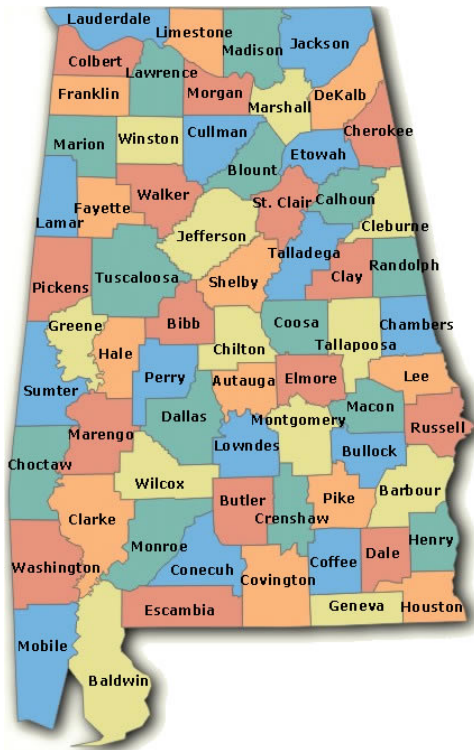


Nursing Home Emergency Management Program Manual





Nursing Home Emergency Management Plan Template

Disclaimer Statement

The contents of this Emergency Management Plan template are not meant to be used as an all inclusive Emergency Management Plan for a facility as written, but are meant for use as a guideline and/or reference for developing a comprehensive facility specific emergency management manual. This template should undergo a thorough review by your Emergency Planning Committee and be edited to include agency specific information, data, policies and procedures.

If you would like assistance with this template, please contact the Center for Strategic Health Innovation (CSHI) and the University of South Alabama. You may call 251-461-1805, or e-mail:

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Section: 1 GENERAL INFORMATION	Procedure #: 1.1 Effective Date: Revision Date: Revision #:
Subject: POLICY AND PRIMARY OBJECTIVES OF DISASTER PLANNING	Page: 1 of 1 Reviewed by: Approved by:

POLICY AND PRIMARY OBJECTIVES OF DISASTER PLANNING

POLICY:

_____ (Facility Name) shall establish and maintain an emergency management plan to facilitate appropriate response to internal and external disasters. The staff shall be trained to respond to the incident in accordance with guidance provided in this plan. Disaster drills will be conducted _____ (number of times) to test and evaluate the plan.

PURPOSE:

- 1) To ensure efficient utilization of local health resources so that they will not be overwhelmed during initial disaster relief when emergency medical care and first aid are needed for casualties.
- 2) To provide for expansion of services through discharge, transfer arrangement and coordination/consultation with local civil authorities and local regional and state representatives and other agencies.
- 3) To provide professional care for disaster victims immediately upon their arrival at the Nursing Home or from internal disaster situations.
- 4) To effectively utilize available resources and supplies.
- 5) To preserve the health and endurance of personnel for the duration of the disaster and its aftermath.

EMERGENCY MANAGEMENT PLAN DEVELOPMENT:

NIMS and JC standards have been the criteria used in developing this plan. Local civil/health authorities have contributed to the plan including: Police, Fire, EMS, DOH, Hospitals.

Section: 1	Procedure #: 1.2
GENERAL INFORMATION	Effective Date:
	Revision Date:
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Subject:	Page: 1 of 3
PURPOSE AND SCOPE OF DISASTER PLANNING	Reviewed by:
	Approved by:

PROCEDURE:

EMERGENCY MANAGEMENT PLAN EDUCATION

1. All employees will be educated on the Emergency Management Plan _____(when).
2. Managers will ensure that new staff members are educated on their specific departmental responsibilities during a disaster.
3. Managers will provide _____(frequency) in-service for all staff.

NURSING HOME RESPONSE ROLES AND REQUIREMENTS

Emergency Roles	Requirements
<p>Internal Emergencies:</p> <ul style="list-style-type: none"> ○ Protect residents/occupants and visitors, staff. ○ Protect facilities, vital equipment and records. 	<p>Generally requires planning, training and exercises. Also requires internal culture where safety and preparedness are given high priority.</p> <p>Specific Requirements include:</p> <ul style="list-style-type: none"> · Emergency Plans · Training/Drills/Exercises · Emergency/Evacuation Signage · Business Continuity Plans · Security · Internal communications · Staff notification and recall · Emergency procedures distributed throughout the Nursing Home
<p>Mass Casualty Care</p>	<ul style="list-style-type: none"> ○ Sufficient staff to manage resident/occupant surge ○ Triage capability ○ ALS capability ○ Holding ○ Agreements with receiving hospitals or other nursing homes ○ Integration of Nursing Home into medical response System
<p>Reception and Triage</p> <p>During disasters, Nursing Home may become points of convergence for injured, infected, worried, or dislocated community members. Depending on the emergency and availability of other medical resources, Nursing Home may not be able to handle all of the presenting conditions. Minimum Nursing Home role will likely be triage, reporting, stabilization, and holding until transport can be arranged.</p>	<ul style="list-style-type: none"> ○ Response plan ○ Staff recall procedure ○ Procedures to obtain outside additional assistance – volunteers, assistance from county ○ Crowd management ○ Location of shelters ○ Reception area ○ Triage tags ○ Triage training

<p>Reception of Hospital Overflow</p> <p>In disasters, hospitals may be overwhelmed with ill and injured requiring high levels of care, while at the same time facing convergence from patients with minor injuries or the worried well. Nursing Home may be requested to handle patients with minor injuries to relieve the pressure on the hospital.</p>	<p>Requirements above for mass casualty care. Prior agreement that defines:</p> <ul style="list-style-type: none"> ○ Circumstances for implementation ○ Types of patients that will be accepted ○ Resource/staff support provided by hospital ○ Patient information/medical records ○ Liability releases
<p>Maintaining Ongoing Routine Patient Care – Normal Levels and Extended Surge</p> <p>The community’s need for routine medical care may continue following a disaster.</p>	<p>Nursing Homes should prepare to maintain their service capacity through protection of equipment, critical supplies and medications, and personnel. Requirements include:</p> <ul style="list-style-type: none"> ○ Continuity of Operations Plan ○ Procedures to augment resources ○ In areas subject to frequent power outages, Nursing Homes should consider adding generators to ensure operational capacity & safeguard other utilities
<p>Mental Health Services</p> <p>Nursing Home can expect the convergence of the “worried well” following a disaster.</p>	<ul style="list-style-type: none"> ○ Disaster mental health training for Nursing Home Staff/licensed mental health staff ○ Internal or external mental health team ○ External source of trained personnel to augment response
<p>Bio-Agent Initial Identification and Rapid Reporting</p> <p>Nursing Home may be the “early warning system” for a bio-agent outbreak. Nursing Home staff should look for unusual symptoms or other signs of use of BT agents. Rapid reporting is critical.</p> <p>Unusual event may be a single case or multiple cases with the same symptoms.</p>	<ul style="list-style-type: none"> ○ Infectious disease monitoring procedures and protocols ○ Procedures for reporting to county and state health department ○ Evidence Kits ○ Training
<p>Staff Protection</p> <p>Provide protection to staff in event of presence suspected infectious agents</p>	<ul style="list-style-type: none"> ○ Adherence to standard, droplet, and/or airborne precautions as appropriate ○ Training ○ Infectious disease procedures ○ Reporting procedures
<p>Mass Prophylaxis</p> <p>Nursing Home may be requested to participate in mass prophylaxis managed by the local health department at Point of Distribution (POD). Nursing Home participation could include requesting Nursing Home staff to support mass inoculations at other sites.</p>	<ul style="list-style-type: none"> ○ Availability of staff who can volunteer ○ Procedures for determining when Nursing Home staff can volunteer

<p>Hazardous Material Response</p> <p>Nursing Homes near major transportation routes, distant from hospitals, or with emergency medical capabilities may be called upon to treat injured patients who have been contaminated by a hazardous material.</p> <p>Generally, in urban areas, Nursing Homes will not be required to be hazardous material responders.</p>	<ul style="list-style-type: none"> ○ Protective equipment ○ Decontamination procedures/capability/equipment ○ Reporting procedures ○ Waste holding container
<p>Risk Communications</p> <p>Nursing Homes are often important conduits of health information for the communities they serve. Patients, staff and community members may look to the Nursing Homes for answers to their questions about an emergency.</p>	<ul style="list-style-type: none"> ○ Communications link with ADPH, EMA and Local Department of Public Health ○ Procedures for communicating with patients staff and community (in languages spoken in the community)
<p>Provide Volunteer Staff</p> <p>Nursing Homes may be requested to provide staff to deliver health services at shelters, for mass prophylaxis or at other response sites.</p>	<ul style="list-style-type: none"> ○ Backup staff ○ Policy for receiving requests, polling staff, and releasing staff for non-Nursing Homes duties ○ Policy on release of staff for volunteer duty
<p>Receive Volunteer Providers/Teams</p>	<ul style="list-style-type: none"> ○ Reception procedures ○ Credential/background checks ○ Logistic support
<p>Community Preparedness</p>	<ul style="list-style-type: none"> ○ Educational material in appropriate languages ○ Educators/volunteers ○ Education at schools and faith-based organizations in community
<p>Sheltering</p>	<ul style="list-style-type: none"> ○ Holding area ○ Protection from weather ○ Bedding ○ Medical supplies ○ Pharmaceuticals for common conditions (insulin, etc.)

Section: 1 GENERAL INFORMATION	Procedure #: 1.3 Effective Date: Revision Date: Revision #:
Subject: ACTIVATION OF EMERGENCY MANAGEMENT PLAN	Page: 1 of 1 Reviewed by: Approved by:

POLICY:

THE _____ NURSING HOME has a formal activation and termination of our Emergency Management Plan.

PURPOSE:

To ensure proper activation and termination of this disaster plan.

PROCEDURE:

1. Initial notification via AIMS, ALERT, telephone, media (TV, radio, etc.).
2. Notification to _____(whom) to call CEO/AOC.
3. Activation/termination of this plan shall be by the CEO/Incident Commander.
4. As per CEO, PRE-ALERT—CODE _____ activation/termination or ACTIVATION—CODE _____ will be paged.

ALERT:

5. All members of the Emergency Management (ICS) Team will report to the Command Post.
6. All staff continues normal operations until notified.
7. Initialization of Call Back Staff List by operator.

STAFF NOTIFICATION:

All persons notified will be provided the same, short briefing of the events at hand, including:

- What is the event
 - What is it threatening (staff, property, communications, data, fiscal operations, environment, general public)
 - What is being done and by whom (activation of Emergency Management Committee, Command Post, recovery actions)
8. If Code _____ incident meets disaster criteria and necessitates activation of entire plan all on duty should activate and function according to emergency management plan.
 9. The Incident Command may direct that outside agencies be notified (Fire, EMS, etc.).
 10. Deactivation – “Code _____ Clear” – to be indicated by Incident Commander.

Section: 1 <p style="text-align: center;">GENERAL INFORMATION</p>	Procedure #: 1.4 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">Community Coordination</p>	Page: 1 of 1 Reviewed by: Approved by:

POLICY AND PRIMARY OBJECTIVES OF COMMUNITY COORDINATION

POLICY:

_____ (Facility Name) shall work to integrate the facility into the community by coordinating with local authorities and local resources needed to facilitate effective and efficient disaster preparedness planning and response.

PURPOSE:

- 1) To ensure that all participants in disaster response understand their roles, responsibilities and capabilities during the Nursing Home’s Emergency Management Program development and disaster response.
- 2) At a minimum, the following agencies should be involved in the collaboration and coordination regarding the Nursing Homes disaster preparedness and response for the mutual benefit of the Nursing Home facility and the local community:
 - a. Local Department of Public Health Emergency Preparedness Coordinator
 - b. EMA
 - c. LEPC
 - d. Local Hospitals
 - e. Local Ambulance companies
 - f. Fire and Rescue
 - g. Local police
 - h. Other long term care facilities

Section: 2 <p style="text-align: center;">NOTIFICATION</p>	Procedure #: 2.1 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">TELEPHONE LIST- DUTIES EXTERNAL DISASTER</p>	Page: 1 of 1 Reviewed by: Approved by:

POLICY:

In a disaster the Nursing Home will have a system to announce the disaster and appropriately notify the staff.

PURPOSE:

To ensure command will activate disaster notification and staff notification in a disaster.

PROCEDURE:

1. The Incident Commander will call the switchboard to announce “CODE _____ – EXTERNAL” or “EXTERNAL CODE _____.”
2. Switchboard is to announce – “CODE _____ – EXTERNAL” or “EXTERNAL CODE _____” with the location via the overhead paging system and over the pocket pagers to the Emergency Management Team.

EMERGENCY MANAGEMENT TEAM RESPONDS TO COMMAND POST

CEO
 Nursing Home Administrator
 Medical Director
 Director of Security
 Plant Operations Director
 Chairman of the Emergency Management Committee
 IT

3. Switchboard is to initiate the following call list for external disasters.
4. Communications will dispatch an operator to the command post to cover the “Information Phone.”
5. If the situation is cleared, the switchboard will be notified by the Administrator in charge and an operator will announce, “CODE _____ – EXTERNAL – CLEAR.”

Section: 2 <p style="text-align: center;">NOTIFICATION</p>	Procedure #: 2.2 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">KEY PERSONNEL – PHONE/PAGER NOTIFICATION</p>	Page: 1 of 1 Reviewed by: Approved by:

KEY PERSONNEL – MASTER LIST

NOTE: Operator to contact via phone or pocket pager system.

<i>Personnel</i>	<i>Phone/Pager #</i>
1. CEO _____	() - _____
2. Administrator-On-Call _____	() - _____
3. Medical Director _____	() - _____
4. Chairman of Disaster Committee _____	() - _____
5. Security Director _____	() - _____
6. Director of Information Technology _____	() - _____
7. Director of Plant Operations _____	() - _____
8. _____	() - _____
9. _____	() - _____

Section: 2	NOTIFICATION	Procedure #: 2.3
		Effective Date:
		Revision Date:
		Revision #:
Subject:	Support Services Checklist TELEPHONE LIST- DUTIES EXTERNAL DISASTER	Page: 1 of 1
		Reviewed by:
		Approved by:

BASIC NURSING HOME SUPPORT SERVICES LIST

DATE OF LAST UPDATE: _____ UPDATED BY: _____

Contact List: Vendors / Funding Sources / Community Liaisons

	Telephone (999) 999-9999	Email	Contact Person
EMS Provider			
Fire Service			
Police			
Local Hospital			
DOH			
Gas or Propane			
Telephone			
○ Equipment Provider			
○ Equipment Repair			
○ Service Provider			
○ Information Technology Admin			
○ EHR Support			
○ Medical Supply and Equipment			
○ Vendor			
○ Vendor			
○ Repair			
○ Repair			
○ Maintenance			

****Complete/Revise to keep CURRENT**

Section: 3 CONTINUITY OF OPERATIONS	Procedure #: 3.1 Effective Date: Revision Date: Revision #:
Subject: GOALS AND PLANNING ELEMENTS	Page: 1 of 2 Reviewed by: Approved by:

POLICY:

It is the policy of _____(Facility Name) to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of Resident/occupants, visitors, and staff has been assured, the Nursing Home will give priority to providing or ensuring Resident/occupant access to health care.

PURPOSE:

To increase _____(Facility Name) ability to maintain or rapidly restore essential services following a disaster.

PROCEDURE:

The _____(Facility Name) will take the following actions to ensure:

1. Resident/occupant, visitor and personnel safety:
 - a. Develop, train on and practice a plan for responding to internal emergencies and evacuating Nursing Home staff, Resident/occupants and visitors when the facility is threatened.
2. Continuous performance or rapid restoration of the Nursing Home's essential services during an emergency:
 - a. Develop plans to obtain needed medical supplies, equipment and personnel. Identify a backup site or make provisions to transfer services to a nearby provider.
3. Protection of medical records:
 - a. To the extent possible, protect medical records from fire, damage, theft and public exposure. If the Nursing Home is evacuated, provide security to ensure privacy and safety of medical records.
4. Protection of vital records, data and sensitive information:
 - a. Ensure offsite back-up of financial and other data.
 - b. Store copies of critical legal and financial documents in an offsite location.
 - c. Protect financial records, passwords, credit cards, provider numbers and other sensitive financial information.
 - d. Update plans for addressing interruption of computer processing capability.
 - e. Maintain a contact list of vendors who can supply replacement equipment.
 - f. Protect information technology assets from theft, virus attacks and unauthorized intrusion.
5. Protection of medical and business equipment:
 - a. Compile a complete list of equipment serial numbers, dates of purchase and costs. Provide list to the CFO and store a copy offsite.
 - b. Protect computer equipment against theft through use of security devices.
 - c. Use surge protectors to protect equipment against electrical spikes.
 - d. Secure equipment and/or elevate equipment as appropriate during time of flood risk and water main break issues.
 - e. Place fire extinguishers near critical equipment, train staff in their use, and inspect according to manufacturer's recommendations.

Section: 3 CONTINUITY OF OPERATIONS	Procedure #: 3.1 Effective Date: Revision Date: Revision #:
Subject: GOALS AND PLANNING ELEMENTS	Page: 2 of 2 Reviewed by: Approved by:

1. Relocation of services:

_____ (Facility Name) will take the following steps, as feasible and appropriate, to prepare for an event that makes the primary Nursing Home facility unusable _____ (Facility Name) will:

- a. Identify a back-up facility for continuation of Nursing Home health services, if possible.
- b. Establish agreements with nearby health facilities to accept referrals of Nursing Home patients.
- c. Establish agreements with nearby health facilities to allow Nursing Home staff to see Nursing Home patients at these alternate facilities.
- d. Identify a back-up site for continuation of Nursing Home business functions and emergency management activities. The current back-up site is [location].

2. Restoration of utilities:

_____ (Facility Name) will:

- a. Maintain contact list of utility emergency numbers.
- b. Ensure availability of phone and phone line that do not rely on functioning electricity service.
- c. Request priority status for maintenance and restoration of telephone service from local telephone service provider.

Section: 3 CONTINUITY OF OPERATIONS	Procedure #: 3.2 Effective Date: Revision Date: Revision #:
Subject: EMERGENCY GENERATOR	Page: 1 of 1 Reviewed by: Approved by:

_____ (Facility Name) will obtain and install an emergency generator to ensure its ability to continue operations in the event of an emergency that creates power outages.

_____ (Facility Name) will obtain assistance from local utilities or vendors.

Specific steps include:

- Inventory essential equipment and systems that will need continuous power.
- Determine the maximum length of time the Nursing Home will operate on emergency power (i.e., is emergency power primarily for short term outages or for extended operations).
- Determine power output needs.
- Select fuel preference: propane or diesel.
- Determine location of nearest supplies of selected fuels that can be accessed in an emergency.
- Select, purchase and install generator.
- Perform recommended periodic maintenance.
- Run monthly generator start-up tests.

Section: 4 <p style="text-align: center;">STAFF</p>	Procedure #: 4.1 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">VOLUNTEER STAFF</p>	Page: 1 of 2 Reviewed by: Approved by:

POLICY:

It is the policy of _____(Facility Name) to permit the Chief Executive Officer, Medical Director, or their designee(s), to grant disaster privileges on a case-by-case basis when the Nursing Home's emergency management plan is activated and the Nursing Home is unable to handle immediate patient care needs. This policy outlines _____(Facility Name) Nursing Home's plan to accept volunteer practitioners and to process the credentials of those practitioners who do not currently possess medical staff privileges to practice at _____(Facility Name).

PURPOSE:

The purpose of this policy is to outline the process for granting disaster privileges to licensed independent practitioners (LIPs) during the time when the Nursing Home's emergency management plan is activated and the Nursing Home is unable to handle immediate patient care needs.

RESPONSIBILITY:

The CEO, Medical Director and Director of Nursing are responsible for granting disaster privileges in accordance with this policy.

PROCEDURE:

When the Nursing Home's emergency management plan has been activated, the Nursing Home will utilize the following process for any LIP who is not on the medical staff of _____(Facility Name) and who presents his/her self as a volunteer to render services:

1. The practitioner will be directed to _____, where he/she must present any one of the following, prior to the granting of disaster privileges:
 - a. a current hospital photo identification card; or
 - b. a current license to practice and a valid picture identification card issued by a state, federal, or regulatory agency; or
 - c. identification indicating that the individual is a member of the Medical Reserve Corps (MRC); or
 - d. identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity); or
 - e. Presentation by current Nursing Home staff member(s) with personal knowledge regarding the LIP's identity.

2. Once a practitioner obtains approval for disaster privileges, _____(Facility Name) will issue appropriate identification. The practitioner will then report to and practice under the auspices of the director of the department to which he/she is assigned.

Section: 4 <p style="text-align: center;">STAFF</p>	Procedure #: 4.1 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">VOLUNTEER STAFF</p>	Page: 2 of 2 Reviewed by: Approved by:

1. The medical staff will begin the verification process of the credentials and privileges of individuals who receive disaster privileges as soon as the immediate situation is under control. The verification process is identical to the process established under the medical staff bylaws for granting temporary privileges to meet an important patient care need, and is a high priority.

2. All disaster privileges will immediately terminate once the emergency management plan is no longer activated. However, the Nursing Home may choose to terminate disaster privileges prior to that time. The practitioner must return the temporary ID card to Security.

3. The medical staff will maintain a list of all volunteer practitioners who received disaster privileges during the emergency management/disaster event.

Section: 4 <p style="text-align: center;">STAFF</p>	Procedure #: 4.2 Effective Date: Revision Date: Revision #:
Subject: VOLUNTEER STAFF REGISTRATION/CREDENTIALING	Page: 1 of 1 Reviewed by: Approved by:

Nursing Home Emergency Management Plan

Section 4.2

(print) Name	(print) Address	Signature	Driver's License #	PROF/TECH . Lic. #	Specialty Skills	Employer Address	Time In	Time Out	Security Follow- up
Certifying Officer: <i>Original: Labor Pool Leader</i>						Date/Time: <i>Copy: Security Officer</i>			

Section: 1 <p style="text-align: center;">GENERAL INFORMATION</p>	Procedure #: 4.3 Effective Date: Revision Date: Revision #:
Subject: Staffing Requirements for Sheltering in Place and Evacuation	Page: 1 of 1 Reviewed by: Approved by:

Staff Family Members

POLICY:

PURPOSE:

Should be developed according to HVA results and anticipated needs.

Section: 1 <p style="text-align: center;">GENERAL INFORMATION</p>	Procedure #: 4.4 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">Staff Family Members</p>	Page: 1 of 1 Reviewed by: Approved by:

Staff Family Members

POLICY:

PURPOSE:

This was one of the 25 suggested required elements- making a policy regarding staff family members. There are pros and cons to this one. If there is a policy for allowing family members would have to calculate food, water etc for the extra head count in the facility.....

Section: 5 INCIDENT COMMAND SYSTEM	Procedure #: 5.1 Effective Date: Revision Date: Revision #:
Subject: ACTIVATION OF INCIDENT COMMAND SYSTEM	Page: 1 of 2 Reviewed by: Approved by:

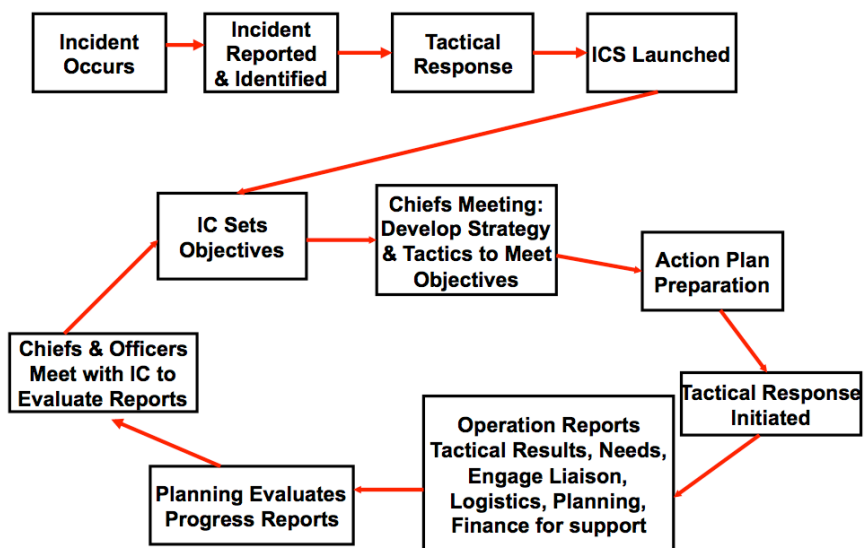
Policy: In time of Activation of the Emergency Management Plan, the Incident Command Structure will be activated.

Purpose: To ensure coordinated effort using the National Incident Management System(NIMS) terminology and organizational structure.

Procedure:

1. The Nursing Home Operator to announce “ ATTENTION ALL PERSONNEL, CODE _____.”
2. Incident Commander, Section Chiefs and Key IC personnel report to the Command Post (or call-in if off-site) within ____ minutes.
3. All Nursing Home personnel will report to, or check in with their departments and wait for information and instructions.
4. Security personnel will begin a facility assessment and determine the level of security necessary.
5. The IC will initiate the Incident Command Management by Objectives process – see schematic below.

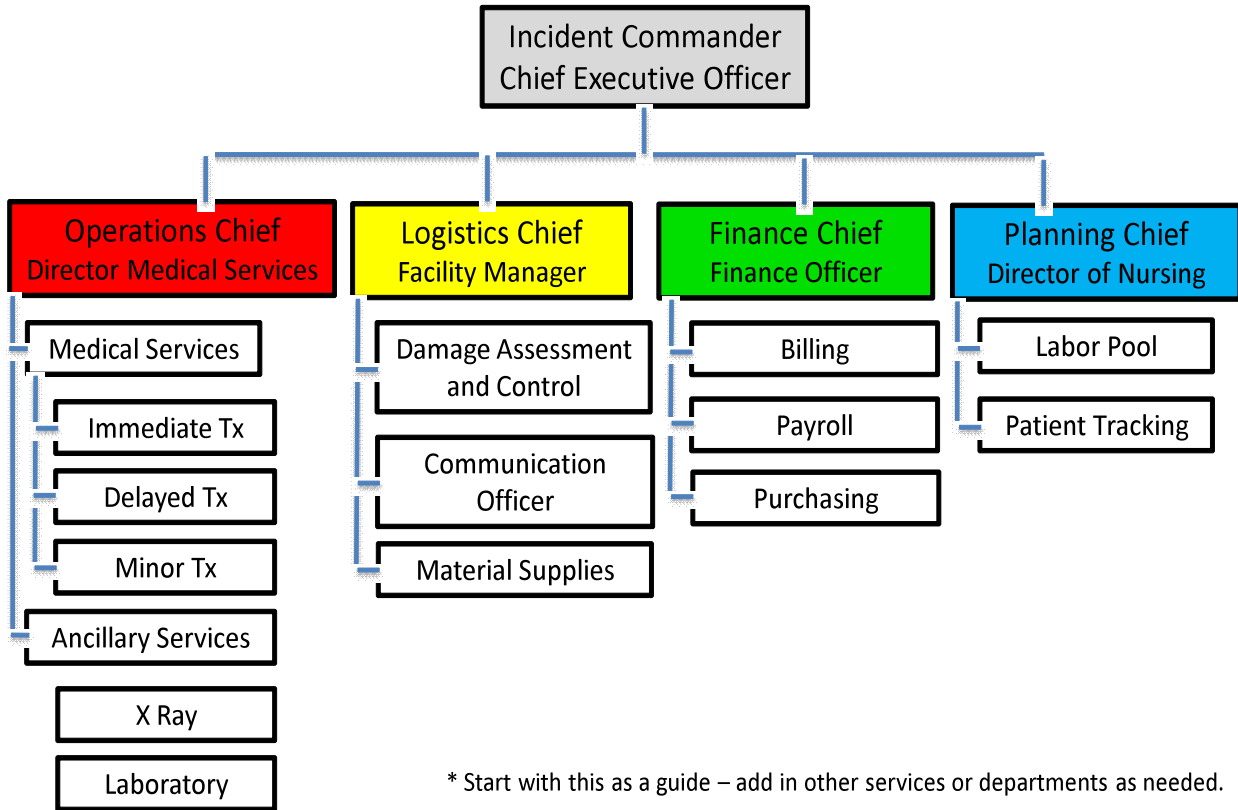
ICS Management Process



6. Section Chiefs and Key IC personnel develop initial strategy to respond to the event. An Incident Action Plan (IAP) is developed and the first IAP time period is set. ***See Section 7:IAP**
7. Section Chiefs and Key IC personnel return to their workstations and carry out IAP strategy.
8. IC sets next IC/IAP briefing and the time for the second IAP time period to begin.

Sample Incident Command Structure:

ICS for Nursing Homes



Section: 5 INCIDENT COMMAND SYSTEM	Procedure #: 5.2 Effective Date: Revision Date: Revision #:
Subject: EOC ACTIVATION CRITERIA AND SETUP	Page: 1 of 1 Reviewed by: Approved by:

POLICY:

To ensure a Command Post is functional whenever an event occurs which will threaten staff health and safety and/or will interrupt operations.

PURPOSE:

To ensure that the Nursing Home Emergency Management Committee (EMC) activates a Command Post in a timely manner as needed. To ensure that the appropriate Command Post staffs are directed to perform set up so that the Command Post will be ready. To ensure that the correct Command Post is activated, to ensure habitability and the safety of EMC staff.

PROCEDURE:

Steps in this process are suggested in an order. Each situation is different, which may require skipping steps because of the impact of actual events. Check the box when completed.

	Make decision about Command Post activation, location and appropriate staffing.
	Assign staff to set up an Command Post. Ensure security is present to ensure safety of personnel, habitability, and secure operations.
	If not all EMC staff are activated, ensure all other EMC staff are made aware of when Command Post is being activated in case they are called for service.
	Contact operational area medical director and other key stakeholders about the Command Post activation and provide contact phone numbers once the Command Post is operational (ready to function).
	Ensure that external safety, parking, and access is appropriate for the Command Post operation.
	Direct the Safety Officer to continue habitability assessments, especially in highly variable and dangerous conditions (floods, fires, hazmat, civil disturbance, earthquake, etc.)
	Ensure that security is established at the entrance to the Command Post and then establish a sign-in process in order to verify who has arrived and when.

Section: 6 HAZARD VULNERABILITY ANALYSIS (HVA)	Procedure #: 6.1 Effective Date: Revision Date: Revision #:
Subject: HAZARD VULNERABILITY ANALYSIS- GENERAL	Page: 1 of 1 Reviewed by: Approved by:

HAZARD VULNERABILITY ANALYSIS (HVA)

POLICY:

The Nursing Home will conduct an annual HVA.

PURPOSE:

To evaluate all hazards, their risk of actual occurrence, and the impact on life, property and business if the hazard occurred.

PROCEDURE:

1. Determine probability and impact of hazard
Probability and impact are ranked:
Low – Rare
Moderate – Unusual
High – High Potential or Have Experienced
Risk = Probability x Severity of impact on life, property and business
2. Address mitigation, preparedness, response, and recovery for these hazards
3. For high risk/high impact hazards, develop individual incident action plans

Section: 6 HAZARD VULNERABILITY ANALYSIS (HVA)	Procedure #: 6.2 Effective Date: Revision Date: Revision #:
Subject: DETERMINATION OF POTENTIAL RISK OF THE HAZARD OCCURRING	Page: 1 of 1 Reviewed by: Approved by:

Hazard Vulnerability Analysis – Disaster Management
DETERMINATION OF POTENTIAL RISK OF THE HAZARD OCCURRING

HAZARD	LOW	MODERATE	HIGH
Natural Disasters			
Ice/Snow/Blizzards			
Flooding			
Earthquakes			
Fire			
Outbreak/Epidemic			
Resource/Utility Disasters			
Loss of Power/Electric/Generator			
IT Failure			
Loss of Water			
Fuel Shortage			
Fire- Internal			
Medical Gas Shutdown			
Staff Unavailability			
Mass Casualty Accidents			
Bus Accidents			
Train Accidents			
Airplane Accidents			
Hostage Situation			
Industrial Accidents			
Fires			
Chemical			
Hazmat			
Weapons of Mass Destruction			
Chemical Weapons			
Biological Weapons			
Nuclear Weapons			
Radiological Weapons			
High Explosive Devices			
Bomb Threat			

Section: 6 HAZARD VULNERABILITY ANALYSIS (HVA)	Procedure #: 6.3 Effective Date: Revision Date: Revision #:
Subject: MITIGATION, PREPAREDNESS, RESPONSE AND RECOVERY	Page: 1 of 2 Reviewed by: Approved by:

POLICY:

After conducting an annual Hazard Vulnerability Analysis (HVA), we will determine the appropriate level of mitigation, preparedness, response and recovery.

TYPES OF RISK

EXAMPLES:

1. Natural Disasters-

Mitigation:

The Nursing Home is not in a flood plain, or earthquake prone area. Therefore we have not taken any special precautions. In case of a blizzard, we have developed a snow emergency policy.

Preparedness:

See snow emergency policy. (Incident Action Plan)

Response:

We would activate our external disaster plan and prepare the Nursing Home to receive multiple casualties.

Recovery: This would be determined by the incident commander.

2. Utility Disasters-

Mitigation:

The Nursing Home has taken steps to provide for redundant capabilities of our telephone system. We have emergency generators to power all of our mission critical patient systems.

Preparedness:

We test our generators and telephone switch on an ongoing basis. We have distributed portable radios to all patient care areas for use during a telephone failure. We also maintain a supply of bottled water at all times.

Response:

We would activate our internal disaster plan.

Recovery:

The incident commander would authorize the appropriate steps and resources necessary to return the Nursing Home to our full level of functioning.

3. Mass Casualty Incidents-

Mitigation:

We as a Nursing Home cannot take any special precautions to prevent such an incident.

Preparedness:

We participate with the surrounding communities in conducting drills. During these drills we also conduct a test of our Nursing Home Disaster Plan.

Response:

We would activate our external disaster plan.

Recovery:

The incident commander would authorize the use of Nursing Home resources to assist the community in their recovery efforts. If the extent of the incident required that we altered various departmental schedules, the incident commander would determine when the schedule could be resumed.

Section: 6 HAZARD VULNERABILITY ANALYSIS (HVA)	Procedure #: 6.3 Effective Date: Revision Date: Revision #:
Subject: MITIGATION, PREPAREDNESS, RESPONSE AND RECOVERY	Page: 2 of 2 Reviewed by: Approved by:

4. Industrial Accidents-

Mitigation:

We as a Nursing Home cannot take any special precautions to prevent such an incident.

Preparedness:

We participate with the surrounding communities in conducting drills. We have trained staff in the use of PPE and decontamination procedures.

Response:

We would activate our external disaster plan and set up our decontamination tents and equipment if required.

Recovery:

The incident commander would authorize the use of Nursing Home resources to assist the community in their recovery efforts. If the extent of the incident required that we altered various departmental schedules, the incident commander would determine when the schedule could be resumed.

5. Weapons of Mass Destruction-

Mitigation:

We have taken multiple steps to protect the Nursing Home. Staff is being trained in early detection to ensure that the Nursing Home is not contaminated. We have heightened the awareness of the security and other staff as to potential risks and threats to the Nursing Home

Preparedness:

We have purchased additional decontamination tents and equipment and personal protection equipment for the staff. We are training the appropriate staff in the use of equipment. We have instituted the Emergency Incident Command System and are training the appropriate management and center staff. We have provided training for the medical staff in the diagnosis and treatment of patients affected by biological weapons.

Response:

The Nursing Home would activate our external disaster plan well as "CODE BROWN" (to set up the decontamination tents and lock down the Nursing Home).

Recovery:

The incident commander would authorize the appropriate steps and resources necessary to return the Nursing Home to our full level of functioning.

Section: 7 <p style="text-align: center;">INCIDENT ACTION PLAN</p>	Procedure #: 7.1 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">ACTION PLAN DEVELOPMENT</p>	Page: 1 of 1 Reviewed by: Approved by:

POLICY:

Incident Action Planning is an essential part of the Incident Command System. Action planning is an effective management tool involving two essential items:

- A process to identify objectives, priorities and assignments related to emergency response or recovery actions.
- Plans which document the priorities, objectives, tasks and personnel assignments associated with meeting the objectives.

PURPOSE:

To develop an Incident Action Plan based on Hazard Vulnerability Analysis, drills and exercises. The procedures and forms in this section provide a roadmap for the use of this important response tool. Even in the period immediately following a disaster, it is important to establish and communicate clear priorities and to track the completion of priority objectives. At this point, action plans can be verbal and cover very short (e.g., two-hour) time periods. In later phases of the response, written action plans for longer time periods provide effective tools for ensuring that all responders are addressing the organization's priority tasks.

PROCEDURE:

Incident Action Planning Procedures:

Incident Action planning is based on the use of an operational period. The length of the operational period for the Incident Action Plan is determined by first establishing a set of objectives and priority actions that need to be performed and then establishing a reasonable time frame for accomplishing those actions. Generally, the actions requiring the longest time period will define the length of the operational period.

Typically, operational periods at the beginning of an emergency are short, sometimes only a few hours. As the emergency progresses, operational periods may be longer, but should not exceed twenty-four hours. Operational periods should not be confused with staffing patterns or shift change periods. They may be the same, but need not be.

The initial Incident Action Plan should not be complex or create a time-consuming process. The Incident Action Plan should generally cover the following elements:

- Listing of objectives to be accomplished (should be measurable).
- Statement of current priorities related to objectives.
- Statement of strategy to achieve the objectives. (Identify if there is more than one way to accomplish the objective and which way is preferred.)
- Assignments and actions necessary to implement the strategy.
- Operational period designation – the time frame necessary to accomplish the actions.
- Organizational elements to be activated to support the assignments. (Also, later Incident Action Plans may list organizational elements that will be activated during or at the end of the period.)
- Logistical or other technical support required.

Focus of the Incident Action Plan:

The focus of the Incident Action Plan should be on Nursing Home issues. The plan sets overall objectives for the Nursing Home's Incident Action Plan. Properly prepared, the Incident Action Plan becomes an essential input to the development of Incident Action Plans by other organizations.

***Refer back to Section 5 - ICS**

Section: 7	INCIDENT ACTION PLAN	Procedure #: 7.2
		Effective Date:
		Revision Date:
		Revision #:
Subject:	FORMS	Page: 1 of 1
		Reviewed by:
		Approved by:

INCIDENT ACTION PLAN FORM

INCIDENT: _____	DATE: _____ TIME: _____	≤ FACILITY ACTION PLAN	
		≤ SECTION/POSITION :	
GOAL	OBJECTIVES (to meet goal)	ACTION TAKEN	STATUS
1	1A.		
	1B.		
	1C.		
2	2A.		
	2B.		
	2C.		
3	3A.		
	3B.		
	3C.		
RESOURCES NEEDED		WHEN NEEDED	STATUS
PROJECTED ACTIVITIES		PROJECTED NEEDS	STATUS

Section: 8 <p style="text-align: center;">COMMUNICATIONS/IT</p>	Procedure #: 8.1 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">REDUNDANCY OF COMMUNICATION SYSTEMS</p>	Page: 1 of 2 Reviewed by: Approved by:

RISK COMMUNICATION AND HEALTH INFORMATION DISSEMINATION

Which are addressed in the agency's emergency response/crisis communication plan?
(check all that apply)

- i. Messenger**
 - An agency staff member and at least one alternate assigned the role and responsibility of Public Information Officer (PIO)
 - Lines of authority and responsibilities for the public information team
 - Work and relief scheduling for public information team to maintain 24 hour per day operations (2-3 work shifts per day) for at least several days
 - Identification of persons to act as spokespersons on public health issues during an emergency for multiple audiences and formats (spokespersons representing different ethnic groups, media spokespersons, community meetings speakers, etc.)
- ii. Command and Control**
 - Verification (accuracy/appropriateness) and clearance/approval procedures for information that will be released to response partners, media, and public
 - Coordination with public information officials from partner organizations to ensure message consistency
 - Liaison between agency and Command Post
 - Briefings with agency director, Command Post, and higher headquarters to update and advise on information intended for release, incident-specific policy, science, and situation.
- iii. Creating "Go-Kits" to enable rapid, mobile response by public information officers that includes:**
 - Laptop computer capable of connecting to Internet/e-mail
 - CD-ROM with elements of crisis communication plan (emergency contact information, pre-prepared materials, medical management information, manuals, background information, etc.)
 - Portable printer
 - Cellphone or satellite phone, pager, wireless e-mail
- iv. Media Information**
 - Triage of media requests and inquiries
 - Response to media requests (e.g., daily press conferences, website updates)
 - Locations, equipment, and supplies for press conferences
 - Production of media advisories, press releases, fact-sheets, b-roll
 - Monitoring media through environmental and trend analysis (e.g., clipping service, monitoring news coverage) to determine messages needed, misinformation to be corrected, media concerns, and media interest during crisis
- v. Direct Public Information**
 - Assessing existing telephone capacity to determine the need for additional lines during an emergency
 - Response to public who request information directly from the agency by telephone (e.g., hotline), in writing, or by e-mail
 - Timeliness and accuracy of public website information
 - Public advertising of agency contact information
 - Monitoring public through environmental and trend analysis to determine messages needed, misinformation to be corrected, public concerns, and public interest during crisis

Section: 8 <p style="text-align: center;">COMMUNICATIONS/IT</p>	Procedure #: 8.1 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">REDUNDANCY OF COMMUNICATION SYSTEMS</p>	Page: 2 of 2 Reviewed by: Approved by:

Examples of Communication Systems Effective in an Emergency—Having Multiple, Redundant Systems Is the Most Effective Way to Ensure Communication:

- Inter-center communications systems.
- Fax machines hooked up to run on emergency power for backup communications and use of broadcast faxes.
- Emergency management mobile command vehicles.
- Physical runners to communicate needs.
- Accessing office functions from offsite via secure Web technology.
- Setting up mass dial-up Internet Service Provider accounts for local health agencies having trouble accessing Internet.
- High-speed wireless Internet networks.
- Wireless Local Area Network (LAN).
- Satellite reach-back communications.
- Blackberry or other PDA/handheld wireless devices providing mobile, continuous e-mail access.
- Web sites set up to communicate with employees.
- Health Provider Network (HPN)/Health Alert Network (HAN), a Web-based system for infectious disease reporting and for syndromic surveillance or other centralized information sources for health care providers, by fax, e-mail, Web site or hotline.
- Amateur radio and walkie-talkie 5-mile radios/mobile radios.
- Integrated Services Digital Network (ISDN), a dial-up connection that can be used for video conferencing.
- Large signs indicating function (e.g., Pharmacy, Triage) to show location for people needing assistance or bringing in supplies.
- Community-wide, centralized patient locator systems .
- 800 MHz radios so responders can monitor emergency operations.
- Videoconferencing.
- Developing forums for two-way communications with the public.
- Pre-event joint planning, training and practice, not only to establish roles, but to create relationships between stakeholders, responders, and media to facilitate communication during the emergency.
- Triage telephone calls.
- Redundancy in everything from cable lines to having pagers from multiple companies.
- Involving the news media early and consistently in the communication process.
- Developing “dual uses” for emergency response systems so that systems with rare emergency use are exercised through some alternative, routine use. This also protects capacity through boom and bust funding cycles.
- Pre-event development of an “information stockpile” in multiple formats.
- Repeater may be necessary to communicate over long distances.

Section: 8 <p style="text-align: center;">Communications IT</p>	Procedure #: 8.2 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">PUBLIC INFORMATION OFFICER</p>	Page: 1 of 1 Reviewed by: Approved by:

THE PUBLIC INFORMATION OFFICER
[Name, Usual Job Title]

1. Controls all outgoing information to the media.
2. Arranges press statements for release to the public/media.
3. Assumes responsibility for taking pictures and obtaining releases.
4. Notifies and utilizes the expertise of the designated medical spokesperson for medical reports which are to be given to the media.
5. Coordinates information appropriate with all external agencies (such as DOH).

PUBLICATION RELATIONS
CODE _____ INTERNAL

- The switchboard will contact the Public Information Officer by telephone or long-range pager.
1. The Public Information Officer will respond to the command post to determine the nature of the code.
 2. Determine need for media area with phones and food/coffee.
 3. With the Media Relations Center ready for operation, the department will call the command post for a preliminary report for release to the press (i.e., the nature of the disaster and initial report of the extent of injuries). This initial statement will be released to the media. Names and numbers will be taken and the department will return phone calls after more information is obtained.
 4. Employees may not speak to the media without the permission of the Public Information Officer.
 5. If needed, a decision will be made by the CEO/Incident Commander about whether reporters may be taken to the scene of the disaster or into the Center.

Section: 9 FACILITY CHECKLIST	Procedure #: 9.1 Effective Date: Revision Date: Revision #:
Subject: GENERAL FACILITIES CHECKLIST	Page: 1 of 1 Reviewed by: Approved by:

POLICY:

To ensure that the environment and utilities are continually assessed for functionality.

PURPOSE:

To minimize/prevent any hazard caused by an unsafe environment or unsafe equipment.

PROCEDURE:

Utilize:

1. Hazard surveillance risk assessment.
2. 2. Operational status report.

Section: 9 FACILITY CHECKLIST	Procedure #: 9.2 Effective Date: Revision Date: Revision #:
Subject: MANAGEMENT OF ENVIRONMENT HAZARD SURVEILLANCE RISK ASSESSMENT REPORT FORM	Page: 1 of 3 Reviewed by: Approved by:

Hazard Surveillance Risk Assessment Report Form

Date: _____ Building: _____

Program	Hazard Surveillance / Risk Assessment Item	1	2	3	4	5	Comments
Safety Management	1. Are grounds clean and free of hazards?						
	2. Are floors clean, dry, in good repair and free of obstruction?						
	3. Are mechanisms for access (i.e. ramps, handrails, door opening mechanisms, etc.) operational?						
	4. Is the parking area free of potholes or other hazards?						
	SUBTOTALS						PROGRAM TOTAL:
Security Management	1. Are doors functioning and locked as appropriate?						
	2. Are medical records centrally located and accessible ONLY to authorized personnel?						
	3. Are alarms functioning, tested, and maintained in accordance with manufacturers' specifications?						
	4. Are systems/mechanisms in place to quickly notify officials or other staff quickly in the event of a security related problem?						
	SUBTOTALS						PROGRAM TOTAL:
Hazardous Materials and Waste Management	1. Are OSHA Hazard Communication and Exposure Control documents available?						
	2. Have all biohazard and toxic substances present been identified?						
	3. Are MSDS sheets quickly available for all identified toxic substances?						
	4. Are all waste contaminated with blood/body fluid considered and handled as infectious?						

	5. Are sharps containers puncture resistant and in accordance with required safety standards?							
	6. Are sharps and disposable syringes placed in approved sharps containers?							
	7. Are all engineering, personal protective equipment and workplace controls in effect?							
	SUBTOTALS							PROGRAM TOTAL:
Emergency Preparedness	1. Is there an updated disaster plan in the department?							
	2. Has a non-fire related emergency drill been performed in the past six months?							
	3. Is staff aware of at least three different types of potential non-fire emergencies and their role in eliminating or reducing the risk to patients, staff and property?							
	4. Is staff aware of the primary and secondary exits from the facility?							
	SUBTOTALS							PROGRAM TOTAL:
Life Safety Management	1. Is the evacuation plan posted and can staff demonstrate knowledge of the plan?							
	2. Are fire extinguishers located in accordance with NFPA standards?							
	3. Are fire extinguishers inspected monthly and documented on/near the extinguisher?							
	4. Are smoke/fire alarm systems functioning, tested, and maintained in accordance with manufacturers' specifications?							
	5. Are exit hallways well lit and obstacle free?							
	6. Is emergency exit lighting operational and tested in accordance with NFPA standards?							
	7. Are fire/smoke doors operating effectively?							
	8. No smoking policies are in effect and signs are posted appropriately?							
	SUBTOTALS							PROGRAM TOTAL:
Medical Equipment Management	1. Is there a unique inventory of all medical equipment in the facility?							
	2. Are all equipment evaluated and prioritized prior to use?							
	3. Has all equipment been tested/maintained according to manufacturers' specifications?							
	4. Are maintenance records complete, are they capable of tracking the maintenance history of a particular piece of equipment, and do they record the results of both electrical safety as well as calibration, as appropriate?							
	5. Are systems/mechanisms in place to respond appropriately to a medical equipment failure?							

	SUBTOTALS								PROGRAM TOTAL:
Utility Management	1. Are the lights, emergency lights, and power plugs operational and in working order?								
	2. Does the water/sewage system appear to be working properly and has the water quality been tested within the past year?								
	3. Is the telephone system operational?								
	4. Has the HVAC system been inspected in accordance with manufacturers' specifications and have the filters been checked quarterly?								
	5. Are fire suppression (sprinkler) systems checked at least once a year, or as appropriate by a qualified individual?								
	6. Are shut-offs for all utility systems clearly marked and accessible for all staff in the event of an emergency?								
	7. Are systems/mechanisms in place to respond in the event of a failure of any utility system?								
	SUBTOTALS								PROGRAM TOTAL:
Infection Control Monitoring Issues	1. Is all staff utilizing Universal Precautions (i.e. utilizing appropriate PPE, handwashing, etc.) in the performance of their job duties?								
	2. Are cleaning solutions secured, mixed, and utilized appropriately throughout the facility?								
	3. Are potentially "infectious patients" aggressively identified and processed in a manner which would minimize the risk of infection of staff and other patients?								
	4. Can staff intelligently describe their role in infection control within the organization?								
	SUBTOTALS								PROGRAM TOTAL:
Other Key Safety Monitoring Issues	1. Are Utility Rooms locked, clean, and clear of debris?								
	2. Are Storage Rooms secure, clean, and free of flammable?								
	3. Are Emergency Carts present, as appropriate, fully stocked and checked per schedule?								
	4. Are all medications, including samples, secured and accounted for by lot number?								
	SUBTOTALS								PROGRAM TOTAL:
	OVERALL ASSESSMENT TOTALS								TOTAL

SCORING LEGEND:

1= Outstanding 2= Good 3= Satisfactory 4= Marginal 5= Unsatisfactory

Inspection conducted by: _____

Reports Noted: _____

Date: _____

Safety Officer

Section: 10 <p style="text-align: center;">ANNEX</p>	Procedure #: 10.0 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">Shelter In Place: GENERAL</p>	Page: 1 of Reviewed by: Approved by:

POLICY:

PURPOSE:

The Sheltering Plan should describe where the residents or patients will be transported. The receiving facility should be appropriate for the level of care required for the patients or residents being evacuated. It should include as an attachment any contract, memorandum of agreement, or transfer agreement the facility has with a receiving facility. The sheltering plan should include:

- a. Sleeping plan
- b. Feeding plan
- c. Medication plan
- d. Accommodations for relocated staff
- e. Number of relocated patients/residents that can be accommodated at each receiving facility

RESPONSIBILITY:

Decision Making Criteria for Sheltering in Place:

- A. Need to outline how the decision to shelter in place is derived versus evacuation**

Communication of Shelter in Place –

- A. This Shelter in Place plan is based on the premise that an event has occurred, causing the Nursing Home to be in a Code _____ mode. If this is not the situation, Code _____ must be initiated prior to evacuation, to establish the Command Center/CP (Command Post).
- B. **Notify "911", ADPH & EMA of Shelter in Place Decision**

PROCEDURE:

Decision to Shelter-in-Place versus Evacuation

1. The staff person, who identifies an internal hazard or who is notified of an external hazard, is responsible to notify the house supervisor immediately.
2. Shelter-in-place is the preferred option, unless the decision is made by the house supervisor to evacuate, considering the circumstances of the incident.
 - a. The healthcare facility is to initiate its Emergency Management Plan and operate under the Incident Command System.
 - b. The healthcare facility Incident Command will assess the need for the diversion of incoming patients. (Hospital) "911" (dispatch) is to be notified by the Liaison Officer, if patients are to be diverted. (Healthcare facility) The appropriate referral facilities/agencies are to be notified that

admissions are to be canceled. The healthcare facility Liaison Officer is also to notify the EOC, if activated.

3. The decision to shelter-in-place or evacuate is to be made in consultation with the response agency Incident Commander and also Unified Command, if established, e.g. the local Emergency Management Director, Fire Department, Law Enforcement, Public Health, EMS, Human Services and others, as appropriate.
 - a. If there is no response agency Incident Commander, healthcare facility Incident Command is to do all that is necessary to protect the life and safety of its patients, staff and visitors. Hospital Incident Command is to notify 911 (dispatch) of its decision..
 - b. Prior to the actual need to shelter-in-place or evacuate, the healthcare facility is to consult with the local Emergency Management Director, Fire Department, Law Enforcement, Public Health, EMS, Human Services and others, as appropriate so that these agencies are aware of and are in agreement with this plan and its procedures

Note: A healthcare facility may decide to both evacuate parts of the facility and also shelter-inplace in another part of the facility.

Part B: Decision to Shelter-in-Place

1. The healthcare facility Incident Command is to make an assessment whether the healthcare facility faces an internal or external hazard or both.
2. If the decision is made to shelter-in-place due to an internal and/or external environmental hazard⁴, the healthcare facility Incident Command will notify local authorities by calling 911 (dispatch), if appropriate, and will make an assessment for the need to initiate environmental engineering interventions. The primary decisions are:
 - a. The decisions on how to protect patients, staff and visitors by movement to a more secure area will be made by healthcare facility Incident Command in collaboration with the response agency Incident Commander or Unified Command, as appropriate.
 - b. The decisions on how to protect the building will be made by healthcare facility Incident Command, based on the known hazards and their effects on the building and its inhabitants in collaboration with the response agency Incident Commander or Unified Command, as appropriate.
3. The healthcare facility is to initiate a process to secure the building (lockdown).
4. The Staff is to be advised to stay within the building and to advise all patients and visitors to stay within the building until further notice.
5. If shelter-in-place is expected to last for more than 24 hours, the healthcare facility Incident Command is to inform all departments that all resources are to be conserved. For example: (the following list is not meant to be inclusive)
 - a. This is the Incident Command System Branch that puts carries out all activities related to the management of the incident. (Operations)
 - b. establish a patient management plan, including identifying the current census, the cancellation of elective admissions and procedures, etc.;; establish a workforce plan, including a plan to address staff needs for the expected duration of the shelter-inplace (Planning).
 - c. establish communications and a back-up communications plan with the local Emergency Management, Fire Department, Law Enforcement,

Public Health, EMS, Human Services and others, as appropriate and the Emergency Operations Center (when activated). The healthcare facility Public Information Officer is to refer all communications through the EOC. (Liaison)

- d. provide local Emergency Management with a “situation report”, including resources needed, e.g. the amount of generator fuel available and the duration that this fuel is expected to last (Logistics).
6. Each department head/critical functions is expected to provide in writing to the Logistics Chief, within one hour of the activation of healthcare facility Incident Command, the resources that is has available, the expected duration of these resources and the contingency plan to conserve these resources, should replenishment of supplies be in jeopardy.
 7. Healthcare facility Incident Command is to determine in collaboration with the response agency Incident Commander or Unified Command, as appropriate, when shelter-in-place can be terminated and to identify the issues that need to be addressed to return to normal business operations, including notification of local authorities about the termination of shelter-in-place.

EXAMPLE

Section: 10 <p style="text-align: center;">ANNEX</p>	Procedure #: 11.1 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">EVACUATION: GENERAL</p>	Page: 1 of 3 Reviewed by: Approved by:

POLICY:

- A. Partial Evacuation – patients are transferred within the Nursing Home. There are two levels of a partial response:
 - 1. Horizontal – first response; patient movement occurs horizontally to one side of a set of fire barrier doors.
 - 2. Vertical – movement of patients to a safe area on another floor or outside the building.
 - a) This type of evacuation is more difficult due to stairways which will require carrying of non- ambulatory patients; elevators cannot be used.
- B. Full Evacuation – patients are transferred from Nursing Home to an outside area, nearby hospitals, other Nursing Homes or other alternative areas.
 The building should be evacuated from the top down as evacuation at lower levels can be easily accelerated if the danger increases rapidly.

PURPOSE:

Evacuation – the removal of patients, staff and/or visitors in response to a situation which renders Nursing Home unsafe for occupancy or prevents the delivery of necessary patient care.

RESPONSIBILITY:

Authorization for Evacuation –

- A. Evacuation of the facility or portion thereof can only be authorized by:
 - 1. Public Safety Officer (Fire or Police)
 - 2. Chief Executive Officer
 - 3. Nursing Administrator
- B. The decision to evacuate from unsafe or damaged areas shall be based on the following information:
 - 1. The Engineering Department’s evaluation of the utilities and/or structure of the department.
 - 2. The medical staff and/or Nursing Department’s determination whether adequate patient care can continue.
 - 3. Evacuation should only be attempted when you are certain the area chosen for the evacuees is safer than the area you’re leaving.

Communication of Evacuation –

- A. This evacuation plan is based on the premise that an event has occurred, causing the Nursing Home to be in a Code Orange mode. If this is not the situation, Code _____ must be initiated prior to evacuation, to establish the Command Center/CP (Command Post).
- B. Notify “911”, ADPH & EMA of evacuation.

PROCEDURE:

- A. General Instructions –
 - 1. Evacuate most hazardous areas first (those closest to danger or farthest from exit).
 - 2. Use nearest or safest appropriate exit. Sequence of evacuation should be:
 - a) Patients in immediate danger
 - b) Ambulatory patients
 - c) Semi-ambulatory patients
 - d) Non-ambulatory patients
 - 3. Close all doors. If time permits, shut off oxygen, water, and lights and gas, if able.
 - 4. Elevators may be used, except during a fire or after a significant seismic activity.

Section: 10	ANNEX	Procedure #: 11.1
		Effective Date:
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- B. Emergency Incident Command Structure –
1. Emergency Incident Command (in the Command Post)
 - a) All available information shall be evaluated and evacuation schedule established, in coordination with the Section Chiefs. This info shall include:
 1. Structural, non-structural, and utility evaluation from Engineering/Damage Assessment & Control Officer.
 2. Patient status reports from Planning Section Chief.
 3. Evaluate manpower levels and authorize activation of staff call-in plans, as needed.
 - b) Disaster evacuation schedule to:
 1. Planning Section Chief
 2. Liaison Officer
 3. Safety and Security Officer
 4. Logistics Chief
 5. Operations Chief
 2. Liaison Officer
 - a) Maintain contact with Public Safety Officials, ADPH, and EMA Agency.
 - b) Evaluate Nursing Home for evacuation and communicate findings to CP (Command Post).
 3. Logistics Chief
 - a) Assign Transportation Officer to assemble evacuation teams from Labor Pool.
 - b) Notify Planning Section Chief of plans.
 4. Transportation Officer
 - a) Assemble evacuation teams from Labor Pool.
 - b) Ensure coordination of off-campus patient transportation with EMS Agencies in coordination with Liaison Officer.
 - c) If able, assign [#__] people to each floor for evacuation manpower.
 - d) Brief team members on evacuation techniques, (attached).
 - e) Arrange transportation devices (wheelchairs, gurneys, etc., to be delivered to assist in evacuation).
 - f) Report to floor being evacuated and supervise evacuation.
 - g) Report to Nurse Manager/Charge Nurse for order of patients being evacuated and method of evacuation.
 5. Nursing Service Officer
 - a) Designate holding areas for critical, semi-critical, and ambulatory evacuated patients.
 - b) Organize efforts to meet medical care needs and physicians staffing of Evacuation Holding areas.
 - c) Distribute evacuation schedule to Nurse Managers.
 - d) Verify Nurse Managers/Charge Nurses have initiated evacuation procedure.
 - e) Request Medical Staff Officer to notify physicians of need for transfer orders.
 - f) Assign Holding Area Coordinators and adequate number of nurses to holding areas.
 - g) Contact pre-established lists of hospitals, extended care facilities, schools, etc., to determine places to relocate patients. Forward responses to Planning Section Chief.

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6. Medical Staff Officer
 - a) Notify physicians of need for patient transfers.
 - b) Assist Nursing Service Officer as needed.
 - c) Assign Physician to provide medical care as needed.

7. Nurse Managers or Charge Nurses
 - a) Report patient status to Nursing Service Officer.
 - b) Designate a safe exit after determining location of patients to be evacuated.

8. Patient Information Manager
 - a) Record patient demographics.

9. Safety and Security Officer
 - a) If able, assign a security person to each area being evacuated for traffic control/safety.
 - b) Turn off oxygen, lights, etc., as situation demands.
 - c) Check the complete evacuation has taken place and that no patients/staff remain.
 - d) Place "Evacuated at _____" (date/time) sign up at main area exit/entrance of evacuated area after evacuation is complete.

10. Facilities Operation Officer
 - a) Obtain equipment/supplies needed for structural safety during evacuation.
 - b) Obtain portable toilets and privacy screens for use in areas where evacuated patients are relocated, if necessary.

11. Labor Pool Officer
 - a) All available Engineering, Housekeeping, Security staff, etc., not previously assigned to incident will assist in movement of patients.

Section: 10	ANNEX	Procedure #: 11.2
		Effective Date:
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Subject:	EVACUATION: FLOODS	Page: 1 of 1
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**PROCEDURE:
EVACUATION FOR FLOODS**

<p>Emergency WATCH means a major emergency is possible. Emergency WARNING means a major emergency is approaching.</p>

Tune to local radio or television stations for emergency information and instructions from local authorities.

When a flood WATCH is issued

- Move valuable possessions to upper floors.
- Fill your car's gas tank in the event an evacuation order is issued.

When a flash flood WATCH is issued

- Watch for signs of flash flooding and be ready to evacuate on a moment's notice.

When a flood WARNING is issued

- When told to evacuate, do so as quickly as possible. Move to a safe area before access is cut off by flood water. Avoid areas that are subject to sudden flooding.
- Before leaving, disconnect all electrical appliances, and if advised by your local utility, shut off electric circuits at the fuse panel and gas service at the meter.
- Do not try to cross a flowing stream where water is above your knees. Even water as low as 6 inches deep may cause you to be swept away by strong currents.
- Do not try to drive over a flooded road. This may cause you to be both stranded and trapped. IF your car stalls, abandon it IMMEDIATELY and seek higher ground. Many deaths have resulted from attempts to move stalled vehicles.
- Avoid unnecessary trips. If you must travel during the storm, dress in warm, loose layers of clothing. Advise others of your destination.
- Do not sightsee in flooded areas. Do not try to enter areas blocked off by local authorities.
- Use the telephone ONLY for emergency needs or to report dangerous conditions.

When a flash flood WARNING is issued

- If you believe flash flooding has begun, evacuate immediately as you may have only seconds to escape.
- Move to higher ground and away from rivers, streams, creeks and storm drains. Do not drive around barricades. These are placed to keep you out of harm's way.
- If your car stalls in rapidly rising waters, abandon it IMMEDIATELY and climb to higher ground.

Section: 10 <p style="text-align: center;">ANNEX</p>	Procedure #: 12.3 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">INCIDENT ACTION PLAN: SURGE HOSPITAL/NURSING HOME</p>	Page: 1 of 2 Reviewed by: Approved by:

POLICY:

Nursing Home will integrate our emergency plan with local hospital [hospital name] _____ and local police/fire, DOH, EMS, and other ambulances.

PURPOSE:

To ensure surge coordination, backup and capacity for our community in times of disaster. Nursing Homes will focus on increasing capacity for non-critical disasters, as well as non disaster residents/occupants.

PROCEDURE:

- 1) Nursing Home will stay open.
- 2) Nursing Home has linked with [hospital name] _____. The contact person for that hospital is [name] _____ [phone] _____ [email] _____; [alternate name] _____ [alternate's phone + email] _____. This person will coordinate all aspects of emergency response with the Nursing Home, including coordination of logistics, facilities, supplies, security, medical care, communications, transport, and linkages with outside agencies.
- 3) In times of a disaster the Nursing Home CEO/Incident Commander will communicate with the hospital's contact person to determine what level of support is needed.
- 4) Activation cascade:
 - Nursing Home which is activated will provide a venue for non-urgent, non-disaster involved residents/occupants presenting to the hospital and non-urgent, disaster residents/occupants as triaged by the triage station(s) while providing limited service to existing residents/occupants.
 - During Normal Hours of Operation: The Nursing Home staff will complete residents/occupants actively being examined and immediately prepare the facility to accommodate non-urgent residents/occupants triaged to the Nursing Home. Physicians and nurses will provide care within their scope of practice and training. [Name] _____ will notify all Nursing Home residents/occupants that the Nursing Home is closing to prepare for casualties and that they should call the Nursing Home when the disaster situation has cleared to reschedule their appointment unless they have an immediate need to see a physician. The staff will organize to accept non-urgent residents/occupants presenting to the hospital and triaged to the Nursing Home and minor casualties of the disaster triaged to the Nursing Home. Nursing personnel who believe a patient triaged to the Nursing Home requires a higher level of care will immediately communicate this to the physician who in turn will communicate with the emergency medical services and arrange for residents/occupants to be transported to [name of hospital] _____.

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- **For Nursing Home Not Activated:** Nursing Home not activated will be on standby alert and will either maintain routine function, close activities to provide needed staff, equipment and/or supply resources to activated sites or a combination of the two as directed by the Emergency IC.
 - **For Nursing Home with Buses/Passenger Vans:** These vehicles will be assigned to respond either to the affected or to a central location as designated by the Nursing Home's IMS. The vehicles will function as transport for ambulatory patients from the triage areas at the hospital to the ambulatory care Nursing Home and vice versa, as well as to transport other resources as needed.
- 5.) The CEO/Incident Commander will ensure that the following activities are coordinated:
- Security – they will assign personnel to secure the building and to ensure only authorized personnel enter these areas.
 - Materials Management – to send a staff member to each area to speak to the charge nurse as to the supplies and pharmaceuticals needed and to ensure the needed supplies and drugs are sent to the area.
 - Registration - to support influx of large number of patients – extra staff and laptops/paper copies of Emergency Registration Forms.
 - Information Technology – to provide appropriate support
 - Facilities - to assign staff
 - Housekeeping - to clean and supply linen.
- 6.) The CEO/Incident Commander will be kept abreast of the following, and assign someone to enter data into AIMS:
1. general status of arriving patients
 2. number of patients arriving
 3. number of patients treated
 4. number of patients discharged
 5. number of patients needing to go to a hospital
 6. additional staffing needs
 7. additional equipment and supplies needed by the [Nursing Administration] , the Planning Section Chief of the Nursing Home's ICS. The [security Logistics Section Chief will ensure delivery of these resources.
- 7.) The CEO/Incident Commander in collaboration with the Medical and Nursing Management will determine when the alternate care areas are no longer needed and can be closed down.
- They will ensure that the areas are cleaned and ready to resume their normal operation
 - They will ensure that all additional supplies, pharmaceuticals, stretchers, laundry, etc., are returned to the appropriate department(s).

Section: 10 ANNEX	Procedure #: 12.4 Effective Date: Revision Date: Revision #:
Subject: SNOW/ICE EMERGENCY	Page: 1 of 1 Reviewed by: Approved by:

POLICY:

Guidelines will be set forth to assist the Staff Managers in maintaining the Nursing Home at the highest level of operations possible during Snow/Ice Storm Emergencies.

PROCEDURE:

The Nursing Home CEO is responsible for activating the Emergency Management Committee to notify and mobilize key personnel in the following areas:

- Operator
- Security
- Maintenance
- Nursing

ACTIVATE INCIDENT COMMAND

• PLANNING

ASCERTAIN staffing levels and future needs.

DETERMINE services and levels of operation to be maintained.

DETERMINE level and availability of supplies.

INFORM CEO of weather and road conditions as reported by Security.

DETERMINE level of staffing required to meet patient needs.

• SECURITY

MONITOR weather conditions and keep Command informed.

• MAINTENANCE

ACTIVATE snow plowing and snow clearance procedures for parking lots, driveways and walkways.

NOTIFY grounds crew to salt and/or remove snow from walkways.

• SECURITY

ACTIVATE, implement and assist in transportation system for personnel as directed by Logistics Section Chief.

PREPARE and MOBILIZE Nursing Home vehicles for transportation purposes as required by Security. Develop/expedite contingency system for supply delivery when adverse weather conditions are prolonged. Update CEO regarding execution of any contingency plans.

Section: 10 ANNEX	Procedure #: 12.5 Effective Date: Revision Date: Revision #:
Subject: INTERNAL DISASTER PLAN: FIRE	Page: 1 of 2 Reviewed by: Approved by:

Follow these four steps:

“ RACE”

1. RESCUE
2. ALARM
3. CONTAIN
4. EXTINGUISH/EVACUATE

A. RESCUE

Remove all patients and visitors in **IMMEDIATE DANGER**.

B. ALARM

1. Activate the nearest fire alarm pull box.

*Note: Security Department will alert Fire Dept. and onsite Security. Security Department will alert CEO who will determine which off-site personnel shall respond to the scene.

2. Notify all personnel in the area of the fire emergency. Areas with intercom: Activate and repeat **“CODE RED”** and the location of the fire three times. Areas without intercom: Repeat clearly, slowly, and loudly **“CODE RED [AND LOCATION]”** three times on each floor.

C. CONTAIN

1. Isolate the fire:
Close door, windows, fire doors beginning with those nearest the fire areas.

D1. EXTINGUISH

1. **NOTE:** NEVER open a door in the fire area once closed.
Extinguish fire with the appropriate portable fire extinguisher.

2. If smoke and heat are too much, close doors and await instructions. Keep unauthorized personnel from entering the area

D2. EVACUATE

3. **NOTE:** The fire department will assume authority until the fire has been extinguished. Personnel are to operate under the direction of the fire department.

4. **If you hear a fire alarm:**
 - Evacuate the area. Close windows, turn off gas jets, and close doors as you leave.
 - Leave the building and move away from exits and out of the way of emergency operations.
 - Assemble in a designated area.
 - Report to the monitor so he/she can determine that all personnel have evacuated your area.
 - Remain outside until competent authority (Physical Security) states that it is safe to re-enter.

Know the Evacuation Routes. Should evacuation be necessary, go to the nearest exit or stairway and proceed to an area of refuge outside the building.

Most stairways are fire resistant and present barriers to smoke if the doors are kept closed.

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Subject: INTERNAL DISASTER PLAN: FIRE	Page: 2 of 2 Reviewed by: Approved by:

- Do not use elevators. Should the fire involve the control panel of the elevator or the electrical system of the building, power in the building may be cut and you could be trapped between floors.

FIRE EXTINGUISHER PROCEDURE

Fight the fire **ONLY** if:

- The fire department has been notified of the fire, AND
- You have a way out and can fight the fire with your back to the exit, AND
- You have the proper extinguisher, in good working order, AND now how to use it.
- If you are not sure of your ability or the fire extinguisher's capacity to contain the fire, leave the area.

Extinguish: Pick up extinguishers and fight fire only if it is safe and you have been trained to do so.

Choose appropriate fire extinguisher as per classification of fire as follows:

- A **ORDINARY COMBUSTIBLES**
e.g., paper, grease, paint
- B **FLAMMABLE LIQUIDS**
e.g., gasoline, grease paint
- C **ELECTRICAL EQUIPMENT**
e.g., wiring, overheated fuse boxes

Note: C extinguisher (dry chemical) is an all purpose extinguisher and can be used on Class A, B, C fires.

Once proper extinguisher has been chosen, extinguish as follows:

1. Remove the extinguisher from the wall unit.
2. **P** Pull the pin.
3. **A** Aim the nozzle at the base of the fire.
4. **S** Squeeze or press the handle.
5. **S** Sweep side to side at the base of the fire until the fire is extinguished.

NOTE: Upon clearance of the Code Red, notify the Safety Engineer for replacement of the fire extinguisher

Section: 10 <p style="text-align: center;">ANNEX</p>	Procedure #: 12.6 Effective Date: Revision Date: Revision #:
Subject: <p style="text-align: center;">WEAPONS OF MASS DESTRUCTION</p>	Page: 1 of 1 Reviewed by: Approved by:

POLICY:

In the event of a chemical, nuclear or biological threat to the community, which may result in a threat to the safety of patients and staff and/or contamination of the Nursing Home, the Incident Commander will initiate a CODE _____. A CODE _____ will trigger specific activities designed to protect the Nursing Home from quarantine, and protect the staff and patients from contamination from chemical, nuclear or biological substances.

PROCEDURE:

1. Upon notification of a credible incident by state or federal police authorities the Incident Commander will initiate a CODE _____.
2. The Operator will announce via the overhead page system CODE _____ – three times. They will activate the management call list.
3. The Security staff will be immediately dispatched to secure all access points to the Nursing Home.
4. Access points will remain secured until such time as the threat of contamination of the Nursing Home is deemed not to be an issue. This determination will be made by the Incident Commander.
5. Appropriately educated staff will set up the decontamination shower, changing and triage tents outside the Nursing Home. (see Decontamination Tent Set-up Policy)
6. The Operations Leadership will assign the appropriate staff to decontamination and triage teams. They will ensure that all staff are properly garbed in their Personal Protection Equipment (PPE) prior to reporting to their assigned posts.
7. The Operations Leadership will assess additional staffing needs and communicate this information to the Command Nursing Home.
8. **No additional staff will report unless specifically requested by the Command Center.**
9. Nursing will be notified to begin discharging patients.
10. The Planning Leadership will assess the need to open additional treatment areas away from the Nursing Home. They will communicate this information to the Command Post. The Command Post may activate the Alternative Care Site Policy.
11. All Nursing Home employees reporting to work will sign in upon their arrival and will be directed to their units or to a staging area as determined by the Command Post.

Section: 10 ANNEX	Procedure #: 12.7 Effective Date: Revision Date: Revision #:
Subject: COMMUNICABLE DISEASE	Page: 1 of 4 Reviewed by: Approved by:

POLICY:

Nursing Home (NH) has a well-developed plan for the management of patients presenting with potentially communicable diseases of public health concern.

PURPOSE:

1. To enhance early recognition of:
 - A single patient presenting to the Nursing Home with fever/rash or fever/respiratory symptoms suggestive of a communicable disease of urgent public health concern (e.g., measles, meningococcal disease, SARS, avian influenza, smallpox, or plague)
 - An influx of patients coming to the Nursing Home after an outbreak of a communicable disease of urgent public health concern is confirmed (e.g., SARS, pandemic influenza, possible bioterrorist attack involving plague or smallpox)
2. To prompt the rapid institution of infection control measures to minimize potential transmission to staff,

PROCEDURE:

A. Single Patient entering the Nursing Home with Fever/Rash or Fever/Respiratory Illness

1. **Initial Patient Encounter:** Effective screening for and isolation of potentially infectious patients, especially those who may be at risk for airborne or droplet transmission of infectious agents to others, is critical to ensure prompt recognition and isolation as soon as possible after patient arrival. The following measures routinely in place help decrease transmission of infectious agents to staff, visitors and other patients:

- a. **Surgical masks and alcohol hand hygiene products are located at the entrance to the Nursing Home so that they are available to all patients and visitors coming to the Nursing Home.**

Boxes of tissues, waste baskets, and alcohol-based hand hygiene products are placed throughout the Nursing Home waiting areas and examination rooms.

Signage is placed next to these items and should be clearly visible.

- 1) Signage states that all patients who come in with fever and respiratory symptoms or rash should wear a mask and perform hand hygiene with the alcohol hand hygiene products available at the entranceway. They should then proceed directly to the registration desk and/or triage nurse and alert staff to their symptoms.
- 2) Signage shows patients how to wear the mask correctly and how to use the alcohol hand hygiene products.
- 3) Signage is also printed in [list all languages appropriate for your community].

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- b. **Triage/screening staff will perform communicable disease triage screening for respiratory or rash communicable diseases of urgent public health concern on ALL patients who present or self-identify with a fever.** Screening will include asking all patients with fever about the presence of respiratory symptoms (cough or shortness of breath) and rash symptoms, as well as epidemiologic risk factors, such as recent travel.

The following questions will be asked of all patients at the initial screening:

- Have you had fever (elevated temperatures) in the past two weeks?*
- Have you had a cough or a rash in the past two weeks?*
- Have you had shortness of breath or difficulty breathing in the past two weeks?*

For patients reporting fever and respiratory/rash symptoms:

- Have you traveled outside the United States or had close contact with someone who has recently traveled outside the United States, in the past two weeks?
If yes, ask where: _____*
- Are you a healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease?*
- Do any of the people who you have close contact with at home, work or your friends have the same symptoms?*

A **positive communicable disease triage screen** is considered for any patient who meets one of the two following criteria:

1- Any patient with fever and rash.

2- Any patient with fever and respiratory symptoms who reports any of the following epidemiologic risk factors:

- Travel to an area that is currently experiencing or is at risk for a communicable disease outbreak of urgent public health concern (e.g., country currently experiencing an outbreak of avian influenza, or country at higher risk for re-emergence of SARS, such as mainland China)
- Contact with someone who is also ill and traveled to an area that is known to be or is at risk for a communicable disease outbreak of urgent public health concern as outlined above;
- Healthcare worker (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer) with a recent exposure to a potential communicable disease of urgent public health concern;
- Anyone who reports being part of a cluster of two or more persons with a similar febrile, respiratory illness (e.g., household, work or social cluster).

- c. **Patients who meet either of the criteria above for a positive communicable disease triage screen will be prioritized for individual placement in a private room pending clinical evaluation. Both patient and triage staff will perform hand hygiene.**

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2. **Infection Control Measures on Arrival:** When a patient with a positive communicable disease triage screen is identified, prompt implementation of Standard Precautions, respiratory hygiene/cough etiquette [standard respiratory precautions], and appropriate isolation precautions based on the suspected infection will be initiated.

a. **The patient will be given a surgical mask immediately by the nurse, if not already wearing one.**

The patient will be shown how to wear the mask and instructed to wear this mask at all times. The patient will keep the mask on at all times while in the isolation room in order to minimize contamination of the room. The patient should be instructed on how to perform hand hygiene after coughing or other contact with respiratory secretions or their rash.

[NOTE: The following considerations should be made for patients who may have difficulty breathing with a mask on, such as allowing a looser fit of the surgical mask (e.g., surgical masks with ties) or providing them with their own supply of tissues. Strict hand hygiene should be reinforced for these individuals.]

Surgical masks may not be feasible for young children with a positive communicable disease triage screen to wear. In these situations, the child and accompanying adults will be seen as quickly as possible by the triage staff and placed in an appropriate isolation room or an area in the waiting room in a way that allows at least 3 feet separation from other persons. The parents will be instructed to wash their hands and their children's hands with soap and water, or alcohol hand hygiene products frequently, especially after the child coughs, sneezes or has other direct contact with oral secretions.

b. **Patients will be separated from others in an isolation room or in the waiting area pending medical evaluation.**

1. Examination room (name) or other exam room that has a door that is kept closed to the hallway and is not positive pressure and does not share airflow with other rooms.
2. Examination area (name) can be used to cohort patients with similar symptoms. Patients should be separated from each other by at least three feet (more if possible).
1. If a private room or pre-identified examination area is not available, the patient will be asked to stay in an area of the waiting room that allows at least three feet of separation between the patient and others in the waiting area. The patients will be instructed to keep the surgical mask on at all times while in the waiting area and discouraged from walking around the center.

c. **If patients are placed in an isolation room, appropriate infection control signage based upon the route of transmission for the suspected disease of concern and/or Center Infection Control policies will be posted outside the patient's isolation room signifying the need for precautions until a medical evaluation determines that the patient does not have a contagious disease requiring isolation. At a minimum, droplet and contact precautions will be used for all patients with a positive communicable disease triage screen.**

1. All appropriate PPE should be stocked outside the door to the patient's isolation room. Appropriate PPE for select pathogens can be found at the CDC website: <http://www.cdc.gov/ncidod/hip/ISOLAT/ISOLAT.HTM> as well as in the *2004 DRAFT HICPAC Infection Control Guidelines: Appendix B. Type and Duration of Precautions Recommended for Selected Infections and Conditions*. Signage on the proper method of donning and removing PPE will be prominently displayed outside. Alcohol hand hygiene products or a sink with hot water, soap and paper towels will be available.

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2. **Gowns and gloves will be removed inside the patient's room and discarded in a waste receptacle just inside the room by the door. Hand hygiene products will be placed right outside the door so that staff can use immediately after removal of respiratory protection equipment. Doing this prevents staff from wearing the same gloves and gowns after leaving the isolation room and contaminating other areas of the Nursing Home.** Signage will be placed to remind staff of this protocol. A separate waste receptacle will be placed immediately outside the patient's room for disposal respirators.
 - d. The number of persons who enter the patient's room, as well as the traffic in and out will be limited. Entry will be limited to necessary nursing home staff and public health personnel. Visitors will be excluded, as much as possible, from entering the patient's room.
 - e. After use, all PPE should be placed into a plastic biohazard bag and left in the patient's room (gowns and gloves) or outside of the room (respirators. If positive air pressure respirators (PAPR) are used, the PAPR should be cleaned and disinfected prior to entering another patient's room. **Please note that PAPRs should not be considered a higher level of protection and their use should be limited to men with facial hair or for those individuals who are have documented poor fit for N95 respirators.**
 - f. As much as possible, when contact precautions are indicated, dedicated patient care equipment (e.g., blood pressure cuffs and stethoscopes) will be assigned to and left in the patient's room. **If equipment must be used on other patients (e.g., portable X-ray machine), meticulously clean and disinfect the equipment with EPA-registered hospital disinfectants (e.g., quaternary ammonium compounds) or sodium hypochlorite.**
 - g. Use disposable items whenever possible.
 - h. Dispose of all non-sharps waste in biohazard bags for disposal or transport for incineration or other approved disposal method.
 - i. All used laundry and linens will be handled carefully to prevent aerosolization or direct contact with potentially infectious material. **Anyone directly handling the patient's linen or laundry will wear appropriate PPE.**
3. **Notification and Evaluation:** Once triage staff has identified a patient with a positive communicable disease triage screen, prompt notification of appropriate staff will be instituted to ensure rapid evaluation of the patient for a potentially communicable disease of urgent public health concern. It is crucial to identify key staff ahead of time to ensure notification occurs rapidly.
 - a. Triage/screening staff (or person who has initial encounter with the patient and conducts communicable disease triage screening) notifies Medical Director who ensures that the appropriate infection control measures have been put into place.
 - b. Medical Director designates a physician to conduct the initial patient evaluation. The physician should don the appropriate PPE outside the patient's isolation room to examine the patient and determine if patient is at risk for a communicable disease of urgent public health concern.