

Foreword

The Florida Health Care Association is committed to bringing long term care emergency management planning to the forefront of our profession by aiding nursing homes in the development of effective emergency management plans which are comprehensive and aligned with state and local governments. FHCA's Education and Development Foundation has partnered with the John A. Hartford Foundation, the University of South Florida, the Florida Department of Health and the American Health Care Association in the development of tools to support the emergency response system nationally, at the state and local levels, and at the nursing home.

The design components have been aligned with the comprehensive emergency management requirements of the federal Department of Homeland Security, the Centers for Medicare and Medicaid Services, the Center for Disease Control and the Florida Agency for Health Care Administration. The intent is for nursing homes' emergency management plans to describe who will do what, when, and with what resources before, during, and after an emergency.

This guide provides nursing home administrators, corporate representatives, owners, and key emergency management staff with information on a national concept for developing risk-based, all-hazard plans.

This guide provides an established format for developing a basic plan, offers direction for developing standard operating procedures for use during an emergency, and addresses specific hazards which may threaten a nursing home.

FHCA welcomes recommendations on how this guide may be improved to better serve the nursing home community and the residents they protect and serve. Comments should be directed to: FHCA, Attn: Emergency Management Guide.

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About this Document

Purpose

This guide is meant to assist nursing home administrators, corporate representatives, owners, and staff in their efforts to develop and maintain a practical all-hazard emergency operations plan.

This guide is a collection of ideas and advice, not a sample emergency operations plan. Each nursing home's emergency operations plan must indicate what that nursing home will do to protect itself from *its* hazards with the resources it has or can obtain.

Applicability/Scope

This guide is intended primarily for use by nursing home staff responsible for emergency operations plan development and maintenance. It creates no requirements for any nursing home, and its recommendations may be used, adapted, or disregarded, based on a particular facility's own policies and state law.

Supersession

This guide is new. It replaces the 2005 Florida Health Care Association – American Health Care Association *Disaster Planning Guide*.

Authorities

This guide is issued by the Florida Health Care Association in partnership with the University of South Florida and the Florida Department of Health's Office of Emergency Operations. Funding for the guide's development came through the John A. Hartford Foundation and the FHCA. The planning format is based on the Federal Emergency Management Agency in their Guide for All-Hazards Emergency Operations Planning to be used by jurisdictions at the state and local level. Further, the components set forth in this guide satisfy the basic emergency management requirements of 400, Part II, Florida Statutes, s. 59A-4.126, Florida Administrative Code, as well as the new national recommendations of the Centers for Medicare and Medicaid Services. Nursing homes may use this guide to supplement guidance they receive from their states.

Overview of Contents

Part I of the guide explains what a comprehensive emergency management plan is and details the recommended organization of an all-hazard basic plan. It describes plan components and employs sample statements to clarify meaning.

Part II of the guide provides highly specialized tips and procedures developed by providers through lessons learned and is organized in an appendix format. These appendices are intended to help with the creation of policies and procedures.

Part III of the guide highlights and describes incident-specific hazards. The incident-specific hazard appendices extend beyond the all-hazards tone of the basic plan explained in Part I and address special response procedures, notifications, protective actions, and other needs which may be generated by a specific hazard. The incident-specific hazard appendices supplement a facility's basic plan and standard operating procedures.

Part IV of the guide introduces the Nursing Home Incident Command System. The Incident Command System concentrates direction and control actions on field operations for staff who are responding to the scene of an emergency. This part of the guide demonstrates why and how the Incident Command System may be adopted for use by nursing homes in the creation of their emergency plan.

Part V of the guide offers a description of and a process for creating emergency preparedness training and exercises that are based on the specific standards given by the National Incident Management System.

Part VI of the guide is a compilation the federal regulations and interpretive guidelines which are used to conduct inspections of nursing homes to determine compliance with 42CFR 483, Subpart B – Requirements for Long Term Care Facilities.

Creation/Revision Process

The guide has to reflect the 2004-2005 hurricane seasons and the lessons learned in order to be relevant. The effected Gulf Coast states convened a 2006 summit where nursing home providers connected with each other to “blow up” the experience and examine the actions that were effective and the ones that were not. Nursing homes across the region committed to a more connected relationship with local and state emergency managers and to share best practices and this guide reflects that intent. In 2006, the grant, *Hurricane and Disaster Preparedness for Long-Term Care Facilities*, was awarded to the Florida Health Care Education and Development Foundation by the John A. Hartford Foundation to develop emergency preparedness tools, such as the *Comprehensive Emergency Management Software Application for Nursing Homes*, the *National Criteria for Evacuation Decision-Making in Nursing Homes*, and this guide, the *Emergency Management Guide for Nursing Homes*.

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Part I

The Basic Plan

This part of the guide defines the four components of a comprehensive emergency management plan. It also outlines an organizational structure recommended by the Federal Emergency Management Agency. Also described are the plan components supported by sample statements.

In addition to a basic plan, nursing homes will include other items such as procedures, checklists, maps, mutual aid agreements, vendor contracts, and hazard-specific appendices to support their plan.

Defining a Comprehensive Emergency Management Plan

Nursing homes can carry out their emergency management responsibilities by focusing on four interrelated activities: mitigation, preparedness, response, and recovery. Each of the activities is a phase of a comprehensive emergency management process. The overall goal is to protect residents and staff from environmental and man-made threats and to minimize their impact on operations. These four activities are described below.

Mitigation

Mitigation activities involve long-lasting, enduring reduction of exposure to, or probability of, loss from emergency events. Examples include: zoning and building code requirements for rebuilding in high-hazard areas; analyses of floodplain and other hazard-related data to determine where it is safe to build in normal times; or to coordinate mutual aid agreements with other nursing homes. Mitigation also can involve educating staff and family members on measures they can take to reduce loss and injury, like creating a family emergency plan. Cost-effective mitigation measures are the key to reducing disaster losses in the long term. Where there is a willingness to mitigate, opportunities can be found. Ongoing efforts might include assessing and addressing the facility's structural vulnerabilities or planning response activities with dialysis centers and local hospitals.

Preparedness

While mitigation does make nursing homes safer, it does not eliminate risk and vulnerability for all hazards. Facilities must be ready to respond to threats that have not been mitigated away. Since emergencies often occur with little or no notice and evolve rapidly, a facility must take certain actions beforehand. This is preparedness.

Preparedness involves establishing authorities and responsibilities for emergency actions and garnering the resources to support them. A facility must assign personnel to emergency management duties and designate equipment and other resources for carrying out assigned duties.

This investment in emergency management requires upkeep and this is part of preparedness. Conducting meaningful drills and exercises is critical to educating personnel, testing the plan, and putting equipment through its paces.

Response

When an emergency occurs, time-sensitive actions must occur in order to reduce the negative impact to residents and staff. Such actions will also begin stabilizing the situation so that the facility can regroup. Such response actions include notifying emergency management personnel of the event, notifying residents and family members, evacuating or sheltering, keeping everyone informed, providing nursing services, feeding and hydrating residents as routinely as possible, and communicating with external partners and stakeholders.

Recovery

Recovery is the effort to restore infrastructure and resident life to normal. Short term recovery refers to bringing necessary lifeline systems (e.g., power, water and sewage, transportation) up to an acceptable standard while providing for basic resident needs, security, and demonstrating that people do care and things are getting better. Once some stability is achieved, the nursing home can begin long term recovery efforts such as restoring infrastructure and routine operations.

Outline

The contents and organization described in this section follow the basic components which are recommended by the Federal Emergency Management Agency in their *Guide for All-Hazards Emergency Operations Planning* to be used by jurisdictions at the state and local level.

Elements of a nursing home's basic plan should include:

- I. Administration
 - a. Executive Summary
 - b. Plan Review and Maintenance
 - c. Authorities and Reference
- II. Introduction
 - a. Profile
 - b. Purpose
 - c. Scope
- III. Situation
 - a. Risk Assessment
 - b. Zones and Local Points of Interest
 - c. Vulnerability
 - d. Planning Assumptions
- IV. Concept of Operations
 - a. Alert, Notification, Activation
 - b. Command and Coordination
 - c. Communications
 - d. Roles and Responsibilities

Additionally, nursing homes will include other items such as procedures, checklists, maps, mutual aid agreements, vendor contracts, and hazard-specific appendices to support their plan.

Administration

Executive Summary

A nursing home's basic emergency management plan should be prefaced by an Executive Summary in order to enhance accountability and ease of integration of the plan. The Executive Summary is a promulgation document, usually a statement written by the nursing home's chief executive officer giving the Administrator authority and responsibility to initiate emergency operations, perhaps citing the legal basis for his or her authority to make that declaration.

The Executive Summary should also mention the facility's responsibility to prepare and maintain emergency policies and procedures, conduct training and exercises based on those procedures, and to maintain the plan. The Executive Summary also allows the chief executive to affirm his or her support for emergency management.

The Executive Summary also should reference how the facility's plan is organized based upon the framework of the National Response Plan which, in turn, relies upon the National Incident Management System (if developed using this guide or the *FHCA Comprehensive Emergency Management Program Software Application for Nursing Homes*).

Plan Review and Maintenance

The basic emergency management plan will include the overall approach to the planning process, including assignment of planning responsibilities. Statements should focus on the planning process, participants in the process, and how the plan will be tested and maintained.

It is recommended that the nursing home administrator and command team review the facility's emergency preparedness plan at the same set time every year. The plan may also be reviewed and revised as often as needed, especially as a result of findings from an exercise drill.

The annual review could include, but not be limited to:

- new, basic contact information for key command team members
- fresh communications with the local office of emergency management
- close review of evacuation destinations and directions
- physical plant analysis along with annual fire safety reviews
- a review of transportation arrangements and contracts
- designated staff and departmental emergency assignments
- other state-specific communication networks, voluntary or mandatory

Facility team leaders should schedule a time when the plan will be reviewed and should outline in advance how the review will take place, and who is responsible for conducting the review. Additionally, the person responsible for updating the plan and for integrating changes into the training and exercises will be identified.

Once the plan has been approved and signed by the Administrator, it will be considered the active plan to be used for submitting to state authorities as needed, and for all training and exercises.

Nursing homes should establish procedures for maintaining their emergency plan including the assignment of preparing and maintaining emergency procedures to department heads. Each department may also be responsible for communicating any staff changes in the plan.

To maintain the viability of the plan, updated supplementary material will be attached:

- Transportation contracts
- Evacuation maps
- Mutual aid agreements with other facilities
- Organizational charts
- Facility floor plan with sheltering locations marked
- Policies and Procedures
- Fire Safety Plan, approved according to state requirements

If any changes to the emergency preparedness plan occur during the year rather than at the annual review, such changes will be documented and incorporated into training and exercises.

Authorities and References

In order to support the decisions and activities of the command team and staff, a nursing home's emergency management plan should clearly reflect applicable state laws and regulatory rules. These laws and rules will serve as the legal basis from which the plan is built. It is important to specify the extent and limits of the emergency authorities granted to the Administrator, the circumstances under which these authorities become effective, and when they

would be terminated. The references will identify other relevant and accurate sources and materials beyond the laws and rules used in the development of the plan.

The final emergency management plan should include an attached hierarchy of authority to be initiated during an emergency. This may take the form of an organizational chart, clearly identifying persons in charge and how they interrelate and delegate responsibilities.

Sample Statement 1 Authorities & References

The Administrator of Storm's Sigh Nursing Home has/does not have the authority to make all decisions to support the goals of our emergency plan.

This Florida nursing home utilizes these federal and state laws and rules in developing our plan:

- Chapter 400.23 (2)(g), Florida Statutes
- Chapter 59A-4, Florida Administrative Code
- 42CFR 483.70(b)(1)-(2); (h)
- 42CFR 483.75 (1)(3); (m); (m)(2)

Other reference material includes:

- Agency for Health Care Administration's Emergency Management Planning Criteria for Nursing Homes
- County All Hazard Guide
- Florida Division of Emergency Management, <http://www.floridadisaster.org>
- Florida Health Care Association's Emergency Management Guide for Nursing Homes
- American Red Cross - Hurricane Preparedness Seminar

Introduction

Profile

Profile information within the emergency plan contains 24-hour current contact information and a snapshot of resident census.

As a minimum, the following information should be provided and maintained:

- Facility
 - Name
 - Address
 - Main Phone Number
 - 24-Hour Emergency Number
 - Fax Number
- Owner
 - Name
 - Address
 - Main Phone Number
 - 24-Hour Emergency Number
- Administrator
 - Name
 - Address
 - Main Phone Number
 - 24-Hour Emergency Number

As mentioned, the nursing home's profile also includes important basic data about its residents like the monthly average number of residents, number of residents on the day this section of the plan is being written, and the number of beds for which the nursing home is licensed.

The monthly average of residents may be calculated by this formula:

"Total Month Census (i.e. total of each daily census) divided by the days of the month"

Purpose

The purpose statement describes what the emergency management plan is meant to do. The statement should be supported by a brief synopsis of the plan and its supporting documents.

Generally speaking, the purpose of most emergency plans is to improve the nursing home's capacity to detect, respond to, recover from, and mitigate the negative outcomes of threats and emergencies.

In summarizing the organizational scheme of the plan, a facility may choose to follow an outline which parallels the National Response Framework, being organized in four main areas:

- I. Administration
- II. Introduction
- III. Situation
- IV. Concept of Operations

Include a list of supporting documents as appropriate for an individual facility and local requirements, for example:

- Transportation contracts
- Evacuation maps
- Mutual aid agreements with other facilities
- Organizational charts
- Facility floor plan with sheltering locations marked
- Policies and Procedures
- Fire Safety Plan, approved according to state requirements

Scope

The scope of the nursing home's emergency plan describes who, where, and when it is intended to be used. It may state it is limited to a particular facility in a geographic region, its staff, and residents, and may stipulate other like facilities with shared resources which are included in the facility's planning assumptions. The scope describes that the plan will be used primarily by staff responsible for emergency management in the specific nursing home. The scope may include when the plan is implemented and terminated.

Situation

After a broad statement of purpose and scope, the situation section of the plan brings into focus specific hazards, geographic characteristics, resident vulnerabilities, and planning assumptions unique to the nursing home.

Risk Assessment

The basic emergency plan will identify the potential hazards for the local area and briefly describe the impact they could have on the nursing home. Rely on past experiences and lessons learned in describing risks and include unique physical plant details improving or aggravating the facility's vulnerability.

A list of potential hazards and its brief impact statement follows:

- **Hurricanes:** Hurricanes are catastrophic storms that bring torrential rains, high winds, squalls, and devastating storm surges over a geographic area several hundred miles across. All these hazards may impact a facility, disrupting normal operations, or even necessitate partial or complete evacuation.
- **Severe Weather Events:** Severe weather comes in many forms. While the potential for severe weather can be forecast, a specific severe weather event cannot be predicted until the event actually occurs or until a very short time right before impact. Facilities will have little time to react to a severe weather event. Severe weather can include hail, intense cloud-to-ground lightning, torrential rain, strong winds and tornadoes/waterspouts.
- **Biological Events:** Biological events, either natural or man-made, pose a grave threat to the nursing home population as this population is already a frail, at-risk group. The compromised state of most nursing home residents can allow a normally minor pathogen to become lethal and can facilitate a rapid spread and escalation of the event.
- **Hazardous Materials Events:** Hazardous materials disasters can occur externally, such as an explosion at a chemical processing plant, or from an accident involving trains or tanker trucks. Hazardous materials events can also occur within a facility, such as improperly mixed cleaning chemicals and solutions, industrial solvents necessary for mechanical systems, or even a lethal build-up of carbon monoxide. Hazardous materials disasters can occur without warning and may initially go unnoticed.

- **Fire:** Fire threatens the residents of a facility as it could spread faster than frail, weak, and incapacitated individuals could evacuate. Individuals with compromised respiratory systems could be overcome by smoke and gasses much faster than healthy individuals.
- **Wildfire:** Wildfires present a burning hazard in rural or low-density urban areas. The smoke from wildfires present respiratory hazards, but one does not have to be near the wildfire to receive negative impacts of the smoke. Wildfires may develop quickly (lightning strike, camp fire, cigarette butt), or may travel a distance over several days.
- **Extended Power Outages:** Extended power outages can disrupt normal operations of a facility. Equipment not connected to emergency power will not operate. Heating, cooling, food preparation and other infrastructure may be impacted. An extended power outage lasting several days may exceed the life of battery backups and fuel supply.
- **Winter Storms:** Winter storms can bring a geographic region to a complete standstill. All transportation (air, rail, highway, and river) may be stopped by ice. Facilities may be literally cut off from the rest of the world, unable to acquire supplies, move staff, or send residents to the hospital. Utilities may be disrupted for a lengthy period of time.
- **Earthquake:** Earthquakes are among the most unpredictable and devastating of natural disasters. The U.S. Geological Survey can issue warnings when the potential for an earthquake is significant, but exactly when, where, or if an earthquake will occur cannot be determined. Individuals and facilities within an area with earthquake potential must mitigate the threat through structural engineering, planning, and training. Much of the survivability for earthquakes relies upon two actions: 1) thorough staff training; and 2) structural engineering and construction to mitigate the threat from earth movements.
- **Sink Holes:** The opening of a sinkhole may be a threat if a road, house or other structure is located in immediate proximity to the developing sinkhole. There may be a certain degree of risk in living in a region with significant sinkhole potential. As groundwater levels drop in high-population areas, especially during times of drought, landscaping contractors and facility maintenance personnel should be asked to monitor the grounds for any potential emerging threats to both buildings and vehicle access on the property resulting from ground depressions or forming sinkholes.

Zones and Local Points of Interest

These geographic details should be included in the nursing home's emergency management plan and will help guide policy development and decision-making:

- hurricane evacuation zone as provided by the local office of emergency management
- flood zone as provided by the local office of emergency management
(the expectation is that this comes from the Flood Insurance Rate Map)
- surge zone as provided by the local office of emergency management (OEM)

Include the nursing home's proximity to any local points of interest that might affect or impact the facility in a unique way.

Some examples of local points of interest are:

- Naval port
- Airport
- Railway
- Coastline
- Major transportation artery
- River
- Levee
- Chemical plant
- Nuclear energy facility

Vulnerability Assessment for Residents

Nursing home administrators, medical directors, nurses, and therapy directors understand all too well that the acuity of their residents increases the likelihood of injury or death in the event of an emergency. The presence of residents with complex clinical conditions requiring the regular use of oxygen, routine dialysis treatments, or tracheotomy care raises the stakes for emergency planning for nursing homes and the local emergency management system. Moving to a safe place is complicated by a resident population of non-ambulatory and bed-fast persons who require partial or full assistance in moving. Additionally, there may be unique needs related to a bariatric (morbidly obese) population requiring special equipment and lift and transfer techniques. Further, many nursing home residents may suffer from cognitive disorders causing severe functional disability. Nursing home emergency planners will begin vulnerability assessment by defining their facility's resident characteristics. Comprehensive emergency preparedness plans will include the clinical condition of the residents served as well as the numbers of residents having certain conditions that will increase their risk of harm during an emergency event.

The nursing home's emergency preparedness plan will include the clinical conditions represented in the facility, the number of residents which have each condition, and how the clinical conditions aggravate vulnerabilities. Project the average number of persons with varying clinical conditions.

Residents with conditions requiring these clinical management programs are frequently cared for in nursing homes:

- **Dialysis Management:** Residents with end stage renal disease are vulnerable to power outages, transportation delays, and closure of dialysis sites. This population requires acute management of their renal condition.
 - Identification of alternate sites and transportation venues.
 - Pharmacy will work with the facility to secure a 7 to 10 day supply of related medications and an expanded EDK kit that is adequate to address elevated potassium levels.
 - Dietary will coordinate a renal diet.
 - The Medical Director will assist in the development of alternative protocols for management of ESRD (Kaoexylate, etc.)

- **Respiratory Management:** This includes, but is not limited to, residents with respiratory conditions such as COPD, chronic and acute CHF, pneumonia, respiratory infections, asthma, and related disease state and problem conditions. They are oxygen dependent, may have trachs, or require respiratory management via vents, suction machines, nebulizers, bi-pap machines, or related respiratory equipment that requires electricity. Power outages could influence the ability to sustain an open airway and/or effective airway clearance and breathing capacity. This population is also more vulnerable to the effects of smoke inhalation or impaired air quality that occur secondary to a disaster.
 - The facility will sustain a 7 to 10 day inventory of suction catheters, cannulas, oxygen masks, emergency equipment for trach replacement, and related equipment needed to treat conditions of the respiratory tract.
 - Transportation arrangements will include safety provisions for oxygen canisters (See also *Guidance for the Safe Transportation of Medical Oxygen for Personal Use on Buses and Trains*, Appendix Z).

- **Pain Management:** This includes, but is not limited to musculoskeletal, orthopedic, and neurological conditions. Power outages could influence the ability to sustain IV pumps used for the management of pain, in addition to the provision of ultrasound, hot packs, electric stimulation, specialty bed utilization, and modalities provided through nursing or therapy.
 - Pharmacy will work with the facility to secure a 7 day supply of related medications and an expanded emergency medication kit that is adequate to address the titration of pain.
 - List residents on around the clock (RTC) dosing and route of administration.
 - List residents on hospice or palliative care programs.
 - Non-pharmacological approaches will be utilized as appropriate to individual needs.
 - Battery backup for specialty beds, or overlay mattresses.

- **Behavior Management:** This population includes, but is not limited to those with Alzheimer's and related dementias, with psychiatric or mood disorders, or pre-existing conditions such as COPD or cardiac conditions that could be accelerated related to stress and anxiety. Power outages could accelerate behavioral manifestations, or declines in mood state. Outages also increase the risk for elopement within secured units or for those that use an electronic departure alert system.
 - Exits will be monitored.
 - Permanent staff assignments as available for continuity.
 - Resident preferences/routines identified.

- Pharmacy will work with the facility to secure a 7 to 10 day supply of related medications and an expanded EDK kit for use as indicated per individual assessment and physician recommendations.
- Diversionary activities will be coordinated with staff/volunteers.
- **Infection Control Management:** This population includes those currently undergoing treatment of infection or those that develop acutely emerging infections. Vulnerabilities include those with communicable diseases such as clostridium difficile, MRSA, and VRE as well as respiratory infection, conjunctivitis, and related conditions. Power outages can impact the water supply, waste disposal, and the ability to operate electrical equipment used in the management of infections such as intravenous therapy, respiratory equipment, wound pumps, sanitizing equipment, etc.
 - Interim generator and battery backup provisions will be coordinated.
 - The facility will provide a 7 day supply of gowns, gloves, gels, masks, biohazardous supplies, and related infection control products and equipment.
 - List residents with ports or IV sites.
 - List residents on antibiotic therapy.
 - List residents with communicable conditions that may need to be cohorted or isolated.
 - Identify provision for waste management and biohazardous disposal.
 - Pharmacy will work with the facility to secure a 7 to 30 day day supply of related medications and an expanded EDK kit for use as indicated per individual assessment and physician recommendations.
- **Hospice and End of Life Care Management:** This population includes but is not limited to residents with an end stage condition, six months or less life expectation, or on hospice. Conditions vary and symptom management is dependent on the underlying conditions and co-morbidities. Loss of power could impact on the ability to provide respiratory support, pain management, nutritional support, and surface support.
 - The facility will provide a 7 day supply of supplies and equipment targeted to symptom management and comfort, in keeping with Advance Directives and resident wishes.
 - Pharmacy will work with the facility to secure a 7 to 30 day supply of related medications and an expanded emergency medication kit for use as indicated per individual assessment and physician recommendations.
 - Current face sheets and list of Advance Directives/DNRO, and designated decision maker information and contact numbers.

- **Falls Management:** This population includes a wide selection of the diverse and complex resident population. Areas of vulnerability could be related to power loss, call light system failures, environmental and situational hazards, changes and alterations in care systems and routines to include factors such as loss of adequate lighting, failure of call light systems, and relocation, or a new arrangement to living quarters. Additional risk factors may include chronic or acutely emerging factors such as: cardiac problems, muscle weakness and/or fatigue, transient ischemic attacks, seizures, stroke, Parkinson's disease, delirium, psychiatric or cognitive conditions, joint immobility, depression, unsteady gait, history of fractures, failure to use ambulatory aids, orthostatic hypotension, incontinence of bowel or bladder, impaired vision and/or hearing, dehydration, lower extremity swelling or edema, missing limb, illness such as infection.
 - Provide consistency in routine and caregiver as possible.
 - Involve in diversional or volunteer activities.
 - Provide for enhanced monitoring with call system failures secondary to power loss.
- **Nutritional Management:** This is a need that addresses the entire resident population. Varied diseases and conditions can influence vulnerability and create a need for increased nutritional requirements. Conditions such as COPD increase caloric needs during times of stress. Among these are acute infections such as gastrointestinal influenza and/or related diseases that could emerge secondary to a disaster. Power failure could create vulnerability in populations that require: enteral or parenteral feedings, IV therapy, dialysis and those with the potential for unstable blood sugars, (often triggered by stress). Acutely emerging conditions may warrant enhanced IV support with increased risk for dehydration and related conditions. Evacuation from the facility creates the risk of prolonged travel time and risks associated with transfer.
 - Identify those residents on special diets, (diabetic, renal, no added salt, etc.) those receiving enteral feedings (especially bolus), those on supplements, and those at risk for weight loss or dehydration.
 - Review the inventory of fluid thickener products and resident specific feeding approaches for dysphagia management, and ensure 7 day supplies.
 - Identify residents receiving intravenous/parenteral nutrition or hydration.
- **Wound Care Management/Prevention:** All residents are considered to be a risk. There are a variety of diagnoses, treatments and conditions that can present complications. Power failure and the risks associated with possible evacuation create vulnerabilities related to sustaining electric specialty beds, and related electricity dependent modalities associated with wound management and prevention.

- It is important to maintain a list of residents on specialty beds and to have overlay mattresses or alternate surfaces available in the event of power failure.
- List of those receiving enteral therapy or who have additional power dependent treatment modalities.
- Gel cushions or seating devices for transport.

Planning Assumptions

Planning assumptions are elements of information used in developing the emergency management plan which are sound assumptions, rather than fact.

Examples are:

- Emergency management activities will be initiated and conducted using the nursing home's emergency management plan.
- The facility will rely on the expertise and capabilities of local and state government to help prepare for, respond to, and recover from incidents of statewide public health significance.
- The nursing home will use all available resources before requesting government assistance.
- Nursing home evacuation and sheltering will rely upon county and regional information, transportation, and the best available options at the time.
- Arrangements with regular vendors who sell food, water, medicine, etc. may be disrupted during an emergency; any vendor contract for essential supplies should contain a plan for how the supplies will be delivered during emergencies.
- Dialysis centers may lose electrical services in the event of a major power outage, affecting residents who require routine dialysis services.
- The nursing home will likely experience a disruption in utilities, including electrical services and water, for an extended period of time.
- Facilities with whom the nursing home has a mutual aid agreement may also be negatively impacted and not be able to serve as a host receiving facility.
- The delivery of contracted transportation services may be compromised depending upon heavy demand, impact of the emergency on the transportation provider, and condition of the roads.
- The nursing home's staff and their family members will also be affected by the emergency and this may reduce the number of staff persons available to provide care and services to the residents. Schools may be closed.
- Hospitals will likely experience increased demand for services along with a disruption in their supplies which may affect treatments and admissions.
- After an emergency which results in a power outage, the nursing home's generator(s) will require close monitoring, may fail, or run out of fuel.

Concept of Operations

Alert, Notification, and Activation

The basic emergency plan will include a system for timely alert, notification, and activation. In the nursing home, this system will likely be built upon the existing organizational structure and involve managing central offices, administration, staff, residents, family members, local and state licensing offices and offices of emergency management.

Currently, nursing homes routinely conduct morning stand-up meetings; familiarity with this type of daily communication will benefit a command team as they review events and make plans. Added to this will be the interaction of key staff and external partners, like the local office of emergency management, interacting with each other early in the event process and deciding what information will be shared with whom and within what time frame.

Upon receiving information of either the occurrence of, or the potential for an emergency event, someone should be assigned to verify the actuality and potential scope of emergency prior to any additional reporting of the event.

Threat Confirmation

The nature and scope of the emergency will influence how warnings are received, transmitted, and the type of content therein. In the case of a wildfire, for example, there may only be minutes to receive warnings and initiate action. In this case, pre-scripted instructions should be transmitted with the warning. For other hazards, such as a hurricane, the media will be used to transmit warnings, information, and instructions. For other events, like an earthquake, there will likely be no warning. The event itself alerts people and the facility's command team will begin collecting and transmitting information and instructions after the event to help mitigate the event's negative impact.

Sources of warnings may be:

- Emergency response organizations, such as fire and police
- Radio/TV Stations
- National Oceanic and Atmospheric (NOAA) Weather Radio Stations warnings issued through the National Weather Service
- Eyewitness accounts

An immediate threat like a localized facility fire will be verified by eye-witness reports. An impending threat, such as a storm event, is best verified through reliable media outlets such as the National Weather Service and the local emergency management office. Where there are serious doubts about the validity of a threat report, carefully consider whether a warning is needed. However, it is better to issue a warning and then track down confirmation of an emergency event than to wait for confirmation and have unwarned damage.

The plan should detail how the facility is set up to receive a warning from local emergency management around the clock. This will likely include a call down roster to alert key emergency management team members or provide a situation update.

Alerting Staff

The basic emergency plan will include a system for alerting staff to the event. As soon as decision-makers can inform staff where the facility stands in terms of emergency response, the sooner staff enters a familiar, recognizable state of operations. That doesn't mean uncertainty disappears, but it should mean it diminishes when staff understands that they are "32-hours out," for example, and they know what they are expected to be doing at that time. In crisis communications, speed and honesty are important elements in maintaining confidence.

Sample Statement 2 Alerting Staff

In the case of an impending emergency event, such as a hurricane, schedules will be handed out in advance and will be relied upon if telephones fail. Department heads will be called in to the facility 72 hours prior to projected landfall. Call in hourly staff who have agreed to work during emergencies and their families will be called in 36 hours before projected landfall. All personnel not required for implementation of the plan will be released to return to their homes or leave the area. If emergency staff is not sufficient, department heads may contact regular staff requesting that they volunteer for hurricane duty. Procedures for employees checking into work will be unchanged but additional procedures will be implemented to accommodate staff's family members. The facility (include name of person responsible) will remind staff with family that they will need to bring their own "survival kits."

Alerting Residents

The plan will address how residents will be alerted to emergencies. The Nursing Home command team, and in particular, the Public Information Officer should be prepared to draft key information important to share with residents. This information will include:

- the nature and scope of the threat
- whether or not the facility's emergency plan has been initiated
- at what stage of the emergency plan activation the facility is in
- intent to evacuate and where they will be moved
- if their family has been notified
- how they will be protected
- how they will be kept informed
- how they can help or be involved
- how soon normalcy is expected to be reestablished
- whether there is an appropriate media outlet for cognizant residents to watch to help keep themselves informed

Psychological First Aid

The Psychological First Aid: Field Operations Guide for Nursing Homes offers guidance for providing information about disaster response activities and services.

To help reorient and comfort residents, provide information about:

- What to do next
- What is being done to assist them
- What is currently known about the unfolding event
- Available services
- Common stress reactions
- Self-care, family care, spiritual care, and coping

When providing information:

- Use your judgment as to whether and when to present information. Does the resident appear able to comprehend what is being said, and is he/she ready to hear the content of the messages?

- Address immediate needs and concerns to reduce tears, answer pressing questions, and support adaptive coping.
- Use clear and concise language, and speak in a low octave, while avoiding technical jargon.

Ask residents if they have any questions or concerns about what is going to happen, and give simple accurate information about what they can expect. Try to provide residents with information that addresses their concerns. If you do not have specific information, do not guess or invent information to provide reassurance.

The Psychological First Aid: Field Operations Guide for Nursing Homes is available at:
<http://amh.fmhi.usf.edu/pfanh.pdf>

Citation: Brown, L.M., Hyer, K. Psychological First Aid: Field Operations Guide for Nursing Homes, April, 2008.

Alerting Family

The emergency preparedness plan will describe how and when family members are notified of the emergency status. The facility will need to establish a system for responding to family requests for information.

An emergency management plan should contain a list of the information the facility plans to share with family members. Some basic information will include:

- the condition of family member's resident
- the nature and scope of the threat
- whether or not the emergency management plan has been officially initiated
- at what stage of the emergency management plan the facility is in
- intent to evacuate at the point of the initial call
- receiving host facility information (in the case of an evacuation) as appropriate

Sample Statement 3 Alerting Family Members

Depending upon the nature of the emergency, the Administrator, owner, and selected department heads will meet and decide the best available information to relay to family members. The resulting family call script will be distributed to our pre-designated, trained persons in the business office to begin the process of notifying family members regarding the facility's current status and plans. In the event of a Category 3 or greater hurricane threatening to make landfall, evaluate which families may want to pick up residents should evacuation occur. All requests for information from family members will be referred to the designated, scripted persons in the business office.

Alerting Host Receiving Facility

A host receiving facility is the destination for a partial or full nursing home evacuation. Host receiving facilities are arranged in advance during non-emergency times and should be geographically located in areas of close proximity, within-area proximity, and out-of-area proximity to give the nursing home the greatest probability of moving residents the shortest, yet, safest, distance.

In the case of a partial evacuation, more vulnerable and at-risk residents may be moved to a hospital. When it appears likely that a partial evacuation will take place for certain residents, the Liaison Officer or Resident Services Branch Director will contact the hospital to communicate and organize admissions (see also Part IV *The Incident Command System*). It may be the hospital is under stress as well and may have implemented their own emergency procedures, so it is best for there to be a prior understanding of how the hospital and nursing home may serve one another during times of crisis.

As a planned emergency event threatens (such as a hurricane), the nursing home will touch base early with their destination facilities to alert them that an evacuation may be a possibility. As conditions worsen, the nursing home will communicate regularly with the most likely destination facilities and verify departure and arrival times, resident records transfer, and the provision of staff and supplies. The status of the intended destination facility may also be impacted by the emergency event so regular communication will benefit both facilities in managing their evacuation response.

Command and Coordination

Command Structure

Under normal operating conditions, a nursing home is a microcosm of a complex health care system. Often hierarchal in organization with a clear chain of command, this existing model may be leveraged during emergency operations. Many of the key personnel will already be familiar with working partners and share an understanding of the facility environment. However, an emergency event calls together staff from county offices of emergency management, staff from receiving facilities, the state's regulatory body, temporary direct care staff, and facility regional personnel. These new entities combine with the facility's staff to create an unofficial "emergency team." The assumed shared mission of all the partners is to reduce the risk of harm and to provide necessary care and medical services to the residents. Integrating the activities of this emergency team requires the best of interagency coordination and communication. Keeping this in mind, the emergency management plan should include the facility's emergency organizational structure and may reflect the Incident Command System.

The Incident Command System

Background

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

The Incident Command System is simply a management system created to enable efficient incident management by integrating equipment, personnel, procedures, and communications operating within a common organizational structure. What makes the Incident Command System useful to businesses and health care entities is that it is a known system. Local, state, and federal emergency management offices know the vocabulary, the organization,

and the activities associated with the Incident Command System. Police, fire, and rescue responders will be familiar with it. Key private sector organizations are encouraged to integrate the Incident Command System into their emergency management plans, thereby unifying and strengthening a whole jurisdiction's response and recovery efforts.

It is vital for nursing homes to be incorporated into local community and state emergency response plans. Utilizing the Incident Command System in a nursing home's emergency management plan will result in the facility better conforming to the State's Emergency Management System and position it to be better integrated into formal emergency response plans. More importantly, the Incident Command System may serve as an effective tool in helping nursing homes assign staff for key emergency management duties and to designate needed equipment and supplies to carry out their assigned duties.

The ICS Functions

The ICS features modular organization, which means the Incident Command System:

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

The Incident Command System is structured to support five major functional areas: command, operations, planning, logistics, and finance/administration.

1. **Incident Commander:** The person who organizes and directs the facility's emergency operations. This person gives overall direction for facility operations and makes evacuation and sheltering in place decisions. Always name an alternate Incident Commander, who will be responsible for Incident Command in the event the initial designee is unable to assume responsibility. The Incident Commander may assign or assume three special functions which round out the Command Team:
 - a. **Public Information Officer:** Working directly with the Incident Commander as part of the Command Team, this is the person who is responsible for interfacing with the public and media with incident-related information requirements. The PIO's role is to serve as a conduit for information flowing out from the facility regarding the emergency and the facility/resident status. The PIO will also supervise communications to residents and family members. The Incident Commander must approve the release of all incident-related information. Only one incident PIO should be designated.
 - b. **Liaison Officer:** Working directly with the Incident Commander as part of the Command Team, the Liaison Officer is the point of contact for representatives of external agencies, organizations, and/or private entities that need to obtain the status of the facility or provide assistance or volunteers. This person will interact with the state's licensing agency, the local office of emergency management, the Red Cross, and the police. Such assistance efforts should be coordinated through the Liaison Officer interacting with Logistics Section Chief.
 - c. **Safety Officer:** Working directly with the Incident Commander as part of the Command Team, the Safety Officer monitors the impact of the emergency on facility operations and advises the Incident Commander on all matters relating to operational safety. While the ultimate responsibility for the safe conduct of incident management operations rests with the Incident Commander, the Safety Officer works to ensure the safety of residents, staff, and visitors, and to monitor and correct hazardous conditions. The Safety Officer has emergency authority to stop and/or prevent unsafe acts during incident operations.

2. **Operations Section Chief:** This person organizes and directs activities related to providing resident care and services, dietary services, and environmental services. These activities are hands-on, on-the-ground actions which serve to care for residents and staff, meet food service needs, and manage facility grounds during an incident.
3. **Planning Section Chief:** This person gathers and analyzes incident-related information across departments. This section chief obtains status and resource projections from all the other section chiefs for immediate and long range planning, helping the Incident Commander make decisions. From these projections, this chief compiles and distributes the facility's Incident Action Plan, which is a written plan containing general objectives and strategies for managing the incident. The Incident Action Plan is revised at time intervals set by the Incident Commander, e.g. every 8 hours (See also Part IV *The Incident Command System*).
4. **Logistics Section Chief:** This person organizes and directs those operations associated with providing adequate levels of personnel, food, and supplies to support the facility during an incident.
5. **Finance/Administration Section Chief:** This person monitors the utilization of financial assets and the accounting for financial expenditures. This person also supervises the documentation of expenditures and cost reimbursement activities. This section chief also works to ensure business functions are maintained to the extent possible.

See Part IV for more information on the Nursing Home Incident Command System.

Key Ideas about ICS Functional Areas

1. Only those functions which are needed should be activated. However, the Incident Commander is always assigned.
2. More than one position may be assigned to an individual. In small incidents, one person, the Incident Commander, may perform all management functions.
3. Each position represents a function, not a person.
4. There may not be enough people available to fill each position
5. The unique needs of an emergency will drive which function is assigned and when.

Even if a function is not assigned, the tasks within the function still need to be accomplished. For example, the event may not warrant the establishment of the Finance/Administration Section, yet payroll still has to be met, vendors paid, and expenses tracked.

Local Office of Emergency Management

A nursing home's basic emergency plan will recognize and employ the local office of emergency management (OEM). The nursing home and its OEM should be in communication with each other outside the occurrence of an emergency event. In some states, like Florida, nursing homes are required to submit an emergency management plan to their county office of emergency management each year for approval. An Administrator can look for opportunities to go beyond that basic interaction, for example, by serving on advisory councils or inviting questions and soliciting advice from the local OEM's experts.

Basic local office of emergency management information in the plan should include:

- contact name
- street address
- phone number
- name and telephone number of the primary person responsible for communicating with the local OEM

First responder information – law enforcement, fire department, Coast Guard (if the facility is near open water, intercoastal waterway), and emergency medical services – should also be provided in the plan.

Sample Statement 4 Emergency Coordination

Storm's Sigh Nursing Home will coordinate with our county's local office of emergency management once a year for a review of the facility's emergency management plan. The Administrator will invite feedback with the county planners during this review process and department heads may be called upon to provide additional input during this review. Our local OEM has agreed to work with us to improve the effectiveness of our disaster training activities and is providing training on conducting exercises for key staff this summer.

Shared Resources

The emergency plan will indicate how the nursing home may benefit from their organizational structure which often includes a corporate headquarters, a regional center, a managing group, and one or more affiliated facilities within and outside geographic locales. If utilized capably during an emergency, this connectedness can relieve an Administrator's feelings of isolation, ease the stress of emergency decision-making, and support crisis management. More importantly, a central headquarters can serve as a more removed (physically and psychologically) command center with the responsibility of coordinating resources to facilities as they progress through the phases of an emergency event.

At a minimum, an emergency management plan will include basic information regarding the facility's connection with an off-site office through which affiliated facilities share resources, such as the name and 24-hour telephone number of the designated corporate contact for emergency operations.

Public Health Information System

The nursing home's emergency plan should describe how the facility connects with their state's public health information system. States are expected to coordinate their health, medical and limited social service assets in the event of a major natural or man-made disaster. Oversight may include emergency management functions of preparedness, recovery, mitigation and response with all agencies and organizations that carry out health or medical services. Assistance in pre-event evacuation may also be provided whenever patients or clients of the state are affected, or pre-established plans for any health care institution have failed.

Sample Statement 5 Public Health Integration

Storm's Sigh Nursing Home (located in Florida) assumes the information and direction provided by the Florida Department of Health's ESF #8 operations is authoritative and we understand that the information flows to and from ESF #8 operations to the local county office of emergency managements. Storm's Sigh Nursing Home interacts first and foremost with the local county office of emergency management. If a situation should arise wherein the local OEM is not able to respond or give direction during an emergency event, the facility Administrator, Director of Nursing, or designee will contact the Agency for Health Care Administration or the ESF #8 operations unit directly.

Emergency Tracking System

Many states have developed some form of electronic tracking system which include nursing homes and serve to track the status of health care providers regulated by the state. Basic functions of the system may include the ability to find a specific provider, record a contact involving that provider, and record details of the contact related to damage, need for assistance, evacuation, and special medical client needs.

Sample Statement 6 Emergency Tracking System

Storm's Sigh Nursing Home (located in Florida) has scheduled a yearly update of the information on the Agency for Health Care Administration's Emergency Status System as part of the annual emergency management plan development. Additionally, prior to hurricane season, the Director of Operations will be responsible for making sure the information is refreshed. The emergency management plan provides additional instructions on how and when to feed real-time emergency data into the Emergency Status System.

Communication

Communication is a critical function during emergency conditions and the nursing home's emergency plan should include their surveillance and communications capabilities to detect emergencies and communicate response actions. The plan will also include alternate communication systems, an understanding of how to leverage external resources, and a clearly described communication structure.

Alternative methods of communication include:

- Cellular telephones, though not always reliable depending on the nature of the emergency
- Two way radios (always kept in their chargers)
- Fax machine (if phones are operable).
- Internet or local area networks (if computer systems are operative)
- CB or Ham radios
- Through the media, TV and radio announcements
- Satellite phone systems
- Runners; word of mouth (if conditions allow)

A NOAA weather radio may be suitable for including in a facility's emergency response plan. During an emergency, National Weather Service forecasters will interrupt routine weather radio programming and send out the special tone that activates weather radios in the listening area. NOAA Weather Radio broadcasts National Weather Service warnings, watches, forecasts and other hazard information 24 hours a day. Known as the "voice of the National Weather Service," NOAA Weather Radio is provided as a public service by the Department of Commerce's National Oceanic and Atmospheric Administration. Most NOAA Weather Radio receivers are either battery-operated portables or AC-powered desktop models with battery backup. Some CB radios, scanners, short wave and AM/FM radios are capable of receiving NOAA Weather Radio transmissions.

Risk Communication

Part of a nursing home's basic emergency plan should include a system for sharing and integrating hazard-specific actions which may be taken to reduce exposure to harm, such as:

Tropical Cyclones (e.g. hurricanes)

- Monitor local media or official weather service forecasts
- Foster and maintain good relations with local emergency management
- Respond by sheltering in place or evacuation
- Secure facility openings and appendages
- Gather sufficient fuel, food, water, and medicines
- Keep individuals indoors
- If evacuating, contact receiving facility, transportation providers, and resident families
- If evacuating, prepare residents, medical records, and supplies for transport
- If evacuating, arrange transportation to occur when cool and to accommodate meals, medicine schedules, etc.

Severe Weather Events

- Monitor local media or official weather service forecasts, paying particular attention to “hazardous weather outlooks” or similar products
- Operate a weather radio with alarm 24/7/365 in a location where it will be heard
- Independently monitor local weather conditions as severe weather is often a very localized event
- Residents and staff should remain indoors
- Avoid windows, skylights, and extensive use of electrical equipment during severe weather

Biological Events

- Contact the local health department, hospitals, Medical Director, and regulatory agencies
- Restrict movement of all but necessary personnel to and from the facility
- Isolate and quarantine ill residents and impacted staff
- Initiate full infection control activities

Hazardous Materials Events

- Be aware of factories, plants, utilities, and transportation corridors
- Know if the facility is located near an active military facility, or is built on former military training land
- Have open communication with local industrial operations
- Staff should be trained on the proper use of chemicals and substances employed in the operation of the facility
- HVAC equipment should be capable of disabling fresh air supply

Fire

- Sprinkler and alarm systems should be properly maintained
- Staff should regularly perform fire drills
- Potential hazards should be mitigated (smoking areas located away from the facility and infrastructure)
- Electronic devices used in the facility, both for medical purposes and regular business office applications, should be monitored for wear and tear that could lead to electrocution or sparking hazards

Wildfire

- Maintain contact with local emergency management and forestry personnel
- Monitor local media, also monitor local conditions
- Shut down the HVAC (heating, ventilation, and air conditioning) fresh air exchange when smoke is noticed
- Contact transportation vendors if it appears that a rapid evacuation may be required

Extended Power Outages

- Establish and maintain open communication with the local power utility and local emergency management
- Contact the local health department and hospitals if the facility is experiencing extreme hot or cold temperatures (See also *Sample Policy for Management of Environmental Temperatures* within Appendix F)
- Ensure that backup generator(s) are operational and have an adequate supply of fuel
- Ensure that all battery backups systems are fully operational and are attached to emergency power
- Contact vendors to supply additional fuel
- Contact resident families or representatives and, if necessary, discharge resident to responsible parties with functioning utilities

Winter Storms

- Monitor local media and official government weather forecasts; winter weather is rarely a surprise event
- Maintain backup emergency power systems and have sufficient fuel that is treated for cold weather
- Stock sufficient food and water for several days
- Make alternative staffing arrangements should the facility be cut-off

Risk communication is also information that can be shared with residents and staff to help them take active steps to minimize the emergency's impact on their lives.

Interagency Staff Communication

Nursing home leaders can expect staff to need certain information during an emergency event. Every word and passing emotion is elevated in importance during an emergency and staff want to know what the Administrator knows about the emergency.

At the onset of an emergency event, staff want to know:

- what they can do to protect themselves, their families, and pets from the impending danger
- if they'll be penalized for choosing the safety of their own families above the job
- who is in charge
- whether they will have what they need to do their job
- how long they will have to work without a break
- who they should go to communicate problems or issues
- who will be giving them the best, most accurate direction and information
- how they can help watch over facility resources and security
- how long the emergency conditions will last

Roles/Responsibilities

The nursing home's plan should describe emergency responsibilities assigned to nursing home owners, regional representatives, administrators, medical directors, nurses, and all other staff. To help accomplish this goal, the plan will include specific policies which have been developed by department directors to be implemented during an emergency. These policies will feed into and support the overall nursing home emergency preparedness plan and will be reviewed by the facility's command team, a group consisting of at least the Administrator and all Department Directors.

The nursing home's emergency plan will reflect the assignment of key responsibilities to specific individuals and/or positions. Additionally, details that describe planning, equipping the facility, and training and education, exercises and drills, and evaluation procedures should be included in the facility's plan.

The plan should identify by name and title the person responsible for:

1. developing the Comprehensive Emergency Management Plan (CEMP)
2. integrating the CEMP into facility operations
3. submitting the completed CEMP to the local office of emergency management for approval
4. maintaining compliance with Fire Prevention, Fire Protection, and the Life Safety Code
5. establishing and maintaining the various emergency transportation contracts
6. reviewing safety standards and certification or licensure of contracted transport companies
7. establishing and maintaining mutual aid agreements for receiving evacuation destination facilities
8. safekeeping resident and facility records during an emergency event

Evacuation

Decision-Making

The evacuation of a nursing home is an extremely serious undertaking involving risks to the residents the facility seeks to protect. The mass movement of persons during an emergency event who are often extremely frail, bed-ridden, comatose, cognitively impaired, and/or dependent upon ventilators or intravenous feeding or hydration equipment is daunting to say the least. Yet, with their considerable health care needs, nursing home residents have higher disaster associated risks than other populations and moving them out of harm’s way may well become a community imperative.

The nursing home’s emergency plan needs to give the name and title of one person who has the authority to call for an evacuation or to shelter in place. While one person will be indicated in the plan as the decision-maker, it is recognized that he/she will be part of a decision-making team which include internal sources as well as external partners and the local office of emergency management utilizing real-time data related to the emergency event and the clinical profiles of the facility’s residents.

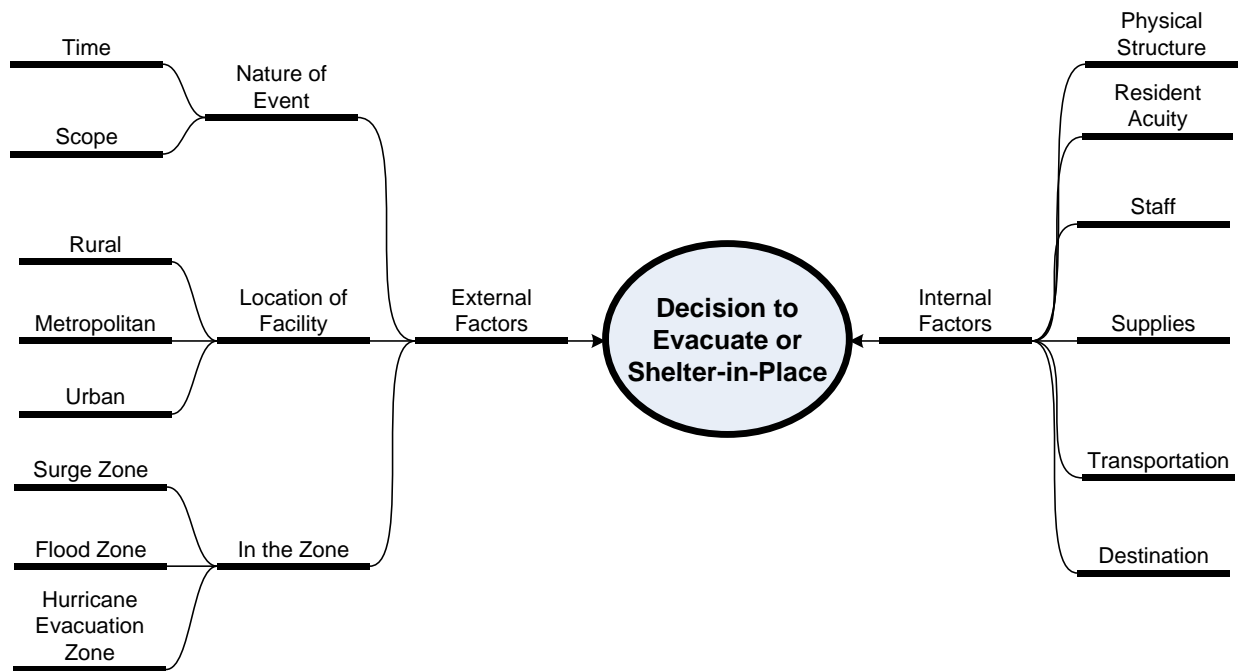


Figure 1 Thresholds excerpted from *National Criteria for Evacuation Decision-Making in Nursing Homes*

Because of the unexpected nature of emergencies, there is no ready-made “evacuation formula” on which nursing home leaders may rely. Yet, through open dialogue with internal and external experts, at least certain thresholds may be identified and safeguards put into place to either initiate a well-executed evacuation or provide a stable care environment during and after an event. The successful execution of both evacuation and sheltering-in-place activities depend upon what has come before: preparedness and training.

Resident acuity will direct the manner in which residents are evacuated. After consulting with the facility’s Medical Director or attending physician, the Administrator and Director of Nursing may select severely ill and certain heavy-care residents to be transferred to a pre-determined local hospital which is sheltering in place. Hospitals are only to be used for those residents requiring extensive care to maintain their current health status. An admit agreement must be prearranged and signed with the hospital, and must be updated annually. However, it may be that under emergency situations, the hospital may not admit extreme care residents from nursing homes if they are expecting a large influx of general population admissions. After the sickest and heaviest-care residents have been evacuated, the healthier general population will be moved to the staging area to be evacuated to the receiving facility.

As a starting point, a clear delineation of internal roles and responsibilities related to evacuation activities is a key. A nursing home’s emergency management plan should include the name and title of persons responsible for:

- deciding whether the facility will evacuate or shelter in place
- communicating with family members regarding the facility’s evacuation decision
- collecting resident records and ensuring they are transported according to the facility’s plan
- collecting medications and ensuring they are transported according to the facility’s plan
- gathering food and water for use by residents and staff during the evacuation movement
- collecting resident clothing and personal hygiene items and ensuring they are transported in accordance with the facility’s plan during an evacuation
- overseeing the resident evacuation (and name an alternate person for this role)

- overseeing resident care needs during transportation
- maintaining facility security during an emergency event
- A nursing home must establish how long it is expected to take to complete a full scale evacuation, e.g. 8 hours.

The Administrator, in conjunction with the facility representatives and directors, should determine how far in advance full-scale evacuation procedure will be initiated (for example 12 hours prior to the onset of tropical storm winds). Storm tracks and speeds will influence and may change this time frame.

For more information on evacuation decision-making, see Appendix BB or visit the Emergency Preparedness site of Florida Health Care Association, www.fhca.org.

Transportation Contracts

Transportation is one of the most important components of an emergency plan and is not always within the control of the nursing home.

Transportation provider contact information should be readily accessible from the nursing home's emergency plan with contracts included. Responsibility for establishing and maintaining transportation contracts should also be assigned and included in the plan. Nursing home emergency transportation arrangements vary greatly and may include prior arrangements with:

- Non-emergency transport companies
- Emergency transport companies
- Commercial buses
- School buses, especially special education buses with lifts
- Municipal buses/vans
- Commercial rental truck companies for transporting supplies
- Day care buses/vans
- Corporate or company vehicles
- Employee autos
- Family autos

The nursing home's emergency preparedness plan should provide a system for an annual assessment and revision of transportation contracts.

Transportation contracts should include:

- The destination location to which the company will be asked to go (some local companies may not transport outside a certain geographical area)
- The response time the transportation vehicles are to be at the departure location from the time the nursing home contacts the company (1, 2, 3 hours, etc.)
- Some level of assuredness that the contracted transportation will be available as agreed
- A motor coach company's safety standards and certification or licensure verification should be described in a transportation contract (See also *Guidance for the Safe Transportation of Medical Oxygen for Personal Use on Buses and Trains*, Appendix Z).

Mutual Aid Agreements

It is common for nursing homes to have mutual aid agreements with other nursing homes in which the residents from one may be moved to the other in the case of an evacuation. The plan will include the name and title of the person responsible for developing and maintaining mutual aid agreements. The receiving facility in the “host” facility and, as such, has certain responsibilities. For example, the host facility must have some provision for enough beds to accommodate the incoming residents. The evacuating facility also has responsibilities and these should be outlined in the mutual aid agreement. An example would be that the evacuating facility will come to the host site with additional staff to help in the care of the additional residents. Both the host site and the evacuating site should have included in their training how both staffs will work together in a new working environment. Both nursing homes will need to establish procedures for processing the residents and staff from an evacuating facility and these procedures will need to be integrated in the facility’s emergency training schedule.

A nursing home may also be asked by their local office of emergency management to shelter a person from the community whose care needs make him inappropriate for a public shelter. Communicate ahead of time with the local OEM to formalize this type of mutual assistance.

Moving Records

Facility records may be stored digitally on a computer’s hard drive, on CDs, and/or maintained in hard copy files. Computers will need to be unplugged and placed on tops of desks in case of flooding, or moved to a higher location in the building, or moved off site. Alternatively, digital records can be saved to a removable storage medium like a CD or a flash drive and carried off site. Assessing the back-up of electronic data retrieval systems will be a function of the annual review of emergency preparedness systems.

Hard copies of records will need to be stored in such a way that the critical records can be gathered and transported. Nursing homes may consider the ability to scan relevant hard copies.

Critical data will include:

- Resident information (face sheets, clinical data, physician orders, care plans)
- Family information (contact information)
- Staff information (contact information)
- Financial information (payroll, accounts receivable/payable)
- Vendor information (supplies and utilities, emergency contacts)
- External partner information (licensing agency, local office of emergency management, fire and police)

The person responsible for overseeing the safety of resident and facility records will make sure the resident's medical records have been moved to the departure staging area and will accompany the appropriate resident on their transport vehicle.

Destinations

Different emergencies may require different evacuation strategies. In the broadest sense, an evacuation may be simply moving from the ground floor to an upper floor or from one wing of a building to another.

In case of a facility-wide fire, for example, residents would not have to be moved out of the geographic area; in this case, they may need to move only a short distance to another facility in close proximity until it is safe to return or they can be relocated.

If storm surge is the concern, but without an accompanying dangerous wind speed, residents may need to only move out of the storm surge area; that is, to a safer facility within the area. If a Category 5 hurricane is bearing down and time allows, residents would be evacuated out of the geographic area and outside of the hurricane's range.

The terms close, within area, and outside of area are not linked to a specific number of miles. They represent the concept that nursing home residents need to be moved for as short a distance as possible to be safe, depending on the nature of the specific hazard. The farther frail residents must travel, the less safe the evacuation becomes for them. Distance traveled must be balanced with the harm extended travel causes such residents.

- Close Proximity: serves an unplanned, immediate evacuation
- Within Area: serves an unplanned or planned evacuation
- Outside of Area: serves a planned evacuation

Nursing homes are advised to plan “three-deep,” identifying three destination locations per proximity: three possible destination choices in close proximity, three within the area, and three outside the area. For each destination, the comprehensive emergency management plan will include:

- name, street address, phone number
- distance (in miles) between facilities
- estimated travel time
- written directions and maps

The public shelter is a choice of last resort. Conditions are likely to be less than optimal and the health of vulnerable residents may be jeopardized.

Sheltering in Place

Generator Details & Testing

The presence of an appropriately-sized, well-maintained generator will stand in the gap when normal electrical services are interrupted and will make a big difference in how well a facility is able to serve its residents and staff. The generator should support critical care functions and maintain lights and air temperature in at least a safe zone where residents can be congregated. The nursing home's emergency plan will identify the person responsible for maintaining the facility's generator before and during an emergency event; this may include both a third party vendor as well as an on-site employee familiar with the generator.

Other key generator information important to include in the plan is:

- vendor company name and phone number
- generator fuel distributor name and phone number
- generator size (in KWs)
- phase (single or 3-phase)
- voltage (120, 208, 240, 480, or other)
- on-site fuel capacity (gallons or pressure)
- on-site fuel duration (hours)
- tank location (above or below ground)
- fuel type (diesel, unleaded gas, natural gas, LP gas)
- how and when generator is tested
- listing of all functions to which the generator provides power
- how a generator failure will be managed
- whether or not the generator has “quick-connect” capability
- description of how generator will be refilled and fuel resupplied during an emergency

The National Fire Protection Association requires these tests for electrical power standby systems per the NFPA Life Safety Code – 101 (2003) Edition:

VI. Electrical Power Standby System: (EPSS)		110 (2002) 8.4.1
A. Emergency generator system	Inspect weekly & test monthly	99 (2002) 4.4.4.1.1
B. Emergency generator – run under load	30 min./month	110 (2002) 8.4.2
C. Emerg. Gen – diesel – not meeting 8-4.2	2 hrs. annually	110 (2002) 8.4.2.3
D. Main & feeder circuit breakers	Exercise per mfg. & inspect yearly	99 (2002) 4.4.4.1.1.1
E. Storage batteries – inspect & maintenance	Weekly	99 (2002) 4.4.4.1.3
F. Emergency Lighting – inspect & maintenance	30 sec. Monthly----90 min. Annually	101 (2003) 7.9.3.1
G. EPSS shall be test run continuously for 4 hours for Hospitals, SNF's and ASC's per AHJ.	Every 3 years	110 (2002) 8.4.8

Additional NFPA Code Testing and Inspections requirements and recommendations for Florida's licensed health care facilities may be found in the Addenda section of Florida Health Care Association's *Comprehensive Emergency Management Plan Software Application for Nursing Homes*, 2008.

Utilities

Generally speaking, utility companies do not assign special priority to nursing homes in terms of power restoration. The priority customers are hospitals, police stations, and fire departments. Power company representatives may not fully understand and may not plan with the acuity levels of the persons residing in nursing homes in mind, including those who routinely require oxygen, tracheotomy, and interal feeding/hydration services. Conversely, nursing home representatives may not understand the facility's location on their community's power grid and how that influences power restoration. Individual nursing homes need to be prepared to engage their own utility company early and often. Communications with local electrical and water utility companies should be assigned to a nursing home representative who will also be responsible for providing status reports to administration, employees, residents, and families.

Other important utility information to include:

- Utility Company Name and Phone Number
- Utility Company Account Number
- Water Company Name and Phone Number
- Water Company Account Number

Security

Nursing home emergency management plans need to include security strategies. Include the name and title of persons responsible for maintaining facility security during an emergency event. Staff may be able to help in watching over facility resources and security. This may be as simple as assisting in making rounds, alerting supervisors to areas of concern, and reporting unknown persons on the premises. Reinforce security protocols with staff to ensure that only authorized people are in the nursing home.

Security measures will help protect the facility and its residents and staff during a disaster when, due to emergency generator support requirements, the facility is probably one of few buildings with light, food, water and medical supplies. Hospitals already have security departments and are positioned to manage such dangers, but nursing homes are not. The National Fire Protection Association recommends that nursing homes formally coordinate security needs during a disaster with local law enforcement agencies. However, after Hurricane Katrina, a Mississippi nursing home owner was informed by the local police department that they were “own their own” in terms of facility security. The nursing home owner arranged for armed guards from a nearby state to provide security for the licensed nursing home.

Upon activation of the nursing homes’ emergency management plan, security guards should be stationed at all unlocked entrances and exits, as necessary. Ideally, a visitor’s reception center should be established away from the main facility, particularly in major disasters. Entrance to the facility should be restricted to personnel bearing staff identification cards, staff from affiliated facilities, family members of staff as indicated in the plan, approved volunteers, state authorities, and to residents. Where feasible, use photo identifications or other means to assure positive identification. Visitors, including the media, volunteers, and clergy need to be distinguishable from staff. Family members may want to check on their loved ones with a personal visit; make sure they are signed in, wear a badge, and do not disrupt disaster

management activities. The National Fire Protection Association also recommends that normal visiting hours be suspended when possible. Consider the development of traffic flow charts for internal traffic movement along corridors showing how pedestrian traffic will flow for movement of residents and equipment during an emergency or an evacuation.

Consider any special facility characteristics related to the availability of parking for staff, patients, and visitors, as well as normal vehicular, emergency vehicular, and pedestrian traffic flow patterns in and around the facility.

Basic Supplies

If a facility is not evacuating, it is - by default - sheltering in place. In the event of a fast moving event, such as a tornado, a flash flood, or a hazardous materials incident, it may not be advisable to evacuate the facility. The preparations, equipping, and training which have preceded the emergency event will now be reflected in how well facility staff are able to provide care and services to residents. After an emergency event, nursing home designees will be communicating with all the external partners who make up the unofficial emergency team and, internally, will be working their assigned emergency mission. Additionally, a facility may serve as a host site in which it is receiving evacuees from other facilities with which a mutual aid agreement is shared. There have also been times when a facility has provided shelter for the family members of staff, extending concern for staff while providing for resident needs. It has been found that, in the event of an extreme situation, facilities have had to be self-sufficient for up to 7 days without outside assistance.

Along with transportation, the provision of basic supplies such as food, water, and medication is critically important to any nursing home's emergency management plan. Preparedness activities include equipping the facility to be self sufficient during the first hours or days after an extended emergency. The plan will include a description of how basic supplies will be provided for 3 - 7 days.

Identify by name and title the person responsible for:

- food and water stores
- staffing
- alternate power supply, including maintenance

- linen stores and disposable product stores
- sanitation and cleaning supplies
- alternate communication hardware and services

Department heads may work from an inventory list of emergency supplies, routinely checking stores and replenishing supplies to the desired levels.

Sample Statement 7 Equipping Supplies for Sheltering in Place

In accordance with our state's (Florida) requirements, a one-week supply of a variety of non-perishable food and supplies, that represents a good diet, shall be maintained by the facility, s. 59A-4.110(4), FAC.

Our dietary department will write a 72-hour Emergency Menu which will be approved by the Command Team each year. This menu will be initiated by direction of the Command Team and will be sufficient to provide meals to our residents and staff for 72 hours. For estimation purposes, we expect to provide meals for 200 persons for a period of 72 hours post event. Perishable foods will be used first and as deemed safe by the Director of Food Service, but are not included in the Emergency Menu (see attached sample). Our Emergency Menu consists of non-perishable packaged or canned food/juices and will be stored in the locked Resident Storage Area located in the Housekeeping department. We will also have snack foods, paper plates and utensils sufficient for our sheltering period.

We will store a water supply in anticipation of a post-emergency period in which the normal water supplies will be disrupted. We will provide for 72 hours of water for residents and staff using a ratio recommended by the Florida Division of Emergency Management of 1 gallon of potable (safe to consume) water per person per day. It is the responsibility of the Director of Food Services to maintain and rotate water stores each year and to make sure they are sufficient for the number of residents and staff. With a possible influx of 20 additional residents (according to our existing mutual aid agreement with April Showers Nursing Home) we will have 200 people sheltering at our facility. We have sufficient capacity for maintaining a 600 gallon water supply using 150 gallons of bottled water onsite. In addition, we have 100 5-gallon collapsible water jugs in storage which will be filled by the dietary department prior to the expected storm arrival. The Director of Food Service will report to the Command Team when this has been accomplished. In addition to this potable water supply, the nursing staff will fill all bathtubs with water to serve basic sanitation needs.

Our Director of Nursing is responsible for ensuring that we have at least 72-hours medication supply for our residents. When the Command Team first meets to assess the emergency threat, the Director of Nursing will do a medication inventory and contact the pharmacy to fill any gaps in the medication supply. The Nursing Department will verify and secure the medication, dispensing it as indicated in the resident's plan of care. We will also secure medical equipment such as stethoscopes, glucometers, scissors, thermometers, oxygen e-tanks, etc. sufficient for the sheltering period. The Director of Nursing will work with the Director of Food Service to plan for sufficient amounts of food supplements and thickening products, wet wipes, paper towels, etc.

In addition, our plan includes helping residents get a 30-day refill of their prescription medication under an Emergency Preparedness Prescription Refill prior to an imminent hurricane threat in accordance with Section 29 of House Bill No. 7121 which was signed into law June 01, 2006.

In order to receive an Emergency-Preparedness Prescription Medication 30- Day Refill:

1. the resident must live in the county they are seeking the prescription medication refill from and that county:
 - A. Has been issued to be under a Hurricane Warning by The National Weather Service, or
 - B. Has been declared to be under a "State of Emergency" in an Executive Order, issued by the Governor, or
 - C. The local County Office of emergency management has activated their Emergency Operation Center and its Emergency Management Plan.

Dependent Care

A nursing home's emergency plan may provide for sheltering the family members and/or pets of staff persons. This decision must be made or renewed each year when the plan is updated and carefully included in staff training. Facility administration may ask staff each year to complete an employee emergency preparedness information form in which staff are asked about their availability to work during an impending weather event, such as a hurricane, and whether or not they would consider bringing family members with them when reporting to work during a sheltering in place event. The issue of mandating that employees report to work during such an event bears some exploration among the facility's leadership and should reflect the organization's philosophy toward their employees. Some long-term care organizations assert that staffing during emergency conditions will be accomplished on a voluntary basis and that the company should not compel employees to remain in a geographical location or report to work under extreme circumstances. That being said, if a facility is hardened against severe weather conditions, it may be the safest place in the area and a policy should be in place describing whether volunteer staff would be allowed to bring personal belongs, their immediate family, and possibly even pets.

When a nursing home serves as a shelter for staff's immediate family members, a designee will need to be assigned to organize an in-facility day care program for children.

Sheltering staff and their immediate family members should be advised to bring:

- sleeping bags
- toiletries
- three changes of clothing
- backpacks for snack items, water bottle, books, games, etc.

Sample Statement 8 Sheltering Staff Dependents

Our facility's Activity Director will be responsible for organizing and setting up day care provisions for the children of our staff. As part of our policy and training, we will collect information from our staff regarding the number and ages of family members they would expect to bring with them in this event. The Activity Director annually will develop a written day care plan and will bring it to the facility's leadership team for discussion and approval. The Activity Director may solicit assistance and support from the different units as the day care plan requires and which has been approved in advance.

The pre-determined volunteer staff of "The Storm's Sigh Nursing Home" will be allowed to bring personal belongings, their immediate family members, and - under certain circumstances - pets to our facility to shelter in the event of a hurricane or similar extreme emergency event requiring sheltering in place. Our facility's leadership team (Administrator, Regional Director, Unit Directors) will establish a policy regarding family members and pets accompanying staff to work and the policy will demonstrate sleeping and housing areas and be updated annually.

Host Receiving Site

Status & Procedures

If a nursing home has agreed to be a host site for one or more facilities, the emergency plan should indicate this and describe the processes for tracking and caring for their resident guests. These processes should be coordinated with the other facilities with which the host site holds mutual aid agreements. For example, if all the facilities in the mutual aid agreements all decide on what type of resident identification they will use to transmit information, it will help in the processing of residents during a time of stress and upheaval.

Nursing homes serving as host sites will need to:

- Consider reimbursement issues prior to accepting residents.
- Create a tracking system to receive all evacuees and their vital identifying information, such as insurance numbers, social security numbers, originating facility, date of birth, discharge date, etc.
- Address accommodations for dependents, pets, and staff from evacuating facilities.
- Plan for increasing staff to match additional resident care needs.
- Determine and include the total number of evacuees that can be accommodated, including a decision about occupying only empty beds or exceeding licensed bed capacity.
- Determine increased staffing needs for social service therapy.
- Establish and include the details in the emergency preparedness plan for an admission triage area which will include several work stations with all necessary paperwork and supplies to process the evacuees. Consider a nurse, a CNA, and a social worker per station to obtain the necessary resident history, assess current medical needs, obtain family contact numbers, assess need for durable medical equipment, sign consents and obtain advance directives information, and place or verify resident identification bands. The Medical Director should be on hand, if possible, to assist with diagnoses and identifying care needs.
- Decide how a number of evacuees will be processed in a short amount of time.
- Consider security for a possible influx of large amounts of cash or jewelry which might accompany the guest residents.

- Create a process and method for tracking additional expenses for potential reimbursement and analyses.
- Decide if guest residents will be processed as new admissions or through a scaled down process.
- Address any limitation to the types of residents which may be served by the nursing home during the mutual aid agreement negotiations before the evacuating residents begin to arrive (i.e. residents requiring ventilator support).
- Consider possibility of having to isolate arriving guest residents due to contagion.
- Prepare to offer showers, meals, snacks, emergency medications, and blankets when guest residents arrive.
- Arrange for pastoral care, volunteers, or social services therapy to visit and console guest residents upon arrival.

The emergency management plan will also include a description of where the additional residents will be housed and a floor plan indicating the location.

Sample Statement 9 Notifying and Tracking

Processing Evacuees: Storm's Sigh Nursing Home has a mutual aid agreement with our sister facility, April Showers Nursing Home, a 120 bed facility located in High & Dry City which is 40 miles from here. The agreement provides that we will be able to accept 20 of their residents in the case of an evacuation. Our business office has created a tracking system to receive these evacuees and to capture their identifying information. This includes the residents' names, insurance numbers, social security numbers, their dates of birth, etc. We have agreed that the evacuating facility will maintain the existing reimbursement stream and we will bill the evacuating facility for related host site expenses. We will be integrating 1 nurse from April Showers Nursing Home per 10 evacuating residents into our workforce but the nurse will not change employers. We will increase our social service hours for the purpose of helping with family communications, addressing adjustment issues, and coordinating volunteers and/or donations. Our Administrator will be responsible for notifying the Agency for Health Care Administration of our intent to exceed licensed capacity to accommodate evacuees.

Bed Location: We will fill any unoccupied beds that we have available at the time of the event and will create dormitory style beds for up to 20 residents in our therapy room (see attached drawing).

Training and Exercises

A nursing home's basic emergency plan will describe systems in place for conducting meaningful drills and exercises geared toward educating personnel, testing the plan, and putting equipment through its paces.

The emergency plan should identify by name and title the person(s) responsible for:

- creating emergency training materials for non-management personnel during non-emergency times
- scheduling the training sessions
- training non-management personnel using the written training materials
- documenting that the facility's emergency training sessions were conducted
- training new employees on the emergency procedures and their role

Exercises and drills should be scheduled to occur throughout the year. Key components of exercises and drills are the processes for evaluating weaknesses, how to correct plan weaknesses, and the process for integrating the corrections into the overall plan. Additionally, exercises and drills should describe how staff feedback is received and analyzed for possible modification of the emergency management plan.

The plan should also include the name and title the person responsible for:

- planning and executing exercises and drills
- documenting the implementation of exercise drills

For detailed information on developing drills and exercises, see Part V *Emergency Preparedness Training and Exercise Guide for Nursing Homes*.

Recovery

Initiation and Communication

The nursing home's emergency management plan will include procedures for inspecting the facility to ensure it is structurally sound and provides a safe care environment before residents return after an off-site evacuation has occurred.

The re-entry team will likely consist of the owner, administrator, maintenance director, director of nursing, and dietary manager. Consultants such as air quality consultants or structural engineers may be called in to help make the decision to return. Members of the team will conduct on-site assessments, with these considerations in mind:

- power has been restored or emergency electrical system is working with a high degree of stability
- life support equipment are functioning with a degree of certainty
- water has been restored and is safe to drink or access to reliable emergency water supply is secure
- risk of harm from structural damage is minimal
- call signals are operable
- fire alarm system has been tested and is functional
- phones are operable or alternate external communication system is reliable and adequate
- access to durable medical supplies is assured
- kitchen equipment operable, including refrigerators, freezers, and range hood exhaust fan along with selected essential kitchen lighting
- adequate access to sufficient medical supplies
- availability of staff to operate the nursing home and care for residents
- downed electrical power lines and other debris are cleared

Indoor Air Quality

If the nursing home has had a prolonged power outage, structural damage, or water damage to the interior floor, wall, or ceiling surfaces, there is cause for concern that the indoor air quality may be compromised. If the facility has had power outages resulting in loss of air conditioning for more than 32 hours or has had water intrusion, certain steps should be taken to insure the indoor air quality has not adversely effected the care environment:

- Retain an indoor air quality consultant/contractor with the following qualifications:
 - degreed microbiologist or mycologist,
 - certified industrial hygienist trained in Indoor Air Quality
 - assessment principals, or
 - microbial remediation specialist with recognized expertise and knowledge in Indoor Air Quality and mold remediation.
- Such professionals shall have expertise in designing mold sampling protocols, sampling methods, and interpretations of laboratory results.
- The retained professional shall prepare a certified report containing the survey data, method(s) of survey, instrumentation utilized to obtain data, conclusions, and recommendations for remedial actions.
- At the conclusion of the remedial work for the affected area(s), daily monitor readings (air monitoring and moisture monitoring should show that building materials stay dry) shall be performed and recorded for a minimum of seven consecutive days after an acceptable reading has been obtained.
- Desiccant air dryers shall be used to thoroughly dry all parts of the building that have had water intrusion. The use of air fans shall not be considered to be acceptable if mold growth is observed.
- All building materials that have been wetted and proven to have mold growth shall be completely removed from the facility using the appropriate containment techniques and personal protective equipment. Potential removal areas will include walls, ceilings, and floors.
- The facility shall retain all data and test results for submittal and review by the state licensing entity.

The nursing home's emergency management plan will also include a description of how residents will be transported from the host facility back to their home facility.

Estimated travel time will need to be known by the nursing home's command team and provisions made to ensure a comfortable trip back to the facility. Determine how the staff on the vehicle will be able to communicate progress or concerns with the command team and/or the Administrator. Staff will need to be in place at the original facility to assist in unloading and welcoming returning residents. Communications between facility staff and the command team regarding re-entry operations need to be continuous.

Part II

Appendices

These resources are offered to support a nursing home in developing detailed standard operating procedures. Some have been developed, used, and revised over the years by many nursing home providers, consultants, and other stakeholders through Florida Health Care Association. Others were developed through the work of the Hurricane and Disaster Preparedness for Nursing Homes project funded by the John A. Hartford Foundation (2006-2008).

Appendix A: Emergency Staffing

Emergency staffing provides for alternate staffing arrangements in the event that normal shift changes become impossible to maintain.

The Command Post team members will meet and report their current and forecasted staffing needs. Team members will assemble and review their department staff responsibilities and identify within each department the individual responsible for transmitting information to the department staff and how the Planning Officer may assist in providing situational reports to other members of the Command Team.

Information to be transmitted to staff over the course of the emergency event:

- status of facility's condition in terms of structural integrity
- status and location of resources staff needs to do their job (food, water, linen, medications, etc.)
- position-specific instructions
- evacuation vs. sheltering-in-place
- what administration is doing to achieve normalcy in operations
- what extra tasks staff can be doing to help out like checking on fellow staff members

The Logistics Section Chief or, if assigned, the Staffing/Scheduling Unit Leader will provide an updated employee contact roster and will work across departments to initiate call-back procedures.

Call-Back Procedures

The call-back procedure is how staff is informed of pending threats and the return-to-work requirements.

Include any special notifications or instructions:

- Notification provided to staff to return to duty
 - Status and nature of emergency event
 - Who to report to
 - Assignment upon return
- Special instructions
 - bringing an extra change of clothes
 - bringing family members
 - snacks, entertainment
 - pets
 - food, leashes, pet containers
- Person within their department who will function as liaison with or is a member of the Command Team and how that translates to the dissemination of information and rumor control

Staff Augmentation

Under some situations regular staff may be unable to return to work when called back, especially when illness or injury is involved, roads are flooded, or there is no access to fuel. As a planning assumption, the nursing home will need to be prepared to locate additional qualified temporary personnel to fill gaps in staff coverage.

Short-Term Augmentation

Short-term replacements will be used to provide respite for staff that need rest. Facility operations will return to normal in a relatively short time, generally less than 60 days.

Long-Term Augmentation

Long-term replacements will be considered for events such as pandemics or epidemics which could bring an entire region to a stand still. Long-term replacements should also be considered in the event of another Hurricane Katrina type disruption of a geographic region in which a large portion of the population is displaced for an extended period of time.

Personnel may be obtained from:

- Sister facilities in the same state (preferred)
- Sister facilities from out of state (seek regulatory approval)
- Temporary staffing agency (select a familiar organization with criminal history screening standards)
- Emergency nursing staffing programs (contact the appropriate oversight agency for guidance and assistance in accessing volunteers from out of state)

Appendix B: Emergency Communication Needs

Communication during an emergency event is a major undertaking. The business office is likely to be inundated with phone calls from concerned family members, supply vendors, state agency representatives, corporate personnel, and media. In terms of importance, strategies for communication follow only resident and staff safety. Emergency events often find nursing home administrators and select staff tied to the telephone arranging provisions, providing basic facility and resident status information, and organizing logistics. A small communication team can be set up to answer phones and act as a relay and liaison for Incident Command, the Public Information Officer, the Liaison Officer, and Section Chiefs, depending on the nature of the call. This communication team will need special training during non-emergency times and will consist of sympathetic, articulate persons who have an understanding of the facility's Incident Command responsibilities to correctly route calls.

Communication: Directing In-coming Calls

The communications team receiving calls on behalf of the facility will play a big part in maintaining an ordered, calm environment by knowing how to direct calls and manage inquiries.

- Status updates on emergency/facility/residents: Public Information Officer
- Offers to help/resources or staff coming from other facilities: Liaison Officer
- Staff calling to find out work schedules: Staffing Scheduling Unit Leader
- Medical information or doctor's office: Operations Section Chief, Resident Services Branch Director, or Nursing Service Unit Leader

Communication: Residents and Family Members

Notify all families who have requested their relatives be discharged to their care. Remember that the usual contact (the health care surrogate) may not be the only contact you will need. Have a second contact if the health care surrogate cannot be found. Prepare a telephone tree and have various employees call family members to assure them of their family member's safety and advise them of the facility's plan for the crisis. Give them two numbers where someone can be reached who can answer their questions and advise them of the sheltering in place or evacuation status. Remind them that in crises such as severe weather, telephone contact may be lost and that you will do your best to take care of their loved one. Tell them staff will be focused on providing resident care and protection so telephone inquiries should be short, but that you will keep them advised and ask them for several numbers where they can be reached. Your goal is to help family members feel comfortable and confident that you are doing all you can to ensure their loved one's safety.

After the Administrator, Department Heads, and the District Office have their initial meeting and an assessment of the nature and immediacy of the emergency event, the team will compile a “key points bulletin” for resident and family member communication consisting of these basic elements:

- Type of threat (e.g. hurricane)
- Estimated time and severity of impact
- General outlook at the time
- Expected disruptions to services or routines
- What the facility administration has done and is doing to lessen negative outcomes
- When to expect an update status report
- What the residents and family members can do to help

Prepare announcements that can be made over the public address system as appropriate. This ensures that important information will be communicated in a calm, predictable manner.

Communication: In-facility Warning System

Establish an in-facility warning system. The system should:

- be audible;
- be within view of all people in the facility;
- have an auxiliary power supply; and
- have a distinct and recognizable signal.

When utilizing an in-facility warning system, make plans for warning persons with disabilities, e.g. a strobe light to alert hearing-impaired individuals. Familiarize personnel with appropriate response procedures when the warning system is activated through regular internal and external drills and in-service training. Establish procedures for informing visitors and others who may not be familiar with the facility’s warning system. Test each portion of the facility’s warning system monthly in conjunction with routine preventative maintenance and report the results during the Quality Assurance/Risk Management meeting process. Document the tests performed, their effectiveness, and any needed improvements or corrections. This would be an appropriate function for the Safety Officer (Director of Maintenance).

Communication: Medical Director and/or Physician

Contact the physician for each resident to secure up to date orders and special instructions. Instant contact with the physician is vital in an emergency. If the physician will not share his/her cell phone number, contact your medical director so he/she knows the problem and can communicate with the physician.

Physician interaction is particularly important in assessing resident acuity which will often direct the manner in which residents are evacuated. In the case of an evacuation decision and after consulting with the facility's Medical Director or attending physician, the Administrator and DON may select severely ill and certain heavy-care residents to be transferred to a pre-determined local hospital which is sheltering in place. The Medical Director is also a member of the Command Post.

Communication: Alternate Methods

In an emergency, normal means of communication may become unreliable or nonexistent. Survivors of recent disasters found phones inoperable because of downed phone lines and cellular phone towers that collapsed or were overwhelmed with calls, severely restricting their usefulness. Methods of communication in a disaster include:

- Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures).
- Telephones (both cellular and landline if operating).
- Satellite phone systems (important systems, but not fool-proof).
- Two way radio (always keep in a charger because you may be without power at any point).
- Fax machine (if phones are operable).
- Internet or local area networks (if computer systems are operative).
- CB or Ham radios (look in the telephone book or use the Internet to locate local operators).
- Through the media, TV and radio announcements.

Communication devices may need to be moved closer to outlets that are served by generator power. Typically a business office does not have an emergency generator outlet, so determine which equipment may need to be moved. It's also a good idea to prioritize all facility communications and determine which should be restored first in an emergency. Communicate with your communications vendors about their emergency response capabilities.

The local media may also be utilized to communicate facility evacuation information, as well as other needs of the facility. This is an appropriate function of the Public Information Officer.

Communication: Intra-Facility

If the facility is part of a multi-facility structure, identify name and 24-hour emergency contact phone number of the key person in charge of communicating to and between the facilities during an emergency event. The Command Post will need to have this number. This is an appropriate function of the Public Information Officer.

Communication: State Licensing Agency

Know your state's government agency notification requirements in advance. Specific reporting requirements vary from state to state and nature of the emergency. The purpose of the communication is to keep the state's licensing agency informed. This is an appropriate function of the Public Information Officer.

Communication: Local Office of Emergency Operations

Maintain constant contact with the local Office of Emergency Operations for special instructions and information. Keep them advised as to what you are doing and where you are going if an evacuation is initiated. If their instructions differ from your emergency plan, advise them of the conflict and ask for reconsideration. If they persist in requiring you to follow their instructions, document all conversations and advise them of your concerns. Resident care and safety is your prime concern in an emergency.

Communication: Legal Counsel

The Incident Commander or one of the other Command Staff should contact the facility's attorney and check in on a daily basis. Sometimes just talking to someone who is familiar with the legal requirements and who is not in the "thick of things" is extraordinarily helpful. If there are any problems with physicians, emergency management personnel or the licensing agency, sometimes a call from the attorney can facilitate consensus. In the event of dissention with governmental authorities or family members or if there are concerns about meeting legal requirements during an emergency situation, contact your attorney for instructions. The Incident Commander or Planning Section Chief should document all contacts – this may be needed later when Monday morning quarterbacks second-guess your decisions.

Appendix C: Resident Care Services by Vulnerability Assessment

Whenever the facility's emergency management plan is implemented appropriate facility staff will review internal resident population characteristics and related programs such as Dialysis Management, Pain Management, and Behavioral Management; Alzheimer's Care and related Dementias; Respiratory Management; and areas of specialization that reflect the needs of the resident population and the particular vulnerabilities they face.

The Resident Services Branch Director or, if assigned, the Nursing Services Unit Leader, will monitor and support facility staff in managing the scope of care for residents with the following clinical conditions.

Dialysis Management

Residents with end stage renal disease are vulnerable to power outages, transportation delays, and closure of dialysis sites. This population requires acute management of their renal condition in the following ways:

- Identification of alternate treatment sites and transportation venues
- Securing a 7 to 30 day supply of related medications and an expanded emergency medication kit that is adequate to address elevated potassium levels
- Coordinating a renal diet
- Developing alternate protocols for management of ESRD (Kaoexylate, etc.)

Respiratory Management

This includes, but is not limited to, residents with respiratory conditions such as COPD, chronic and acute CHF, pneumonia, respiratory infections, asthma, and related disease state and problem conditions. They are oxygen-dependent or require respiratory management via vents, suction machines, nebulizers, bi-pap machines, or related respiratory equipment dependent upon electricity. Power outages could influence the ability to sustain an open airway and/or effective airway clearance and breathing capacity. This population is also more vulnerable to the effects of smoke inhalation or impaired air quality that may occur secondary to a disaster.

- The facility will sustain a 7 to 30 day inventory of suction catheters, cannulas, oxygen masks, and related equipment needed to treat conditions of the respiratory tract.
- Transportation arrangements will include safety provisions for oxygen canisters.

Pain Management

This includes, but is not limited to musculoskeletal, orthopedic, and neurological conditions. Power outages could influence the ability to sustain IV pumps used for the management of pain, in addition to the provision of ultrasound, hot packs, electric stimulation, specialty bed utilization, and modalities provided through nursing or therapy. The facility will need to ensure the following:

- Securing a 7 to 30 day supply of related medications and an expanded emergency medication kit that is adequate to address the titration of pain.
- Identifying current residents on around the clock (RTC) dosing and the routes of administration.
- Identifying and monitoring residents on hospice or palliative care programs.
- Anticipating problems associated with no electricity for specialty beds, or overlay mattresses.

Behavior Management

This population includes, but is not limited to those with Alzheimer's and related dementias, psychiatric or mood disorders, or pre-existing conditions such as COPD or cardiac conditions that could be exacerbated by stress and anxiety. Power outages could accelerate behavioral manifestations or declines in mood state.

Outages also increase the risk for elopement within secured units or for those that use an electronic departure alert system. Facility response procedures will include:

- Monitoring exits
- Assigning permanent staff as available for continuity
- Identifying resident preferences and routines
- Securing a 7 to 30 day supply of related medications and an expanded emergency medication kit as indicated per individual assessment and physician recommendations
- Coordination of diversion activities

Infection Control Management

This population includes those currently undergoing treatment for infection or those that develop acutely emerging infections. Vulnerabilities include those with communicable diseases such as clostridium difficile, MRSA, and VRE as well as respiratory infection, conjunctivitis, and related conditions. Power outages can impact the water supply, waste disposal, and the ability to operate electrical equipment used in the management of infections (e.g. IV therapy, respiratory equipment, wound pumps, sanitizing equipment).

Facility response procedures will include:

- Coordinating interim generator supply
- Providing a 7 day supply of gowns, gloves, gels, masks, biohazardous supplies, and related infection control products and equipment
- Identifying and monitoring residents with ports or IV sites
- Identifying and monitoring residents on antibiotic therapy
- Identifying and monitoring residents with communicable conditions that may need to be isolated
- Providing for waste management and biohazardous disposal while routine services are interrupted
- Securing a 7 to 30 day supply of related medications and an expanded emergency medication kit as indicated per individual assessment and physician recommendations

Hospice and End of Life Care Management

This population includes but is not limited to residents with an end stage condition, six months or less life expectation, or on Hospice. Conditions vary and symptom management is dependent on the underlying conditions and co-morbidities. Loss of power could impact on the ability to provide respiratory support, pain management, nutritional support, and surface support. Facility response procedures will include:

- Providing a 7 day supply of supplies and equipment targeted to symptom management and comfort, in keeping with Advance Directives and resident wishes.
- Securing a 7 to 30 day supply of related medications and an expanded emergency medication kit as indicated per individual assessment and physician recommendations
- Updating and reviewing face sheets, Advance Directives/DNRO, and designated decision maker information and contact numbers for all residents

Falls Management

This population is diverse and includes many residents with complex conditions. Areas of vulnerability could be related to power loss, call light system failures, environmental and situational hazards, changes, and alterations in care systems and routines due to loss of adequate lighting, failure of call light systems, and relocation, or a new arrangement to living quarters. Additional risk factors may include chronic or acutely emerging factors such as: cardiac problems, muscle weakness and/or fatigue, transient ischemic attacks; seizures, stroke, Parkinson's disease, delirium, psychiatric or cognitive conditions, joint immobility, depression, unsteady gait, history of fractures, failure to use ambulatory aids, orthostatic hypotension, incontinence of bowel or bladder, impaired vision and/or hearing, dehydration, lower extremity swelling or edema, missing limb, illness such as infection. Facility response procedures will include:

- Providing consistency in routine and caregiver services if possible
- Involving residents in diversion activities
- Providing enhanced monitoring especially with disruption of call systems

Nutritional Management

This is a need that addresses the entire resident population. Varied diseases and conditions can influence vulnerability and create a need for increased nutritional requirements and monitoring for signs of dehydration. Conditions such as COPD increase caloric needs during times of stress. Among these are acute infections that could emerge secondary to a disaster such as gastrointestinal influenza and/or related diseases. Power failure could create vulnerability in populations that routinely require: enteral or parenteral feedings, IV therapy, dialysis and those with the potential for unstable blood sugars, often triggered by stress. Acutely emerging conditions may warrant enhanced IV support with increased risk for dehydration and related conditions. Evacuation from the facility creates the risk of prolonged travel time and nutritional risks associated with transfer. Facility response procedures will include:

- Updating and reviewing list of residents on special diets (diabetic, renal, NAS, etc.), those receiving enteral feedings (especially bolus), those on supplements, and those at risk for weight loss or dehydration.
- Reviewing a 7 to 10 day supply of fluid thickener products and resident specific feeding approaches for dysphagia management
- Updating and reviewing list of residents receiving intravenous/parenteral nutrition or hydration
- Close monitoring of residents for signs of dehydration

Wound Care Management/Prevention

All residents are considered to be at risk for skin breakdown. There are a variety of diagnoses, treatments and conditions that can present complications. Power failure and the risks associated with possible evacuation create vulnerabilities related to sustaining electric specialty beds, and related electricity dependent modalities associated with wound management and prevention. Facility response procedures will include:

- Updating and reviewing the list of residents using specialty beds
- Providing overlay mattresses or alternate surfaces available for residents in the event of power failure
- Identifying and updating list of residents receiving enteral therapy or who have addition power dependent treatment modalities
- Providing gel cushions or seating devices for transport
- Assessing residents for potential skin breakdown

Disasters and Mental Impairment

Disasters present special difficulties for individuals with dementia and delirium. The chaos and changes in routine imposed by emergency situations can overwhelm even normally healthy and high-functioning residents, rendering them mentally unstable until the event is over. Individuals with dementia can experience worsening behaviors. Professional caregivers in your facility – especially the CNAs – know the residents best and will have to utilize professional judgment when dealing with potentially frightened or volatile residents.

There are two keys to working with dementia patients: 1) familiarity; and 2) attitude of caregivers. Since disasters can disrupt usual patterns and activities, try to maintain as much familiarity as possible. Even in a chaotic evacuation, endeavor to keep roommates together and keep CNAs assigned to their normal charges. The attitude of caregivers goes a long way to influencing the emotions of residents. Calm behavior exhibited by staff will help to calm anxious residents.

When transferring residents who are cognitively impaired, NEVER leave them unattended. This will prevent wandering and will provide a mitigating presence should an agitated individual act out physically. Individuals unfamiliar with dementia (volunteers, family) should not be left alone with dementia patients, especially under stressful circumstances. Volunteers might not understand the characteristics of dementia and the resulting effects; therefore they might not react properly in a difficult situation. However, professional staff will again have to exercise professional judgment as some resident's families will have considerable experience with Alzheimer's and other dementias and could be considerable assets augmenting the facility's staff.

All residents with dementia should have up-to-date pictures in their files. Pictures should be updated at least once a year at the beginning of the region's typical season (e.g. hurricane season in the South, winter in the North). Corporate offices should have copies of the photos and accompanying identification information (including up-to-date medical conditions) for these individuals in the worst case event that residents become separated from med carts and charts. Should an individual get lost, the corporate office could liaison with law enforcement using this information to facilitate quick search operations.

Agitated Individuals

The following are some tips for preventing or reducing agitation among individuals with dementia when either sheltering in place or evacuating.

- Reassure the individual
- Find constructive outlets for anxious energy
- Redirect attention

- Relocate the individual to a quieter place
- Maintain their regular medication schedule
- Keep explanations of the situation brief and straightforward
- Pay attention to small cues that the individual might be overwhelmed
- Provide a pillow or stuffed toy to hug (preferably something that provides tactile stimulation as a distraction)
- Approach the individual from the front
- Use the individual's name
- Voice tone should be patient and low-pitched
- Respond to emotions expressed, not the content of words
- Do not argue with the individual or try to correct them. Acknowledge the experience - either real or imagined - and then redirect their attention

Some general tips for dealing with residents with cognitive impairment during an emergency event:

- Be sure the staff dealing with residents with dementia is able to get adequate rest and food.
- Clear communication – verbal and non-verbal alike – are key to the quality of interactions between staff and residents. Individuals unable to process verbal information require clear communication through expressions, tone, and gestures.
- Do not underestimate the individual's ability to understand what is going on around them. Be honest and straightforward without overloading the person with information. Never act or speak in a patronizing manner.
- Do not overestimate the individual's capabilities. Be realistic given the degree of impairment. Keep in mind that the break in routine will likely increase impairment.
- If you are getting the higher functioning residents to assist during the process, break down the tasks into simple steps, providing directions one at a time in as slow a manner as conditions will allow.
- For evacuations, pay special attention to dementia patients when they wake up from naps or a night's sleep. When they first wake up, they may be more disoriented than usual, a condition that will be exasperated by the chaos and unfamiliar surroundings of an evacuation.
- Exercise professional judgment when deciding what protective actions to take. Dementia patients may have adverse reactions to protective equipment (raincoats, ponchos, hats, masks) and to unfamiliar equipment (motor coaches, generators). Do not waste time arguing with a resident. Attempt to get compliance via imitation, then improvise if that fails (e.g. if resident balks at getting on a bus put them in a car; if the noise of a generator agitates the individual relocate them away from the noise).

Appendix D: Vendor Support Communication Chart

Use the list below to develop a vendor support communication chart. A sample chart is provided.

√	Vendor Source
	Food – perishable
	Food – non-perishable
	Potable Water Company
	Water Company
	Ice
	Generator Fuel
	Generator Maintenance
	Quick Connect Generator Supplier
	Pharmacy
	Sanitation Supplies
	Incontinence Supplies
	Paper Goods – Kitchen
	Paper Goods – Toiletries
	Linen Supplies
	Assistive Devices
	Fire Alarm System
	Transportation – Motor Coach (list alternates, too)
	Transportation – Truck, Cargo Van, Trailer (list alternates, too)
	Electric Utility
	Water Utility
	Gas Utility
	Natural Gas/Propane Supplier
	Telephone Company
	Cell Phone Service
	Satellite Phone Provider
	Amateur Radio Service
	Internet Service Provider

Sample: Vendor Support Communication Chart

Product	Vendor/Company Information	Vendor Contact Information
Food – perishable	Name: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Our Account Number: _____ Website: _____	Name: _____ Phone: _____ Cell: _____ Email: _____
Food – non-perishable	Name: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Our Account Number: _____ Website: _____	Name: _____ Phone: _____ Cell: _____ Email: _____
Potable Water Company	Name: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Our Account Number: _____ Website: _____	Name: _____ Phone: _____ Cell: _____ Email: _____

Appendix E: Routine Mail Processing

On a regular basis, the Safety Officer will work with Administration to ensure that persons handling the facility mail and package deliveries can identify suspicious packages.

According to the U.S. Postal Service, some ways to identify suspicious packages are:

- Oily stains, discolorations, crystallization on wrapper
- Excessive tape
- Strange odor
- Incorrect title or addressed to title only
- Rigid or bulky
- Lopsided or uneven
- Protruding wires
- No return address
- Restrictive markings (“personal”)
- Sealed with tape
- Misspelled words, badly typed, or written
- Unknown powder or suspicious substance on envelope
- Possibly mailed from foreign country
- Excessive postage

If the business office receives a suspicious package:

- Do not handle
- Isolate the package immediately
- Don’t open, smell, or taste
- Notify a supervisor
- Contact local law enforcement

If the package is suspected to contain an explosive, or radiological, biological, or chemical threat:

- Isolate package
- Wash hands with soap and water
- Activate emergency plan
- Call 911

An instructive *suspicious mail* color poster created by the U.S. Postal Service may be downloaded by visiting:

<http://www.usps.com/communications/news/security/mailcenter.htm>

This poster may be useful for training administrative staff.

Appendix F: Life Safety and Environmental Evaluation

At least yearly and prior to the start of the high-hazard time period (e.g. prior to the start of hurricane season), analyze the facility from the perspective of sheltering through a disaster. Determine the threshold at which the facility could no longer provide adequate protection, necessitating an evacuation.

The Maintenance Unit Leader, possibly working with the Safety Officer, will evaluate the following:

- The structural integrity of the core and hardened interior sections of the structure
 - Block or frame construction, especially any transitions between newer and older sections of a structure
- Vulnerability of awnings or overhangs
- The condition of the driveways, parking, and vehicle access, making note of drainage systems that may be clogged or blocked
- Storm shutters or hurricane rated windows installed according to manufacturer specifications
- Availability as needed of plywood for covering windows; a minimum of 1/2" thick to be anchored at least 1-1/2" deep every 12 inches.
- Roof type, structure, and drainage
- The condition of emergency utility and infrastructure systems
- Vulnerability of emergency generator and fuel
- Test and confirm the service capacity of all battery backup systems
- Vulnerability of external appendages (HVAC units on roof, vehicle overhangs, vent shafts, chimneys)
- Vulnerability of well and pressure tank (if not on municipal water system)
- Condition of ventilation and dehumidification systems
- Have an arborist check the condition of all trees that could "lay down" (fall) or drop large branches onto a facility or vehicle parking/access in the event of strong winds

When the facility's emergency management plan is initiated, it is the primary responsibility of the Maintenance Unit Leader, with the Safety Officer and Security Unit Leader, and to prepare the building for sheltering in place or evacuation.

- Harden a specific area within the facility as a *place of last refuge*. Such a location should have minimal exterior exposure, structural integrity, may need to be on an upper floor if flooding is anticipated, or a lower floor if excessive winds are the threat, and will usually be located central to the building.
- Ensure equipment is checked and is in proper working condition.
- Clearly mark gas and water shut-off valves and post legible instructions on how to shut off each.
- Maintain a conveniently located set of tools (including pipe and crescent wrenches) to facilitate prompt gas shut-off.
- Secure all potential flying debris (above, below, around, and in building).
- Conduct periodic checks to ensure a state of readiness in all buildings and surrounding grounds.
- Document and report any repairs or supplies needed to properly secure structures during a hurricane or other catastrophic event.
- Outside - Insure that all potential hazards such as loose boards, metal patio furniture, etc. are secured properly or brought inside and stored. Be alert to leaking water, gas, broken windows, fire hazards, and electrical wiring.
- Roof - Check all protruding apparatus and mechanical equipment.
- Fuel – Top off generator to full capacity; communicate fuels needs/status to Logistics Section Chief or, if assigned, the Facility Supply Unit Leader.
- Inside - Check generator periodically to insure that it is working satisfactorily. Communicate status to Command Post and Logistics Section Chief or, if assigned, the Facility Supply Unit Leader.
- Doors - Insure that all external doors not boarded are working properly.
- Fire Alarms - Test sprinkler system.
- Shutter and secure entire building. Pull shades and close drapes. Make final rounds of grounds and the facility.
- When sheltering in place, be prepared to repair or board up broken windows as they occur.
- If evacuating and as appropriate, assign personnel to remain in the facility during the hurricane to react to emergency maintenance requirements and to provide general security.
- As a final step to evacuation, check all rooms and mark doors once they are vacant and secure.
- After the event, during the recovery phase, remove boards from windows to reduce the growth of mold.
- After the event, during the recovery phase, make a thorough check of the facility and report all findings to the command post, e.g. broken windows, broken water lines. Make repairs as necessary.

- After the event, during the recovery phase, if water supply was interrupted during the storm, do not discard emergency water supplies until advised by authorities that your regular water service is potable.
- After the event, during the recovery phase, inspect the electrical system before and after power restoration.

Security

During times of disaster or emergency normal civil law enforcement activities will be interrupted. Facilities, with their stocks of food, water, medicines, and emergency power, will be conspicuous islands of normalcy in a sea of upheaval and confusion. The immediate threat to facility residents from the loss of supplies, medicine, food, and water may outweigh many dangers from post-event structural damage.

The Infrastructure Branch Director or, if assigned, the Security Unit Leader will:

- Arrange for security guards, as needed, and give response instructions.
- Instruct security guards to operate in ways that have higher visibility.
- Ask local law enforcement for extra patrols.
- In the event of looting, do not remove, or replace, boards/shutters from first floor windows.
- Consider the appropriateness of volunteering the facility's grounds to the state's National Guard as a point of operation.
- Assist as needed in other departments as directed by the Incident Commander.



A Sample Policy from the Quality Credentialing Program Toolbox

Title Management of Environmental Temperatures

Regulatory s. 483.15 (h) (6), CFR

The Quality Credentialing Foundation disclaims responsibility for any adverse effects resulting directly or indirectly from the use of the sample tools including, but not limited to, undetected errors, and from the reader's misunderstanding of the text. The Quality Credentialing Foundation exerted every effort to ensure that any Tools set forth in this text were in accord with current regulations, recommendations, and practice at the time of publication, but does not guarantee or warrant that this is so.

Objective:

Our objective is to provide comfortable and safe temperature levels. The temperature throughout this facility shall be maintained at between 71 degrees and 81 degrees F. Any temperature outside of this range for 4 hours or more requires specific intervention to avoid potential negative impact on the patients' well being. Should the A/C or heating system fail, specific monitoring and safety measures should be activated.

Procedure:

A. General:

Each patient care unit shall maintain large thermometers in a visible spot near the nurse's station. Central Air Coolers are maintained at a comfortable temperature range, generally between 72 - 78.

B. AC/Heat Failure:

In the event of AC/Heat failure the Administrator or designee should be notified in addition to the Director of Nursing and/or designee, and the Director of Maintenance. Should the temperature go below 71 degrees or above 81 degrees F, the Medical Director or designated alternate clinician should be notified.

Environmental temperatures are monitored by assigned person(s) every 4 hours throughout the facility.

If environmental temperature exceeds 81 degrees

- a. Maintain a log of temperature monitoring
- b. Large fans are activated in patient care areas. It is suggested that cooling may be enhanced by having the fans blow over buckets of ice.
- c. Medical Director or clinical designee is notified.
- d. Health Department and AHCA are notified.
- e. Fluids are encouraged with alert patients and pushed with vegetative patients.
- f. Water and fluid passes are conducted hourly. Popsicles, gelatin, and other similar non liquid foods will be considered for patients that require alternatives.
- g. Extra ice is made available to all patients.
- h. If available, activate portable window AC units (that are hardwired into the generator) in designated cooling areas of the facility. Cooling centers could coordinate for patients with fevers or other medical emergencies.

Patients at risk may be identified by a facility review of the roster/sample matrix or alternate means of case mix review or through physician/Medical Director Recommendations.

High risk patients should have their body temperature monitored every 4 hours, or more frequently as determined by clinical assessment or specific physician orders.

Maintain clinical documentation of those identified at risk in individual patient records. Include documentation for clinical interventions.

Keep a log of recorded temperatures every shift (qs) for those residents not determined to be at risk. If conditions change, notify the physician, and monitor per at risk guidelines or specific physician orders.

Notify families and/or responsible parties as indicated.

The nurse shall notify the physician/ARNP for increase fever or clinical signs of hyperpyrexia or fluid deficit, and move patient to an emergency-cooling area or transferred to the hospital if needed.

Those at risk may include those with:

- Coma/decreased sensorium
- Fluid loss and increased fluid needs (e.g. diarrhea, fever, uncontrolled diabetes)
- Functional or cognitive impairments that make it difficult to drink, reach fluids and communicate needs (e.g. aphasia)
- Those being treated for infection, identified as immunocompromised, (e.g. AIDS patients)
- Those identified by a facility review of the roster/sample matrix or alternate means of case mix review or through physician/Medical Director recommendations.

If facility temperature drops below 71 degrees F.:

- a. Blankets are made available to all patients.
- b. Portable heaters are activated in all units.
- c. Health Department and AHCA are notified.
- d. Medical Director is notified.
- e. Warm fluids are encouraged or forced.
- f. Very ill and/or debilitated patients must have their vital signs monitored every 4 hours.
- g. Any drop in body temperature below 97 (R) shall constitute an emergent situation. Medical Director or ARNP is called and specific warming measures are executed (e.g. extra blanket, electric heater near patient, warm liquids) or transfer to hospital if unable to control.

Appendix G: Incident Command Post Sample Planning Meeting Agenda

	Agenda Item	Responsible Party
1.	Briefing on situation/resource status.	Incident Commander/ Planning/Operations
2.	Discuss safety issues.	Safety Officer
3.	Set/confirm incident objectives.	Incident Commander
4.	Plot chain of command and departmental boundaries.	Incident Commander
5.	Specify response tactics for each department.	Section Chiefs
6.	Specify resources needed for each department.	Section Chiefs
7.	Develop resource order and review procedures for ordering needed resources or scheduling staff.	Logistics
8.	Consider communications/medical/transportation plans.	Logistics/Planning
9.	Provide financial update	Finance
10.	Discuss interagency liaison issues.	Liaison Officer
11.	Discuss information issues.	Public Information Officer
12.	Finalize/approve/implement plan.	Incident Commander/All

Appendix H: All Hazards Staff Response to Emergency

Regardless of the type of disaster or emergency, there are certain responses that all staff should take to ensure the safety of the residents, security of the facility, and timely mitigation of the event.

- Quickly remove all residents in immediate danger
- Remove and assist staff that may be incapacitated
- If a staff member is not at their assigned work area when the fire alarm or other warning sounds, make every effort to get there at once
- All personnel should remain at their departments or work areas and await further directions
- When an emergency event occurs, the Administrator or designee should be notified immediately
- Follow the instruction of the incident commander, branch director, or unit leader as appointed
- Do not crowd to the scene of the emergency. Give responders – either facility staff or first responders – space to operate
- If the emergency event is not an immediate threat to the facility, be alert and ready to protect residents from any potential hazard. Respond to all commands from the external emergency responders and incident command
- Personnel from each shift may be expected to report to the nursing home and to be present for the allotted period of time before, during, and after an event. The Incident Commander, working with Operations and Logistics will determine the length of time this level of coverage is necessary. The facility will try to maintain adequate staffing ratios at all times.
 - The Staging Area is a location in which personnel who are available and ready for assignment may gather. The Staging Area may also contain the facility’s designated central sign-in location.
- Function as normally as possible, maintaining a routine work schedule.
- Check residents frequently.
- Remain calm.
- Maintain activities so residents are distracted from the event.
 - However, within the bounds of the resident’s mental and physical status, be honest when answering any questions regarding the situation.
- Check windows and door areas at frequent intervals.
- Keep hallways and doorways clear of debris.
- Remain indoors until an “all clear” has been issued by local authorities.

Appendix I: A Staged Implementation of a Resident Identification System

Resident identification can be considered a process with multiple redundancies.

The Resident Services Branch Director or, if assigned, the Transfer and Discharge Unit Leader will work across departments as required to implement a staged resident identification system, such as:

Step 1: Monitoring a real threat to the facility; no protective actions initiated yet.

- Prepare arm bands to be placed on residents, at least three per resident (two bands to be placed on residents, along with a spare in the individual's medical file).
 - Individual's name
 - Facility of origin
 - Birth date
 - Medical chart ID
 - Name and phone number of family/representative
 - Serious health conditions (e.g. diabetes; Alzheimer's; bone fracture)
 - Consider color coding of bands related to condition or acuity
- Begin preparing medical records for transport and update separate face sheets of basic resident information (full representative contact info, basic health conditions) for transmittal to receiving facilities

Step 2: Threat to facility confirmed; protective actions initiated.

- Place arm bands on residents.
 - Place the second identification band in a different location on residents, perhaps the other arm or on an ankle.
- Medical records should be safely packed for either transport or safe storage if sheltering in place.
- Determine which residents are likely to go to which receiving facilities, and while utilities are still functioning, FAX/email updated face sheets of basic resident information to receiving facilities.
- Begin preparing copies of same face sheets to travel on the resident's person in addition to arm/ankle bands.
 - Folded and placed in nametag badges that can be put around residents' necks or securely clipped to the back of their clothing.
 - If properly taped closed, these plastic pouches can be temporarily waterproof.

Step 3: Evacuation; protective actions in final stages.

- All identification is on each resident and residents are in transportation vehicles.
- Medical charts are packed with appropriate residents in the vehicles transporting them to receiving facilities.
- Receiving facilities prepared to match records to residents as soon as practical, if not immediately upon arrival.
 - Staff from the evacuating facility may be assigned to do this, but they may be tired and error prone after the evacuation.
- Staff at the receiving facility will ensure they have the necessary information to continue the residents' care.
 - If information is missing, IMMEDIATELY take necessary actions to obtain information regarding the affected resident(s). Don't wait, as the likelihood of forgetting increases with time.

Appendix J: Insured's Guide to Hurricane and other Catastrophic Claims

Many organizations discover they are not properly insured only after suffering a loss. Even with adequate time to prepare for a disaster, you may still experience significant and unavoidable damage to the premises. Lack of appropriate insurance can be financially devastating. The best strategy is thorough investigation and preparation before an emergency situation occurs.

Maximizing Your Claim Recovery: Pre-Loss Strategies

First party property insurance claims turn on two things, coverage and sufficient documentation to establish the amount of a covered loss. In addition, the insurance contract imposes various duties on the insured in the event of a claim. Failure to comply may negate coverage.

Coverage is fixed; there is nothing you can do to change it after a loss occurs.

Therefore, you should focus on the things you can influence or control (avoidance, mitigation, and documentation), especially those things you can do pre-loss, to be prepared to move forward quickly if a loss occurs and comply with your duties as well.

1. Avoiding a loss is the best strategy. Have you done everything you can do to avoid or minimize a loss, e.g. alarms, sprinklers, hurricane shutters or impact resistant glass?
2. Similarly, do your contracts include a clause that shields you from liability for damages if you are unable to perform your contractual obligations as a result of events or forces beyond your control?
3. Assign responsibility for handling the claim and communicating clearly with corporate management, especially if multiple locations are involved.
4. Compile a list of all insurance policies including:
 - Agent contact information with cell phone numbers and e-mail addresses
 - List every insurance policy including insurer name, policy number, policy period and e-mail address
 - How to contact insurers directly if agent is unavailable or facility is unable to contact agent
 - Keep a copy of your completed list both on and off premises
 - Provide your agent with emergency contact information for you and key staff
5. Have contingency plans for securing essential services, e.g. power, internet access, at your current location if those services are disrupted. Will a generator be available, can you obtain internet and phone service by satellite, etc.?
6. Assuming you can't continue operating at your current location, have you made arrangements to operate at another location?
7. Have you identified equipment dealers or leasing companies who can provide necessary equipment to keep the business going in the short term and provide replacement equipment going forward?

8. Have you identified and made arrangements with local contractors, including restoration contractors, to begin cleanup, make temporary repairs, and salvage equipment and other property that can be saved? This could include "drying out", moving salvageable property to another location, separating out property that is a total loss and documenting the condition of that property with photos, etc.
9. Do you maintain a continuously updated inventory of all your business personal property, including documentation [receipts, photos, video records] to prove the existence of the property?
10. Have you identified the best sources for replacement of your business personal property?
11. Do you back up data, including business and accounting records, regularly and maintain the back up data in a secure offsite location?

After the Event – Maximizing your Claim Recovering

1. The typical *Commercial Building and Personal Property Coverage Form* imposes a number of **Duties in The Event Of Loss or Damage** on the insured, including:
 - a. “Give us (the insurer) prompt notice of the loss or damage. Include a description of the property involved.”

Simply stated, one of your first calls after the loss occurs should be a report of claim to the insurer, either direct to the insurer or via your agent. Don't wait for perfect information; the insurer will work with you to fill in any gaps. Instead, report what you know now.

2. Here's another Duty imposed by the policy:
 - a. “As soon as possible, give us a description of how, when and where the loss or damage occurred.”

This information can be provided as part of the first report, if available, or as it becomes available. Again, the key is to get the information to the insurer as soon as you can.

- b. “Take all reasonable steps to protect the Covered Property from further damage, and keep a record of your expenses necessary to protect the Covered Property, for consideration in the settlement of the claim.”

In a nutshell, do what you reasonably can, as quickly as you can, to protect the property from further damage. This might include temporary repairs, e.g. boarding up broken windows, beginning cleanup, drying out wet carpet and drywall, or moving undamaged property to a secure location out of harm's way. **DO NOT** make permanent repairs to your damaged property unless the adjuster has reviewed your claim and given you permission to proceed.

Recall this excerpt from the first section in this series, *Maximizing Your Claim Recovery; Pre-Loss Strategies*:

“Have you identified and made arrangements with local contractors, including restoration contractors, to begin cleanup, make temporary repairs, and salvage equipment and other property that can be saved? This could include "drying out", moving salvageable property to another location, separating out property that is a total loss and documenting the condition of that property with photos, etc.”

To reiterate: do what you can prior to the loss to be prepared to discharge your duties after the loss.

Remember, too, that insurers tend to pay these post-loss expenses as incurred as long as they aren't exorbitant in light of the circumstances. Keep good records of your expenditures and present them to the insurer early on. An “advance payment” in reimbursement of the expenses is likely.

3. As an adjunct to the protection of covered property, and minimization of the loss, the policy also requires the following:
 - a. "Also, if feasible, set the damaged property aside and in the best possible order for examination."

In addition, take photographs of all damaged property, real and personal, right after the loss to the extent possible with safety foremost in mind. This will enhance the presentation of your claim and assist the adjuster in his or her investigation.

Generally, an insured has the burden to prove coverage under the policy and the amount of the covered loss. Your agent will help you to establish coverage but proving the amount of the loss falls on you. This will likely be the most time consuming and difficult part of the process.

4. The insurer will work with you to establish the amount of the loss but the policy imposes several duties in this context:
 - a. "At our request, give us complete inventories of the damaged and undamaged property, including quantities, costs, values and amount of loss claimed."
 - b. "As often as may be reasonably required, permit us to inspect the property proving the loss or damage and examine your books and records."
 - c. "Also permit us to take samples of damaged and undamaged property for inspection, testing and analysis, and permit us to make copies from your books and records."

Questions for Consideration to Maximize Claim Recovery

- Do you maintain a continuously updated inventory of all your business personal property, including documentation [receipts, photos] to prove the existence of the property?
- Do you back up data, including business and accounting records, regularly and maintain the back up data in a secure offsite location?

It should now be clear that your business records will be invaluable in expediting the settlement of your claim. Spending some time before a loss occurs with your post-loss duties in mind will facilitate the discharge of those duties.

Finally, keep this duty in mind: Cooperate with us in the investigation or settlement of the claim.

You must cooperate with the insurer by providing the documentation and access to which they are entitled. If you don't, the settlement process will grind to a halt. The vast majority of insurers want to work with their insureds to arrive at a fair settlement as quickly as possible. However, the insurers are very willing to wait indefinitely to get information to which they are reasonably entitled.

We encourage you to take the path of least resistance and work with, not against the insurer. However, disputes can and do arise. In that case, it's important to understand two things:

1. Insurer's obligations to its insured in a claim context
2. Agent's role

The Agent's Role

Insurance policies are contracts. Both parties to the contract (the insured and the insurer) have rights and duties (obligations) pursuant to the contract.

What about the insurer; what are its claim-related obligations?

First, the insurer is obligated to pay for loss or damage as more fully described and limited in the insurance policy. For example, the ISO Commercial Property Building and Personal Property Coverage Form states:

“We (the insurer) will pay for direct physical loss of or damage to Covered Property at the premises described in the Declarations caused by or resulting from any Covered Cause of Loss.”

Second, the insurer must comply with relevant principles of contract law and applicable state statute.

For example, Florida's Statute is provided below:

s. 626.9541 Unfair methods of competition and unfair or deceptive acts or practices defined.

“(1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE ACTS.

(i) Unfair claim settlement practices

3. Committing or performing with such frequency as to indicate a general business practice any of the following:

- a. Failing to adopt and implement standards for the proper investigation of claims;
- b. Misrepresenting pertinent facts or insurance policy provisions relating to coverages at issue;
- c. Failing to acknowledge and act promptly upon communications with respect to claims;
- d. Denying claims without conducting reasonable investigations based upon available information;
- e. Failing to affirm or deny full or partial coverage of claims, and, as to partial coverage, the dollar amount or extent of coverage, or failing to provide a written statement that the claim is being investigated, upon the written request of the insured within 30 days after proof-of-loss statements have been completed;
- f. Failing to promptly provide a reasonable explanation in writing to the insured of the basis in the insurance policy, in relation to the facts or applicable law, for denial of a claim or for the offer of a compromise settlement;
- g. Failing to promptly notify the insured of any additional information necessary for the processing of a claim; or
- h. Failing to clearly explain the nature of the requested information and the reasons why such information is necessary.”

Furthermore, legal provisions of civil remedy may give the insured a “hammer.”

For examples, s. 624.155, Florida Statute reads:

(1) Any person may bring a civil action against an insurer when such person is damaged:

(a) By a violation of any of the following provisions by the insurer:

1. Section [626.9541\(1\)\(i\)](#)

(b) By the commission of any of the following acts by the insurer:

1. Not attempting in good faith to settle claims when, under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for her or his interests;
2. Making claims payments to insureds or beneficiaries not accompanied by a statement setting forth the coverage under which payments are being made; or
3. Except as to liability coverages, failing to promptly settle claims, when the obligation to settle a claim has become reasonably clear, under one portion of the insurance policy coverage in order to influence settlements under other portions of the insurance policy coverage.

Notwithstanding the provisions of the above to the contrary, a person pursuing a remedy under this section need not prove that such act was committed or performed with such frequency as to indicate a general business practice.”

In summary, given all of the above, the insurer must investigate, adjust and settle with its insured as required by the insurance contract and the law.

Generally, independent insurance agents lack contractual or legal authority to:

- Conclusively construe insuring agreements and other policy terms and conditions
- Investigate and pay claims
- Commit the insurer to any course of action

Specifically, agents' contracts with various insurers are in line with the foregoing and, while holding agents to certain basic standards of performance, e.g. provide accurate information to the insurer, are expressly drafted by the insurers to *recognize the Agent as the insured's representative*.

Given these limitations, your agent instead functions as your troubleshooter and advocate, doing whatever he/she reasonably can to compel insurers to live up to their contractual and statutory obligation to adjust and settle claims.

Appendix K: Resident Survival Kits

A resident's survival kit is a package of necessities to comfortably continue daily hygiene and other personal activities, at least for 120 hours (5 days). The resident survival kit is not the same thing as a pre-packaged "go pack" containing residents' essential necessities. The go pack is designed for rapid evacuations when little time to pack and prepare is available (for immediate grab and go reaction-type evacuations), containing enough supplies for up to 3 days. Go packs are prepared and maintained in a ready-to-go condition at all times. The resident survival kit is assembled upon notification of a pending threat and contains a considerably greater quantity of the resident's personal materials than a go pack.

Items to be included in the Resident Survival Kit:

- Resident Identification Materials, including the originating facility (see Appendix I)
- Medications
- Pillow
- Blanket (hypoallergenic if possible)
- Toothbrush
- Toothpaste
- Denture supplies
- Deodorant
- Depends (or appropriate incontinence supplies)
- Three changes of clothing (preferably more)
- Cap to keep the head warm
- A light jacket to wear in transit
- Sanitary wipes
- Hearing aid supplies
- Vision aids
- Snacks (should be diabetic friendly, if possible)
- Water or Gatorade-type drinks
- Health Insurance Information
- Emergency contact information for the resident's family or personal representative, and the resident's personal physician (if not the facility's Medical Director)

All items should be placed in a small bag that is labeled with the resident's name.

Items NOT to be included in the Resident Survival Kit:

Note: The following items travel with the resident, but are transported in a secure manner separate from the survival kit.

- Prescription drugs
- Over-the-counter drugs that could be easily abused
- Cash (or the equivalent)
- Jewelry or other valuables
- Sharp items (scissors, pocket knife, razors, etc.)

Appendix L: Staff Survival Kits

Just as residents will need a survival kit, staff will need similar supplies to sustain them during through the disaster and during the recovery time. While most disaster preparation activities focus on the vulnerable population residing in nursing homes, attention needs to be paid to the staff that leave their homes to care for residents. Staff will be working longer shifts than usual under conditions of heightened stress, therefore will be requiring greater quantities of food (calories) and hydration, will “sweat out” and soil clothing quickly, and will experience considerable disruption of social and personal routines. Staff should be encouraged to prepare survival kits that will allow them greater personal comfort during this time of upheaval.

Contents of the Staff Survival Kit:

- Pillow
- Blanket (hypoallergenic if possible)
- Sleeping bag
- Toothbrush, toothpaste, floss, mouthwash
- Deodorant
- Shampoo and soap
- Hand sanitizer
- Three changes of work clothing
- Two changes of personal clothing
- Modest pajamas
- Two pairs of comfortable walking shoes (sneakers). Open toe shoes and flip-flops should be discouraged. Maintenance and security staff should have one pair of work boots.
- Sanitary wipes
- Medications (including muscle ache creams and treatments for athlete’s foot)
- A 16 ounce bottle of hydrogen peroxide (H₂O₂) for sanitation uses
- Vision aids, hearing aids, orthotics, or other necessary health aids
- Snacks
- Water or Gatorade-type drinks
- Health Insurance Information
- Necessary personal paperwork (home insurance, car owner’s insurance, and other critical documentation) for use after disaster
- Emergency contact information for out of state family, relatives, or designated personal representatives
- Quiet, non-powered toys for children

Items NOT to be included in the Staff Survival Kit:

- Cash in large quantities (or cash equivalent)
- Jewelry or other valuables that require secure storage
- Firearms or other weapons (pocket knives, shaving equipment, scissors excluded). Storage of these items anywhere on the facility should not be allowed unless the individual is both licensed and employed in a security related function.
 - For individuals with concealed weapons permits: each facility (or corporate owner) should establish a policy regarding these legally licensed individuals during times of emergency.
- Perfume or heavily scented hand creams (or only use in light quantity when off duty)
- Fingernail and toenail paint (and other substances with heavy solvents requiring ventilation, unless medically necessary)
- Electronic devices (except for cell phones) unless the individual supplies all necessary power (facility emergency power should not be wasted to recharge or operate non-mission critical devices)
- Camping cooking equipment or other items that present a fire hazard

Appendix M: Pet Policies

Because emergency situations may result in a prolonged period of sheltering in place, the facility should have a pet policy which may allow staff to bring family pets with them.

Allowable pets should be clearly defined in the pet policy.

- Dog
- Cat
- Caged Bird
- Fish
- Turtles

Additional “exotic” or uncommon pets might need to be addressed in the policy if staff are known to possess these pets, such as:

- Reptiles
- Rodents
- Pet livestock
- Certain aquarium fish or eels (hazardous in the event of an accident)
- Other uncommon creatures requiring special care or licensing to possess

Certain types of pets may need to be prohibited or kept strictly isolated:

- Pit bulls
- Security trained dogs (retired or active)
- Rescue dogs such as greyhounds
- Birds of prey

Animals with illnesses or special conditions should be acknowledged:

- Trained worker dogs (e.g. seeing eye dog)
- Pregnant animals or animals that have recently given birth
- Animals with skin conditions or ear mites

Any nuisance or hostile pet as determined by the command supervisor, DON, security, or Administrator must be dealt with immediately.

If pets are being sheltered in the facility, it is likely that family members, especially children, will also be present. Enlist the assistance of the children in caring for the pets. This will help keep the pets and children distracted. Be aware, though, that mixing children and pets can create its own set of unique circumstances.

Pet Housing

Staff must bring all of the housing materials and supplies necessary for each pet for the duration of the stay during the disaster. The pet should not accompany staff while they are on duty. Visitation of the pet is allowed and encouraged during off duty hours. Abuse of this will result in staff being required to immediately take the pet off campus. However, some mild mannered and gentle pets may be allowed to make special rounds to visit residents. An opportunity to informally implement pet therapy may present itself and should not be missed. Since these are not facility animals, however, allowing even the most mild-mannered pets to roam freely during periods of heightened stress should not be allowed. Keep the following in mind when developing your facility’s disaster pet policy: A legal suit was brought against a nursing home by the family members of a resident who was bitten by the dog of a staff person. The dog had been brought in with staff during a sheltering in place response to a hurricane threat and was roaming freely.

An appropriate room should be designated for the pets to stay in their cages during the disaster. If possible, different animals should be separated in different rooms to minimize traumatic experiences for the animals (and humans in the same area). Bringing old blankets or towels to cover pet cages is recommended to help create individual comfort/privacy areas for each pet.

Articles to bring:

- Enough food and water (plus bowls) for each pet during the disaster
- Appropriate size cage and bedding for each pet during its stay
- Sanitation material for your pet. Pet owners will be responsible for cleaning and sanitation of the cage and the surrounding areas.
 - Kitty litter and box
 - Scoopers
 - Waste disposal baggies
- Medicines and flea/tick treatments for each pet
- Toys and comfort items for each pet
 - Chew toys and rawhides for puppies/kittens that may be teething

Appendix N: Employee Staffing Letter and Form

Following is a sample letter to be given to staff upon initial hire and then again prior to the start of acknowledged disaster “seasons” or periods of heightened threat from disasters. This letter is a sample for the Atlantic Hurricane Season, but can be modified for local conditions, such as the Pacific Hurricane (Typhoon) season, winter weather, tornadoes, traditional times of flooding, if signs of heightened geologic unrest have been indicated by officials, or any other relevant threat.

Sample letter

Month Day, Year

To All Employees:

As you know, June 1st through November 30th is hurricane season. It is a good time to review your employee manual regarding hurricanes and speak with your supervisor regarding any questions you may have. Please be sure you are prepared.

In the event of a hurricane you are requested to report to work. Plan on being at the facility or, if evacuating, at the receiving facility for the duration of protective actions.

There is an attached letter addressed "To whom it may concern" (or passes for display in vehicle). This may be necessary to gain admittance through any roadblocks. Keep this letter (or passes) in the glove box of your car at all times. Display them only in the event of a real emergency after you have been recalled to work by the facility. Note that this letter or passes do not override orders or instructions from local authorities on the scene. Obey all commands and directions from law enforcement and other officials.

Your immediate family is welcome to accompany you to work. If they do come it is imperative that you have your survival kit and supplies with you for all members of your family. We may shelter-in-place at “X facility” for several days with limited supplies, especially water. See the attached “employee survival kit” checklist to ensure that you are prepared for sheltering in place.

We will conduct in-services and training exercises regarding hurricanes and facility policy in the near future. Be sure to participate in these sessions to learn about your role during an emergency.

Please read over and be familiar with all of the attached lists and forms. Return the staffing information sheet to your supervisor by Month Day, Year.

I hope we do not have to go through a storm, but should the threat arise, all staff need to be prepared to provide maximum protection and the greatest level of comfort and dignity possible to the residents and fellow employees of X facility.

Sincerely,

Mr. Adams
Administrator

Sample Staffing Information Sheet

Month Day, Year

FROM: Administrator/CEO

TO: All Employees

RE: Staffing Information Sheet – Sheltering with Family

Please complete all of the following information and return it to your supervisor by Month Day, Year (or as soon as possible).

Staff Member’s Name: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Total number of immediate family members you will bring with you: _____

Number of children: _____

How many children are 8 years of age or younger? _____

Are you caring for an elderly relative who will need to shelter at the facility? _____ YES _____ NO

This facility has an established pet policy dictating the conditions under which family pets may be allowed to shelter in place at the facility. Please refer to the facility pet policy for instructions or speak with your supervisor.

Will you bring any pets to the facility with you? _____ YES _____ NO

How many pets total? _____

What kind(s)? _____

Do you have any properly maintained, reliable cars, vans, or pickup trucks that you would be willing to bring to help with an evacuation should the need arise? _____ YES _____ NO

Number/type of safe vehicles available: _____

Thank you for your cooperation in this matter.

Appendix O: Re-entry to Area Letters or Vehicle Display Passes

After a disaster or other emergency event, access to the disaster zone may be limited or denied to all individuals except emergency officials and certified first responders. Staff may not be able to travel to the facility. The following are two samples of documentation that staff should keep in their vehicles which may allow them to pass through security checkpoints and roadblocks. It should be noted, however, that if conditions are bad enough, facility staff may be denied access. Before issuing these or any such documents, work with local emergency planners and law enforcement to ensure that officials are aware of the facility's staffing needs and that officials will cooperate as conditions allow. Staff also need to be made aware that these are not passes to override the judgment of officials and officers on the ground. These documents offer no legal protection to staff that disobey the orders of law enforcement or other officials.

This documentation should be on official facility letterhead, which should include the facility's street address and contact telephone information. Additional contact information, such as the facility's designated disaster emergency coordinator, Administrator, or other staff should also be clearly listed to speed up any checks that officials may make on site. Forms should be updated at least yearly and reissued as necessary for accuracy.

Sample To Whom It May Concern Letter

Month Day, Year

TO: Local Police, County Sheriff's Department, Local Fire Department, Local Volunteer Fire Department, National Guard or other Disaster Authorities

FROM: Mr. Thomas Jefferson – Administrator

SUBJECT: Passage to Storm's Sigh Nursing Home Facility, Street Address, City, State Zip+4

This letter is to inform you the bearer is a necessary staff member at "X facility" and is needed to provide vital care to the aged and medically vulnerable residents of the nursing home.

Please afford them permission to pass in order to return directly to "X facility" where their services are so badly needed during this emergency.

If you have a question or concern please call me at **(012) 987-6543** or "designated individual, title" at **(012) 987-6543 ext. 101**.

Sincerely,

Mr. Jefferson
Administrator

Instead of a letter, a facility may issue vehicle passes to staff. There should be two passes – one to be prominently displayed on the front dash of the vehicle and the other to be clearly visible from the rear of the vehicle. Passes should be laminated for durability and to minimize potential tampering. Passes should be unique, clearly identifiable as to facility association, easy to locate from a distance (bright color), easy to read (use larger fonts), and should be assigned numerically per staff member. Vehicle passes can also be utilized during times of lockdown to identify legitimate staff vehicles. Following is an example of a vehicle pass (condensed in size for example purposes; actual passes should be at least half a sheet of paper in size).

Sample Vehicle Pass

Pass Number: _____	(Logo Here)
Staff Name: _____	Storm's Sigh Nursing Home
Staff Signature: _____	1234 Main Street
Date Issued: _____	Nadatown, FL 12321-9876
Authorized Vehicles:	Tag Numbers:
Vehicle #1 Make/Model/Color: _____	Vehicle #1: _____
Vehicle #2 Make/Model/Color: _____	Vehicle #2: _____
Vehicle #3 Make/Model/Color: _____	Vehicle #3: _____
Issued By: _____	Title: _____
Signature: _____	

Appendix P: Generators and Utilities

Emergency power needs should be determined prior to the failure of utility services. Generators can provide reliable electric power when normal utility service is lost, providing power to protect vulnerable residents and provide reasonable comfort levels to all sheltering in the facility. An appropriately-sized, well-maintained generator will stand in the gap when normal electrical services are interrupted and will make a big difference in how well a facility is able to serve its residents and staff. The generator should support critical care functions and maintain lights and air temperature in at least a safe zone where residents can be congregated. The comprehensive emergency management plan will identify the person responsible for maintaining the facility's generator before and during an emergency event; this may include both a third party vendor as well as an on-site employee familiar with the generator equipment.

Key generator information important to include in the plan and have at the Command Post:

- vendor company name and phone number
- generator fuel distributor name and phone number
- generator size (in KWs)
- phase (single or 3-phase)
- voltage (120, 208, 240, 480, or other)
- on site fuel capacity (gallons or pressure)
- on site fuel duration (hours)
- tank location (above or below ground)
- fuel type (diesel, unleaded gas, natural gas, LP gas)
- how and when generator is tested
- listing of all functions to which the generator provides power
- how a generator failure will be managed
- whether or not the generator has “quick-connect” capability
- description of how generator will be refilled and fuel resupplied during an emergency event

List all of the facility's functions which are dependent upon generator power in the event of a power outage. This list should be regularly reviewed and updated. Appliances that are no longer critical should be removed from the system to provide more power to operate other devices.

Purchase or Rent?

Most businesses conduct a cost-benefit analysis to determine if a generator should be bought or rented. If your risk is high (hurricane or earthquake country, instability of the electrical grid) and your revenue loss would be high, it is easier to justify the expense.

Determine How Much Power You Need

- Determine power distribution and the devices which are on separate breakers
- Whole facility or just critical loads: Determine if you need to power your whole facility or just critical loads, and determine the aggregate electrical load. Consult a qualified electrician to perform an ammeter reading of your electrical distribution box when your facility is running at peak load. Your utility bill may provide peak electrical usage, especially demand over time.
- Power for critical loads: Prioritize individual loads (lights, pumps, machines, etc). Decide which require power immediately during an emergency. If you have a separate distribution box to feed critical loads, you may only need enough temporary power for the loads served by that set of circuit breakers. Another method is to take an ammeter reading with just the critical loads running. To determine amperage or voltage for a piece of equipment, check the nameplate.

Develop a Generator Plan

- Generator location
 - Generators range in size from very small to very large. Once you know how much power you need, be sure you have the space to accommodate that particular generator. You might need to get two smaller generators instead of a single large unit. It is helpful if the dealer comes to your facility to perform a site inspection. They can often provide tips and ideas on location, installation and other important concerns. Also check with the local building permit department and air quality board to determine if there are any regulations that govern generator use. Lastly, check with your neighbors. A loud, smoking diesel generator could be a problem to a neighbor who could complain to local authorities.
- Transporting the generator
 - Most are towed on semi-trailers or pull trailers. Others are skid mounted and require a forklift. If you are picking up your own generator, make sure you have the right size truck or contract with a trucking firm for delivery.
- Routing cable from the generator outside your building to electrical distribution boxes inside
 - An open door or window will work, but not during extreme weather. Consider installing a weather head or cable access door that can be closed when not in use.
- Adequate fuel
 - You must have extra fuel to run the generator for an extended period of time. Ideally, have enough fuel for two or three days. An auxiliary tank of fuel is important. If you are in a very cold climate, you will need special winter fuel. Always have at least two vendors on contract, in case one runs out or has difficulty delivering to your area.
- Hookup and maintenance
 - If you don't have trained and licensed people on site, you will need an electrical contractor. Another option is to have someone train and certify your staff. A survey of your facility and

your electrical needs by a licensed electrician is essential. You may need to consider an exterior outlet on your building to be able to connect a generator.

- Automatic bus transfer (ABT) switch
 - The ABT switch has power coming into the switch from the normal power source and from the emergency power source. The wires leading to the building are usually connected to the normal power source (utility company or regional grid). In the event the normal power is lost, the ABT immediately transfers the building to the emergency power source. When normal power is restored, the ABT shifts the building back to normal power. The switch that automatically starts the emergency generator is often built into the ABT. This switch automatically starts the emergency generator when normal power is lost, and shuts down the generator when normal power is restored.
- Document the plan
 - Write the generator plan documenting the entire process from obtaining and installing the equipment to maintenance.

Generators—How to Determine the Size You Need

- If you have the electrical line diagrams, you can add the circuits together that you intend to power from the generator.
- Contact a qualified electrician to determine actual load, and then determine the critical and secondary loads. As an example, the following questions and methods can be used to determine your needs.
 - Do you have an existing transfer switch that is rated to accommodate the capacity size of the generator?
 - Do you want to provide a full or partial backup of current building?
 - Do you want full load on generator or partial load?
- The electrician must determine the amount of current you need and at what voltage. Then a generator company can tell you the size. If you base it on current load, you will get a minimum size to support those needs. Your other needs will determine the cost to increase your capacity. The installation cost is basically the same among size ranges.

Generator Term Definitions

- Sound Attenuation: Reduces the noise created by a generator. May be necessary if the facility is close to other buildings or residences. Ask for a set with sound attenuation below 92db (A) or better at full load.
- Auto-Start/Stop Connections: Automatically starts or stops a generator if the standby unit goes down.
- Radiator Exhaust Discharge: Vertical radiator and exhaust systems designed to direct heat and exhaust away from people and buildings.
- Electronic Governors: Maintains a steady electrical frequency, which is necessary for critical loads that cannot handle frequency fluctuations.
- Output Bus Bars: Allows the operation of several pieces of equipment off one generator set by spacing multiple cable hookups.
- Fuel Capacity: Generators should run for at least eight hours without the need to refuel. Determine how many tanks of fuel per day you will need. Ideally arrange to have a two to three day supply of fuel delivered with the generator.
- Fuel Priming Pump: Ensures easy start-up after refueling.

- **Charging Alternator:** Ensures battery backup systems are properly charging when the units are operating. If the unit is equipped with battery chargers and/or space heaters, an outside power source is required for standby generator sets.
- **Sight Gauges:** Allows for easy checking of fuel and other fluids.
- **Security:** Generators should be tamper-proof. Lockable doors, oil/water drains mounted inside the enclosure, and hidden exterior fuel drains help ensure security.

Source: Center for Medicare and Medicaid Services "Emergency Preparedness for Dialysis Facilities" Publication Number CMS-11025 www.cms.hhs.gov/esrd/9a.pdf.

Utilities

Generally speaking, utility companies do not assign any special priority to nursing homes in terms of power restoration priorities. The priority customers are hospitals, police stations, and fire departments. Power company representatives may not fully understand and may not plan with the acuity levels of the persons residing in nursing homes in mind, including those who routinely require oxygen, tracheotomy, and interal feeding/hydration services. Conversely, nursing home representatives have not understood where they are located on their community's power grid and how that will influence their power restoration. Individual nursing homes should engage their own utility company early and often. As part of this effort, communications with local electrical and water utility companies should be assigned to a nursing home representative who will also be responsible for providing status reports to administration, employees, residents, and families.

Other important utility information to include:

The following information must be readily available, updated, and preferably posted at all times.

- Utility Company Name and Phone Number
- Utility Company Account Number
- Water Company Name and Phone Number
- Water Company Account Number

Remind all staff that just because they see lights on does not mean that power has been restored. Experience has shown that when external partners call to check on facilities, staff sometimes incorrectly report that electricity has been restored when, in fact, it is still operating on generator power.

Appendix Q: Sample Letter to Families, Guardians, or Responsible Parties

Date:

Dear Family Member, Guardian, or Responsible Party,

Hurricane season is upon us again, and we are sending out this letter to detail our facility disaster plan in the event of an imminent storm. We have worked closely with xxxx officials and local Emergency Management to ensure the safety and comfort of our residents and staff.

If a hurricane Category One or Two is in our path, our plan calls for (identify specifics per facility plan). We have a safe building above flood level with shutters for all of the windows. We have emergency supplies, food, and water to last at least one week, and we have an emergency generator that will supply essential electrical power to the building in case of a power outage.

If forecasters are calling for a Category _____ hurricane, we will be directed by _____ County officials to leave our building. Depending on the path of the hurricane, we may evacuate to _____ or to a facility in _____ County with whom we have an arrangement. We have coordinated transportation arrangements for our residents and all supplies will be brought with us. We will plan on staying out of our facility for at least one week, though we may return to our facility sooner than this. Of course, there may be the possibility of an extended stay out of the facility depending on the aftermath of the storm. Prior to the evacuation, our staff will make all attempts to contact you and to inform you that we will be leaving our facility. If we are able to reach you, we will provide you with a phone number you can call for an update.

In the case of a facility evacuation, you may prefer to pick up your loved one. We will discharge the resident to your care with their prescribed medications, and we will readmit them upon our return to the facility. You will be given this option when our staff contacts you regarding the evacuation.

If you have any questions regarding our hurricane preparedness or evacuation plan, please call me at (xxx) xxx-xxxx ext. xx. Thank you for your consideration and cooperation in this matter.

Sincerely,

Xxx xxxx,
Administrator or Executive Director
Facility Name

Appendix R: Website References

These website were referenced during the development of the Florida Health Care Association Comprehensive Emergency Management Program CD and Guide in 2008 and are important resources for emergency planners.

U.S. National Incident Management System (NIMS)

DisasterHelp.gov (FEMA, Homeland Security): <http://www.disasterhelp.gov/>
 Disaster Process and Disaster Aid Programs, Federal Emergency Management Agency: <http://www.fema.gov/hazard/dproc.shtm>
 Emergency Management Assistance Compact: <http://www.emacweb.org/>
 National Integration Center (NIC) Incident Management Systems Division: <http://www.fema.gov/emergency/nims/index.shtm>
 National Response Framework, Federal Emergency Management Agency: <http://www.fema.gov/emergency/nrf/mainindex.htm>
 U.S. Department of Homeland Security, National Infrastructure Protection Plan: <http://www.dhs.gov/nipp>

General Sites – U.S. Government Agencies

Federal Aviation Administration (FAA): <http://www.faa.gov/>
 Federal Bureau of Investigation (FBI): <http://www.fbi.gov/>
 Federal Emergency Management Agency (FEMA): <http://www.fema.gov/>
 National Institute for Occupational Safety and Health (NIOSH): <http://www.cdc.gov/niosh/>
 National Oceanic and Atmospheric Administration (NOAA): <http://www.noaa.gov/>
 National Transportation Safety Board (NTSB): <http://www.nts.gov/>
 U.S. Administration on Aging (AOA): <http://www.aoa.gov/>
 U.S. Army Corps of Engineers (USACE): <http://www.usace.army.mil/>
 U.S. Centers for Disease Control (CDC): <http://www.cdc.gov/>
 U.S. Computer Emergency Readiness Team (US-CERT): <http://www.us-cert.gov/>
 U.S. Department of Health and Human Services (HHS): <http://www.hhs.gov/>
 U.S. Department of Homeland Security (DHS): <http://www.dhs.gov/>
 U.S. Department of Veterans Affairs (VA): <http://www.va.gov/>
 U.S. Environmental Protection Agency (EPA): <http://www.epa.gov/>
 U.S. Food and Drug Administration (FDA): <http://www.fda.gov/>
 U.S. Nuclear Regulatory Commission (NRC): <http://www.nrc.gov/>
 U.S. Occupational Safety and Health Administration (OSHA): <http://www.osha.gov/>
 United States Geological Survey (USGS): <http://www.usgs.gov/>

General Sites – Non-Government or International Organizations

AARP: <http://www.aarp.org/>
 Alzheimer's Association: <http://www.alz.org/>
 America's Second Harvest: <http://www.secondharvest.org/>
 American Health Care Association: www.ahca.org
 American Red Cross: <http://www.redcross.org/>
 Center for Internet Security: <http://www.cisecurity.org/>
 Internet Storm Center: <http://isc.sans.org/>
 Pan American Health Organization (PAHO): <http://www.paho.org/>
 PREPARE: Mather LifeWays/Institute on Aging http://www.matherlifeways.com/re_prepare.asp
 Salvation Army (United States): <http://www.salvationarmyusa.org/>
 World Association for Disaster and Emergency Medicine: <http://wadem.medicine.wisc.edu/>

World Health Organization (WHO): <http://www.who.int/en/>

Disaster or Hazard Specific - Government

AOA Emergency Preparedness and Assistance:

<http://www.aoa.gov/prof/preparedness/preparedness.asp>

CDC Bioterrorism Information: www.bt.cdc.gov/bioterrorism/

CDC Chemical Hazards Information: <http://www.bt.cdc.gov/chemical/overview.asp>

CDC Mass Casualty Event Preparedness and Response: <http://www.bt.cdc.gov/masscasualties/>

CDC Natural Disasters and Severe Weather: <http://www.bt.cdc.gov/disasters/>

CDC Pandemic Flu for Long-term care: www.pandemicflu.gov/plan/pdf/LongTermCare.pdf

CDC Pathogen Specific Guidelines: <http://www.bt.cdc.gov/agent/agentlist.asp>

CDC Radiation Emergencies: <http://www.bt.cdc.gov/radiation/>

DOT Pipeline and Hazardous Materials Safety Administration (transport medical oxygen):

<http://www.phmsa.dot.gov/>

EPA Avian Flu: <http://www.epa.gov/pandemicflu/>

EPA Radiation Emergency Response: <http://www.epa.gov/radiation/rert/pags.htm>

FAA Safety (air evacuation and hazardous materials): <http://www.faa.gov/safety/>

FBI Local Offices: <http://www.fbi.gov/contact/fo/fo.htm>

FDA Center for Biologics Evaluation and Research (biological – vaccines and illnesses):

<http://www.fda.gov/cber/>

FDA Center for Drug Evaluation and Research (biological – drug information):

<http://www.fda.gov/cder/>

FDA Center for Food Safety and Applied Nutrition (food recalls and illnesses):

<http://www.cfsan.fda.gov/>

Multi-agency Pandemic Flu (Avian Flu): <http://www.pandemicflu.gov/>

NIOSH Pocket Guide to Chemical Hazards: <http://www.cdc.gov/niosh/npg/>

NOAA Advanced Hydrologic Prediction Service (flood): <http://www.nws.noaa.gov/ahps/>

NOAA National Data Buoy Center (tsunami): <http://www.ndbc.noaa.gov/dart.shtml>

NOAA National Hurricane Center: <http://www.nhc.noaa.gov>

NOAA National Weather Service: <http://www.weather.gov>

NOAA Storm Prediction Center (severe weather/tornado): <http://www.spc.noaa.gov/>

NOAA Winter Weather Safety and Awareness: <http://www.nws.noaa.gov/om/winter/index.shtml>

NRC Emergency Preparedness and Response (radiation): <http://www.nrc.gov/about-nrc/emerg-preparedness.html>

NTSB Transportation Disaster Assistance: <http://www.nts.gov/Family/family.htm>

OSHA Toxic Substances Information (chemical):

<http://www.osha.gov/SLTC/hazardoustoxicsubstances/index.html>

USGS Earthquake Hazards Program: <http://earthquake.usgs.gov/>

USGS Landslide Hazards Program: <http://landslides.usgs.gov/>

USGS Natural Hazards – Flooding: <http://www.usgs.gov/hazards/floods/>

USGS Natural Hazards – Tsunamis: <http://www.usgs.gov/hazards/tsunamis/>

USGS Natural Hazards – Wildfires: <http://www.usgs.gov/hazards/wildfires/>

USGS Volcano Hazards Program: <http://volcanoes.usgs.gov/>

USGS Water Resources of the United States (flood): <http://water.usgs.gov/>

VA Emergency Management Strategic Healthcare Group: <http://www1.va.gov/EMSHG/>

WHO Pathogen Specific Guidelines: <http://www.who.int/csr/disease/en/>

Non-Disaster Sites

HHS HIPAA Law General Information: <http://www.cms.hhs.gov/HIPAAGenInfo/>

Appendix S: Glossary of Common Terms and Acronyms

Acquired Immunodeficiency Syndrome: The final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infections. Generally called by its acronym AIDS.

Advanced Registered Nurse Practitioner: A registered nurse who has completed advanced education (generally a minimum of a Master's degree) and training in the diagnosis and management of common medical conditions, including chronic illnesses.

All-hazards Model: An approach for prevention, protection, preparedness, response, and recovery that addresses a full range of threats and hazards, including domestic terrorist attacks, natural and manmade disasters, accidental disruptions, and other emergencies. People may misinterpret the term “all-hazards”, thinking that it means being prepared for any and all emergencies whenever and wherever. This is not what the terms means. All-hazards preparation exploits the commonalities between many kinds of emergency events for which planning and training may be regularly conducted. Components of all-hazards preparation include different levels of evacuation, backup communication systems, arrangements for providing vital supplies like food, water, and medication, sufficient staffing schedules, and mutual aid agreements. These sample components will often be needed, regardless of the nature of the emergency. All-hazards preparation is about identifying, exploiting, and training on the common needs across emergencies.

Assistant Director of Nursing: Provides support for the DON in the administration and supervision of nursing and related medical services for a large patient service.

Attending Physician: The physician who has the primary responsibility for the medical care of a resident.

Bioterrorism: The deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants.

Casualty: Any person who is declared dead or is missing, ill, or injured.

Catastrophic Incident: Any natural or manmade incident, including terrorism, that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population.

Certified Nursing Assistant: Members of the health care team and work under the supervision of nurses to provide basic bedside care such as eating, dressing and bathing.

Chain of Command: A series of command, control, executive, or management positions in hierarchical order of authority.

Citizen’s Band Radio: Citizens' band radio is a system of short distance radio communication between individuals on a selection of 40 channels within the single 27 MHz (11 meter) band. The CB radio service should not be confused with FRS, GMRS or amateur radio. CB does not require a license and unlike amateur radio, CB may be used for commercial communication.

Civil Transportation Capacity: The total quantity of privately owned transportation services equipment, facilities, and systems from all transportation modes nationally or in a prescribed area or region.

Command Team/Staff: In an emergency, the Command Team consists of the Administrator and special designated staff positions who report directly to the Administrator and who may have assistants as needed. A nursing home’s Command Team often includes the Directors of the different departments and representatives from corporate headquarters or the management company. The function of Command is to manage the overall emergency response as well as communications with the external community.

Command Post: The field location at which the primary tactical-level, on-scene incident command functions are performed by the Command Team. The Command Post is often identified by a green rotating or flashing light.

Community Emergency Response Team: An empowerment of local citizens to react immediately following a disaster. CERT training seeks to accomplish four goals: 1) present citizens the facts about what to expect following a major disaster in terms of immediate services; 2) give the message about their responsibility for mitigation and preparedness; 3) train them in needed life saving skills with emphasis on decision making skills, rescuer safety, and doing the greatest good for the greatest number; and 4) organize teams so that they are an extension of first responder services offering immediate help to victims until professional services arrive.

Comprehensive Emergency Management Plan: A broad process designed to reduce loss of life and property and to protect assets from all types of hazards through a risk-based program of mitigation, preparedness, response and recovery.

Crisis Management: Traditionally a law enforcement function, in the nursing home environment, this includes measures to identify, acquire, and plan the use of resources needed to anticipate, prevent, and/or resolve threats created by emergency events.

Director of Nursing: Provides the administration and supervision of nursing and related medical services for a large patient service.

Disaster Assistance Response Team: A rapidly deployable team that responds to disasters that provides specialists that are trained in a variety of disaster relief skills.

Emergency: As defined by the Stafford Act, an emergency is “any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States. Individual health care settings, like nursing homes, will adopt a much more local view of an emergency.

Emergency Alert System: The US Federal system for alerting the public to emergencies. EAS is a digital upgrade to the old Emergency Broadcasting System, but still based on the same structure as EBS. Allows local government representatives to put out local warnings and alerts from and for their geographic areas. The EAS will also allow alerts and warnings to be broadcasted even if the participating radio station is unmanned after certain hours. The EAS covers both radio and television (including low-power stations), and cable television companies.

Emergency Broadcast System: A system designed to permit government officials to issue up-to-date and continuous emergency information and instructions to the public in a threatened or actual emergency. Although the term is still commonly used, this system was replaced by the Emergency Alert System (EAS) in 1997.

Emergency Medical Services: A branch of medicine that is performed in the field, pre-hospital, by paramedics, emergency medical technicians, and certified first responders.

Emergency Operations Center: The physical protected location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level or organization within a jurisdiction. When activated by an emergency event, a local office of emergency management may become the local EOC.

Emergency Operation Plan: Documents that describe principles, policies and methods to be applied in carrying out emergency operations and rendering mutual aid during emergencies, including such elements as continuity of government, emergency functions of government agencies, mobilization of resources, and public information.

Emergency Public Information: Information that is disseminated primarily in anticipation of an emergency or during an emergency. In addition to providing situational information to the public, it also frequently provides direct actions required to be taken by the general public.

Emergency Response Provider: Includes Federal, State, local, and tribal emergency public safety, law enforcement, emergency response, emergency medical (including hospital emergency facilities), and related personnel, agencies, and authorities. (See section 2(6), Homeland Security Act of 2002, Public Law 107-296, 116 Stat. 2135 (2002). Also known as “emergency responder.”)

Emergency Response Team: A special unit whose function is to deal with critical or potentially dangerous situations.

Emergency Status System: A real-time internet based information system in Florida tasked with fulfilling the following tasks: 1) track the emergency status & event impact upon AHCA regulated providers; 2) assists in prioritization of response activities to emergencies; and 3) provides resource availability data to the State Emergency Operations Center.

Emergency Support Function: A grouping of government and certain private sector capabilities into an organizational structure to provide the support, resources, program implementation, and services that are most likely to be needed to save lives, protect property, and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal, when feasible, following domestic incidents. The ESFs serve as the primary operational-level mechanism to provide assistance to State, local, and tribal governments or to Federal departments and agencies conducting missions of primary Federal responsibility.

Emerging Infectious Disease: New or recurring infectious diseases of people, domestic animals, and/or wildlife, including identification, etiology, pathogenesis, zoonotic (an animal disease transmittable to humans) potential, and ecological impact.

Evacuation: Organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

First Responder: Local and nongovernmental police, fire, and emergency personnel who in the early stages of an incident are responsible for the protection and preservation of life, property, evidences, and the environment, including emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) who provide immediate support services. First responders may include personnel from Federal, State, local, tribal, or non-governmental organizations.

Flash Floods: Flash floods can strike any time and any place with little or no warning. In any type of terrain - mountainous, hilly or flat - distant rain may be channeled into gullies and ravines, turning a quiet canal, stream or river into a rampaging torrent in minutes.

Flash Flood Statement: A flash flood statement is issued to inform the public about current flash flood conditions. These statements usually contain river stage information if major streams or rivers are involved

Flash Flood Warning: A flood warning is issued when life/property threatening flooding will occur within 6 hours or is occurring. It could be issued for rural or urban areas as well as for areas along the major rivers. Very heavy rain in a short period of time can lead to flash flooding, depending on local terrain, ground cover, degree of urbanization, amount of man-made changes to the natural river banks, and initial ground or river conditions. Dam breaks or ice jams can also create flash flooding.

Flash Flood Watch: Indicates that flash flooding is a possibility in or close to the watch area. Those in the affected area are urged to be ready to take action if a flash flood warning is issued or flooding is observed. These watches are issued when flooding is expected to occur within 6 hours after the heavy rains have ended.

Flood Warning: If advised to evacuate, do so immediately! Quickly move to a safe area before access is cut off by flood water. Continue listening to NOAA Weather Radio, commercial radio, or television for information concerning the flooding.

Flood Watch: A watch is issued when flooding is possible within the watch area. When a flood watch is issued, one should be aware of potential flood hazards. Everyone in a watch area should be ready to respond and act quickly.

Hazard: Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

Hazard Analysis: Involves identifying all of the hazards that potentially threaten a geographic location or infrastructure and analyzing them in the context of the locality and operation to determine the degree of threat that is posed by each.

Hazard Communication: (29 CFR 1910.1200) Companies producing and using hazardous materials must provide employees with information and training on the proper handling and use of these materials

Hazardous Materials: A substance or combination of substances that, because of quantity, concentration, physical, chemical, radiological, explosive, or infectious characteristics, poses a substantial present or potential danger to humans or the environment. Generally, such materials are classed as explosives and blasting agents, flammable and nonflammable gases, combustible liquids, flammable liquids and solids, oxidizers, poisons, disease-causing agents, radioactive materials, corrosive materials, and other materials including hazardous wastes.

Hazard Mitigation: Any cost-effective measure which will reduce the potential for damage to a facility from a disaster event.

Human Immunodeficiency Virus: Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease.

Hurricane Advisories: These are formal messages from the National Hurricane Center providing information on the location and characteristics of a tropic cyclone or disturbance.

Hurricane Landfall: The period of time in which hurricane winds, rain, and storm tide present a danger to the general population as the storm approaches land and passes through the area.

Hurricane Local Statement: Hurricane Local Statements are prepared by National Weather Service Weather Forecast Offices (WFO, or the local forecast office) giving specific details for their County Warning Area (CWA) on weather conditions, evacuation decisions made by local officials, and other precautions necessary to protect life and property.

Hurricane Warning: A hurricane is expected to strike an area. When a hurricane warning is announced, hurricane conditions are considered imminent and may begin immediately or within the next 12 to 24 hours; bringing:

1. sustained winds of 74 miles per hour (64 knots) or higher;
2. dangerously high water and exceptionally high waves even though expected winds may be less than hurricane force; and
3. torrential rainfall.

Hurricane Watch: An announcement from the National Hurricane Center when a hurricane may pose a threat to a coastal or island community within 36 hours.

Incident: An occurrence or event, natural or human caused, that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Command Post: Signifies the physical location of the tactical-level, on-scene incident command and management organization.

Incident Command System: The nationally used standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

Incident Commander: Incident Command System term for the person, usually from the local jurisdiction, who is responsible for overall management of an incident. On most incidents, the command activity is carried out by a single Incident Commander. The Incident Commander may be assisted by a deputy from the same agency or from an assisting agency.

Information Technology: Deals with the use of electronic computers and computer software to convert, store, protect, process, transmit, and retrieve information.

Infrastructure: The manmade physical systems, assets, projects, and structures, publicly and/or privately owned, that are used by or provide benefit to the public. Examples of infrastructure include utilities, bridges, levees, drinking water systems, electrical systems, communication systems, dams, sewage systems, and roads.

Jurisdiction: A range or sphere of authority. Jurisdictional authority at an incident can be political or geographical (e.g. city, county, tribal, State of Federal boundary lines) or functional (e.g. law enforcement, public health).

Liaison Officer: A member of the Command Team responsible for coordinating with representatives from cooperating and assisting agencies.

Licensed Practical Nurse: Practice as a licensed practical/vocational nurse means a directed scope of nursing practice, with or without compensation or personal profit, under the direction of the registered nurse, advanced practice registered nurse, licensed physician or other health care provider authorized by the state; is guided by nursing standards established or recognized by the State's Board of Nursing. Scope of practice can include administering medications, drawing blood, and starting IVs. (National Council State Boards of Nursing, 2007)

Major Disaster: As defined by the Stafford Act, any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion, in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Material Safety Data Sheet: A form containing data regarding the properties of a particular substance. It is intended to provide workers and emergency personnel with procedures for handling or working with that substance in a safe manner, and includes information such as physical data (melting point, boiling point, flash point, etc.), toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill handling procedures.

Medical Director: A physician who oversees the medical care and other designated care and services in a health care organization or facility. Under these regulations, the medical director is responsible for coordinating medical care and helping to develop, implement and evaluate resident care policies and procedures that reflect current standards of practice.

Memorandum of Understanding: A legal document outlining the terms and details of an agreement between parties, including each parties requirements and responsibilities. The MOU is often the first stage in the formation of a formal contract. An MOU is far more formal than a handshake and is given weight in a court of law should one party fail to meet the obligations of the memorandum.

Mitigate: Activities designed to reduce or eliminate risks to persons or property to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often developed in accordance with lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. In the nursing home environment, mitigation will include efforts to educate staff, residents, family members, and other stakeholders on measures they can take to reduce loss and injury.

Mutual Aid Agreement: Written agreement between agencies or organizations that they will assist one another on request by providing personnel, equipment, and/or a sheltering location.

National Hurricane Center: Located on the campus of Florida International University in Southwestern Miami-Dade county in Miami, Florida, and is charged with the mission of saving lives, mitigating property loss, and improving economic efficiency by issuing watches, warnings, forecasts and analyses of hazardous tropical weather, and by increasing understanding of these hazards.

National Incident Management System (NIMS): A part of the Department of Homeland Security, NIMS provides a consistent nationwide template to enable Federal, State, local, and tribal governments and private-sector and nongovernmental organizations to work together effectively and efficiently to prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity, including acts of catastrophic terrorism. To provide for compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology.

National Oceanic and Atmospheric Administration: NOAA operates the National Weather Service (NWS), which issues weather forecasts and announcements.

- NOAA: <http://www.noaa.gov>
- National Weather Service: <http://www.weather.gov>
- Southern Region, National Weather Service: <http://www.srh.weather.gov>

National Weather Service: A division within NOAA, the National Weather Service (NWS) provides weather, hydrologic, and climate forecasts and warnings for the United States, its territories, adjacent waters and ocean areas, for the protection of life and property and the enhancement of the national economy.

Nursing Home Administrator: A licensed health care professional who serves as the chief executive officer for a skilled nursing facility. NHAs are responsible on a daily basis for ensuring the quality of care for the residents of their facility by meeting the goals of the company, residents, family members, staff and state regulatory agencies.

Office of Emergency Management: Local Offices of Emergency Management differ among jurisdictions. There may be offices at the town, city, or county level that reside within public safety agencies (i.e. fire department or law enforcement). To find a local OEM, visit www.fema.gov; select *Regional Offices*; then choose a state; the State Offices and Agencies of Emergency Management are linked at the bottom of the page. The State OEM will then provide a list of local offices and agencies of emergency management. The local OEM is responsible for understanding how different disasters will affect local jurisdictions. The local OEM will coordinate the disaster mitigation, preparedness, response, and recovery efforts of public and private entities within a locality. When activated by an emergency event, the local Office of Emergency Management often becomes the local Emergency Operations Center.

Personal Protective Equipment: Specialized clothing or equipment worn by employees for protection against health and safety hazards. Personal protective equipment is designed to protect many parts of the body (eyes, head, face, hands, feet, and ears).

Pollutant or Contaminant: Any element, substance, compound, or mixture, including disease-causing agents, which after release into the environment and upon exposure, ingestion, inhalation, or assimilation into any organism, either directly from the environment or indirectly by ingestion through food chains, will or may reasonably be anticipated to cause death, disease, behavioral abnormalities, cancer, genetic mutation, physiological malfunctions, or physical deformations in such organisms or their offspring.

Preparedness: The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process involving efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities and identify required resources.

Prevention: Actions to avoid an incident, to intervene to stop an incident from occurring, or to mitigate an incident's effects. It involves actions to protect lives and property and to defend against attacks. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health surveillance, and testing processes; immunizations, isolation, or quarantine; and law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity.

Private Sector: Organizations and entities that are not part of any governmental structure. Includes for-profit and not-for-profit organizations, formal and informal structures, commerce and industry, private emergency response organizations, and private voluntary organizations.

Public Information Officer: A member of the nursing home's Command Team responsible for interfacing with the public and media or with other agencies with incident related information requirements.

Radiological Emergency: Any accident involving facilities or activities from which a release of radioactive material occurs or is likely to occur.

Recovery: Those long-term activities and programs beyond the initial crisis period of an emergency or disaster and designed to return all systems to normal status or to reconstitute these systems to a new condition that is less vulnerable.

Regional Response Coordination Center: A standing facility operated by FEMA that is activated to coordinate regional response efforts, establish Federal priorities, and implement local Federal program support, and assesses damage information, develops situation reports, and issues initial mission assignments in the initial reaction stages to an emergency event.

Registered Nurse: Practice as a registered nurse means the full scope of nursing, with or without compensation or personal profit, that incorporates caring for all clients in all settings; is guided by the scope of practice authorized in this section, through nursing standards established or recognized by the board and includes, providing comprehensive nursing assessment of the health status of clients, collaborating with the health care team to develop an integrated client-centered health care plan, developing a strategy of nursing care to be integrated within the client-centered health care plan that establishes nursing diagnoses; setting goals to meet identified health care needs; determining nursing interventions; and implementing nursing care through the execution of independent nursing strategies and regimens requested, ordered or prescribed by authorized health care providers; delegating and assigning nursing interventions to implement the plan of care. (National Council State Board of Nursing, 2007)

Relief: Assistance and/or intervention during or after disaster to meet the life preservation and basic subsistence needs. It can be of emergency or protracted duration.

Risk: A measure of the probability of damage to life, property, and/or the environment, which could occur if a hazard manifests itself, including the anticipated severity of consequences to people. Risk = Likelihood x Consequence.

Risk Assessment/Risk Analysis: A process to determine the nature and extent of risk by analyzing potential hazards and evaluating existing conditions of vulnerability/capacity that could pose a potential threat or harm to people, property, livelihoods and the environment on which they depend.

Risk Communication: Risk Communication is an interactive process of exchange of information and opinion among individuals, groups and institutions. Risk communication is considered to be successful to the extent that it raises the level of understanding of relevant issues or actions for those involved and satisfies them that they are adequately informed within the limits of available knowledge.

Risk Management: The systematic management of administrative decisions, organizations, operational skills and responsibilities to apply policies, strategies and practices for disaster risk reduction.

Saffir/Simpson Scale: The Saffir/Simpson Scale is used by the National Hurricane Center to give public officials a continuing assessment of the potential for wind and storm surge damage. Scale assessments are revised regularly as new observations are made. Storm surge heights may vary depending upon location and coast configuration.

Severe Weather: Any atmospheric condition potentially destructive or hazardous for human beings. It is often associated with extreme convective weather (tropical cyclones, tornadoes, severe thunderstorms, squalls, etc.) and with storms of freezing precipitation or blizzard conditions.

Situation Assessment: The evaluation and interpretation of information gathered from a variety of sources (including weather information and forecasts, computerized models, etc.) that when communicated to emergency managers and nursing home decision makers, can provide a basis for incident management decision making.

Standard Operating Procedures: A set of instructions having the force of a directive, covering those features of operations that lend themselves to a definite or standardized procedure. Standard operating procedures support an annex by indicating in detail how a particular task will be carried out.

Storm Prediction Center: The Storm Prediction Center (SPC) is part of the National Weather Service (NWS) and the National Centers for Environmental Prediction (NCEP). Our mission is to provide timely and accurate forecasts and watches for severe thunderstorms and tornadoes over the contiguous United States. The SPC also monitors heavy rain, heavy snow, and fire weather events across the U.S. and issues specific products for those hazards. The SPC is located in Norman, Oklahoma.

Storm Surge: Storm surge is a large dome of water, 50 to 100 miles wide, that sweeps across the coastline near where a hurricane makes landfall. It can be more than 15 feet deep at its peak. The surge of high water topped by waves is devastating.

Telecommunications: The transmission, emission, or reception of voice and/or data through any medium by wire, radio, other electrical electromagnetic or optical means. Telecommunications includes all aspects of transmitting information.

Terrorism: The calculated use of unlawful violence or threat of unlawful violence to inculcate fear; intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious, or ideological.

Threat: An indication of possible violence, harm, or danger.

Transportation Management: Transportation prioritizing, ordering, sourcing, and acquisition; time-phasing plans; fleet management; and movement coordination and tracking.

Tropical Depression: The maximum sustained surface wind speed is 38 miles per hour (33 knots) or less.

Tropical Storm: The maximum sustained surface wind speed ranges from 39 miles per hour (34 knots) to 73 miles per hour (63 knots).

Tropical Prediction Center: Part of the National Hurricane Center.

United States Coast Guard: A military branch of the United States involved in maritime law, mariner assistance, and search and rescue, among other duties of coast guards elsewhere. One of the seven uniformed services of the United States and the smallest armed service of the United States, its stated mission is to protect the public, the environment, and the United States economic and security interests in any maritime region in which those interests may be at risk, including international waters and America's coasts, ports, and inland waterways.

Volunteer: Any individual accepted to perform services by a nursing home representative who has authority to accept volunteer services when the individual performing services without promise, expectation, or receipt of compensation for services performed (See, for example, 16 U.S.C. § 742f(c) and 29 CFR § 553.101.)

Weapons of Mass Destruction: As defined in Title 18, U.S.C. §2332a: (1) any explosive, incendiary or poison gas, bomb, grenade, rocket having a propellant charge of more than 4 ounces, or missile having an explosive or incendiary charge of more than one-quarter ounce; or mine or similar device; (2) any weapon that is designed or intended to cause death or serious bodily injury through the release, dissemination, or impact of toxic or poisonous chemicals or their precursors; (3) any weapon involving a disease organism; or (4) any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.

Weather Radio, NOAA: A nationwide network of radio stations broadcasting continuous weather information directly from a nearby National Weather Service office. NOAA Weather Radio broadcasts National Weather Service warnings, watches, forecasts and other hazard information 24 hours a day.

Acronyms and Abbreviations

The following acronyms and abbreviations are commonly used throughout emergency management plans. Some of the acronyms and abbreviations are specific to a facility; others are standardized throughout their respective industries.

ADON	Assistant Director of Nursing	HRSA	Health Resources Services Administration
AIDS	Acquired Immune Deficiency Syndrome	IAP	Incident Action Plan
ALS	Advanced Life Support	IC	Incident Commander
AOA	Administration on Aging	ICP	Incident Command Post
ARC	American Red Cross	ICS	Incident Command System
AHRQ	Agency for Healthcare Research and Quality	LNO	Liaison Officer
ARNP	Advanced Registered Nurse Practitioner	LOEM	Local Office of Emergency Management
BHE	Bureau of Health Education	LPN	Licensed Practical Nurse
BLS	Basic Life Support	LSA	Logistical Staging Area
BT	Bioterrorism	MOU	Memorandum of Understanding
CB	Citizen's Band Radio	MSDS	Material Safety Data Sheet
CDC	Centers for Disease Control	NAWAS	National Warning System
CEMP	Comprehensive Emergency Management Plan	NHA	Nursing Home Administrator
CERT	Community Emergency Response Team	NHC	National Hurricane Center
CHD	County Health Department	NHICS	Nursing Home Incident Command System
CFR	Code of Federal Regulations	NIMS	National Incident Management System
CMS	Centers for Medicare and Medicaid Services	NOAA	National Oceanic and Atmospheric Administration
CNA	Certified Nursing Assistant	NWR	NOAA Weather Radio
CP	Command Post	NWS	National Weather Service
DART	Disaster Assistance Response Team	OEM	Office of Emergency Management
Decon	Decontamination	OIG	Office of Inspector General
DEM	Department of Emergency Management	OPS	Operations
DHS	Department of Homeland Security	OSHA	Occupational Safety and Health Administration
DoD	Department of Defense	PIO	Public Information Officer
DON	Director of Nursing	PPE	Personal Protective Equipment
DRC	Disaster Recovery Center	PSN	People with Special Needs
EAS	Emergency Alert System	RN	Registered Nurse
EBS	Emergency Broadcast System	RRCC	Regional Response Coordination Center
EMS	Emergency Medical Services	RFA	Request for Federal Assistance
EOC	Emergency Operations Center	SEOC	State Emergency Operations Center
EOP	Emergency Operation Plan	SERT	State Emergency Response Team
EPA	Environment Protection Agency	SPC	Storm Prediction Center
ERT	Emergency Response Team	SOP	Standard Operating Procedures
ESF	Emergency Support Function	TPC	Tropical Prediction Center
ESS	Emergency Status System	TS	Tropical Storm
FEMA	Federal Emergency Management Agency	USCG	United States Coast Guard
HAZCOM	Hazard Communications	USGS	United State Geologic Survey
HAZMAT	Hazardous Materials	WMD	Weapons of Mass Destruction
HHS	Department of Health and Human Services	WNV	West Nile Virus
HIV	Human Immunodeficiency Virus		

Appendix T: Business Continuity

Facilities can take steps to mitigate the interruption to business operations by implementing known planning procedures.

Lessons Learned

- Acquire cash for emergency needs in advance of an emergency which may cause interruptions to normal banking access. The purpose is to assist the facility in the first 72 hours with necessary items that arise unexpectedly. Remember to include sufficient cash to cover payroll as banking institutions may also be without power and unable to conduct business.
- Ensure that an adequate supply of checks will be available on all bank accounts maintained in a secure location.
- Be familiar with expectations for making Medicaid rate adjustments relevant to changes in patient care or operating changes.
- Secure historical records. The following documents should be secured offsite if possible:

Tax Returns	3 years
Financial Statements	3 Years
General Ledgers	3 Years
Fixed Assets/Depreciation Schedules	Since Inception
- Take photographs or videotape any property damage.
- Begin to assess the impact of business interruption as applicable.
- Track a detailed inventory of losses for comparison to the pre-emergency list of items.
- Maintain accurate accounting for residents' funds and be prepared to transfer this information with the resident upon evacuation.
- Consider increasing the amount of petty cash available to residents from the trust fund.
- Maintain routine financial procedures as possible.

Computers

All hardware, including printers, should be moved to a secure location. At a minimum, all hardware should be moved to an interior area and sealed in plastic to prevent damage from water and debris.

Computer Software and Licenses

Maintain a complete listing of all software applications and their licenses in a secure location. The name, address, telephone, and other relevant contact information of network administrators, contracted IT support, internet service and connectivity providers, and third party software vendors should be included along with the licensing agreements. Copies of the software should also be safely stored in the event that a system needs to be restored or reconfigured before returning to service.

Computer system backup

In-house systems: Typically files are backed up nightly or weekly depending on system procedures. This is particularly important should there be no or little warning of an impending disaster. Back up data should be maintained offsite in a secure location. Disaster preparedness calls for multiple backups at offsite locations strategically placed to ensure that at least one back up survives the disaster and is accessible. If the primary backup location is a nearby bank vault, be aware that you may not have access to this location for some time post disaster.

Backup procedures should be tested periodically to ensure that all necessary system and program files are being duplicated as expected. This procedure should be conducted prior to system shut down in anticipation of a disaster. Make use of inexpensive off-the-shelf technologies – USB hard drives with automatic system backup capabilities, high capacity DVDs, and password protected USB flash drives. Also consider purchasing computers – both desktop units and servers – with multiple matching hard drives.

Remote Electronic Backup: If your system is based on a dial-in service or other means of electronic data transfer (usually on secure servers via the internet) to a remote host, ensure that all data is transmitted prior to system shut down or infrastructure failure, whichever is expected to occur first given the type of event.

Mail-in Service: If your system of accounting is based on mailing documentation to a third party, ensure that all data is batched and submitted prior to system shut down.

Password Protection

If your system maintains password protection on sensitive files (and it should), make sure that several key personnel have knowledge of these passwords prior to system shut down. It will be imperative that all password codes be changed after the disaster to maintain system integrity.

Check Signers

A controlled list of authorized check signers should be maintained at all times. Prior to an impending disaster it may be necessary to temporarily expand this list to ensure that essential signatories are available. The authorizations can be limited to amounts necessary for the protection of the assets of the entity. Care should be taken to file new authorizations with financial institutions post disaster to remove unnecessary individuals from signing authority when no longer necessary.

Insurance

Many companies discover that they are not properly insured only after they have suffered a loss. Even with adequate time to prepare for a disaster, you may still suffer significant and unavoidable damage to the premises. Lack of appropriate insurance can be financially devastating. The best strategy is thorough investigation and preparation before an emergency situation occurs.

- Discuss the following topics with your insurance advisor to determine your specific needs and ensure the insurance you buy protects against the perils you face:
 - How will property be valued? Replacement cost, actual cash value?
 - Does the policy pay the additional cost to restore the facility to current state requirements and/or local building codes?
 - What perils, or causes of loss, does the facility policy cover?
 - What are the deductibles by line of coverage?
 - What does the policy require the facility to do in the event of a loss? What steps must be taken to get the claim paid?
 - What types of records and documentation will the insurance company require the facility to produce to pay a claim?
 - To what extent is there coverage for loss due to interruption of power? Is there business income coverage in the event the facility is totally or partially closed? If so, are there adequate coverage limits? For what time period will coverage be provided? How long is the business income coverage if the facility is closed by order of civil authority?
 - Is there coverage for business income after the facility reopens, but has an income loss due to low census during the post-loss “ramp up” period?
 - What are the extra expense limits, which will provide funds to reduce the business income loss, such as overtime and special bonus to employees, rental fees for emergency generators and other equipment, moving expenses (including moving residents to neighboring facilities) and other expenses incurred to get the facility up and running again?

For major repair work, review restoration plans with the insurance adjuster and appropriate government agencies.

Refer to *Appendix J: Insured’s Guide to Hurricane and other Catastrophic Claims*.

Appendix U: Supplies, Quantities

A decision to shelter-in-place requires the ability of a facility to be self sufficient. Sheltering-in-place requires a significant quantity of supplies: alternate energy sources, food, potable water, medications, hygiene supplies, and other necessities. If sufficient quantities cannot be acquired prior to an event, evacuation may be warranted. In considering quantities of supplies, the nursing home must assess the potential for an increase in facility population, such as an influx of staff dependents, incoming residents, and other staff seeking shelter. Regulatory requirements vary from state to state. Florida's state requirements are noted below, along with recommendations.

Florida Requirements and Recommendations

Supply Type	2008 Florida Requirements Florida Administrative Code (FAC)	Recommendations
Dietary: Non-perishable food & supplies	One-week, s. 59A-4.110(4), FAC	7-10 days
Drinkable water supply	3 gallons per resident per day during and after a disaster which is defined as 72 hours, 59A-4.133 (18), FAC 1 gallon per staff member per day during and after a disaster which is defined as 72 hours, 59A-4.133 (18), FAC	7-10 days
Essential supplies	72 hours, s. 59A-4.126 (2)(b), FAC and AHCA Form 3110-6006, March, 1994	7-10 days

There may be sufficient supplies to shelter-in-place during and immediately after the event but, because of disrupted supply chains, re-supply after the event may be impossible. A wide-spread emergency will disrupt transportation and communications to such degree that remaining in the facility is infeasible.

Appendix V: Timeline for Disaster Preparedness Activities

Time Line for Long Term Care Facilities' Disaster Preparedness Activities

January: At Quarterly Quality Assurance/Risk Management meeting, establish a disaster preparedness timeline for the facility for the year. Critique the previous year's experiences. Plan revisions for facility's emergency management plan, and establish a deadline to submit the revised emergency management plan to the local office of emergency management. Procedures and timelines for consistently backing up facility electronic records on and off site should be reviewed, and any necessary changes implemented. Establish a training and exercise/drill schedule for the year.

February: Conduct a strict review of the physical plant (inventory equipment) and make replacements and/or upgrades if necessary. Perform all required and necessary maintenance/repair service on the facility's generator(s); order any essential spare parts to stockpile to ensure availability in the event of an emergency. Ensure that electronic records are being consistently backed up.

March: Certify contracts with outside vendors, adjusting contracts to meet expected needs and to ensure adequate supplies. Contact dialysis providers and plan for emergency services. Continue evaluation and review of physical plant and equipment. Ensure that electronic records are being consistently backed up.

April: The revised disaster/emergency management plan should be submitted to local (county) emergency management department/office by now. Conduct annual facility staff education. Continue to certify and adjust contracts with outside vendors. Key facility staff should be in communication with and kept up-to-date by the local OEM. Ensure that electronic records are being consistently backed up.

May: Go to the state licensing agency's electronic tracking system and make sure all of your pre-event information is up-to-date. Implement education for residents, resident's family/relatives/caregivers, and the community. Involve local media. Continue to certify and adjust contracts with outside vendors. Ensure that electronic records are being consistently backed up.

June: Conduct internal and external drills, involving community members and local emergency services. Ensure that electronic records are being consistently backed up.

July: Send notification to resident's family/relatives/caregivers about the disaster plan and evacuation procedures. Ensure that electronic records are being consistently backed up.

August: Review and update resident information, including advance directives, mental health, and resident forms of identification. Update emergency staffing schedule (key staff listing), and get employee commitments. Ensure that electronic records are being consistently backed up.

September: Conduct ongoing reviews of disaster preparedness. Educate new staff and new residents and their families/relatives/caregivers on emergency protocols. Ensure that electronic records are being consistently backed up.

October: Conduct ongoing reviews of disaster preparedness. Educate new staff and new residents and their families/relatives/caregivers on emergency protocols. Ensure that electronic records are being consistently backed up. Review facility data listed on the state licensing agency's electronic tracking system.

November: Conduct ongoing reviews of disaster preparedness. Educate new staff and new residents and their families/relatives/caregivers on emergency protocols. Ensure that electronic records are being consistently backed up.

December: Begin review of disaster preparedness plan. Review responsible parties' checklists. Review evaluations and debriefing notes of exercises/drills and incorporate needed changes into the plan. Ensure that electronic records are being consistently backed up.

Appendix W: Housekeeping Tips

The goal of the housekeeping department will be to maintain the essential services which provide comfort to and sanitation for the residents and allow other departments to function as normally as possible.

The Environmental Services Unit Leader will:

- Inventory all supplies and make sure there is at least a two-week supply of cleaning supplies.
- Ensure that all soiled linen is washed and prepared for use.
- Locate and/or obtain sufficient supplies of linen, blankets, and pillows so the laundry department can close during the event.
- Identify emergency linens for soaking up water spills and leaks.
- Obtain plastic bags to collect waste in toilets if sewage system is inoperable.
- Make sure adequate supplies such as toilet tissue and cleaning supplies are on hand for one week's duration.
- Communicate needs and status to Logistics Section Chief or Central Supply Unit Leader.
- If evacuating, identify the laundry and housekeeping supplies needed to be transported to destination facilities, and move laundry and supplies to staging area accordingly.
- If evacuating, secure and shut down the housekeeping and laundry equipment and supplies.
- If evacuating, assist as needed in other departments as directed by the Incident Commander.

Appendix X: Dietary Department Tips

Also see Appendix U: Supplies

Basic supplies such as food, water, and medication are a critical component of any nursing home's emergency management plan. The facility will need to be self-sufficient during the first hours or 7 – 10 days after an extended emergency.

The Dietary Services Unit Leader will:

- Identify and obtain any outstanding food and/or water needs; work with Logistics Section Chief or Central Supply as needed.
- Locate and review the facility's Emergency Menu which will have been approved by the Command Team each year. The conversion to the Emergency Menu will be initiated by direction of the Command Team and will be sufficient to provide meals to residents and staff for 7-10 days. Perishable foods may be used first and as deemed safe by the Director of Food Service, but should not be included in the Emergency Menu. The Emergency Menu consists of non-perishable packaged or canned food/juices and will be stored in a locked storage area.
- Maintain and rotate water stores each year and make sure they are sufficient for the requisite number of residents and staff.
- Incorporate in the estimated amount of potable water needed the possible influx of additional residents according to any existing mutual aid agreements with other facilities.
- Identify clearly in the guidelines the number of gallons of water supply which will be maintained and how that water will be stored and secured.
- Consider using bottled water in conjunction with 5-gallon collapsible water jugs in storage which would be filled by the dietary department prior to the anticipated emergency event (e.g., storm).
- Report status of food and water stores to the Command Post.
- Direct available staff to fill all bathtubs with water to serve basic sanitation needs.
- Remind everyone to conserve; effects from the event may last for several days.
- Fill zip-lock bags with water and freeze; these are ideal for distribution, the residents can place the bag on areas of their person to cool down and can open a corner to pour it in a glass and drink it.
- Purchase ice ahead of time and store in freezer, or work with Logistics Section to obtain.
- Freeze as much water as possible.
- In case of a planned emergency event in which utilities may be disrupted for an extended period of time, select coldest setting on refrigerator and freezer prior to the disaster's strike.

- Consider asking staff to bring a supply of water if they're bringing any family members and/or pets to shelter. This will need to be communicated to staff in advance as part of orientation or training.
- As ice melts, do not dump out the cold water. Cold water will help keep items cold.

Evacuation Food and Water Supplies and Service

During the movement of residents between facilities, be prepared to offer tasty snacks and water to keep the residents and staff comfortable and hydrated.

During an evacuation, the Dietary Services Unit Leader will:

- Supervise the movement and separation of food stores to staging area.
- Supervise and record the secure placement of all foods in departing vehicles.
- Prepare and pack snacks and drinks for residents and staff during the evacuation trip.
- Supervise the assignment of dietary personnel to all receiving facilities.
- Be available to accompany residents to evacuation facilities and function in a dietary capacity remaining there until released by the Incident Commander.
- Supervise the closing of the kitchen, store all equipment and secure the kitchen area.

Appendix Y: Nursing Department Tips

The Resident Services Branch Director and subsequent Unit Leaders are responsible for ensuring that there is at least a 72-hour medication supply for residents, or in accordance with state law. When the Command Post first meets to assess the emergency threat, the Nursing Services Unit Leader will inventory medication and contact the dispensing pharmacy to fill gaps in the medication supply. The Nursing Services Unit Leader will report back to the Resident Services Branch Director the acquisition of needed pharmaceuticals and report any problems.

The Resident Services Branch Director will:

- Initiate a nursing department chain of command with clear lines of delegation in case a DON or ADON is unavailable to function as planned.
- Review and prioritize resident health care requirements.
 - Nursing and nurse aide staff will be assigned based on primary assignments and knowledge of the residents, as allowed by the nature of the emergency event.
 - Coordinate staffing needs based on resident acuity and individualized needs
- Notify all nursing supervisory staff when to report to the facility.
- Designate nursing supervisory staff to contact nursing employees when needed.
- Establish a Nursing Office for 24-hour periods. Administrative positions should be on a 12 hour shift (12 on; 12 off). Assign an alternate for off times.
- Assure availability of necessary clinical supplies and equipment needed for the provision of care.
- Ensure that enough medications and medical supplies are on hand to care for the uninterrupted medical needs of the residents for 7-10 days.
- Check all medical supplies periodically to make sure that the proper equipment for treating minor injuries is available.
- Coordinate pharmaceutical needs with the pharmacist as early as possible while delivery service is still operating.
- Contact physician for each resident to secure up to date orders, special instructions, and prescriptions.
- Maintain adequate staffing patterns on master schedule; work with Staffing/Scheduling Unit Leader as needed to help augment or relieve staffing.
- Remind direct care staff to carry pocket-sized notebooks to jot down any peculiarities for reporting to the Director of Nursing for care management and to the Planning Section for facility documentation during an emergency event.
- Arrange for the Medical Director to review any particular resident need for special considerations as well as candidates for early admission to a hospital in case of a planned partial or complete evacuation. Recommendations will be made jointly between Medical Director, resident's personal physician, and the Director of Nursing.

- If needed, create an evacuation roster and provide to Public Information Officer and Incident Commander:
 - Residents' names
 - Contact information of relative/responsible party
 - how and when notified of transfer
 - If evacuation is a possibility, implement the facility's resident identification system, to include the following information:
 - Name
 - Social security number
 - Photograph
 - Medicaid or other health insurer number
 - Date of birth
 - Diagnosis
 - Current drug/prescription and diet regimens
 - Name and contact information for next of kin/responsible person
- If evacuation is a possibility, organize the following for each resident:
 - Tamper-resistant wristband with name
 - Medical records, and any easy-to-access instructions
 - Medications
 - Wheelchairs, walkers, eyeglasses, dentures marked with resident's name
 - One or two changes of clothes
 - Basic personal hygiene supplies (sample sizes of mouthwash, toothpaste, and toothbrush)
 - Incontinent Supplies
 - Special nutrition or hydration supplements
- Coordinate the transfer of medications and medical records in the event of an evacuation
 - Medical records will likely be prepared for transfer during evacuation or for protection during sheltering in place by two persons. Possible individuals to coordinate actions:
 - The charge nurse – oversee preparation of charts used on the floor.
 - The MDS nurse – update records and charts for record keeping and reporting.
 - All Medication Administration Records (MARs), treatment sheets, prescriptions, etc. will go with medications
 - All medications requiring refrigeration will be placed in a cooler (with ice, if needed).
 - At the very least, place medications in waterproof box that protects the medicines from sunlight.
 - If possible, transport entire medicine cart to facility where majority of residents are being transferred.
 - Send entire medical chart in its original binder, in a waterproof container.
 - Safeguard all records and be sure to maintain a data backup – both electronic and hardcopy.
 - Complete data backups, both electronic and hardcopy.
 - Records should be secured from:
 - Water damage
 - Potential loss or theft should facility be damaged or compromised as a result of the event

See Appendix I for a Staged Implementation of a Resident Identification System.

Appendix Z: Guidance for the Safe Transportation of Oxygen

GUIDANCE FOR THE SAFE TRANSPORTATION OF MEDICAL OXYGEN FOR PERSONAL USE ON BUSES AND TRAINS, September 26, 2005

The Department of Transportation's Pipeline and Hazardous Materials Safety Administration (PHMSA) recommends that bus and train operators take the following precautions to assure that medical oxygen being transported for passengers' personal use is handled and transported safely:

FOR TRANSPORTATION IN THE PASSENGER COMPARTMENT

- Oxygen should be transported on a bus or train only when medically necessary.
- Oxygen should be transported in a cylinder maintained in accordance with the manufacturer's instructions. The manufacturer's instructions and precautions are usually printed on a label attached to the cylinder.
- Before boarding, inspect each cylinder to assure that it is free of cracks or leaks, including around the valve area and pressure relief device. Listen for leaks; do not load leaking cylinders on the bus or train. Visually inspect the cylinders for dents, gouges or pits. A cylinder that is dented, gouged, or pitted should not be transported.
- Limit the number of cylinders to be transported on board the vehicle to the extent practicable. If possible, transportation in the passenger compartment should be limited to one cylinder per person.
- Cylinders used for medical oxygen are susceptible to valve damage if dropped. Handle these cylinders with care during loading and unloading operations. Never drag or roll a cylinder. Never carry a cylinder by the valve or regulator. Carry the cylinder carefully using both hands.
- Do not handle oxygen cylinders or apparatus with hands or gloves contaminated with oil or grease.
- Each cylinder should be secured to prevent movement and leakage. Each cylinder should be loaded and secured in an upright position. "Secured" means that the cylinder is not free to move when the vehicle or train is in motion.
- Oxygen cylinders or other medical support equipment should never be stored or secured in the aisle. Make sure that the seating of the passenger requiring oxygen does not restrict access to exits or use of the aisle.
- Since the release of oxygen from a cylinder could accelerate a fire, each cylinder should be secured away from sources of heat or potential sparks.
- Under no circumstances should smoking or open flames (cigarette lighter or matches) be permitted in the passenger compartment when medical oxygen is present.
- When you reach your destination, immediately remove all cylinders from the bus or train.

FOR TRANSPORTATION IN THE CARGO COMPARTMENT

- Each cylinder should be placed in a box or crate or loaded and transported in an upright position.
- Valves should be protected against damage.
- Each cylinder should be secured against movement.
- The total weight for oxygen cylinders permitted in a bus cargo compartment is 99 lbs (45 kg).

For further information, contact PHMSA's Hazardous Materials Information Center at 1-800-467-4922. Robert A. McGuire, Associate Administrator for Hazardous Materials Safety

Appendix AA: Emergency Resident Handling

Emergency Resident Assistance Procedure

Evacuation Suggestions:

- Transfer with mattresses, air mattresses/adaptive devices.
- Provide cots, sleeping bags, etc. for staff to sleep on.
- Package an adequate supply of blankets, bath towels, washcloths, pillows and disposable sheets.
- Supply of linens, pillows, blankets, etc.
- Personal hygiene items.
- Personal clothing, disposable gowns, disposable shoes, slippers, and a 3-4 day supply of personal clothing.
- Send all adaptive aids - glasses, teeth, hearing aids, and prosthetics - properly labeled.

Emergency Resident Handling

Three considerations are dominant factors in emergency patient handling:

- § the nature of the emergency;
- § the weight and condition of the resident; and
- § the strength and adaptability of the rescuer.

Of all the possible equipment for emergency evacuation, the blanket is more important than any other. It can be used to smother fire, drag a patient from a room, and to keep the resident warm and padded during transportation.

The first rule in a bed fire is to get the resident on the floor. Use two blankets. Throw the first blanket on the floor, and then use another one to smother the fire. Use the original blanket to drag the resident to a safe area. In responding to a bed fire first throw the blanket over the bed bound resident. Second, remove the resident from the bed setting then onto the second blanket. Use the blankets to smother any fire of their body. Remove the resident from the fire area. Provide emergency care and evacuate to hospital for definitive care.

If the person is not in the bed, remember people on fire have an impulse to run if they are able. Do not be surprised to find the resident has fallen to the floor. She will get out of bed if they can. If the resident is thought to be in the room and you cannot see or feel him, make a quick search under the beds. Also search the bathroom or shower stall in case they crawled there for refuge.

If the resident is not in direct danger from the fire or smoke, conduct an assessment for injury of a resident found on the floor prior to moving the resident.

If Resident is Face Down on Floor:**Hip Roll**

- § Place a blanket (folded lengthwise in half) next to the resident and kneel on it.
- § Grasp resident at shoulder and hip, roll toward you onto blanket.
- § Grasp corners of blanket and pull resident from room, headfirst.

Ankle Roll

- § Place blanket (folded lengthwise in half) next to resident.
- § Position self at resident's feet.
- § Cross ankle furthest from the blanket, over other ankle.
- § Using both hands, press down on top ankle and lift the bottom foot. With a twisting motion, roll resident over on blanket.
- § Grasp corners of blanket and pull patient from room, head first.

Emergency Carries for One Person:***Pack Strap Carry - Face the Head of the Bed***

- § Grasp resident's nearest wrist with your nearest hand, palm down. Raise resident's arm.
- § Grasp resident's other wrist by slipping your free hand under his arm.
- § Pull resident to a sitting position by stepping backward.
- § In a continuous operation:
- § Lift resident's arm over your shoulders as you turn toward the foot of the bed.
- § Cross resident's arms over your chest pulling down firmly. (*Caution: bring your shoulder tight up into resident's armpit.*)
- § Turn toward the head of the bed and your forward momentum will roll resident on to your back.
- § Carry the resident from the room in a stooped position.

Hip Carry - Face Resident

- § Grasp resident's farthest wrist, palm down with head closest to head of bed.
- § In a continuous operation:
- § Turn toward head of bed.
- § Place resident's arm over your head and around your neck.
- § Sit on bed, slip free hand around resident's back and grasp resident at armpit.
- § Secure upper half of resident's body firmly against you.
- § Grasp resident around knees with free hand.
- § Pull resident on to your back. Stand and walk away in a slightly stooped position. Pass through doorways side ways, being careful not to strike resident's head against the wall or door jam.

Emergency Removal of Resident from Bed When Working Alone***Cradle Drop - Place Blanket Parallel to Bed***

- § Slip both arms under body and pull resident toward the edge of bed.
- § Drop to knee nearest the head.
- § Pull lower half of body from bed so that extended knee supports resident's hips.
- § Use both arms to lower upper body of the resident to the floor.
- § Let legs slide gently to blanket. Grasp corners of blanket and pull resident from room, headfirst.

Emergency Carries for Two or More Persons

Wing Carry - Person at Resident's Head Gives Command

- § First person raises resident to a sitting position by placing one hand under resident's neck and grasping far shoulder. With other hand, grasp upper biceps.
- § Simultaneously: Second person swings resident's legs off of the bed.
- § Both rescuers:
 - § Sit on bed next to resident.
 - § Place resident's arms around their own neck.
 - § Reach arms around resident's waist, grasping each other's arms behind resident.
 - § Reach under resident's knees grasping wrists or using a finger-locking grip.
 - § Stand and walk close to resident. Hips support the weight.

Extremity Carry

- § Raise resident to sitting position by placing one hand under resident's neck and grasping far shoulder. With the other hand, grasp under biceps.
- § Slip your arms under residents and lock them across his chest.
- § Second man grasps ankles of resident. Separate legs and back between them, grasping resident at the knees.
- § Remove resident from room, feet first.

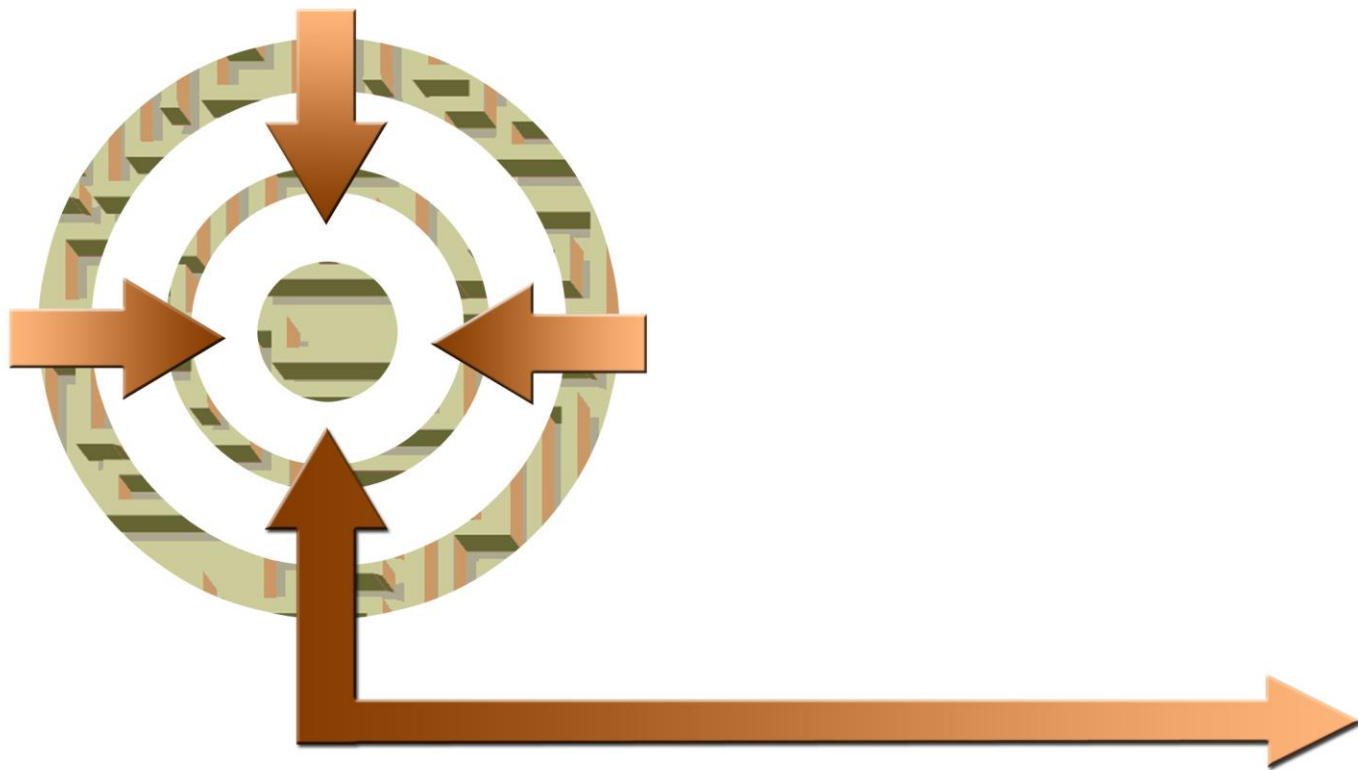
Three Person Carry

- § First rescuer - one hand under resident's shoulders - other above waist.
- § Second rescuer - one hand above and one below hips.
- § Third rescuer - one hand above knees, one above ankles.
- § Move resident to edge of bed, assume somewhat semi-kneeling position, lift and roll resident high on your chest.
- § Remove resident from room feet first.

Four Person Carry

- § Procedure is basically the same in above three-person lift; only in this case after lifting resident from bed, the resident is lowered to the floor on top of a blanket already spread by the fourth person. Fourth person assists in lowering resident to blanket. Person lifting at the knees and ankles then positions himself on same side as fourth person.
- § One rescuer at each side of resident's shoulders and knees.
- § Head rescuer grip blanket above shoulders and opposite elbows.
- § Other rescuer grip blanket 6 inches above and below the knees.
- § All rescuers roll blanket tightly to resident.
- § Lift and carry resident with arms extended. In going down stairs, resident is feet first.

Appendix BB: National Criteria for Evacuation Decision-Making in Nursing Homes



National Criteria for Evacuation Decision-Making in Nursing Homes



Preface

This national guide for evacuation decision-making in nursing homes is one of several tools developed through a two-year grant funded by the John A. Hartford Foundation to the Florida Health Care Association Education and Development Foundation. The project's overall goal is to ensure the safety and quality of care of frail elders living in nursing homes during a natural disaster. Partners in the project include the University of South Florida, the Florida Department of Health Office of Emergency Operations and the Florida Health Care Association Disaster Preparedness Committee. Many national experts and advisors in long-term care, emergency management, ethics, and transportation have also contributed greatly to this work. The Hartford-funded project will produce several additional products, which will be available in the fall of 2008, including an emergency management software application specifically for nursing homes and a long-term care facility translation of the national Incident Command System. Additional information about this project is provided at the end of this guide.

Readers of this document are encouraged to use and disseminate this information widely, with proper acknowledgement and citation of the source. In addition, we request that you complete and return the Reader Feedback and Utilization Survey on the following page. The information you provide will be used to develop and disseminate future updates to the guide.

Citation: *Florida Health Care Education and Development Foundation, 2008, National Criteria for Evacuation Decision-Making in Nursing Homes, developed through a project funded by the John A. Hartford Foundation. For further information, please visit www.fhca.org.*

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Evacuation Decision-Making Reader Feedback and Utilization Survey

Thank you for using the National Criteria for Evacuation Decision-Making in Nursing Homes. To gather valuable feedback and learn more about how and where the criteria are being used, **we need you to complete the following brief survey**. Those who complete the survey will automatically receive updates about the Hurricane and Disaster Preparedness for Long-Term Care project funded by the John A. Hartford Foundation.

Please email, mail or fax your completed survey to:
 Hurricane and Disaster Preparedness for Long Term Care
 Florida Health Care Association
 PO Box 1459, Tallahassee, FL 32302
 Telephone (850) 224-3907
 Email: ahenkel@fhca.org Fax (850) 224-9155

Name: _____ Title: _____
 Organization: _____
 Address: _____
 City/State/Zip: _____
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How did you obtain a copy of the National Criteria for Evacuation Decision-Making in Nursing Homes?

On a scale of 1 to 4, where 1 represents “Extremely useful” & 4 represents “Not useful at all”, circle the response to indicate the usefulness of this guide. If no opinion, please circle “don’t know.”	<u>Extremely</u> useful	<u>Very</u> useful	<u>Somewhat</u> useful	<u>Not</u> useful at <u>all</u>	Don’t Know
1. As a decision-making tool for evacuation of Nursing Homes?	1	2	3	4	Don’t know
2. For training long-term care staff?	1	2	3	4	Don’t know
3. For training staff in other LTC organizations?	1	2	3	4	Don’t know
4. To help the resident family members understand evacuation decision-making?	1	2	3	4	Don’t know
5. To share with others outside of LTC to improve understanding of evacuation decision-making? Please describe: _____ _____	1	2	3	4	Don’t know

Please describe other ways you have used or intend to use this guide:

Please provide any comments you may have about the guide in the space below and/or on an additional page.

Thank you.

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Overview

The evacuation of a nursing home is an extremely serious undertaking with inherent risks to the residents the facility seeks to protect. The mass movement of persons during an emergency event who are often extremely frail, bed-ridden, comatose, cognitively impaired, and/or dependent upon ventilators or intravenous feeding or hydration equipment has considerable health implications. Nursing home residents have higher disaster-associated risks than other populations. Moving them out of harm's way may well become a community imperative. As practitioners providing care for the frail elderly and persons with disabilities, nursing homes have a moral, legal, and professional responsibility to plan and prepare for emergency operations, including the decision to evacuate or shelter-in-place.

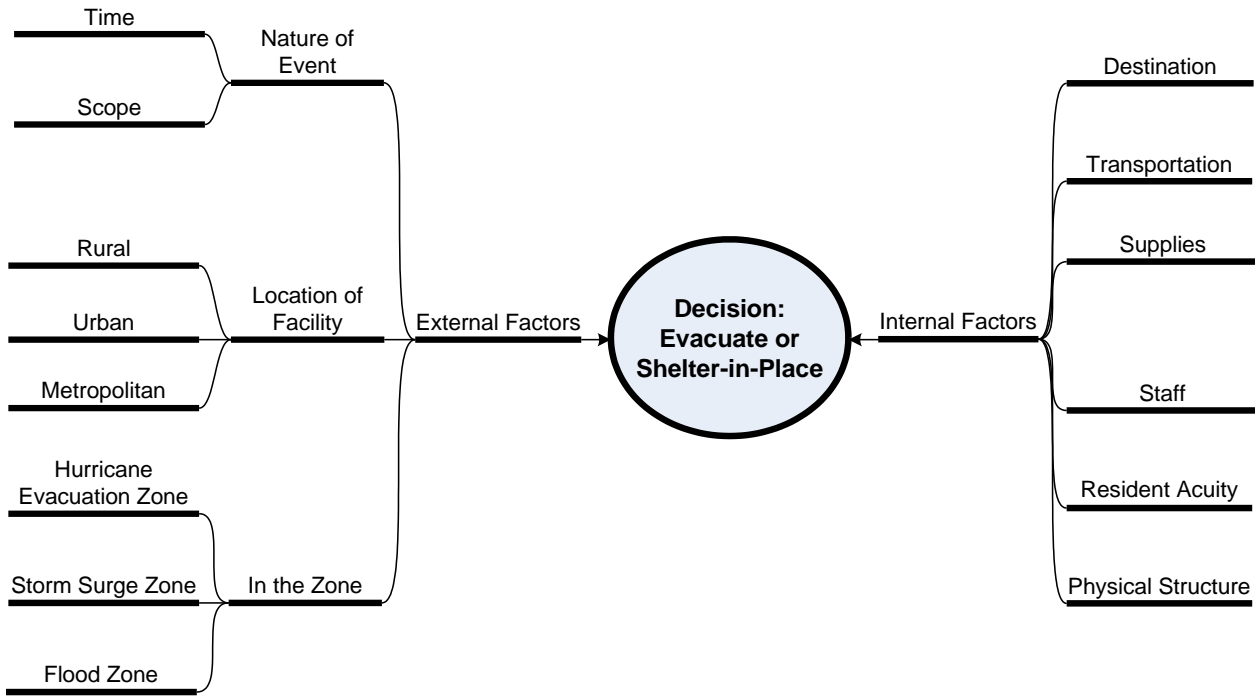
In addition to moving residents to safety, the evacuation of a nursing home also includes moving medical records, medications, medical equipment, disposable products, and food and water. Further, staff must also be available to move with the residents to the destination location. Evacuation of a nursing home is time-consuming, complex, and expensive and must be thoughtfully addressed in the facility's emergency management plan.

Because of the unexpected nature of emergencies, there is no single evacuation formula on which nursing home leaders may rely. Evacuation decision-making is rarely a straightforward, linear process; but rather, simultaneously involves a myriad of factors. This first national criteria for evacuation decision-making in nursing homes assists administrators and health care professionals to determine whether to evacuate or shelter-in-place during disasters, with guidance on the evacuation process.

Key Considerations

The decision to evacuate or to shelter-in-place is a part of any facility’s comprehensive emergency management plan and will be a major focus when the plan is activated. The *National Criteria for Evacuation Decision-Making in Nursing Homes* identifies key decision-making markers which may be used in any emergency event, with a special focus on tropical cyclones (i.e., hurricanes, tropical storms or tropical depressions).

The process for evacuation decision-making for nursing homes must be framed as a flexible and responsive cause and effect diagram:



Decision-makers

A nursing home's emergency management plan must include a primary and alternate individual who has the authority to call for an evacuation. Such persons may be, for example:

- Nursing Home Administrator or Designee
- Facility Owner
- Facility Corporate Representative
- Local or State Office of Emergency Management Representative
- Governor of the State

While the final decision to evacuate or to shelter-in-place is the responsibility of one person and their alternate, he/she will be part of a decision-making team which includes internal and external partners, and the county emergency operations center utilizing real-time event data and the clinical profiles of the facility's residents.

Incident Command System

Homeland Security Presidential Directive (HSPD) 5 called for a single, comprehensive system to enhance the ability of the United States to manage domestic incidents. The National Incident Management System (NIMS) was rolled out in 2004 by the Department of Homeland Security, providing a template enabling all levels of government, the private sector, and nongovernmental organizations to work together during an incident.

A cornerstone of NIMS is the Incident Command System (ICS). Developed in the 70's, the ICS is a standardized, all-hazard incident management concept, allowing its users to adopt an integrated organizational structure. This common structure can be used by an organization of any size, providing greater efficiency, better coordination, and more effective communication. The framework of the Incident Command System supports critical decision-making by defining well-established lines of communication and responsibilities.

The Incident Command System is structured to support five major functional areas: command, finance, logistics, operations, and planning. These five areas comprise "Incident Command."

Internal Factors

Internal factors influencing the decision to evacuate or shelter-in-place are unique to a specific nursing home. Two nursing homes in the same geographic location facing the same emergency event may make different evacuation decisions based on their internal factors, and both decisions may be valid.

Resident Acuity

Resident acuity is an internal, facility-specific condition influencing the decision to evacuate all or some of the residents in the facility. Clinical decisions occur in conjunction with the Administrator, Director of Nursing, Medical Director and related medical professionals.

Consideration of an acuity-based, partial evacuation may occur prior to any mandatory evacuation orders being issued. Partial evacuation may come into play when there is the potential for a planned evacuation related to an anticipated emergency event such as a hurricane. Partial evacuations are considered when there are residents whose conditions are complex and could become compromised if transport from the facility is jeopardized during or after the storm.

Residents with complex and potentially unstable conditions who are receiving special care may need to be evacuated to a hospital:

- Radiation therapy
- Chemotherapy
- Dialysis
- Intravenous therapy, newly acquired parenteral or enteral nutrition, and/or blood transfusion
- Vents or unstable tracheotomies
- Unstable respiratory or cardiac conditions
- Unstable Infectious Conditions not responding to current aggressive treatment

Residents with special care needs will be individually assessed to ensure stability of their condition(s). Residents with the following special care needs may be managed safely in the nursing home if their conditions are stable:

- Hospice care
- Respiratory treatment
- Receiving intermittent suctioning
- Pressure ulcer(s)
- Resolving infections
- Stable IVs, parenteral or enteral nutrition

The nursing home will make the decision to evacuate based on these acutities as well as other internal and external factors.

Physical Structure

The facility's structural ability to withstand the impending event influences the decision to evacuate or to shelter-in-place. The ability of the structure to withstand wind, debris impact, and shaking determines the shelter-in-place capabilities of the structure during the event and the ability to remain a safe and viable shelter after the disaster. Evacuation is necessary if it is anticipated that a structure will be unable to withstand the event or provide protection in the aftermath.

Physical Structure Factors

- Hardening the Facility
 - Structures are built to national, state, and, local codes which often take significant regional hazards into consideration. Additional modifications may be necessary to further ensure the integrity of the structure during and after a disaster.
 - Building hardening is the process of retrofitting or remodeling existing structures and upgrading components within so they will be stronger and more resilient in adverse conditions. This hardening can include the use of the state's building code standard rated hurricane windows, shutters, and doors to protect openings (in Florida, use the Florida Building Code High Velocity Hurricane Zone). Roof structures can be secured to the walls using hurricane brackets and the walls can be secured to the foundation. Other locations may require structural reinforcement to counter the impact of shaking due to earthquakes.

- The Lay-Down Factor
 - Hazards immediately around the facility, specifically trees which can fall onto the structure, can cause catastrophic failure of the structure. If the property has a high “lay down” factor (e.g. a number of trees that can fall onto the structure), trim them to mitigate the danger. If there is a cell tower next to the facility, it will have been constructed to withstand certain winds. Obtain the performance standards for the tower and include this factor in your plan.
- Emergency Power Capacity
 - An evaluation must be made regarding the facility’s emergency power capacity. The generator should support critical care functions and maintain lights and air temperature in at least a safe zone where residents can be congregated. The anticipated longevity of the facility’s emergency power system will influence the evacuation decision. Further, a local power outage usually results in a quicker restoration time while a community-wide power outage may result in longer restoration times and may put more strain on the facility’s emergency power.
- Security
 - Security must be sufficient to protect residents, staff, and facility resources and property. In a community-wide emergency event, nursing homes with food, water, and emergency power, become conspicuous beacons of normalcy in a sea of chaos. Desperate individuals may try to forcefully take provisions. A loss of facility resources or threats to residents and/or staff may necessitate an evacuation.

Transportation

Even when a decision to evacuate has been made, it cannot occur without a means of transport. Some emergency events such as tornadoes and earthquakes may require post-event evacuations and other impending emergency events may necessitate a planned evacuation. Regardless, the lack of transportation can abort the evacuation attempt. Nursing homes are advised to identify three transportation providers.

There are many reasons why an evacuation may not occur due to a lack of ground transportation:

- Poor planning by the facility
- Incorrect assumptions regarding vehicle sources and availability
 - Too great a demand for too few vehicles
- Vehicles are destroyed in the disaster
- Vehicles cannot respond into the region
 - Distance too great
 - Impassable roads
- Vehicle size or type
 - An insufficient number of vehicles may require several trips, causing an evacuation to take more time to complete than is available, forcing some residents to shelter-in-place
 - Vehicles that are difficult to load and unload will require more time for evacuations
 - Loading and travel times must be less than the time available to travel safely in deteriorating conditions, such as the onset of tropical storm-force winds (39-73 mph)
- Fuel source and availability

If a nursing home has exhausted their organizational resources, their transportation vendors cannot meet their obligations for whatever reason, and the facility cannot obtain transportation after a decision to evacuate has been made, the local office of emergency management should be contacted and made aware of the urgent situation. The local OEM may be able to help secure transportation.

Destination

Even when a decision to evacuate has been made, it cannot occur without a place to go. Destination locations will be identified in the facility's emergency management plan and should include three destination location types.

Destination Location Types

- Close Proximity – serves an unplanned, immediate evacuation
- Within Area – serves an unplanned or planned evacuation
- Outside of Area – serves a planned evacuation

The availability and structural integrity of the destination location will impact the nursing home's ability to carry out its evacuation decision. Nursing homes are advised to plan "three-deep": that is, identifying three destination locations per proximity. At least one destination should be at least 50 miles away.

The impact of the emergency event on the "home" facility may necessitate a long term stay at the destination facility or a transfer to another more permanent care location. The public shelter is a choice of last resort; conditions may be poor and the health of residents may be threatened.

Staff

The availability of staff to be contacted and to return to work is an important factor influencing the decision to evacuate or shelter-in-place.

There are many reasons which may affect staff's ability to respond when called back to work:

- Impassable roads
- Injured, ill, or deceased family members
- Availability and role of non-nursing staff to support direct care, hands-on nursing staff in the evacuation process
- Concerns about dependent family members
- Concerns about pet safety
- Personal injury or illness
- Inability to communicate – cell towers/phone lines down.

Supplies

A decision to shelter-in-place requires the ability of a facility to be self sufficient. Sheltering-in-place requires a significant quantity of supplies: alternate energy sources, food, potable water, medications, hygiene supplies, and other necessities. If sufficient quantities cannot be acquired prior to an event, evacuation may be warranted. Requirements vary from state to state. Florida's state requirements are noted below, along with recommendations.

Florida Requirements and Recommendations

Supply Type	2008 Florida Requirements Florida Administrative Code (FAC)	Recommendations
Dietary: Non-perishable food & supplies	One-week, s. 59A-4.110(4), FAC	7-10 days
Drinkable water supply	3 gallons per resident per day during and after a disaster which is defined as 72 hours, 59A-4.133 (18), FAC 1 gallon per staff member per day during and after a disaster which is defined as 72 hours, 59A-4.133 (18), FAC	7-10 days
Essential supplies	72 hours, s. 59A-4.126 (2)(b), FAC and AHCA Form 3110-6006, March, 1994	7-10 days

It may also be that supplies are sufficient to shelter-in-place during and immediately after the event, but because of disrupted supply chains, re-supply after the event may not be possible. In this situation, an evacuation, after the event is over and the threat has passed, may be required.

Projected event scope might also predict the availability of supplies post disaster (see Scope section). A wide-spread emergency might significantly disrupt transportation and communications to such degree that remaining in the facility is not feasible.

In considering quantities of supplies, the nursing home must assess the potential for an increase in facility population, such as an influx of staff dependents, incoming residents, and other staff seeking shelter.

External Factors

External factors influencing the decision to evacuate or shelter-in-place are beyond the facility's control and tend to pose the same threat across a geographical area. External factors are described in terms of the nature of the event, time and scope, and the facility's location and geographic vulnerability.

Nature of Emergency Event

Emergency events are unpredictable and may occur in many forms. From the impending hurricane which gives hours or even days of preparation time and impacts multiple counties, to the fire outbreak which gives only minutes and impacts only a single nursing home, varying emergency types demand different facility responses.

As a first step, the facility's Incident Command will make a hazard assessment, determining the immediacy of the threat to the residents and staff and the likely scope of the emergency. The hazard assessment will weigh the risks of not evacuating with the possible harm the act of evacuating may cause residents.

The nature of emergency events influences the decision to evacuate in two general ways:

1. Time – Immediate threat vs. Impending threat
2. Scope – Facility-specific vs. Community-wide

Time: Emergency events may be immediate or impending.

Immediate emergency incidents (fire, gas leak):

- Occur with little or no warning
- Allow for very little planning time for Incident Command
- Response relies more heavily on training rather than immediate direction from supervisors
- Allow for no time to conduct an off-site external evacuation, though the facility population may evacuate from one portion of the building to another or from the building to outside
- Force a temporary shelter-in-place decision

Impending disasters (hurricane, winter storm, wildfires)

- Are tracked for some period of time prior to impact
- Allow communication beforehand with outside stakeholders, especially local emergency operations centers
- Allow some time for Incident Command to meet, formally activate disaster plans, weigh options and prepare
- Allow some consideration to pinpoint a time by which a decision to evacuate must be made in order to allow for safe evacuation by considering the following:
 - Estimated time of arrival of tropical storm winds of sustained 39 mph or at the onset of storm surge inundations, whichever occurs first
 - Time required to mobilize residents, transport them, and move them into the evacuation destination location

Scope: The scope of the emergency event refers to the geographic impact of the incident and may be facility-specific, local, or widespread. The decision to evacuate or to shelter-in-place will be influenced by the scope of the emergency.

Facility-Specific

Emergency events may be facility-specific or relevant to only a local neighborhood.

Characteristics of facility-specific emergencies include:

- immediacy
- evacuation decision made by the facility's Incident Commander rather than outside direction
- short distance to the evacuation destination, often within the community
- municipal utility services will likely continue uninterrupted
- an evacuation made within the facility, a partial evacuation of residents, or complete abandonment of the structure, depending on the damage to the structure
- an evacuation duration which is very short (hours to days) unless damage is significant

Local

Localized events will impact limited areas, including multiple city blocks or specific counties.

Characteristics of local emergencies include:

- evacuation direction will come from local officials (either voluntary or mandatory)
- immediate or impending
- evacuation destination to occur over shorter distances
 - distances within 50 miles (60 miles under extenuating circumstances)
 - travel duration between 45 minutes and 2 hours (not including load/unload time)
- evacuation may be partial or complete
- evacuation duration will generally be of shorter duration (days to weeks), although some specific circumstances could be longer
 - after the event, repairs to local infrastructure should occur relatively quickly and supply chains will experience minimal disruption

Widespread

Generally a widespread event impacts broad geographic regions, for example, multiple counties or states. Widespread events will be powerful and highly disruptive. These events will often be impending events, occurring with advance warning.

Characteristics of these widespread emergencies include:

- mandatory evacuations ordered by government authorities
- long distance travel will be required
 - distances greater than 50 miles
 - travel duration over 2 hours (not including load/unload time)
- complete evacuation of residents and staff
- evacuations which may be of an extended duration, possibly measured in months
 - after the event, supply systems and infrastructure will be significantly damaged or destroyed and services will not be restored quickly
 - facility damage is likely to be significant

Location of Facility

The location of the facility is a factor in deciding to shelter-in-place or evacuate.

- Rural
- Urban
- Metropolitan

A facility that is isolated in a rural area may have a buffer of distance from certain industrial or commercial accidents, civil unrest, or negative impacts of destroyed infrastructure. However, the same distance could be a liability as restoration of utility services and arrival of relief and supplies could take a considerably longer time.

Likewise, a facility in an urban or metropolitan area would likely experience greater attention on the restoration of utilities and supply chains during the post event recovery phase. However, these areas may be more vulnerable to uncontrolled fire, civil unrest, and other threats associated with the breakdown of municipal services. The ability to evacuate may be made much more difficult or even impossible in certain municipalities.

In the Zone

A facility's hurricane evacuation zone, storm surge zone, and flood zone will contribute to the decision to evacuate or to shelter-in-place. Determined in advance by local office of emergency management, these zone designations will influence when and where to evacuate. While knowing whether your facility is in a designated zone is essential, real-time monitoring of the emergency event is required for evacuation decision-making.

Hurricane Evacuation Zone

Hurricane evacuation zones are usually determined as part of a state's Hurricane Evacuation Study, a federal program which develops tools and information that assists state and local offices of emergency management in deciding who should evacuate during a hurricane threat and when the evacuation order should be given to insure all evacuees have enough time to get to safety.

The Hurricane Evacuation Zone is determined by considering an area's:

- Geologic, bathymetric, and topographic features
- Transportation and population
- Specific hazards analyses, including the likelihood of surge

Hurricane Evacuation Zone Definitions:

- Evacuation Zone A – Highest risk of flooding from a hurricane's storm surge. Zone A includes all low-lying coastal areas and other areas that could experience storm surge from ANY hurricane making landfall close to a hurricane evacuation zone county.
- Evacuation Zone B – may experience storm surge flooding from a MODERATE (Category 2 and higher) hurricane.
- No Evacuation Zone areas lie outside a hurricane evacuation zone and are not expected to face a risk of storm surge flooding from a hurricane.

Storm Surge Zone

The greatest potential for loss of life related to a hurricane is from storm surge. A Surge Zone (also referred to as a Storm Surge Zone) is a geographic area that will be inundated by the storm surge of a hurricane or tsunami. The surge zone is different for each category of storm, growing in size as the intensity of the storm increases. The storm surge will consist of salt water unless occurring along a large freshwater lake. A hurricane's predicted landfall is crucial to determining which areas will be affected by storm surge. When not associated with a tropical system, the storm surge may also be referred to as coastal flooding. Coastal flooding can occur from the combination of high tides and strong on-shore winds.

The Storm Surge information informs the assignment of hurricane evacuation zones and is impacted by incident-specific considerations such as:

- Central barometric pressure at 6-hour intervals
- Latitude and longitude of storm positions at 6-hour intervals for a 72-hour tract
- Storm size measured from the center (eye) to the region of maximum winds, commonly referred to as the radius of maximum winds.
- Height of the water surface well before the storm directly affects the area of interest

Flood Zone

A Flood Zone is an area that will be inundated by water. This excess water can come from torrential rain, snow melt, dam breaches, water ponding in low lying areas, and failure of flood control devices. Flooding can occur from sources hundreds of miles away; the facility does not need to be experiencing adverse weather to experience flooding. Flood water will likely be fresh water, will carry debris and contaminants, and might not quickly drain, thereby becoming stagnant. Flood zones are determined by emergency management and insurance professionals (Flood Insurance Rate Maps) and should be ascertained before a threat is imminent.

Conclusion

Nursing homes and assisted living facilities caring for vulnerable elders and persons with disabilities are responsible for comprehensive plans for their care and protection and, when conditions warrant, facilities must take quick, decisive action to follow through on those plans. Emergencies can be relatively localized events like tornadoes, or may encompass large geographic regions as in the case of earthquakes, hurricanes, and wildfires. The speed at which events unfold can vary greatly.

Hurricane Katrina was tracked as a monster storm for two to three days prior to landfall, while other storms intensified explosively, catching many off-guard.

While planning for every scenario is impossible, the disaster mitigation and response plans developed and maintained by nursing homes and assisted living facilities are comprehensive by design, incorporating extensive protocols and agreements to facilitate sheltering-in-place, or if necessary, complete evacuation. Laws and regulations require comprehensive planning to ensure the protection of long term care facility residents; their proper nutrition and hydration; adequate staffing before, during, and after an event; and maintenance of essential communications with both families and government officials. There are also requirements for the safe transportation of our most frail, least ambulatory residents in the event conditions warrant swift relocation.

Redundancy in disaster planning is strongly encouraged as it is certain that resources will be stretched thin by constantly changing conditions. Facilities are encouraged to implement a *three-deep* philosophy, entering into contracts with multiple vendors for the provision of food, water, emergency power, transportation, and emergency destinations.

Most importantly, a facility's Incident Command must be prepared to consider and act on a facility's evacuation decision-making criteria.

Hurricane and Disaster Preparedness Project Summary

In February 2006, The John A. Hartford Foundation (JAHF) funded a Nursing Home “Hurricane Summit,” sponsored by Florida Health Care Association, of representatives from the six Gulf Coast States affected by hurricane damage during 2005 (Louisiana, Mississippi, Alabama, Texas and Florida), including Georgia, a receiving state for hurricane evacuees. The Summit evaluated disaster–preparedness, response and recovery of nursing homes and identified gaps that impeded safe resident evacuation and disaster response. The meeting identified emergency response system issues that require improved coordination between nursing homes and State and local emergency responders. The Hurricane and Disaster Preparedness for Long-Term Care Facilities project builds on the knowledge gained at the Nursing Home Hurricane Summit, the experience of emergency management staff during the four 2004 Florida hurricanes and the 2005 Hurricanes (Katrina and Rita), as well as the Federal Government’s interest in improving disaster preparedness.

Primary Objective: This project’s primary objective is to ensure the safety and quality of care of frail elders living in nursing homes during a natural disaster by helping nursing homes and state and local emergency responders improve disaster preparedness, response, and recovery.

Goals: To achieve this objective, the project will:

- I. Develop a new nursing home Disaster Planning Guide and software for national use,
- II. Develop and test nursing home disaster training materials, and
- III. Disseminate these materials regionally at the 2007 gulf coast state Hurricane Summit, and nationally in 2008 in partnership with American Health Care Association at their annual meeting and other national meetings.

For more information, please contact:

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Part III

Incident-Specific Hazards

Nursing homes in different regions are vulnerable to a variety of environmental hazards. This part of the *Emergency Management Guide for Nursing Homes* provides guidance for developing incident-specific appendices. Incident-specific appendices extend beyond the all-hazards tone of the standard operating procedures and address special response procedures, notifications, protective actions, and other needs which may be generated by a specific hazard. The incident-specific hazard appendices supplement a facility's basic plan and standard operating procedures.

Any or all of the incident-specific hazards may be a component of a nursing home's comprehensive emergency management plan along with the standard operating procedures.

An incident-specific hazard appendix may begin with a summary of the nature of the hazard followed by unique planning considerations like special preparation needed, warning types, or evacuation likelihood.

A nursing home's local emergency management office will be able to supply a list of common significant hazards specific to the geographic area. They may also have descriptions of the nature of the hazards which may be included in the facility's plan.

While there is no requirement in the Disaster Mitigation Act of 2000 or any other FEMA program to incorporate terrorism into all-hazard mitigation planning, state and local governments are strongly encouraged to treat anti-terrorism as mitigation and establish or enhance the linkages between law enforcement/security, emergency management and other stakeholder organizations. Nursing homes may contact their local office of emergency management and ask for any information they may have on anti-terrorism mitigation activities.

Biological Event

Background

A biological event is the dispersion of germs or other biological substances that can cause illness or death. The release of this material can be deliberate (as in a terrorist attack) or occur through natural transmission, such as occurs during an epidemic or pandemic, or the release could occur as a result of another event, such as flood waters carrying raw sewage or agricultural waste.

For a frail and compromised population, the number of potentially harmful biological agents increases as the body's natural immune capacity decreases. Germs can spread more quickly through this population.

The single most important action to take during a biological event is to be in constant contact with local health department officials. Each different potential pathogen and agent has a specific treatment and response protocol. While common infection control and personal protection practices play a significant role in preventing and safely mitigating a biological event, each occurrence is unique and requires the guidance of emergency health professionals. The nature of the causing event may also dictate certain actions. Local potential biological threats need to be identified and their appropriate mitigating actions included in the facility plan, but the enormous variety of potential biological events makes a good relationship and open communication between facility administration and local public health officials essential to properly responding to a biological event.

Norovirus (acute gastroenteritis)¹

Acute gastroenteritis (AGE), specifically norovirus, has higher attack rates among the residents of long-term facilities than noninstitutionalized populations.

The norovirus strains are the most common cause of sporadic cases and outbreaks of AGE. Transmission occurs via the following routes: foodborne, person-to-person routes, and contaminated environmental surfaces. Norovirus requires low doses to cause infection and is persistent in the environment (a hardy virus). Shedding of the virus is prolonged after recovery. The threat to nursing home residents is compounded by shared toilet facilities, close living quarters, and the presence of high numbers of immobile and incontinent individuals. The conditions prolong outbreaks and increase attack rates. Control of norovirus outbreaks depends upon consistent and strict enforcement of proper hand washing and personal hygiene practices and effective use of environmental disinfectants.

¹ "Norovirus Activity – United States, 2006-2007." Morbidity & Mortality Weekly Report, U.S. Centers for Disease Control. August 24, 2007 / 56(33):842-846 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5633a2.htm?s_cid=mm5633a2_x accessed on August 27, 2007.

Pandemic/Epidemic

In recent years, much attention has been directed toward the H5N1 influenza virus, more commonly referred to as “avian flu.” But influenza is not the only naturally occurring disease that can cause epidemics and pandemics. The impact of a localized disease epidemic or an international pandemic would be felt at all levels: individual, facility, and community wide. A disease or condition is not a pandemic merely because it is widespread or kills a large number of people. The disease must also be infectious. Cancer, for example, is the number two killer behind heart disease. But even with such a large number of deaths, cancer is not considered to be a pandemic because the disease is not infectious.

The following is a list from the World Health Organization of diseases that can cause epidemics or pandemics. While many of these diseases are not common in developed countries, rapid international transportation of people and goods makes any infectious disease a potential threat to populations with compromised health.

Anthrax Avian influenza Crimean-Congo haemorrhagic fever (CCHF) Dengue haemorrhagic fever Ebola haemorrhagic fever Hepatitis Influenza Lassa fever	Marburg haemorrhagic fever Meningococcal disease Plague Rift Valley fever Severe Acute Respiratory Syndrome (SARS) Smallpox Tularaemia Yellow fever
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Further information regarding specific pathogen agents may be obtained from the following websites: <http://www.bt.cdc.gov/agent/agentlist.asp> and <http://www.who.int/csr/disease/en/>.

In the event of a pandemic or localized epidemic, facility staff may be unable to report to work, suppliers and vendors may be unable to provide contracted emergency supplies and services, and utility services and basic infrastructure could suffer breakdowns, if only for a short time. Quarantines may restrict the travel of emergency personnel and severely limit the movement of supplies and personnel into and out of affected areas. The facility may find itself truly on its own, with no immediate outside assistance available.

The U.S. Department of Health and Human Services (HHS) and Centers for Disease Control (CDC) released a checklist in May 2006 to help long term care facilities take steps to prepare for a possible pandemic flu. The American Health Care Association and the National Center for Assisted Living were instrumental in developing the checklist and worked collaboratively with HHS, CDC, the Alzheimer’s Association, American Medical Directors Association (AMDA), National Association of Directors of Nursing Administration in Long-Term Care (NADONNA), and other stakeholders in compiling the information. This checklist can be found at www.pandemicflu.gov/plan/pdf/LongTermCare.pdf. For further information, visit the CDC at <http://www.cdc.gov/> and the World Health Organization at <http://www.who.int/en/>.

Bio-Terrorism

Bio-terrorism involves the deliberate release of biological agents – viruses, bacteria, other “germ” like substances – to cause harm or death to humans, animals, and/or plants. Most of these agents do occur naturally, but several have been altered to increase their lethal potential. Among an already compromised population, however, even normally inconsequential agents can wreak havoc.

The Administrator or their designee should participate with the local office of emergency management (OEM) as it relates to preparing for this challenge. If the facility is not contacted by the local OEM, initiate contact and advise them of your interest to participate in work groups. There is a direct link between planning involvement and subsequent support during an event.

- Have the facility’s approved written comprehensive emergency management plan readily available. If there is a mass bio-terrorist event, local government will use, as much as possible, existing disaster preparation systems for responding to natural disasters.
- Be alert for disease patterns that might indicate contact with biological or chemical agents. Immediately notify hospital and local health officials if any unusual clusters of illness are noticed.
- Administration and staff should become familiar with the literature detailing how health care providers can identify and respond to a bio-terrorism action.

The following websites are extremely helpful and can provide up-to-date information:

- www.bt.cdc.gov/bioterrorism/
- www.fema.gov

Infection Control and Handling of Cadavers

Unfortunately, when preparing for the potential of epidemic and pandemic diseases or bio-terror events, one must prepare for the management of cadavers. In an extreme situation, such as the 1918 Spanish Flu pandemic, deaths may occur at a fast rate. When considering that normal public services would likely be adversely impacted, facilities must plan on instituting internal quarantines and isolation with little or no external assistance.

The bodies of individuals that perish due to disastrous events or natural causes are not a public health hazard. Dead bodies are only potentially hazardous if fluids from the bodies contaminate drinking water or flood waters or if the decedent suffered from or perished due to an infectious disease. As a safe practice, all unknown or unfamiliar corpses should be treated as though they could have an infectious disease. Similar to the philosophy of universal precautions, staff should be trained to minimize exposure to infectious bodily fluids and tissues which may be present in cadavers. Always seek the advice of your local public health department regarding a specific pathogen, or for guidance in dealing with an unknown agent.

Body bags should be discretely stored at the facility. Body bags are relatively inexpensive and should be acquired prior to the outbreak of disease while supplies are plentiful. If body bags are unavailable or if supply is inadequate, immediately contact the local health department for alternate instructions for safely handling and storing bodies, either infected or not infected. The CDC provides pathogen specific guidelines on its website at <http://www.bt.cdc.gov/agent/agentlist.asp>. For temporarily storing bodies on-site, refrigerated truck trailers and dry ice may be utilized. Do not use regular ice as the melt water creates additional problems.

Response

General (adapted from the Centers for Disease Control)

Regular infection control practices should be completely followed at all times.

- Wash hands with soap and water after working with each resident.
 - Use hand sanitizer ($\geq 62\%$ ethanol/alcohol content) to complement hand washing
- Use appropriate personal protective equipment – gloves, face masks, goggles, etc.
- Quarantine residents with communicable diseases.
- Ensure that staff coming into contact with residents are aware of any illnesses.
- Monitor staff to stop illnesses or substances from being brought into the facility.
- Disinfect infected/contaminated surfaces:
 - Use a chlorine bleach solution with a concentration of 1,000 to 5,000 parts per million (1:50 to 1:10 dilution of household bleach [5.25%]) for hard, non-porous surfaces
 - Use disinfectants according to manufacturers' instructions that are registered as effective against norovirus by the EPA*
- Do not return to work until 48 to 72 hours after symptoms resolve.
- Additional infection control measures:
 - Use contact precautions
 - Avoid sharing staff members between units or facilities with an outbreak of illness with units or facilities that are unaffected by illness
 - Group symptomatic patients
 - Provide separate toilet facilities for well and ill patients
 - Instruct visitors on appropriate hand hygiene practices
 - Close affected units to new admissions and transfers

Administrator

- Unless the Administrator has medical training and licensure, decisions regarding bio-hazards and illness should be made in close consultation with facility employed licensed medical staff, the Medical Director, the health department, or other government bio-hazard first responders.
- If quarantine is initiated, the Administrator should ensure that vendors are contacted to ensure continued supply of equipment, food, and medicines. If necessary arrange for an off-site drop-off/pick-up location to which supplies can be delivered. Facility staff can then access this material after vendor personnel have vacated (this avoids contamination between facility staff and non-facility persons).
- Communications should be initiated by the Public Information Officer with family and legal representatives of residents. This communication should notify family and legal representatives of the following:
 - the nature of the bio-hazard
 - restrictions on visitation; and
 - estimated potential duration of the protective actions.
- Arrange for security services to keep outsiders out and staff/residents in during a facility-wide quarantine.
- Decide at what point ill staff will be ordered to stay away from the facility.
 - Have alternative chains of command ready to take control.
 - If a staff member falls ill at work, how will they be treated?
- Decide when operations will change in response to an internal illness outbreak among the facility's residents.
- Decide when operations will change in response to an external biological threat:
 - When to stop admissions?
 - When to institute alternative staffing plans?
 - When to limit social activities and contact with visitors?
 - Will operations change when pandemic illness is first detected anywhere in the world, when it is detected in the country, or when it is detected in the community?
- The Administrator or Liaison Officer should liaison with first responders, the OEM health operations, and the health departments, unless the nature of the bio-hazard emergency dictates that licensed medical personnel take lead in communicating with external health agencies. The Administrator should still represent the facility's interests to the media, corporate offices, vendors, family and legal representatives of residents, and the local office of emergency management.
- For this type of event, staff may be unable attend to family. Expect high levels of anxiety and stress, especially if the family of staff are directly impacted or do not respond to communication. Show compassion and respect toward staff as they are equally impacted by the events.
 - Social services should be advised to prepare to assist with staff needs.

Direct Care Staff (CNA, LPN, DON)

- Monitor residents for signs of illness. CNAs should report and record anything unusual.
- Notify facility Administrator and Medical Director.
- Under the direction of the Medical Director or Administrator, assess the residents. The condition of the residents should dictate who is contacted first: the local health department or local hospitals.
 - Provide both the hospitals and the health department with a full description of symptoms.
- Upon detecting a potential illness, or when an external threat has been identified, begin determining the appropriate response and initiate initial preparations for in-facility quarantines.
 - In-service staff when appropriate.
- Nursing staff (DON, Infection Control Nurse, LPN, MDS Nurse, in this order) should determine if quarantines or enforced separations should be by individual rooms or wings. At the same time, the same nursing staff should make the determination as to the appropriate safety precautions for staff.
- Monitor the health of staff as they may transport disease and contaminates from the general population into the facility.
- In the event of a bio-hazard act of terrorism, an accident at a military facility, or an incident at a medical research facility, all staff should work quickly to move residents to high locations (upper floors) to

minimize exposure to agents that might settle near the ground. Actions will probably closely resemble protective measures for a chemical incident:

- o shut and seal doors and windows
 - o disable fresh air intake
 - o follow decontamination procedures for clothing and skin. Actual response will depend upon the specific pathogen threat.
- Don't panic.

Dietary

- Operations should proceed as though sheltering in place.
- Check supplies and advise the Administrator or business office if additional supplies are needed.
- Communicate with facility medical staff and the health department. If a quarantine is in effect for both the facility and the general public, supplies may be difficult to acquire.
 - o Prepare to quickly acquire and safely store food supplies in sufficient quantities to sustain operations beyond the legal 7 day requirement. The CDC or health department will provide guidance regarding timelines.
 - o Food stocks should account for staff should travel be restricted.

All other departments

Prepare for sheltering in place for the duration.

Evacuation

The Incident Commander will make the decision to evacuate in accordance with the facility's Standard operating procedures and direction from the local office of emergency management, local police and/or fire department having jurisdiction and as applicable.

Additional Bio-Terrorism Sources: Center for Disease Control, U.S. Postal Service, FEMA, WHO, Florida Department of Health, Florida Department of Law Enforcement.

Bomb Threat

Background

A bomb threat can be delivered as either a written or verbal notification of intent to detonate an explosive or incendiary device with the intent of causing harm to individuals or of causing damage to or the destruction of physical property. Such a device may or may not exist. While a good number of bomb threats are pranks, bomb threats made in connection with other crimes, such as extortion, hijacking, and robbery are quite serious.

Any bomb threat, either verbal or written, should be taken seriously and be reported immediately to the appropriate local authorities. A bomb threat should cause the initiation of the facility's comprehensive emergency management plan.

The Administrator is responsible for oversight regarding the safety practices and procedures relating to bomb threats. All personnel should familiarize themselves with the facility's plan, and act accordingly in a bomb threat situation. Although many bomb scares prove to be false alarms, each bomb threat must be treated seriously. The Administrator, or their designee, will make the decisions to search the premises, to evacuate the residents if necessary, and to give an "all clear" signal when the facilities are again secure.

Response

Search Team Coordinator

As Incident Commander, the Administrator should be prepared to serve, or have a designee such as the Safety Officer, who can coordinate a search team. This individual will direct and/or assist law enforcement and should:

- Know the layout of building
- Be in possession of a current facility floor plan
- Have keys to all doors, inside and out
- Know locations of electrical panels, phone exchange boxes, and alarm systems
- Be familiar with public areas such as trash disposal areas, loading docks
- Know the utility systems and location of mechanical rooms

Exterior Control

There should also be a designee, perhaps the Maintenance Unit Leader, who can manage and control the perimeter of the building.

- If evacuated, direct vehicles in and out
- For emergency vehicles, clear and determine parking access
 - Direct incoming emergency vehicles
- Monitor and keep clear ingress/egress to the property

Written Bomb Threat

A written bomb threat is impersonal in that, unlike a telephone bomb threat, one does not directly converse with the perpetrator of the threat.

- Do not handle the letter/delivery medium any more than necessary.
- The Administrator or designee should be notified immediately upon receipt of a bomb threat.
- The Administrator/designee should notify police immediately, giving the authorities all known details.
- Immediately contact the appropriate local authorities.

- o Check with local office of emergency management officials to identify the appropriate authority which responds to bomb threats.
- If the letter/delivery medium accompanies a package, immediately evacuate the area.
 - o Follow fire plan for checking, evacuating, and securing rooms. Attempt to isolate the area, removing residents and staff by working out away from the area with the package.
- If the letter does not accompany a package, search the premises.
 - o Have personnel objectively search their respective areas for any unusual or extraneous items, such as boxes, packages or bags. Residents should not be involved in the search. The search should be conducted very quietly, but quickly and thoroughly.
 - o If any unusual food item is found, do not disturb it.
 - o Codes and signals should be utilized to avoid upsetting the residents.
- Place the facility on lockdown.
- Visitors should be requested to leave the premises after registering their presence.

Telephoned (Verbal) Bomb Threat

If a telephone call is received, the person answering the phone should try to talk with the individual as long as possible by asking questions, such as:

1. Where is the bomb (or bombs) right now?
2. When is the bomb going to explode?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?

While conversing with the person, particular attention should be paid to the nature of the voice, taking note of any distinguishing vocal characteristics, including, but not limited to, the following:

- Vocal Characteristics:
 - o Gender
 - o Accent
 - o Lisp
- Background noise

Other Factors to Consider:

- Is the voice familiar or unfamiliar?
- Are there any recently terminated or disgruntled employees that warrant further investigation by designated authorities?

Evacuation

The Incident Commander will make the decision to evacuate in accordance with the facility's standard operating procedures and direction from the local office of emergency management, local police and/or fire department having jurisdiction and as applicable.

Some things to remember:

- Remain calm.
- Conduct your search efficiently, but do not create any more activity than absolutely necessary.
- Cooperate fully with the local fire and police/sheriff's departments.
- Total evacuation of the facility is not recommended unless directed by the authorities.

Earthquake

Background

Earthquake

Earthquakes are among the most unpredictable and devastating of natural disasters. An earthquake can be defined as a sudden movement of the earth as the result of the abrupt release of pressure. This release of pressure can result at fault lines where two tectonic plates collide (e.g., west coast of the United States) or separate (e.g., mid-Atlantic rift); it can occur as the ground lifts or sinks due to underlying pressures (e.g., Yellowstone Caldera), or pressure can be released in thrust faults, or folded rock (e.g., Appalachian Mountains). An earthquake is also referred to as a “shaking hazard.”

Over half of the United States faces a real threat from earthquakes; 75 million Americans in 39 states face a significant threat from this geologic hazard. This does not include potential hazards from Mexico, Canada, or the Caribbean.

Earthquakes cannot be predicted. The U.S. Geological Survey can issue warnings when the potential for an earthquake is significant, but exactly when, where, or if an earthquake will occur cannot be determined. Individuals and facilities within an area with earthquake potential must mitigate the threat through structural engineering, planning, and training.

One product of underwater earthquakes is the tsunami. A tsunami can be produced in any large body of water that is rapidly displaced by either landslides or earthquakes (an earthquake can trigger landslides). This is a threat to all coastal areas and any locations on the shores of large lakes (large being a factor more of the volume of water available to be displaced, and less a factor of the actual area of the lake).

Definitions

Earthquake – a sudden slipping or movement of a portion of the earth’s crust.

Aftershock – an earthquake of similar or lesser intensity that follows the main earthquake.

FAULT – the fracture in the ground where the slipping or movement occurred that caused the earthquake.

Epicenter – the place on the earth’s surface directly above the point of the fault where the slipping or movement originated.

Seismic waves – the waves generated by the slipping or movement of the earth. These waves travel outward from the fault. Vibrations from these waves cause most of the damage resulting from an earthquake.

Magnitude (Richter Scale) – the amount of energy released during an earthquake. Each whole number on the scale represents an increase in energy released by a factor of roughly 30 from the previous whole number (e.g., a magnitude 4.0 earthquake is 30 times more powerful than a magnitude 3.0 earthquake).

Protective Measures

Much of the survivability for earthquakes relies upon two actions: 1) thorough staff training; and 2) structural engineering and construction to mitigate the threat from earth movements. Structural alterations should only be handled by licensed and insured professionals.

- Regularly practice earthquake drills. Regular and thorough training of ALL staff is key to the response to an earthquake.
- Structures should be securely fastened to the structure’s foundation. Refer to regional building codes.
- Repair defective electrical wiring.

- Repair leaky gas lines.
 - The installation of automatic shut off valves triggered by strong vibrations is highly recommended. The gas utility should handle this work or can recommend qualified contractors.
- Repair or replace inflexible utility connections and fittings.
- Bolt down or otherwise secure water heaters, refrigerators, the furnace and/or boilers, large washing machines and dryers, and other gas appliances.
 - Brace top-heavy items.
- Place large or heavy items on lower shelves.
- Stock extra fire extinguishers.
 - Multiple small fire extinguishers are better. Smaller, lighter fire extinguishers will make maneuvering through a disaster area easier.
- Fasten shut all cabinets.
 - China, glass bottles and other vessels, and other breakables should be stored low.
 - Heavy items such as canned food should also be stored low or secured in cabinets.
- Securely anchor overhead lighting.
 - Consider offsetting lights that are directly over resident beds, especially bedridden or otherwise significantly incapacitated individuals.

Sources: U.S. Geological Survey Fact Sheet 2006-3016 accessed 8/2007 at <http://www.usgs.gov/hazards/earthquakes/>. "Are You Ready? An In-depth Guide to Citizen Preparedness." FEMA and American Red Cross. Document IS-22, August 2004.

"Earthquake Science Explained" General Interest Produce 21. Compiled by Matthew A. d'Alessio. January 2006. <http://pubs.usgs.gov/gip/2006/21/>.

United States Geological Survey website. <http://www.usgs.gov/>. Accessed 8/2007.

Response

During an Earthquake²

If indoors:

- DROP to the ground; take COVER by getting under a sturdy table or other piece of furniture; and HOLD ON until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
- Caregivers and residents should stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
- Keep residents in bed if they are there when the earthquake strikes. Residents may require help to hold on and stay in beds or in wheelchairs and staff could try to protect residents with pillows, blankets, or sweaters. If residents are under a heavy light fixture that could fall, try to move the resident to the nearest safe place.
- Use a doorway for shelter only if it is in close proximity and it is a strongly supported, loadbearing doorway.
- Staff and residents should stay inside until shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
- DO NOT use the elevators.

If outdoors:

- Stay there.
- Move away from buildings, streetlights, and utility wires.
- Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits, and alongside exterior walls. Ground movement during an earthquake is seldom the direct cause of death or injury. Most earthquake-related casualties result from collapsing walls, flying glass, and falling objects.

If in a moving vehicle:

- Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
- Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

If trapped under debris:

- Do not light a match.
- Do not move about or kick up dust.
- Cover your mouth with a handkerchief or clothing.
- Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

² Adapted from the Federal Emergency Management Administration, 2007

After an Earthquake

Expect aftershocks. These secondary shockwaves are usually less violent than the main quake but can be strong enough to do additional damage to weakened structures and can occur in the first hours, days, weeks, or even months after the quake.

- The Incident Command Team will meet to ascertain damage reports and outside emergency information by contacting the local office of emergency management and by listening to a battery-operated radio or television.
- When possible, report status to the state's licensing agency.
- Use the telephone only for emergency calls.
- Open cabinets cautiously as contents will have shifted and serious injury can occur when objects tumble out unexpectedly.
- Stay away from damaged areas. Stay away unless your assistance has been specifically requested by police, fire, or relief organizations. Return home only when authorities say it is safe.
- Be aware of possible tsunamis if you live in coastal areas. When local authorities issue a tsunami warning, assume that a series of dangerous waves is on the way. Stay away from the beach.
- Help other injured or trapped staff, residents, or visitors. Give first aid where appropriate. Do not move seriously injured persons unless they are in immediate danger of further injury. Call for help.
- Clean up spilled medicines, bleaches, gasoline or other flammable liquids immediately. Leave the area if you smell gas or fumes from other chemicals.
- Inspect the entire length of chimneys for damage. Unnoticed damage could lead to a fire.
- Inspect utilities.
 - Check for gas leaks. If you smell gas or hear blowing or hissing noise, open a window and quickly leave the building. Turn off the gas at the outside main valve if you can and call the gas company from a neighbor's home. If you turn off the gas for any reason, it must be turned back on by a professional.
 - Look for electrical system damage. If you see sparks or broken or frayed wires, or if you smell hot insulation, turn off the electricity at the main fuse box or circuit breaker. If you have to step in water to get to the fuse box or circuit breaker, call an electrician first for advice.
 - Check for sewage and water lines damage. If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap. You can obtain safe water by melting ice cubes.

Sheltering-in-Place or Evacuation

The Incident Commander will make the decision to shelter-in-place or evacuate in accordance with the facility's standard operating procedures and direction from the local office of emergency management, local police and/or fire department having jurisdiction and as applicable.

Extended Power Outages

Background

Extended loss of electric services can be fatal for a frail and compromised population in a long term care facility. While the occasional interruption of the electric utility grid is a part of life, steps need to be taken to protect vulnerable residents during times of any loss of power. Utility service can be interrupted by natural disasters, industrial accidents at power generation facilities, or damage to power transmission systems.

Response

The response for long-term loss of electric power – under any circumstance – revolves primarily around the use of generators. Facilities in regions that regularly experience disruption of utility service will have already addressed extended power outages in other parts of their plans. However, resident acuity will dictate if additional protections and redundancies are necessary.

The extent of the power loss is another factor in determining the threat to facility residents. Power may be lost in a very limited area or small region. However, massive power failures do occur, crippling entire regions and interrupting most services.

An extended non-disaster related failure of electric utility service will require some level of emergency activation. This activation will be dictated primarily by resident acuity. In addition to specific ailments, the general population will need to be monitored closely for dehydration and over-heating or hypothermia. A power failure by itself should not immediately require the activation of staff recall procedures, nor should it require activation of protective activities for the physical plant. Vendor services should continue uninterrupted, or if they are suspended, they should be able to resume quickly after electric service has been restored.

See Appendix C Resident Care Services by Vulnerability Assessment to describe how resident conditions are affected by extended power outages.

Generators

Generators can provide reliable electric power when normal utility service is lost. Regardless of whether the generator is permanently installed at the facility or if a quick-connect system is utilized, a properly sized generator will provide reliable power to protect vulnerable residents. The proper size (power capacity), fuel type and capacity, installation procedure, and emergency power delivery infrastructure should be determined, designed, and installed by professional generator contractors and electricians.

See Appendix P Generators and Utilities for more information.

Battery Backup

Some resident conditions require equipment utilizing continuous electric service. To bridge any time gap between failure of electric utility service and activation of generator power, the use of battery backups may be necessary. Some machines may contain their own battery backup. The battery backup can power essential electronic equipment until a more permanent power supply is activated. Depending upon battery capacity and the amount of power used by attached equipment, the battery backups can provide from 5 minutes to over 1 hour of electric service. Battery backups should not be considered long-term emergency power, however, as they require recharging from another power source.

An additional benefit of some battery backup systems is the continuous protection of attached expensive equipment from “dirty power” – brownouts or power surges. This protection is provided as long as the battery backup is in use.

Green Power – Not for Emergency Power

While the use of alternative power popularly conceptualized as “green” – primarily wind turbines and solar cells – carries a multitude of benefits, they are not suitable as primary alternative power sources and should not be utilized as such. The use of a generator and battery backups to provide continuous power supply during emergencies and extended utility failures provides the best protection for frail residents. This is not to say, however, that the green power sources cannot be utilized to operate non-essential equipment that improves resident and staff comfort during disasters and power outages. Nor should this be viewed as a reason to deter any facility from adopting a green power source as a means of producing clean, alternative power.

Evacuation

The Incident Commander will make the decision to evacuate in accordance with the facility’s standard operating procedures and direction from the local office of emergency management, local police and/or fire department having jurisdiction and as applicable.

Extreme Temperatures

Background

The loss of the HVAC (Heating, Ventilation, and Air Conditioning) system in a nursing home is a serious technological failure, under certain conditions. During times of mild weather the failure of these systems would present a minor nuisance. During times of extreme weather, such as a frigid cold winter or unusually hot summer, the failure of these systems can create harmful and fatal conditions for nursing home residents.

The threats from extreme temperatures are not likely to occur alone, but will probably accompany other disasters. For example:

- An ice storm disrupts electric utilities and transportation prior to record setting bitterly cold temperatures.
- A hurricane disrupts electric service. After the storm and before utilities can be restored, a heat wave becomes the predominant weather pattern.

Part of normal aging is a decrease in the body's ability to regulate temperature. Modern climate-controlled buildings largely mitigate the threat posed by extreme temperatures, compensating for the loss of natural ability. Unfortunately, mechanical equipment can and does break down, especially during periods of extreme conditions and the resulting heavy use. The body experiences hypothermia when its core temperature reaches or drops below 95°F. Hyperthermia occurs when the body's temperature reaches or exceeds 104°F. There are steps to consider for maintaining a healthy body temperature in the event of a mechanical failure of climate control systems during times of extreme heat or cold.

Response

Hypopyrexia

In the event that there is a loss of function in the heating system during cold weather, the following procedures are to be implemented to prevent Hypopyrexia. When the facility temperature reaches 65°F and remains so for four hours, staff should:

- Ensure that residents have sufficient blankets or coverings
 - Electric heating blanket use should be considered, but use should be closely and strictly monitored to prevent burning the individual
- Promote the use of head coverings and other means to protect extremities
- Force liquids if necessary
- Monitor body temperatures
- If necessary, relocate residents to other nursing homes or hospitals the facility has agreements with, beginning with the most vulnerable first
- Monitor environmental thermometers on a 24-hour basis
- Ensure adequate calorie intake to help the body produce its own heat
- Use of portable space-heating device (space heaters) is PROHIBITED unless the following two criteria are met (NFPA 18.7.8/19.7.8):
 - Portable space-heating devices are only used in non-sleeping staff and employee areas
 - The heating elements of portable space-heating devices do not exceed operating temperatures of 212°F (100°C)

Hyperpyrexia

In the event that there is a loss of function in the cooling system during hot weather, the following procedures are to be implemented to prevent Hyperpyrexia. When the facility temperature reaches 85°F and remains so for four hours, the facility should:

- Move residents to other air conditioned portions of the building
- Encourage residents to increase consumption of fluids by making water, juices, and Gatorade
- Make sure an adequate supply of ice is available in the building
- Open windows to let cooler outside air in and utilize fans to move air
- Bring in additional staff, if required, to assist
- Monitor body temperatures of the residents in affected areas and notify their attending physicians if necessary
- Relocate residents, if necessary, to assisted living facilities, family, or hospitals in the area with which the facility has agreements
- Monitor environmental thermometers on a 24-hour basis
- Increase security as the facility will be more vulnerable with windows and doors open to facilitate air movement

Sheltering-in-Place or Evacuation

The Incident Commander will make the decision to shelter-in-place or evacuate in accordance with the facility's Standard operating procedures and direction from the local office of emergency management, local police and/or fire department having jurisdiction and as applicable.

Fire

Facility Resources

Background

Fire Prevention, Protection, and Life Safety Procedures

Fire is a rapid oxidation process that releases energy in varying intensities in the form of heat and often light, and generally creates smoke and releases toxic vapors. It is commonly used to describe either a fuel in a state of combustion (e.g., a campfire, or a lit fireplace or stove) or a violent, destructive and uncontrolled burning (e.g., in buildings or a wildfire).

Broadly speaking there are two types of fire:

- **Flaming fires**
 - Flaming fires involves the rapid oxidation (combustion) of a fuel or multiple fuels and are often associated with visible flames and light and produce considerable heat. However, depending upon the specific fuel undergoing oxidation, the flame might not emit light although heat will be generated. For example, burning alcohol is usually invisible although tremendous heat is released.
- **Smoldering fires**
 - A smoldering fire is a flameless form of combustion, deriving its heat from oxidations occurring on the surface of a solid fuel. Examples: glowing coals; cigarettes; swamp fires.

Fire does not have to be in immediate proximity to be fatal. Combustion (oxidation) uses oxygen and often releases smoke and toxic fumes. The reduced oxygen and production of smoke and fumes can replace breathable air, creating an anaerobic environment that leads to asphyxiation. Not all fires create visible smoke. Inside a building where airflow is restricted, the risk of dying from oxygen starvation is greatly increased.

The Administrator is responsible for overseeing fire prevention, fire protection, life safety practices, and disaster management. The goal is for staff to protect residents, visitors, and other staff from fire (burning) and smoke hazards, not to put out the fire.

Always refer to the NFPA Life Safety Code Chapters 18 and 19, along with state and local laws and regulations governing fire protection. Newly hired staff should be in-serviced soon after initial hire (recommended within 30 days, but check with your state's regulations) on how to properly report major fire or explosion incidents. Consider training volunteers and offering training to families if they are regularly at the facility.

Training

Following are fire prevention functions which should be incorporated in each staff person's training:

- All personnel who observe a fire or explosion shall be trained to report the incident immediately to their supervisor, or if no supervisor is in house, to contact the local Fire Department.
- Emergency numbers should be posted by all phones with directives of whom and how to place calls and what information to provide. When your call is answered, keep an open connection to the 911 operator or emergency services phone line.
- Know the location of the fire alarm boxes and how to operate them.
- Location of exits. DO NOT prop open or block access to these exits.
 - Under certain circumstances egress doors may be locked (NFPA 18.1.1.1.5/19.1.1.1.5)
 - Stairwell fire doors are to be kept closed.

- Know the location of gas mains and post instructions on how to shut them off.
- Train in the use of proper use of fire extinguishers.
- Know the general physical layout of the building.
- Know the location of main electrical switch panel (circuit breakers), and who has keys to access room.
- Remain calm. Avoid loud talking and use of the word “FIRE”.
- Assign someone to perform telephone switchboard duties as long as conditions remain safe to stay at the switchboard.
- Report to assigned work stations when the fire alarm sounds.
- All personnel should stand by their departments or work areas for directions after making their own departments safe.
- Individuals on bottled oxygen or oxygen concentrators should be discretely identified (within HIPAA compliance) and known to staff. These individuals and their care givers are at greater risk from fire.

Good housekeeping and constant alertness are the two most important aspects of active fire prevention.

- Keep corridors and stairs clean of obstructions – do not block egress.
- Fire and exit doors must be kept in good working condition.
- The use of small space heaters is prohibited unless both of the following two criteria are met (NFPA 18.7.8/19.7.8):
 - Portable space-heating devices are only used in non-sleeping staff areas
 - heating elements of portable space-heating devices do not exceed operating temperatures of 212°F (100°C)
- Individuals who smoke – staff and residents alike – should be monitored for proximity to oxygen tanks, either their own or tanks of passing individuals.
 - Likewise, landscaping should be monitored around designated outdoor smoking areas to reduce the accumulation of debris and potential fuel.

General Instructions In Case of Fire (RACE)

Perform the first four steps of the fire procedure simultaneously, if possible:

- 1. R-ESCUE** - Remove residents from immediate danger via the evacuation plan. DO NOT PANIC. The greatest danger in most fires is panic. Avoid alarming the residents, staff, or visitors by using excited motions or loud shouting.
- 2. A-CTIVATE** - Activate the alarm and notify other staff members that a fire exists.
- 3. C-ONTAIN** - Contain/Confine the fire and smoke by checking the doors and windows to make sure they are closed.
- 4. E-XTINGUISH or E-VACUATE** - Extinguish the fire, if it is a very small fire.

Response

If fire is in your area and is out of control:

- Close windows and doors.
- Stuff wet rags, towels, etc. under doors.
- Turn off all machinery, especially air conditioning.
- Do not crowd to the scene of the fire.
- If the fire is not in your immediate area, be alert and ready to protect residents and visitors from any potential hazard.
 - Do not expect visitors and volunteers to provide substantial help unless they have been trained in the facility's disaster plan. Get them out of the way as soon as possible.
- Promptly respond to all commands from the Fire Department or other emergency responders.
- Do not use elevators during a fire unless the Fire Department advises that it is safe to do so.

Remove All Residents in Immediate Danger from Fire Area:

- Remove only those residents in immediate danger from fire and smoke.
- If a resident sets his or her bed on fire, do everything possible to get the resident off the bed and out to safety; then close the door to the room. NEVER bring a burning bed out of the room.
- Do not begin mass evacuation until the facility or Fire Department Incident Commander gives the order, unless there is a determination of an imminent and real danger.
- Before opening a door to a room where fire is suspected, first test the door by touching the wood with the back of your hand.
 - Never test for high temperature with the palm of your hand, as extreme heat may cause incapacitating injury.
 - Never test for heat by touching metal. Doors, and the metal on them, can retain very high levels of heat before any visible or physical evidence of the fire becomes apparent.
- After testing the door for heat and before entering a room with a shut door, open the door slowly while standing off to the side next to a wall. DO NOT stand directly in front of the door as it is being opened.
 - If heat increases as the door is opened, shut the door and wait for the fire department
 - If heat does not increase as the door is opened, enter the room and search for any victims.
- When entering a room, be careful of smoke and fumes. It may be necessary to crawl into a room.
- It is safest to perform these types of searches in teams of at least two people.
 - One person should remain outside to respond to any problems the other encounters. Do not enter simultaneously until the condition of the room is known.
- It is not advised to attempt to fight the fire, but "in the heat of battle" circumstances and split-second decision making might dictate taking other actions. Fire fighting is for professional fire fighters, not health care staff. Staff should not attempt to fight the fire unless such actions are deemed absolutely necessary for the preservation of life. Limit fire fighting activities to those *actions absolutely necessary* for the preservation of life, and then only when the fire fighting actions will not cause more harm than good. Again, staff should concentrate on all actions that will protect life and not attempt to extinguish the fire.

Evacuation

The Incident Commander will make the decision to evacuate in accordance with the facility's standard operating procedures and direction from the local office of emergency management, local police and/or fire department having jurisdiction and as applicable.

Administrator

- Once the fire alarm has been activated, determine the location of the activation.
- Assess the situation.
- Supervise emergency operations.
- Contact the Fire Department and coordinate actions with other members of Incident Command.

Nursing Staff (All)

- Report to the location of the alarm activation and assess the situation.
- Initiate appropriate evacuation procedures.
- Shut off oxygen and gas supplies.
- Mark doors and rooms as they are cleared of people.
- Secure medical records.
- Secure medicines and med carts.
- Perform a head count of staff and residents.
- Coordinate with the Incident Commander and other members of Incident Command.

Office Staff and MDS Nurses

- Secure all records.
- Close doors and windows in work areas.
- Office staff should assist in evacuation visitors, families, and volunteers.
- MDS nurse should assist with evacuating residents and monitoring staff.

Maintenance

- Immediately respond to the area of the fire alarm activation.
- Ensure that building gas service is shut off.
- Retrieve fire extinguishers near impacted area. Attempt to control fire if absolutely necessary to preserve life and to assist evacuation.
- Shut down electric service, but not water service, to impacted area.
- NEVER shut down the fire sprinkler system unless ordered to do so by the fire department.

All Other Staff

- Secure work areas and responsibilities.
- Laundry department handles a considerable amount of flammable fuels – linens and laundry chemicals.
 - Secure work area and isolate as much as practical via shut doors, windows, and vents.
 - If not in immediate jeopardy, acquire fire extinguishers and be prepared to control fire (protect flammables) until evacuations are complete.
 - Once evacuation is complete, exit laundry service area.
- Kitchen area needs to be aware of grease traps. Cover with baking soda if threatened with fire.
- Assist as needed.

Wildfires

Background

Each year, thousands of acres of wild land and dozens of structures are destroyed by fires that can start at any time of the year. Wildfires have a variety of causes including arson, lightning, debris burning, and carelessly discarded cigarette butts. Adding to the fire hazard is the growing number of people living in new communities built in areas that were once wild land.

There are three different classes of wildfires. A *surface fire* is the most common type and burns along the floor of a forest, moving slowly and killing or damaging trees. A *ground fire* is usually started by lightning and burns on or below the forest floor. *Crown fires* spread rapidly by wind and move quickly by jumping along the tops of trees. All wildfires are usually signaled by dense smoke that fills the area for miles around.

Investing in preventive mitigation steps now, such as cleaning roof surfaces and gutters regularly, and using only fire-resistant materials on the exterior of your facility, will help reduce the impact of wildfires in the future. Fire resistant landscaping can also help reduce the potential impact of wildfires. Facilities that are in rural areas or are bordered by densely wooded areas might want to consider the option of conducting a controlled burn or utilizing other undergrowth clearing options to reduce the immediate threat from wildfires.

Response

Smoke

If smoke is the only threat from the wildfire, continue normal operations, but limit the amount of foot traffic entering and leaving the facility. If at all possible, do not allow residents outdoors. If some residents must go outdoors, restrict the time spent outside as much as possible. Shut and lock all outside doors and windows. Locking them may pull the door or window tighter and make a better seal against the smoke. Consider replacing the normal air filters with high efficiency HEPA air filters. As much as possible, disable the fresh air exchange to limit the introduction of airborne irritants into the structure. If the fresh air exchange cannot be disabled, have the incoming air filtered through HEPA filters. Close fireplace dampers and any other location that air can come in from outside. Consider using painter's masking tape around the windows, doors, and any other openings that could allow smoke to enter the building to create a temporary unbroken seal. Painter's tape is easily removed after a few days.

If the smoke is particularly caustic and dense, consider moving residents with respiratory ailments to a higher floor. Smoke, like many chemicals, dusts and aerosols, tends to settle on the ground and in low areas.

Flames

If a wildfire is threatening the facility, it is likely that the facility is downwind and already experiencing heavy smoke outdoors. If evacuation becomes mandatory, the evacuation will likely be very quick. The CDC recommends the use of "N95" rated masks to provide some protection from smoke for a temporary time. If the facility is in an area where the risk of wildfires is real and significant, an "N95" rated mask should be available for each resident and staff to use (basic paper or cloth masks do not offer any real protection against airborne pollutants). Masks should be available for all individuals, but not all individuals – especially persons with dementia – will willingly wear the masks. Do not force individuals to wear masks, but allow staff to utilize professional judgment regarding the residents' use of personal protective equipment. For residents with severe respiratory ailments, talk to the medical director or the resident's physician about protecting the resident should they need to be moved outdoors in conditions of heavy smoke or smog.

Act quickly. Follow the instructions of your local emergency coordinators. Every situation can be different, especially if weather conditions are erratic, so local emergency coordinators might have special instructions for you to follow.

Local emergency coordinators may direct people to evacuate homes, offices and businesses. If so, emergency coordinators will direct the evacuation along the safest routes away from the incident. This route may be through heavy smoke, so have residents and staff protected as much as practical while in transit.

An evacuation for a wildfire is likely to occur very quickly with minimal warning and preparation as compared to a hurricane evacuation. Be sure a nurse is assigned to each med cart to ensure that medications are transported with the residents. For facilities that find themselves facing a real and significant threat from wildfires, it may be worthwhile to have a simple prepared “go pack” for each resident. The contents of the go pack should fit in one small bag that can be transported with the resident. Contents should include: one or two changes of clothes; basic personal hygiene supplies (sample sizes or mouthwash, toothpaste, and toothbrush); incontinence supplies (e.g., one or two adult briefs); any other medically necessary items; and some favorite personal item to help calm the individual.

Sheltering-in-Place or Evacuation

The Incident Commander will make the decision to shelter-in-place or evacuate in accordance with the facility’s standard operating procedures and direction from the local office of emergency management, local police and/or fire department having jurisdiction and as applicable.

Floods

Background

Floods

Floods are one of the most common hazards in the United States. A flood is the inundation of a normally dry area caused by an increased water level in an established watercourse. Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire river basins and multiple states. Flooding can also occur along coastal areas as a result of abnormally high tides, storms, and high winds.

River Flooding

River flooding is often caused by:

- Excessive rain from tropical systems making landfall;
- Persistent thunderstorms over the same geographical area for extended periods of time;
- Heavy precipitation upstream; and
- Failure of dams and levees.

Temporary Nuisance Flooding

Temporary nuisance flooding can occur when drainage systems are overwhelmed, as can occur with slow moving tropical systems or thunderstorms when the ground is already saturated. The main threat from this flooding is the temporary blockage of vehicle access and fall (slipping) hazards around doorways where water may backup into the building. It is possible that normally dry areas might hold water under torrential rainfall conditions, creating a potential drowning threat should impaired individuals inadvertently wander into the normally dry area and fall. Keep ditches, curbs, and drainage pipes free of debris and remove any significant buildup of sediment that might impede water flow. This type of flooding ends quickly after the rain ends.

Basement Flooding

If the facility has a basement that has flooded, gradually pump out the water – roughly one third of the water per day – to avoid damaging the structure. If water is pumped out of the basement too quickly, the walls may collapse and/or the floor may buckle if the basement is pumped out while the surrounding ground is waterlogged.

Coastal and Lake Flooding

Coastal and lakeshore flooding occur most often during extreme tropical weather. But strong winds, coupled with high tides (coastal) or high water levels (lake) can cause water to “pile up” on the shore opposite the direction of the wind, leading to flooding of low-lying areas, even if there is no real adverse weather in the region. The threat for coastal flooding is greatest in areas where the coast line curves inward, leaving the wind-pushed high tide water with no safe place to flow. The threat of lakeshore flooding is greatest on large bodies of water (e.g., Lake Okeechobee, the Great Lakes) where the wind has a large distance to travel unopposed over the water’s surface. However, as the wind strengthens and the lake water level rises, the threat of lakeshore flooding increases for smaller bodies of water, especially if the lake is elongated and the surrounding terrain can act to “funnel” the wind over the water (much like the wind tunnel effect between skyscrapers) for the length of the lake.

Definitions

The basic flood terms and what they mean are as follows:

Flood Watch: Flooding is possible. Tune in to NOAA Weather Radio, commercial radio, or television for information.

Flash Flood Watch: Flash flooding is possible. Be prepared to move to higher ground; listen to NOAA Weather Radio, commercial radio, or television for information.

Flood Warning: Flooding is occurring or will occur soon; if advised to evacuate, do so immediately.

Flash Flood Warning: A flash flood is occurring; seek higher ground on foot immediately.

Flood Zone Designations

The Federal Emergency Management Agency has a tool, the Mapping Information Platform, which allows users to enter a street address and pull up a flood map viewer which contains, among other things, a region's flood hazard zone.

Visit www.fema.gov, select Floods; then [What is the flood risk where I live?](#) Enter the address in the fields provided in the right navigation pane.

Also available are definitions of FEMA Flood Zone Designations.

www.fema.gov; select Floods; then Know your Flood Terms. Next, select Flood Maps. The designation definitions are under More Information section of the page.

Mitigation Measures

To mitigate the risks associated with flooding:

- Avoid building in a floodplain unless you elevate and reinforce the facility.
- Elevate the furnace, water heater, and electric panel if susceptible to flooding.
- Install check valves in sewer traps to prevent flood water from backing up the drains of the facility.
- Construct barriers (levees, beams, floodwalls) to stop floodwater from entering the building.
- Seal walls in basements with waterproofing compounds to avoid seepage.

Response

The following are guidelines for the period following a flood:

- The Incident Command Team will meet to ascertain damage reports, mobilize operations, and to obtain outside emergency information by contacting the local office of emergency management and by listening to a battery-operated radio or television.
- Be prepared to deal with call-offs as staff's personal residences may get flooded or roads may prevent travel to work as expected.
- As soon as possible, report status to the state's licensing agency.
- Keep residents out of floodwaters. Water may be contaminated by oil, gasoline, or raw sewage. Water may also be electrically charged from underground or downed power lines.
- Listen for news reports to learn whether the community's water supply is safe to drink.
- Avoid moving water.
- Be aware of areas where floodwaters have receded. Roads may have weakened and could collapse under the weight of a car.
- Stay away from downed power lines, and report them to the power company.
- If returning from an external evacuation, return only when authorities indicate it is safe.
- Stay out of any building if it is surrounded by floodwaters.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are serious health hazards.
- Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals.

Sheltering-in-Place or Evacuation

The Incident Commander will make the decision to shelter-in-place or evacuate in accordance with the facility's standard operating procedures and direction from the local office of emergency management, local police and/or fire department having jurisdiction and as applicable.

Hazardous Materials

Background

Chemical Emergencies

Chemical emergencies (Hazardous Materials; HAZMAT) occur when a hazardous substance has been dispersed into the environment in a manner that has the potential to harm people. These emergencies can result from the release of toxic substances in any quantity, the release of large quantities of a substance that is not problematic when used in smaller and controlled amounts, or from the results of combining two otherwise non-hazardous substances. Release can be in vapor, aerosol, liquid, or solid form.

The effect of toxic substances can be immediate or delayed. Outdoor delivery in quantities sufficient to cause serious harm or death is not as risky as the substances tend to dissipate. However, for a population confined indoors with compromised health, even small amounts of chemicals can achieve toxic levels over time, further deteriorating health.

Some hazardous materials have specific military applications (for which reason facilities need to include military installations and defense contractors in their local hazards analysis), but most chemicals are fairly common in both industrial and consumer settings. Certain chemicals and substances are naturally occurring. The facility's proximity to transportation corridors – railroad, ports/waterways, other bulk carriers, and mining and refining operations – helps to determine the chemical and hazardous material threat to residents and staff.

Hazardous Chemical Types

The Centers for Disease Control places hazardous chemicals in the following categories:

1. **Biotoxins**—poisons that come from plants or animals.
2. **Blister agents/vesicants**—chemicals that severely blister the eyes, respiratory tract, and skin on contact.
3. **Blood agents**—poisons that affect the body by being absorbed into the blood.
4. **Caustics (acids)**—chemicals that burn or corrode people's skin, eyes, and mucus membranes on contact.
5. **Choking/lung/pulmonary agents**—chemicals that cause severe irritation or swelling of the respiratory tract (lining of the nose and throat, lungs).
6. **Incapacitating agents**—drugs that make people unable to think clearly or that cause an altered state of consciousness (possibly unconsciousness).
7. **Long-acting anticoagulants**—poisons that prevent blood from clotting properly, which can lead to uncontrolled bleeding.
8. **Metals**—agents that consist of metallic poisons.
9. **Nerve agents**—highly poisonous chemicals that prevent the nervous system from working properly.
10. **Organic solvents**—agents that damage the tissues of living things by dissolving fats and oils.
11. **Riot control agents/tear gas**—highly irritating agents normally used by law enforcement for crowd control or by individuals for protection (for example, mace).
12. **Toxic alcohols**—poisonous alcohols that can damage the heart, kidneys, and nervous system.
13. **Vomiting agents**—chemicals that cause nausea and vomiting.

Under OSHA's Hazard Communication Standard, all employees in all industrial sectors have both a need and a right to know the hazards from and the identities of chemicals they are exposed to in the work environment. These hazards must be communicated through proper labeling of materials, through training, and via manufacturer supplied Material Safety Data Sheets (MSDS). Source: 29 CFR 1910

Resources

The Centers for Disease Control publishes chemical hazard information at the following website:
<http://www.bt.cdc.gov/chemical/overview.asp>.

Another resource is the *Pocket Guide to Chemical Hazards* published by the National Institute for Occupational Safety and Health (NIOSH). This can be found on the web at <http://www.cdc.gov/niosh/npg/>.

Additional resources:

OSHA: (<http://www.osha.gov/SLTC/hazardoustoxicsubstances/index.html>)

Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation:
(<http://www.phmsa.dot.gov/>).

Decontamination

Some kinds of chemical accidents or attacks may cause you to come in contact with dangerous chemicals. Coming in contact with a dangerous chemical may make it necessary for you to remove and dispose of your clothing right away and then wash yourself. Removing your clothing and washing your body will reduce or remove the chemical so that it is no longer a hazard. This process is called decontamination.

People are decontaminated for two primary reasons:

- 1) To prevent the chemical from being further absorbed by their body or from spreading on their body, and
- 2) To prevent the chemical from spreading to other people, including medical personnel, who must handle or who might come in contact with the person who is contaminated with the chemical.

Most chemical agents can penetrate clothing and are absorbed rapidly through the skin. Therefore, the most important and most effective decontamination for any chemical exposure is decontamination done within the first minute or two after exposure. Senior adults, with their thin and delicate skins, are particularly susceptible to contact poisoning.

In most cases, office of emergency management coordinators will let you know if a dangerous chemical has been released and will tell you what to do. In general, exposure to a chemical in its liquid or solid form will require you to remove your clothing and then thoroughly wash your exposed skin. Exposure to a chemical in its vapor (gas) form generally requires you only to remove your clothing and the source of the toxic vapor. Act quickly and follow the instructions of local emergency coordinators. If you think you have been exposed to a chemical release, but you have not heard from emergency coordinators, you can follow the washing and clothing disposal advice in the next section.

The three most important things to do if you think you may have been exposed to a dangerous chemical are to (1) quickly remove clothing, (2) decontaminate the individual's body, and (3) dispose of clothing.

Removing clothing

- Quickly take off clothing that has a chemical on it.
- Any clothing that has to be pulled over the head should be cut off instead of pulled over the head.
- If you are helping other people remove clothing, avoid touching any contaminated areas with bare skin

Decontaminating the body

- As quickly as possible, wash any chemicals from your skin with large amounts of soap and water. Washing with soap and water will help protect the skin from any chemicals.
- If eyes are burning or your vision is blurred, rinse the eyes with plain water for 10 to 15 minutes.
 - Be sure that the water source is clean.
- If contacts are worn, remove and put them with the contaminated clothing. Do not put the contacts back in contact with eyes (even if they are not disposable contacts).
- If eyeglasses are worn, wash them with soap and water. Eyeglasses can be worn after they have been washed.

Disposing of contaminated clothes

After washing the body, place the contaminated clothing inside a plastic bag.

- Avoid touching contaminated areas of the clothing.
- If touching contaminated areas of the clothing cannot be avoided, or if one is not sure where the contaminated areas are, wear rubber gloves or put the clothing in the bag using tongs, tool handles, sticks, or similar objects.
- Anything that touches the contaminated clothing should also be placed in the bag.
- If contacts are worn, put them in the plastic bag.
- Seal the bag, and then seal that bag inside another plastic bag.

Carbon Monoxide

Carbon Monoxide (CO) is a colorless, odorless, and tasteless gas. CO is poisonous because it displaces oxygen in the blood, depriving organs of oxygen, leading to suffocation. It is in gas form at room temperature.

The symptoms of Carbon Monoxide poisoning include:

- Headache
- Fatigue
- Shortness of breath
- Nausea
- Dizziness

Note: Carbon Monoxide poisoning is often mistaken for the flu.

If Carbon Monoxide poisoning is suspected:

- Ventilate the facility with as much fresh air as possible.
- Turn off any combustion appliances.
- Contact the Medical Director as soon as the immediate threat has mitigated.
- Contact the local fire department.

Consider having CO alarms in the facility, especially near any combustion appliances. Treat each alarm signal as a real CO event. If the alarm continues to sound after being reset, immediately initiate protective measures. At a minimum, CO alarms should be listed with Underwriter's Laboratories (UL) standard 2034 or should meet the requirements of that IAS 6-96 standard. Check with local codes, though, as regional requirements may be different.

Carbon Monoxide alarms **are not** a substitute for performing all proper and necessary maintenance of combustion equipment.

Have all combustion appliances and active chimneys serviced and cleaned regularly. When renovating or replacing such equipment, have work performed by professionals according to local code and manufacturer specifications.

Source: American Red Cross Fact Sheet TL 950

Radiological Event

Radiological events, regardless of type, are not planned events, happening with little or no warning and, under certain circumstances, require extremely rapid responses. Specific responses to protect life cannot be made until law enforcement and other authorities assess the magnitude of the situation, quantity of radiation released or being released, and the area to be impacted by the plume and any fallout. This assessment can take time, during which facilities must simultaneously prepare for orders to evacuate (which will be a rapid evacuation likely measured in minutes, not hours) and must also prepare for sheltering in place. However, shelter in place actions and preparations are much like normal shelter in place actions, minus the outdoor preparations and with the disabling of fresh air exchange.

Nuclear Power Plant

A nuclear power plant is a combination of complex mechanical devices, technologies, and human operators. While multiple mechanical, technological, and procedural redundancies are utilized to minimize technological failure and human error, it is prudent to plan for the potential of a catastrophic failure. Make contact with the appropriate person at the power plant and let them know the facility's location and particular vulnerabilities in terms of evacuation times.

There are two emergency planning zones (EPZs) around each nuclear power plant. These two zones determine the protective actions taken during an emergency.

- The plume exposure pathway EPZ is the area within a 10 mile radius from the reactor. The actions for this EPZ are designed to minimize exposure to harmful radiation and include sheltering, evacuation, and the use of potassium iodide where appropriate.
- The ingestion exposure pathway EPZ is the area within a 50 mile radius from the reactor. The actions for this EPZ are designed to avoid or reduce the ingestion of harmful radioactive materials, which includes a ban on consuming contaminated food and water.

If your facility lies within either EPZ obtain public emergency information materials from the utility operating the nuclear power plant or from your local office of emergency management. If the facility is within the plume exposure pathway EPZ (10 mile radius) these materials should be provided annually.

Radon

Radon is a naturally occurring heavy gas (chemically inert but radioactive) and is a health hazard. Radon is the second leading cause of lung cancer in the United States and is associated with 15,000 to 22,000 lung cancer deaths each year. The threat from radon has increased as construction and insulation techniques have made structures more efficient and air tight. However, a properly sized HVAC system with adequate fresh air exchange mitigates most of the radon hazard.

Facilities should be tested for radon. Since radon is a naturally occurring product, mitigation will require structural work that should be performed by specialists and licensed contractors. Most of this work revolves around keeping the radon from entering the structure, either by sealing the foundation or by otherwise venting the gas before it enters the occupied space.

Response

Chemical Accidents – Shelter in Place

Under certain conditions a chemical accident may make going outdoors dangerous. Physically leaving the affected geographic area might take too long or put residents in harm's way. In such a case it may be safer to remain at the facility.

Designate rooms in your facility to serve as the shelter location. The best rooms to use are locations with as few windows and doors as possible; a large room with a water supply is best. For most chemical events, this room should be as high in the structure as possible to avoid vapors (gases) that sink to ground level.

With a chemical accident, sheltering may only be needed for a few hours. If there is a “code red” or “severe” terror alert, monitor radio and television broadcasts to know right away whether a shelter-in-place alert is announced for the area. Local law enforcement, emergency coordinators, or government via the emergency broadcast system should be providing instructions.

Hazardous Chemicals Dispersed Outside Facility

- Stay away from any obvious plume or dust cloud.
- Bring everyone indoors.
- For facilities with pets, bring them indoors immediately.
 - The fur on most domestic animals can trap the hazardous substances. If an animal has been even minimally exposed, leave it outside until it can be decontaminated without endangering humans.
- Close all the doors and windows. Locking them may pull the door or window tighter and make a better seal against an outside chemical.
- Contact the local office of emergency management
- If there are injuries in the facility, call 911.
- If windows are shattered, cover with plywood and seal from the inside. If plywood is not available, seal window opening with plastic tarp or Visqueen plastic.
- If there is dust in the air, cover mouth and nose with a tissue, filter, clothing or damp cloth to avoid inhaling or ingesting radioactive material.
- Close the fireplace damper and any other place that air can come in from outside.
- Remove contaminated clothing as soon as possible and place them in a sealed plastic bag. Follow decontamination procedures.
 - The clothing could be used later to estimate the extent of exposure.
 - Gently wash skin to remove any possible contamination, making sure that no radioactive material enters the mouth or is transferred to areas of the face where it could be easily moved to the mouth and swallowed.
- Turn off ventilation, air conditioners, and forced air heating units that bring in fresh air from the outside. Only use units to re-circulate air that is already in the building. Consider installing HEPA filters. Since air exchange will be stopped, be sure to monitor residents for signs of dehydration and overheating.
- Move to an inner room with few or no windows on a second floor if possible to avoid heavy vapors. Tape plastic over any windows in the room. Use duct tape around the windows and doors and make an unbroken seal. Use the tape over any vents into the room and seal electrical outlets or other openings.
- Monitor radio or television broadcasts.
- If it is necessary to drink water, drink stored potable water, not water from the tap.
- When you leave the shelter, follow instructions from local emergency coordinators to avoid any contaminants outside. After you come out of the shelter, emergency coordinators may have additional instructions on how to make the rest of the building safe again.

Hazardous Chemicals Dispersed Inside Facility

Should a hazardous chemical be spilled within the facility, the following actions should be taken:

- Immediately contact the Administrator, Medical Director, and emergency services (911).
- Protect residents outside the contaminated area.
- Remove residents and staff from contaminated areas.
- Shut down internal ventilation systems to avoid spreading fumes and vapors within the facility.
- Open windows to ventilate contaminated area.
- Initiate decontamination procedures as needed.
- Do not use anything with open flames or that sparks near contaminated areas to avoid potential explosions or setting the fumes or substance on fire.
- Always seek the guidance of emergency services and/or hazmat decontamination professionals.

Chemical Accidents – Evacuate

Evacuation activities associated with a chemical accident are likely to be initiated with little or no notice of the incident. As there may be no time to for contracted transportation providers to respond, the local office of emergency management will be a key partner in this type of immediate evacuation.

The Incident Commander will make the decision to evacuate in accordance with the facility's standard operating procedures and direction from the local office of emergency management, local police and/or fire department having jurisdiction and as applicable.

Severe Weather (Tornados)

Background

Severe weather is any atmospheric phenomenon that can cause property damage or physical harm. Severe weather can include the following:

- Hail
- Intense cloud-to-ground lightning
- Torrential rain
- Strong winds (micro-bursts, straight line winds)
- Tornadoes

Severe weather cannot be predicted with pinpoint accuracy. However, reasonably accurate forecasts for severe weather potential over a given geographic region are produced by the Storm Prediction Center (SPC) in Norman, Oklahoma. These severe weather forecasts provide 24 to 48 hours advance notice that a region could experience severe weather and that one needs to be prepared to act in the event that extreme weather threatens the facility. Forecasts from the SPC cannot tell you if your community or facility will be directly impacted by a severe weather event, but they can alert one to the possibility, reducing the potential for being caught off-guard or by surprise. To view forecast products from the Storm Prediction Center, visit: <http://www.spc.noaa.gov/>.

During the summer, afternoon thundershowers can sometimes quickly strengthen to severe levels. The local Forecast Office of the National Weather Service will issue warnings about these severe weather events via the weather radio or local media. Although all severe weather should be treated seriously, the threat from wind – tornadoes and strong winds – poses the greatest immediate threat to the facility.

Tornadoes

Although they can occur at any time, most tornadoes tend to form between 3 and 9 p.m. The mid-western states of the United States are traditionally thought of as being “tornado alley” in the spring season, but all states can experience tornadoes anytime if the conditions are right. Tornado alley should not be thought of as a defined geographic region, but rather as a constantly shifting potential for an increased severe weather threat as the seasons change. For example, the southeast states are a tornado alley during autumn and winter months.

Waterspouts

Waterspouts are tornadoes that form over water. Facilities located near the ocean or large bodies of water should monitor severe weather in the event that a waterspout forms and threatens to move onto land.

Lightning

Proper grounding of the electrical system and the use of surge arresting devices mitigates a significant portion of the threat to people from lightning. Individuals outdoors are at risk of being struck by lightning and should be moved indoors when a thunderstorm threatens. Computer systems and other electronics are at increased risk of damage/destruction from lightning, therefore procedures should be put in place to backup data should lightning be an issue. This is not necessarily a full network backup, but saving or backing up critical local data at workstations – “save early, save often.” Maintenance staff should monitor the facility during electric storms in the event that the building experiences a direct strike. Direct lightning strikes can start fires.

Definitions

WATCH: Local weather conditions might produce a tornado or other severe weather

- Ensure all residents and assigned staff are inside the facility and accounted for.
- Tune to local radio or television stations for continuous weather information.
- Keep a weather radio on alert to receive any additional statements, watches, or warnings issued by the National Weather Service.
- Check outdoors and indoors for any objects that might become missiles in a high wind. Store the following items in a secure place:
 - Outdoors: lawn chairs, grills, potted plants, rakes, tools, etc.
 - Indoors: drinking glasses, metal trays, ashtrays, bottles, etc.
- See that windows are kept tightly closed.

WARNING: There is a tornado or severe weather event in the area NOW

- Move all residents to a central hall away from the windows. Shower rooms without windows are also good. Try to get residents as low as possible in the facility (hide from the wind).
- Shut the doors to resident rooms when residents are removed. Close curtains and blinds. Evacuate residents in the following order:
 - Ambulatory – walk to hallway and take seat on floor, if possible
 - Wheelchair – remove from chairs into seated position on floor, if possible
 - Bedfast – move in beds or place on mattresses in hallways
- Give each resident a blanket to cover themselves to protect against flying debris.
- If time permits, shut off gas, electric, and water (in that order).
- Shut off non-vital oxygen.
- Secure medical records and medications.

Response

If a Tornado Strikes:

- Don't Panic - help will be on the way. There will be emergency responders arriving within minutes. However, do contact 911 or the local office of emergency management if you have a true emergency. Deployment of assistance (mission request) is addressed by priorities, so provide thorough information regarding your status.
- Remember: the average tornado lasts only 8-10 seconds.
- Remain with residents and staff.

After the Tornado:

- Check the residents and staff for injuries, provide first aid as necessary, and move them away from hazardous areas. Look for signs of shock or emotional distress.
 - If serious injuries are present or individuals are trapped under debris, call 911.
- Check for fires throughout the facility immediately and periodically thereafter.
- Maintenance should restore utilities one at a time, checking that each one is working properly before returning another utility into service.
- Check the building itself for structural damage.

Sheltering-in-Place or Evacuation

The Incident Commander will make the decision to shelter-in-place or evacuate in accordance with the facility's standard operating procedures and direction from the local office of emergency management, local police and/or fire department having jurisdiction and as applicable.

Tropical Cyclones (Hurricanes)

Background

Hurricanes (typhoons), the greatest storms on earth, are tropical cyclones in which winds reach a constant speed of at least 74 miles per hour (64 knots) and may gust to over 200 miles per hour. On the average, their spiral clouds cover an area several hundred miles in diameter. The spirals are heavy cloud bands from which torrential rains fall. Tornado activity may also be generated from these spiral cloud bands. Hurricanes are unique in that the vortex or eye of the storm is deceptively calm and almost free of clouds with very light winds and warm temperatures. Outside the eye, their counterclockwise winds bring destruction and death to coastlines and islands in their erratic path. High winds and heavy rains from hurricanes impact inland regions many miles away from the coast.

Hurricanes are wide-spread events and impact a large geographic region. These massive events are usually tracked for many days, sometimes even weeks before impacting any land. Although the exact path of the storm is still difficult to predict, there is sufficient advance warning of the threat for long-term care facilities to begin preparations appropriately.

The official Atlantic hurricane season runs from June 1st through November 30th, but tropical storms can and do occur outside this period of time. For example the “Storm of the Century” of March 1993 was not tropical but had the same overall impact of a hurricane with coastal flooding, high winds, and heavy precipitation.

The official Northeast Pacific basin typhoon (hurricane) season runs from May 15th to November 30th. The Northwest Pacific basin, however, does not have a defined “hurricane season” as typhoons occur all year. It is notable that Northwest Pacific basin typhoon activity peaks in late August and early September (summer) and is at a minimum in February and March (winter).

Hurricane Hazards

The main hazards of a hurricane include wind, storm surge, and torrential rain.

Wind – Winds cause a barrage of sand and debris. They sever communication and power lines. Broken power lines whipping around are extremely dangerous torches. Branches from trees are severed, and many trees themselves may fall. Mobile homes are often destroyed. Roofs are damaged and windows are usually broken. Poorly built structures may collapse. Boats are destroyed by being pushed against their moorings. Air traffic is disrupted, and small planes are flipped over and destroyed. Winds in excess of 40 mph begin to cause damage to traffic signals and trees. Residents should be moved as low (close to the ground) in the facility as possible. Wind strength increases with height, therefore residents in the top floors of multi-floor facilities will be in greatest danger (hide from the wind).

Storm Surge – Storm surge, historically, is the hurricane’s worst killer. Nine out of ten people who lost their lives in a hurricane were killed because of storm surge. Rising tidal sea levels of more than 10 feet above normal may occur as the storm moves toward land. The potential damage depends upon the hurricane’s direction of travel, size, and the configuration of the coast. Storm surge causes salt water flooding which cripples communications, causes sewers to back up, pollutes drinking water, shorts out power lines, washes out roads, and alters shorelines and ship channels.

Torrential Rain – Torrential rains will cause fresh water flooding. Massive health problems may be caused by insects, vermin, dead animals, and polluted waters from sewage backup.

Definitions

The following definitions and terms should be familiar to all staff members of the facility:

Hurricane Advisories – These are formal messages from the National Hurricane Center providing information on the location and characteristics of a tropic cyclone or disturbance.

Hurricane Local Statement – Hurricane Local Statements are prepared by National Weather Service Weather Forecast Offices (WFO, or the local forecast office) giving specific details for their County Warning Area (CWA) on weather conditions, evacuation decisions made by local officials, and other precautions necessary to protect life and property.

Hurricane Watch – An announcement from the National Hurricane Center when a hurricane may pose a threat to a coastal or island community within 36 hours.

Hurricane Warning – A hurricane is expected to strike an area. When a hurricane warning is announced, hurricane conditions are considered imminent and may begin immediately or within the next 12 to 24 hours; bringing:

4. sustained winds of 74 miles per hour (64 knots) or higher;
5. dangerously high water and exceptionally high waves even though expected winds may be less than hurricane force; and
6. torrential rainfall.

Hurricane Landfall – The period of time in which hurricane winds, rain, and storm tide present a danger to the general population as the storm approaches land and passes through the area.

Storm Surge – Storm surge is a large dome of water, 50 to 100 miles wide, that sweeps across the coastline near where a hurricane makes landfall. It can be more than 15 feet deep at its peak. The surge of high water topped by waves is devastating.

Tropical Depression – The maximum sustained surface wind speed is 38 miles per hour (33 knots) or less.

Tropical Storm – The maximum sustained surface wind speed ranges from 39 miles per hour (34 knots) to 73 miles per hour (63 knots).

National Hurricane Center (NHC) – Located in Miami, tracks and forecasts storm activity.

<http://www.nhc.noaa.gov>

NOAA – The National Oceanic and Atmospheric Administration, which operates the National Weather Service (NWS), which issues weather forecasts and announcements.

- NOAA: <http://www.noaa.gov>
- National Weather Service: <http://www.weather.gov>
- Southern Region, National Weather Service: <http://www.srh.weather.gov>

Saffir/Simpson Scale

The Saffir/Simpson Scale is used by the National Hurricane Center to give public officials a continuing assessment of the potential for wind and storm surge damage. Scale assessments are revised regularly as new observations are made. Storm surge heights may vary depending upon location and coast configuration.

Category	Pressure in mb (inches of mercury)	Winds in mph (knots)	Storm Surge (ft)	Damage
1	980mb or higher (28.94" or higher)	74-95 (64-82)	4 – 5	Minimal
2	965mb – 979mb (28.50" –28.91")	96-110 (83-95)	6 – 8	Moderate
3	945mb – 964mb (27.91" –28.47")	111-130 (96-113)	9 – 12	Extensive
4	920mb – 944mb (27.17" – 27.88")	131-155 (114-134)	13 – 18	Extreme
5	920mb or less (27.17" or less)	156+ (135+)	18+	Catastrophic

Protective Measures

Each facility must determine its potential to flood, consider the potential need for evacuation based on these flood predictions, and prepare the appropriate evacuation procedures. Consult with the local office of emergency management to determine the facility's flood zone and hurricane evacuation zone in accordance with the facility's emergency management plan. Keep in mind that wind damage from a hurricane can damage property and create the need for facility evacuation prior to or even without storm surge.

Prior to hurricane season, facility administration should conduct a review of hurricane preparedness. This will include in-service staff training and an updating of all hurricane-related emergency preparedness planning.

Response

Before landfall

- The Incident Commander will initiate the facility's emergency management plan.
- Incident Command team will make and maintain contact with the local office of emergency management to get the national hurricane reports for their area.
- Evaluate internal and external threats
 - Hurricane evacuation zone
 - Surge zone
 - Flood zone
- Incident Command will monitor local media or official weather service forecasts, paying particular attention to "hazardous weather outlooks" or similar products.
- An evacuation decision time may be established.
 - Estimated time of arrival of tropical storm winds (gale force) of sustained 39 mph or at the onset of storm surge inundations whichever occurs first
 - Time required to mobilize residents, transport them, and move them into the evacuation destination location
 - Time which an evacuation decision must be made
- Work with resident physicians and Medical Director to identify residents at particular risk and evacuate early to hospital, if necessary.
- Make contact with transportation sources.
- Make contact with likely destination facilities.
- Follow facility's Standard operating procedures.

After landfall

- The Incident Command Team will ascertain threat to residents, other damage, mobilize operations, and obtain outside emergency information by contacting the local office of emergency management and by listening to a battery-operated radio or television.
- Evaluate condition of residents and identify any gaps in services or care facility may provide.
- As soon as possible, the Incident Commander or Public Information Officer will report status external partners, e.g., the state licensing agency, corporate representative, management company, and to the local office of emergency management.
- As soon as possible, residents' family members and responsible persons will be given a status report, including any intention to evacuate.
- Follow facility's Standard operating procedures.

Sheltering-in-Place or Evacuation

The Incident Commander will make the decision to shelter-in-place or evacuate in accordance with the facility's Standard operating procedures and direction from the local office of emergency management, local police and/or fire department having jurisdiction and as applicable.

Winter Storms

Background

Winter storms are often an underestimated threat. For the frail elderly, the single greatest threat posed by winter is the loss of body heat. Normal aging is accompanied by a decline in the ability to thermo-regulate. Chronic ailments and acute injuries only exasperate this loss of ability to self-regulate body temperature. In fact, fifty percent of cold related injuries happen to individuals over the age of 60.

Other Winter Hazards

Snow

Snow, and accompanying ice, can immobilize a region and paralyze a city. The single largest source of injuries from ice and snow comes from vehicle accidents (70% of injuries).

- Snow Flurries – light snow is falling for short duration of time with little or no accumulation.
- Snow Showers – snow is falling at varying rates of intensity for brief time periods with some accumulation.
- Snow Squalls – brief but intense snow showers containing strong and gusty winds with a potential for significant accumulations of snow.
- Blowing Snow – wind-driven snow which reduces visibility, from either freshly falling snow or from snow on the ground that is picked up by the wind.
- Blizzard – has wind of 35mph or greater with blowing snow, reducing visibilities to one-quarter mile or less for 3 hours or more.
- Avalanche – A mass of tumbling snow that can have a mass greater than one million tons and can travel at speeds reaching 200mph.

Ice

Ice can bring down trees and break utility poles, disrupting communications and utility service. Ice can immobilize ground and air transportation. Bridges and overpasses often freeze before other surfaces. Under icing conditions, a facility may find itself completely on its own. Use rock salt to melt ice on walkways and driveways. Use sand for traction for vehicles or on walkways.

- Freezing Rain – rain that falls in liquid form but freezes when it hits a surface. The resulting sheet of ice can create dangerous conditions.
- Sleet – precipitation that melts then refreezes before it hits the ground.

Winter Flooding

Winter flooding can occur from three sources: coastal flooding, ice jams, and snow melt.

- Coastal Flooding – essentially the same as the storm surge from a hurricane. Intense winter storms push water against the coast line, causing widespread tidal flooding and beach erosion.
- Ice Jams – river or lake ice that has broken up and become jammed against manmade or natural obstructions. This creates a dam, backing water up and creating a flooding situation.
- Snow Melt – huge quantities of water released by the sudden melting of snow. The resulting flood does not have to be near the snow; flooding can occur hundreds of miles away.

Winter Hazard Communication

The National Weather Service issues outlooks, watches, warnings, and advisories regarding potentially hazardous winter weather.

- Outlook – this is essentially a forecast, informing the public that winter storm conditions are possible in a 2 to 5 day timeframe. Actions at this time are to monitor local media for weather condition updates.
- Advisory – winter weather conditions are expected and should cause significant inconvenience and could potentially create hazardous conditions. However, if one is prepared and cautious, advisory conditions should not be life threatening.
- Watch – winter storm conditions are possible within a 36 to 48 hour window. Begin preparations.
- Warning – potentially hazardous winter weather is occurring or will occur in 24 hours.

Wind Chill

As mentioned earlier, wind chill can be a significant problem. Exposure to cold can lead to frostbite or hypothermia. The elderly are highly susceptible. Regardless of whether the temperature is 32F or -32F, cold has the same effect. Wind chill is not the actual air temperature, but is the impact of the combination of wind and cold upon exposed skin. Moving air conducts heat away from the body faster.

Windchill Chart

Adapted from the National Weather Service, Originally Published 11/01/01

Temperature across top, wind speed down left side.

Calm	40	35	30	25	20	15	10	5	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
5	36	31	25	19	13	7	1	-5	-11	-16	-22	-28	-34	-40	-46	-52	-57	-63
10	34	27	21	15	9	3	-4	-10	-16	-22	-28	-35	-41	-47	-53	-59	-66	-72
15	32	25	19	13	6	0	-7	-13	-19	-26	-32	-39	-45	-51	-58	-64	-71	-77
20	30	24	17	11	4	-2	-9	-15	-22	-29	-35	-42	-48	-55	-61	-68	-74	-81
25	29	23	16	9	3	-4	-11	-17	-24	-31	-37	-44	-51	-58	-64	-71	-78	-84
30	28	22	15	8	1	-5	-12	-19	-26	-33	-39	-46	-53	-60	-67	-73	-80	-87
35	28	21	14	7	0	-7	-14	-21	-27	-34	-41	-48	-55	-62	-69	-76	-82	-89
40	27	20	13	6	-1	-8	-15	-22	-29	-36	-43	-50	-57	-64	-71	-78	-84	-91
45	26	19	12	5	-2	-9	-16	-23	-30	-37	-44	-51	-58	-65	-72	-79	-86	-93
50	26	19	12	4	-3	-10	-17	-24	-31	-38	-45	-52	-60	-67	-74	-81	-88	-95
55	25	18	11	4	-3	-11	-18	-25	-32	-39	-46	-54	-61	-68	-75	-82	-89	-97
60	25	17	10	3	-4	-11	-19	-26	-33	-40	-48	-55	-62	-69	-76	-84	-91	-98

Frostbite Times

30 Minutes
10 Minutes
5 Minutes

Response

To ensure that residents do not suffer from exposure to cold, consider the following:

- Clothing should be in loose-fitting layers. The layers trap air between them, which improves the insulating capabilities of the clothing. Layers allow removing or adding clothing to maintain comfort.
- Have residents wear an insulated head covering, even indoors. Approximately 40% of a person's body heat can be lost through the head.
- If possible, find a way to significantly warm the air that people breathe to protect the lungs.
- Ensure that residents remain dry. Water acts to quickly pull heat away from the body. Sweat dampened clothing can lead to individuals getting chilled.
- Should a person succumb to cold, warm the person slowly, starting with the body core.
 - Do not start warming with the arms and legs, as this will drive cold blood toward the heart which can trigger heart failure.
- Get the person into warm, dry clothing and then cover them with a blanket.
- Do not give the person alcohol, drugs, coffee, or any other hot beverage or food. At the most give them warm (not hot) broth.
- Evacuation under icing conditions is not a good idea. Be prepared to shelter in place in winter.
- Residents on medical oxygen should be given alternate safe means of staying warm and should be kept away from any potential source of ignition.
- Have plenty of high calorie foods and snacks for staff and residents.
- Stocks of hypo-allergenic blankets should be utilized.
 - Residents who wish to use their own wool blankets or quilts with other natural fibers should be allowed to do so, but they should not be allowed to share these items as other residents may be allergic to the natural fibers.
- Monitor residents and increase hydration activities as the increased clothing and use of blankets may increase sweating.
 - Dry air associated with extremely cold weather may also lead to residents dehydrating faster.
- The use of alternate heating should not be undertaken lightly. Alternate heating includes any heating source that is not a part of the facility's HVAC infrastructure system (this includes forced air, radiators, and radiant floor heating).
 - If the heating system suffers a significant mechanical failure during cold weather, first consider evacuation before considering the use of alternative heating.
- All alternate heating sources must be closely monitored. If residents are cold in their rooms, provide extra blankets.
 - Depending upon state and local regulations, electric blankets may be permissible under extreme conditions. To avoid burns and overheating, electric blankets should be operated at the lowest possible temperature that keeps the resident comfortable.
- The use of small space heaters is prohibited unless both of the following two criteria are met (NFPA 18.7.8/19.7.8)
 - Portable space-heating devices are only used in non-sleeping staff and employee areas; and
 - Heating elements of portable space-heating devices do not exceed operating temperatures of 212°F (100°C).
- Older facilities with fireplaces and wood stoves should ensure that the chimneys are properly cleaned and maintained on a regular basis. No one should be allowed to sleep in rooms containing these fixtures and residents should never be left unattended around them.
 - If such fixtures are used, monitor residents and staff for carbon monoxide poisoning. DO NOT use these fixtures or allow ANY open flames for any reason if ventilation systems are inoperable and fresh air exchange has failed.
 - These fixtures should only be used as a last resort for only as long as necessary to preserve life.
 - Ensure that embers are properly handled and disposed of. DO NOT transport ashes, even cool ashes, in anything other than a metal container. DO NOT throw ashes away in regular trash.

Part IV

The Nursing Home Incident Command System

This part of the Emergency Management Guide for Nursing Homes introduces the Incident Command System and demonstrates how it may be modified for use by nursing homes.

The Incident Command System concentrates direction and control actions on field operations for staff who are responding to the scene of an emergency. Direction and control of an emergency event is vital emergency management function. It allows nursing homes to:

- Analyze the emergency situation and decide how to respond quickly and appropriately
- Direct and coordinate the efforts of facility departments
- Coordinate with the response efforts of sister facilities and local emergency management offices
- Use available resources efficiently and effectively

Download modifiable versions of the following Job Action Sheets by visiting the Emergency Preparedness site of Florida Health Care Association, www.fhca.org .

A Nursing Home's Introduction to the Incident Command System

Background

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

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

It is vital for nursing homes to be incorporated in local community and state emergency response plans. Utilizing the Incident Command System in a nursing home's emergency management plan will result in the facility better conforming to the State's Emergency Management System and position it to be better integrated into formal emergency response plans. More importantly, the Incident Command System may serve as an effective tool in helping nursing homes assign staff for key emergency management duties and to designate needed equipment and supplies to carry out their assigned duties.

The Functions

The ICS features modular organization, which means the Incident Command System:

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

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

The Incident Command System is structured to support five major functional areas: command, operations, planning, logistics, and finance/administration.

1. **Incident Commander:** The person who organizes and directs the facility's emergency operations. This person gives overall direction for facility operations and makes evacuation and sheltering in place decisions. Always name an alternate Incident Commander, who will be responsible for Incident Command in the event the initial designee is unable to assume responsibility. The Incident Commander may assign or assume three special functions which round out the Command Team:
 - **Public Information Officer:** Working directly with the Incident Commander as part of the Command Team, this is the person who is responsible for interfacing with the public and media with incident-related information requirements. The PIO's role is to serve as a conduit for information flowing out from the facility regarding the emergency and the facility/resident status. The PIO will also supervise communications to residents and family members. The Incident Commander must approve the release of all incident-related information. Only one incident PIO should be designated.
 - **Liaison Officer:** Working directly with the Incident Commander as part of the Command Team, the Liaison Officer is the point of contact for representatives of external agencies, organizations, and/or private entities that need to obtain the status of the facility or provide assistance or volunteers. This person will interact with the state's licensing agency, the local office of emergency management, the Red Cross, and the police. Such assistance efforts should be coordinated through the Liaison Officer interacting with Logistics Section Chief.
 - **Safety Officer:** Working directly with the Incident Commander as part of the Command Team, the Safety Officer monitors the impact of the emergency on facility operations and advises the Incident Commander on all matters relating to operational safety. While the ultimate responsibility for the safe conduct of incident management operations rests with the

Incident Commander, the Safety Officer works to ensure the safety of residents, staff, and visitors, and to monitor and correct hazardous conditions. The Safety Officer has emergency authority to stop and/or prevent unsafe acts during incident operations.

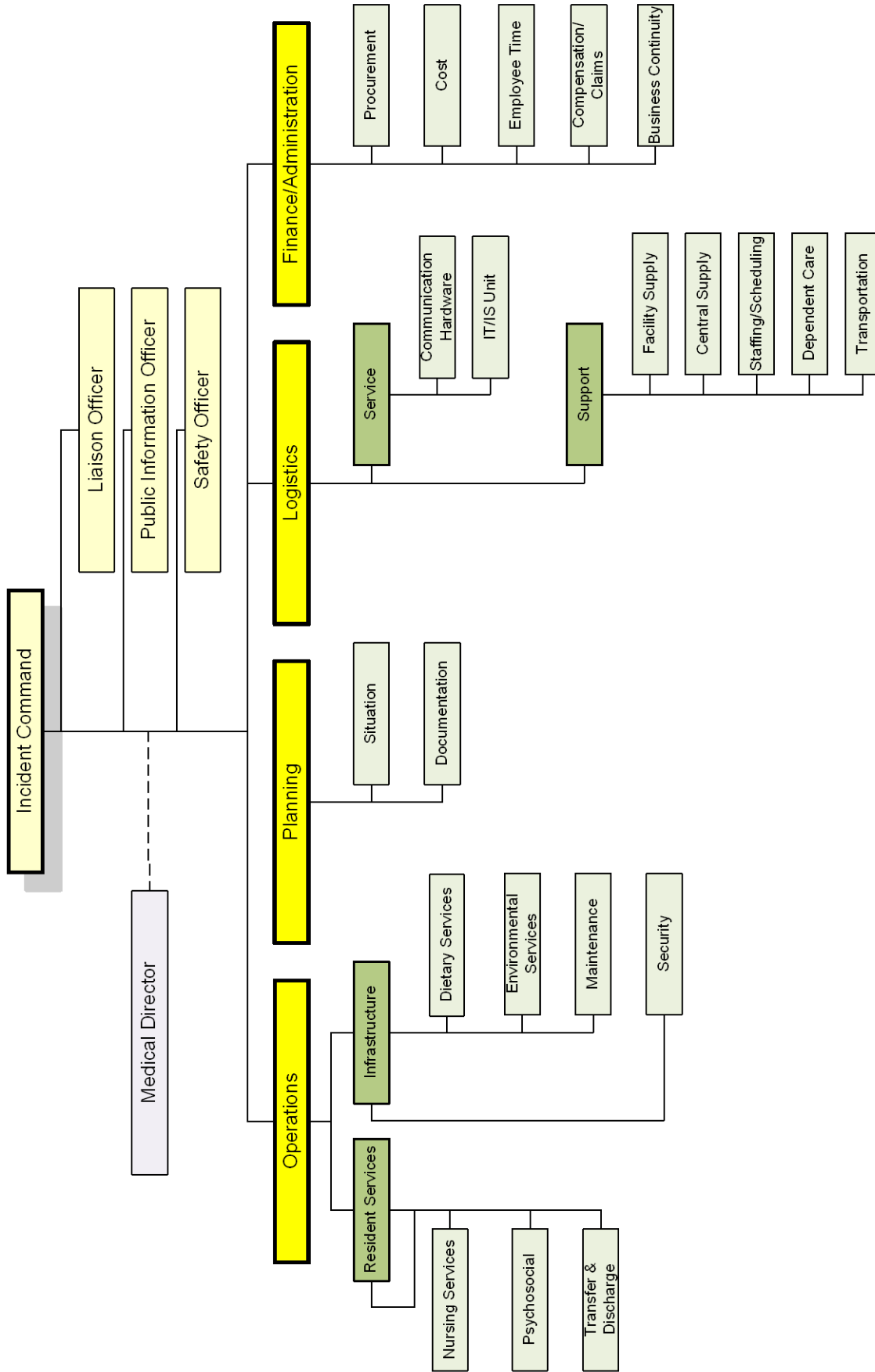
2. **Operations Section Chief:** This person organizes and directs activities related to providing resident care and services, dietary services, and environmental services. These activities are hands-on, on-the-ground actions which serve to care for residents and staff, meet food service needs, and to manage facility grounds during an incident.
3. **Planning Section Chief:** This person gathers and analyzes incident-related information across departments. This section chief obtains status and resource projections from all the other section chiefs for immediate and long range planning, helping the Incident Commander make decisions. From these projections, this chief compiles and distributes the facility's Incident Action Plan, which is a written plan containing general objectives and strategies for managing the incident. The Incident Action Plan is revised at time intervals set by the Incident Commander, e.g. every 8 hours.
4. **Logistics Section Chief:** This person organizes and directs those operations associated with providing adequate levels of personnel, food, and supplies to support the facility during an incident.
5. **Finance/Administration Section Chief:** This person monitors the utilization of financial assets and the accounting for financial expenditures. This person also supervises the documentation of expenditures and cost reimbursement activities. This section chief also works to ensure business functions are maintained to the extent possible.

Note: Two things are important to remember about the Incident Command System functions.

1. Not all functions must be formally assigned to a person; it depends on the nature and scope of the incident, as well as availability of personnel. For example, it may be that, during a low-risk incident with a small scope, the nursing home's existing systems may suffice for managing the event, and only the Incident Commander and the Operations Section Chief are assigned.
2. One person may serve more than one function.

Nursing Home Incident Command System

8/19/2008



2008, Created by the Florida Health Care Association in collaboration with the Florida Department of Health

Florida Health Care Association

An Incident Action Plan

The Incident Command System emphasizes the development and use of an Incident Action Plans (IAP). Every incident relies on an Incident Action Plan and it may be an oral or written plan.

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

Every IAP must answer the following four questions:

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

The purpose of an IAP is to give staff a clear understanding of the tactical actions for the next operational period.

For nursing homes, it is recommended that written plans be used because:

- Oral plans could result in the miscommunication of critical information.
- Large changes of personnel occur by operational periods.
- Personnel are working across more than one shift.
- The incident has important legal, political, or public ramifications.
- Complex communication issues arise.
- A written record of actions taken is needed for historical or administrative needs.

Developing Incident Objectives for an IAP

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

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

Other ICS Resources

Emergency Management Institute

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

We recommend these courses:

- Introduction to the Incident Command System for Healthcare/Hospitals
IS-100HC
- Applying ICS to Healthcare Organizations
IS-200.HC

The Center for HICS Education and Training

Designed for use in the hospital systems and referenced in FEMA materials, this site offers definitive guidance and educational materials on the Incident Command System. While created for hospitals, the site can answer some basic ICS questions a nursing home might have when looking to integrate ICS principles as well as providing forms which may be adopted for nursing home use:

<http://www.hicscenter.org/pages/index.php>

ICS Tools & Job Action Sheets

The Emergency Management Guide for Nursing Homes includes some ground-breaking tools to assist nursing homes in using the ICS as an overlay to their existing structures.

1. A Nursing Home Incident Command System (NHICS) organization chart has been developed using the well-established Hospital Incident Command System as a starting point. The chart and a blank template are provided in the following pages of the ICS section of the guide. The organizational chart sets forth lines of authority and relationships, and shows how all actions will be coordinated.
2. Associated Job Action Sheets are included and provide the user with a series of tasks which should be considered when serving an ICS function. The Nursing Home Incident Command System currently provides 36 Job Action Sheets for addressing facility needs during an incident. However, in most cases, only a handful of these positions will be needed to respond effectively. The Job Action Sheets are provided to help nursing home management design their own Job Action Sheets, taking into consideration their facility size, resident acuity, and available resources. The actions listed are minimum considerations for creating a Job Action Sheet. Each nursing home can use them as written, modify them as needed, or craft their own, using the NHICS model as a template.
 - a. Format: The key format considerations for each JAS include the following information:
 - Command Title – the name of the position
 - Mission – a brief statement summarizing the basic purpose of the job
 - Fundamental Information Box – details information pertaining to who is assigned the position, where they are physically located, and basic contact information
 - Action Considerations – suggested action steps listed by operational periods; the time periods are listed as:
 1. Immediate 0–2 hours
 2. Ongoing: Beyond 2 hours

Nursing homes are encouraged to customize the action steps contained in the Job Action Sheets, but should maintain certain elements as a means of ensuring the standardization benefit of NIMS. The components of the Job Actions Sheets which should not be changed are the Command Titles or the Mission of the Command Staff or the General Staff.

Command Staff: Incident Command, Liaison Officer, Public Information Officer, Safety Officer

General Staff: Operations, Planning, Logistics, and Finance/Administration Section Chiefs

(See www.fhca.org, Nursing Home Incident Command System to download the Job Action Sheets).

Job Action Sheets

Contents

These Job Action Sheets were developed in 2008 to correspond with the Nursing Home Incident Command System. Through the Florida Health Care Association and the Florida Department of Health, nursing home providers utilized the work begun in the Hospital Incident Command System, adapting the tasks for the nursing home environment.

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Incident Command
 Job Action Sheet
 Command Team
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Incident Command

POSITION ASSIGNED TO:		
Reporting to:	CEO/Other Oversight Management Structure:	
Command Center Location:		Telephone:

Mission: Organize and direct the facility’s emergency operations. Give overall direction for facility operations and make evacuation and sheltering in place decisions.

Immediate	(Operational Period 0-2 Hours)
	Assume role of Incident Commander and activate the Nursing Home Incident Command System (NHICS)
	Read this entire Job Action Sheet and put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of the incident activation of NHICS.
	Determine the following prior to the initial NHICS team meeting. (This will comprise the first components of the facility’s Incident Action Plan).
	<ol style="list-style-type: none"> 1. Nature of the problem (incident type, injury/illness type, etc.) 2. Safety of staff, residents and visitors 3. Risks to personnel and need for protective equipment 4. Risks to the facility 5. Need for decontamination 6. Estimated duration of incident 7. Need for modifying daily operations 8. NHICS team required to manage the incident 9. Need to open up the facility’s Incident Command Center (ICC) location 10. Overall community response actions being taken 11. Need to communicate with state licensing agency 12. Status of local, county, and state Office of Emergency Management (OEM)
	Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch/Unit/Team leaders as needed; distribute corresponding Job Action Sheets and position identification.
	Brief all appointed staff of the nature of the problem, immediate critical issues and initial plan of action. Designate time for next briefing.
	Assign clerical personnel to function as the ICC recorder(s). Document all key activities, actions, and decisions on a continual basis.
	Communicate to Command Staff and Section Chiefs how personnel time is to be recorded. Determine if Finance/Administration has any special preferences for submission at this time.
	Define and document specific existing or potential safety risks and hazards, which Section or Branch may be affected, and steps to mitigate the threat. This is the first step in an ongoing process continued by the Safety Officer and included in the subsequent briefing meetings.

Incident Command
 Job Action Sheet
 Command Team
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Immediate	(Operational Period 0-2 Hours)
	<p>Receive status reports from and develop an Incident Action Plan with Section Chiefs and Command Staff to determine appropriate response and recovery levels. During initial briefing/status reports, the following information may be needed:</p> <ul style="list-style-type: none"> • Initial facility damage survey report across sections. • Evaluate the need for evacuation. As appropriate to the incident, verify transportation plans. • Obtain resident census and status and request a projection report for 4, 8, 12, 24 & 48 hours from time of incident onset. Adjust projections as necessary. Assign to Planning Section Chief. • Identify the operational period and ICC shift change. • As appropriate to the incident, authorize a resident prioritization assessment for the purposes of designating appropriate early discharge (e.g. dialysis, vent-dependent). • Ensure that appropriate contact with outside agencies has been established and facility status and resource information provided through the Liaison Officer. • Seek information from Section Chiefs regarding on-hand resources of medical equipment, supplies, medications, food, and water as indicated by the incident. • Assess generator function and fuel supply. • Review security and facility surge capacity as appropriate, especially if serving as a host site or in case the local emergency management office requests beds.
	Oversee and approve revision of the Incident Action Plan developed by the Planning Section Chief. Ensure that the approved plan is communicated to all Command Staff and Section Chiefs.
	Communicate facility and incident status and the Incident Action Plan to CEO or designee, or to other executives and/or Board of Directors members on a need-to-know basis.
	Draft initial message for Public Information Officer (PIO) for notification to family members, responsible parties, and/or other interested persons regarding facility and resident status.

Ongoing	
	Ensure staff, resident, and media briefings are being conducted regularly.
	Evaluate overall nursing home operational status, and ensure critical issues are addressed.
	Ensure incident action planning for each operational period and a reporting of the Incident Action Plan at each shift change and briefing.
	Review /revise the Incident Action Plan with the Planning Section Chief for each operational period.
	Ensure continued communications with local, regional, and state response coordination centers through the Liaison Officer and others.
	Authorize resources as needed or requested by Section Chiefs.
	Set up routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and termination of the action plan.
	Approve media releases submitted by PIO.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Liaison Officer
 Job Action Sheet
 Command Team
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Liaison Officer

POSITION ASSIGNED TO:		
Reporting to:	Incident Commander:	
Command Center Location:		Telephone:

Mission: Function as the incident contact person in the nursing home for representatives from other agencies, such as the local emergency management office, police, and the licensing agency.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain Job Action Sheet.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Obtain briefing from Emergency Incident Commander and note time for next meeting.
	Establish contact with local, county and/or state emergency organization agencies to share information on current status, appropriate contacts, and message routing.
	Communicate information obtained and coordinate with Public Information Officer.
	Obtain initial status and information from the Planning Section Chief to provide as appropriate to external stakeholders and local and/or county Office of Emergency Management (OEM), upon request: <ul style="list-style-type: none"> • Resident Care Capacity – The number of residents that can be received and current census. • Nursing Home’s Overall Status – Current condition of facility structure, security, and utilities. • Any current or anticipated shortage of critical resources including personnel, equipment, supplies, medications, etc. • Number of residents and mode of transportation for residents requiring transfer to hospitals or receiving facilities, if applicable. • Any resources that are requested by other facilities (e.g., personnel, equipment, supplies). • Media relations efforts being initiated, in conjunction with the PIO.
	Establish communication with other nursing homes as appropriate, the local OEM, and/or local response agencies (e.g., public health department). Report current facility status.
	Keep local OEM liaison officer updated as to critical issues and unmet resource needs.
	Document all key activities, actions, and decisions on a continual basis.

Liaison Officer
 Job Action Sheet
 Command Team
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Ongoing	
	Attend all command briefings and Incident Action Planning meetings to gather and share incident and facility information. Contribute inter-facility information and community response activities and provide Liaison goals to the Incident Action Plan.
	Request assistance and information as needed through the facility’s network or from the local and/or regional OEM.
	Obtain the following information from the Planning Section Chief and be prepared to report to appropriate authorities the following data: <ul style="list-style-type: none"> • Number of new residents admitted and level of care needs. • Current resident census • Number of residents hospitalized, discharged home, or transferred to other facilities • Number of decedents
	Communicate with Logistics Section Chief on status of supplies, equipment and other resources that could be mobilized to other facilities, if needed or requested.

Public Information Officer
 Job Action Sheet
 Command Team
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Public Information Officer

POSITION ASSIGNED TO:		
Reporting to:	Incident Commander:	
Command Center Location:		Telephone:

Mission: Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the Incident Commander.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain Job Action Sheet.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Obtain briefing from Emergency Incident Commander and note time for next briefing.
	Decide where a media briefing area might be located if needed (away from the facility's Incident Command Center and the resident care activity areas). Coordinate designation of such areas with Safety Officer.
	Contact external Public Information Officers from community and governmental agencies and/or their designated websites to determine public information and media messages developed by those entities to ensure consistent messages from all entities.
	Develop public information and media messages to be reviewed and approved by the Incident Commander before release to families, news media, and the public. Identify appropriate spokespersons to contact families or to deliver press briefings as needed.
	Assess the need to activate a staff and/or family member "hotline" for recorded information concerning the incident and facility status and establish the "hotline" if needed.
	Attend all command briefings and incident action planning meetings to gather and share incident and nursing home information.
	Monitor incident/response information through the internet, radio, television and newspapers.
	Establish communication with other nursing homes as appropriate, local Office of Emergency Management (OEM), and/or local response agencies (e.g., public health department). Report current facility status.
	Document all key activities, actions, and decisions on a continual basis.

Public Information Officer
 Job Action Sheet
 Command Team
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Ongoing	
	Coordinate with the Operations→Resident Services Branch regarding: <ul style="list-style-type: none"> • Receiving and screening inquiries regarding the status of individual patients. • Release of appropriate information to appropriate requesting entities.
	Continue to attend all Command briefings and incident action planning meetings to gather and share incident and nursing home information. Contribute media and public information activities and goals to the Incident Action Plan.
	Continue dialogue with external community and governmental agencies to get public information and media messages. Coordinate translation of critical communications into languages for residents as appropriate.
	Continue to develop and revise public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public.
	Develop regular information and status update messages to keep staff informed of the incident, community, and facility status. Assist in the development and distribution of signage as needed.

Safety Officer
 Job Action Sheet
 Command Team
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Safety Officer

POSITION ASSIGNED TO:		
Reporting to:	Incident Commander:	
Command Center Location:		Telephone:

Mission: Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions.
 Have authority to halt any operation that poses immediate threat to life and health.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain Job Action Sheet.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Determine safety risks of the incident to personnel, the physical plant, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.
	Communicate with the Logistics Chief to procure and post non-entry signs around unsafe areas.
	Ensure the following activities are initiated as indicated by the incident/situation: <ul style="list-style-type: none"> • Evaluate building or incident hazards and identify vulnerabilities • Specify type and level of Personal Protective Equipment to be utilized by staff to ensure their protection, based upon the incident or hazardous condition • Monitor operational safety of decontamination operations if needed • Contact and coordinate safety efforts with the Operations→Infrastructure Branch→ Environmental Services Unit and Maintenance Unit to identify and report all hazards and unsafe conditions to the Operations Section Chief.
	Work with Incident Command staff in designating restricted access areas and providing signage.
	Assess nursing home operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.
	Ensure implementation of all safety practices and procedures in the facility.
	Initiate environmental monitoring as indicated by the incident or hazardous condition.
	Attend all command briefings and Incident Action Planning meetings to gather and share incident and facility safety requirements.
	Document all key activities, actions, and decisions on a continual basis.
Ongoing	
	Continue to assess safety risks of the incident to personnel, the facility, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.
	Ensure proper equipment needs are met and equipment is operational prior to each operational period.
	Continue to attend all command briefings and incident action planning meetings to gather and share incident and facility information. Contribute safety issues, activities and goals to the Incident Action Plan.

Operations
 Job Action Sheet
 General Staff Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Operations

POSITION ASSIGNED TO:		
Reporting to:	Incident Commander:	
Command Center Location:		Telephone:

Mission: Organize and direct activities relating to the Operations Section. Carry out directives of the Incident Commander. Coordinate and supervise the branches within the Operations Section. Oversee the direct implementation of resident care and services, dietary services, and environmental services. Contribute to the Incident Action Plan.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Obtain briefing from Emergency Incident Commander and designate time for next meeting.
	Assess need to appoint Branch Directors: <ul style="list-style-type: none"> • Resident Services • Infrastructure
	Transfer the corresponding Job Action Sheets to Branch Director. If a Branch Director is not assigned, the Planning Chief keeps the Job Action Sheet and assumes that function.
	Brief Branch Directors on current situation and develop the section's initial projection/status report. Establish the Operations Section chain of command and designate time and location for next section briefing. Share resident census and condition information gained at initial Command briefing. Communicate how personnel time is to be recorded.
	Establish Operations Section Center (in proximity to Incident Command area, if possible).
	Serve as primary contact with nursing home Medical Director. <ul style="list-style-type: none"> • Meet with Resident Services Branch Director and Nursing Services Unit Leader and communicate with Medical Director to plan and project resident care needs.
	Document all key activities, actions, and decisions on a continual basis.

Operations
 Job Action Sheet
 General Staff Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Ongoing	
	From information reported by Branch Directors, inform Incident Command of facility's internal factors which may contribute to the decision to evacuate or shelter in place: <ul style="list-style-type: none"> • Resident acuity • Physical structure
	Implement resident evacuation at the direction of the Incident Commander with support of Branch Directors and other Section Chiefs.
	Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Operations Section's Staff.
	As the incident requires, in preparation for movement of residents within the facility or to a staging area, work with Logistics→Supply Branch→Transportation Unit to assist in the gathering and placement of transport equipment (wheelchairs, canes, stretchers, walkers, etc).
	Designate times for briefings and updates with Branch Directors to develop and update section's projection/status report.
	Coordinate personnel needs with Supply Branch→Staffing/Scheduling Unit.
	Coordinate supply and equipment needs with the Supply Branch→Central Supply Unit Leader.
	Provide situation reports and projections to the Planning Section within stated time frames.
	Coordinate financial issues with the Finance/Administration Section.
	Ensure that this Section's branches are adequately staffed and supplied.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Resident Services Branch Director
 Job Action Sheet
 Operations Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Resident Services Branch Director

POSITION ASSIGNED TO:		
Reporting to:	Operations Section Chief:	
Operations Center Location:		Telephone:

Mission: Coordinate and supervise all aspects of resident care, services, and movement into and out of the facility. Coordinate Unit Leaders under Resident Services Branch. Participate in developing facility's Incident Action Plan.

Immediate	
	Receive appointment from Operations Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Operations Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Assess need for Unit Leaders within this Branch: <ul style="list-style-type: none"> • Nursing Services • Psychosocial • Transfer & Discharge
	Distribute the Job Action Sheets associated with the groups as well as the position identification garments. If a Unit Leader is not assigned, Resident Services Branch Director keeps the Job Action Sheets from that unit and assumes all functions.
	Meet with Unit Leaders to brief them on the incident and the following:
	1. Initial Status Report: <ol style="list-style-type: none"> a. Share resident census and condition information gained at briefing with Operations Section Chief. Direct unit leaders to contribute to the accuracy of this resident census and condition information as they work with the direct care staff and residents. b. Determine immediate staffing situation across units.

Resident Services Branch Director
 Job Action Sheet
 Operations Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Immediate	
	<p>2. Set Objectives and Assign Responsibilities:</p> <ul style="list-style-type: none"> a. Decide and document point of contact(s) for Medical Director. b. Assign a prioritization assessment (triage) of residents with information which is currently known. c. Schedule a review of individual residents as needed for consideration of special needs and possible early admission to a higher level of care environment. d. Arrange for the provision of critical medical services, such as dialysis and oxygen therapy. e. Assign who will make contact with each resident’s physician as needed to secure up to date orders, special instructions, and prescriptions. f. Assign Nursing Services Unit Leader to assess stock of medications for resident support for 7-10 days and to communicate needs with dispensing pharmacy. g. Instruct unit leaders to assess and report staffing needs and projections. h. Determine how care and services will continue as routinely as possible. i. Discuss/document the objectives and who is responsible for each.
	<p>3. General:</p> <ul style="list-style-type: none"> a. Develop initial projection/status report. b. Review the Resident Service Branch chain of command. c. Communicate the operational period and set time and location for next meeting. d. Communicate how personnel time is to be recorded. e. Communicate how equipment, supplies, and personnel are to be ordered.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.
	Establish and maintain contact with Logistics Section Chief to ensure ordering and delivery of personnel and resources as needed.
	Ensure the Transfer & Discharge Unit Leader and Nursing Services Unit Leader are managing emergency discharges for at-risk residents.

Ongoing	
	Meet routinely with Unit Leaders to evaluate status and projected needs.
	Meet as scheduled with Operations Section Chief and Unit Leaders to evaluate Operations Section status and project needs. These meetings may include the Unit Leaders from the Infrastructure Branch at the discretion of the Operations Section Chief. Update Operations Chief on resident census and condition.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Nursing Services Unit Leader
 Job Action Sheet
 Operations Section→Resident Services Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Nursing Services Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Resident Services Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize and direct nursing services, including management of high acuity and special needs residents as well as routine nursing services including medication passes. Organize and direct activities of daily living for residents. Coordinate and supervise direct care staff. Evaluate supplies, equipment, and medication levels to support resident care needs.

Immediate	
	Receive appointment from Resident Services Branch Director.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Resident Services Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Assess staffing needs for continuation of routine ADL services and restorative services.
	Meet with and brief direct care staff on their assignments. Update direct care staff on incident status and facility plans. Instruct them as to the message they are to share with residents. Schedule next meeting with direct care staff.
	Assess availability of necessary nursing supplies and equipment to provide resident care for 7-10 days. Communicate shortfalls with Resident Services Branch Director.
	Assess stock of medications for resident support for a period of 7-10 days.
	<ul style="list-style-type: none"> • Communicate pharmaceutical needs with the dispensing pharmacy immediately.

Ongoing	
	Manage the provision of routine nursing services.
	Manage the provision of medication passes in keeping with resident schedules.
	Monitor direct care staff work performance.
	Ensure the provision of routine hygienic and nutritional care for residents.
	Meet routinely with Resident Services Branch Director, Psychosocial Unit Leader, and as needed with Operations Section Chief to evaluate status and project needs.
	Establish a staff rest and nutritional area in cooperation with Staffing/Scheduling.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Transfer & Discharge Unit Leader
 Job Action Sheet
 Operations Section→Resident Services Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed

Transfer & Discharge Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Resident Services Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize and direct resident transfer and discharge according to facility policies and procedures. Implement and monitor the facility’s resident identification and tracking system for either incoming residents who are sheltering in place or for facility residents evacuating in part or in whole to an offsite destination. Supervise staff within Transfer & Discharge Unit.

Immediate	
	Receive appointment from Resident Services Branch Director: Obtain packet containing Group’s Job Action Sheets.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Resident Services Branch Director and other Unit Leaders.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with Nursing Services Unit Leader to assist in resident priority assessment to designate residents for early discharge.
	Process transfer and discharges in accordance with facility’s procedures.
	Coordinate communication with resident family members regarding transfer or discharge though Psychosocial Unit Leader or a Social Services Manager if one has been designated.
	Review facility’s resident identification and tracking system.
	<ul style="list-style-type: none"> • Evaluate supplies needed to implement the resident I.D. and tracking system and communicate any shortfalls with Transfer & Discharge Group Supervisor. • Prepare tracking system tools if new residents are coming in to shelter-in-place. • Prepare resident identification tools. • Coordinate with Nursing Services Unit Leader to provide resident identification in accordance with facility procedures.
	Coordinate the transfer of medical records in accordance with facility procedures.
	Coordinate the transfer of medications in accordance with facility procedures.

Ongoing	
	Oversee transfers & discharges, document, and prepare report for next operational period. <ul style="list-style-type: none"> • Continue to coordinate communication with family members with Psychosocial Unit.
	Monitor the implementation of the Resident I.D. & Tracking system.
	Meet routinely with Resident Services Branch Director, Psychosocial Unit Leader, and as needed with Operations Section Chief to evaluate status and project needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Communicate any unexpected problems and unresolved issues to the Operations Section Chief immediately.

Psychosocial Unit Leader
 Job Action Sheet
 Operations Section→Resident Services Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed

Psychosocial Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Resident Services Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize, direct, and supervise those services associated with the social and psychological needs of the residents, staff, and dependents. Supervise the provision and conservation of ancillary clinical services.

Immediate		
	Receive appointment from Resident Services Branch Director. Obtain this position’s Job Action Sheets.	
	Read this entire Job Action Sheet and put on position identification garment or cap.	
	Obtain a briefing from Resident services branch director.	
	Notify your usual supervisor of your emergency incident assignment.	
	Meet with Resident Services Branch Director and Resident services branch director to assess and project support services needs.	
	Assess need for managers in these areas:	
	<ul style="list-style-type: none"> • Social Services • Rehabilitative • Activities 	
	Distribute the associated Job Action Sheets and position identification garments. If a manager is not assigned, keep the Job Action Sheet and assume that function.	
	Assess the capabilities, human resource requirements, and needs for ancillary services:	
	<ul style="list-style-type: none"> • Laboratory • Radiology 	<ul style="list-style-type: none"> • Pharmacy • Rehabilitative
		<ul style="list-style-type: none"> • Activities • Social Services
	Work with the Transfer & Discharge Unit Leader and implement system for contacting resident family members regarding transfer and discharge. Assign to Social Services Manager is one is assigned.	
	Establish and coordinate team of mental health personnel and clergy to support the psycho-social needs of staff, residents, and dependents.	
	Designate a secluded debriefing area where individual and group intervention may take place. Coordinate with Safety Officer if needed.	
	Appoint psychological support staff to routinely visit both resident and non-resident areas and advise them to document their contacts.	

Emergency Management Guide for Nursing Homes

Psychosocial Unit Leader
 Job Action Sheet
 Operations Section→Resident Services Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed

Ongoing	
	Verify the ordering and receiving of needed supplies for ancillary services as appropriate.
	Meet regularly with Resident services branch director to evaluate Psychosocial Unit status and to project needs.
	Coordinate with the Public Information Officer in establishing and updating a staff information/status board (situation, emergency update, facility activities).
	Ensure coordination with Staffing/Scheduling Unit Leader and Dependent Care Unit Leader to assess need for psychosocial support of staff or dependents sheltering at the facility.
	Schedule and post the dates and times for critical stress debriefing sessions during and after the immediate disaster period.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Social Services Manager
 Job Action Sheet
 Operations Section→Resident Services Branch→Psychosocial Unit
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Social Services Manager

POSITION ASSIGNED TO:		
Reporting to:	Psychosocial Unit Leader:	
Operations Center Location:		Telephone:

Mission: Assure the medically related emotional and social needs of residents are maintained.
 Communicate transfer and discharge actions with residents’ family members.

Immediate	
	Receive appointment from Psychosocial Unit Leader.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Psychosocial Unit Leader.
	Notify your usual supervisor of your emergency incident assignment.
	Assess residents for psychosocial and mental health needs.
	Direct mental health professional and/or clergy to residents with specific behavioral or situational needs.
	Contact and bring in psychologist or psychiatrist as needed.
	Implement communication with resident family members regarding transfer and discharge actions.

Ongoing	
	Record interventions.
	Manage provisions of psychosocial assessments and follow-ups.
	Meet routinely with Psychosocial Unit Leader to give a status report for the social services activities and to project extended needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Rehabilitative Manager
 Job Action Sheet
 Operations Section→Resident Services Branch→Psychosocial Unit
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Rehabilitative Manager

POSITION ASSIGNED TO:		
Reporting to:	Psychosocial Unit Leader:	
Operations Center Location:		Telephone:

Mission: Assure that residents receive necessary specialized rehabilitative services as determined by their comprehensive assessment and care plan to prevent avoidable deterioration and to assist them in maintaining their highest practicable level of care.

Immediate	
	Receive appointment from Psychosocial Unit Leader.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Psychosocial Unit Leader.
	Notify your usual supervisor of your emergency incident assignment.
	Assess the capabilities, human resource requirements, and needs for therapy services:
	<ul style="list-style-type: none"> • Physical Therapy • Speech-language Pathology • Rehabilitative Services • Occupational Therapy • Restorative Therapy
	Based on the capabilities, human resource requirements, and needs, establish and coordinate team of qualified rehabilitative personnel to support the specialized needs of residents.
	Meet with rehabilitative team members to assess and project service needs. Schedule follow up meetings.

Ongoing	
	Record interventions.
	Manage provisions of rehabilitative services and follow-ups.
	Meet routinely with rehabilitative services team members to evaluate unit status and project needs.
	Meet routinely with Psychosocial Unit Leader to give a status report for rehabilitative activities and to project extended needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Activities Manager
 Job Action Sheet
 Operations Section→Resident Services Branch→Psychosocial Unit
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Activities Manager

POSITION ASSIGNED TO:		
Reporting to:	Psychosocial Unit Leader:	
Operations Center Location:		Telephone:

Mission:	Within the limitations and scope of the incident, involve residents in a program of activities that are designed to appeal to their interests, promote self-esteem, and are pleasurable. Obtain from Psychosocial Unit Leader updated messages to communicate to residents to ensure they are given the best information possible about the incident. Oversee volunteers obtained by Staffing/Scheduling Unit Leader.
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Immediate	
	Receive appointment from Psychosocial Unit Leader.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Psychosocial Unit Leader.
	Notify your usual supervisor of your emergency incident assignment.
	Based on the briefing from the Psychosocial Unit Leader, determine to what degree facility staff will be able to continue person-appropriate activities and implement modifications of activities as may be indicated by the incident.
	Determine need for assistants and appoint. Brief assistants and schedule next meeting.
	Schedule activities and give assignments to assistants as appropriate.
	Coordinate appropriate activities performed by volunteers. Communicate closely volunteer needs or issues with Logistics→Staffing/Scheduling Unit Leader who obtains volunteers.
	Verify residents have all needed adaptive equipment based on their clinical assessment. This includes glasses and hearing aids

Ongoing	
	Record activities provided.
	Manage provisions of activities.
	Update residents on the status of the incident and the facility's plan.
	Meet routinely with assistants to evaluate unit status and project needs.
	Meet routinely with Psychosocial Unit Leader to give a status report for the activities function and to project extended needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Infrastructure Branch Director
 Job Action Sheet
 Operations Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Infrastructure Branch Director

POSITION ASSIGNED TO:		
Reporting to:	Operations Section Chief:	
Operations Center Location:		Telephone:

Mission: Organize and manage the services required to sustain and repair the nursing home’s infrastructure operations, including: power/lighting, water/sewer, HVAC, buildings and grounds, medical gases, medical devices, structural integrity, environmental services, and food services.

Immediate	
	Receive appointment from Operations Chief. Obtain Group’s Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Operations Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Assess need for Group Supervisors within this Branch: <ul style="list-style-type: none"> • Dietary Services • Environmental Services • Maintenance • Security
	Distribute the Job Action Sheets associated with the groups as well as the position identification garments. If a Group Supervisor is not assigned, Infrastructure Branch Director keeps the Job Action Sheets from that group and assumes all functions.
	Meet with Group Supervisors and brief them on the incident: <ul style="list-style-type: none"> • Share resident census and condition information gained at briefing with Operations Chief. • Discuss/document the groups’ objectives for the next operational period. • Develop initial projection/status report. • Review the Infrastructure Branch chain of command. • Set time and location for next meeting. • Communicate how personnel time is to be recorded. • Direct Group Supervisors to evaluate on-hand equipment, supply, and nutrition/hydration inventories and staff needs. • Communicate how equipment, supplies, and personnel are to be ordered.

Infrastructure Branch Director
 Job Action Sheet
 Operations Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Immediate	
	Assess Infrastructure Branch capacity to deliver needed: <ul style="list-style-type: none"> • Nutrition/Hydration • Facility heating and air conditioning • Power • Telecommunications • Potable and non-potable water • Medical gas delivery • Sanitation • Road clearance • Damage assessment and repair • Facility cleanliness • Vertical transport/Airlift • Facility access
	Ensure Branch personnel comply with safety policies and procedures.
	Meet regularly with the Operations Section Chief to discuss plan of action and staffing.
	Initiate facility damage assessment in collaboration with Logistic Section’s Facility Supply Unit, if warranted; repair problems encountered, and update the Operations Section Chief.
	Establish and maintain contact with Logistics Section Chief to ensure ordering and delivery of personnel and resources as needed.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.

Ongoing	
	Maintain knowledge of the number of persons being maintained in the facility, including residents, staff, and dependents. Communicate these numbers with Dietary Services Unit.
	Direct the Dietary Services Unit Leader to coordinate with Logistics Section’s Support Branch to provide food service support as needed to residents, employees, and dependents as appropriate.
	Continue coordinating facility support services.
	Ensure prioritization of problems when multiple issues are presented.
	Coordinate use of external resources to assist with maintenance and repairs.
	Report equipment needs to the Support Branch Director.
	Develop and submit a Branch action plan to the Operations Section Chief when requested.
	Meet routinely with Group Supervisors to evaluate status and projected needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Dietary Services Unit Leader
 Job Action Sheet
 Operations Section→Infrastructure Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Dietary Services Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Infrastructure Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize, provide, and safeguard food and water stores to allow for the facility’s self-sufficiency for at least one week. Implement the facility’s emergency menu. Provide Incident Command with inventory levels and projected needs. Supervise dietary personnel.

Immediate	
	Receive appointment from Operations Chief or Infrastructure Branch Director. Obtain this position’s Job Action Sheet.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Operations Chief or Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with and brief Dietary Services staff.
	Determine when the emergency menu will be implemented.
	Estimate the number of meals which can be served utilizing existing food stores.
	Inventory the current emergency drinking water supply and estimate time when re-supply will be necessary.
	Report inventory levels of emergency drinking water and food stores to Infrastructure Branch Director or Operations Section Chief, as appropriate.
	Place order for additional nutritional supplies as needed.
	Print resident tray cards.
	In an evacuation scenario:
	<ul style="list-style-type: none"> • Supervise the movement and separation of food and water stores to staging area. • Prepare and pack snacks and drinks for residents and staff during the trip. • Supervise the closing of the kitchen, storing all equipment, and securing the area.

Ongoing	
	Provide quality nutritional services on a daily basis.
	Maintain a clean, safe, and sanitary dietary department.
	Meet with Staffing/Scheduling Unit Leader to discuss location of personnel refreshment and nutritional break areas.
	Meet with Dependent Care Unit Leader to discuss location of nutritional break areas for staff dependents.
	Secure nutritional and water inventories with the assistance of the Safety Officer.
	Meet regularly with Infrastructure Branch Director to evaluate Dietary Services Unit status and project needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Environmental Services Unit Leader
 Job Action Sheet
 Operations Section→Infrastructure Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Environmental Services Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Infrastructure Branch Director:	
Operations Center Location:		Telephone:

Mission: Ensure proper cleaning and disinfecting of nursing home environment. Supervise housekeeping activities and laundry department.

Immediate	
	Receive appointment from Operations Chief or Infrastructure Branch Director. Obtain this position's Job Action Sheet.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Operations Chief or Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with and brief Environmental Services Unit staff.
	Ensure the safety and health of environmental services personnel; provide personal protective equipment to appropriate staff and review their response to exposures.
	Ensure disinfection of reusable equipment, according to the appropriate method of equipment disinfection, per its intended use, manufacturer's recommendations, and existing facility policies.
	Inventory supply of laundry/linen and report on adequacy to meet the needs of the residents.
	Ensure prioritization of problems when multiple issues are presented.
	Determine need for additional staff and request additional staffing according to instructions given by Branch Director.
	Report resource issues and needs to the Logistics Section's Unit Leaders and Infrastructure Branch Director.
	If evacuating the building, ensure clean linen is prepared and organized for transport sufficient to meet the needs of the residents.

Ongoing	
	Continue to ensure the facility is maintained in a clean and comfortable manner to the extent possible.
	Continue to monitor supply of laundry/linen and cleaning supplies to meet the needs of the residents.
	Meet regularly with Infrastructure Branch Director to evaluate Environmental Services Unit status and project needs.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Maintenance Unit Leader
 Job Action Sheet
 Operations Section→Infrastructure Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed::

Maintenance Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Infrastructure Branch Director:	
Operations Center Location:		Telephone:

Mission: Maintain power and lighting to the nursing home facilities. Ensure adequate generator fuel. Evaluate and monitor the integrity of existing water, sewage, and sanitation systems. Enact pre-established alternate methods of waste disposal if necessary. Organize and manage the services required to sustain and repair the facility’s buildings and grounds.

Immediate	
	Receive appointment from Operations Chief or Infrastructure Branch Director. Obtain this position’s Job Action Sheet.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Operations Chief or Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with and brief Maintenance Unit staff.
	Ensure the safety and health of environmental services personnel; provide personal protective equipment to appropriate staff and review their response to exposures.
	Ensure security of generator in conjunction with Safety Officer.
	Inspect, evaluate, and communicate to the Infrastructure Branch Director the operational status: <ul style="list-style-type: none"> • Power/lighting • Water and sewer system • HVAC system
	Place emergency repair order(s) for power/lighting, water/sewer, and HVAC as indicated; advise Infrastructure Branch Director of issues.
	Establish and communicate the status of the buildings and grounds to the Infrastructure Branch Director.
	Provide power/lighting support to resident care areas and alternate care sites.
	Repair/correct hazards, leaks or contamination with the assistance of the Safety Officer.
	Provide HVAC support to resident care areas, alternate treatment sites, and other critical areas.
	Anticipate air flow response needs for internal and external environmental hazards (e.g., climate, air plume, spills, etc.)
	Anticipate immediate and short-term events and subsequent impacts to facility status (e.g., storm surge, earthquake after shocks).
	Coordinate supply needs with Logistics Section’s Support Branch Director or Facility Supply Unit Leader, as appropriate.
	Coordinate with Liaison Officer for contacting external authorities (e.g. public health, water or environmental services), as appropriate.
	Coordinate with Infrastructure Branch Director to request external resource assistance.

Emergency Management Guide for Nursing Homes

Maintenance Unit Leader
 Job Action Sheet
 Operations Section→Infrastructure Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed::

Ongoing	
	Prepare for the possibility of evacuation and/or the relocation/expansion of clinical services outside of existing structure, if appropriate.
	Implement pre-established alternative waste disposal/collection plan, if necessary.
	Inform all Sections and areas of the nursing home when implementing the alternative waste disposal/collection plan.
	Position portable toilets in accessible areas; away from resident care and food preparation, as needed.
	Ensure an adequate number of hand washing areas are operational near resident care/food preparation areas, and adjacent to portable toilet facilities.
	Coordinate internal repair activities, consulting when needed with external experts.
	Continue to monitor and evaluate power/lighting usage and supply.
	Anticipate and react to recognized shortage/failure using appropriate emergency procedure(s).
	Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit personnel.
	Advise Infrastructure Branch Director immediately of any operational issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Security Unit Leader
 Job Action Sheet
 Operations Section→Infrastructure Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed::

Security Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Infrastructure Branch Director:	
Operations Center Location:		Telephone:

Mission: Coordinate all of the activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface.

Immediate	
	Receive appointment from Operations Chief or Infrastructure Branch Director. Obtain this position's Job Action Sheet.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Operations Chief or Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with and brief Security Unit staff.
	Establish Security Command Post.
	Obtain contact information for police with local jurisdiction. Depending on the nature of the event, make initial contact just to touch base.
	Identify and secure all facility pedestrian and traffic points of entry, as appropriate.
	Consider need for the following, and report findings to the Infrastructure Branch Director and/or the Operations Section Chief and the Safety Officer: <ul style="list-style-type: none"> • Emergency lockdown • Security/bomb sweep of designated areas • Providing urgent security-related information to all personnel • Need for security personnel to use personal protective equipment • Removing unauthorized persons from restricted areas • Security of the facility, common areas, resident care, morgue, and other sensitive or strategic areas from unauthorized access • Rerouting of vehicle entry and exit as needed • Security posts in any operational decontamination area • Patrol of parking and shipping areas for suspicious activity • Traffic Control
	Coordinate immediate security personnel needs from current staff, surrounding resources (police, sheriff, or other security forces), and communicate need for additional external resources through Operations Section Chief to the Liaison Officer.
	Document communication and key decisions.

Emergency Management Guide for Nursing Homes

Security Unit Leader
 Job Action Sheet
 Operations Section→Infrastructure Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed::

Ongoing	
	Meet regularly with the Infrastructure Branch Director for status reports, and relay important information to Unit personnel.
	Communicate the need and take actions to secure unsafe areas; post non-entry signs.
	Ensure Security Unit staff identify and report all hazards and unsafe conditions.
	Ensure resident valuables are secure.
	Coordinate activities with local, state, and federal law enforcement, as appropriate; coordinate with the Liaison Officer.
	Confer with Public Information Officer to establish areas for the media.
	Ensure vehicular and pedestrian traffic control measures are working effectively.
	Consider security protection for the following, as indicated based on the nature/severity of the incident: <ul style="list-style-type: none"> • Food • Water • Medical resources • Pharmaceutical resources • Personnel and visitors
	Prepare and maintain records and reports, as appropriate.
	Advise Infrastructure Branch Director immediately of any operational issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Planning
 Job Action Sheet
 General Staff Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Planning

POSITION ASSIGNED TO:		
Reporting to:	Incident Commander:	
Command Center Location:		Telephone:

Mission: Gather and analyze incident-related information. Obtain status and resource projections from all section chiefs for long range planning and conduct planning meetings. From these projections, compile and distribute the facility’s Incident Action Plan. Coordinate and supervise the units within the Planning Section.

Immediate	(Operational Period 0-2 Hours)	
	Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.	
	Read this entire Job Action Sheet and review emergency organizational chart.	
	Put on position identification (garment, vest, cap, etc.).	
	Notify your usual supervisor of your NHICS assignment.	
	Obtain briefing from Emergency Incident Commander and designate time for next meeting.	
	Assess need for the following Unit Leaders and appoint as needed:	
	1. Situation-Status	2. Documentation
	Transfer the corresponding Job Action Sheets to Unit Leader. If a unit leader is not assigned, the Planning Chief keeps the Job Action Sheet and assumes that function.	
	Brief all unit leaders on current situation and develop the section's initial projection/status report. Designate time and location for next section briefing. Communicate how personnel time is to be recorded.	
	Establish a Planning/Information Section Center.	
	Facilitate and conduct incident action planning meetings with Command Staff, Section Chiefs, and other key personnel as needed to plan for the next operational period.	
	Coordinate preparation and documentation of the Incident Action Plan and distribute copies to the Incident Commander and all Section Chiefs.	
	Call for status and resource projection reports from all Section Chiefs for scenarios 4, 8, 24 & 48 hours from time of incident onset. Adjust time for receiving these reports as necessary.	
	Direct Situation Unit Leader to document and update projection/status reports from all sections.	
	Document all key activities, actions, and decisions on a continual basis.	

Ongoing		
	Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Planning Section’s Staff.	
	Ensure that personnel and equipment are being tracked.	
	Designate times for briefings and updates with group supervisors to develop and update section's projection/status report.	
	Ensure that this Section’s groups are adequately staffed and supplied.	
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.	

Situation Unit Leader
 Job Action Sheet
 Planning Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Situation Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Planning Section Chief:	
Operations Center Location:		Telephone:

Mission: Collect, process, and organize ongoing situation information; prepare situation summaries; and develop projections and forecasts of future events related to the incident. Prepare maps and gather and disseminate information and intelligence for use in the Incident Action Plan (IAP).

Immediate	
	Receive appointment from Planning Chief. Obtain Group’s Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Planning Section Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Appoint Managers as appropriate: <ul style="list-style-type: none"> • Resident Tracking Manager • Bed Tracking Manager
	Obtain status report on Information Technology/Information systems from IT/IS Unit Leader and Business Continuity Unit Leader.
	Establish a Planning Information center in the facility Incident Command Center location with a status/condition board and post information as it is received. Assign a recorder/documentation aide to keep the board updated with current information.
	Receive and record status reports as they are received from other Sections.
	Assure the status updates and information provided to Command Staff and Section Chiefs is accurate, complete, and current.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.

Ongoing	
	Meet regularly with the Planning Section Chief, Section Chiefs and Branch Directors to obtain situation and status reports, and relay important information to unit members.
	Ensure backup and protection of existing data for main and support computer systems, in coordination with IT/IS Unit and Business Continuity Unit.
	Publish an internal incident situation status report for employees to remain informed of incident, facility, residents, and anticipated response and recovery actions. Post or communicate every 4 hours or as indicated by Planning Section Chief. Collaborate with Public Information Officer and Support Branch Director, and Staffing/Scheduling Unit Leader to develop and distribute the internal incident situation report.
	Ensure the security and prevent the loss of written and electronic NHICC response documentation. Collaborate with the Security Officer and IT/IS Unit Leader as appropriate.
	Develop and submit an action plan to the Planning Section Chief when requested.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Documentation Unit Leader
 Job Action Sheet
 Planning Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Documentation Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Planning Section Chief:	
Operations Center Location:		Telephone:

Mission: Maintain accurate and complete incident files, including a record of the Nursing Home Command Center’s response and recovery actions and decisions; provide duplication services to incident personnel; and file, maintain, and store incident files for legal, analytical, and historical purposes.

Immediate	
	Receive appointment from Planning Chief. Obtain Group’s Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Planning Section Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Coordinate with IT/IS Unit to ensure access to IT systems with e-mail/intranet communication to increase communication and document sharing with all Sections (if available).
	Prepare a system to receive documentation and completed forms from all Sections over the course of the Nursing Home Command Center activation.
	Provide duplicates of forms and reports to authorized facility requestors (Section Chiefs, Incident Command Team members, for example).
	Prepare incident documentation for the Planning Section Chief when requested.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.
	Document all communications (internal and external): <ul style="list-style-type: none"> • Transcribe complete, concise and specific content of message. • Note any actions taken in response to message. • Provide a copy of the Incident Message Form to the Documentation Unit.

Ongoing	
	Regularly meet with all Section Chiefs regarding incident and Section status, steps taken to resolve critical issues, and projected actions and needs for the next operational period.
	Continue to accept and organize all documentation and forms submitted to the Documentation Unit.
	Check the accuracy and completeness of records submitted. Correct errors or omissions by contacting appropriate Section Chiefs or Incident Command Team members.
	Maintain all historical information and record consolidated plans related to the incident.
	Develop and submit an action plan to the Planning Section Chief when requested.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Logistics
 Job Action Sheet
 General Staff Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Logistics

POSITION ASSIGNED TO:		
Reporting to:	Incident Commander:	
Command Center Location:		Telephone:

Mission: Organize and direct those operations associated with maintenance of the physical environment, and adequate levels of personnel, food, and supplies to support the incident objectives. Coordinate and supervise the branches within the Logistics Section. Contribute to the Incident Action Plan.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Obtain briefing from Emergency Incident Commander and designate time for next meeting.
	Assess need to appoint Branch Directors and/or Unit Leaders and distribute corresponding Job Action Sheets. Refer to Nursing Home Incident Command System organizational chart. Transfer the corresponding Job Action Sheets to persons appointed.
	<ul style="list-style-type: none"> • If a function is not assigned, the Logistics Chief keeps the Job Action Sheet and assumes that function.
	Brief Branch Directors on current situation and develop the section's initial projection/status report. Establish the Logistics Section chain of command and designate time and location for next section briefing. Communicate how personnel time is to be recorded.
	Establish Logistics Center.
	Maintain communications with Operations Section Chief and Branch Directors to assess critical issues and resource needs.
	Ensure resource ordering procedures are communicated to appropriate Sections and their requests are timely and accurately processed.
	Attend damage assessment meeting with Incident Commander, Environmental Services Unit Leader, and the Safety Officer.
	Document all key activities, actions, and decisions on a continual basis.

Logistics
 Job Action Sheet
 General Staff Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Ongoing	
	From information reported by Branch Directors, inform Incident Command of facility's internal factors which may contribute to the decision to evacuate or shelter in place: <ul style="list-style-type: none"> • Transportation and Status of Destination Locations • Supplies • Access to Staff
	Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Logistics Section's Staff.
	Obtain needed material and fulfill resource requests with the assistance of the Finance/Administration Section Chief and Liaison Officer.
	Ensure the following resources are obtained and tracked:
	<ul style="list-style-type: none"> • Staff
	<ul style="list-style-type: none"> • Resident care supplies
	<ul style="list-style-type: none"> • Communication hardware
	<ul style="list-style-type: none"> • Food and water
	Obtain information and updates regularly from Branch Directors and Unit Leaders.
	Ensure that this Section's groups are adequately staffed and supplied.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Service Branch Director
 Job Action Sheet
 Logistics Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Service Branch Director

POSITION ASSIGNED TO:		
Reporting to:	Logistics Section Chief:	
Operations Center Location:		Telephone:

Mission: Organize and manage the services required to maintain the nursing home’s communication system and information technology/systems. Participate in developing facility’s Incident Action Plan.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Logistics Chief. Obtain Group’s Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Logistics Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Assess need for Unit Leaders within this Branch: <ul style="list-style-type: none"> • Communication Hardware • IT/IS Unit
	Distribute the Job Action Sheets associated with the units as well as the position identification garments. If a Unit Leader is not assigned, Service Branch Director keeps the Job Action Sheets from that unit and assumes all functions.
	Meet with Unit Leaders and brief them on the incident: <ul style="list-style-type: none"> • Discuss/document the groups’ objectives for the next operational period. • Develop initial projection/status report. • Review the Service Branch chain of command. • Set time and location for next meeting. • Communicate how personnel time is to be recorded. • Communicate how equipment, supplies, and personnel are to be ordered.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.
	Assess the Service Branch’s capacity to deliver needed: <ul style="list-style-type: none"> • Internal and external communication capability • Information technology hardware, software and support
	Meet regularly with the Logistics Section Chief to discuss status, plan of action, critical issues and staffing in Service Branch.
	Instruct Unit Leaders to: <ul style="list-style-type: none"> • Immediately set-up the communications and IT systems at the facility’s Incident Command Center location to ensure connectivity • Evaluate on-hand communications equipment required for response and project need for repair and expanded inventory • Work with Business Continuity Unit to assess and evaluate IT/IS capability, and determine need for repair or expansion of service and support • Inventory and assessment of communications equipment and project need for repair and expanded inventory • Report inventories and needs to Logistics Section’s Support Branch Supply Unit Leader

Emergency Management Guide for Nursing Homes

Service Branch Director
 Job Action Sheet
 Logistics Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Ongoing	
	Assess problems and needs in each Service Branch area; coordinate resource management.
	Ensure prioritization of problems when multiple issues are presented.
	Continue coordinating the Service Branch's ability to provide needed communication and IT/IS support services.
	Coordinate use of external resources to assist with equipment, software and hardware maintenance and repairs.
	Advise Logistics Section Chief immediately of any issue you are not able to correct or resolve.
	Continue to meet regularly with the Logistics Section Chief for status reports and relay important information to Unit Leaders.
	Report equipment needs to Supply Unit Leader.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Communication Hardware Unit Leader
 Job Action Sheet
 Logistics Section→Service Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Communication Hardware Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Service Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize and coordinate internal and external communications connectivity.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Service Branch Director.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Service Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Set up and maintain communication equipment and provide ongoing support for the facility's Incident Command Center location.
	Inventory and assess all available on-hand radios and report to the Service Branch Director and Support Branch's Supply Unit Leader.
	Determine radio channels for response and make radio assignments. Distribute two-way radios to pre-designated areas.
	Prepare for radio checks from personnel that are assigned hand-held radios and other portable communications equipment.
	Assess status of all on-site communications equipment, including two-way pagers, satellite phones, public address systems, data message boards, and inter and intra-net connectivity. Initiate repairs per the standard operating procedures.
	Evaluate status of internal and external telephone/fax systems and report to Service Branch.
	Request the response of assigned amateur radio personnel to the facility, if indicated.
	Establish contact with the Liaison Officer.

Ongoing	
	Expand communication network capability and equipment as required to meet the needs of the nursing home response.
	Ensure communication equipment maintains proper functioning.
	If primary communications systems fail, establish mechanism to alert Resident Services Branch Director and Safety Officer to respond to internal resident and/or physical emergencies (e.g., cardiac arrest, fire, etc.)
	Develop and submit an action plan to the Service Branch Director when requested.
	Receive and archive all documentation related to internal and external facility communication systems.
	Advise Service Branch Director immediately of any operational issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Information Technology/Information Services Unit Leader
 Job Action Sheet
 Logistics Section→Service Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Information Technology/Information Services Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Service Branch Director:	
Operations Center Location:		Telephone:

Mission: Provide computer hardware, software and infrastructure support to staff.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Service Branch Director.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Service Branch Director.
	Notify your usual supervisor of your emergency incident assignment.
	Assign staff to the facility's Incident Command Center (ICC) location to provide IT/IS support and maintain system. Respond immediately to requests for assistance from the ICC.
	Establish priorities for use of available IT/IS systems, as needed.
	Coordinate IT/IS activities with the Finance/Administration Section's Business Continuity Unit Leader.
	As time and the emergency event allows, take immediate steps to protect the facility's hard drives, monitors, cords, etc. from damage.
	Inventory IT systems, hardware and software; identify potential needs and work with the Supply Unit Leader to obtain equipment and supplies.
	Expand IT capability to pre-designated or additional/new areas per direction from Service Branch Director.
	Make external requests for assistance in collaboration with the Supply Unit Leader, as needed; notify the Service Branch Director of all critical issues and requests.

Ongoing	
	Assess status and integrity of data back-up systems. For restoration activities see Operations Section Business Continuity Branch.
	Develop and submit an action plan to the Service Branch Director when requested.
	Advise Service Branch Director immediately of any operational issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Support Branch Director
 Job Action Sheet
 Logistics Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Support Branch Director

POSITION ASSIGNED TO:		
Reporting to:	Logistics Section Chief:	
Operations Center Location:		Telephone:

Mission: Coordinate the provision of personnel, supplies, and equipment across all departments to support resident care and services. This includes support services to staff and dependents in accordance with facility policy. Participate in developing facility’s Incident Action Plan.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Logistics Chief. Obtain Group’s Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Logistics Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Assess need for Unit Leaders within this Branch: <ul style="list-style-type: none"> • Facility Supply • Central Supply • Staffing/Scheduling • Dependent Care • Transportation
	Distribute the Job Action Sheets associated with the units as well as the position identification garments. If a Unit Leader is not assigned, Support Branch Director keeps the Job Action Sheets from that unit and assumes all functions.
	Meet with Unit Leaders and brief them on the incident: <ul style="list-style-type: none"> • Discuss/document the groups’ objectives for the next operational period. • Develop initial projection/status report. • Review the Support Branch chain of command. • Set time and location for next meeting. • Communicate how personnel time is to be recorded. • Communicate how equipment, supplies, and personnel are to be ordered.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.
	Assess the Support Branch’s capacity to deliver needed: <ul style="list-style-type: none"> • Staffing and scheduling management • Supplemental personnel if needed • Family support to staff • Medical equipment and supplies • General equipment and supplies • Internal and external transportation
	Instruct Unit Leaders to evaluate on-hand personnel, equipment, supply, and medication inventories; report status at designated time.

Support Branch Director
 Job Action Sheet
 Logistics Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Immediate	(Operational Period 0-2 Hours)
	Report to Logistics Section Chief the number of staff (by specialty) expected for the operational period, the number of units of transportation, and identify types and quantities of medication and supplies. This data will go to Planning Section and/or Situation Unit for integrating in the facility's Incident Action Plan.
	Receive, coordinate and forward requests for personnel to the Staffing/Scheduling Unit Leader and supplies to the Central Supply Unit Leader.
	In collaboration with the Safety Officer and the Operations Section, determine need for staff personal protective equipment; implement protective actions as required.
	Meet regularly with the Logistics Section Chief to discuss status, plan of action, critical issues and staffing in Support Branch.
	Assess problems and needs in each Service Branch area; coordinate resource management.

Ongoing	
	Continue assessing and coordinating Support Branch's ability to provide needed personnel and support services.
	Ensure prioritization of problems when multiple issues are presented.
	Assign mental health personnel to visit resident care areas and evaluate staff needs; coordinate with the Operations Section's Mental Health Unit Leader and report issues to the Logistics Section Chief.
	Implement dependent care service support as situation warrants and resources allow.
	Continue to meet regularly with the Logistics Section Chief for status reports and relay important information to Unit Leaders.
	Advise Logistics Section Chief immediately of any issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.

Staffing/Scheduling Unit Leader
 Job Action Sheet
 Logistics Section→Support Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Staffing/Scheduling Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Support Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize and inventory available staff. Make contact with off-duty staff as appropriate for scheduling. Receive requests and assign available staff as needed. Maintain adequate numbers of both medical and non-medical personnel. Assist in the maintenance of staff morale and well-being.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Logistics Chief or Support Branch Director. Obtain packet containing Group’s Job Action Sheets.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Logistics Chief or Support Branch Director. Note time for next meeting.
	Notify your usual supervisor of your emergency incident assignment.
	Meet with Operations Chief and Support Branch Director to assess and project both non-nursing and nursing staff needs for the immediate and upcoming operational periods.
	Assess need for an assistant (“Staffing/Scheduling Manager”). If appointed, brief on situation and objectives.
	Establish Staffing/Scheduling area and enlist help from Service Branch if needed for communication or computer support.
	Inventory the number and classify staff presently available:
	1. Nursing Personnel
	a. Nurse Practitioner, DON, ADON, Risk Manager, etc.
	b. RN and LPN, charge nurses, nurse supervisors, treatment nurse
	c. Certified Nursing Assistants
	2. Support Services
	a. Social Services: Activities Personnel, Dependent Care Personnel, Social Worker
	b. Therapy Services: Physical, Occupational, Speech
	c. Activities: Director, Assistant Director, Aides
	3. Non-medical personnel
	a. Engineering/maintenance/materiel management
	b. Environmental services/housekeeping/nutritional services
	c. Business/financial
	d. Volunteers
	e. Others
	In an evacuation scenario, work with Support Branch Director and Section Chiefs as needed to assign and verify personnel going to all receiving facilities.

Emergency Management Guide for Nursing Homes

Staffing/Scheduling Unit Leader
 Job Action Sheet
 Logistics Section→Support Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Ongoing	
	Notify staff when to report to the facility.
	Coordinate management of staff rest areas.
	Coordinate referrals to in-house Psychosocial Group under Resident Services Branch to treat staff that needs psychological support. Anticipate increased staff needs created by increased numbers of residents, longer working hours, and concerns about family welfare and initiate actions to meet the needs.
	Meet regularly with Support Branch Director and other Unit Leaders to evaluate Branch status and project needs.
	Develop and submit an action plan to the Support Branch Director when requested.
	Advise Support Branch Director immediately of any operational issue you are not able to correct or resolve.
	Report unexpected problems and unresolved issues immediately.

Facility Supply Unit Leader
 Job Action Sheet
 Logistics Section→Support Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Facility Supply Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Support Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize, manage and support building systems, equipment and supplies. Ensure proper cleaning and disinfection of nursing home environment.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Logistics Chief or Support Branch Director. Obtain packet containing Group's Job Action Sheets.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Logistics Chief or Support Branch Director. Note time for next meeting.
	Notify your usual supervisor of your emergency incident assignment.
	Receive a comprehensive facility status report as soon as possible from the Infrastructure Branch Director (may also include the Maintenance Unit Leader and the Environmental Services Unit Leader) to learn what supplies/services may need to be ordered to effect repairs. Determine what functions of the facility are: <ul style="list-style-type: none"> • Fully functional 100% operable with no limitations • Partially or somewhat operable with limitations • Non-functional; out of commission
	Document location, reason, and time/resource estimates for necessary repair of any system that is not fully operational.
	Determine on hand inventory of the following: <ul style="list-style-type: none"> • Gasoline and other fuels • Medical gases • Power generators • Water (non-drinkable) • Extension cords • Flashlights • Batteries • Fans • Garbage bags • Duct tape • Masking tape • Board Materials
	Coordinate activities and inventories with the Maintenance and Environmental Services Unit Leaders within the Operations Section.
	Place emergency orders for the above items, or other critical supplies and equipment with the Central Supply Unit Leader, as needed. Notify the Support Branch Director.

Emergency Management Guide for Nursing Homes

Facility Supply Unit Leader
Job Action Sheet
Logistics Section→Support Branch
Nursing Home Incident Command System
Revised:
Reviewed:

Ongoing	
	Work through the Support Branch Director, Logistics Section Chief and Liaison Officer to request assistance with external resource acquisition.
	Closely monitor building system status, equipment and supply usage.
	Restock facility management and support areas per request and at least every 8 hours.
	Receive updated reports from the Infrastructure Branch.
	Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.
	Meet regularly with Support Branch Director and other Unit Leaders to evaluate Branch status and project needs.
	Develop and submit an action plan to the Support Branch Director when requested.
	Report unexpected problems and unresolved issues immediately.

Central Supply Unit Leader
 Job Action Sheet
 Logistics Section→Support Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Central Supply Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Support Branch Director:	
Operations Center Location:		Telephone:

Mission: Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies, and pharmaceuticals.

Immediate	(Operational Period 0-2 Hours)	
	Receive appointment from Logistics Chief or Support Branch Director. Obtain the Job Action Sheet for this position.	
	Read this entire Job Action Sheet.	
	Put on position identification garment or cap.	
	Obtain a briefing from Logistics Chief or Support Branch Director. Note time for next meeting.	
	Notify your usual supervisor of your emergency incident assignment.	
	Determine on hand inventory of the following, based on the type of event. May include, but is not limited to:	
	<ul style="list-style-type: none"> • Blankets, bath towels, washcloths • Pillows, sheets • Biohazard management supplies • Medication cups and straws • Disposable briefs • Plastic draw sheets • Sterile soaps • Catheter kits • Nasogastric tubes and Gastrostomy tubes • Tube feedings and pumps • Lancets for blood sugar • Dressings/bandages • Oxygen, administration masks, ventilators and suction devices • Disposable washcloths • Plastic bags 	<ul style="list-style-type: none"> • IV equipment and supplies • Sterile scrub brushes, normal saline, anti-microbial skin cleanser • Waterless hand cleaner and gloves • Fracture immobilization, splinting and sling materials • Wheelchairs, Walkers/canes • Bedside commodes • Backboard, rigid stretchers • Non-rigid transporting devices (litters) • Oxygen, administration masks, ventilators and suction devices • Personal protective clothing/equipment/masks/respirators. • Body bags w/tags in case of decedents while normal services are interrupted
	Place emergency orders for the above items, or other critical supplies and equipment as needed. Notify the Support Branch Director of items ordered in response to or in preparation of an event. Record any expenses related to the emergency event for the Procurement Unit within the Finance/Administration Section.	
	Prepare to receive additional equipment, supplies, and other critical supplies. Track and dispatch arriving supplies.	

Emergency Management Guide for Nursing Homes

Central Supply Unit Leader
Job Action Sheet
Logistics Section→Support Branch
Nursing Home Incident Command System
Revised:
Reviewed:

Ongoing	
	Work through the Support Branch Director, Logistics Section Chief and Liaison Officer to request external resource acquisition assistance.
	Closely monitor equipment and supply usage.
	Notify Safety Officer to insure control of equipment and supplies, as needed.
	Restock supply closets and carts per request and at least every 8 hours.
	Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.
	Develop and submit an action plan to the Support Branch Director when requested.
	Report unexpected problems and unresolved issues immediately.

Dependent Care Unit Leader
 Job Action Sheet
 Logistics Section→Support Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Dependent Care Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Support Branch Director:	
Operations Center Location:		Telephone:

Mission: Initiate and direct the sheltering and feeding of staff dependents. Contribute to overall staff morale and efficacy by providing a safe, engaging environment for their dependents.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Support Branch Director or Logistics Section Chief. Obtain the Job Action Sheet for this position.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Support Branch Director. Note time for next meeting.
	Notify your usual supervisor of your emergency incident assignment.
	Assess current capability to provide logistical, mental health care and day care to staff member's families. Project immediate and prolonged capacities to provide services based on current information and situation.
	Working with Staffing/Scheduling Unit Leader, help develop special instructions to give to employees coming in to work. If there is an existing employee letter which is given out upon hire that addresses dependent care during an emergency, ensure the developed special instructions are consistent with said letter. Public Information Officer may assist with message development.
	Establish a controlled, comfortable Dependent Care Area removed from any resident care areas where dependents may wait for their return home when circumstance allow.
	Establish and communicate checking in procedures.

Ongoing	
	Coordinate provision of needed support to family members (physical, emotional, refreshment, food and water).
	Communicate with Dietary Services in organizing and providing food, snacks, and hydration.
	Monitor the area continuously for safety and dependant needs with a minimum of two facility employees.
	Implement a positive I.D. system for all children cared for under age of 10 years of age. Provide matching I.D. for retrieving guardian to show upon release of child.
	Evaluate family members for medical needs, including medications, medical care and nutrition. Notify the Support Branch Director of needs.
	Document all personnel in the area and any incidents.
	Communicate with the Safety Officer as needed.
	Meet routinely with Support Branch Director to give a status report for the dependent care unit and to project extended needs.

Emergency Management Guide for Nursing Homes

Dependent Care Unit Leader
Job Action Sheet
Logistics Section→Support Branch
Nursing Home Incident Command System
Revised:
Reviewed:

Ongoing	
	Arrange for Social Services Unit Leader or designee to make routine contact with dependents in the facility, as well as responding when necessary. The purpose of the visits is to provide psychological support to dependents.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling Unit. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Transportation Unit Leader
 Job Action Sheet
 Logistics Section→Support Branch
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Transportation Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Support Branch Director:	
Operations Center Location:		Telephone:

Mission: Organize and coordinate the transportation of all ambulatory and non-ambulatory residents within or without the facility. Arrange for the transportation of human and material resources within or without the facility.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Logistics Chief or Support Branch Director. Obtain the Job Action Sheet for this position.
	Read this entire Job Action Sheet.
	Put on position identification garment or cap.
	Obtain a briefing from Logistics Chief or Support Branch Director. Note time for next meeting.
	Notify your usual supervisor of your emergency incident assignment.
	Assess need and availability of an assistant (“Transportation Manager”). If appointed, brief on situation and objectives.
	Inventory available out of facility transportation resources (buses, shuttles, ambulances, etc.)
	Coordinate request for private sector transportation with vendor(s) per existing response plans and agreements, or, as a last resort, with the Liaison Officer to the local OEM for public sector support.
	Coordinate delivery and assignment of needed vehicles.
	Evaluate vehicular needs; report status to Supply Branch Director and/or Logistics Chief.
	Report vehicle resource inventories to Planning Section’s Situation Unit Leader.
	For movement of residents within the facility or to a staging area, request staff from the Staffing/Scheduling Unit or across departments through the Logistics Chief to assist in the gathering and placement of transport equipment. Work with Resident Services Branch Director to monitor status of resident movement by staff from that branch.
	Establish resident/staff and material loading area in cooperation with the Safety Officer and Operations Section Chief.

Ongoing	
	Continue coordination of transportation of resources/shipments into and out of the facility with the vendor by phone/radio or local OEM.
	In the event of a nursing home evacuation and/or the relocation of resident services outside of existing structure, anticipate and prepare for transportation needs.
	Request special transport equipment needs from the Supply Unit Leader (walkers, canes, etc.)
	Address health and safety issues related to volume/location of transport vehicles with the Safety Officer.
	Advise the Support Branch Director immediately of any operational issue you are not able to correct or resolve.
	Develop and submit an action plan to the Support Branch Director when requested.
	Report unexpected problems and unresolved issues immediately.

Finance/Administration
 Job Action Sheet
 General Staff
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Finance/Administration

POSITION ASSIGNED TO:		
Reporting to:	Incident Commander:	
Command Center Location:		Telephone:

Mission: Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities. Coordinate and supervise the units within the Finance/Admin Section. Contribute to the Incident Action Plan.

Immediate	(Operational Period 0-2 Hours)
	Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
	Read this entire Job Action Sheet and review emergency organizational chart.
	Put on position identification (garment, vest, cap, etc.).
	Notify your usual supervisor of your NHICS assignment.
	Obtain briefing from Incident Commander and designate time for next meeting.
	Assess need for the following Unit Leaders and appoint as needed:
	1. Procurement
	2. Cost
	3. Employee Time
	4. Compensation/Claims
	5. Business Continuity
	Transfer the corresponding Job Action Sheets to Unit Leaders. If a unit leader is not assigned, the Finance/Admin Chief keeps the Job Action Sheet and assumes that function.
	Brief unit leaders on current situation and develop the section's initial projection/status report. Designate time for next section briefing. Communicate how personnel time is to be recorded.
	Discuss with Employee Time Unit Leader how to document facility-wide personnel work hours worked relevant to the emergency.
	Assess the need to obtain cash reserves in the event access to cash is likely to be restricted as an outcome of the emergency incident.
	Participate in Incident Action Plan preparation, briefings, and meetings as needed: <ul style="list-style-type: none"> • Provide cost implications of incident objectives • Ensure Incident Action Plan is within financial limits established by Incident Command • Determine if any special contractual arrangements/agreements are needed
	Identify and document insurance company requirements for submitting damage/claim reports.
	Document all key activities, actions, and decisions on a continual basis.

Emergency Management Guide for Nursing Homes

Finance/Administration
 Job Action Sheet
 General Staff
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Ongoing	
	Coordinate emergency procurement requests with Logistics → Supply Branch.
	Maintain cash reserves on hand.
	Consult with state and federal officials regarding reimbursement regulations and requirements; ensure required documentation is prepared accordingly.
	Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Finance/Admin Section Staff.
	Approve and submit to Incident Command a "cost-to-date" incident financial status report every 8 hours (prepared by the Cost Unit Leader, if appointed) summarizing financial data relative to personnel, supplies, and miscellaneous expenses.
	Ensure that required financial and administrative documentation is properly prepared.
	Process invoices received.
	Maintain routine, non-incident related administrative oversight of financial operations.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Business Continuity Unit Leader
 Job Action Sheet
 Finance/Administration Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Business Continuity Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Finance/Administration Section Chief:	
Operations Center Location:		Telephone:

Mission: Ensure business functions are maintained, restored or augmented to meet recovery objectives.
 Limit interruptions to continuity of essential business operations to the extent possible.

Immediate	
	Receive appointment from Finance/Administration Chief. Obtain Job Action Sheet .
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Finance/Administration Section Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Appoint Unit members, as appropriate. Brief Unit members: <ul style="list-style-type: none"> • Discuss current situation and the unit’s objectives for the next operational period. • Develop initial projection/status report. • Review the Finance/Administration Section’s chain of command. • Set time and location for next meeting. • Communicate how personnel time is to be recorded. • Direct unit members to evaluate on-hand equipment, supply, and staff needs. • Communicate how equipment, supplies, and personnel are to be ordered.
	Evaluate Business Continuity Branch capacity to: <ul style="list-style-type: none"> • Determine ability to meet recovery objectives for all impacted business functions • Ascertain continuity of business functions including assessment of impacted areas • Acquire access to essential business records (resident records, purchasing contracts, etc.) • Support needed movement or relocation to alternate business operation sites
	Evaluate status of: <ul style="list-style-type: none"> • Nursing Home records • Business/financial records • Billing records • Resident Medical Records, including Minimum Data Set (MDS) records
	Initiate protection or move/relocate records, as appropriate; activate off-site storage plans.
	Contact external contractors for record protection or recovery, as appropriate.
	Identify appropriate alternative work sites for business operational needs. Coordinate with Service and Support Branch Directors and Unit Leaders within Logistics, as appropriate.
	Identify priorities for system restoration for service maintenance/resumption.
	Assess problems and needs in Branch area; coordinate resource management with Logistics.
	Receive, coordinate, and forward requests for IT and communications support to the Communications Hardware Unit Leader and IT/IS Unit Leader within Logistics Section.
	Meet regularly with the Finance/Admin Section Chief to discuss plan of action and staffing.
	Maintain contact with Logistics Section Chief to ensure ordering and delivery of personnel and resources as needed.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.

Business Continuity Unit Leader
 Job Action Sheet
 Finance/Administration Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Ongoing	
	Identify specific activities or resources needed to preserve and/or transport facility records.
	Initiate restoration of records, as appropriate.
	Continue coordinating the Business Continuity unit's ability to maintain or recover impacted business functions.
	Meet regularly with Finance/Administration Section Chief for status reports, and relay important information to unit members.
	Identify activities or resources needed to ensure timely resumption of business functions.
	Coordinate with the Service Branch Director or Communications Hardware Unit Leader and the IT/IS Unit Leader to share strategies for returning to normal business operations.
	Advise the Finance/Administration Section Chief immediately of any recovery issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Procurement Unit Leader
 Job Action Sheet
 Finance/Administration Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Procurement Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Finance/Administration Section Chief:	
Operations Center Location:		Telephone:

Mission: Responsible for administering accounts receivable and payable to contract and non-contract vendors.

Immediate	
	Receive appointment from Finance/Administration Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Finance/Administration Section Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Ensure the separate accounting of all contracts specifically related to the emergency incident and of all purchases within the enactment of the emergency incident management plan.
	Establish a line of communication with the Support Branch Director to insure resource coordination.
	Obtain authorization to initiate and finalize purchases from the Finance/Administration Section Chief, or authorized representative.
	Interpret and initiate contracts/agreements to minimize costs (when possible) and resolve disputes.
	Establish and document emergency agreements for the sharing, transfer of material, supplies, etc., to other entities.
	Meet regularly with the Finance/Admin Section Chief to discuss plan of action and staffing.
	Establish and maintain contact with Logistics Section Chief to ensure ordering and delivery of personnel and resources as needed.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.

Ongoing	
	Meet regularly with Finance/Administration Section Chief for status reports, and relay important information to unit members.
	Maintain log of all purchases related to the incident: <ul style="list-style-type: none"> • List purchases by purchase order or other reference number. • Record date and time of purchase. Describe item or service. • Identify vendor name. • Record total cost of purchase. • Use proper name to identify requestor and department. • Use proper name of person who approved purchase. • Record date and time item or service was received.
	Collect invoices and other records to reconcile them with the procurement agreements before forwarding them to the Cost Unit Leader.

Emergency Management Guide for Nursing Homes

Procurement Unit Leader
Job Action Sheet
Finance/Administration Section
Nursing Home Incident Command System
Revised:
Reviewed:

Ongoing	
	Forward a summary accounting of incident-related purchases to the Cost Unit Leader every eight hours, or as determined by the Cost Unit Leader.
	Coordinate with the Support Branch's Unit Leaders to ensure that procurements meet the needs of the requestors.
	Develop and submit an action plan to the Finance/Administration Section Chief when requested.
	Advise the Finance/Administration Section Chief immediately of any recovery issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Cost Unit Leader
 Job Action Sheet
 Finance/Administration Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Cost Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Finance/Administration Section Chief:	
Operations Center Location:		Telephone:

Mission: Responsible for providing cost analysis data for the declared emergency incident and maintenance of accurate records of incident cost.

Immediate	
	Receive appointment from Finance/Administration Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Finance/Administration Section Chief.
	Notify your usual supervisor of your emergency incident assignment.
	Establish cost reporting procedures, including proper coding.
	Implement third-party billing procedures.
	Implement procedures for receiving and depositing funds.
	Ensure that all key activities, actions, and decisions are being documented on a continual basis.

Ongoing	
	Meet routinely with the Finance/Administration Section Chief for status reports, and relay important information to Unit members.
	Maintain cost tracking and analysis.
	Collect copies, summaries, or original documentation of costs from all cost centers.
	Prepare a cost-to-date summary report for submission to the Finance/Administration Section Chief every eight hours and as requested.
	Inform Section Chiefs of pertinent cost data at the direction of the Finance/Administration Section Chief or Incident Commander.
	Develop and submit an action plan to the Finance/Administration Section Chief when requested.
	Advise the Finance/Administration Section Chief immediately of any recovery issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Employee Time Unit Leader
 Job Action Sheet
 Finance/Administration Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Employee Time Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Finance/Administration Section Chief:	
Operations Center Location:		Telephone:

Mission: Responsible for the documentation of personnel time records. Monitor and report on regular and overtime hours worked/volunteered.

Immediate	
	Receive appointment from Finance/Administration Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Finance/Administration Section Chief.
	With Finance/Administration Section Chief, decide if the facility needs to process payroll early or in advance of an impending event. Do so if action is approved.
	At the onset of an impending emergency event, obtain printed time sheets for a 14-day run.
	Ensure the documentation of personnel hours worked and volunteer hours worked in all areas relevant to the nursing home's emergency incident response.
	Make sure all Section Chiefs and/or Unit Leaders are following these protocols when submitting a list of personnel/volunteers who worked outside of their regularly scheduled hours in response to the emergency incident: <ul style="list-style-type: none"> • Use proper names to list personnel and indicate employee or volunteer • Record employee number, if applicable, and indicate assigned function or job • Work start and end times for each employee • Employee/volunteer should sign • Calculate total hours
	Assist Staffing/Scheduling Unit Manager in accounting for facility staff.

Ongoing	
	Meet routinely with the Finance/Administration Section Chief for status reports, and relay important information to Unit members.
	Collect all Section personnel time sheets from each work area for recording and tabulation every eight hours, or as specified by the Finance/Administration Section Chief.
	Forward tabulated Section personnel time sheets to the Cost Unit Leader every eight hours or as requested.
	Develop and submit an action plan to the Finance/Administration Section Chief when requested.
	Advise the Finance/Administration Section Chief immediately of any recovery issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Compensation/Claims Unit Leader
 Job Action Sheet
 Finance/Administration Section
 Nursing Home Incident Command System
 Revised:
 Reviewed:

Compensation/Claims Unit Leader

POSITION ASSIGNED TO:		
Reporting to:	Finance/Administration Section Chief:	
Operations Center Location:		Telephone:

Mission: Responsible for receiving, investigating and documenting all claims reported to the nursing home during the emergency incident, which are alleged to be the result of an accident or action on nursing home property.

Immediate	
	Receive appointment from Finance/Administration Chief. Obtain Group's Job Action Sheets and position identification garments.
	Read this entire Job Action Sheet. Put on position identification garment or cap.
	Obtain a briefing from Finance/Administration Section Chief.
	Receive, investigate and document claims issued by employees and non-employees. Use photographs or video documentation when appropriate.
	Obtain statements as quickly as possible from all claimants and witnesses.
	Enlist the assistance of the Safety Officer, Section Chief, and Staffing/Scheduling Unit Leader, as needed.
	Document all communications (internal and external): <ul style="list-style-type: none"> • Transcribe complete, concise and specific content of message. • Note any actions taken in response to message.

Ongoing	
	Meet routinely with the Finance/Administration Section Chief for status reports, and relay important information to Unit members.
	Inform the Finance/Administration Section Chief of all claims as they are reported.
	Document claims on facility risk/loss forms. Coordinate with facility Risk Management.
	Ensure that records required by insurers, government and other agencies for loss recovery are accurately compiled, maintained, and available.
	Develop and submit an action plan to the Finance/Administration Section Chief when requested.
	Advise the Finance/Administration Section Chief immediately of any recovery issue you are not able to correct or resolve.
	Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Staffing/Scheduling. Provide for staff rest periods and relief.
	Report unexpected problems and unresolved issues immediately.

Part V

Training and Exercises

The federal Department of Homeland Security Exercise and Evaluation Program (HSEEP) provides specific standards for emergency preparedness training and exercises that complies with the National Incident Management System. To assist its many health and medical partners to become proficient in the HSEEP standards, the Florida's Department of Health Division of Emergency Operations developed a handbook called the Mechanic's Manual: A Handbook for Becoming HSEEP-Compliant. This manual assists health and medical partners such as nursing homes and hospitals, to become proficient in developing, conducting and evaluating preparedness exercises that meet the HSEEP standards. The Florida Department of Health gave permission to the Florida Health Care Association to use the Mechanic's Manual as a primary source document for this training and exercise guide for nursing homes. Additional materials and resources developed by the Florida Health Care Association under a grant awarded by the John A. Hartford Foundation have also been used extensively in the preparation of this guide.

Readers are strongly encouraged to visit the website of the Department of Homeland Security Exercise and Evaluation Program (<https://hseep.dhs.gov/>) for additional education about developing and conducting emergency preparedness exercises.

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The Preparedness System

It is important to recognize preparedness as a system, requiring the continuous integration of plans, training programs, exercises, and evaluations. It is a system that functions like a machine.

Turning the *planning gear* (writing or revising a plan) sets in motion the *training gear* (making sure all staff understands the plan). After training, the *exercise and evaluation gear* kicks in, helping to identify weaknesses in the plan as well as areas where additional training is needed.

If you have a comprehensive emergency plan for your facility, you've put the preparedness machine into motion. The next step is to set the training gear into motion by training your staff on the plan. After training, follow up with exercises to give staff a chance to practice the procedures about which they've been trained and evaluate each exercise to determine changes needed in the plan and to identify additional training needs.

The goal of this guide is to help you design and maintain a preparedness system for your facility, keeping the gears turning and the preparedness "machine" running smoothly.



Key Concepts

People generally respond to an emergency in the way that they have been trained. By using an ongoing process of training, exercising, and evaluation, nursing homes have a greater assurance that their staff will know what is expected of them in an emergency situation and act accordingly.

Following are several key concepts essential to developing an emergency preparedness training and exercise program for your facility.

- Make "disaster preparedness" a part of new employee orientation and ensure that all employees receive the training.
- Provide refresher training on disaster preparedness for all staff on a routine basis, recognizing that some will require more frequent training because of their specific roles and responsibilities.
- Exercise all portions of your facility's emergency management plan, in accordance with the training and exercise schedule described in the plan.
- Use a variety of training and exercise approaches, including discussion-based tabletop exercises and operations-based drills. This guide provides additional information about how and when to use various methods.
- Conduct exercises that include representatives from the fire department, local law enforcement, the local health department, the emergency management office, the Red Cross and your utility provider.
- Exercise all vendor and mutual aid agreements identified in your emergency plan to be sure of their continued viability, particularly evacuation transportation agreements, receiving facility agreements, and energy/generator agreements.
- Evaluate all training and exercise activities and use the information to make improvements to your emergency management plan and training and exercise schedule.
- Develop relationships with your local office of emergency management and health department and participate in training and exercise opportunities they might sponsor.

Step by Step Process for Planning an Exercise

Following is a recommended step-by-step process for developing an emergency preparedness exercise plan for your facility. These steps are based on the Florida Department of Health's [Mechanic's Manual: A Handbook for Becoming HSEEP-Compliant](#).

Step 1. Synchronize your exercise with your emergency plan and training programs.

Determine the emergency management plan or capability or training competency that you want to exercise and evaluate. Ask these questions:

- Will all of the exercise participants be knowledgeable of the plan? If not, then you must distribute the plan and ensure that it is read and understood before considering the type of exercise you want to conduct. See pages 260-261 for exercise descriptions.
- Does the plan or parts of the plan that will be exercised and evaluated require first-time or refresher training? If so, ensure that you conduct training to an established standard of proficiency *before* conducting an exercise. Drills are very useful as intermediate exercises to validate specific training proficiency standards.
- What if there is no existing plan? You can effectively use seminars and workshops to review issues requiring writing of new plans and to determine what needs to be included in the plans they are developing. Types of exercises are discussed in Step 3.

Step 2. Determine which topic to use in developing exercise objectives.

The topic can be anything from a simple, single-task activity or process involving a few people to a complex, multi-tasked activity involving multiple departments and organizations. Some topics to consider:

- The roles and responsibilities of key staff members during an emergency
- The Incident Command System and how it relates to the nursing home staff
- The physical layout of the facility and the location of the nearest stair exit, alternate stair exit(s) and the direct route to each exit
- The location of fire extinguishers and how to use them (some fire extinguisher companies provide free in-service training during the regular annual equipment servicing)
- The location of emergency equipment such as E-tanks, concentrators, Ambu-bags, suctioning equipment, and other supplies used in a medical emergency
- Emergency telephone numbers and call-down procedures as defined in the facility's emergency management plan
- How to assume control, minimize rumors, and prevent panic
- Managing decedents when routine services are interrupted
- Evacuation priorities, e.g. ambulatory, wheelchair, and bedfast residents
- Procedures for protection of residents during an evacuation
- Response procedure to a missing resident
- Minimizing resident vulnerability to extreme temperature due to power outage when the generator is inoperable or does not maintain air conditioning/heating
- Responding to staff injuries during an emergency event
- Basic First Aid/CPR training

- How to help staff prepare personally for a disaster, with a goal of maintaining a viable workforce for the facility during a disaster (resource: www.redcross.org)
- Localized fire response
- Procedures for utility and water shut-offs
- Sudden power outage
- Procedures for switching to and/or troubleshooting the generator
- Sudden water loss or water contamination
- Sudden flooding
- Significant structural damage to a section of the facility
- Violent resident, family member, staff member or other guest/visitor

Step 3. Determine the type of exercise which would be the most appropriate to evaluate the selected topic objectives.

Build exercises to correspond with the topic's objectives, plans and/or training programs that are to be evaluated, and the level of the nursing home's current capabilities.

IMPORTANT: Do not immediately jump into a full scale exercise or even a tabletop exercise unless your plan is mature and your participants have the appropriate level of training.



Discussion-based exercises *familiarize* participants with current plans, policies, agreements, and procedures. They may also be used as a forum to develop or revise plans, policies, agreements, and procedures. Discussion-based exercises include: seminars, workshops, tabletops, and games. Discussion-based exercises typically require facilitators in lieu of controllers and may also require evaluators.

- **Seminar.** A seminar is an informal discussion that *orients participants* to new or updated plans, policies, or procedures (e.g., a seminar to review new family notification procedures). It is also a good method for informing and training staff on changes that have been made to the facility's emergency management plan.
- **Workshop.** A workshop resembles a seminar, but it *builds* specific products, such as a draft plan or policy. Workshops can also be used effectively to bounce canned scenarios off a new plan to see where it will break (e.g., a workshop to create a new and improved policy for responding to a missing resident event).
- **Tabletop Exercise (TTX).** A tabletop exercise involves key participants discussing simulated scenarios in an informal setting. TTXs can be used to *assess* plans, policies, and procedures (e.g. unplanned power outage). They provide an excellent opportunity for a nursing home to identify, assess and correct/strengthen their emergency management plan. This guide includes detailed information about developing and conducting a tabletop exercise, including a design template for nursing homes.
- **Game.** A game is a simulation of operations that involves two or more teams in a competitive environment, using rules, data, and procedures and scenarios designed to depict an actual situation and test whether training is sufficient (e.g. create a list of tips for how to best notify residents of an emergency event and how to keep them informed of what's going on).

Operations-Based Exercises *validate* plans, policies, agreements and procedures, clarify roles and responsibilities, and identify resource gaps in an operational environment. Types of operations-based exercises include drills, functional exercises, and full-scale exercises. Operations-based exercises typically require safety officers, controllers, evaluators, and may also require actors, and simulators. Operations-based exercises require *much* greater logistical support, cost, and planning time than discussion-based exercises.

- **Drill.** A drill is a coordinated, supervised activity usually employed to test a single, specific operation or function within a single entity. In nursing homes, the fire drill is the most common drill conducted, although many other aspects of the emergency preparedness plan can be practiced using a drill. For example, a drill would be an effective way to test the responsiveness of the facility's evacuation transportation provider or the facility's ability to switch to the generator when the person responsible for the generator is not accessible.
- **Functional Exercise (FE).** A functional exercise examines and/or validates the coordination, command, and control between various multi-agency coordination centers (e.g., sister nursing homes, emergency operation center, etc.). A functional exercise does not involve first responders or emergency officials responding to an incident in real time at an actual location with actor-simulated victims. For example, a facility might develop and conduct a functional exercise to test its capacity to evacuate a portion (or all) of its residents.
- **Full-Scale Exercises (FSE).** A full-scale exercise is typically a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., sister nursing homes, emergency operation center, etc.) and first responders or emergency officials (e.g., a medical response team decontaminating actor-simulated victims) in *real* time, *real* place scenarios.

Step 4. Determine exercise cost.

Seminars, workshops, and drills can usually be executed at low cost. They can be and should be developed in-house without relying on contractors. Tabletop exercises with multiple objectives and scenarios and functional exercises may require contractor support. But, you can avoid major expense by using existing tools to develop the exercise basis. The more work that can be done in-house, the less contractor support will be needed and less cost will be incurred.

Step 5. Set the Exercise Date.

Allow yourself enough time to:

- Identify and organize the planning team
- Reserve a meeting space for the planning team
- Schedule planning meetings
- Identify the type, scope, objectives, and purpose of the exercise
- Assign responsibility to planning team members
- Create supporting handouts as needed
- Take care of administrative tasks, such as creating attendee sign-in sheets, ordering refreshments, etc.
- Notify players (exercise participants)
- Invite observers or external partners

Step 6. Assemble the Exercise Planning Team.

The most important factor for a successful exercise is organizing a skilled and experienced exercise planning team. The exercise planning team oversees, and is responsible for, exercise foundation, design, development, conduct, and evaluation.

Functions of the Planning Team:

- A team leader directs and coordinates all exercise planning activities. He or she assigns exercise activities and responsibilities, provides guidance, establishes timelines, and monitors the development process.
- A subject matter expert (SME) provides technical or functional expertise, e.g., nurse practitioner or facility director, to develop the scenario and potentially serve as evaluators during the conduct of the exercise.
- Someone will be responsible for compiling and developing all exercise documentation. This team member collects and reviews policies, plans, and procedures that will be validated in the exercise.
- A team member will serve a logistical function, providing or arranging for the supplies, materials, facilities, and services that enable the exercise to function smoothly without outside interference or disruption.
- The exercise will require administrative support throughout development. This team member coordinates schedules for the planning team, participating partners and agencies, and registers exercise participants on the day of the exercise.

Step 7. Identify the Exercise Staffing Roles.

Depending on the type of exercise being conducted, identify who is expected to serve in these roles on the day of the exercise:

Safety Officer. During an operations-based drill or functional exercise, he or she looks out for the safety of all exercise participants and must have no other duties. The Safety Officer briefs participants on any safety concerns before the start of the drill or functional exercise.

Facilitators. During a discussion-based exercise, the facilitator is responsible for ensuring that participant discussions remain focused on the exercise objectives and making sure all issues and objectives are explored as thoroughly as possible within the available time.

Evaluators are chosen based on their expertise in the functional areas they are to evaluate. Evaluators have a passive role in the exercise and should only record the actions/decisions of players; they should not interfere with exercise flow. Evaluators often use formal forms to record observations and make notes, which contribute greatly to the exercise After-Action Report. For large and complex operations-based exercises, appoint an experienced Chief Evaluator to lead the evaluation team.

Actors simulate specific roles, such as disaster casualty victims, adding realism to an exercise.

Players are members of the organization(s) being evaluated; they have an active role in responding to an incident by either discussing (in a discussion-based exercise) or performing (in an operations-based exercise) their regular roles and responsibilities.

Observers may request to view all or selected portions of exercise play. Observers may include corporate representatives, sister facility administration, or other invitees. Observers must not participate in exercise play or in exercise evaluation and control functions. However, they may be solicited for comments about their observations.

Step 8. Identify Exercise Partners.

Determine the outside partners and agencies that need to be involved in the exercise. Depending on the objectives and scope of the exercise, here is a list of external partners you may consider when building an exercise team:

- Law Enforcement Representatives
- Emergency Medical Services
- Fire and Rescue
- Hospital
- Local Office of Emergency Management
- Local Health Departments
- School Districts
- Volunteer and Faith-Based Organizations
- Utility Managers, especially your local electricity provider
- Generator Supplier or Manufacturer
- Transportation Provider
- Sister Facilities
- Management Company

The listing of agencies and organizations above is not meant to be mandatory or exhaustive. Examine the context of the plan you will be exercising. All agencies that have a part in your plan should have a part in exercise planning even if their particular part will not be included this time. If the purpose of the exercise seminar or workshop is to develop a plan, consider all who will be potentially included when the plan is completed. Be inclusive rather than exclusive.

Run the Exercise

This guide provides detailed information for conducting two common exercises utilized in nursing homes: the drill (operations-based) and the tabletop exercise (discussion-based). For additional education and training on designing and conducting the various types of exercises, readers are encouraged to take the free online independent study courses available at the Department of Homeland Security website, <https://hseep.dhs.gov/>.

Collect Performance Data

Evaluation is the cornerstone of exercises; it documents strengths and areas for improvement in an organization's preparedness.

Hot Washes are always held immediately following the end of operations-based exercises. Hot washes may also be held with discussion-based exercises at the discretion of the exercise planning team leader. A hot wash is conducted by a subject matter expert relevant to the particular activity that is being exercised. A hot wash enables evaluators to identify system successes and failures as well as issues, concerns, or proposed improvements and ascertain players' level of satisfaction with the exercise while the events remain fresh in players' minds.

Debriefs are a more formal forum for exercise planners, facilitators, and evaluators to review observations and discuss the exercise. Debriefs may be held following the hot wash or within a few days, following the exercise. The exercise planning team leader facilitates discussion and allows each person an opportunity to provide an overview of the functional area observed. Discussions are recorded, and identified strengths and areas for improvement are analyzed for inclusion in the facility's emergency management plan.

When writing preliminary analyses/summaries of the exercise, evaluators should consider the following questions:

- Were the objectives of the exercise met?
- What were the key decisions associated with each activity?
- Were players knowledgeable of current plans, policies, and procedures? Did plans, policies, and procedures support performance tasks?
- Did the observations suggest that all personnel were adequately trained to complete the activities/tasks needed to demonstrate a capability?
- Did the observations identify any resource shortcomings that could inhibit the ability to execute an activity?

- Did personnel from multiple agencies or jurisdictions work together to perform tasks, activities or capabilities? If so, are there agreements or relationships in place to support the coordination required? Is any cross-training needed to enhance task performances?
- What should be learned from this exercise?
- What strengths were identified for each activity?
- What areas for improvement are recommended for each activity?

Improve the Process

After-Action Reports (AAR) are used to provide feedback to participants on their performance during the exercise. An AAR summarizes exercise events and analyzes performance of the topic's objective tasks. The After-Action Report includes an improvement plan outlining corrective actions needed, along with timelines for their implementation and assignment to responsible parties.

Track the Progress

Once the recommendations, corrective actions, responsibilities, and due dates are clearly identified and agreed upon in the improvement plan section of the After-Action Report, the Nursing Home Administrator ensures that each corrective action is tracked to completion.

Maintaining the discipline to keep the improvement plan activities on track is the most difficult part of the process. Failure to follow improvement plan corrective actions to completion often results in repeated lessons learned and lack of preparedness improvement.

Resources for Independent Study

Online Study Courses (Free)

For a more in-depth study of designing and conducting emergency preparedness exercises, readers are encouraged to consider taking the free online independent study courses offered by the Department of Homeland Security Exercise and Evaluation Program (HSEEP) described in the following paragraphs.

Independent Study. Begin training in basic HSEEP concepts and terminology by reviewing “HSEEP 101” on the HSEEP Internet site at <https://hseep.dhs.gov/>. Then take IS 120A, An Introduction to Exercises. This is a self-paced, online course in HSEEP basics. When you complete the course and pass the test, you will receive a certificate of completion. This is a basic prerequisite to additional HSEEP training. You do not have to be an HSEEP-registered user to take online, independent study courses.

Next, take IS 130, Exercise Evaluation and Improvement Planning, for further information and study. This course is also available online at the HSEEP Internet site.

Advanced Exercise Training: Opportunities for FEMA advanced-level exercise training are described at <http://www.training.fema.gov/emiweb/cec/CECCourses.asp>.

Other Training Resources

Florida Readers: If you are based in Florida, two added training resources are available. The Florida Department of Health sponsors an intense, four-hour workshop based on the use of the HSEEP Mechanics Manual, which has been used extensively in this guide. A workshop prerequisite is the HSEEP Independent Study Course IS 120A, discussed above. The workshop consists of HSEEP content training with participants encouraged to share good and bad lessons learned from past exercises, a live on-line walkthrough of the HSEEP Internet site and Toolkit, and a scenario-based, practical exercise in exercise development. Target audience: planners, trainers, and exercise coordinators at county health departments, EMS, hospitals, health and medical centers, long-term care facilities, and all other ESF 8 public health and medical partners. For more information, contact Jack Pittman, Public Health Preparedness, (850) 244-4444, Ext. 3725.

The Florida Health Care Association has additional training resources to offer through the John A. Hartford Foundation’s grant on Hurricane and Disaster Preparedness for LTC Facilities. For more information, contact April Henkel at ahenkel@fhca.org, or (850)-224-3907.

Other States: For readers in other states, contact your state’s ESF 8 lead agency for information about HSEEP training opportunities. Your ESF 8 lead agency will likely be your state’s department of health. In addition, contact your state’s nursing home or health care association and ask for emergency preparedness resources for nursing homes.

Exercise Examples: Drills and Tabletop Exercises

The following section provides more detailed guidance for nursing homes on two specific types of exercises:

- **Operations-Based Drills**
- **Discussion-Based Tabletops**

Conducting a Drill

OVERVIEW

This section provides step-by-step guidance for organizing and conducting drills in a nursing home.

The purpose of a drill is to practice the skills that are needed during an emergency situation. The focus of a drill should be the specific non-routine tasks that are critical to the safe management and evacuation of patients and staff in the event of a real emergency. Include facility residents as well as staff in the execution of the drill.

In nursing homes, the fire drill is the most common drill conducted, although many other aspects of the emergency preparedness plan can be practiced using a drill. For example, a drill would be an effective way to test the responsiveness of the facility's evacuation transportation provider or the facility's ability to switch to the generator when the person responsible for the generator is not accessible.

When designing a drill, pick a hazard that is applicable to your geographic area and features of your facility. Not all drills should be announced; a surprise drill helps to reinforce learning. Drills are serious and should not be taken lightly. Regular practice helps instill a sense of calm and preparedness under pressure and staff performs in the way they have practiced.

Designing a Drill, Step-By-Step

- 1) Plan the drill.** Each drill should be planned by a team consisting of the staff who, during an emergency, will likely assume the roles of the five key positions in the Nursing Home Incident Command System (See Part IV of this guide). The first planning step for the team is to decide on a goal statement for the drill – what skill or procedure needs to be practiced? For example, a goal statement for practicing the safe evacuation of residents on oxygen would be: *Safely evacuate residents on oxygen.* Identify a subject matter expert to serve as the evaluator of the drill, observing the drill as it unfolds, keeping track of the time that elapses between key functions, and making notes. The evaluator only observes; he/she does not participate in the drill. For all drills, it is important to note the time between the discovery of the emergency situation to staff and the beginning of their response. For evacuation drills, it is important to also note the time that elapses from the order to evacuate/relocate a floor to the last arrival at a safe refuge area.
- 2) Call the drill.** Shortly before the drill is to begin, station designated personnel throughout the floor to observe and record the actions of personnel when the drill begins or the alarm sounds. A designated person should “call the drill” by declaring, “Our drill will now begin.” At this point, the clock begins to tick for recording the time it takes to complete various segments of the drill.
- 3) State the drill scenario and purpose.** Give the designee a cue card that describes the situation and what the drill will accomplish. Example: Scenario - This is a power failure drill; Purpose – demonstrate the facility's ability to recover/manage AC loss.

- 4) **Conduct the drill.** After the situation is announced, emergency procedures should begin immediately. Be certain to note the timing of specific portions of the drill as accurate assessment of time passage may help to evaluate problems.
- 5) **Conclude the drill and document participants and activities.** Immediately following the drill, ensure that all staff has signed the documentation required for training records. Be sure to identify the names of absent staff and schedule a make-up drill date for their participation.
- 6) **Evaluate the Drill and Identify Action Needed.** Immediately following the drill, the planning team leader or designated evaluator conducts a hot wash of the drill, providing an opportunity for participants to discuss the results of the drill and identify concerns and issues to be addressed in the After-Action Report (improvement plan section). The discussion centers around what went right, what did not go so well and a discussion of the root cause of an identified issue needing improvement.
- 7) **After the Drill - Next Steps.** The planning team leader ensures that an After-Action Report is written for the drill, which includes an improvement plan and recommendations for future training and exercises. The nursing home administrator will ensure that each corrective action is tracked to completion.

Conducting a Tabletop Exercise

OVERVIEW

This section discusses steps for developing and conducting a tabletop exercise for your facility. Included are basic steps to developing a tabletop exercise and a sample scenario/injects and corresponding exercise goals and objectives. Facilities are strongly encouraged to visit the Homeland Security Exercise and Evaluation (HSEEP) website -- <https://hseep.dhs.gov/> -- and click on “About HSEEP” for a quick overview of exercise and evaluation concepts and terminology. Then, take the free online Independent Study Course, IS 120A, An Introduction to Exercises, also on the HSEEP website (<https://hseep.dhs.gov/>).

Important note: Remember that the first gear to turn in the preparedness machine is the development of a comprehensive emergency management plan, followed by training on the plan. A tabletop exercise is *only* recommended for facilities that have developed a plan and have trained staff on its components. If you have an emergency plan but your staff have not been trained on it, start with a seminar or workshop and add the exercise component as a follow-up to it.

A tabletop exercise or simply a “tabletop,” is a staged event where management and/or staff meet in an open forum to discuss actions for response to a specific emergency scenario. The informal format facilitates participation and is structured to explore emergency procedures, recovery plan details, standard operating procedures and personnel resources to recover critical functions.

A tabletop exercise simulates a disaster without interrupting normal facility operations. At the beginning of the exercise, a scenario is presented to participants by a facilitator, who guides participants in a verbal “walk through” of their facility’s emergency plan. The length of a tabletop exercise is typically one to four hours.

While only one of many ways to exercise a facility’s emergency plan, a tabletop has a number of advantages. The tabletop can have a broad or narrow focus, is economical and flexible, and most importantly, it presents a very real scenario in a non-threatening format. Tabletop exercises are used to:

- determine if participants can realistically “talk through” their critical functions during an emergency;
- help participants become more aware of possible weaknesses and gaps in the plan; and
- thoroughly acquaint participants with the contents of their facility’s plan.

A tabletop is flexible because the scenario can be structured to exercise particular sections of a facility’s emergency plan or the entire plan. If a facility has multiple departments or locations, the disaster scenario can target specific departmental functions or locations. The purpose is to allow for the discovery of weaknesses during a non-threatening exercise rather than during a real disaster.

Key Roles in a Tabletop Exercise:

- The **Exercise Facilitator** presents the scenario, facilitates group problem solving, controls the pace and flow of the exercise and stimulates discussion using injects (problem statements) that occur on a timeline appropriate to the exercise scenario.
- **Exercise Players** (participants) are facility staff and invitees who address the goals and objectives of the exercise and participate in the facilitated discussion.
- The **Exercise Evaluator** does not participate in the exercise, but takes notes during the exercise, making observations about what happens during the exercise specifically related to the group's ability to achieve the stated objectives. The evaluator may also note "Action Items" that should be considered to address weaknesses/gaps revealed during the exercise.
- **An Exercise Observer** is an optional role. Some exercise planners may appoint observers, perhaps from other disciplines or external partners, to observe the exercise and provide feedback.

Designing A Tabletop Exercise: Step-By-Step

Follow the steps below and the sample Tabletop Exercise Planning Worksheet on the following pages to design your own tabletop exercise.

Step 1: Assess your facility's needs. Has your facility had to activate its plan? If so, use that experience to help identify areas of need. What are the training needs of new staff? Review the training logs for your facility – where are the gaps? For each need, identify the corresponding section(s) of your facility's Emergency Plan to which it is related.

Step 2: Prioritize the needs and determine the scope of the exercise. Based on your assessment (step 1), prioritize the training needs and determine what should be exercised first. Will it be a focused exercise (a power outage) or will it involve external partners? For example, a test of the viability of your transportation contracts might include external partners. Does the function being tested involve multiple departments?

Step 3: Write a goal (purpose statement) for the exercise. What are you trying to improve/establish? A tabletop exercise can include more than one goal, but keep the one to four hours timeframe in mind when planning goals and objectives for a single exercise. Also, always tie the goal/purpose to the facility's written emergency plan. See the following pages for sample goals and objectives.

Step 4: Write specific objectives for the goal. What are the ideal outcomes for the exercise and how will you know if you have achieved them? For example, if the exercise purpose is to test the access staff have to the emergency contact list, objectives would be both the access that staff had to the list (could they locate it?) and the accuracy of the list (did it contain up-to-date information?). See the following pages for sample goals and objectives.

Step 5: Select or create an emergency scenario. Every tabletop exercise revolves around a specific emergency scenario – wildfires in the area, hurricane warning/watch, nearby chemical spill. Planners can use the sample hurricane scenario provided in this guide or create a unique scenario appropriate for their facility. Write specific "injects" (problem statements) to go along with the scenario to be introduced by the facilitator at specific times to direct the discussion. See the following pages for a sample scenario and injects.

Step 6: Identify exercise participants. The scope of your exercise will contribute to the selection of participants. Which facility staff should participate? Should external partners be included, such as the local emergency management office, county health department, law enforcement, fire department, or others? If so, will they be players (participants) or observers? Also, remember to appoint an evaluator to observe and provide written comments (see Evaluator role, described above).

Step 7: Determine date/time/place. A tabletop exercise generally takes 1 to 4 hours to conduct, but can be longer. It should be conducted at a location conducive to the exercise goals and objectives.

Step 8: Invite players (participants) and any external partners if appropriate. Be sure to give plenty of advance notice so that participants can make arrangements in their work schedules to attend.

Step 9: Prepare materials. Provide a *Situation Manual* to each participant at the beginning of the tabletop exercise. A Situation Manual is the participant handbook for a discussion-based exercise. It provides background information on the exercise's scope, schedule, objectives and a scenario narrative providing players with the information they will need to fully participate. The exercise facilitator will also need "inject statements" (problem statements) to direct and stimulate discussion. The evaluator will need a copy of the Situation Manual and a form to record their observations and notes. See the following pages for examples.

Step 10: Conduct the exercise. Convene the tabletop exercise, giving each player a Situation Manual. The facilitator presents the first scenario and continues to facilitate the exercise using the injects prepared by the planning team. The appointed evaluator observes and takes notes. At the designated time, the facilitator concludes the exercise.

Step 11: Evaluate the exercise. Immediately following the tabletop, the planning team leader may choose to conduct a hot wash of the exercise, providing an opportunity for all participants to discuss the exercise and identify concerns and issues to be addressed in the After-Action Report. The hot wash process answers these questions:

- What went well?
- What didn't go so well, and what might be the root causes of any concerns?
- What were the surprises, if any?
- Were the exercise goals and objectives met? If not, why not?
- Are there action items for follow-up in an improvement plan?

Tabletop Exercise Planning Worksheet and Examples

A two-page Tabletop Planning Worksheet and directions for its use follow, along with a sample of a Florida-based hurricane scenario, injects and related exercise goals and objectives.

Tabletop Exercise Planning Worksheet

(Page 1 of 2)

Tabletop Exercise Title: _____	
Emergency Plan Section Being Exercised: _____	
Exercise Goal & Objectives	Evaluator Notes
	<i>Completed by the Evaluator and Observers, if any.</i>
Action Items for Follow-Up	
<i>Completed by the Evaluator and Observers, if any.</i>	

SCENARIO INJECTS

Problem Statements

(Page 2 of 2)

Inject/Message (list in chronological order)	Exercise Goal & Objective#	Time Issued
		Leave blank for evaluator's use

DIRECTIONS

Tabletop Exercise Planning Worksheet

<p>Tabletop Exercise Title: <u>Type the name you will use to refer to this exercise</u></p> <p>Emergency Plan Section Being Exercised: <u>State the specific section of your emergency plan related to the exercise goals/objectives</u></p>	
Exercise Goal & Objectives	Evaluator Notes
<p>Goal 1: Write a concise goal that describes what you want to achieve by exercising this section of your Emergency Management Plan. Each goal must have separate measurable objective(s).</p> <p>Objectives for Goal #1: Write at least one objective for the goal to measure its achievement. Multiple objectives are often helpful.</p>	<p>Leave this column blank.</p> <p>The exercise evaluator will use this space to record his/her observations about the exercise and comments about the achievement of the stated goals and objectives.</p>
Action Items for Follow-Up	
<p>Leave this section blank.</p> <p>This section is used by the evaluator to describe actions that need to be taken to correct areas identified as needing improvement during the exercise. This section may also be completed by observers, the facility's risk manager or others. It might also be completed post-exercise, after reviewing the evaluator and/or observers notes and discussing the exercise experience with others whose input might be needed to write the improvement plan section of the exercise's After-Action Report.</p>	

DIRECTIONS

SCENARIO INJECTS

Problem Statements

Injects are used to help direct the discussion about the scenario presented for the exercise.

Inject/Message	Exercise Goal & Objective#	Time Issued
<p>In chronological order, write the injects (messages) that should be given to participants necessary to meet the goals and objectives for the exercise. The inject(s) may be presented verbally, or in other ways to simulate how it might be received during an actual event (e.g., telephone, TV).</p> <p>You may want to create several injects to ensure that all objectives can be met by the exercise.</p> <p>Remember to list the injects in the order that you intend for them to be presented by the facilitator during the exercise.</p>	<p>Write the objective # that correlates to the message you have written.</p>	<p>Leave this column blank.</p> <p>The evaluator will use this column during the exercise to record the time when each inject is presented to the participants.</p>

SAMPLE

SCENARIO & INJECTS

Scenario: Thursday 11:00 am

The National Hurricane Center has issued an advisory stating that Hurricane Chuck has intensified into a Category 1 hurricane with winds of 90 MPH. Chuck is beginning to turn more easterly. As Chuck moves into warm Gulf waters, it is expected to continue to intensify and could become a major hurricane (Category 3 or greater) within 24-72 hours. The west coast of Florida should begin to closely monitor this storm.

The County has been placed under a Hurricane Watch for possible impact of Hurricane Chuck. Local governments along the west coast of Florida are urging residents and businesses to make preparations for possible storm impact.

<p>INJECT #1 <u>Time: 2:00 pm</u></p>	<p><i>Identify by name and title, the person in charge during the emergency and one alternate, should that person be unable to serve in that capacity.</i></p>
<p>INJECT #2 <u>Time: 2:05 pm</u></p>	<p><i>A representative from the Attorney General's Office has arrived at the facility and asked how many staff have trained/exercised the hurricane portion of the facility disaster plan this year. What documentation do you have to verify your response?</i></p>
<p>INJECT #3 <u>Time: 2:10 pm</u></p>	<p><i>Are there any other threats from this event that could impact the facility, beyond wind?</i></p>
<p>INJECT #4 <u>Time: 2:15 pm</u></p>	<p><i>The local office of emergency management has requested the facility make 2 spaces available for special needs evacuees.</i></p>
<p>INJECT #5 <u>Time: 2:20 pm</u></p>	<p><i>Evacuation agreement facility has called to tell you they are activating the agreement and will be arriving at your facility in 12 hours with 110 residents.</i></p>

As of Friday, 4:00 pm:

The NHC’s latest advisory states that Hurricane Chuck has intensified into a Cat. 3 hurricane with winds of 120 mph. Chuck is expected to become a Cat. 4 prior to landfall somewhere in the Tampa Bay area. Prepare for the possibility of hurricane force winds for 8-12 hrs. throughout the area. Finalize all preparations; weather is now beginning to significantly deteriorate. Public shelter space is available but filling quickly. Fire & police crews will not be available until winds are below 40 mph. Search and rescue operations will begin when winds are below 40 mph. Only use 911 for an emergency.

Questions & Information: _____ (local emergency mgt. phone #)

Recorded Information: _____ (local emergency mgt. # if available)

Internet: _____ (local emergency mgt. website, if available)

<p>INJECT #1 <u>Time: 2:35 pm</u></p>	<p><i>Is it necessary to call the licensing agency? The nursing home association? Why? What info should they have?</i></p>
<p>INJECT #2 <u>Time: 2:40 pm</u></p>	<p><i>Is the facility vulnerable to storm surge? How would you know?</i></p>
<p>INJECT #3 <u>Time: 2:45 pm</u></p>	<p><i>Commercial power out and the facility emergency generator failed to start. What do you do?</i></p>
<p>INJECT #4 <u>Time: 2:50 pm</u></p>	<p><i>Has anyone beyond the Maintenance Director and his/her staff been trained to restart and troubleshoot generator problems?</i></p>
<p>INJECT #5 <u>Time: 2:55 pm</u></p>	<p><i>Identify legal concerns when host sheltering during a hurricane.</i></p>

As of Saturday, 2:00 am:

Winds are down below 40 mph. The County has sustained major damage. Search & rescue operations are underway along with emergency road clearance operations. Power lines are down. Power outages are widespread with as much as 80% of the County without power. Be aware of hazardous materials and stray animals. Remain in your shelter and off roadways until daybreak and then, only go out if absolutely necessary. Food, water and ice distribution stations are being setup and should be operational later today. 911 is operational; however only call if it is a dire emergency.

Questions & Information: _____ (local emergency mgt. phone #)

Recorded Information: _____ (local emergency mgt. # if available)

Internet: _____ (local emergency mgt. website, if available)

<p>INJECT #1 <u>Time: 3:05 pm</u></p>	<p><i>A resident died of natural causes during the hurricane. The family and their attorney want to know why you didn't evacuate Grandma.</i></p>
<p>INJECT #2 <u>Time: 3:10 pm</u></p>	<p><i>Describe procedures for providing support to staff and their family members after a disaster.</i></p>
<p>INJECT #3 <u>Time: 3:15 pm</u></p>	<p><i>Sheltering facility has been notified that it will take 45 days to repair their facility. How long can you legally provide them space?</i></p>
<p>INJECT #4 <u>Time: 3:20 pm</u></p>	<p><i>A group of residents want you to notify their families that they are ok. How would you do this?</i></p>
<p>INJECT #5 <u>Time: 3:25 pm</u></p>	<p><i>Your drinking water supply is low and a boiling water order for your area has been issued. What will you do?</i></p>

SAMPLE

GOALS AND OBJECTIVES

Exercise Scenario: Thursday 11:00 am:

The National Hurricane Center has issued an advisory stating that Hurricane Chuck has intensified into a Category 1 hurricane with winds of 90 MPH. Chuck is beginning to turn more easterly. As Chuck moves into warm Gulf waters, it is expected to continue to intensify and could become a major hurricane (Category 3 or greater) within 24-72 hours. The west coast of Florida should begin to closely monitor this storm.

The County has been placed under a Hurricane Watch for possible impact of Hurricane Chuck. Local governments along the west coast of Florida are urging residents and businesses to make preparations for possible storm impact.

Exercise Goal #1 *(Related Section of the Plan: Administration)*

Provide support to the community during a hurricane threat.

- *Objective 1a- Support the County's Special Needs Program*
- *Objective 1b- Identify space in the facility for Special Needs Evacuees*

Exercise Goal #2 *(Related Section of the Plan: Situation / Hazard Analysis)*

Facility staff can identify all hazards associated with an event using the situation / hazard vulnerability analysis.

- *Objective 2a- Staff have reviewed and know the location of the facility situation / hazard vulnerability analysis*

Exercise Goal #3 *(Related Section of the Plan: Concept of Operations)*

The Nursing Home Incident Command Structure (NHICS) is used in the facility during emergencies.

- *Objective 3a- At a minimum, an Incident Commander is identified for every emergency event.*

Exercise Goal #4 *(Related Section of the Plan: Concept of Operations)*

Ensure all written agreements are current and can be fulfilled during a disaster.

- *Objective 4a- Facility can shelter evacuees as stated in all sheltering agreements.*

Exercise Goal #5- *(Related Section of the Plan: Concept of Operations)*

Ensure all training is accurately documented.

- *Objective 5a- The hurricane preparations section of the plan is exercised annually.*

As of Friday 4:00 pm:

The NHC's latest advisory states that Hurricane Chuck has intensified into a Cat. 3 hurricane with winds of 120 mph. Chuck is expected to become a Cat. 4 prior to landfall somewhere in the Tampa Bay area. Prepare for the possibility of hurricane force winds for 8-12 hrs. throughout the area. Finalize all preparations; weather is now beginning to significantly deteriorate. Public shelter space is available but filling quickly. Fire & police crews will not be available until winds are below 40 mph. Search and rescue operations will begin when winds are below 40 mph. Only use 911 for an emergency.

Exercise Goal #1 (Related Section of the Plan: Administration)

Facility administration understands legal liabilities during a disaster.

- Objective 1a- Facility Administration understand legal liabilities during a hurricane.

Exercise Goal #2 (Related Section of the Plan: Situation/Hazard Analysis)

Facility staff understands natural hazard vulnerabilities during a disaster.

- Objective 2a- Facility staff knows where to find natural hazard vulnerability information.

Exercise Goal #3 (Related Section of the Plan: Concept of Operations)

Facility staff understands responsibilities related to host sheltering.

- Objective 3a- Staff know procedures for exceeding license capacity.
- Objective 3b- Staff know how to contact the licensure agency and state nursing home association.

Exercise Goal #4 (Related Section of the Plan: Concept of Operations)

Facility staff can provide electrical life support without emergency power.

- Objective 4a- Staff can quickly identify alternate ways to provide resident life support without electricity.

Exercise Goal #5 (Related Section of the Plan: Training/Exercises/Agreements)

Staff has the ability to restart and troubleshoot generator problems.

- Objective 5a- Beyond maintenance staff, facility has identified others that are trained to restart/troubleshoot the generator.

As of Saturday 2:00 am:

Winds are down below 40 mph. The County has sustained major damage. Search & rescue operations are underway along with emergency road clearance operations. Power lines are down. Power outages are widespread with as much as 80% of the County without power. Be aware of hazardous materials and stray animals. Remain in your shelter and off roadways until daybreak and then, only go out if absolutely necessary. Food, water and ice distribution stations are being setup and should be operational later today. 911 is operational; however only call if it is a dire emergency.

Exercise Goal #1 *(Related Section of the Plan: Administration/Introduction)*

Understand limitations when facility is exceeding license capacity.

- *Objective 1a- Facility must know how long the regulatory agency will permit them to exceed their license capacity.*
- *Objective 1b- Facility understands procedures to receive the regulatory agency's approval for long- term sheltering of evacuees.*

Exercise Goal #2 *(Related Section of the Plan: Situation/Hazard Analysis)*

Facility administration understands hazards & vulnerabilities as they relate to the decision to shelter in place or evacuate during a disaster.

- *Objective 2a- Facility can defend their decision to shelter in place or evacuate during a hurricane.*

Exercise Goal #3 *(Related Section of the Plan: Concept of Operations)*

The facility has the ability to communicate when cellular and landline telephone systems are inoperable.

- *Objective 3a- Facility can communicate with resident families when telephone systems are down.*

Exercise Goal #4 *(Related Section of the Plan: Concept of Operations)*

Provide staff support after any disaster.

- *Objective 4a- Facility can support staff family members after a hurricane threat.*
- *Objective 4b- Facility can pay staff after a disaster.*

Exercise Goal #5 *(Related Section of the Plan: Concept of Operations)*

Facility can activate emergency agreements after a disaster.

- *Objective 5a- Facility can communicate with emergency supply vendors when telephone systems are down.*

Part VI

Federal Regulations

The Centers for Medicare and Medicaid Services (CMS) uses the Code of Federal Regulations and interpretive guidelines to conduct inspections of nursing homes to determine compliance with 42CFR 483, Subpart B – Requirements for Long Term Care Facilities.

Following is the Code of Federal Regulations and the interpretive guidelines related to emergency preparedness in long term care facilities as of July, 2008.

**Nursing Facility/Skilled Nursing Facility
Emergency Preparedness
Current Regulations, Standards & Guidance**

Updated July 2008

CENTERS FOR MEDICARE & MEDICAID SERVICES

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Code of Federal Regulations	Interpretive Guidelines
<p>§483.70(b)(1): Emergency Power: An emergency electrical power system must supply power adequate at least for lighting all entrances and exits; equipment to maintain the fire detection, alarm, and extinguishing systems; and life support systems in the event the normal electrical supply is interrupted.</p>	<p>Guide lines: §483.70(b)(1): "Emergency electrical power system" includes, at a minimum, battery-operated lighting for all entrances and exits, fire detection and alarm systems, and extinguishing systems.</p> <p>An "exit" is defined as a means of egress which is lighted and has three components: an exit access (corridor leading to an exit), and exit (a door), and an exit discharge (door to the street or public way). We define an entrance as any door through which people enter the facility. Furthermore, when an entrance also serves as an exit, its components (exit access, exit, and exit discharge) must be lighted. A waiver of lighting required for both exits and entrances is not permitted.</p> <p>Procedures §483.70(b)(1) Review results of inspections by the designated State fire safety authority that the emergency power system has been tested periodically and is functioning in accordance with the Life Safety Code. Check placement of lighting system to ensure proper coverage of the listed areas. Test all batteries to ensure they work.</p> <p>Probes: §483.70(b)(1): Is emergency electrical service adequate? Additional guidance is available in the National Fire Protection Association's Life Safety Code 99 and 101 (NFPA 99 and NFPA 101), 12-5. 1.3 which is surveyed in Tags K105 and K106 of the Life Safety Code.</p>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Code of Federal Regulations	Interpretive Guidelines
<p>§483.70(b)(2): When life support systems are used, the facility must provide emergency electrical power with an emergency generator (as defined in NFPA 99, Health Care Facilities) that is located on the premises.</p>	<p>Guidelines §483.70(b)(2): "Life support systems" is defined as one or more Electro-mechanical device(s) necessary to sustain life, without which the resident will have a likelihood of dying (e.g., ventilators suction machines if necessary to maintain an open airway). The determination of whether a piece of equipment is life support is a medical determination dependent upon the condition of the individual residents of the facility e.g. suction machine maybe required "life support equipment" in a facility, depending on the needs of its residents).</p> <p>Procedures §483.70(b)(2): If life support systems are used determine if there is a working emergency generator at the facility. A generator is not required if a facility does not use life support systems. Check that the emergency generator starts and transfers power under load conditions within 10 seconds after interruption of normal power. Where residents are on life support equipment, do no test transfer switches by shutting off the power unless there is an uninterruptible power supply available.</p> <p>Probes §483.70(b)(2): Is there a working generator if the facility is using life support systems?</p>
<p>§483.70(h): Other Environmental Conditions: The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. The facility must-- (1) Establish procedures to ensure that water is available to essential areas when there is a loss of normal water</p>	<p>Guidelines: §483.70(h)(1): The facility should have a written protocol which defines the source of water, provisions for storing the water, both potable and non-potable, a method for distributing water, and a method for estimating the volume of water required.</p> <p>Procedures §483.70(h)(1): During the entrance conference, ask the administrator the facility's procedure to ensure water availability.</p>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

Code of Federal Regulations	Interpretive Guidelines
<p>§483.75(l)(3): Safeguard Clinical Records: The facility must safeguard clinical record information against loss, destruction, or unauthorized use;</p>	<p>Guidelines: §483.75(l)(3): Determine through observations and interviews with staff, the policy and implementation of that policy, for maintaining confidentiality of residents' records.</p> <p>Probes: §483.75(l)(3)</p> <ul style="list-style-type: none"> • How does the facility ensure confidentiality of resident records/ • If there is a problem with confidentiality, is it systematic, that is, does the problem lie in the recordkeeping system, or with a staff person's use of records, e.g., leaving records in a place easily accessible to residents, visitors, or other unauthorized persons? <p>Intent §483.75(l)(3) To maintain the safety and confidentiality of the resident's record.</p> <p>Procedures §483.75(l)(3) Determine through observations and interviews with staff, the policy and implementation of that policy, for maintaining confidentiality of residents' records.</p>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Code of Federal Regulations	CENTERS FOR MEDICARE & MEDICAID SERVICES Interpretive Guidelines
<p>§483.75(m): Disaster and Emergency Preparedness: (1) The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.</p>	<p>Guidance: §483.75(m): The facility should:</p> <ul style="list-style-type: none"> • Tailor its disaster plan to its geographic location and the types of residents it serves. • The need for periodic review is a judgment made by the facility based on its unique circumstances. • Changes in physical plant or changes external to the facility can cause a review of the disaster plan. • Staff drills are to test the efficiency, knowledge, and response of institutional personnel in the event of an emergency. Unannounced staff drills are directed at the responsiveness of staff, and care should be taken not to disturb or excite residents.” <p>Procedures: §483.75(m) Review and disaster and emergency preparedness plan, including plans for natural or man made disasters</p> <p>Probes: §483.75(m) Ask two staff persons separately (e.g., nurse aide, housekeeper, maintenance person) and the charge nurse:</p> <ul style="list-style-type: none"> • If the fire alarm goes off, what do you do? • If you discover that a resident missing, what do you do? • What would you do if you discovered a fire in a resident's room? • Where are fire alarms and fire extinguisher(s) located on this unit? • How do you use the fire extinguisher? <p>NOTE: Also, construct probes relevant to a geographically specific natural emergencies (e.g., for areas prone to hurricanes, tornadoes, earthquakes, or floods, each of which may require a different response).</p> <p>Are the answers to these questions correct (staff answers predict competency in assuring resident safety)?</p>
<p>§483.75(m)(2) The facilities must train all employees in emergency procedures when they begin to work in the facility, periodically review the procedures with existing staff, and carry out unannounced staff drills using those procedures.</p>	