



LCS®

Freedom Village at Brandywine

OWNER: HEALTHPEAK PROPERTIES

1920 MAIN STREET, IRVINE

CA 92614

PHONE: 949-407-0400

Operations Procedures and Quality Standards Manual

Disaster Preparedness

Executive Director

geverdanielle@fvbrandywine.com

15 Freedom Blvd., Coatesville, Pa. 19320

Phone: 484-288-2625

Brittany Brown, Healthcare Administrator

brownbrittany@fvbrandywine.com

35 Freedom Blvd, Coatesville Pa. 19320

Phone: 484-288-2660

Table of Contents

SECTION 1: EXECUTIVE SUMMARY ERROR! BOOKMARK NOT DEFINED.

Executive Summary..... **5**

Facility & Community Based Risk Assessment..... Error! Bookmark not defined.

High Risk Hazards **5**

Occupancy Information..... **6**

Emergency Management Policy **7**

Employee Emergency Action Duties & Responsibilities **7**

Training & Drills – Employees **7**

Review & Updating of This Plan..... **8**

Responsibilities of Key Employees **8**

Types of Emergences Covered by this Plan Error! Bookmark not defined.

Where Response Operations will be Managed..... **8**

SECTION 2: EMERGENCY MANAGEMENT ELEMENTS10

Direction & Control..... **11**

Emergency Management Group..... **11**

Responsibility for Coordinating Emergency Actions **11**

Duties of Emergency Management Group **11**

Communications..... **13**

Incoming Disaster Warning **13**

Outgoing Methods of Communication **13**

Crisis Communications **14**

Communication with the Long-Term Care Ombudsman Program..... **14**

Life Safety **15**

Evacuation of Health Center Residents..... **15**

Evacuation of Independent Living Residents **21**

Property Protection **22**

Location of Master Utility Controls **22**

Emergency Generator **23**

<i>Security</i>	24
Recovery & Restoration	24
<i>Insurance</i>	24
<i>Employee Support</i>	24
<i>Resuming Operations</i>	24
Administration & Logistics	25
<i>Prior to an Emergency</i>	25
<i>During the Emergency</i>	25
<i>After the Emergency</i>	25
<i>Disaster - Fatalities</i>	25
SECTION 3: EMERGENCY RESPONSE PROCEDURES	26
Armed Robbery	27
Bomb Threat	27
Bomb Threat Checklist.....	29
Civil Disturbance (Shelter in Place)	31
Cyber Security	32
Earthquake	32
Electrical Outage	34
Elevator Outage	34
Epidemic/Pandemic.....	35
Explosion.....	50
Fire.....	51
Floods	53
Hazardous Materials	55
Hurricane	57
Missing Residents.....	68
Natural Gas Outages.....	69
Terrorism	69
Tornadoes	70

Water Outage.....	71
SECTION 4: SUPPORT DOCUMENTS	72
Emergency Call List	73
Emergency Resource List.....	74
Receipt of Disaster Warning.....	75
Disaster Supplies	76
Maps and Drawings	77
Healthcare Facility Risk Worksheet	78
<i>Neighboring Threats</i>	78
<i>Operational Threats</i>	79
<i>Historical Events</i>	82
<i>Change and Review Tracking Sample Form</i>	83

Section 1

Executive Summary

Executive Summary

Standard:

The threat of disasters both natural and man-made are frightening and a concern to everyone, but more so when dealing with the elderly.

A retirement community is as susceptible to these hazards as any other institution. The elderly present special challenges of their own. Some of these challenges are limited mobility, low tolerance levels to smoke inhalation, fumes, and temperature variances.

The elderly require leadership in times of excitement. They can become confused due to dulled senses and may wander directly into the specific area of danger. In some cases, the elderly person seeks the safety of his/her own room or a familiar place and may hide there with a false sense of security.

Therefore, we must have a definite plan of action to put into effect should a disaster occur. We must all familiarize ourselves with this plan and be able to function quickly, sensibly, efficiently, and without panic.

The following plans are to be studied and clearly understood by all employees. Periodic drills will be instituted to continually help us evaluate our ability to handle a disaster efficiently.

In-service training on disaster planning is mandatory. All employees will be responsible for being knowledgeable of this plan. Any questions or requests for help in understanding the plan should be directed to your supervisor.

Purpose:

This plan sets forth basic responsibilities and outlines actions to be taken by community employees to protect life, provide resident care and protect property during manmade and natural disasters.

Facility & Community Based Risk Assessment

Standard:

1. **High Risk Hazards** – The Healthcare Facility Risk Worksheet is completed to determine the hazards that may impact our community.
 - a. **Hurricane**
With respect to a hurricane and possible flooding accompanying a hurricane, Freedom Village at Brandywine is in a low-risk area.
 - b. **Hazardous Materials Incidents**
The community is at a low risk for Hazardous Material Incidents.
 - c. **Severe Weather**
Freedom Village at Brandywine is equipped with five power generators in the event of a power outage. A plan has been developed to sustain the community for 8-10 days in the event of a power outage.
 - d. **Tornados**
Freedom Village at Brandywine is subject to tornado hazards. In the event of a tornado warning, residents and staff will be moved into the inner hallways, away from windows, and instructed to get as low to the ground as possible until the tornado passes.

e. Fire

The community is protected with a supervised fire sprinkler system throughout all buildings. The community meets all Fire Safety Code requirements. However, all buildings are subject to fire risks.

f. Flood

The community is not in a flood zone, but internal flooding is a possibility.

2. Occupancy Information

a. Independent Living

The community includes 35 acres of property which has 289 condominiums in a 5-story structure. The Terrace Homes, East and West are two 3 story Buildings with 14 condominiums in each building. The residents of these homes are independent.

b. Personal Care

There is a Personal Care area with 54 units and 54 beds. These residents vary in their dependence on staff. Assistance will be need during an evacuation.

c. Memory Care

There is a memory care area with 14 units and 24 beds. These residents will require assistance during an evacuation.

d. Health Center

The community has a 56-bed skilled nursing building and may not admit more than that number. The average number of residents is (56).

The types of residents include people with dementia and residents requiring assistance with activities of daily living, special equipment, and may include residents requiring oxygen.

At any given time, approximately (60%) percent of the residents are ambulatory, but all will need, at a minimum, individual assistance, guidance and support in the event of an internal or external disaster.

Emergency Management Policy

Standard:

It is our goal in the event of a disaster, that every employee and resident know:

- What is my role?
- Where do I go?

It is on this basis that we commit to the following:

1. Employee Emergency Action Duties & Responsibilities

Insofar as possible, employees will be assigned duties and responsibilities commensurate with their professional backgrounds and normal day-to-day activities. However, emergency actions may require performance of duties not related to everyday routines.

2. Training & Drills – Employees

- a. The Executive Director shall insure that all employees are familiar with the contents and instructions contained in this Disaster Preparedness Manual - both at the start of employment and ongoing. Contract staff and volunteers must also be trained in emergency preparedness policies and procedures. Training must be documented, and employees must be able to demonstrate knowledge of the emergency procedures.
- b. Fire drills in licensed areas of the community will be conducted each month by each shift under the supervision of the Administrator.
- c. At least annually, an unannounced employee drill using the emergency procedures within this policy must be conducted.
- d. Hurricane drills will be conducted each year in May if the community could be impacted by a hurricane.
- e. Health centers need to participate in a full-scale exercise that is community-based if possible. If participation in a community-based exercise is not possible then the health center must conduct a community-based exercise. An additional exercise will need to be conducted such as a second full-scale exercise that is community-based or community specific or a table-top exercise that includes a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. Testing needs to be done to include an analysis of the health center's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the emergency plan, as needed.
- f. In-services (exercises) are conducted on the following emergency procedures at least semi-annually (select the high-risk hazards for your community, these may include). The exercises are designed to test individual essential elements, interrelated elements, or the entire plan. Corrective actions should be taken on any deficiency identified. Note: In-service records are maintained in the Director of Nursing's office. Two of these exercises must be conducted annually:
 - Tornado
 - Fire
 - Power outages
 - Flood

- Water service disruption
 - Missing resident
- e. Semi-annual drills should be conducted in the independent living areas of the community. One of the drills should be specific to a fire and the other drill should focus on a high-risk hazard to the community.

3. Review & Updating of This Plan

The Executive Director shall review this plan at least annually and revise as necessary. The date of the review and any changes made to the plan shall be documented.

Responsibilities of Key Employees

Standard:

The Emergency Management Group, comprised of key employees, is the team responsible for implementing the community's disaster plan. It controls all incident related activities. The Executive Director directs the Emergency Management Group and oversees the technical aspects of the response.

Types of Emergences Covered by this Plan

- Armed Robbery
- Bomb Threat
- Civil Disturbance
- Earthquake
- Electrical Outage
- Elevator Outage
- Explosion
- Fire
- Floods
- Hazardous Material
- Hurricane
- Missing Resident
- Natural Gas Outage
- Terrorist Attack
- Tornadoes
- Water Outage

Where Response Operations will be Managed

Disaster response efforts will be coordinated at the Emergency Management Center which will normally be in the following locations:

The Village: Executive Conference Room
The Village: Director of Maintenance Office
The Inn: Arbor: Nurses Station
The Inn: Glen: Administration Conference Room
The Gardens: Main Dining Room
Memory Support: Main dining Room

The Emergency Management Center should have a battery-operated AM/FM radio to listen to incoming reports. A laptop with an internet connection will also be beneficial.

1. Treatment Room

a. The treatment room will be in the Health Care Center's Therapy Room in The Glen.

2. Triage Unit

Assigned Associates will be responsible to remain with residents at this location.

a. The following employees will constitute the Triage Unit for this community:

- (1) Director of Nursing (DON)
- (2) RN & LPN'S
- (3) CNA
- (4) Resident Assistants

b. The location of the Triage Unit will be staged in a large community area depending on the location of the emergency.

Section 2

Emergency Management

Elements

Direction & Control

Standard:

1. Emergency Management Group

The following employees constitute the Emergency Management Group for this community. In the event of notification or an awareness of an actual or impending disaster affecting this community, they are to report immediately to the Emergency Management Center unless their services are required to provide on-the-scene assistance in their areas of responsibility:

- a. Executive Director
- b. Administrator
- c. Director of Nursing
- d. Director of Plant Operations
- e. Human Resource Director (HR)
- f. Dining Services Director
- g. Marketing Director

Note: Employees are to remain in their normal working areas to provide assistance and await instructions from their supervisors.

2. Responsibility for Coordinating Emergency Actions

A disaster requires the assistance of all Freedom Village employees. The Executive Director will normally assume responsibility for coordinating emergency actions. In case of his/her absence, an employee from the Emergency Management Group will take charge, in the order listed above.

3. Duties of Emergency Management Group

a. Executive Director

- (1) Verifies nature and extent of disaster.
- (2) Assumes control of all emergency actions within the community.
- (3) Assigns tasks to committee members.
- (4) Authorizes HR to recall of off-duty employees.
- (5) Authorizes issuance and procurement of emergency supplies and equipment, as needed.
- (6) Orders evacuation of the community, if necessary.
- (7) Contacts owners, Director of Operations Management (DOM), Corporate Risk Management, and insurance companies.
- (8) Releases public information to the news media and the public

b. Health Center Administrator

- (1) In the absence of the Executive Director, assumes control of all emergency actions and performs duties listed above.
- (2) Responsible for implementing evacuation and sheltering procedures in the health center.
- (3) Responsible for assuring that sufficient nursing staff coverage is provided.
- (4) Assigns nursing employees to effect best utilization.
- (5) Supervises relocation of residents and resident safety.
- (6) Assures that adequate supplies are on hand.

c. Director of Plant Operations

- (1) Inspects and evaluates utility services and advises Administrator of any problems.
- (2) Responsible for the condition of the physical plant, grounds, and overall responsibility for securing the building.
- (3) Notifies utility companies of service outages.
- (4) Responsible for the ongoing security of the campus.
- (5) Keeps log for emergency generator.
- (6) Assesses the condition of maintenance equipment.

d. Dining Services Director

- (1) Serves simple but adequate meals to residents and employees.
- (2) Insofar as possible, maintains food service to dining room and health center.
- (3) Maintains contact with local food & beverage suppliers.
- (4) Maintains adequate supply of food on hand to serve for seven days without re-supply.
- (5) Maintains a supply of disposable dishes and utensils sufficient for a period of seven days without re-supply.

e. Human Resources Director

- (1) Maintains an employee list with current contact information.
- (2) Assists Administrator as required.
- (3) Initiates employee phone trees.
- (4) Assumes control of employees' pool in dining room or other designated area.
- (5) Responsible for communication with employees.
- (6) Assists in maintaining contact with vendors and suppliers.

f. Marketing Director

- (1) Coordinates communications for independent residents.
- (2) Creates press releases.
- (3) Manages the news media.

g. Director of Nursing

- (1) Assists Administrator.
- (2) Assists with Triage Unit.
- (3) Supervises admitting procedures.

Communications

Standard:

1. Incoming Disaster Warning

The source of a disaster watch, or warning will depend upon the type of a disaster involved and the length of "alert" time available. A disaster warning could be received via civil defense sirens, telephone, radio, email alert, smart phone application, television, or messenger (typically the fire or police department).

The civil defense signal is a three to five-minute steady tone on sirens, horns, or other devices. This signal means to turn your radio or television on and listen for essential emergency or natural disaster information.

Television and radio will be used in the administrative area and the health center to monitor the progress of the emergency.

They should be tuned to local stations:

Radio: (KYW) (1060) AM

TV: Channel (6) Cable (806)
Channel (10) Cable (810)

The Social Worker, Activities Director, and Charge Nurses will begin to alert residents individually by making room visits. Residents will be checked regularly by staff and instructed to use the emergency call system if problems arise. They will be instructed to report all concerns or unusual conditions immediately. Resident's function under the guidance and protection of the community staff that will always keep them informed.

2. Outgoing Methods of Communication

Include: (List *specifically* which of these the community has. Also identify the primary and alternate way of communicating with off-duty employees and Federal, State, tribal, regional or local emergency management agencies). Maintain a log of interactions between your community and local authorities and state agencies.

- Telephone (landline and/or cell)
- Satellite phone
- FAX machine
- Email
- Local media

a. Report Emergencies

- (1) Telephone or Cell Phone: Dial 911
- (2) Messenger - send a messenger to the Police Station located in West Brandywine Twp. (198 Lafayette Road, West Brandywine, Pa. 19320)
- (3) E-mail - may be used to send message to Life Care Services corporate office.
- (4) Emergencies should be reported to:
 - (a) Police, Fire, Ambulance - call 911
 - (b) Administrator

- (c) LCS – DOM and Corporate Risk Management
 - (d) Insurance Carrier
- b. Warn employees/residents of danger:
- (1) Telephone
 - (a) Telephone tree for employees
 - (b) Telephone tree for residents
 - (2) Public Announcement System
 - (3) Distribute fliers under doors of residents
 - (4) Email
 - (5) Internal television system
 - (6) Mass notification system –messages to phone numbers and emails
- c. Keep families and off-duty employees informed: (detail *specifically* how you will do this).
- (1) Update your community’s website page
 - (2) Mass notification system
 - (3) In case of evacuation, provide information to your DOM and corporate staff in Des Moines.
 - (4) Notify your DOM and corporate risk management if you can’t update your website or if phone service is lost.
- d. Keep in contact with suppliers via: (detail the *specifics* for your community)
- (1) Telephone
 - (2) Satellite phone
 - (3) Cell phone
 - (4) Email

3. Crisis Communications

All contact with the media and other public relations communication should be handled by the official spokesperson of the community. Employees should direct all questions from the media to the designated spokesperson and not provide a comment. (Detail who is responsible for this task along with a back-up).

4. Communication with the Long-Term Care Ombudsman Program

Prior to any disaster, discuss the community’s emergency plan with a representative of the ombudsman program serving the area where the community is located and provide a copy of the plan to the ombudsman program. When responding to an emergency, notify the ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to visit them and provide assistance to them and their families.

Life Safety

Standard:

1. Evacuation of Health Center Residents

- a. The Executive Director or the Healthcare Administrator will make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given).
- b. Preparations:
 - (1) Prepare a list of residents by room number, disability, etc. "Highlight" the names of residents with disabilities on the list. Update and change the list as needed. The Director of Nursing will bring this list on the bus to the host community. The list will be marked as each resident embarks and disembarks from the bus.
 - (2) Resident Identification: Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident:
 - (a) Name
 - (b) Social security number
 - (c) Photograph
 - (d) Medicaid or other health insurer number
 - (e) Date of birth, diagnosis
 - (f) Current drug/prescription and diet regimens
 - (g) Name and contact information for next of kin/responsible person/Power of Attorney.

Determine how this information will be secured (e.g., laminated documents, waterproof pouch around resident's neck, waterproof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.
 - (3) Maintain the current personnel lists with telephone numbers indicating where employees may be contacted at other than normal working hours.
 - (4) Arrange for transportation. There must be enough capacity on the buses and trucks to transfer all residents, assigned staff, and supplies. Supplies could include records, linens, medication, food, and water. Vehicles should depart in a staggered pattern if they are traveling to the same location to allow the receiving facility time to intake the residents. If an additional vehicle is needed, contact Director of Resident Services for arrangements.
 - (5) Detail the specific procedures if a resident turns up missing during an evacuation and who is responsible for this task:
 - (a) Notify the resident's family.
 - (b) Notify local law enforcement.
 - (c) Notify the Executive Director and Administrator
 - (d) Notify your DOM and LCS Risk Management

- (6) Ensure that resident identification wristbands (or equivalent identification) are intact on all residents.
- (7) Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma.
- (8) Informed Residents: Ensure residents and family members are aware of and knowledgeable about the evacuation plan, including:
 - Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency (example, should they come to the community to assist?) and how/where they can plan to meet their loved ones.
 - Out of town family members are given a number they can call for information. Residents who can participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster.
- (9) Helping residents in the Relocation: Principles of care for the relocated residents include:
 - Encourage the resident to talk about expectations, anger, and/or disappointment.
 - Work to develop a level of trust.
 - Present an optimistic, favorable attitude about the relocation.
 - Anticipate that anxiety will occur.
 - Do not argue with the resident.
 - Do not give orders.
 - Do not take the residents behavior personally.
 - Use praise liberally.
 - Include the resident in assessing problems.
 - Encourage family participation.
- (10) Loss of Resident's Personal Effects: Establish a process for the emergency management agency representative (FEMA or other agency) to visit the facility to which the residents have been evacuated, so residents can report loss of personal effects.
- (11) System to track location of On-Duty Staff and Residents: Need to have a system in place to track the location of on-duty staff and sheltered residents in the health centers care during and after an emergency as well as a system for medical documentation. Provide the community specific details of how that system will work and be implemented.

c. Preparations for Evacuation to Another Community

It may be a condition of employment to disregard schedules and report for duty. All department heads will report on duty and arrange to remain until the administrator dismisses them. They will supervise their departments as outlined in this procedure. Staff members will be called as necessary. Employees will bring their uniforms and personal clothing.

- (1) In the event of an external evacuation, the community should have reciprocal agreements with multiple like facilities that have suitable space, utilities, security, and sanitary capabilities for residents receiving care, staff and others that may be using the location. One of the facilities should be at least 50 miles away.
- (2) Copies of the Mutual Aide Agreements between Freedom Village at Brandywine and the

Pennsylvania Regional Health Care Coalition Mutual Aid Agreement are attached. (See Attachments).

- (3) STAFFING AT HOST COMMUNITY: Department Heads are responsible for assuring that their employees understand the absolute need for cooperation and assistance during the preparation stage, the emergency stage and the after stage of any emergency. The Director of Nursing is responsible for assuring adequate nursing and CNA coverage while residents are at the host community. Their first action will be to ask for volunteers. If additional staff is needed, they will review the schedule. In addition, they will review which staff members are most readily available, keeping in mind family obligations.

If ancillary staff is needed, each department head will determine who will be required to go to the host community and how the relief shift will be staffed.

The following key personnel may be required to go to the host community to insure adequate staffing:

- a. Health Center Administrator
- b. Director of Nursing
- c. Social Worker
- d. Activity Director
- e. Food & Beverage Director
- f. Food & Beverage Supervisor

In all evacuation situations, staffing will be above minimum requirements and will be determined by the sheltering space. If sheltering space does not provide call lights, 24-hour bedside care will be provided to ensure comfort and safety for all the community residents.

- d. Evacuating all Health Center Residents to Another Community (e.g., another retirement community, nursing home and/or hospital, or school).
 - (1) Notify the appropriate state agencies. Pay attention to this if an evacuation to another state is required.
 - (2) Executive Director/Administrator:
 - (a) Inform the owners, board directors and LCS that an evacuation is recommended, time permitting.
 - (b) Determine where residents will be evacuated.
 - (c) Authorize and initiate evacuation through the Emergency Management Group.
 - (d) Notify owners, board of directors, LCS, and insurance companies.
 - (e) Review supply inventory with appropriate dept. directors.
 - (3) Director of Plant Operations:
 - (a) Notify maintenance staff on duty of evacuation.
 - (b) Determine the area of immediate danger and direct evacuation of this area first.
 - (c) Secure the physical plant, buildings, and grounds.
 - (4) Director of Nursing:
 - (a) Notify nursing staff of evacuation.
 - (b) Notify facilities when residents will be arriving, their condition, how many and their

- mode of transportation.
 - (c) Activate the triage unit, as necessary.
 - (d) Coordinate health care staffing at both facilities.
 - (e) Ensure that health and grief counselors are available are available at reception points to talk with and counsel evacuees.
 - (f) Determine the location of evacuated resident, document and report this information to the clearing house established by the state or partnering agency.
 - (g) Describe the process to be utilized to track the arrival of each resident at the destination.
- (5) Charge Nurse:
- (a) Call physicians as needed.
 - (b) See that charts, employees and medical records accompany the resident.
- (6) Director of Social Services:
- (a) Notify next of kin of any fatalities that may have occurred.
- (7) Director of Environmental Services:
- (a) Be responsible for distributing cleaning/disinfecting supplies and equipment
 - (b) Secure all housekeeping areas.
 - (c) Be responsible for maintaining supply of linens, trash liners and the removal/storage of trash and soiled linens before, during, and after a disaster.
- (8) Director of Human Resources:
- (a) Notify administrative staff of evacuation
 - (b) Call off-duty employees as directed.
- (9) LPNs:
- (a) Arrange for ambulance to move non-ambulatory residents.
- (10) Activities Coordinator:
- (a) Arrange for transportation of ambulatory residents.
- (11) CNAs:
- (a) Ensure that each resident has the proper identification before being evacuated (a plastic name bracelet).
 - (b) Be responsible to see that the personal effects of each resident are made available at the new location.
 - i) Each resident will take a minimum of three outfits and three sleeping gowns (unless the resident uses community sleeping gowns) and personal items. These will be bagged and labeled with the resident's name and host community Name. If time allows, a second bag will be prepared and labeled for each resident with additional attire. If necessary, based on an extended stay at the host community, a return trip can be made to pick up the second bag. The name on the bag will be checked off on the Resident Evacuation Log as it is loaded onto the buses to ensure that each resident's belongings have accompanied him/her.
 - ii) In the event of a catastrophic disaster, if additional attire and personal items are necessary for an extended stay at the host community, Life Care Services

will provide funds for shopping for necessary apparel and personal items.

- (12) Medical treatment of evacuated residents will be provided as follows:
 - (a) Detail the procedures if a resident becomes ill or dies in route to the evacuation site. The Application for Admission Sheet which identifies residents and gives emergency contact information and the Medication Sheet which includes diagnosis, activities, and diet will accompany the resident.
- (13) Outside assembly area for evacuating residents will be the outside parking lots.
- (14) If other than a hospital or another nursing home, arrangements will be needed for:
 - (a) Medical care - Boxes of under pads, linens, and diapers will be marked for each host community and moved to a central location. CNA's will check bags that are already packed and begin to pack back-up resident supplies in the event of a catastrophic emergency.
 - (b) Medical Supplies - The Health Center's medication carts are maintained with a 30-day supply. The Emergency Crash Cart is always checked and maintained. Medical charts are kept on the chart rack at the nurses' station. A 30-day supply of prescribed nutritional supplements is also maintained. As soon as the evacuation order is given by the Executive Director, the medication, emergency crash cart and the chart rack will be covered and wheeled to the front reception area to be loaded onto the truck for transport. Feeding supplies, including pumps and prescribed supplements will be brought to the front reception area for loading.
 - (c) Food - Food Service workers, under the direction of the supervisors, will begin to prepare sandwiches for consumption on the bus trip or at the host community. Non-perishable food supplies being transferred to the host community will be moved into the dining room.
 - (d) Bedding - Clean linens will be placed on small linen carts and covers will be taped closed with duct tape for travel. Additional clean linens will be placed in large garbage bags and labeled. Clean linens will be moved to the lobby area.
 - (e) Water – Plan for at least three gallons of potable water per person/per day.

e. Temporarily Evacuating Health Center Residents (e.g., to an area adjacent to, but outside, the building).

Under certain circumstances, (smoke, toxic fumes, uncertain or unknown structural damage, etc.) it may be necessary to temporarily evacuate all residents to an outside area adjacent to-the building. The emergency actions to accomplish this are as follows:

- (1) Administrator:
 - (a) Notify local Emergency Manager of the problem.
 - (b) Determine where to assemble the evacuated residents depending on the wind, weather, etc.
 - (c) The areas available for assembly of evacuated residents are the loading dock area and the parking area.
- (2) Director of Nursing: Call physicians, as needed.
- (3) Director of Human Resources: Recall off-duty employees as directed.
- (4) All available employees will assemble in the Dining Room for instructions.
- (5) Activity Coordinator: Call volunteer assistance group for additional help.

- (6) Director of Plant Operations: Determine the area of immediate danger and direct evacuation of that area first.
- (7) Supportive Services Manager: Provide direction to all available employees in assisting in the movement of bedridden and ambulatory residents.
- (8) Charge Nurse: Be responsible to see that all charts, personal and medical records are moved or otherwise safeguarded from possible damage.

f. Shelter-in-Place Plan

- Director of Maintenance will assess whether the community is strong enough to withstand strong winds, flooding, and snow load, etc. Documents these parameters.
- Maintenance Associates will help to secure the campus against damage (plywood for windows, sandbags for flooding, safest areas of the campus identified).
- Members of the Executive Team will collaborate with local emergency management agency, fire, police, and EMS agencies regarding the decision to shelter-in-place.
- Assure sufficient resources are in supply for sheltering-in-place for at least seven (7) days, including:
 - Ensure emergency power, including back-up generators and accounts for maintaining a supply of fuel. Detail the items on back-up power and how long the generator will run with the anticipated load that it is running under. Ensure that emergency lighting, fire detection, extinguishing systems, alarm systems, sewage, and waste disposal along with HVAC equipment necessary to maintain safe and comfortable temperatures are on the generator.
- Director of Dining Services will have an adequate supply of potable water (plan on three gallons per day/per person).
- A description of the amounts and types of food in supply will be kept.
- Director of Nursing will maintain extra pharmacy stocks of common medications.
- Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment) will be the responsibility of the Healthcare specialist.
- A description of hosting procedures, with details ensuring 24-hour operations for a minimum of seven (7) days, will be kept.
- Contracts are established with multiple vendors for supplies and transportation through the Mutual Aid Agreements.
- A plan is in place for addressing emergency financial needs and providing security.
- An anticipated surge in the quantity of supplies, including food and water that will be consumed throughout the duration of the event is monitored. This extra demand for supplies is incorporated into the shelter-in-place plan.

g. Internal Evacuation of Health Center Residents

- (1) Evacuation of residents from one section or wing of the community to another section or wing (internal horizontal or vertical evacuation).
- (2) Evacuation of certain rooms to other areas of the community.
 - (a) The Main Dining Room
 - (b) The Great Room
 - (c) The Library
 - (d) Hallways on opposite floor of emergency location

Areas located outside of the health center but within the campus that will be considered are:
Guest Rooms/Vacant Apt/Dining Room/Auditorium

2. Evacuation of Independent Living Residents

Residents will be trained on how to recognize and respond to alarms

- b. Evacuation routes are posted throughout the building and residents are instructed on how to use them.
- c. Follow instructions on the back of red “EVACUATED” door tag located in Condo
- d. Listen to intercom system announcement.
- e. Proceed to nearest fire tower or stairwell and proceed down and out of building.
- c. Annual evacuation drills are conducted.

Property Protection

Standard:

1. Location of Master Utility Controls

All Department Heads, shift supervisors, maintenance and security employees will know the location and operation of the master utility controls.

The Director of Plant Operations is responsible for maintaining the emergency generator and natural gas systems in operating condition at all times.

The Director of Plant Operations will post clear and concise instructions on how to turn on, activate and maintain these emergency systems in the event s/he is not available.

The locations of the main (master) controls for each of the utilities entering the community are as follows:

a. ELECTRICITY

- (1) The main control for all electricity in this community is located **Fire Pump Room inside the main Loading Dock.**
- (2) Additional electrical controls are located as follows:
 - (a) The Inn: Emergency Generator Room located outside Gardens Building

b. NATURAL GAS

- (1) The main control valve for all gas entering the main Village Building is located **inside the Fire Pump Room, inside the main Loading Dock hallway.**
- (2) The main control valve for the Health Care Building (The Inn) is located outside at **the gas meter at the cooling tower on the east side of the building.**
- (3) Natural gas operates:
 - (a) Kitchen equipment
 - (b) Boilers
 - (c) Swimming Pool Equipment
 - (d) Laundry Dryers

c. WATER

- (1) The main control valve for all water entering this community is in **Fire Pump Room, inside the main Loading Dock hallway.**

d. SEWER

- (1) Public Sewer

e. FIRE SPRINKLER SYSTEM

- (1) The main shut off is **inside the Fire Pump Room, inside the main Loading Dock hallway.**
- (2) Fire pumps are **inside the Fire Pump Room, inside the main Loading Dock hallway.**
- (3) The Health Care Building (The Inn) shut offs are located **inside the Mechanical Room at the back-right hand side wall.**
- (4) The fire department must be notified if any part of the sprinkler system is shut off.
- (5) If shut down for more than 4 hours in a 24-hour period, a fire watch will be

initiated. A fire watch will also be established whenever it is confirmed that the fire protection systems in a building are malfunctioning or that a substantial portion of the building's fire alarm system has been disabled. Local authorities are to be notified of the equipment failure and subsequent fire watch. The fire watch must be maintained until the fire alarm and sprinkler systems are again properly functioning

2. Emergency Generator

Location of the Emergency Generator *are outside Health Care Building (Gardens), the Generator Room (Gardens, which services the Inn), Outside of Loading Dock (Main Building), Terrace Homes East, Terrace Homes West, (outside of each building)*. The generator provides an alternate source of energy to maintain temperatures, emergency lighting, fire detection, extinguishing, alarm systems. Listed are the sizes of the generators: 230kW Nursing, 300kW Nursing, 300kW Kitchen, 60kW Housing #1
60kW Housing #2. How to operate: The generator should automatically start after a power outage has occurred. The automatic transfer switch is **located at each generator**.

The generator has 3,564 accumulative gallons of diesel. The generator will run for approximately 3 days at 100% load. The generator will run longer if the load on the generator is lessened. Therefore, based on the existing load, the generator will run for approximately 3 days. These estimates assume that the fuel tank was full at the onset of the incident. An 8-10-day on-site fuel supply is recommended.

- c. Maintenance: Detail how the community will keep the generator operational during an emergency. Provide the inspection and maintenance schedules and what supplies (oil, belts, filters, fluids, etc.) are needed.

The generator(s) must be inspected, tested, and maintained in accordance with the 2010 edition of NFPA 110, Standard for Emergency and Standby Power Systems, as well as both NFPA 99 and NFPA 101, 2012 editions.

- d. Locations powered by the Emergency Generator are as follows:

- (1) A light in resident health center rooms
- (2) Air compressor for dry sprinkler system
- (3) All walk-in coolers and freezers
- (4) Commercial kitchen cooking equipment and exhaust hoods
- (5) Copy and fax machines and office computers
- (6) Elevators
- (7) Emergency call system and resident pendant/pull cords
- (8) Emergency lighting and exit signs in all occupied buildings
- (9) Fire alarm panel
- (10) Fire detection, extinguishing and alarm systems
- (11) Heating and cooling in common areas of the community
- (12) Heating and air conditioning in licensed areas of the community
- (13) Ice machines
- (14) Laundry room equipment.
- (15) Local area network and phone system
- (16) Resident monitoring systems
- (17) Some lighting in halls, bathrooms and underground parking garage
- (18) Some electrical outlets indicated by a colored cover plate (red)
- (19) Sump Pumps and waste disposal
- (20) Two outlets per health center room

3. Security

Under certain circumstances, it may be necessary to increase the security level at a community by restricting entry. In any case, the general procedures that will apply are: (also include any specific procedures that a community has in place).

- a. Appoint a responsible individual as security supervisor for each shift.
- b. Notify the police (911) if assistance is necessary.
- c. Designate employees who will constitute the security force.
- d. Determine which doors shall be used to allow authorized entry.
- e. Determine who will be permitted to enter the community.
- f. Determine what form of identification will constitute authorization to enter the community
- g. Brief the staff.
- h. If additional employees are needed, off-duty employees may be called in.

Recovery & Restoration

Standard:

1. **Insurance** - Contact the insurance company to arrange for immediate restoration.
2. **Employee Support** - consider these options:
 - a. cash advances
 - b. salary continuation
 - c. flexible work hours
 - d. reduced work hours
 - e. crisis counseling
 - f. care packages
 - g. day care
3. **Resuming Operations**
 - a. Establish a recovery team, if necessary.
 - b. Continue to ensure safety on the property.
 - c. Conduct employee/resident briefings.
 - d. Keep detailed records including overtime pay, hours worked by each employee and tasks they performed.
 - e. Conduct salvage operations. If moisture has infiltrated the building, then commence dehumidification immediately.
 - f. Take inventory of goods.
 - g. Assess value of damaged property.
 - h. Protect property from further damage.
 - i. Maintain contact with suppliers.
 - j. When the evacuation order has been rescinded, the Executive Director, in consultation with the Plant Director, will decide when re-entry may occur. Re-entry orders will not be given until all questionable areas are determined safe for residents and staff.

- k. The Executive Director and the Plant Director will perform a walk-through inspection of the entire community. If damage has occurred and safety is questionable, (contractor name), a local licensed general contractor, will be contacted to inspect the building for structural integrity.
- l. Residents housed at the host community(s) will return to the community with assigned key personnel. The Resident Evacuation Log, which provides a check-off for evacuation and re-entry, will be used to check each resident as he/she boards the bus, travels on the bus, and disembarks at the community.

Residents will be transported using the Freedom Village Bus. Any resident needing special transportation will be moved separately by appropriate transportation services.

Upon re-entry, the Resident Evacuation Logs from the evacuation sites will be compared against the daily census sheet to double check that all residents are accounted for. In addition, a visual check for each resident will be made.

Administration & Logistics

Standard:

1. **Prior to an Emergency**
 - a. Establish communication lines for interested parties
 - b. Maintain training records
 - c. Document drills and exercises
 - d. Involve community emergency response agencies in planning activities and drill & exercises.
 - e. Designate and communicate with emergency facilities
 - f. Establish and maintain/review mutual aid reciprocity agreements
2. **During the Emergency**
 - a. Provide utility maps to emergency responders
 - b. Put back-up equipment and power in place
 - c. Provide for back-up communication
 - d. Arrange for medical support, food, and transportation
 - e. Provide evacuation list to LCS in Des Moines
3. **After the Emergency**
 - a. Keep detailed records of events
 - b. Maintain record of injuries, follow-up
 - c. Issue press releases
 - d. Coordinate employee services
 - e. Keep detailed records of expenses related to the incident

4. **Disaster - Fatalities**

After a resident has been declared dead by a physician or the coroner, the Director of Social Services will be responsible for:

- a. Notifying the next of kin after consulting with the Executive Director or DOM.
- b. Completing the medical records.
- c. Making mortuary arrangements with the mortuary preferred by the next of kin.
- d. Supervising removal of the deceased.
- e. Keeping the Executive Director informed so press releases may be prepared, if necessary.

Section 3

Emergency Response

Procedures

Armed Robbery

Standard:

In the event a robbery affects the community, the following actions will be taken:

1. Remain calm and make no unnecessary movement that might cause the assailant to harm you.
2. Regardless of the demands, quietly accede to these demands.
3. Mentally note as many characteristics of the assailant(s) as possible (e.g., sex; age; height; color of skin, eyes and hair; physical characteristics such as visible scars, moles, pock marks; voice characteristics; type of speech or accent).
4. Try to remember all that was taken by the assailant.
5. Notify law enforcement as soon as you are no longer in danger of harm from the assailant.
6. All persons involved in the robbery should remain available to talk to law enforcement.
7. Notify the Executive Director, DOM, and corporate risk management.
8. See also "Workplace Violence Program."
9. Secure any video surveillance that may have captured the incident.

Bomb Threat

Standard:

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

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. Copy the number and/or letters on the phone display.
5. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can. Remember. Try to get exact words.
6. Immediately upon termination of the call, do not hang up, but from a different phone, call 911 with information and await instructions.

If a bomb threat is received by handwritten note:

- Call 911.
- Handle note as minimally as possible.

If a bomb threat is received by e-mail:

- Call 911.
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive package
- Stains
- Strange odors
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

Do Not:

- Use two-way radios or cellular phones; radio signals have the potential to detonate a bomb.
- Evacuate the building until law enforcement arrives and evaluates the threat unless instructed otherwise.
- Activate the fire alarm.
- Touch or move a suspicious package.

Bomb Threat Checklist

Date:

Time:

Time Caller Hung up:

Phone Number where Call Received:

ASK CALLER

- Where is the bomb located?
- When will it go off?
- What does it look like?
- What kind of bomb is it?
- What will make it explode?
- Did you place the bomb? Yes No
- Why?
- What is your name?

EXACT WORDS OF THREAT

INFORMATION ABOUT CALLER

Where is the caller located? (Background and level of noise) _____

Estimated age: _____

Is the voice familiar? Is so, who does it sound like? _____

Other points:

CALLER'S VOICE:		BACKGROUND SOUNDS:	THREAT LANGUAGE:
<input type="checkbox"/> Male	<input type="checkbox"/> Distinct	<input type="checkbox"/> Animal noises	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Female	<input type="checkbox"/> Excited	<input type="checkbox"/> House noises	<input type="checkbox"/> Message read
<input type="checkbox"/> Accent	<input type="checkbox"/> Laughter	<input type="checkbox"/> Kitchen noises	<input type="checkbox"/> Taped
<input type="checkbox"/> Angry	<input type="checkbox"/> Lisp	<input type="checkbox"/> Street noises	<input type="checkbox"/> Irrational
<input type="checkbox"/> Calm	<input type="checkbox"/> Loud	<input type="checkbox"/> PA system	<input type="checkbox"/> Profane
<input type="checkbox"/> Clearing throat	<input type="checkbox"/> Ragged	<input type="checkbox"/> Conversation	<input type="checkbox"/> Well-spoken
<input type="checkbox"/> Coughing	<input type="checkbox"/> Rapid	<input type="checkbox"/> Music	
<input type="checkbox"/> Cracking voice	<input type="checkbox"/> Raspy	<input type="checkbox"/> Motor	
<input type="checkbox"/> Crying	<input type="checkbox"/> Slow	<input type="checkbox"/> Office machinery	
<input type="checkbox"/> Deep	<input type="checkbox"/> Slurred	<input type="checkbox"/> Factory machinery	
<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Soft	<input type="checkbox"/> Clear	
<input type="checkbox"/> Disguised	<input type="checkbox"/> Stutter	<input type="checkbox"/> Static	

When searching, pay special attention to the following:

- Areas where the public has access e.g., rest rooms, hallways, lounges.
- Employee lockers.
- Any area where the door and/or door frame shows recent marks of forced entry.
- Be aware that moving an object may activate a trigger that will detonate the bomb.

When searching for a potential bomb or explosive devise you should be looking for:

- Any object inconsistent with its surroundings.
- Anything that resembles flares or explosives.
- Anything with a timer and wiring attached such as flares, flammable liquids, or explosives.
- Any leaking package or a package emitting an unusual noise or odor
- Be suspicious of ‘fancies’, objects that entice you to pick them up

Remember:

1. Never touch or disturb the bomb, or any suspicious object believed to be the bomb(s).
2. Do not have more activity than necessary.
3. Do not remove residents unless a bomb has been detected.
4. Mark off all thoroughly searched areas (with masking tape, for example.)
5. If a bomb is found, evacuate residents and visitors from the immediate area, (e.g., residents' rooms). Next, evacuate 1,000' on the same level and areas directly above and below.
6. Homemade explosives are not very stable and can be activated by radio transmission. Portable radios and cell phones should not be used during a search.
7. Light switches should not be touched. When entering a dark room, use a flashlight. The bomb could be triggered by a light switch.
8. Remain calm, 99.9% of all threats are hoaxes. However, you should remain alert because there is always a small chance that it may be a real bomb.
9. Keep your work area free of debris and waste. This will make it easier to search and eliminate some potential hiding places.

Civil Disturbance (Shelter in Place)

Standard:

If a civil disturbance affects the community, “Shelter in Place” procedures apply:

1. If the event is occurring during off-duty hours, notify the Executive Director.
2. The Administrator will ensure that all residents and employees on duty are inside the community.
3. Each Department Head will be responsible to see that all exterior doors and windows in his or her department are closed and locked as soon as all residents and employees are inside.
4. Each Department Head will close all fire doors located in his or her department.
5. Maintenance will:
 - a. Immediately establish security within the community.
 - b. Be responsible for sealing and taping all broken windows and doors to minimize seepage of tear gas or other contaminants, circumstances permitting.
 - c. Shut down HVAC systems as directed by local authorities.
 - d. Ensure a constant patrol is maintained within the community to detect fires, explosive devices, or suspicious objects.
6. Call Police - telephone 911.
7. The Charge Nurse will have all Health Center residents moved away from exterior doors and windows.
8. If situation permits, call off-duty employees, as necessary.
9. If a fire or explosion occurs or a suspicious object is located, follow the procedure for that type of emergency.
10. Remind all employees to remain clear of all exterior windows and doors to avoid injury from stray projectiles.

Cyber Security

Standard:

The primary areas of concern are the disruption to resident care that could occur when a cyber-attack is successful. These attacks can lead to a series of adverse events, including incomplete discharge instructions, missing resident information or orders, potential compromise of Public Health Information (PHI), and personal identifiable information (PII), which ultimately could lead to violations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Additionally, depending on the community's ability to provide resident care (e.g., loss of electronic health records or other critical computer-based systems) the community may need to close or temporarily suspend operations.

1. Implement best practices to protect resident information against a cyber-attack and develop non-electronic documentation methods if computer systems are inaccessible (document the specific procedures that you have in place).
2. Community leadership will review current policies and procedures to ensure adequate plans are in place in the event of an attack (document the policies and procedures that you have in place).
3. Review policies and procedures related to cyber-attacks (e.g., when a security breach would require a community's electronic systems to be shut down) and guidelines for notifying Federal and State officials.
4. Train staff on the use of non-electronic documentation methods, familiarizing staff with paper-based medication administration record process and pre-programming contact information into fax machines if computer systems are inaccessible.
5. Incorporate cyber security as an element in the development of risk assessments and annual training exercises.

Earthquake

Standard:

An earthquake will occur without warning and undoubtedly cover a large area. Do not expect instant response for outside assistance.

1. DURING AN EARTHQUAKE:
 - a. All employees will attempt to get as many residents as possible into doorways, under beds, under tables and to other safe places.
 - b. Duck, cover, and hold:
 - (1) Bend body down
 - (2) Take cover under a sturdy piece of furniture
 - (3) Hold On.
 - c. Do not move anyone outside.
2. IMMEDIATELY AFTER THE EARTHQUAKE HAS STOPPED:

The following four main functions should be carried out simultaneously if possible:

- a. Site Security
 - (1) The Director of Plant Operations will be responsible for shutting off all electricity, gas and water at the main controls until the building is inspected for damage.
 - (a) ELECTRICITY – The main control for all electricity in this community is located [state location.]
 - (b) GAS – The main (master) control valve for all gas entering the community is located [state location.]
 - (c) WATER – The main (master) control valve for all water entering this community is located [state location.]
 - (a) SEWER – The sewer pump station is located [state location.]
 - (b) FIRE SPRINKLER SYSTEM – The main shut off is butterfly located [state location(s).] Shutoff the sprinkler system if it is leaking and post a fire watch.
 - (2) Make sure emergency generator is functioning and emergency power is on.
 - b. Fire Suppression – Assign employees to check for and attempt to suppress small fires. Attempt to notify fire department.
 - c. Search and Rescue:
 - (1) Assigned employees will quickly search the community for people who may be trapped or injured. Assist if possible but employees are not to put themselves in danger or enter any collapsed structure. Note and record situation for other responders, including names, time and location.
 - (2) Restore calm to residents.
 - d. First Aid
 - (1) Administer first aid to injured persons. Note and record injury for assistance from other responders, including names and locations.
 - (2) Designate a location for triage.
3. AFTER IMMEDIATE STEPS HAVE BEEN TAKEN:
- a. Immediately inspect the community for damage and report to the person in charge of the community at the time.
 - b. Determine if major structural damage has occurred. To have the building inspected as soon as possible, call [name of General Contractor]
 - c. If off-duty hours, inform the Executive Director and the administrator of the situation.
 - d. Inform your local emergency management office of the situation.
 - e. If major structural damage has occurred, the Administrator will order the evacuation of residents from the damaged areas.
 - f. Establish additional security for the community.
 - g. For water outage, call the water company
 - h. For gas outage, call the gas company.
 - i. For electrical outage, call the electric company.

Electrical Outage

Standard:

1. Maintenance and other key personnel will be notified of the emergency by announcing it over the in-house communication system (telephone/walkie talkie). If the outage occurs over the evening or night hours, the Charge Nurse will notify security, who will call the Plant Director.
2. The Plant Director will notify PECO of the power outage, find out the cause for the outage, and get an estimate on how long the community will be without power.
3. The Plant Director is responsible to make sure all electrical switches are off before electricity is restored.
4. If alternate power supply is not available but urgently required, call your local/state Emergency Management department.
5. If the phones are not working, try using a cell phone.
6. If the community does not have back-up power in all areas of the campus and the outage will be lengthy, prepare to evacuate the residents.

Elevator Outage

Standard:

Elevators that are not on emergency power would typically stop where they are when the power goes out. Passengers in elevators during a power outage should follow procedures posted in the elevator; emergency phones may be used to call for help. Do not climb out!

The community should call the fire department if people are trapped in an elevator due to a power outage or mechanical failure.

Epidemic/Pandemic

Infectious Disease Threat Communications Plan

Policy Statement

As part of the facility's overall disaster plan the Infection Prevention and Control Committee has an infectious disease threat communications plan.

Policy Interpretation and Implementation

1. The Infection Preventionist maintains a list of critical contact points and attends regional meetings, workshops, and training sessions to obtain information on coordinating the facility's plans with other infectious disease threat plans.
2. Critical points of contact for all stages of an infectious disease threat include:
 - a. Local health department.
 - b. State health department.
 - c. The Centers for Disease Control and Prevention.
 - d. State Long-term care professional/trade association.
 - e. Local emergency preparedness groups.
 - f. State emergency preparedness groups.
 - g. Other regional emergency preparedness groups.
 - h. Local area hospitals; and
 - i. Other local healthcare providers (other Long-Term Care Facilities; emergency medical services; etc.).
3. The Infection Preventionist communicates with **staff**, residents, and families regarding the status and impact of infectious disease threats in the facility.
 - a. Various communication methods are utilized to disseminate information regarding the status of infectious disease threats in the facility.
 - b. The Infection Preventionist will determine the most appropriate communication methods (signs, phone trees, internet, etc.) for the situation.
4. The Infection Preventionist receives a current list of facility residents and contact information of resident family members on a weekly basis.
5. The Infectious Disease Threat Communications Plan is reviewed and updated at least annually.

Infectious Disease Threat, Infection Control Measures During

Policy Statement

When an infectious disease threat is detected in the geographic region of the facility, aggressive infection control measures will be implemented to prevent introduction of the pathogen to residents, staff, and visitors.

Policy Interpretation and Implementation

1. The following infection prevention and control measures may be implemented to prevent or contain an infectious disease threat in the facility:
 - a. Training clinical staff in the mode of transmission of the pathogen.
 - b. Training residents, families, and non-clinical staff on the early symptoms of disease.
 - c. Training all staff, residents and visitors on the importance of standard infection control precautions (e.g., handwashing, respiratory hygiene/cough etiquette, etc.).
 - d. Vaccinating residents and staff if vaccines are available.
 - e. Surveillance and early detection of infection in the facility.
 - f. Treatment of infected individuals, according to current clinical practice guidelines.
 - g. Strict adherence to appropriate transmission-based precautions.
 - h. Restriction of visitors as necessary.
 - i. Displaying signs and/or posters (in appropriate languages) at facility entry to the facility restricting entry by any persons who have been exposed to or have symptoms of the infectious disease threat.
 - j. Screening visitors at facility entry points for symptoms of the infectious disease; and
 - k. Screening employees for symptoms before coming on duty and send any symptomatic employees' home.

Infectious Disease Threat Surveillance and Detection

Policy Statement

As part of the pandemic influenza preparedness plan this facility has established a program for surveillance and detection of infectious diseases among residents and staff, and actively monitors public health surveillance and advisories.

Policy Interpretation and Implementation

1. The Infection Preventionist coordinates infectious disease threat planning, surveillance, and detection.
2. Recognizing and reporting symptoms of infectious diseases in residents and staff is ongoing and is the responsibility of all clinical direct care staff.
3. The Infection Preventionist monitors public health advisories (federal and state) at least weekly and is responsible for updating the Medical Director and the Director of Nursing when a serious infectious disease threat is reported in the United States and is near the geographic area.
4. Evaluation and diagnosis of residents and/or staff with symptoms shall follow current CDC guidelines for evaluation of symptoms and laboratory diagnostic procedures.
5. Enhanced surveillance of residents and staff will be considered on a case-by case basis in collaboration with the local public health department. Determination of enhanced surveillance will be based on the clinical presentation of symptoms, risk factors for exposure, and current CDC recommendations.
6. Confirmed and suspected cases will be reported to the local public health department and the CDC as appropriate.

Infectious Disease Threat Training and Education

Policy Statement

This facility has developed an education and training program for disaster preparedness, including infectious disease threat preparedness training for staff residents, and families.

Policy Interpretation and implementation

1. The Infection Preventionist, in collaboration with the Staff Development Coordinator, is responsible for developing and overseeing clinical training on infectious disease threats.
2. Staff-training on infectious disease emergencies includes the following components:
 - a. Communication with residents and family members.
 - b. Quarantine and/or visitor restrictions.
 - c. Control measures, including vaccinations and infection control precautions; and
 - d. Screening and detection.
3. Local (e.g., health department, hospital-based) and long- distance (web-based) training opportunities may be utilized for additional stafftraining.
4. Resident and family education may include the following:
 - a. The facility's current state of emergency preparedness.
 - b. Fact sheets and bulletins regarding infection prevention and control; and
 - c. The importance of strict adherence to any transmission-based precautions that are implemented.
5. Printed information distributed to residents and family will be in a language and ding level that can be understood by the resident and family.

Equipment and Supplies Used During Isolation

Policy Statement

Appropriate infection prevention and control equipment and supplies are obtained, stored, and used in accordance with current guidelines and manufacturer instructions.

Policy Interpretation and Implementation

1. All equipment and supplies needed to implement transmission-based(isolation) precautions are obtained from an approved vendor.
2. Infection prevention and control supplies are stored and maintained in accordance with current guidelines and manufacturer's recommendations.
3. The Infection Preventionist (or designee) oversees the availability and,inventory of infection prevention and control supplies.
4. The nursing department will notify environmental services when equipment used to care for a resident need to be sanitized.
 - a. Personal protective equipment (i.e., gloves, gowns, etc.) are worn when handling or transporting resident-care equipment andsupplies that are visibly soiled or have been incontact with blood orbody fluids.

- b. Environmental services staff is responsible for cleaning and sanitizing equipment before it is returned to Central Supply or to designated storage areas;

Healthcare-Associated Infections, Identifying

Policy Statement

The facility shall attempt to identify and distinguish healthcare-associated infections from those acquired in the community.

Policy Interpretation and Implementation

1. Healthcare-associated infections (HAIs) are those that are acquired during the delivery of healthcare across settings, in contrast to those that were acquired prior to entering the healthcare setting but may persist after admission to the facility.
2. The goals of identifying healthcare-associated infections are:
 - a. To identify and correct breaches in infection control practices that may have contributed to the spread of a healthcare-associated infection.
 - b. To prevent the further spread of infection (resident-to-resident, staff-to resident) through the initiation of appropriate isolation precautions where warranted; and
 - c. To identify, treat and report epidemiologically important organisms (e.g., *C. difficile*, MDROs) that have a high risk of transmission, severity of disease, and/or are difficult to treat.
3. **When an infection is identified the Infection Preventionist will determine whether it meets the criteria of infection for surveillance purposes and/or a healthcare-associated infection. This will be based upon standardized, published definitions of infections for surveillance and healthcare-associated infections.**
4. The Infection Preventionist will report surveillance information to the Infection Control Committee and the Quality Assurance and Performance Improvement Committee performing infection control oversight functions. The committee will review the reports and identify trends, patterns, or problems that might contribute to the development of healthcare-associated infections.
5. The facility has established procedures and forms to perform and document surveillance. Targeted surveillance and reporting of certain healthcare associated infections may be conducted through the National Health Safety Network using NHSN protocols and forms.

Legionella Surveillance and Detection

Policy Statement

Our facility is committed to the prevention, detection, and control of water-borne contaminants, including *Legionella*. Legionnaire's disease will be included as part of our intention surveillance activities.

Policy Interpretation and Implementation

1. As part of the Infection Prevention and Control Program, all cases of pneumonia that are diagnosed in residents > 48 hours after admission will be investigated for possible Legionnaire's disease.
2. Clinical staff will be trained on the following signs and symptoms **associated** with pneumonia **and** Legionnaire's:
 - a. Cough;
 - b. Shortness of breath;
 - c. Fever;
 - d. Muscle aches;

- e. Headache; and
 - f. Diarrhea, nausea, and confusion associated with Legionnaire's disease.
3. If pneumonia or Legionnaire's disease are suspected, the nurse will notify the physician or practitioner immediately.
 4. Residents who have signs and symptoms of pneumonia may be placed on transmission-based (droplet) precautions, although person-to-person transmission is rare.
 5. Diagnosis of Legionnaire's disease is based on a culture of lower respiratory secretions and urinary antigen testing (concurrently).
 6. Depending on the severity of illness, a hospital transfer may be initiated.
 7. If Legionella is detected in one or more residents, the Infection Preventionist will:
 - a. Initiate active surveillance for Legionnaire's diseases;
 - b. Notify the local health department; and
 - c. Notify the Administrator and the Director of Nursing **Services**.
 8. The Infection Preventionist will meet with the Water Management Team to investigate the possible source of contamination.

Outbreak of Communicable Diseases

Policy Statement

Outbreaks of communicable diseases within the facility will be promptly identified and appropriately handled.

Policy Interpretation and Implementation

1. An outbreak of most communicable diseases can be defined as one of the following:
 - a. One case of an infection that is highly communicable.
 - b. Trends that are ten (10) percent (or more) above the historical rate of infection for the facility; or
 - c. Occurrence of three (3) or more case of the same infection over a specified period of time and in a defined area.
2. An outbreak of food poisoning is defined as two (2) or more cases in persons who shared the same meal or one (1) case of botulism.
3. An outbreak of diarrhea is defined as anything exceeding the endemic rate, or a single case if unusual for the facility.
4. An outbreak of influenza is defined as anything exceeding the endemic rate, or a single case if unusual for the facility. A single case of influenza is reportable to the Department of Health.
5. Contacts will be assessed as **appropriate** to determine if any actions need to be taken.
6. Symptomatic residents and employees are to be considered potentially infected and will be assessed for
7. The Administrator will be responsible for:
 - a. Telephoning a report to the health department.
 - b. Restricting admissions to the facility as indicated or as authorized by the health department/Medical Director,
 - c. Submitting periodic progress reports to the health department, as requested.
 - d. Calling emergency meetings of the Infection Control Committee.
 - e. Discontinuing group activities, as indicated.
 - f. Limiting visitors if indicated (i.e., influenzas in the community); and
 - g. Forwarding Communicable Disease Report Cards to the health department, as required.
8. The Infection Preventionist and Director of Nursing Services will be responsible for.

- a. Receiving surveillance information and tabulating data.
 - b. Maintaining a line listing of identified cases on the appropriate line listing Report,
 - c. Notifying the Medical Director and the Amending Physicians.
 - d. Assigning nursing personnel, if appropriate, to same residents' group for the duration of the outbreak; and
 - e. Completing the *Infection Treatment/tracking Report* form, if required.
9. The nursing staff will be responsible for:
- a. Notifying the Director of Nursing Services of symptomatic residents.
 - b. Providing infection surveillance data in a timely manner.
 - c. Obtaining laboratory specimens as directed.
 - d. Initiating isolation precautions as directed or as necessary; and
- e. Confining symptomatic residents to their rooms as much as feasible, when indicated
10. All employees should:
- a. Practice good hygiene and handwashing technique; and
 - c. Report any symptoms relating to the current disease outbreak to their supervisor.
11. . The Medical Director is responsible for:
- a. Working with the Attending Physician and the Health Department to determine the need for laboratory specimens; and
 - b. Overseeing the management of the outbreak
12. The Attending Physician will be responsible
- a. Ordering isolation precautions, as needed or as per state regulations
 - b. Working with the Medical Director and Health Department to determine the need for laboratory specimens
 - c. Determining the need for follow-up specimens and discontinuing isolation precautions
 - d. Obtaining nasal (or sometimes throat) specimens for rapid influenza test in an influenza outbreak, if necessary; and
 - e. In case of an influenza A outbreak, determining the need for prophylaxis

Influenza, Prevention and Control of Seasonal

(a) Policy Statement

This facility follows current guidelines and recommendations for the prevention and control of seasonal influenza.

Policy Interpretation and Implementation

Influenza Modes of Transmission.

1. Traditionally, influenza viruses have been thought to spread from person to person primarily through large-particle respiratory droplet transmission (e.g., when an infected person coughs or sneezes near a susceptible person).
 - a. Transmission via large-particle droplets requires close contact between source and recipient persons because droplets generally travel only short distances (approximately six (6) feet or less) through the air.
2. Indirect contact transmission via hand transfer of influenza virus from virus-contaminated surfaces or objects to mucosal surfaces of the face (e.g., nose, mouth) may also occur.
3. Airborne transmission via small particle aerosols in the vicinity of the infectious individual may also occur. However, the relative contribution of the different modes of influenza transmission is unclear.
4. Airborne transmission over longer distances, such as from one resident room to another, has not been documented and is thought not to occur.
5. All respiratory secretions and bodily fluids, including diarrheal stools, of residents with influenza are considered to be potentially infectious; however, the risk may vary by strain.
6. Detection of influenza virus in blood or stool in influenza infected residents is very uncommon.

Vaccination

1. The Infection Preventionist will promote and administer seasonal influenza vaccine.
2. Unless contraindicated, all residents and staff will be offered the vaccine.
3. Systematic strategies to improve staff vaccination rates may include:
 - a. Providing incentives.
 - b. Providing vaccine at no cost to staff.
 - c. Improving access (e.g., offering vaccination at work and during work hours);
 - d. Requiring personnel to sign declination forms to acknowledge that they have been educated about the benefits and risks of vaccination; and
 - e. Mandating influenza vaccination for staff without contraindication.

Infected Residents and Visitors

1. Before arrival to the facility residents and persons who accompany them will be instructed to inform staff if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever) and to take appropriate preventive actions (e.g., wear a facemask upon entry).
2. During periods of increased influenza activity steps will be **taken** to minimize elective visits by individuals with suspected or confirmed influenza.
3. All persons with symptoms of a respiratory infection will be instructed on and encouraged to adhere to respiratory hygiene, cough etiquette and hand hygiene procedures throughout the

duration of the stay/visit:

- a. Procedures will be implemented during resident admission that facilitate adherence to appropriate precautions (e.g., at the time of resident admission inquire about presence of symptoms of a respiratory infection, and if present, provide instructions).
 - b. Facemasks will be provided to residents with signs and symptoms of respiratory infection.
 - c. Supplies to perform hand hygiene will be available to all residents and visitors in common areas and in resident rooms.
 - d. Individuals with symptoms of respiratory infections will be encouraged to sit as far away from others as possible.
 - e. During periods of increased community influenza activity, rapid screening of residents for symptoms of influenza and separation from other residents during screening may be necessary.
4. Visual alerts (e.g., signs, posters) will be posted at the entrance and in strategic places (e.g., common areas) to provide residents and staff with instructions (in appropriate languages) about respiratory hygiene and cough etiquette, especially during periods when influenza virus is circulating in the community. Instructions will include:
- a. How to use facemasks or tissues to cover nose and mouth when coughing or sneezing and to dispose of contaminated items in waste receptacles.
 - b. How and when to perform hand hygiene.

Infected Healthcare Workers

- I. The Infection Preventionist and/or designee will monitor and manage ill healthcare personnel. Staff who develop fever and respiratory symptoms will be:
 - a. Instructed not to report to work, or if at work, to stop resident-care activities, don a facemask, and promptly notify their supervisor and the Infection Preventionist and/or designee before leaving work.
 - b. Reminded that adherence to respiratory hygiene and cough etiquette after returning to work is always important.
 - (1) If symptoms such as cough and sneezing are still present, staff will wear a facemask during resident-care activities.
 - (2) The importance of performing frequent hand hygiene (especially before and after each resident contact and contact with respiratory secretions) will be reinforced.
 - c. Excluded from work until at least 24 hours after they no longer have a fever (without the use of fever reducing medicines such as acetaminophen). Those with ongoing respiratory symptoms will be considered for evaluation by the Infection Preventionist and/or designee to determine appropriateness of contact with residents.
 - d. Considered for temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer, if returning to care for immunocompromised residents.
2. Staff with fever alone will follow the general policy for staff with fever until a more specific cause of fever is identified or until fever resolves.
3. Staff who develop acute respiratory symptoms without fever may still have influenza infection and will be:
 - a. Considered for evaluation by the Infection Preventionist to determine appropriateness of contact with residents.

- b. Reminded that adherence to respiratory hygiene and cough etiquette after returning to work is always important. If symptoms such as cough and sneezing are still present, staff will wear a facemask during resident care activities. The importance of performing frequent hand hygiene (especially before and after each resident contact) will be reinforced.
 - c. Allowed to continue or return to work unless assigned to care for immunocompromised residents.
 - d. If assigned to care for immunocompromised residents, considered for temporary reassignment or considered for exclusion from work for 7 days from symptom onset or until the resolution of all non-cough symptoms, whichever is longer.
4. The following human resources practices are in place:
- a. Sick leave policies for staff is non-punitive, flexible, and consistent with public health guidance to allow and encourage staff with suspected or confirmed influenza to stay home.
 - b. All staff, including staff who are not directly employed by the healthcare facility but provide essential daily services, are made aware of the sick leave policies.
 - c. Procedures are established for:
 - (1) Tracking absences.
 - (2) Reviewing job tasks and ensuring that personnel known to be at higher risk for exposure to those with suspected or confirmed influenza are given priority for vaccination.
 - (3) Ensuring that employees have prompt access, including via telephone to medical consultation and, if necessary, early treatment, and
 - (4) Promptly identifying individuals with possible influenza.
5. Staff will self-assess for symptoms of febrile respiratory illness. Decisions about work restrictions and assignments for staff with respiratory illness will be guided by clinical signs and symptoms rather than by laboratory testing for influenza.

Standard Precautions

1. During the care of any resident, all staff shall adhere to standard precautions, which are the foundation for preventing transmission of infectious agents in all healthcare settings.
2. **Hand hygiene:**
 - a. Staff will perform hand hygiene frequently, including before and after all resident contact, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment, including gloves.
 - b. Hand hygiene in healthcare settings will be performed by washing with soap and water or using alcohol-based hand rubs. If hands are visibly soiled, soap and water, not alcohol-based hand rubs, will be used.
 - c. Supplies for performing hand hygiene are available throughout the facility.
3. **Gloves**
 - a. Gloves will be worn for any contact with potentially infectious material.
 - b. Gloves will be removed after contact, followed by hand hygiene.
 - c. Staff will not wear the same pair of gloves for care of more than one resident.
 - d. Gloves will not be washed for the purpose of reuse.
4. **Gowns**
 - a. Gowns will be worn for any resident-care activity when contact with blood, body fluids, secretions (including respiratory), or excretions is anticipated.
 - b. Gown will be removed, and hand hygiene performed before leaving the resident's environment.
 - c. The same gown will not be worn for care of more than one resident.

Droplet Precautions

1. Droplet precautions will be implemented for residents with suspected or confirmed influenza for seven (7) days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.
2. In some cases, droplet precautions may be applied for longer periods based on clinical judgment.
3. Residents with suspected or confirmed influenza will be placed in a private room or area. When a single resident room is not available, the Infection Preventionist will assess the risks associated with other resident placement options (e.g., cohorting or keeping the resident with an existing roommate).
4. Staff will don a facemask when entering the room of a resident with suspected or confirmed influenza. When leaving the resident's room, the facemask will be removed, disposed of in a waste container, and staff will perform hand hygiene.
5. Alternative personal protective equipment will provide the same protection of the nose and mouth from splashes and sprays provided by facemasks (e.g., face shields and N95 respirators or powered air purifying respirators).
6. If a resident under droplet precautions requires movement or transport outside of the room:
 - a. The resident will wear a facemask, if possible, and follow respiratory hygiene, cough etiquette and hand hygiene procedures.
 - b. Information about residents with suspected, probable, or confirmed influenza will be communicated to appropriate personnel before transferring them to other departments in the facility (e.g., radiology, laboratory) or to other facilities.
7. Residents under droplet precautions will be discharged from care when clinically appropriate, not based on the period of potential virus shedding or recommended duration of droplet precautions. Before discharge, the resident's diagnosis and current precautions will be provided to care providers (e.g., home-healthcare agencies, family) well as transporting personnel.

Aerosol-Generating Procedures

1. Some procedures performed on residents with suspected or confirmed influenza infection may be more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These procedures include:
 - a. Suctioning;
 - b. Intubation and extubation and/or
 - c. Some life-saving procedures such as cardiopulmonary resuscitation, **emergent** intubation, and open suctioning of airways.
2. Precautions for aerosol-generating procedures include:
 - a. Only performing these procedures on residents with suspected, or confirmed influenza if they are medically necessary and cannot be postponed;
 - b. Limiting the number of staff present during the procedure to only those essential for resident care and support;
 - c. Conducting the procedures in an airborne infection isolation room (AHR) when feasible;
 - d. Considering use of portable HEPA filtration units to further reduce the concentration of contaminants in the air;
 - e. Adhering to standard precautions;
 - f. Wearing respiratory protection equivalent to a fitted N95 filtering face piece respirator or equivalent N95 respirator;
 - g. Not allowing unprotected staff in a room where an aerosol-generating procedure has been conducted until sufficient time has elapsed to remove potentially infectious particles; and
 - h. Conducting environmental surface cleaning following procedures.

1. The administrative staff, including the Director of Nursing Services, the Administrator and the Infection Preventionist will manage visitor access and movement within the facility.
2. While the facility promotes unlimited visitor access, visitor restrictions may be considered at the discretion of the facility.
3. All visitors **will** be instructed to follow respiratory hygiene and cough etiquette precautions.
4. Visits to residents in isolation for influenza will be scheduled and controlled to allow for:
 - a. Screening visitors for symptoms of acute respiratory illness before entering the facility; and
 - b. Providing instruction, before visitors enter residents' rooms, on hand hygiene, limiting surfaces touched, and use of personal protective equipment (PPE) while in the resident's room.
5. Visitors will not be present during aerosol-generating procedures.
6. Visitors may be advised to contact their healthcare provider for information about influenza vaccination.

Surveillance

1. The Infection Preventionist has established procedures for monitoring and reporting influenza activity in the facility.
2. The Infection Preventionist maintains close communication and collaboration with local and state health authorities.

Environmental Cleaning

1. The Infection Preventionist and the Director of Environmental Services have established procedures for environmental cleaning based on current CDC recommendations.
2. Standard cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying disinfectants to frequently touched surfaces or objects for indicated contact times) will be used for influenza virus environmental control in all settings within the facility, including those resident-care areas in which aerosol-generating procedures are performed.
3. Management of laundry, food service utensils, and medical waste will also **be** performed in accordance with standard procedures.

Engineering Controls

1. The Infection Preventionist and Administrator will implement engineering controls to reduce or eliminate exposure by shielding staff and other residents from infected individuals.
2. Examples of engineering controls include:
 - a. Installing physical barriers such as partitions or curtains that are drawn between residents in shared areas.
 - b. Using closed suctioning systems for airways suction in intubated residents; and
 - c. Ensuring that appropriate air-handling systems are installed and maintained.

1) Training and Education

1. The Infection Preventionist and Director of Nursing Services will train and educate staff.
2. All **staff** will receive job- or task-specific education and training on preventing transmission of infectious agents, including influenza, associated with healthcare during orientation to the

- facility.
3. This information will be updated periodically during ongoing education and training programs.
 4. Competency will be documented initially and repeatedly, as appropriate, for the specific staff positions.
 5. Staff employed by outside employers must meet these education and training requirements through programs offered by the outside employer or by participation in the healthcare facility's program.
 6. Key aspects of influenza and its prevention will be emphasized to all staff, including:
 - a. Influenza signs, symptoms, complications, and risk factors for complications
 - b. Central role of administrative controls such as vaccination, respiratory hygiene and cough etiquette, sick policies, and precautions during aerosol-generating procedures;
 - c. Appropriate use of personal protective equipment including respirator fit testing and fit checks if indicated; and
 - d. Use of engineering controls and work practices including infection control procedures to reduce exposure.

Treatment

- I. Antiviral Treatment and Chemoprophylaxis will be administered to residents and staff when appropriate, and in accordance with current CDC guidelines.
 - a. Staff at higher risk for complications from influenza infection include:
 - (1) Pregnant women;
 - (2) Women up to 2 weeks postpartum;
 - (3) Persons 65 years old and older; and
 - (4) Persons with chronic diseases such as asthma, heart disease, diabetes, diseases that suppress the immune system, certain other chronic medical conditions, and morbid obesity.
 - b. Staff at higher risk for complications will be advised to check with their healthcare provider if they become ill so that they can receive early treatment.
 - c. Work accommodations to avoid potentially high-risk exposure scenarios, such as performing or assisting with aerosol-generating procedures on residents with suspected or confirmed influenza, will be considered for staff at high risk for complications.

Handwashing/Hand Hygiene

Policy Statement

This facility considers hand hygiene the primary means to prevent the spread of infections.

Policy Interpretation and Implementation

1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.
2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.
3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies.
4. Triclosan-containing soaps will not be used.
5. Residents, family members and/or visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and/or other written materials provided at the time of admission and/or posted throughout the facility.
6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations:
 - a. When hands are visibly soiled; and
 - b. After contact with a recipient with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and C. difficile.
7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:
 - a. Before and after coming on duty;
 - b. Before and after direct contact with residents;
 - c. Before preparing or handling medications;
 - d. Before performing any non-surgical invasive procedures;
 - e. Before and after handling an invasive device (e.g., urinary catheters, IV access sites);
 - f. Before donning sterile gloves;
 - g. Before handling clean or soiled dressings, gauze pads, etc.;
 - h. Before moving from a contaminated body site to a clean body site during resident care;
 - i. After contact with a resident's intact skin;
 - j. After contact with blood or bodily fluids;
 - k. After handling used dressings, contaminated equipment, etc.;
 - l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident;
 - m. After removing gloves;
 - n. Before and after entering isolation precaution settings;
 - o. Before and after eating or handling food;
 - p. Before and after assisting a resident with meals; and
 - q. After personal use of the toilet or conducting your personal hygiene.
8. Hand hygiene is the final step after removing and disposing of personal protective equipment.

9. The use of gloves does not replace hand washing hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.
10. Single-use disposable gloves should be used:
 - a. Before aseptic procedures;
 - b. When anticipating contact with blood or body fluids; and

- c. When in contact with a resident, or the equipment or environment of a resident, who is on contact precautions.
11. Wearing artificial fingernails is strongly discouraged among staff members with direct resident-care responsibilities and is prohibited among those caring for severely ill or immunocompromised residents. The Infection Preventionist maintains the right to request the removal of artificial fingernails at any time if he or she determines that they present an unusual infection control risk.

Procedure

Equipment and Supplies

1. The following equipment and supplies are necessary for hand hygiene:
 - a. Alcohol-based hand rub containing at least 62% alcohol;
 - b. Running water;
 - c. Soap (liquid or bar; anti-microbial or non-antimicrobial);
 - d. Paper towels;
 - e. Trash can;
 - f. Lotion; and
 - g. Non-sterile gloves.

Washing Hands

1. Wet hands first with water, then apply an amount of product recommended by the manufacturer to hands.
2. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
3. Rinse hands with water and dry thoroughly with a disposable towel.
4. Use towel to turn off the faucet.
5. Avoid using hot water. because repeated exposure to hot water may increase the risk of dermatitis.

Using Alcohol-Based Hand Rubs

- I. Apply generous amount of product to palm of hand and rub hands together.
2. Cover all surfaces of hands and fingers until hands are dry.
3. Follow manufacturers' directions for volume of product to use.

Applying and Removing Gloves

1. Perform hand hygiene before applying non-sterile gloves.
2. When applying, remove one glove from the dispensing box at a time, touching only the top of the cuff.
3. When removing gloves, pinch the glove at the wrist and peel away from the and, turning the glove inside out.
4. Hold the removed glove in the gloved hand and remove the other glove by rolling it down the hand and folding it into the first glove.

5. Perform hand hygiene.

Explosion

Standard:

In the event of an explosion, the following procedures apply:

1. Call the police and fire department – 911
2. Contact your DOM and corporate risk management.
3. Provide first aid, as necessary.
4. Set up the Emergency Management Group to coordinate activities.
5. Evacuate and establish security of area until police arrive.
6. Recall off-duty employees as needed.
7. Executive Director and Plant Director will inspect all areas of the community inspected for damage. If structural damage is found, **Belfor or Serv Pro** will be called to inspect further.
7. Have gas, electricity and water systems checked for damage.
8. Have damaged or potentially damaged utilities shut off at main controls.
 - a. ELECTRICITY - The main control for all electricity in this community is located [*state location.*]
 - b. GAS - The main (master) control valve for all gas entering the community is in the Fire Pump Room.
 - c. WATER - The main (master) control valve for all water entering this community is in *the Fire Pump Room.*
 - d. SEWER – Public sewer
 - e. FIRE SPRINKLER SYSTEM
8. Activate the Triage Unit, if necessary.
9. Establish the Treatment Room, if necessary.
10. Notify next-of-kin if there are fatalities.
11. Prepare public information/news media releases.

Fire

Standard

Since the prevention and control of fire is of continuous concern in the community, all employees will receive training and exercise drills on this subject (timeframe, i.e., monthly). The safety and the lives of the residents and employees of this community depend upon the knowledge and reaction of all employees in a fire situation. Therefore, it is mandatory that each employee know the rules of fire prevention, and what actions s/he must take in case of a fire. These are set forth in the fire plan for this community, taught in the periodic training sessions and practiced in the fire exercise drills. Copies of the fire plan are posted throughout this community. Extra copies are available in the Administrator's office and a copy is included in this Disaster Plan. Study the Fire Plan, learn what your duties are and memorize the location of all the exits and fire extinguishers.

This community is fully equipped with fire sprinkler system, a fire alarm system, fire extinguishers and smoke detectors. The enunciator panels showing the exact location of trouble/alarm and are located at the nurse's station (this information needs to be community specific).

1. Procedure for Implementation of Fire Plan

a. What to Do When Alarm Is Activated:

- (1) The Alarm system is monitored by Siemens Industry, Inc.: 215-648-1037. They will notify 911.
- (2) The charge nurse at the nurse's station will also call 911 advising the nature of problems or whether to disregard the alarm.
- (3) Security will immediately respond to the location of the emergency.
- (4) Remember to remain calm – act in a prompt, quiet manner.

2. Responsibility

b. All Staff – What to Do If Fire Is Discovered

Perform the first four steps of the fire procedure in a safe and timely manner.

- (1) **RESCUE** – Remove residents from immediate danger via the evacuation plan. **DO NOT PANIC.** The greatest danger in most fires is panic. **DO NOT** alarm the Residents by excited motions or loud shouting.
- (2) **ACTIVATE** – Activate the alarm and notify other staff members that a fire exists.
- (3) **CONTAIN** – Contain/confine the fire and smoke by checking the doors to make sure they are closed.
- (4) **EXTINGUISH** – Extinguish the fire, if it is a very small fire, or allow the fire department to extinguish it.

c. Responsibility of Housekeeping:

- (1) Go to your assigned area. Shut off equipment and store in safe area.
- (2) Check your area for fire, closing all doors and windows. Be certain hallways are clear of items.
- (3) If fire is in the common areas, check dining area, library, art room, card room, exercise room and bathrooms for residents and move them to a safe area.
- (4) Report to outside area with residents and wait for further instructions.

- d. Administrative Staff:
 - (1) Check Administrative and Administrator's Office for fire, closing all doors and windows. Close door to records and file server closet.
 - (2) Check lobby for fire, reassuring all residents that may be in the area.
 - (3) Check with Receptionist about the location of fire.
 - (4) If fire is in the common areas, check dining area, library, art room, card room, exercise room and bathrooms for residents and move them to a safe area.
 - (5) If possible, retrieve financial and medical records and last computer backup tape. If not, try to place them in an area that is waterproof. Remove resident registry to safe area.
 - (6) Report to outside area with residents and wait for further instructions.
 - e. Responsibility of Social and Activity Directors, Dining Room & Kitchen Staff:
 - (1) Go to your assigned area
 - (2) Shut off equipment – gas, etc.
 - (3) If working in an area with a group of residents, check area for fire; reassuring residents to keep calm, closing all windows, opening all drapes, and closing doors in that area.
 - (4) Report to outside area and wait for further instructions.
 - f. Responsibility of Maintenance Staff.
 - (1) Shut off equipment.
 - (2) Check area for fire.
 - (3) Assist with evacuations.
 - (4) Shut off utilities as directed by fire official.
 - g. Responsibility of Nursing Staff.
 - (1) Check common areas, rest rooms, and closets for residents.
 - (2) Evacuate as directed by the administrator or fire official.
- 3. If you discover a fire:**
- a. Keep Calm!
 - b. RACE – (see above)
 - c. Avoid loud talking and use of the word "FIRE."
 - d. Keep an open line to the receptionist.
 - e. If you are not at your assigned work area when the fire alarm sounds, make every effort to get there at once.
 - f. Once your work area is secured, assist with evacuation of remaining residents, and remain outside with residents awaiting further instructions.
 - g. If fire is in your area and out of control:
 - (1) Move away from the area of the fire.
 - (2) Shut resident doors as you leave the area.
 - (3) Follow the instructions of the fire official who answers the alarm.

Floods

Standard

1. INTERNAL WATER DAMAGE – This is usually caused by a broken water pipe or similar occurrences.
 - a. Maintenance:
 - (1) Identify source of water and shut off if possible.
 - (a) **WATER** - The main (master) control valve for all water entering this community is **in the Fire Pump Room**.
 - (b) **FIRE SPRINKLER SYSTEM** - The main shut off is in **the Fire Pump Room**.
 - (2) Shut off other services as needed
 - (a) **ELECTRICITY**
 - i) The main control for all electricity in this community is located on **[state location]**.
 - ii) Plant will shut off main water valve and main electricity.
 - (b) **GAS** - The main (master) control valve for all gas entering the community is in **the Fire Pump Room**.
 - b. Call off-duty employees if needed.
 - c. Move expensive equipment, supplies, property and food from affected area.
 - d. Call the disaster recovery company.
 - e. Move residents if they are impacted by the water damage
2. FLASH FLOOD - A flood that occurs with little or no warning and usually results from a torrential downpour, cloudburst, broken dam or similar occurrence.
 - a. Take preventative measures to stop or minimize entry of water into the community.
 - (1) Close all doors in affected areas.
 - (2) Sandbags should be placed at each entrance.
 - b. Move residents to the upper floors.
 - c. Inform the Police of your problem and situation. (911)
 - d. Call volunteer manpower assistance group.
3. GENERAL AREA FLOOD - A flood that usually has a slow rise in water depth which allows for a warning time. These floods may result from a variety of reasons such as heavy rains in the same geographical area for an extended period.
 - a. Evacuate residents to pre-arranged site.
 - b. Place sandbags at each entrance or natural water in-let.
 - c. Move equipment to higher floors.

- d. Remove records and computer back-up tapes.
- e. If time does not permit evacuation:
 - (1) Call off-duty employees.
 - (2) Call 911 and advise of resources that you need.
 - (3) Take preventative measures to prevent or minimize entry of water into the building(s).
 - (a) Close all doors to community.
 - (b) Place sandbags at each entrance and at low areas.
 - (c) If time permits, ditches should be dug to encourage water run-off.
 - (4) Move residents to higher floors.
 - (5) Move residents' records to safe area.
 - (6) Move medical supplies, food, equipment, etc. to highest elevation in the building near to Health Center residents.
 - (7) Call clinical employees as needed.
 - (8) Store as much water as possible and move to where residents can use.
 - (9) Prepare and assemble as much food as possible, preferably food which would not spoil quickly.

Hazardous Materials

Standard

There exists the possibility of a chemical emergency from flammable materials, dangerous chemicals, corrosive and/or toxic substances.

ALL CHEMICALS USED IN THE COMMUNITY SHOULD HAVE SAFETY DATA SHEETS (SDS) AVAILABLE AT THE HEALTH CARE CENTER NURSES STATION.

ALL CHEMICALS BROUGHT INTO THE COMMUNITY MUST BE RECORDED ON THE CHEMICAL INVENTORY LIST.

1. Toxic Emergency Safety
 - a. Stay clear of the affected area. Assume the substance to be a health hazard.
 - b. Do not inhale fumes, gases or smoke. Do not touch the substance.
 - c. Evacuate the general area if the substance does not dissipate easily into the air or a strong odor persists, as directed by the SDS.
 - d. Notify 911 immediately.
 - e. Do not attempt to clean spills or extinguish flames until proper disposal or extinguishing method has been identified on the chemicals' SDS sheet.
 - f. Move all injured persons away from the hazard.
 - g. Keep all visitors away from the affected area.
2. Nurse's Station Emergency Procedures
 - a. Respond to the emergency immediately. Bring the community SDS binder.
 - b. Treat injuries as advised by the SDS sheets.
 - c. When rescue crews arrive, provide all known information.
 - d. Provide assistance as needed.
3. Toxic Emergency Reporting Procedures
 - a. Call 911.
 - b. Tell the Dispatcher:
 - (1) There is a chemical emergency at [state location]
 - (2) The location of the chemical emergency within the building.
 - (3) Name of the chemical and nature of the emergency.
 - (4) If there are any injuries.

4. Toxic Injury Procedures

- a. Relocate all persons affected by the toxic hazard.
 - (1) The 24-passenger bus will be boarded with those residents considered to be in imminent danger, i.e., those with compromised pulmonary systems, or other threatening medical conditions. Transfer of these residents will begin immediately.
 - (2) At the same time, the Director of Resident Services will be securing buses from the rental company to remove the remainder of residents and staff.
- b. Do not perform first aid techniques you are not trained in.
- c. Do not perform first aid until the SDS sheets are available.
- d. Do not give the unconscious or semi-conscious person anything to drink.

Hurricane

Standard

Hurricane season in the Atlantic starts June 1st and ends November 30th.

Detailed plans exist for evacuation and relocation of Health Center residents and will be considered first priority in preparedness.

We ask that all employees consider a personal plan for such an occurrence and welcome any assistance employees may be able to offer.

While we understand that one's family or personal situation comes first on such an occasion, anyone that can be available to assist in securing the community and help with the evacuation and relocation of Health Center residents will be greatly appreciated. Please notify your department head if you can help and give them a contact telephone number.

1. DEFINITIONS

- a. Tropical Cyclone: A rapidly rotating storm system characterized by a low-pressure center, strong winds, and a spiral arrangement of thunderstorms that produce heavy rain. Tropical cyclones typically form over large bodies of relatively warm water.
- b. Tropical Depression: A tropical cyclone in which the maximum sustained surface wind speed is 38 mph or less.
- c. Tropical Storm: A tropical cyclone in which the maximum sustained surface wind speed ranges from 39 mph to 73 mph.
- d. Hurricane: A storm with very pronounced rotary circulations with sustained wind speeds in excess of 73 miles per hours. Once a storm has been classified as a "Hurricane", meteorologists issue a numerical code to describe the intensity of the storm.
- d. Hurricane Watch: An announcement that sustained winds of 74 mph or higher are *possible* within the specified area in association with a tropical, subtropical, or post-tropical cyclone. Because hurricane preparedness activities become difficult once winds reach tropical storm force, the hurricane watch is issued 48 hours in advance of the anticipated onset of tropical storm force winds.
- e. Hurricane Warning: An announcement that sustained winds of 74 mph or higher are *expected* somewhere within the specified area in association with a tropical, subtropical, or post-tropical cyclone. Because hurricane preparedness activities become difficult once winds reach tropical storm force, the warning is issued 36 hours in advance of the anticipated onset of tropical-storm-force winds. The warning can remain in effect when dangerously high water or a combination of dangerously high water and waves continue, even though winds may be less than hurricane force.

2. HURRICANE SEASON

Prior to the hurricane season, it is important to make sure inventories are kept up and that supplies are on hand and readily available. Department managers and employees should communicate on a regular basis to assure ample supply inventory in all areas.

By doing this, we can avoid last minute panic purchases.

Just prior to Hurricane Season, we will begin conducting in-services with staff, and meetings with the resident body to discuss current arrangements and plans, and to inform them of what is needed from them. Department Heads will ensure that all employees will fill out the "Hurricane Participation Form."

All departments begin to focus on being prepared in case of a storm.

- a. The Plant Director will prepare by:
 - (1) Trimming trees to prevent as much damage as possible during a storm.
 - (2) Step up their preventative maintenance program on all vital equipment and vehicles, making sure that everything is always running in top condition.
 - (3) Ensure that the necessary supplies and equipment are on hand in case of a storm.
- b. The Director of Nursing will ensure that all hurricane supplies, and equipment are available. Lists of supplies needed for evacuation will be evaluated for additions/deletions.
- c. The Director of Housekeeping will ensure that all supplies and equipment are available when needed.
- d. The Director of Food & Beverage ensures that emergency food supplies, water and paper products are available.
- e. The Director of Resident Services will ensure a resident list is kept updated at all times of those residents needing special assistance, with notations made to indicate the type of assistance required.
- f. Accounting, Administration, Marketing and Personnel will step up their computer back-up procedures on all vital documentation. In addition, Administration will update all resident lists. An updated hard copy of the HO4 insurance and Emergency Contact Lists should be maintained.
- g. A Resident Feedback Meeting will be held in May. At this time "Personal Insurance Information" and "Evacuation Feedback" forms (attached) will be completed by all residents and forms will be maintained in Administrative office until Phase II of the Plan is initiated. A review of evacuation plans will be presented to the residents. Roommates will be determined at this point in case evacuation becomes necessary. Provide a list of resident responsibilities during hurricane to include "before and after" issues. Floor Leaders for the season should be assigned.
- h. Security will ensure that a resident list is kept updated at all times of those residents absent from the community and if possible, where they are.
- i. Human Resource Director will provide current employee lists, with telephone numbers, to each department at least once monthly.
- j. The Director of Nursing will begin to maintain a separate list of Health Center Residents with their family's address and telephone number for emergency purposes.
- k. Administration will advise all staff of the need to remain on duty at the community or evacuation area during the storm. Volunteers will be used whenever possible, giving consideration to employee family situations. If insufficient volunteers are available, it may become necessary to schedule non-volunteers. Employees who are needed will be discouraged from bringing small children to the community or shelter area.

3. HURRICANE WATCH

A hurricane watch indicates the possibility that you could experience hurricane conditions within 36 hours. During this phase, we will ask the employees to assist residents in some of the following procedures:

- a. Check flashlights and have extra batteries available
- b. Move exterior furniture, planters, and unattached objects indoors.
- c. Begin to fill plastic containers $\frac{3}{4}$ full of water and place in freezers.
- d. Cook perishable foods
- e. Prepare your evacuation kit.
- f. Distribute step-by-step notices and check on resident preparation progress.
- g. Fill vehicles with gasoline
- h. Check all exterior areas to assure that there are no objects that could "take flight" during a hurricane.
- i. Assist in the kitchen areas as needed.
- j. Assist in the Health Center as needed.

4. THE HURRICANE WARNING

The hurricane warning is issued 24 hours in advance of the anticipated onset of sustained hurricane force winds. By this time, evacuation is a likely situation. After securing personal arrangements, associates who have offered to assist in evacuation and relocation will work as directed in the evacuation of the Health Center.

When an evacuation has been ordered by the Authority having jurisdiction, we will comply. After residents have been evacuated, several employees under the direction of the Administrator will do the final security check. Contact numbers will be distributed to all employees for them to be able to check on return time and conditions. Civil Defense will keep us informed on a regular basis during the crisis. Evacuation information will be posted on the Internet at <http://connect.lcsnet.com/>.

Early evacuation will be encouraged.

5. PROCEDURES BEFORE PREDICTED LANDFALL

- a. **72 Hours** Before Predicted Landfall
 - (1) Administration
 - (a) Meet with department heads to discuss probability of a hurricane.
 - (b) Management will begin to alert residents using the different types of "communication systems."
 - (c) The administration area will serve as the "Information Center" and will coordinate all activities.
 - (2) Administrative Services
 - (a) Review staffing and prepare emergency staffing list.
 - (b) Ensure all resident emergency lists are current, i.e., Emergency Contact list, Ho4 Insurance Listing, Hurricane Itineraries.

- (c) Plan for protection/storage of file server.
 - (d) Commence back up of important files to disk.
- (3) Maintenance
- (a) Trim dead material from trees and bushes. Deposit in compactor.
 - (b) Check generator fuel suppliers.
 - (c) Check and ensure all exhaust fan hoods at every location are secured appropriately.
 - (d) Make sure chain saws and other equipment are gassed up and located in shop.
 - (e) Review staffing and prepare emergency call-in list.
 - (f) Gather all coolers.
 - (g) Check first-aid kits for adequate supplies.
 - (h) Initiate contact with vendors, bus service, and truck rental
- (4) Housekeeping
- (a) Review staffing prepare emergency staffing list.
 - (b) Inventory supplies for staying in place and evacuating.
 - (c) Inventory linens for staying in place or evacuating.
- (5) Food & Beverage
- (a) Review staffing prepare emergency staffing list.
 - (b) Inventory emergency supplies and order additional supplies, if necessary.
- (6) Health Center
- (a) Review staffing prepare emergency staffing list.
 - (b) Assess residents for transport and evacuation needs (e.g., care, wheelchair van, bus).
 - (c) Create resident lists for evacuation sites.
 - (d) Create staffing lists for evacuation sites.
 - (e) Identify residents needing transfer to hospital in the event of an evacuation.
 - (f) Inventory supplies for staying in place and evacuating.
 - (g) Complete "Resident Evacuation Logs" for each evacuation site. Include:
 - i) Resident name
 - ii) Diagnosis (Ensure that all residents are logged in)
 - (h) Review evacuation policy and procedure.
 - (i) Inventory oxygen.
 - (j) Prepare list of resident medications needed for evacuation.
 - (k) The Director of Nursing will contact reciprocating facilities and advise of possible evacuation.
- (7) Human Resources
- (a) Distribute updated staffing list with employee names and telephone numbers to directors.

- (b) Provide support and assistance as directed by Executive Director/Administrator.
 - (c) Back up all computer files onto disks to be stored and locked in a safe predetermined place.
- (8) Resident Services
- (a) Identify staff and their duties.
 - (b) Prepare hurricane kits to include:
 - i) Antimicrobial gel hand rinse
 - ii) Gloves
 - (c) Identify residents needing special assistance.
 - (d) Identify all residents with private duty assistance. Contact private duty agencies.
- (9) Accounting
- (a) Identify computer and peripheral equipment that, if needed, can be moved to alternate site.
 - (b) Determine which backup files/tapes will be sent to corporate office in Des Moines in the event of a projected direct hit of a category 3 through 5 hurricanes.
- (10) Activities
- (a) Pack all records/documents for anticipated storage in designated safe place.
 - (b) Back up computer system.
 - (c) Tag furnishings and/or equipment that may need to be stored in a safe place.
- (11) Residents
- (a) Residents will review the Resident Hurricane Manual.
 - (b) Residents will inventory their hurricane supplies, i.e., food, water, flashlights, batteries, and first aid supplies.
 - (c) Residents will compile all insurance documents and other pertinent papers.
 - (d) Residents will stay apprised of weather conditions through local news media.

b. **48 Hours** Before Predicted Landfall

When the National Hurricane Center determines that a hurricane is within 48 hours away from our area, the following procedures will be implemented. **THIS PHASE DOES NOT ASSUME EVACUATION OF THE COMMUNITY.**

- (1) Administration
- (a) A weather monitoring system will be set up within the administrative area.
 - (b) Guest rooms will be vacated of current guests, if possible.
 - (c) Contact and cancel all guests scheduled to arrive during anticipated hurricane emergency. Reservations should be canceled for the expected day of the storm and for one week after.
 - (d) Back up pertinent files in Accounting, Marketing, Personnel, and Administration, to include:

1. Resident Database
 2. Administrative files, Office Manager and Assistant's files.
 3. Hard copy of Life Safety Resident Information as current as possible and stored in a handy place for emergencies.
- (e) An alpha and numerical list should be given a final check, marking those residents absent from the community, residents present in the community needing assistance and type of assistance, if possible, apartments vacant/unsold and apartments vacant/sold.
- (f) Indicate on the floor layouts of each building, the following information:
1. Resident's status by writing in the appropriate apartment space
 2. Residents absent from the community
 3. Vacant/unsold, vacant/sold
 4. Storage areas
 5. Triage units
 6. First aid areas
 7. Dining & Rest areas
- (g) Relocate file cabinets to the area designated for storage.
- (h) Contact Life Care Services Office for evacuation approval from the Director of Operations Management. If the storm is labeled Category IV or higher, evacuation procedures are initiated.
- (i) The Executive Director and/or the Administrator are to obtain cash.
- (j) Finalize administrative and department head staffing.
- (2) Maintenance
- (a) Lower water in swimming pool and Jacuzzi to the appropriate level.
 - (b) Assist residents in moving into their apartments all furniture/plants, etc., from patios/balconies.
 - (c) Shut down lawn sprinkler system.
 - (d) Finalize all staffing procedures.
 - (e) Secure the Maintenance area:
 1. Remove all debris
 2. Move materials and equipment inside and secure doors and windows.
 - (f) Check A/C enclosure doors to be sure they are securely latched.
 - (g) Fill all vehicles with fuel and ensure they are in operating conditions.
 - (h) Put tool kits together - hammer and nails, saw, ax, crowbar, pliers, screwdrivers, etc.
 - (i) Make sure heavy-duty garbage bags are handy.
 - (j) Make sure ABC fire extinguishers are in the staging area.
- (3) Housekeeping
- (a) Housekeeping personnel will begin to package sets of linen in plastic bags to be used by the Triage Unit. The package will include one of each of the following, per resident:
 - Flat sheet
 - Contour sheet

- Bed pad
 - Pillowcase
 - Wash cloth
- (b) Store the linen packages in the laundry cart for transport to the Triage Unit.
- (c) Prepare other supplies and equipment for transport to the Triage Unit.
- Blankets, bath towels, pillows
 - Heavy duty plastic liners
 - Trash barrels with tight fitting lids
 - Wet vacuums
 - Floor fans
 - Disinfectant cleaner
 - Cleaning rags
 - Bleach
 - Toilet paper
 - Paper towels
 - Hand soap
- (d) Place manuals and records in plastic bag and seal. Bring to designated storage location.
- (e) Move all housekeeping carts and supplies from hallways and store in janitor closets.
- (f) Finalize staffing needs.
- (4) Food and Beverage
- (a) Fill all extra pots and pans with water and place in freezer.
- (b) Bag all ice and place in freezer.
- (c) Order extra bottled water.
- (d) Order extra rolls and bread.
- (e) Finalize staffing needs.
- (5) Health Center
- (a) Assign bed space to each resident then move residents to designated area in groups.
- (b) Residents to each have "(Name of Community) bag" packed with nightclothes, 3 changes of clothing, eyeglasses, and personal care items (hairbrush, comb, toothbrush, deodorant, and toothpaste).
- (c) Staff to take turns setting up their items in designated area.
- (d) Post rest/work schedule for on-duty staff.
- (e) Finalize staffing and contact off-duty personnel to schedule for work immediately following storm.
- (f) Notify all personnel of evacuation and location.
- (g) Arrange for any vehicles needed to transport last minute items.
- (h) Assign staff to be at Health Center and others to be at evacuation center.

- (i) Collect all resident charts, box up, transport to evacuation location.
 - (j) Relocate all supplies and equipment to designated evacuation site.
- (6) Human Resources
- (a) Remove all manuals, to file cabinets containing personnel folders to be moved to a safe, predetermined place.
 - (b) Items that are considered necessary and do not fit into the file cabinets should be placed in plastic bags, and then boxed ready to be moved.
 - (c) Lock all file cabinets.
- (7) Resident Services
- (a) Assist residents who need help with medications and supplies.
 - (b) Recommend each resident be assisted by staff to make a list of their medications and supplies.
 - (c) Check all resident's medication inventory and ensure they have a 30-day supply.
 - (d) Remove records from Resident Services office to designated safe location.
 - (e) Pertinent Information Manual should stay with Resident Services staff.
 - (f) Assist Health Center under the direction of the DON.
- (8) Accounting
- (a) Back up all computers.
 - (b) Pack up all disks, back up disks as well as regular business.
 - (c) Secure A/P file cabinets, resident file cabinets and patient file cabinets and get ready to move to a designated safe area.
 - (d) Overnight mail to Des Moines those files/tapes needing protection.
- (9) Activities
- (a) Remove tagged furnishings/equipment to a designated safe place.
- (10) Residents - Independent Community
- (a) Residents will be prepared in their apartments with their hurricane kits and other supplies as needed.
 - (b) Residents will compile a list of all packed supplies.
 - (c) Residents will monitor latest information from Administration via local news media and staying tuned to in-house TV channel.
 - (d) Residents will be checked periodically by staff and instructed to use the emergency call system if problems arise.
 - (e) Residents are to report all unusual conditions immediately.

c. **24 Hours**

Before Predicted Landfall -When the National Hurricane Center determines that a Hurricane is within 24 hours away from our area, the following procedures will be implemented:

If the storm is severe enough to warrant complete evacuation from the community, (Category IV or higher) EVACUATION PLANS are immediately implemented as follows:

(1) Administration

The Information Center will now become the "Command Center" and will be manned and supervised by the Executive Director and/or the Administrator for the duration of the storm. All communication and coordination will emanate from this office. The ultimate responsibility and authority for decision making will come directly from them, from this point on. In the absence of the Executive Director and the Administrator, the Director of Nursing will be responsible for decision-making.

- (a) Floor layouts, at this time, will show staff assignments (3 licensed nurses and 5 certified nurse assistants), Triage Units, First Aid, Resident Floors, storage, etc., as appropriate.
- (b) Equipment Checkout Logs will be maintained to record location of all equipment.
- (c) Periodic television announcements will be made to advise the residents of situation.
- (d) Residents leaving the community for other shelters should do so at this time.
- (e) Staffing patterns before/after the storm will be finalized.
- (f) Schedule routine radio checks as storm progresses.
- (g) Relocate supplies to designated evacuation sites.
- (h) Mail copies of pertinent files by overnight mail to LCS corporate office in Des Moines.

(2) Maintenance

- (a) Secure perimeter - screen all visitors.
- (b) Prepare for transportation of residents to evacuation point, if appropriate.
- (c) Relocate supplies to designated evacuation sites.

(3) Housekeeping

- (a) Confirm employees for post storm period.
- (b) Transport supplies and equipment to Triage Units.
- (c) Assist other departments in moving supplies and equipment.
- (d) Relocate supplies and equipment to designated evacuation sites.

(4) Food & Beverage

- (a) Review inventory and bring emergency supplies to main storeroom.
- (b) Post emergency work schedule.
- (c) Bring all Health Center emergency supplies to the Health Center or area specified by the Executive Director and/or Administrator.
- (d) Bag and freeze all ice.
- (e) Slice and freeze all lunchmeat.
- (f) Chill all canned drinks, puddings, and fruit.
- (g) Begin making sandwiches and snacks such as cookies, cupcakes.
- (h) Peel and prepare fresh vegetables and fruit for snacks.
- (i) Restack frozen foods to hold temperature if possible.
- (j) Relocate supplies and equipment to designated evacuation sites.

- (5) Health Center
 - (a) If evacuating, follow Evacuation Plan.
 - (b) Move all pertinent files, records and necessary equipment to the emergency storage area designated in the Accounting Office.
 - (c) Move portable equipment, including typewriters and calculators to rooms in the center of the building that have no windows.
 - (d) Close blinds and/or draperies wherever possible.
 - (e) Close all interior doors.
 - (f) Close and lock, if possible, entrance/exit doors.
 - (g) Transport all emergency medical supplies to reciprocating facilities.
 - (h) Turn off code alert computer.
 - (i) Post note on all doors notifying of evacuation location.
 - (j) Assess all residents - arrange with families or Medical Doctor for transfers of unstable residents to hospital.
 - (k) Label pillows and mattresses.

- (6) Human Resources
 - (a) Move file cabinets, storage boxes and plastic bags that have been marked for safe storage to the designated "safe" location.
 - (b) Ensure that all loose objects and small equipment has been moved to an inside storage room without windows.
 - (c) Be sure that all plugs have been pulled and electricity turned off.
 - (d) Relocate supplies and equipment to designated evacuation sites.
 - (e) Provide support and assistance as directed by Executive Director and/or Administrator and/or Director of Nursing with residents of Health Center and Residential Building.

- (7) Resident Services
 - (a) Relocate supplies and equipment to designated evacuation sites.
 - (b) Assist with transport of residents to evacuation site.
 - (c) Provide support and assistance as directed by the Executive Director and/or Administrator and/or Director of Nursing with residents of Health Center and Residential Building.
 - (d) Resident medical records accompany staff to hurricane evacuation site where they are kept in a locked room and used only by licensed staff of reciprocating facilities.

- (8) Accounting
 - (a) Supervise relocation process of all items listed in Phase II, for the Accounting Department, Administration, Personnel and Marketing.
 - (b) If total evacuation takes place, take 1 computer, printer, and paper.
 - (c) Relocate supplies and equipment to designated evacuation sites.
 - (d) Provide support and assistance as directed by the Executive Director and/or Administrator and/or Director of Nursing.

- (9) Activities
 - (a) Relocate supplies and equipment to designated evacuation site.
 - (b) Aid and support as directed by the Executive Director and/or Administrator.

- (10) Residents - Residents should refer to their Resident Guide.

6. DURING THE HURRICANE

During the hurricane, internal evacuation is most likely. Employees who have assisted in the evacuation will stay with the residents and other employees. We will continue to monitor storm progress and emergency information by radio and TV. Employees are encouraged to bring with them items that may be useful, including:

- a. Flashlights and other battery-operated equipment.
- b. First Aid equipment
- c. Radios
- d. Raingear and boots
- e. Blankets, pillows and sleeping bags
- f. Clothing changes
- g. Containers for water
- h. Cell phones chargers

7. AFTER THE HURRICANE.

Upon return, there may be extensive power outage, limited water supply and unsafe conditions. The Administrator and Department Heads should inspect the area before allowing residents to return. A regular meeting time will be scheduled, and employees involved may be assigned a variety of duties to best serve residents upon their return.

Missing Residents

Standard:

Employees who have residents under their care are responsible for always knowing the location of those residents. When it is confirmed that a resident is missing, the charge nurse and administrator must be notified immediately.

Upon notification that a resident is missing, the following procedures apply:

1. Assemble all available department heads.
2. Director of Nursing announce radio - "Please LOCATE Health Center Resident, Mr. (s)." This will notify Security, Maintenance, Housekeeping, and Receptionists. They can then refer to the photo book of wandering residents kept in each department for identification.
3. Organize and institute a thorough search of the community and surrounding grounds.
 - a. All staff should immediately check every room, bathroom, storage room, etc.
 - b. Flashlights are in Med Room for night searches. Consider high quality, LED tactical flashlights that have 1,000 or more lumens. Surefire, Streamlight, Inova and Fenix are good brands for this type of light.
 - c. If resident is not located on the initial search of the Health Center, notify the Executive Director.
4. If a search of the campus fails to locate the missing resident, notify the police. The DOM and corporate risk management should also be notified at this time. Provide the following information pertaining to the resident:
 - a. Name
 - b. Sex
 - c. Age
 - d. Time that the resident was discovered missing
 - e. Where resident was last seen
 - f. Physical description:
 - Height
 - Weight
 - Race
 - Color of Hair
 - Color of Eyes
 - Physical impairments if any
 - Mental condition
 - Language spoken
 - Color and type of clothing being worn, if known
 - If resident is harmful to himself or others
 - g. Possible locations of interest:
 - Home address
 - Address of any known friends or relatives
 - Favorite haunts of resident, if known
5. Resident's family should be notified by the Executive Director or Administrator when police are notified.
 - a. Clearly and simply state what happened

- b. Do not make any speculations
- c. Explain procedure being used
- d. Inform them that you will let them know about the progress
6. Recall off-duty employees, as needed.
7. Organize and institute an expanding search of the neighborhood and surrounding areas.
8. Notify relatives, friends, and favorite haunts of the resident and request you be notified if the resident shows up.
9. When the resident is located, notify police, employees, relatives, and any others who were alerted when the resident was missing.

Natural Gas Outages

Standard:

1. Report the outage to the utility company.
2. The Director of Plant Operations will:
 - a. Turn off the gas at main valve if instructed to. The main (master) control valve for all gas entering the community is located [*state the specific location*].
 - b. Inspect entire community for gas leaks or gas accumulations.

Terrorism

Standard:

- 1. Shelter in Place or Evacuate**
 - a. Determine which action is appropriate based on the situation.
 - b. Contact local authorities to confirm.
 - c. Typically, evacuations will be performed for situations involving a fire, explosion, explosive device and a chemical release within the building.
 - d. Sheltering in place may be appropriate for disturbances situated outside of the community such as a chemical release outside the community or a biochemical or nuclear attack.
- 2. Evacuation** – Follow evacuation plans as defined in this manual.
- 3. Shelter in Place**
 - a. If the incident occurs during off-duty hours, notify the Executive Director and Administrator.
 - b. The Administrator will ensure that all residents and employees on duty are inside the community.
 - c. Each Department Head will be responsible to see that all exterior doors and windows in his or her department are closed and locked as soon as all residents and employees are inside.
 - d. Each Department Head will close all fire doors located in his or her department.
 - e. Maintenance will:
 - (1) immediately establish security within the community.
 - (2) be responsible for sealing and taping all broken windows and doors to minimize seepage of tear gas or other contaminants, circumstances permitting.

- (3) shut down HVAC systems as directed by local authorities.
- (4) ensure that a constant patrol is maintained within the community to detect fires, explosive devices, or suspicious objects.
- f. The charge nurse will have all health center residents moved away from exterior doors and windows.
- g. If situation permits, call off-duty employees, as necessary.
- h. If a fire or explosion occurs or a suspicious object is located, follow the procedure for that type of emergency.
- i. Remind all employees to remain clear of all exterior windows and doors to avoid injury from stray projectiles.

Tornadoes

Standard:

Tornados are incredibly violent local storms that extend to the ground with whirling winds that can reach 300 mph. Although tornados most often occur in the central United States, it is not uncommon for them to pop up in any part of the U.S.

1. Tornado Watch: Local weather conditions exist wherein a tornado may develop.
 - a. Bring all Residents from outside of the community inside.
 - b. During the time of a tornado watch, keep tuned to local radio and television: (fill in the specifics)
 - (1) (Radio Station) AM
 - (2) (Radio Station) FM
 - (3) TV Channel (#)
 - (4) TV Channel (#)
 - c. Check outdoors and indoors for any objects that might become projectiles if blown about in a high wind and secure or bring these items inside.
 - (1) Move bedfast residents away from windows, pull the curtains, and cover them with blankets.
 - (2) Have a supply of flashlights ready.
2. Tornado Warning: Is an alert issued by weather services to warn that severe thunderstorms with tornadoes may be imminent. It can be issued after a tornado or funnel cloud has been spotted by trained observers or more commonly if there are radar indications of tornado formation.
 - a. Independent Residents:
 - (1) Security will be alerted by Director of Resident Services.
 - (2) Security will notify receptionist staff at Freedom Village at Brandywine.
 - (3) If time permits, a warning will be broadcast on Channel 1970
 - (4) Send a message to residents using mass notification if you have the capability.
 - b. Health Center Residents:
 - (1) Move all residents to a central hall away from the windows, closing all doors.
 - (2) See that each resident has a blanket to cover himself to protect against flying objects.
 - (3) If time permits, see that electricity, water, and fuel lines are shut off.
3. During a Tornado:
 - a. Don't Panic.

- b. Remember: the average tornado strike lasts only 8 - 10 seconds
 - c. Remain with your Residents - reassure them. They will react as you do, so BE CALM.
4. After the Tornado:
- a. Check the residents for injury
 - b. Check for fires and damage throughout the community.

Water Outage

Standard:

1. Call the water company and inform them of the situation.
2. Inform the local Emergency Preparedness office.
3. Contact *CPS* to inform them of your need for potable water. You should plan for 3 gallons of potable water per day for every guest, staff member and resident at the community.
4. Immediately restrict use of available water in community.
5. Obtain bottled and bulk containers of potable water.
6. All food will be prepared with the use of potable water.
7. Maintenance employees may be able to obtain potable water from water heaters and storage tanks if needed.
8. Water will not be used for washing and or bathing. The community shall use pre-packaged towelettes.
9. Water from swimming pools and hot tubs can be used for flushing toilets.
10. An evacuation may be necessary if potable water can't be obtained, and a prolonged outage is anticipated.

Section 4

Support Documents

Emergency Call List

ENTITY	PHONE NUMBER
American Red Cross	215-299-4000
West Brandywine Township	610-380-8200
Coroner	610-344-6000
Corporate Risk Management	904-476-8834
DOM	INSERT
Key Elected Officials	610-380-8200
Independent Fire Sprinkler	484-494-7724
Siemens Alarm Company	856-234-7666
Chester County Hospital	610-431-5000
National Spill Response Center	800-424-8802
Poison Control	800-222-1222
Police, Fire, EMS	911
State Department of Health	877-724-3258
State Emergency Management office	610-562-3003
Windstream Company Phones (Desk)	800-881-4118
Telephone Company	800-922-0204
ESCO Resident Phones	866-968-6225
Utility company (PECO)	800-253-0201
Water Company - Aqua	610-525-1402
Chester County Emergency Services	610-344-5000
PEMA Eastern Area Office	610-562-3016
Chester County EOC	610-344-6000
Southeastern Pa. Healthcare Coalition	717-395-1599

Emergency Resource List

Standard:

NAME	CONTACT/PHONE NUMBER
CPS	561-894-7607
SDA Mechanical HVAC	215-355-1001
Food supplier	215-463-8200
Fuel supplier	717-397-5277
W T Fowler General Contractor	484-880-0055
Eastern Generator	610-237-1990
Health at Home	484-288-2591
Medical supplies	855-422-0280
Portable toilets	610-942-2480
Roofing contractor	610-994-1811
WAWA -Water supplier	610-358-8073

Receipt of Disaster Warning

Standard:

The person receiving notification of an impending disaster, or an actual disaster that could affect this community, shall immediately inform the Executive Director and Administrator (Charge Nurse on duty if off-hours) by the fastest means possible.

Depending upon the nature and extent of the disaster being reported, designate a staff member to notify the appropriate individuals in the order listed below.

<u>Name and Title</u>	<u>Contact Numbers</u>
1. Executive Director	484-288-2625
2. Administrator	484-288-2660
3. Director of Plant Operations	484-288-2605
4. Director of Social Services	484-288-2655
5. Director of Nursing	484-288-2658
6. Human Resource Director	484-288-2621
7. Director of Activities	484-288-2594
8. Marketing Director	484-288-2600
9. DOM	717-421-0317
10. Corporate Risk Management	515-875-4606

Disaster Supplies

Standard:

Depending on the type of disaster, some or all the following items can be invaluable on the road to recovery. A sufficient quantity of these items should be stored on-site to endure a 10-day event. Anticipate a surge in the number of individuals that will consume supplies for the duration of the disaster and incorporate this into the development of your emergency plan. Your plan should detail the type and quantity of supplies that you have on-site at your community.

- Back-up heating and cooling sources
- Battery operated radios
- Batteries for flashlights, lanterns, smoke detectors, CO detectors & radios
- Bedding and pillows
- Blankets and cots
- Bleach
- Bottle and can openers
- Cellular phones (extra prepaid phones & chargers)
- Chainsaw (along with bar & chain oil, protective gear, spare parts and 2-cycle engine oil)
- Chemical light sticks
- Citizens band radio
- Coolers – (Engel and Yeti are good brands that come in a variety of sizes)
- De-watering or construction pumps
- Disaster cash fund
- Disposable plates, cups and eating utensils
- Drapes
- Drum liners – (55 gallon)
- Duct tape
- Emergency drug kit for IL residents
- Extension cords
- Fans
- Fire extinguishers
- First-aid kits and medical supplies
- Flares
- Flashlights and LED lanterns
- Folding chairs
- Fuel cans (gas & diesel)
- Insect repellent
- Markers, pens, paper
- Matches
- Non-perishable food (freeze dried is an excellent option)
- Oxygen and portable concentrators
- Paper towels
- Pet food
- Plywood
- Portable generators
- Potable water (3 gallons per person per day)
- Rain gear
- Rope
- Safety supplies (leather gloves, hard hats, safety glasses, N95, N99 and/or N100 respirators in various sizes)
- Satellite phone or portable satellite terminal
- Sterile and non-sterile gloves
- Surgical/patient gowns
- Tarps
- Toilet Paper
- Water purification tablets
- Wet wipes

Maps and Drawings

Standard:

The following maps and drawings should be included in the plan.

Exterior drawings that show:

Utility shut-off locations
Fire hydrant locations
Evacuation gathering locations
Location of the generator(s) and fuel tanks
Primary and alternate entrances to the community

Floor Plans of Community and Evacuation Site with:

Exit routes
First aid kit locations
AED locations
Fire extinguisher locations
Bed locations
Floor layout and plan at the evacuation site

Evacuation Maps:

Primary and alternate routes to offsite destinations

Healthcare Facility Risk Worksheet

Standard:

Neighboring Threats:

Neighboring threats can pose a significant hazard or risk that could affect the surrounding community, generally within a five-mile radius. The nature of these threats is usually human-related, such as a nearby power generation facility that could experience an accidental spill or release, or a rail line carrying potentially hazardous materials.

Review the list of Neighboring Threats below and check “Yes,” “No” or “N/A” accordingly.

NEIGHBORING THREATS	YES	NO	N/A
Is the community located near an airport or a flight path of commercial, military, corporate or private airplanes?		X	
Is the community located near a military base?		X	
Is the community near a major interstate highway?	X		
Is the community near an oil, nuclear power or chemical processing plant?		X	
Is the community located within 5 miles of an ocean or major lake or river?		X	
Is the community located on or near a fault line?			X
Is the community located in tornado prone areas?		X	
Is the area prone to flooding?		X	
Is the community located in an area prone to extreme snow or ice conditions?	X		
Is the community located on the side of or immediately below a cliff?		X	
Does your municipality have a high-density population?		X	
Is traffic congestion or significant traffic a consistent problem?		X	
Are there train tracks that cross near the community?		X	
Is there a large hospital located within 5 miles of the community?		X	
Are EMS & Fire located within 5 miles of the community?	X		

Operational Threats:

Assessing the challenges that could take place within the community is essential. The ability to address situations that could present major problems and setbacks is critical to ensuring continued operations. Identification of operational threats presents the opportunity to address issues that have not yet been resolved and validate processes that are already in place.

Review the list of operational threats below and check “Yes,” “No” or “N/A” accordingly.

OPERATIONAL THREATS	YES	NO	N/A
SECURITY SYSTEMS			
Does the building have a security system?	X		
Is the system local or monitored?	X		
Is there a video surveillance system?	X		
Are the above detectors and security systems tested on a regular basis?	X		
Have employees been trained to use the security systems in the building?	X		
Is there an emergency lighting system for the community?	X		
Emergency Lighting - Interior	X		
Security/Emergency Lighting - Exterior	X		
Is the area around the community well-lit and patrolled regularly by security or police?	X		
LIFE SAFETY / FIRE			
Does the building have a centralized Life Safety / Fire system?	X		
Does the building have an automatic fire suppression system?	X		
Is the system local or monitored?	X		
Is the fire department automatically notified of a sensor activation?	X		
Are there smoke detectors?	X		
Are there heat detectors?	X		
Are there carbon monoxide detectors?	X		
Are all areas of the community protected by an automatic fire suppression system?	X		
Are the above detectors and life safety systems tested on a regular basis?	X		
Are there sufficient fire extinguishers, placed in proper locations, throughout the community?	X		
Have employees been trained to use the safety systems in the building?	X		
Are the areas around the community protected from fire?	X		
Are the ceilings, floors, walls and doors in your facility made of noncombustible/ fire resistant materials that can help to limit or reduce the spread of fire?	X		

OPERATIONAL THREATS	YES	NO	N/A
Are flammable or otherwise dangerous materials and activities prohibited from the community and surrounding areas?	X		
Are storage areas well maintained with good housekeeping practices?	X		
Are fire instructions adequate and clearly posted?	X		
Are fire department and other critical public safety telephone numbers accessible and clearly posted?	X		
Are the fire alarm switches clearly visible, unobstructed, and easily accessible at points of exit and other critical locations?	X		
Can the fire alarm be activated manually?	X		
Does the fire alarm sound inside the community?	X		
Does the fire alarm sound outside the community?	X		
Does the fire alarm sound at the local fire station?	X		
Are there designated emergency evacuation exits, different from the main entrance/exit?	X		
Is there an evacuation plan posted?	X		
Is there an adequate supply of materials for firefighting?	X		
Can emergency crews easily gain access to your community?	X		
Are fire drills held on a regular basis? How often? Monthly	X		
EMERGENCY PREPAREDNESS/RESPONSE			
Are supplies and files at least 18 inches from the ground/floor?	X		
Are plans/checklists for emergency situations in place and stored in a central location?	X		
Are individuals who have limited training able to run the plans/checklists if other parties are not available?	X		
Does the community have an established plan/work schedule for 24-hour operations during emergency situations?	X		
Are employee recall procedures established?	X		
Are employees aware of the work schedule they will be required to fulfill?	X		
Do you have out of area contact numbers for all staff members?	X		
Does the community have a windowless room near the center of the building?	X		
ELECTRICAL AND TELECOMMUNICATIONS			
Do the buildings have backup generator power?	X		
Is the backup power generator sufficient for emergency operations (generation capacity, local fuel source-tank and ability to resupply)?	X		
Is the backup generator and switching equipment properly tested on a regular basis (function/capacity/load)?	X		

OPERATIONAL THREATS	YES	NO	N/A
Are there other backup power sources available to the community? Please specify.		X	
Is there a shutdown checklist provided in case of an emergency?	X		
Do alternate voice and data transmission services exist? Specify services.		X	
Do offices have access to a telephone landline that is not part of the phone system and would be functional during an emergency? Cell Phones	X		
HAZARDOUS MATERIALS			
Are there hazardous materials, radiological sources or biohazards in the community?		X	
Are there hazardous materials, radiological sources or biohazards handled in accordance with policy, procedure and statute?	X		
Are there specific procedures enacted during emergencies to prohibit onsite hazardous materials from becoming dangerous to the staff and public?	X		
HEATING, VENTILATION AND AIR CONDITIONING (HVAC)			
Is the HVAC system and power supply separate from the rest of the community?		X	
Is emergency backup HVAC available?		X	
Are switches and controls easily accessible?	X		
Are HVAC and emergency shutoff switches/controls linked to the fire control system?	X		
Are the community's air ducts equipped with fire, smoke, heat, and carbon monoxide detection equipment?	X		
Are the community's ceilings equipped with fire, smoke, heat, carbon monoxide detection equipment?	X		
GENERAL HOUSE KEEPING			
Is the community kept clean and orderly?	X		
Are food and beverages confined to a designated area?	X		
Is smoking allowed in the community?		X	

Historical Events:

Documenting past events and emergencies that have affected the facility establishes a foundation on which to build emergency management planning assumptions. What types of emergencies have previously occurred in the local area, at this community and at other facilities in the area? Also document the level of threat these events might have on the community. The level of threat should be assessed by considering the likelihood and frequency the event could occur.

PREVIOUSLY OCCURRED	EVENT	HIGH	MED	LOW	NOTES
	Fires		X		
	Hazardous Materials Incidents			X	
	Civil Disorder			X	
	Transportation Accidents		X		
	Earthquakes			X	
	Floods			X	
	Ice storms		X		
	Hurricanes			X	
	Tornadoes			X	
	Blizzards		X		
	Terrorism			X	
	Utility Outages		X		
	Mass Casualty Incidents		X		
	Train Derailments			X	
	Disease Outbreak		X		
	Water Contamination			X	
	Sinkholes			X	
	Mudslides			X	

Change and Review Tracking Sample Form

Change History

Date	By	Job Title	Rev.	Changes made

Review History

Date	By	Job Title	Rev.	Signature