMERGENCY RESOURCES AND LISTS

ELEVATOR KEYS

LOCATION OF KEYS	ELEVATOR # CONTROLLED	WHO HAS 24/7 ACCESS
Front Desk	All	Maintenance Techs
Phone in Maintenance Shop	All	Maintenance Techs
Elevator Rooms	All	Maintenance Techs

SECTION F: EMERGENCY RESOURCES AND LISTS

TRANSPORTATION RESOURCES - FACILITY-OWNED VEHICLES

Vehicle 1:

Year: 2011
Make: Dodge
Model: Caravan
Vehicle Type: Van
Fuel Type: Gas
Registration #: 2D4RN3DGXBR646630
Dept. Assigned to: Maintenance
Transportation Type: Residents
Seats w/driver: 4
Wheelchairs: 1

Vehicle 2:

Year: 2017
Make: Subaru
Model: Outback
Vehicle Type: Car/SUV
Fuel Type: Gas
Registration #: 454BSANC1H3325743
Dept. Assigned to: Maintenance
Transportation Type: Residents
Seats w/driver: 5
Wheelchairs: 0

Vehicle 3:

Year: 2019
Make: Dodge
Model: Caravan
Vehicle Type: Van
Fuel Type: Gas
Registration #: 2C4RDGBG2KR649077
Dept. Assigned to: Maintenance
Transportation Type: Residents
Seats w/driver: 4
Wheelchairs: 1

SECTION F: EMERGENCY RESOURCES AND LISTS

TRANSPORTATION RESOURCES - FACILITY-OWNED VEHICLES (continued)

Vehicle 4:

Year: 2017
Make: Ford
Model: F-350 Chassis C
Vehicle Type: Bus
Fuel Type: Gas
Registration #: 1FDEE3FS1HDC70677
Dept. Assigned to: Maintenance
Transportation Type: Residents
Seats w/driver: 13
Wheelchairs: 2

Vehicle 5:

Year: 2005
Make: Dodge
Model: Caravan-HK
Vehicle Type: Van
Fuel Type: Gas
Registration #: 1D4GP25R65B358070
Dept. Assigned to: Maintenance
Transportation Type: Residents
Seats w/driver: 5
Wheelchairs: 0

Vehicle 6:

Year: 2015
Make: Chevy
Model: 2500HD- Plow
Vehicle Type: Truck
Fuel Type: Gas
Registration #: 1GCOKUEG9FZ512853
Dept. Assigned to: Maintenance
Transportation Type: Residents
Seats w/driver: 2
Wheelchairs: 0

SECTION F: EMERGENCY RESOURCES AND LISTS

TRANSPORTATION RESOURCES - FACILITY-OWNED VEHICLES (continued)

Vehicle 7:

Year: 2017
Make: Ford
Model: F350- Plow
Vehicle Type: Truck
Fuel Type: Diesel
Registration #: 1FTWF3D55AEA31393
Dept. Assigned to: Maintenance
Transportation Type: Residents
Seats w/driver: 3
Wheelchairs: 0

Vehicle 8:

Make: Gator
Model: Golf Cart
Vehicle Type: Golf Cart
Fuel Type: Gas
Dept. Assigned to: Maintenance
Transportation Type: Equipment/Supplies
Seats w/driver: 3

Vehicle 9:

Make: Gator
Model: Golf Cart
Vehicle Type (van, bus, truck, car): Golf Cart
Fuel Type: Gas
Dept. Assigned to: Maintenance
Transportation Type: Equipment/Supplies
Seats w/driver: 3

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY UTILITY SHUT-OFF LOCATIONS

UTILITY	SHUT-OFF LOCATION	METHOD TO SHUT OFF	WHO HAS 24/7 ACCESS TO LOCATION
Water			
(Domestic)	For Bedford, Kent, Cambridge: Resident Storage Rooms of Each Village	Turn off Valve	Maintenance Staff
	For Trafalgar South: Mechanical Room	Turn off Valve	
	For Trafalgar North: Coventry Hall Storage	Turn off Valve	
	For Oxford: Electric Room	Turn off Valve	
(Fire Protection)			
Natural Gas	Outside Trafalgar Delivery Entrance	Turn Valve	
Electric – Main feeds to areas of the building	Trafalgar Electric Room	Pull Down Handle	
Emergency generators			
#1 – 230kw Onan (Oxford)	Outside Generator Enclosure	Controller E-stop	Maintenance Staff
#2 – 350kw Onan (Independent)	Outside Generator Enclosure	Controller E-stop	
HVAC	Panel box of Mechanical Room of Trafalgar (Box T-DPH: 4 breakers, each labeled RTU's)	Switch off breakers	
	Panel box of Electric Room- Maintenance Shop (Box DP- EMH: 3 breakers, each labeled RTU's)	Switch off breakers	
Cooling Tower			

SECTION F: EMERGENCY RESOURCES AND LISTS

GENERATOR INFORMATION

Generator #1: 230kw Onan

Area/Equipment Served (Describe in detail): Oxford – ATS #1 – MDP – 0 #5 (Panel DP – EM1)

Voltage / Amperage / Kilowatts: 120/208 V / 798 Amps / 230 kw

Fuel Type: Diesel

Fuel Capacity: 750 gallons

Normal Runtime: Wednesday 11:00 AM – 30 minutes

Contingency / Reduced Load Runtime: N/A

Facility equipped with a Quick Connection: Auxiliary ATS

Location of Quick Connection: Electrical Room Across from Mediation Room – 1st Floor

Length (feet) of cable needed to connect a portable generator: 200 feet

Location to park portable generator (hard surface): Back Parking Lot near Wellness Center

Operate in parallel with other Generators? No

Generator #1: 350kw Onan

Area/Equipment Served (Describe in detail): Independent – ATS #3, 4, 5, 6
(ATS #3- DP –EMH, ATS #4 – EM-IT, ATS #5 – DP – EHL, ATS #6- T-DPEM 122)

Voltage / Amperage / Kilowatts: 277/480 V / 526.2 Amps / 350 kw

Fuel Type: Diesel

Fuel Capacity: 1000 gallons

Normal Runtime: Wednesday 11:00 AM – 30 minutes

Contingency / Reduced Load Runtime: N/A

Facility equipped with a Quick Connection: Auxiliary ATS

SECTION F: EMERGENCY RESOURCES AND LISTS

Location of Quick Connection: Electrical Room Across from Mediation Room – 1st Floor

Length (feet) of cable needed to connect a portable generator: 200 feet

Location to park portable generator (hard surface): Back Parking Lot near Wellness Center

Operate in parallel with other Generators? No

VENDOR SOURCES OF FUEL

DIESEL

King Oil:

716-636-3160

Delivery available 48 hours without a contract, immediately with contract

Agreement in place: No

GASOLINE

King Oil:

716-636-3160

Delivery available: No - tank needed

Agreement in place: No

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

HOUSEKEEPING / LINEN SERVICES

Local Sources (within a 90-mile radius of facility)

Vendor/Contractor

Name: Bunzl

Address: 3366 Walden Ave, Depew

Primary Phone #: 685-6001 x 29501 (Customer #2694)

Service / Product Provided: Housekeeping Supplies, Laundry Supplies

Vendor/Contractor

Name: Ecolab

Primary Phone #: 1-800-352-5326

Service / Product Provided: Laundry Supplies

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

FOOD SERVICES DEPARTMENT

Local Sources (within a 90-mile radius of facility)

Vendor/Contractor

Name: U.S. Food Service

Address: 125 Gardenville Pkwy W, Buffalo, NY 14224

Primary Phone #: 668-8881

Service / Product Provided: Frozen Foods, Groceries, Coffee, Meats

Vendor/Contractor

Name: Midstate Bakery

Address: 402 Babcock Street, Buffalo, NY 14219

Primary Phone #: 853-1119

Service / Product Provided: Bread

Vendor/Contractor

Name: Byrne Dairy

Address: 3710 Milestrip Road, Buffalo, NY 14219

Primary Phone #: 824-7441

Service / Product Provided: Dairy

Vendor/Contractor

Name: Boulevard Produce

Address: 655 Young St, Tonawanda, NY 14150

Primary Phone #: 694-1174

Service / Product Provided: Eggs, Produce

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

TRANSPORTATION RESOURCES

FOR TRANSPORTATION OF RESIDENTS

Vendor/Contractor

Name: We Care / Twin City

Primary Phone #: 838-0349

Transportation Service Provided: Ambulance/ Medit-Trans
(ALS/BLS Ambulance, Wheelchair, Bus, etc.)

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

MAINTENANCE DEPARTMENT

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADDRESS	PHONE NUMBERS - Primary - 24 HR
Air Conditioning Repair	MJ Mechanical 95 Pirson Pkwy, Tonawanda	874-9200
Boiler Repair	MJ Mechanical 95 Pirson Pkwy, Tonawanda	874-9200
Call-Light System Repair	Special Care 1450 E. Ridge Rd., Rochester	585-671-1180
Electrical Contractor	Gordon & Zoerb 420 Harris Hill Rd., Williamsville	633-1166
Elevator Company	Schindler Elevators 80 Curtwright Dr. #3, Buffalo	632-1463
Environmental Waste		
(non-hazardous)	Modern Disposal 4746 Model City Rd, Model City	754-8226
(bio- hazardous)	Advowaste Medical (Customer #4925)	1-855-678-1098
Fire Alarm Monitoring Service	Great Lakes Building Systems 116 Gruner Rd, Buffalo	892-5253
Fire Alarm Service	Great Lakes Building Systems 116 Gruner Rd, Buffalo	892-5253
Fire Sprinkler Service	Davis-Ulmer Sprinkler 1 Commerce Dr., Amherst	691-3200
Generator		
(Service)	Penn Power 350 Bailey Ave, Buffalo	822-0051
(Rental)	Penn Power 350 Bailey Ave, Buffalo	822-0051
(Fuel)	King Oil 7871 Transit Rd., East Amherst	636-3160
HVAC Contractor	MJ Mechanical 95 Pirson Pkwy, Tonawanda	874-9200

SECTION F: EMERGENCY RESOURCES AND LISTS

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADDRESS	PHONE NUMBERS - Primary - 24 HR
Ice Machine Repair	D&M Refrigeration 1340 William St, Buffalo	852-4084
Kitchen Appliance Repair	Action Commercial Repair 1336 Main St, Buffalo	881-4357
Laundry Equipment Repairs	Statewide Machinery 60 Pixley Industrial Pkwy, Rochester	585-426-3870
Locksmith	Suburban Lock & Key 3122 Delaware Ave, Buffalo	876-7735
Plumbing Contractor	MKS Plumbing 19 Ransier Dr, West Seneca	675-5771
Telephone System Vendor	Enhanced Communication Solutions	Business- 585-321-1936 Repair- 585-465-2132
Toilet Rental (portable)	Modern Disposal 4746 Model City Rd, Model City	754-8226

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

MAINTENANCE DEPARTMENT

RESTORATION COMPANIES (MOLD, BUILDING, ETC.)

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADDRESS	PHONE NUMBERS - Primary - 24 HR
Dehumidification / Drying	Servpro of Buffalo / Tonawanda 57 Windsong Court, Suite 101, Amherst	694-9949
Mold / Mildew or other toxins	Servpro of Buffalo / Tonawanda 57 Windsong Court, Suite 101, Amherst	694-9949
Cleaning & Corrosion control	Servpro of Buffalo / Tonawanda 57 Windsong Court, Suite 101, Amherst	694-9949
Smoke & Odor Elimination	Servpro of Buffalo / Tonawanda 57 Windsong Court, Suite 101, Amherst	694-9949
Air Duct Cleaning	Servpro of Buffalo / Tonawanda 57 Windsong Court, Suite 101, Amherst	694-9949
Vital Document & Record Restoration	Servpro of Buffalo / Tonawanda 57 Windsong Court, Suite 101, Amherst	694-9949

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

NURSING DEPARTMENT

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS
		- Primary - 24 HR
Enteral Feeding Supplies	Buffalo Hospital Supply 4039 Genesee St, Buffalo	626-9400
Medical Supplies	Buffalo Hospital Supply 4039 Genesee St, Buffalo	626-9400
Nursing Contract Agency	Favorite Healthcare Staffing	681-0212
	Liken Healthcare Staffing	929-1427
	Supplemental Healthcare Staffing	1-800-543-9399
X-ray	Buffalo Ultrasound 338 Evans St, Williamsville	631-2262
Lab	Millard Fillmore 115 Flint Rd, Williamsville	626-7200

Backup Sources (outside a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADRESS	PHONE NUMBERS
		- Primary - 24 HR
Enteral Feeding Supplies	Refer to WNY Mutual Aid Plan	
Medical Supplies	Refer to WNY Mutual Aid Plan	
Nursing Contract Agency	Refer to WNY Mutual Aid Plan	

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

PHARMACY

(Supplies and Drugs)

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR/CONTRACTOR NAME/ADRESS	PHONE NUMBERS
		- Primary - 24 HR
Pharmacy Consult	Lori Kuhmann	432-5680
Pharmacy	Buffalo Pharmacy 20 Lawrence Bell Drive, Willamsville NY	204-9060 Fax: 204-9083

Backup Sources (outside a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR/CONTRACTOR NAME/ADRESS	PHONE NUMBERS
		- Primary - 24 HR
	Refer to WNY Mutual Aid Plan	

SECTION F: EMERGENCY RESOURCES AND LISTS

EMERGENCY CONTRACTOR / VENDOR PHONE NUMBERS

RESPIRATORY THERAPY

(Supplies and Drugs)

Local Sources (within a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADDRESS	PHONE NUMBERS - Primary - 24 HR
Respiratory / Oxygen Supplies	Apnea Care 1120 Youngs Rd. Suite 100, Williamsville	923-2727
Oxygen cylinders & regulators	Apnea Care 1120 Youngs Rd. Suite 100, Williamsville	923-2727
Portable suction	Buffalo Hospital Supply 4039 Genesee St, Buffalo	626-9400

Backup Sources (outside a 90-mile radius of facility)

SERVICE or PRODUCT PROVIDED	VENDOR / CONTRACTOR NAME/ADDRESS	PHONE NUMBERS - Primary - 24 HR
Oxygen cylinders & regulators	Refer to WNY Mutual Aid Plan	
Portable suction	Refer to WNY Mutual Aid Plan	
Ventilators	Refer to WNY Mutual Aid Plan	



SECTION G:

DISASTER RECOVERY PLAN

DISASTER RECOVERY PLAN

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SECTION G: DISASTER RECOVERY PLAN

RECOVERY PLAN OVERVIEW

The three stages of Disaster Recovery contained with the Emergency Operations Plan include:

- **Immediate Recovery:** Comprised of the internal actions taken until external services can reach the facility.
- **Long Term Temporary Recovery:** Considered to be the actions and equipment that allow the facility to operate at some level until operations return to pre-disaster conditions.
- **Full Recovery:** The return of the facility to its pre-disaster conditions.

Generalized actions for the Recovery Plan reside in each disaster-specific procedure. The Recovery Plan is supported by the Emergency Resources and Lists found in Section F.

The facility Command Center will manage the recovery process through the use of the Incident Command System.

Plan of Action:

- Follow guidelines for specific disasters, such as loss of utilities, located in Section E – Emergency Procedures for Specific Events.
- Complete an assessment (*See Department Rapid Assessment*) of your department's operational ability and report the status to the Command Center.

SECTION G: DISASTER RECOVERY PLAN

DAMAGE AND OPERATIONAL ASSESSMENTS (Including Checklists)

Maintenance, with special expertise support (i.e.: Architect and/or Structural Engineering), will evaluate structure and utilities.

Department Heads should assess their own areas and provide a report to the Command Center via the *Department Rapid Assessment Form*.

The following assessment priority should be considered:

- Structural and utility stability
- Life support functions
- Food and liquids
- Infection control ability
- Pharmaceuticals/Medications
- Electronic and Information Systems
- Vital consumable materials
- Staff housing
- Other areas, as time allows

This information will allow the Incident Commander to make a decision to sustain operations within the facility or conduct a full or partial evacuation.

Note: If the facility is severely damaged, residents may have to be relocated / evacuated to allow the facility to recover fully.

SECTION G: DISASTER RECOVERY PLAN

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

SECTION G: DISASTER RECOVERY PLAN

Isolation Rooms (positive/negative air)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Door Lockdown Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Electrical Power-Primary Service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Supplies: Domestic	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Water Supplies: Industrial	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Water Removal Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Natural Gas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Electrical Power, Backup Generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Fuel status)
Electrical Power: Life Support Functions	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Elevators/Escalators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

SECTION G: DISASTER RECOVERY PLAN

Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Water Heater and Circulators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Areas: Internal Command Center	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Areas: Medical Director's Office	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Areas: Staff Housing	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
6. CERTIFYING OFFICER		
7. FACILITY NAME		
CANTERBURY WOODS		

SECTION G: DISASTER RECOVERY PLAN

Recovery Checklist

This document is a checklist of potential issues to review after a disaster, to assist facilities in maintaining a safe environment of care.

ISSUE	ACTION ITEMS	YES/NO Initials
Access	1. Safe access and egress is assured to/from buildings for people and supply deliveries.	
	2. Safe access and egress is assured for ambulances.	
<i>Comments:</i>		
Building(s)	1. Building(s), or parts of building(s) in use, have been declared safe for their intended use by appropriate governmental/regulatory agencies for fire; environmental (water and air quality); engineering (Life Safety Code, structural and electrical integrity, environmental controls); etc., as appropriate, prior to their use.	
	2. Community fire fighting services available.	
	3. Appropriate plan for pest control and/or containment.	
	4. Adequate staff and resources to maintain facilities (buildings and facility equipment) currently in use.	
	5. Adequate environmental control systems in place.	
<i>Comments:</i>		
Communication: Internal	1. Adequate call system enabling residents to summon staff for assistance.	
	2. Functional system in place for internal communication with all areas of the facility.	
	3. Emergency call system functional to summon assistance to a specific area (i.e. cardiac arrest, fire or security emergency).	
	4. Functional fire alarm system for receiving manual (pull station) or automatic (e.g., smoke/heat detectors, waterflow, etc.) inputs and issuing appropriate automatic outputs (visual and audible annunciators, elevator recall, HVAC shutdown, signal to fire department or central station alarm monitoring service, etc.).	
	5. Notification to staff of what is operational, what is not operational, and alternate means of communications in place.	
<i>Comments:</i>		

SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
Communication Systems: External	1. Communication system functional to summon outside assistance for police, fire department, and other community resources.	
<i>Comments:</i>		
Dining Services	1. Adequate facilities, personnel, and supplies onsite to meet the nutritional needs of residents (and personnel as necessary).	
	2. Adequate equipment and facilities, including refrigeration, for storage of foods and dietary supplies.	
	3. Adequate storage for all prepared food to ensure appropriate temperature and sanitation.	
	4. Food approved for re-use by appropriate governmental agencies if applicable.	
<i>Comments:</i>		
Electrical Systems	1. Vaults <ul style="list-style-type: none"> • Main switches operational. • Utilities transfer switches operational. 	
	2. Distribution Panels <ul style="list-style-type: none"> • Fuses operational. • Breakers operational. 	
	3. Transformers reviewed.	
	4. Emergency generators, backup batteries, and fuel available for any location where residents are incapable of self-preservation, as well as other critical areas. Transfer switches in working order. Sufficient fuel for generators.	
	5. Test equipment for confirming voltage and amperage.	
<i>Comments:</i>		
Emergency Preparedness and Management	1. Disaster plan in place for timely evacuation of residents to a safe location for internal and external disasters and plan is adequate to address the safety of residents and/or staff.	
	2. The facility should be enabled to address subsequent emergency	

SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
	situations, indicating the establishment of a functional all hazards command structure and the replenishment of emergency supplies and other equipment.	
	3. Adequate equipment and supplies on site (including oxygen) for planned services.	
	4. Equipment is inspected and cleared for resident use prior to use.	
	5. Mechanism in place for replenishing supplies.	
	6. Ability to maintain resident care equipment that is in use.	
	8. Flashlights and batteries.	
<i>Comments:</i>		
Maintenance	1. Cooling Plant <ul style="list-style-type: none"> • Chiller/DX/absorption unit operational. • Pumps operational. • Valves and controls operational. • Cooling towers operational. • Fan coil units operational. 	
	2. Heating Plant <ul style="list-style-type: none"> • Boiler system operational. • Support systems (feed-water pumps, diesel tank, etc.) operational. • Heating system (converters, valves, etc.) operational. • Process steam (sterilizers, general building systems, etc.) operational. • Diesel tank re-filled. Diesel Vendor operational. 	
	3. Distribution System <ul style="list-style-type: none"> • Ductwork, including functional smoke detection / alarm capability and dampers, operational. • Piping operational. • Valves and controls, including functional emergency fan shutdown tied into fire alarm system and emergency smoke purge capability, operational. • Risers operational. • Filtration operational. • Negative pressure (ability to maintain CDC-compliant air exchanges) operational. 	
	4. Treatment Chemicals <ul style="list-style-type: none"> • Water / Boiler treatment 	
<i>Comments:</i>		

SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
Infection Control	1. Procedures in place to prevent, identify, and contain infections and communicable diseases.	
	2. Procedures and mechanisms in place to isolate and prevent contamination from any unused portions of facility.	
	3. Adequate personnel and resources to maintain a sanitary environment.	
	4. Process in place to segregate until discarded previously contaminated supplies, medications, etc., prior to reopening of facility.	
<i>Comments:</i>		
Information Technology / Medical Records	1. Ensure that all usual internal and external systems, backup systems, clinical systems, medical information systems, and resident registration systems are functional, or there is an alternate method for capturing the information.	
	2. System in place to maintain a medical record for each resident served.	
	3. Storage space to ensure security and maintain integrity of medical records (i.e., protection from fire, environmental hazards, unauthorized access).	
	4. System in place to ensure medical records are readily accessible and promptly retrievable when needed.	
<i>Comments:</i>		
Management	1. Resources and capability to deliver services assured by management prior to initiation of services.	
	2. Management staff onsite to ensure the health and safety of residents and staff.	
	3. Adequate resources, personnel and supplies onsite to meet the needs of residents for the services offered.	
	4. Adequate arrangements for care and services of individuals whose condition exceeds the capability of the facility have been established.	
	5. All initial services and each expansion of services approved by applicable government authorities prior to location being used and initiation of services.	
<i>Comments:</i>		

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ISSUE	ACTION ITEMS	YES/NO Initials
Morgue (Temporary)	1. Adequate arrangements for storage and management of deceased individuals.	
<i>Comments:</i>		
Personnel	1. Adequate types and numbers of personnel onsite for services.	
	2. Adequate staffing plan to maintain personnel (e.g., transportation, meals and lodging, laundry, etc.).	
	3. Any non-facility employed staff comply with State licensure requirements.	
<i>Comments:</i>		
Pharmaceuticals / Medications	1. Adequate facilities, equipment, supplies, and appropriate staff to meet the pharmaceutical needs of residents.	
	2. Adequate equipment and facilities, including refrigeration for storage of drugs.	
	3. Remove any unsafe/damaged medications from medication rooms and/or residents.	
<i>Comments:</i>		
Security	1. A system of security in place to ensure the safety of residents, visitors, and staff, including access control, securing sensitive areas, protection of property, processing employee identification cards, locks, and keys.	
	2. Outside law enforcement personnel conferred with regarding appropriate facility security, if necessary.	
<i>Comments:</i>		

SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
ISSUE	ACTION ITEMS	YES/NO Initials
Vendors	1. Ensure all vendors are operational and supplies are available.	
<i>Comments:</i>		
Waste Management	1. System in place for trash handling (e.g., conveyors, compactors, etc.) and removal (solid and liquid).	
	2. System in place for regulated medical and hazardous waste storage and removal.	
<i>Comments:</i>		
Water Systems	1. Potable water for drinking, bathing, food service, and for all planned resident services.	
	2. Distribution pumps operational.	
	3. Water towers/tanks operational.	
	4. Sewer Systems <ul style="list-style-type: none"> • Sanitary • Storm 	
	5. Fire suppression (fire pumps, sprinkler risers and lines, standpipes, and waterflow detection/alarm capability) operational.	
<i>Comments:</i>		

SECTION G: DISASTER RECOVERY PLAN

Canterbury Woods

Form 301 - Department Rapid Assessment Form

THIS IS A TWO PAGE FORM

Sections to be filled out determined by Incident Commander

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

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

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

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

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

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

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

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

Ambulance:	Wheelchair Van:	Ambulatory -Van /Bus:
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5. Resource Status

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

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

6. Technology/Utility Systems Status

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

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

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

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

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

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

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

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

8 hours: _____

12 hours: _____

24 hours: _____

48 hours: _____

72 hours: _____

96 hours: _____

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

SECTION G: DISASTER RECOVERY PLAN

FULL RECOVERY

Full Recovery: This is the return of the facility and its operations to pre-disaster conditions.

The following information must be completed by applicable regulatory agencies such as local/state health or other noted individuals.

Structure

Structure has been surveyed by the following individuals and has been declared safe to be occupied, or is fully recovered.

	Areas Surveyed	Areas Approved	Signature of Health Department Surveyor
Architect			
Structural Engineer			
General Construction			

SECTION G: DISASTER RECOVERY PLAN

Utilities

Utilities have been returned to normal operation.

	Internal Equipment (Contractors)	Public Utility Company	Signature of Health Department Surveyor
Power			
Gas			
Water			
Communication Systems			
HVAC System			
Fire Alarm System			

SECTION G: DISASTER RECOVERY PLAN

Dining Services

Dining Services have been inventoried and foods and liquids have been found to be adequately stocked and able to return to normal operation:

Areas Surveyed	Areas Approved	Signature of Health Department Surveyor

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Resident Services

Resident Services have been reviewed by the following individuals and have returned to normal operation.

	Areas Surveyed	Areas Approved	Signature of Health Department Surveyor
Pharmaceutical/ Medication Storage			
Clinical Supplies			
General Resident Areas			

SECTION G: DISASTER RECOVERY PLAN

Information Technology

Information Technology has been reviewed by the following individuals and has been approved to return to normal operation.

Systems Reviewed	Approved By

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Staffing

Staffing has been reviewed by the following individuals and has been found adequate to return to normal operation.

	Areas Surveyed	Areas Approved	Signature of Internal Surveyor	Signature of Health Department Surveyor
Nursing				
Support Services				
Office / Clerical Staff				



PANDEMIC EMERGENCY PLAN

Created: **September 2020**

Reviewed: ---

Revised: ---

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PANDEMIC EMERGENCY PLAN

EMERGING INFECTIOUS DISEASE (EID) RESPONSE PLAN

BACKGROUND

Definitions:

Emerging Infectious Diseases (EIDs)

Infectious diseases, whose incidence in humans has increased in the past two decades or threatens to increase in the near future, have been defined as "emerging." These diseases, which respect no national boundaries, include:

- New infections resulting from changes or evolution of existing organisms
- Known infections spreading to new geographic areas or populations
- Previously unrecognized infections appearing in areas undergoing an ecologic transformation
- Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures

For an emerging disease to become established at least two events must occur –

- (1) the infectious agent has to be introduced into a vulnerable population and
- (2) the agent has to be able to spread readily from person-to-person and cause disease. The infection also has to be able to sustain itself within the population; that is, more and more people continue to become infected.

Definitions:

Pandemic

A sudden infectious disease outbreak that becomes very widespread and affects a whole region, continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

Isolation

Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

Quarantine

Separation and restriction of the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.

Cohorting

Imposed grouping of two or more residents exposed to, or infected with, the same infectious disease that are separated physically from other residents who have not been exposed to, or infected with, that infectious disease.

Cohort Staffing

The practice of assigning specific staff to care only for residents known to be exposed to or infected with the same infectious disease. Such staff “does not” participate in the care of residents who have not been exposed or infected with that infectious disease.

PURPOSE

The purpose of this Pandemic Emergency/Emerging Infectious Disease Response Plan is to contain an outbreak of disease caused by an infectious agent or biological toxin or respond to other infectious disease emergencies as defined above. This is consistent with the facility’s mission to protect the residents and staff from illness and/or death.

Activities that may be implemented during an Infectious Disease Response include:

- Coordination with other healthcare facilities, local, regional, state, and federal agencies and other organizations responding to a public health emergency.
- Development and dissemination of information and guidance for the residents, families, and staff within the community.
- Containment measures such as infection control, mass prophylaxis, isolation, and quarantine, or restriction, and clearance.
- Activities such as surveillance, investigation, and lab testing.

POLICY

This plan will be posted on the facility website and will be updated and submitted for review, by the Commissioner of Health, on an annual basis. The facility will make a copy of this plan available immediately upon request.

During periods of quarantine and/or restricted visitation the facility will implement a method for residents to keep in touch with families or responsible parties, such as providing no-cost access to teleconferencing services, or other means as preferred and identified by residents and their families.

When visitation is restricted the facility will update resident families or responsible parties on a weekly or more regular basis on how they can remotely keep in touch with residents. The facility will assign staff to ensure all residents and families are updated at least weekly on the number of pandemic related infections and deaths at the facility, including residents with pandemic related infection who pass away for reasons other than infection. This responsibility will be assigned at the time of the event.

The facility will assign staff to update families and responsible parties as to the condition of infected residents on a daily basis or upon a change in a resident’s condition. This responsibility will be assigned at the time of the event.

Hospitalized residents will be admitted or readmitted in accordance with all applicable laws and regulations, including but not limited to 10 NYCRR 415.3(i)(3)(iii), 415.19 and 415.26(i); and 42 CFR 483.15.

Any current resident hospitalized, in accordance with all applicable laws and regulations including but not limited to 18 NYCRR 505.9(d)(6) and 42 CFR 483.15(e), shall have their place at the facility preserved.

As required by regulation the facility will maintain, or have access to, a two (2) month supply of Personal Protective Equipment (PPE), or any superseding requirements under New York State Executive Orders and/or NYS DOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic. This supply of PPE will either be stored onsite or will be readily accessible by the facility.

The facility will evaluate their vendor supply plan for re-supply of food, water, medications, environmental cleaning agents, and sanitizing agents as part of their event assessment.

The facility will ensure it meets all reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19, and reporting requirements of the Health Commerce System, e.g., HERDS survey reporting. This responsibility will be assigned at the time of the event.

SCOPE

An infectious disease emergency occurs when urgent and possibly extensive public health and medical interventions are needed to respond to and contain an infectious disease outbreak that has the potential for significant morbidity and mortality in a given area.

This plan is a functional response guide for the facility Leadership Team and Department Managers.

This plan is to be used in conjunction with the facility's Emergency Preparedness Program, Infection Control Plan, and Respiratory Protection Program.

ASSUMPTIONS

The Pandemic Emergency/Emerging Infectious Disease Response Plan integrates the key elements of communicable disease control and prevention with emergency management concepts. The Incident Command System (ICS) organizational structure will be used to scale the response as needed to effectively manage and meet the incident objectives of the infectious disease emergency response.

The Pandemic Emergency/Emerging Infectious Disease Response Plan assumes that individuals occupying leadership positions have completed ICS training. The Pandemic Emergency/Emerging Infectious Disease Response Plan further acknowledges that there could be a limited number of personnel within the facility with the knowledge and training in infectious diseases, epidemiology, public health, and emergency preparedness.

The Plan assumes each incident will require tailored activation and use of the Pandemic Emergency/Emerging Infectious Disease Response Plan. This plan can be adjusted to address scenarios varying by infectious diseases, size, and/or overall severity.

This Pandemic Emergency/Emerging Infectious Disease Response Plan assumes that all confidential data regarding individual cases will not be shared outside of those who need to know, or in order to fulfill legally mandated public health reporting and information sharing.

It is assumed that the facility will form an Emerging Infectious Disease Support Team during a pandemic or infectious disease event to include administrative, clinical, and support team members to ensure a proper response to the infectious disease.

GENERAL ACTIONS APPLICABLE TO ALL STAFF

Healthcare must always be prepared to protect people within our buildings and to protect our residents, families, and staff from harm resulting from exposure to an emerging infectious disease while they are in the facility.

Every disease is different. The local, state, and federal health authorities (NYS DOH, CDC, CMS, OSHA, etc.) will be the source of the latest information and most up-to-date guidance on prevention, case definition, surveillance, treatment, and clinical response related to a specific disease threat.

Incidents involving an emerging infectious disease, or a suspected case, require the consultation of the facility Medical Director and/or other physicians and Infection Control Practitioners as well as referring to the facility's Infection Control Plan and Respiratory Protection Program.

GENERAL PREPAREDNESS FOR EMERGING INFECTIOUS DISEASES (EIDS)

- The facility's Infection Control Plan includes a response plan for a community-wide infectious disease outbreak such as pandemic influenza and should be referenced.
- This plan will:
 - Include administrative controls (screening, isolation, visitor policies, including restrictions as necessary, and employee absentee plans)
 - Address environmental controls (isolation areas/rooms, plastic barriers, sanitation stations, and special areas for contaminated waste)
 - Address human resource issues such as employee leave, staffing, and emergency credentialing.
- Assigned clinical leadership will be vigilant and stay informed about EIDs around the world. They will keep administrative leadership briefed on potential risks of new infections in their community and region.

- As part of the Emergency Preparedness Program (EPP), the facility will maintain, or have readily accessible, a two (2) month supply of personal protective equipment (PPE), or any superseding requirements under New York State Executive Orders and/or NYS DOH regulations governing PPE supply requirements executed during a specific disease outbreak or pandemic, including gowns/isolation gowns, face shields/eye protection, masks, assorted sizes of disposable N95 respirators or other appropriate respiratory barrier devices, and gloves, sanitizer, and disinfectants (meeting EPA guidance current at the time of the event).
- The facility will develop plans with their vendors for resupply of food, medications, medical supplies, sanitizing agents, and PPE in the event of a disruption to the normal supply chain including an EID outbreak. *Refer to the Emergency Preparedness Plan – Section F: Emergency Resources and Lists.*
- The facility will provide orientation and in-service training to all staff on the Infection Control Plan and Respiratory Protection Program, including the Pandemic Emergency Plan - Emerging Infectious Diseases response plan (including Reporting Requirements), exposure risks, symptoms, prevention and the use of Personal Protective Equipment, regulations, including 10 NYCRR 415.3(i)(3)(iii), 415.19 and 415.26(i); 42 CFR 483.15 and 42 CFR § 483.80), and Federal and State guidance/requirements on an annual or as-needed basis.
- The facility will follow applicable OSHA requirements, including OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Personal Protective Equipment (29 CFR 1910.132), and Respiratory Protection (29 CFR 1910.134) standards.
- The facility will ensure there is adequate staff access to communicable disease reporting tools, and other outbreak-specific reporting requirements on the Health Commerce System (e.g., Nosocomial Outbreak Reporting Application (NORA) and HERDS surveys).
- The facility will provide initial fit testing for staff that provides resident care prior to the use of N95 respirators, and then annually thereafter.
- The facility will provide education and training on the proper donning and doffing of PPE.
- Department and Clinical managers will monitor staff usage of PPE to ensure it is being properly used (appropriate fit, donning/doffing, appropriate choice of PPE per established procedures, etc.).

PLAN ACTIVATION

Only authorized staff may direct the activation/deactivation of the Pandemic Emergency/Emerging Infectious Disease Response Plan. The activation and notification process should be used in accordance with the Emergency Preparedness Plan. Staff authorized to initiate activation/deactivation include the:

- Executive Director/Administrator/ Medical Director

The need to notify department managers/supervisors and external partners of the activation of the Pandemic Emergency/Emerging Infectious Disease Response Plan will be determined by the circumstances of the event including the suspected disease, the anticipated scope of the response, and the size of the impacted populations.

The Pandemic Emergency/Emerging Infectious Disease Response Plan assumes that all incident communications and requests will follow Incident Command System guidelines. Any

communications that change the scope of the operations, the objectives, or strategies must be approved by the Incident Commander.

ADMINISTRATION / CLINICAL LEADERSHIP CONSIDERATIONS

The leadership team will consider recommendations and requirements from the CDC, OSHA, Center for Medicare and Medicaid (CMS), NYS DOH, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA), and other state or federal laws in determining the disease-specific response actions and precautions it will take to protect its residents, visitors, and staff members.

Once notified by public health authorities at either the federal, state, and/or local level that the EID is likely to, or already has spread to the facility's community, the facility will activate specific surveillance and screening as instructed by the NYS DOH, the Centers for Disease Control, and Prevention (CDC), or the local public health authorities.

The facility will consider posting signage for cough etiquette, handwashing, and other hygiene measures in high traffic areas and will provide Alcohol-Based Hand Rub and facemasks if indicated and practical.

Protecting the residents and staff shall be of paramount concern.

The facility may temporarily limit or restrict visitors, subject to superseding NYS Executive Orders and/or NYS DOH guidance to reduce exposure risk to residents and staff.

If necessary, and in accordance with applicable NYS Executive Orders and/or NYS DOH guidance, the facility may implement procedures to close the facility to new admissions, limit or restrict visitors when there are confirmed cases in the community, and/or screen all permitted visitors for signs of infection.

The leadership team shall consider:

- The degree of frailty of the residents in the facility.
- The likelihood of the infectious disease being transmitted to the residents and employees.
- The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces).
- The precautions which can be taken to prevent the spread of the infectious disease and other relevant factors.
- The formation and activation of an Emerging Infectious Disease Support Team to include administrative, clinical, and support team members.

Once these factors are considered, the leadership team will weigh its options and determine the extent to which exposed staff, or those showing signs of the infectious disease, must be precluded from contact with residents or other employees.

- Apply whatever action is taken uniformly to all staff in like circumstances.
- Do not consider race, gender, marital status, country of origin, and other protected characteristics unless they are documented as relevant to the spread of the disease.
- Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.

- Use accepted scientific procedures and guidance from local public health, NYS DOH and/or CDC, whenever available, to determine the level of risk posed by an employee.
- Permit employees to return to work when cleared by a licensed physician; however, additional precautions may be taken to protect the residents as recommended by the local public health, NYS DOH, and/or CDC.

ADMINISTRATOR / INCIDENT COMMANDER

- Assemble key leadership team members. Take into consideration all the following guidance, as applicable to the Infectious Disease the facility or community is managing.
- Consider activating the Command Center to ensure procedures are in place.
- Reference the following Emergency Preparedness Plan to address the below listed considerations.
 - *Section C: Incident Command System and associated Job Action Sheets*
- Assess impact on facility operations and resident care.
- Assign a person the responsibility to monitor local, state and federal health websites for updates to existing guidance for long-term care facilities and report to the Command Center team on those updates.
- Assign a person the responsibility of meeting the reporting requirements for suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10 Part 2), as well as by 10 NYCRR 415.19 and reporting requirements of the Health Commerce System, e.g., HERDS survey reporting.
- Develop an action plan with the Command Center team and brief department managers and supervisors.
- Work with Director of Nursing/Infection Control Practitioner and/or Medical Director to review incident considerations, determine level of service, and need to reschedule or cancel activities.
- During periods of quarantine and/or restricted visitation implement a method for residents to keep in touch with families or responsible parties, such as providing no-cost daily access to teleconferencing services, video conferencing or other means as preferred and identified by residents and their families.
- When visitation is restricted assign appropriate staff to update resident families or responsible parties on a weekly or more regular basis on how they can remotely keep in touch with residents. Ensure all residents and families are updated at least weekly on the number of pandemic related infections and deaths at the facility, including residents with pandemic-related infection who pass away for reasons other than infection.
- Assign appropriate staff to update families and responsible parties on the condition of infected residents on a daily basis, or upon a change in a resident's condition.
- Approve requests for additional resources (e.g., supplies, equipment, staff, etc.).
- The Incident Commander / Administrator will direct a review and revision, as needed, of internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.
- The Incident Command team will determine a location for the staging and distribution of supplies, equipment, and pharmaceuticals as needed for the incident.
- To ensure that staff and/or new residents are not at risk of spreading the EID into the facility, screening for exposure risk and signs and symptoms may be done PRIOR to admission of a new resident and/or allowing new staff persons to report to work.

- Ensure that appropriate physical and social distancing measures are put into place where indicated. This may include, but is not limited to, cancellation of certain activities and services, changes in resident and staff dining, and other physical space requirements, etc.

Communications

- Reference the following Emergency Preparedness Plan to address the below listed considerations.
 - *Section A: Policies and Planning / Communications*
 - *Section B: Procedures Applicable to All Hazards / Communications Plan*
 - *Section C: Incident Command System / Public Information Officer*
- Provide staff with incident updates on a regular basis, as necessary.
- Appoint a Public Information Officer to prepare media statements, approve as necessary.
- Appoint a Liaison Officer when the incident is multi-jurisdictional or involves several agencies or other healthcare facilities. The Liaison Officer is the main point of contact for other community-based partners involved in response operations (e.g., Red Cross, Fire Department, Emergency Medical Services, Office of Emergency Management, etc.). The Liaison Officer will provide and receive updates and ensure the prompt response to questions, resource requests, and other needs.
- Determine need for the Liaison Officer to contact the following:
 - Local Public Health Department
 - NYS Department of Health
 - CDC
 - Department of Health and Human Services - CMS
 - Healthcare Coalition and/or Mutual Aid partners
- Conduct internal (support team only) conference calls to discuss any new developments, such as state or local policy changes, or ongoing challenges that are arising within long-term care industry and to share any innovative solutions or best practices.
- Develop a communications plan and assign responsibility for communicating to residents and their families. Consider usage of signage and/or resident letters, based on CDC/CMS or health department guidance specific to the EID.
 - Residents and their families will be provided education about the disease and the facilities response strategy at a level appropriate to their interests and need for information by the clinical and social work staff.
- During times when visitation is limited or restricted, implement a method for residents to stay in touch with loved ones (families or responsible parties) such as providing access to teleconferencing services at no cost to the resident.
- Convene weekly (or as frequently as needed) conference calls with facility staff to discuss newly released guidance, and to discuss potential strategies for addressing their challenges and concerns.
 - Review federal, state, and local Infection Prevention & Control guidance with facility staff during the regular conference calls.
- Ensure that all documents, messaging and information developed during the incident are reviewed and approved by the Incident Commander and/or Public Information Officer prior to dissemination.

Assessment

- Reference the following Emergency Preparedness Plan to address the below listed considerations.
 - *Section A: Procedures Applicable to All Hazards / Managing Resources and Assets during a Disaster*
 - *Section A: Procedures Applicable to All Hazards / Managing Security and Safety during a Disaster*
 - *Section F: Emergency Resources and Lists*
 - *Vendor Agreements*
- Develop a system to monitor for, and internally review, development of symptoms among residents and healthcare personnel (HCP) in the facility. Information from this monitoring system should be used to implement prevention interventions (e.g., isolation, cohorting),
 - Example: CDC guidance on respiratory surveillance: <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>.
- Assign a team member(s) to conduct the following assessments and report back to the Incident Commander:
 - Current resident census and number of open beds
 - Number of affected residents and staff
 - Inventory of PPE types and quantities
 - Input PPE inventory into the PPE Burn Rate Calculator at the onset of the event
- Request an assessment of critical supplies throughout the facility using the Department Rapid Assessment Form. Direct departments to conduct assessments of food, water, medical and other supplies. *Refer to the Emergency Preparedness Plan – Incident Command System for the Department Rapid Assessment Form.*
- Assign a team member to identify resource shortages (medical supplies/equipment, PPE, staffing, etc.).
 - Develop a plan to mitigate resource shortages (e.g.: vendor support, EOC support, staffing agencies, etc.)
 - Determine ability to obtain or borrow resource shortages from other healthcare facilities. Collaborate with the healthcare coalition, mutual aid plan members and/or local/state EOC as necessary.
- Review agreements with vendors and other healthcare facilities. Request vendor support to ensure enough supplies are on hand including:
 - PPE and related supplies for fit testing, if applicable
 - Medications
 - Medical Supplies/Equipment
 - Food/Water
 - Sanitizer and Disinfectants
- Ensure vendor support is available for medical waste disposal.
- Assess the need to order a Building Lockdown via Security. *Refer to the Emergency Preparedness Plan – Section B: Procedures Applicable to All Hazard Responses - Building Lockdown Procedures*

- Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the facility along with the instruction that anyone who is sick must not enter the building.
- Consider the following restrictions:
 - Professional Visitors: No one allowed in facility without Command Center clearance.
 - Resident Visitors: No one allowed in facility. Relatives and responsible parties will be given appropriate information and location to wait as directed by the Command Center.

Staffing

- Reference the following Emergency Preparedness Plan Sections to address the below listed considerations:
 - *Section B: Procedures Applicable to All Hazard Responses - Building Lockdown Procedures*
- Self-screening: Staff will be educated on the facility's plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:
 - Reporting any suspected exposure to the EID while off duty to their supervisor and public health.
 - Precautionary removal of employees who report an actual or suspected exposure to the EID.
 - Self-screening for symptoms prior to reporting to work.
 - Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.
- Whenever possible, well and unexposed staff should work in non-infected resident care units.
- Determine need for further staff education efforts, as necessary, relative to the current threat or infectious disease.
- Review staffing levels and scheduling. Ensure enough staffing resources for sustaining operations for the duration of the event. (i.e. 12-hour shifts versus 8-hour). Develop a plan to address potential staff shortages such as cross training of staff to be feeding assistants, etc.
- Consider contracting staff to supplement current staffing.
- Review and implement disaster credentialing and privileging policies and processes as needed.

Suspected Case within the Facility

- Ensure infected residents are isolated/cohorted and/or transferred based on their infection status in accordance with applicable guidance from the CDC, local/state health departments.
 - Follow the guidance of local public and/or state health authorities regarding the transfer of the suspected infectious resident to the appropriate acute facility via emergency medical services if necessary. Residents that are hospitalized will be readmitted to the facility after treatment.
- Place a resident who exhibits symptoms of the EID in an isolation room (all private rooms within facility) and notify local and/or county/state public health authorities.

- As necessary, consider cohorting multiple infected residents using part of a unit (e.g., end of a wing).
 - Consider posting signage or other means of identifying the area(s) being used for infected residents.
 - At the time of the event determine an effective means to prevent non-infected residents from entering into the cohorting area (e.g., assigned staff members, closure of cross corridor doors, etc.)
- If the suspected infectious resident requires care while awaiting or instead of transfer, follow facility policies for isolation procedures, including all recommended PPE for staff at risk of exposure.
- Keep the number of staff assigned to enter the room of the isolated resident to a minimum.
 - Ideally, only specially trained and prepared staff (i.e. vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room.
 - Provide all assigned staff additional “just in time” training and supervision in the mode of transmission of this EID, and the use of the appropriate PPE.
- If feasible, ask the isolated resident to wear a facemask while staff is in the room.
- Provide care at the level necessary to address essential needs of the isolated resident unless it is advised otherwise by public health authorities.
- Conduct control activities such as the management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposed individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.
- Implement the isolation protocol in the facility (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the facility’s infection control plan and/or recommended by local, state, or federal public health authorities.
- Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities and in keeping with guidance from the CDC.

DEPARTMENT-SPECIFIC ACTIONS

NURSING STAFF

- Work with Incident Commander and assigned Public Information Officer to prepare messaging for families of residents and staff.
- Consider the following to address staff concerns:
 - Provide incident specific education, including frank discussions about potential risks and plans for protecting healthcare providers.
- Participate in lockdown of facility to control people coming into the facility. *Refer to Emergency Preparedness Plan Section B: Procedures Applicable to All Hazard Responses - Building Lockdown Procedures*
- Cancel communal dining and all group activities, such as internal and external group activities, as necessary.
- Explore alternatives to face-to-face visits if visitors are restricted from entering the facility such as teleconferencing services, or other means as preferred and identified by residents and their families. Ensure families and/or responsible parties are updated on a weekly

basis how they can remotely keep in touch with residents when visitation is limited or restricted.

- Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
- If residents leave their room, determine the need for residents to wear a facemask, perform hand hygiene, limit their movement in the facility, while maintaining physical distancing (staying at least 6 feet away from others), when necessary.
- As assigned provide updates to families and responsible parties on the condition of infected residents on a daily basis or upon a change in a resident's condition.

General Guidelines for Infection Control Practices for Resident Management

- Contact state and local Health Departments, CDC and/or the Department of Health and Human Services for updated information and protocols to follow.
- Any symptomatic staff or residents with suspected or confirmed illnesses should, at a minimum, be managed using Standard Precautions. Additional precautions may be needed to reduce the likelihood for transmission.

Standard and transmission-based precautions to be followed to prevent spread of infections.

A facility's infection control practices are important for preventing the transmission of infections. Infection control precautions used by the facility include two primary tiers: "Standard Precautions" and "Transmission-Based Precautions."

Hand Hygiene

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings. This includes hand washing with either plain or antiseptic-containing soap and water for at least 20 seconds, and/or the use of alcohol-based products (gels, rinses, and foams) that do not require the use of water.

The CDC continues to recommend the use of alcohol-based hand rub (ABHR) as the primary method for hand hygiene in most clinical situations. ABHR effectively reduces the number of pathogens that may be present on the hands of healthcare personnel after brief interactions with residents or the care environment.

Standard Precautions

Standard precautions represent the infection prevention measures that apply to all resident care, regardless of suspected or confirmed infection status of the resident, in any setting where healthcare is being delivered.

These evidence-based practices are designed to protect healthcare staff and residents by preventing the spread of infections among residents and ensuring staff does not carry infectious pathogens on their hands or via equipment during resident care.

Standard precautions include hand hygiene, use of PPE (e.g., gloves, gowns, facemasks), respiratory hygiene and cough etiquette, safe injection practices, and safe handling of

equipment or items that are likely contaminated with infectious body fluids, as well as cleaning and disinfecting or sterilizing potentially contaminated equipment.

In order to perform hand hygiene appropriately, soap, water, Alcohol Base Hand Rub (ABHR), and a sink should be readily accessible in appropriate locations, including but not limited to, resident care areas, and food and medication preparation areas. Staff must perform hand hygiene (even if gloves are used):

- Before and after contact with the resident.
- Before performing an aseptic task.
- After contact with blood, body fluids, visibly contaminated surfaces or after contact with objects in the resident's room.
- After removing personal protective equipment (e.g., gloves, gown, facemask).
- After using the restroom.
- Before meals.

If residents need assistance with hand hygiene, staff should assist with washing hands after toileting, before meals, and use of ABHR or soap and water at other times when indicated.

The use of PPE during resident care is determined by the nature of staff interaction and the extent of anticipated blood, body fluid, or pathogen exposure to include contamination of environmental surfaces. Furthermore, appropriate use of PPE includes but is not limited to the following:

- Gloves worn before and removed after contact with blood or body fluid, mucous membranes, or non-intact skin.
- Gloves changed and hand hygiene performed before moving from a contaminated-body site to a clean-body site during resident care.
- Gown worn for direct resident contact if the resident has uncontained secretions or excretions or with contaminated or potentially contaminated items.
- Appropriate mouth, nose, and eye protection (e.g., facemasks, face shield) is worn for procedures that are likely to generate splashes or sprays of blood or body fluids.
- PPE appropriately discarded after resident care prior to leaving room followed by hand hygiene.
- Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, therapy rooms) although, equipment supply carts should not be brought into the resident's room.

Transmission-based Precautions

Transmission-based precautions are used for residents who are known to be, or suspected of being, infected or colonized with infectious agents, including pathogens that require additional control measures to prevent transmission.

In Long Term Care Facilities, it is appropriate to individualize decisions regarding resident placement (shared or private), balancing infection risks with the need for more than one occupant in a room, the presence of risk factors that increase the likelihood of transmission, and the potential for adverse psychological impact on the infected or colonized resident.

It is essential to communicate transmission-based precautions to all healthcare personnel, and for personnel to comply with requirements. Pertinent signage (i.e., isolation precautions) and verbal reporting between staff can enhance compliance with transmission-based precautions to help minimize the transmission of infections within the facility.

It is important to use the standard approaches, as defined by the CDC, for transmission-based precautions: airborne, contact, and droplet precautions. The category of transmission-based precaution determines the type of PPE to be used.

Communication (e.g., verbal reports, signage) regarding the type of precaution to be used is important. When transmission-based precautions are in place, PPE should be readily available. Proper hand washing remains a key preventive measure, regardless of the type of transmission-based precaution employed.

Transmission-based precautions are maintained for as long as necessary to prevent the transmission of infection. It is appropriate to use the least restrictive approach possible that adequately protects the resident and others. Maintaining isolation longer than necessary may adversely affect psychosocial well-being. The facility should document in the medical record the rationale for the selected transmission-based precautions.

Contact Precautions

Contact precautions are intended to prevent transmission of infections that are spread by direct (e.g., person-to-person) or indirect contact with the resident or environment, and require the use of appropriate PPE, including a gown and gloves upon entering (i.e., before making contact with the resident or resident's environment) the room or cubicle. Prior to leaving the resident's room, the PPE is removed, and hand hygiene is performed.

Droplet Precautions

The use of droplet precautions applies when respiratory droplets contain viruses or bacteria particles which may be spread to another susceptible individual. Respiratory viruses can enter the body via the nasal mucosa, conjunctivae, and less frequently, the mouth. Examples of droplet-borne organisms that may cause infections include, but are not limited to, *Mycoplasma pneumoniae*, influenza, and other respiratory viruses.

Respiratory droplets are generated when an infected person coughs, sneezes, or talks, or during aerosol generating procedures such as nebulizer treatments, suctioning, endotracheal intubation/extubation, cough induction by chest physiotherapy, and cardiopulmonary resuscitation.

The maximum distance for droplet transmission is currently unresolved, but the area of defined risk based on epidemiological findings is approximately 3-10 feet. In contrast to airborne pathogens, droplet-borne pathogens are generally not transmitted through the air over long distances.

Facemasks are to be used upon entry (i.e., within three feet of a resident) into a resident's room with respiratory droplet precautions. If substantial spraying of respiratory secretions is anticipated, gloves and gown as well as goggles (or face shield in place of goggles) should be worn.

Airborne Precautions

Airborne transmission occurs when pathogens are so small that they can be easily dispersed in the air, and because of this, there is a risk of transmitting the disease through inhalation. These small particles containing infectious agents may be dispersed over long distances by air currents and may be inhaled by individuals who have not had face-to-face contact with (or been in the same room with) the infectious individual. Staff caring for residents on airborne precautions should wear a fit-tested N95 or higher-level respirator that is donned prior to room entry.

Precautions to Prevent Transmission of Infectious Agents

It is important that facility staff clearly identify the type of precautions and the appropriate PPE to be used in the care of the resident. The PPE should be readily available near the entrance to the resident's room. Signage can be posted on the resident's door instructing visitors to see the nurse before entering.

It is not always possible to prospectively identify residents needing transmission-based precautions (presumptive precautions). The diagnosis of many infections is based on clinical signs and symptoms but often requires laboratory confirmation. However, since laboratory tests (especially those that depend on culture techniques) may require two or more days to complete, transmission-based precautions may need to be implemented while test results are pending, based on the clinical presentation and the likely category of pathogens.

The use of appropriate transmission-based precautions when a resident develops signs or symptoms of a transmissible infection or arrives at the facility with symptoms of an infection, (pending laboratory confirmation) reduces transmission opportunities. However, once it is confirmed that the resident is no longer a risk for transmitting the infection, removing transmission-based precautions avoids unnecessary social isolation.

Personal Protective Equipment (PPE)

Using personal protective equipment provides a physical barrier between micro-organisms and the wearer. It offers protection by helping to prevent micro-organisms from:

- contaminating hands, eyes, clothing, hair, and shoes
- being transmitted to other residents and staff

Healthcare workers evaluating and interacting with a suspected infectious disease resident must properly wear PPE for standard, contact and droplet precautions. The appropriate PPE must be readily available so that it may be donned immediately when a suspected resident is identified.

It is important to use personal protective equipment effectively, correctly, and always where contact with resident's blood, body fluids, excretions, and secretions may occur.

PPE description, at a minimum:

- Gown (fluid resistant or impermeable)
- Facemask, or necessary respiratory protection (N95)
- Eye protection (goggles or face shield)
- Gloves

Refer to the facility's Infection Control Plan for further guidance.

Resident Placement and the Use of Private Rooms (All private rooms in facility) for Infection Prevention and Control

The physician and person(s) responsible for infection control should assess individual residents as to the potential for transmitting infectious organisms.

- Room assignments and restriction of activities are determined by this assessment. Although there are many reasons for using private rooms, the major reasons are diseases transmitted in whole or in part by the airborne route or by the resident who extensively soils the environment with body substances.
- Private rooms are generally indicated for residents with uncontrollable excretions (diarrhea), secretions, excessive coughing, heavy wound drainage or widespread skin disease. Residents should be confined to their rooms while the above conditions exist.
- If the situation is small-scale, follow routine resident placement and established infection control practices.
- If many residents are presenting with similar syndromes, group affected individuals into a designated wing or area of the facility. Before grouping, consult with the local/state Health Department and the facility Infection Control personnel regarding adequate isolation (i.e. ventilation).

Resident Care

Only direct care providers should enter the resident room:

- No person enters room without mandatory training and demonstrated competency.
- Autonomous practice (supported by experts).
- Physical and Occupational Therapy, as necessary.
- Environmental decontamination, as necessary.

The care providers will need to be trained and able to demonstrate competency in the following areas:

- Donning and doffing of PPE.
- Use of the "Buddy System."
- Waste management protocols.
- Decontamination and containment protocols.
- Specimen handling for diagnostic testing.

General Guidelines for Resident Transport within or outside the facility

- Limit movement to that which is to provide proper resident care.
- Mask resident if airborne or droplet organism is suspected, or resident is coughing.

When transporting a resident out of the facility (e.g.: dialysis appointment, evacuation, etc.)

When transporting a known confirmed infectious resident, it is recommended that drivers wear an N95 respirator or facemask and eye protection such as a face shield or goggles as dictated by the contagion transmission type (as long as they do not create a driving hazard).

The resident(s) should wear a facemask or cloth face covering. Occupants of the vehicle should avoid or limit close contact (within 6 feet) with others. The use of larger vehicles such as vans or facility buses is recommended when feasible to allow greater social (physical) distance between vehicle occupants.

Additionally, drivers should practice regular hand hygiene, avoid touching their nose, mouth, or eyes.

The Infection Control Plan provides guidance for cleaning and disinfecting after transport of an infectious resident(s).

General Guidelines for Handling Deceased Residents

- Keep tracking records of all residents.
- Attach a form of identification to the body if there is not an identification wrist band (e.g. toe-tag).
- The decedent should be placed in a body bag or pouch prior to moving the body to any other location or release to a funeral director or coroner/coroner physician/medical examiner.
- Matching identification should always be attached to the outside of the body bag or pouch.
- Personal effects such as eyeglasses, dentures, and hearing aids should be bagged and labeled and placed next to the body.
- Any necessary paperwork for release of the remains should be completed prior to contacting the funeral firm or medical examiner.
- Th personal effects should remain with the decedent, be signed out and a property form or receipt prepared for either the family or the funeral home.
- Once the decedent is prepared for transport, (i.e. pouched and labeled) the body may be released to the county or other authority as appropriate.

DINING SERVICES

- Assess emergency food, liquids, and supplies and provide data to the Command Center.
- Coordinate meal service with Nursing. Modify menu if deliveries will not be possible. Use disposable plates, cups and utensils as necessary.
- As necessary ensure staff uses necessary PPE if delivering meals or interacting with any residents who may be infectious.
- Establish plan for feeding staff if shift change will not be possible.

HOUSEKEEPING / LAUNDRY

Ensure that Environmental Services and Laundry personnel are aware of current guidelines, internal procedures and contacts.

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

- Environmental cleaning: The facility will follow current CDC and NYS DOH guidelines for environmental cleaning and decontamination specific to the EID in addition to routine cleaning for the duration of the threat.
- Wear appropriate personal protective equipment if cleaning up any contaminate.
- Cleaning, disinfecting and sterilization of equipment and environment:
 - Use principles of Standard Precautions.
 - Germicidal cleaning agents should be available in contaminated and/or isolated resident care areas for cleaning spills of contaminated materials and disinfecting non-critical equipment.
 - Discard single-use resident items appropriately.
 - Contaminated waste should be sorted and discarded in accordance with federal, state, and local regulations.
 - Used resident care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions should be handled in a manner that prevents exposure to skin and mucous membranes, avoids contamination of clothing, and minimizes the likelihood of transfer of microbes to other residents and environments.
 - Rooms and bedside equipment should be cleaned using Standard Precautions, unless the infecting microorganism and the amount of environmental contamination indicates special cleaning.
 - Resident linen should be handled in accordance with Standard Precautions. Although linen may be contaminated, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to other residents, personnel and environments. Facility policy and local/state regulations should determine the methods for handling, transporting and laundering soiled linen.
- Coordinate a linen reduction program, as necessary, with nursing and other appropriate departments.
- Implement environment controls to safely handle, and locate areas, for contaminated waste. Ensure contaminated waste is stored in a safe and secure manner. Use appropriate signage on storage areas. For Example:



ENVIRONMENTAL SERVICES

- Determine ability to isolate sections of the building for contagious residents.
- Assist with implementing the facility's emergency Building Lockdown Plan. *Refer to Emergency Preparedness Plan Section B: Procedures Applicable to All Hazard Responses – Managing Safety and Security During a Disaster.*
- Assess HVAC capabilities and determine if increased air changes are necessary, as per the CDC recommendations issued at the time of the event.

SECURITY (or staff assigned security responsibilities)

Elevated Threat Alert Procedures

- Facility isolation: In the event there are confirmed cases of the EID in the local community, the facility may consider closing the facility to new admissions and limiting visitors based on the advice of local public health authorities.
- Implement the facility emergency Building Lockdown Plan as directed by the Command Center.
- Determine the need for additional staff to provide security or assist with the building lockdown. *Refer to Emergency Preparedness Plan Section B: Procedures Applicable to All Hazard Responses – Managing Safety and Security During a Disaster.*
- Control entrances and exits to the building for staff and visitors. Designate an entrance that visitors can use to access the healthcare facility. Reinforce any visitor restrictions.
- Enact special security precautions to safeguard the facility, residents, and staff. Ensure the security of stored emergency supplies such as food, water, PPE, and medical supplies.

SOCIAL SERVICES

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

SUPPLY / RECEIVING AREA

- Assess supplies to determine how long you can continue operations. Take results to Command Center.
- Ensure supplies (medical, PPE, etc.) are securely stored.
- Establish receiving area for additional equipment and supplies. Plan storage and tracking.
- Ensure that there is a sufficient supply of PPE and protocols for obtaining additional PPE supplies.
- Be cognizant of expiration dates of certain PPE, including respirators.
- Collaborate with local/state public health, local/state emergency management, sending and receiving facilities, and other healthcare organizations or systems to address any potential supply chain issues through the Liaison Officer.
- Determine the role of local/state/federal public health authorities in assisting the healthcare sector in prioritizing orders with manufacturers/suppliers.

FINANCE AND HUMAN RESOURCES

- Track hours worked by staff during the response for potential reimbursement during declared public health emergencies.
- Facilitate purchasing of supplies necessary for the emergency response.
- Track and report to the Incident Commander the financial cost of the response including all workmen's comp, property damage, and other claims resulting from the event.

RETURN TO NORMAL OPERATIONS / RECOVERY

Recovery from the spread of an infectious disease will begin when facility officials receive notice from the local Public Health Department or NYS Department of Health based on CDC guidance that facilities may resume normal operations.

The Incident Commander or designee will determine if staffing, supplies, resources and systems are adequate to manage ongoing activities. In consultation with Public and/or State Health Department Authorities the facility will recommend specific actions to be taken to return the facility to pre-event status.

The facility will:

- Assess facility, staff, and department operations to determine ability to return back to normal operations.
- Implement sanitization and disinfection procedures.
- Deploy solid waste disposal plans.
- Maintain review of and implement procedures provided in NYS DOH and CDC recovery guidance that is issued at the time of each specific infectious disease or pandemic event, regarding how, when, which activities/procedures/restrictions may be eliminated, restored, and the timing of when those changes may be executed.
- Reconsider physical and social distancing restrictions that had been implemented.
- Communicate to residents, families, and other relevant stakeholders any relevant recovery activities regarding a return to normal operations.
- Conduct an After-Action Review to evaluate the response actions taken by the facility as a result of the infectious disease.
- Determine effectiveness of existing plan to respond to similar events in the future.
- Revise existing plan as necessary to address any deficiencies.
- Review processes and incident communication protocols.
- Document / Archive all information of the response.
- Assess the economic impact on the facility. Have Finance Section collect cost for reimbursement.
- Have department heads restock supplies.
- Close down Incident Command.

Online Resources

IDSA Practice Guidelines

Practice guidelines are systematically developed statements to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances.

<https://www.idsociety.org/practice-guideline/practice-guidelines>



PERSONAL PROTECTIVE EQUIPMENT INVENTORY

EQUIPMENT	QUANTITY IN BOX	# OF BOXES
Isolation Gowns / Aprons		
Fluid Resistant	0	0
Reusable - Washable	224	n/a
Disposable	100	22
Gloves		
Small	100	5
Medium	100	500
Large	100	195
X Large	100	5
Surgical Masks	50	40
N 95 Masks		
Small	0	0
Medium	0	0
Large	20	100
X Large	0	0
Respirators - Other	0	0
Eye Protection		
Goggles	170	0
Face shields	700	0

Note: Use the PPE Burn Rate Calculator (Excel Spreadsheet) to determine how long the existing inventory of consumable PPE will last.



**Health Screening Questions Used on the Accushield Systems at both
Williamsville and Gates Circle locations as of August 28, 2020**

- 1) Do you have a cough and is it new to you? **Yes / No**

- 2) Do you have shortness of breath and is it new to you? **Yes / No**

- 3) Do you have a sore throat? **Yes / No**

- 4) Have you been out of the country or traveled anywhere there is a confirmed case of COVID-19? **Yes / No**

- 5) Within the past 30 days have you been in close contact (within six feet) of someone with confirmed COVID-19, or who has traveled out of the country? **Yes / No**

- 6) Within the past 14 days have you traveled to Alabama, Arkansas, California, Florida, Georgia, Hawaii, Illinois, Iowa, Idaho, Indiana, Kansas, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Nebraska, Nevada, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington State, Wisconsin, Guam, U.S. Virgin Island or Puerto Rico? **Yes / No**