



DISASTER PREPAREDNESS PLAN

Template for use in **LONG-TERM CARE FACILITIES**



Innovative creator of VIBE

(Virtual Intelligence for Better Execution)



An advanced Long-Term Care platform.

&



THE Emergency Preparedness SOLUTION



Adopted: _____

1st Annual Review Date: _____

Completed: _____

2nd Annual Review Date: _____

Completed: _____

3rd Annual Review Date: _____

Completed: _____

4th Annual Review Date: _____

Completed: _____



<u>Introduction</u>	4
<u>I. PURPOSE</u>	5
<u>II. SITUATION AND ASSUMPTIONS</u>	5
<u>A. AUTHORITIES</u>	5
<u>B. Situation</u>	6
<u>C. Assumptions</u>	6
<u>III. CONCEPT OF OPERATIONS</u>	7
<u>A. Pre-Emergency</u>	7
<u>B. Preparedness</u>	10
<u>C. Response</u>	11
<u>D. Recovery</u>	11
<u>IV. ORGANIZATION AND RESPONSIBILITIES</u>	11
<u>Attachment A: Hazard Assessment</u>	14
<u>Attachment B: Emergency Checklists</u>	
<u>B-2: Fire Safety</u>	27
<u>B-3: Severe Weather</u>	39
<u>B-4 Flood/Water Main Break</u>	50
<u>B-3: Infection Control</u>	60
<u>B-5: Power Outage</u>	73
<u>B-7: EarthQuake</u>	83



Introduction

The United States is vulnerable to multiple threats and hazards. These include natural hazards such as earthquakes; severe weather, including wind, rain and occasionally snow storms; floods; landslides; fires; and volcanic eruptions. Additionally, there are man-made hazards such as hazardous materials spills and potential civil unrest and/or terrorism.

While each of these threats is a problem in and of themselves, they are frequently the cause of secondary issues such as long-term power and telephone outages. In some cases, the event may cause disruption to critical supplies and services such as food, medical supplies and gasoline.

Preparing for such disasters is critical for ensuring the safety and security of residents, staff and visitors of long-term care facilities.

The information and materials provided in this toolkit are for informational purposes only and are intended to assist users in understanding and implementing best practices in Emergency Preparedness. While every effort has been made to ensure the accuracy and completeness of the information contained herein, the presenters and providers of the tool kit makes no representations or warranties, express or implied, regarding the accuracy, reliability, or completeness of the content provided. The toolkit has been compiled from various sources, and the provider does not assume any responsibility for errors, omissions, or discrepancies that may exist in the content.

Users of this toolkit should exercise their own judgment and independently verify any information or procedures before implementing them.

Presenters/Tool Kit providers shall not be held liable for any damages, injuries, losses, or adverse outcomes that may arise from the use or misuse of the information or materials provided in this toolkit. Users assume full responsibility for any actions taken based on the information contained in this toolkit.

This toolkit is not intended to replace professional advice or consultation. We strongly recommend that users consult with appropriate experts, professionals, or authorities in the relevant field before making any decisions or taking any actions based on the content of this toolkit.

By using this toolkit, you acknowledge and agree to these terms and accept full responsibility for any consequences that may result from its use





I. PURPOSE

To provide guidance to _____ (*facility name*) on emergency policies and procedures to protect the lives and property of residents, staff and visitors.

II. SITUATION AND ASSUMPTIONS

A. AUTHORITIES

Dial 911 for all EMERGENCIES

LOCAL SUPPORT:

1. Mayor: _____
2. Local Fire Chief: _____
3. Local Police Chief: _____
4. Local Sheriff: _____

STATE SUPPORT:

1. Governor's Office: _____
2. State Dept of Homeland Security: _____
3. State Health Department: _____

FEDERAL AND OTHER SUPPORT:

1. US Dept of Homeland Security: 1-800-BE-Ready
2. US Dept. of Health and Human Services: www.hhs.gov / 1-877-696-6775
3. Centers for Disease Control: www.cdc.gov / 1-800-232-4636
4. American Red Cross: www.redcross.org / 1-800-733-2767
5. Community Emergency Response Team: www.fema.gov / 1-800-621-3362
6. American Nurses Assoc. DR for Nurses: www.nursingworld.org
7. Adm for Strategic Preparedness and Response www.aspr.hhs.gov 202-692-4724
8. National Disaster Medical System: www.phe.gov /
9. Disaster Assistance.gov: www.disasterassistance.gov



B. Situation

1. All regions in the US are vulnerable to both natural and man-made disasters.
2. Residents of this facility require special emergency considerations in planning for disasters or emergencies and in ensuring safety.

C. Assumptions

1. The possibility exists that an emergency or disaster may occur at any time.
2. In the event an emergency exceeds the facility's capability, external services and resources may be required.
3. Local, state and federal departments and agencies may provide assistance necessary to protect lives and property.
4. Depending on the scope of the event and the type of assistance needed, local, state and federal departments and agencies may be unable to respond immediately. It is the responsibility of the care facility to be prepared to care for the residents, staff and visitors for seven to ten days.
5. The care facility will comply with all state and local requirements for review and inspection of safety plans and procedures.

III. CONCEPT OF OPERATIONS

The care facility should have an emergency action plan in place capable of providing for the safety and protection of residents, staff and visitors. Procedures should be developed to insure that residents who are cognitively impaired, physically impaired, hearing impaired, speech impaired, or have English as a second language are properly informed and alerted as necessary.

This plan can be effective for either internal or external emergencies.

A. Pre-Emergency

1. Evaluate the facility's potential vulnerabilities. (See Attachment A.)
2. Review, exercise and re-evaluate existing plans, policies and procedures.
3. Develop Mutual Aid Agreements with similar types of facilities, both in and outside the immediate area. Review and update the Agreements regularly. (Maintain a copy of all Agreements as Attachment D.)
4. Review and update inventory/resource lists.
5. Determine communication systems. (E.g., cellular phones and fax machines may offer the best means in the event of a power loss. A supply of quarters and accessibility to a pay phone may serve as a reasonable alternative.)
6. Ensure the availability and functioning of facility emergency warning system / public announcement system.
7. Test reliability of emergency telephone roster for contacting personnel and activating emergency procedures. (See Attachment C.)
8. Install and maintain emergency generators.
 - a. Identify power needs based on which equipment and appliances are necessary for the safety and security of residents, staff and visitors.
 - b. Have a licensed electrician install the generator.
 - c. Develop procedures for testing generators and equipment supported by emergency generators.
 - d. Maintain a 7 to 10 day supply of emergency fuel. Establish a delivery agreement with a supplier.
 - e. Activate and test the generator under load according to National Fire Protection Association (NFPA) requirements and state and local regulations.



- f. Document all testing procedures.
- 9. Ensure a 7 to 10 day supply of food and water for residents and staff. (Have at least one gallon of water, per person, per day on hand.)
 - a. Arrange for a private contact to supply back-up resources.
 - b. Rotate supplies and check expiration dates regularly.
- 10. Schedule employee orientation training and in-service training programs on the operations of the emergency plan.
- 11. Enhance emergency education.
 - a. Distribute preparedness checklists provided in Attachment B.
 - b. In accordance with state and local codes and requirements: Post display of evacuation routes; alarm and fire extinguisher locations; and emergency contact telephone numbers.
 - c. Provide demonstrations on warning systems and proper use of emergency equipment for the staff, residents, and residents' families.
 - d. Encourage personal preparedness for all staff.
- 12. Conduct fire drills *at a minimum* of once per quarter per shift. (Check fire regulations in your community for local, federal and state compliance requirements.)
 - a. One drill is required per quarter for each shift *at varied times*.
 - b. Document each drill, instruction or event to include date, content and participants involved.
 - i. Identify and document any problems associated with the drill.
 - ii. Develop and implement an improvement plan for problems associated with the drill.
- 13. It is recommended that at least one drill be conducted on an annual basis to exercise *all* aspects of the emergency action plan. Document drills with critiques and evaluations.
- 14. Develop and maintain Standard Operating Procedures (as Attachment C to this document) to include:
 - a. Task assignments (by title, not individual names)
 - b. Security procedures



- c. Personnel call down lists
- d. Emergency supplies; storage, maintenance and use
- 15. _____ (location) is the designated Command Post (CP) and will serve as the focal point for coordinating operations. If evacuation is necessary, the alternate location will be _____ (location).
- 16. Ensure all staff are trained on the disaster plan to execute the activities of the Command Post. All staff should know the location of the Disaster Preparedness Plan.
- 17. Plan for evacuation and relocation of residents.
 - a. Identify the individual responsible for implementing facility evacuation procedures.
 - b. Determine the number of ambulatory and non-ambulatory residents. Identify residents who may need more than minimal assistance to safely evacuate (including Hospice) and ensure staff are familiar with individual evacuation plans for those residents.
 - c. Identify and describe transportation arrangements made through Mutual Aid Agreements or Memoranda of Understanding that will be used to evacuate residents. (Attach copies of documents to this plan as Annexes.)
 - d. Describe transportation arrangements for logistical support to include moving and protecting records, medications, food, water and other necessities.
 - e. Identify facilities and include in the plan a copy of the Mutual Aid Agreement or Memorandum of Understanding that has been entered into with a facility to receive residents. (Attach copies of documents to this plan as Annexes.)
 - f. Identify evacuation routes that will be used as well as secondary routes should the primary routes be impassable.
 - g. Determine and specify the amount of time it will take to successfully evacuate all patients to the receiving facility.
 - h. Specify the procedures that ensure facility staff will accompany evacuating residents and procedures for staff to care for residents after evacuation.
 - i. Identify procedures to keep track of residents once they have been evacuated. Include a log system.
 - j. Determine what items and how much each resident should take.
 - k. Plan for evacuation and shelter of pets and service animals.

- l. Establish procedures for responding to family inquiries about residents who have been evacuated.
 - m. Establish procedures to ensure all residents and staff are out of the facility and accounted.
 - n. Determine when to begin pre-positioning of necessary medical supplies and provisions.
 - o. Specify at what point Mutual Aid Agreements for transportation and the notification of alternative facilities will begin.
- 18. Identify contact information for community resources available to provide emergency services during a disaster. These may include: volunteers, churches, clubs and organizations, emergency medical services, law enforcement, fire departments, businesses, hospitals, and local government departments and agencies.
- 19. Establish a plan for donations management. Delineate what is needed; where items will be received and stored; and who will manage donation management operations.

B. Preparedness

Upon receipt of an internal or external warning of an emergency, the facility Administrator or appropriate designee(s) should:

- 1. Notify staff in charge of emergency operations to initiate the disaster plan. Use Notification Check List or Emergency Call Down Roster. Advise personnel of efforts designed to guarantee resident and staff safety.
- 2. If potential disaster is weather related, closely monitor weather conditions and update department directors as necessary.
- 3. Inform key agencies of any developing situation and protective actions contemplated.
- 4. Review Disaster Preparedness Plan, including evacuation routes, with staff and residents.
- 5. Prepare the _____ (location) for Command Post operations and alert staff of impending operations.
- 6. Contact residents' families. Coordinate dissemination of messages.
- 7. Control facility access.
- 8. Confirm emergency staff availability. Facilitate care of their families.
- 9. Pre-arrange emergency transportation of non-ambulatory residents (dialysis residents, etc.) and their records.

10. Check food and water supplies.
11. Monitor radio.
12. Have a plan in place for pharmaceuticals with _____
(*pharmacy name*) and an alternate source to determine emergency operations in the event of halted deliveries or the need for backup.
13. Warn staff and residents of the situation and expedient protective measures. Schedule extended shifts for essential staff. Alert alternate personnel to be on stand-by.

C. Response

In response to an actual emergency situation, the facility Administrator will coordinate the following actions:

1. Complete the actions of Pre-emergency and Preparedness outlined above.
2. Activate the Disaster Preparedness Plan and conduct Command Post operations, including communications, message control and routing of essential information.
3. Ensure communications with residents' families and physicians.
4. Determine requirements for additional resources and continue to update appropriate authorities and/or services.
5. Coordinate actions and requests for assistance with local jurisdiction emergency services and the community.
6. Ensure prompt transfer and protection of resident records (in case of evacuation).

D. Recovery

Immediately following the emergency situation, the facility Administrator should take the provisions necessary to complete the following actions:

1. Assess the event's impact upon the facility, residents and staff members.
2. Coordinate recovery operations with the local Emergency Management Agency and other local agencies to restore normal operations, to perform search and rescue, and to re-establish essential services.
3. Provide crisis counseling for residents and families as needed.
4. Provide local authorities a master list of displaced, missing, injured or dead; and notify the next of kin.
5. Provide information on sanitary precautions for contaminated water and food to staff, volunteers, residents and appropriate personnel.
6. If necessary, arrange for alternate housing or facilities.

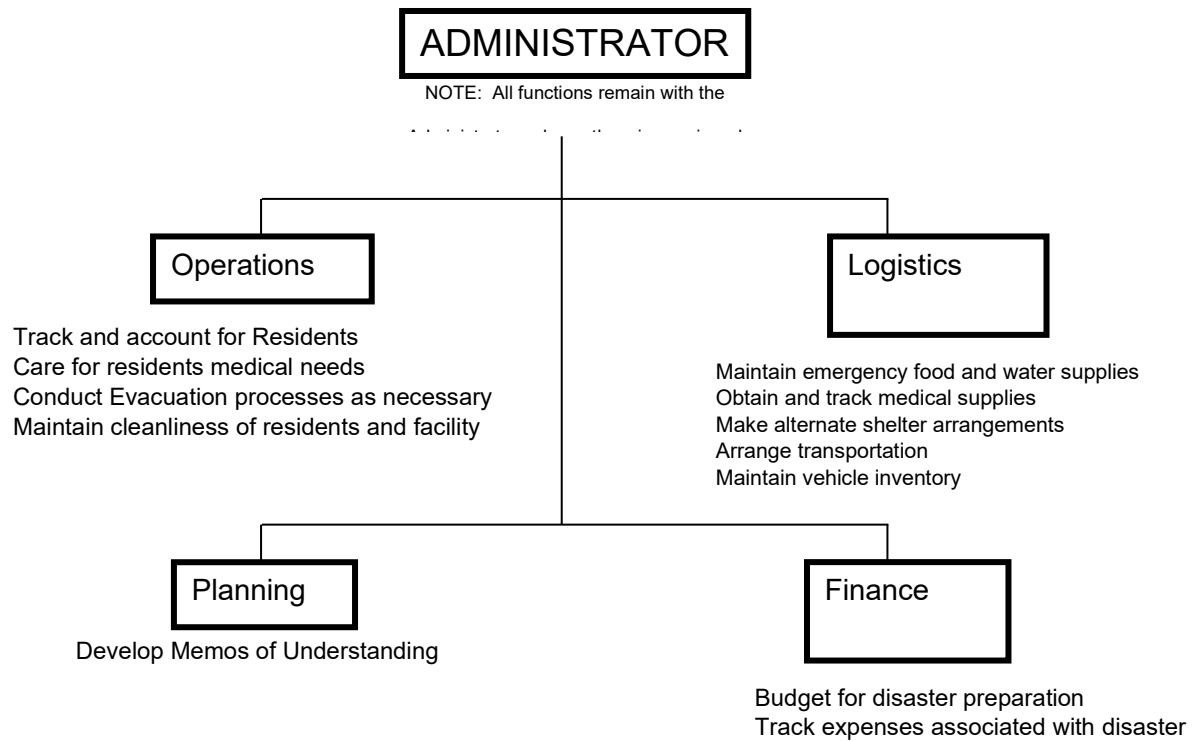
IV. ORGANIZATION AND RESPONSIBILITIES

The facility Administrator is responsible for the overall direction and control of facility emergency operations, receiving requested assistance from the heads of each internal department, the local Emergency Management Agency, local Fire Department, local Police Department, private and volunteer organizations and various local and state departments and agencies.

Duties and activities that should be directed or assigned by the Administrator are:

1. Coordinate the development of disaster preparedness plans and procedures.
2. Coordinate the activation, and oversee the implementation, of disaster preparedness plans and procedures.
3. Direct Command Post operations.
4. Assign a coordinator for the delivery of residents' medical needs.
5. Assign a coordinator accountable for residents, their records, and needed supplies.
6. Assign responsibility for maintaining facility safety, including securing necessary equipment and alternative power sources.
7. Regularly review inventory of vehicles and report to administrative services.
8. Coordinate the emergency food services program.
9. Ensure availability of special resident menu requirements and assess needs for additional food stocks.
10. Assign a coordinator to ensure the cleanliness of all residents and provision of residents' supplies for 7 to 10 days.
11. Coordinate the inspection of essential equipment (wet/dry vacuums) and protection of facility (lower blinds, close windows, secure loose equipment, etc.).
12. Provide security of facility/grounds. Limit access to facility as necessary.
13. Coordinate provision of assistance to Maintenance and Housekeeping Departments.
14. Supervise notification of families on emergency operations.
15. Facilitate telecommunications and oversee release of information.

EXAMPLE: Possible organizational chart for disaster response activities.





Attachment A: Hazard Assessment

Evaluate your facility and the area surrounding it for vulnerability to each of the identified natural hazards.

Directions: Using the rating system identified below, enter the appropriate number for your estimate of Potential Damage, Frequency of Event, and Secondary Problems. Then, multiply each figure by the following figure to get the Total Score. (Scores may range from 1 to 125 points.)

Potential Damage: Range 1 - 5

- 1 = Little or no likelihood of this event occurring in or affecting your area.
- 2 = Some likelihood of this event occurring in or affecting your area.
- 3 = Moderate likelihood of this event occurring in or affecting your area.
- 4 = High likelihood of this event occurring in or affecting your area.
- 5 = Very high likelihood of this event occurring in or affecting your area.

Frequency: Range 1 - 5

- 1 = Has not occurred in last 100 years.
- 2 = Happens at least once every fifty years.
- 3 = Happens at least once every ten years.
- 4 = Happens at least once every five years.
- 5 = Annual event, or more often.

Secondary Problems: Range 1 – 5

Remember, secondary effects include loss of services such as power and phone services. It may affect roadways and access to other areas of the city. Secondary effects may interfere with food and medical supplies being delivered to the area.

- 1 = No secondary effects or problems likely.
- 2 = At least one secondary effect, short-term in nature.
- 3 = Multiple secondary effects; may 2 or 3 days. (Begins to be a problem.)
- 4 = Significant secondary effect(s). May last a week. (Is a problem.)
- 5 = Significant secondary effects last more than a week. (Long-term and/or big problem.)

Example:

HAZARD	POTENTIAL DAMAGE	FREQUENCY	SECONDARY PROBLEMS?	TOTAL SCORE
Flood	3 (Probably will affect this area)	4 (Happens about every 5 years)	2 (Would probably cause problems, but short-term)	24

Out of a possible 125 points, this would be considered a pretty low risk.

Score your hazards now:

HAZARD	POTENTIAL DAMAGE	FREQUENCY	SECONDARY PROBLEMS?	TOTAL SCORE
Earthquake				
Fire (e.g., wildfires)				
Flood				
Landslide				
Severe Weather				
Volcanic Eruption				
OTHER:				



Once you have completed the scoring, look at the Total Scores. The highest number indicates what you think may be your highest risk(s).

Primary Business Continuity Planning Template

Your Company/Organization:

Organization Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Your Staff:

Name: _____

Title: _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Pager: _____

Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

**Business Continuity Team (BCP) Team:**

BCP Role	Name	Phone Number	Emergency Number
Continuity Planner			
Information Coordinator			
Technical Processes			
Financial Information			
Legal Responsibilities			
Data Security			
Operations Regulations			
Security			
BCP Manager			

BCP Timeframe:

Project Phase	Start Date	End Date
Project Kickoff		
Business Impact Analysis		
Business Continuity Plan		
Emergency Response Plan		
Plan Testing		
Plan Revisions/Implementation		
Communications with Community		
Plan Maintenance		



Business Continuity Plan Goals and Objectives:



Emergency Contact with Local Authorities:

Emergency / Interruption	Agency Information	Contact Person	Phone Number



Current Insurance Coverage:

Policy Type	Carrier	Agent Phone Number	Deductible

Your Workflow Process:

Process	Procedure	Priority (1, 2, 3) (1 = high; 3 = low)

Business Interruptions / Impact / Responses:

Business Interruption	Impact	Possible Responses
You cannot get to your facility (e.g. road is blocked)	No operations	
You cannot get into your facility	No operations	
Utility service is down (e.g. no power or water)	Depending on your processes and facility, your processes may be completely shut down You may have to send your staff home with/without pay You may be able to notify your customers and continue to receive supplies You may be able to continue your processes if you have backup utilities	
A portion of your facility is not accessible (e.g. due to fire or flooding)	If this area is critical to your process you may have to cease operations; if it is non-critical, you can continue.	
A piece of equipment critical to your operations has been destroyed	You may have to cease operations; you may be able to continue some minimal processes	
Your supplier is unable to deliver materials (e.g. your supplies warehouse has been destroyed)	Similar as above	
Your customers are unable to get to your facility (e.g. roadblocks, flooding, area evacuated)	You're open but have no business	
Your telecommunications systems are down	You cannot use telephones, faxes or modems and are unable to contact your suppliers or customers	
Your computer network has been damaged / destroyed	You have lost all the information in the computers including the financial records and operational data	
Your paper records have been destroyed	You have lost all historical and current operating data for your organization	
Evacuation of Clients		

**Cost Alternatives:**

Item	Cost	Adopt (y/n)	Implementation Date
Fireproof safe for records			
Hot Site (fully implemented)			
Cold Site (no resources)			
Warm Site (computer lines, no phones, computers)			
UPS			
Upgrade cold site to warm			
Offsite records backups			
Business interruption insurance			

Emergency Financial Assistance:

Agency	Type of Assistance	Contact Person / Phone	Do you Have Application Forms (y /n)
SBA	Loans		
FEMA	Funds		

**Essential Staff and Alternates:**

Name	Responsibilities	Alternate (Name)	Has This Person Been Trained? (y / n)

Emergency Notification List:

Contact	Title	Home Number	Pager / Cell Number



Emergency Reporting List:

In the event of an emergency, the following staff will report directly to:			
Team Member	Title	Home Number	Pager / Cell Number

Building and Personnel Checklist:

Question	Describe the Situation
Have all emergency agencies been contacted? (e.g. police, fire, EMS, Hazmat, etc.)	
Is anyone shocked or injured?	
Is the building structure intact?	
Is all equipment exterior to the building intact?	
Are all entrances and exits clear and able to be locked?	
Is the structural interior of the building intact?	
Is the electrical system functioning?	
Is the plumbing system functioning?	
Are the computers intact and functioning?	
Are the storerooms damaged?	
Is the stock intact?	

**Business Continuity Checklist:**

Question	Yes / No
Can the organization function the next day? (If No, contact staff and activate the plan)	
If Yes, have calls been made to replace damaged equipment, remove debris, etc.?	
Has the insurance company been notified?	
Have photos been taken of the damage?	
Does the media need to be managed?	
Do we need the assistance of legal counsel?	

Business Continuity Plan Activation Checklist
Initial when the task has been completed.

Action	Initials
Call in the emergency response staff.	
Determine continuity strategy (e.g. vendor for cleanup, emergency repairs, alternate site, etc.	
Notify all non-emergency staff and give instructions on status, when to return to facility or alternate site.	
Notify clients / customers	
Notify suppliers	
Notify distributors	
Contact insurance carrier	
Contact regulatory agencies	
Contact counsel	
Prepare statement for media	
Contact vendors for facility repairs / cleanup	
Contact vendors for equipment repairs	
Contact offsite provider to confirm availability	
Determine time frame to move offsite or close facility	
Implement alternate site plan or closure plan	
Remove vital equipment / records	
Restore operations	
Return to main facility or reopen	
Assess emergency response	
Revise plan as necessary	



Your Suppliers' Contractual Obligations To You:

Product or Service	Supplier	Time Frame for Delivery	Financial Penalty?

Furniture and Fixtures:

Question	Answer (Y / N)
Do you have a furniture & fixture detail report for your building / workplace?	
Do you have videotape documentation of furniture & fixtures in a secure, fireproof location?	
Are there special or custom-built furnishings or fixtures?	
Details:	

Machinery & Equipment:

Types of Equipment			
Location			
Value			
Back Up (y / n)		Location of Backup	
Maint. Agreement (y / n)		Warranty (y / n)	



Types of Equipment			
Location			
Value			
Back Up (y / n)		Location of Backup	
Maint. Agreement (y / n)		Warranty (y / n)	

Types of Equipment			
Location			
Value			
Back Up (y / n)		Location of Backup	
Maint. Agreement (y / n)		Warranty (y / n)	

Types of Equipment			
Location			
Value			
Back Up (y / n)		Location of Backup	
Maint. Agreement (y / n)		Warranty (y / n)	

Types of Equipment			
Location			
Value			
Back Up (y / n)		Location of Backup	
Maint. Agreement (y / n)		Warranty (y / n)	

FIRE



INCIDENT PLANNING GUIDE

DOES YOUR EMERGENCY OPERATIONS PLAN ADDRESS THE FOLLOWING ISSUES?

MITIGATION & PREPAREDNESS	
☐	Does your fire alarm and overhead announcement sound loudly enough to be heard in all locations?
☐	Does your fire alarm system include both audible and visual systems (e.g., alarm tone and flashing strobe lights)?
☐	Does your nursing home have lighted emergency exits in all areas?
☐	Does your fire alarm automatically notify the local fire department?
☐	Does your nursing home have a fire plan that includes closing and securing all doors and windows?
☐	Does your nursing home have procedures to immediately shut off valves that control oxygen, other medical gases, natural/propane or other facility operation gasses?
☐	Does your nursing home have procedures to evaluate all areas of the nursing home for smoke or fire damage? Does your nursing home conduct periodic inspection and maintenance of fire protection systems and equipment (e.g., standpipes, fire extinguishers, sprinkler systems, etc.)?
☐	Does your nursing home include the local fire department in emergency response planning?
☐	Does your nursing home conduct regular fire drills and evaluate staff performance and take corrective actions as indicated?
☐	Does your nursing home provide staff instruction on when and how to use a fire extinguisher?
☐	Does your Emergency Operations Plan include triggers or criteria for activation of the Emergency Operations Plan, incident command and the command center?
☐	Does your nursing home have a process for regularly assessing the status of the facility, repair, resident services, system restoration and staffing and adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action plan and reviewing decisions made/actions taken to accomplish the mission?
☐	Does your nursing home have procedures and forms to track costs, expenses and provide reports?
☐	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management? Is there a plan to communicate with the local EOC (emergency management, public health) about the situation status, critical issues, and resident health status and request assistance?

☐	Does your nursing home have a plan to notify and maintain communications (primary and back-up systems) and exchange appropriate information with the following? ☐ Internal experts, including infection control, engineering/facilities, physician(s). ☐ External experts, including local, regional and state public health, EOC/emergency management, fire, police, regulatory agencies. ☐ Other local facilities and hospitals.
☐	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents, and families and a back-up system if primary communication systems fail?
☐	Does your nursing home have procedures to determine the status of communication systems outside of the facility in order to communicate with local emergency management, regulatory agencies, police, and fire within the city, county, and operational area?
☐	Does your nursing home have a plan to conduct regular media briefings in collaboration with local emergency management, local EOC, and the local Joint Information Center?
RESPONSE & RECOVERY	
☐	Does the nursing home have a procedure to obtain a detailed damage assessment of any area in the nursing home and officially documenting the damage for insurance purposes, including: ☐ Direct fire damage ☐ Smoke damage ☐ Equipment damaged ☐ Supplies lost ☐ Injuries/fatalities ☐ Water run-off ☐ Other operational damage/needs
☐	Does your nursing home have a plan to evaluate the environment and air quality of nearby affected areas and determine the need for evacuation of the areas or temporary relocation of residents?
☐	Does the nursing home have a plan for the activation of alternate care sites, if needed?
☐	Does the nursing home have a procedure for securing unsafe/damaged areas of the nursing home and salvaging equipment, as possible?
☐	Does your nursing home have procedures to evaluate the need for additional staff, augment staffing levels or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (i.e., alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?
☐	Does your nursing home have a plan to provide rest/sleep, nutrition and hydration to staff?

☐	Does your nursing home have a process to determine the need for shelter in place vs. partial evacuation vs. complete evacuation of the nursing home to protect residents and staff?
☐	Does your nursing home have a process to assess residents for early discharge to decrease occupancy?
☐	Does your nursing home have a process to determine the need to limit resident visitation?
☐	Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?
☐	Does your nursing home have a process to assess damage to building structure and infrastructure (HVAC, water, sewage, lighting, power, information systems, communications, medical gases and hazardous materials)?
☐	Does your nursing home have protocols to manage, treat (or refer for treatment) and report injuries to residents, staff, families and visitors? Is there a process to prepare a report of all residents, staff, families and visitors evaluated, treated, and discharged from the facility?
☐	Does your nursing home have a process to inventory available supplies, medications, equipment and personnel for both short and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
☐	Does your nursing home have a process for determining food and water needs for residents, visitors, families and staff for 96-hours and a plan for obtaining needed supplies?
☐	Does your nursing home have procedures to track residents and beds in the event of an evacuation?
☐	Does your nursing home have, if not evacuating, a plan to maintain continuity of operations including trash, food, linen, laundry, etc.?
☐	Does your nursing home have a plan to access outside resources through a medical mutual aid system?
☐	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?
☐	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition and safety measures taken to protect them?
☐	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation and non-essential operations (i.e., social activities, meetings, etc.)?
☐	Does your nursing home have procedures for repatriation of patients that were transferred or evacuated?
☐	Does your nursing home have a process for reporting all injuries, system failures and long-term damage to state licensing and certification authorities as required?
☐	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents and families?
☐	Does your nursing home have procedures for reordering, restocking and returning borrowed supplies, equipment, medications and personnel?



☐	Does your nursing home have procedures for after action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?
☐	Does your nursing home have criteria to confirm restoration of the facility to normal function?
☐	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state and FEMA disaster relief?
☐	Does your nursing home have a process to determine the need for canceling non-essential services (i.e., social gatherings, meetings, etc.)?



INCIDENT RESPONSE Checklist

Mission: To safely manage the operations of the facility during response to an internal fire incident.

DIRECTIONS

- ☐ Read this entire response guide and review incident management team chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

OBJECTIVES

- ☐ Confine the fire/reduce the spread of the fire.
- ☐ Rescue and protect residents and staff.
- ☐ Implement internal Emergency Operations Plan- fire.
- ☐ Implement partial/full evacuation.
- ☐ Investigate and document incident details.

IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

COMMAND

(Incident Commander):

- ☐
 - ☐ Activate the nursing home emergency operations plan and the Incident Command structure.
 - ☐ Establish Incident Action Plan and operational periods in collaboration with Planning Section.
 - ☐ Appoint Command Staff and Section Chiefs.
 - ☐ Consider the formation of a unified command with nursing home and fire officials.
 - ☐ Determine need for and type of evacuation.
 - ☐ Establish a media staging area.
 - ☐ Conduct regular media briefings to update situation status and provide appropriate resident and employee information
 - ☐ Oversee resident family notifications of incident and evacuation/relocation, if ordered.
 - ☐ Notify and regularly communicate with local emergency management agency, Fire, EMS and law enforcement about nursing home status.
 - ☐ Communicate with other healthcare facilities (or Medical and Health Operational Area Coordinator) to determine:
 - Situation Status/impact on nursing home status

	○ Resident transfer/bed availability ○ Ability to loan needed equipment, supplies, medications, personnel, etc. (Safety Officer): ☐ Evaluate safety of residents, family, staff and nursing home and recommend protective and corrective actions to minimize hazards and risks. <i>NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>
IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
	OPERATIONS
☐	☐ Implement fire response plan and conduct extinguishing/rescue operations, if needed and/or if possible. ☐ Evaluate need for evacuation or temporary relocation of nearby areas damaged from smoke or fire. ☐ Evaluate safety of involved structure after obtaining damage assessment from fire department. ☐ Secure the nursing home and deny entry of non-essential and unauthorized personnel. ☐ Follow up on injured employees and residents and document condition.
	PLANNING
☐	☐ Conduct an immediate count of nursing home residents and their locations. ☐ Initiate resident tracking procedures. ☐ Account for on-duty staff by name and location. ☐ Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with the Incident Commander.
☐	LOGISTICS

	☐ Assist with nursing home damage assessment. ☐ Perform salvage operations in damaged laboratory areas, if possible. ☐ Ensure communications systems and IT/IS is functioning. ☐ Initiate follow up and documentation on injured employees, and assist with notification of family members. ☐ Call back additional staff to assist with operations and possible evacuation, as needed.
--	---

INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)

	COMMAND
☐	(Incident Commander): ☐ Meet regularly with Command Staff and Section Chiefs to review overall impact of the fire on the nursing home and reevaluate the need for evacuation or temporary relocation of resident care area and services. ☐ Continue to communicate with area nursing home facilities and local emergency management to update on situation status and request assistance. ☐ Establish the resident information center, in collaboration with the PIO. ☐ Continue briefings for staff, residents and the media. (Safety Officer): ☐ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, residents, and nursing home, and implement corrective actions.

INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)

	OPERATIONS
☐	☐ Continue resident care and management of activities. ☐ Relocate or evacuate residents from damaged/impacted areas, as appropriate. ☐ Ensure notification of resident's families of incident and resident condition ☐ Ensure critical infrastructure services to essential area. ☐ Initiate nursing home clean up procedures. ☐ Initiate nursing home repairs. ☐ Continue nursing home security and secure all unsafe areas. ☐ Ensure that business continuity operations were not damaged and are fully functional.
☐	PLANNING

	☐ Continue resident and personnel tracking. ☐ Update and revise the Incident Action Plan. ☐ Ensure documentation of actions, decisions, and activities.
	LOGISTICS
☐	☐ Continue to salvage operations, as appropriate. ☐ Provide mental health support for staff. ☐ Provide for staff food, water and rest periods. ☐ Continue to monitor condition of injured employees and report to Incident Commander. ☐ Order supplies and equipment as needed to facilitate resident care and recovery operations. ☐ Arrange transportation for relocated or evacuated residents. ☐ Assist with re-establishment of laboratory services through relocation or contracted services. ☐ Continue to provide supplemental staffing, as needed.
	FINANCE/ADMINISTRATION
☐	☐ Track response and recovery costs and expenditures, including estimates of lost revenue. ☐ Initiate documentation and claims for injured employees and residents, if any. ☐ Facilitate procurement of supplies, equipment, medications, contracted services and staff needed for effective response and recovery.

EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)	
☐	COMMAND (Incident Commander): ☐ Meet with Command Staff and Section Chiefs to update situation status and resident relocation/evacuation progress. ☐ Continue to brief staff, residents, families and the media on the situation status and appropriate resident information. ☐ Continue resident information center, as needed. ☐ Continue to update local emergency management, Fire, EMS and law enforcement officials on situation status and evacuation progress. (Safety Officer): ☐ Continue ongoing evaluation of evacuation practices for health and safety issues related to staff, residents, and nursing home, and implement corrective actions.
	OPERATIONS ☐ Continue resident care and management activities. ☐ Ensure safe resident relocation/evacuation, if necessary. ☐ If residents are evacuated to other facilities, ensure resident records, medications and belongings are transferred with the resident. ☐ Continue to assess nursing home damage and services. ☐ Provide food and water for residents, families and visitors. ☐ Continue security of the nursing home and unsafe areas within the nursing home.
☐	PLANNING ☐ Plan for demobilization of incident and system recovery. ☐ Update and revise the Incident Action Plan. ☐ Ensure documentation of actions, decisions and activities. ☐ Continue resident and personnel tracking.
☐	LOGISTICS ☐ Provide mental health support and debriefings to staff. ☐ Continue to provide food, water and rest periods for staff. ☐ Continue to monitor the condition of injured employees and report to the Incident Commander.

	☐ Replace or reorder damaged supplies and equipment to provide laboratory services as soon as possible. ☐ Provide additional staffing as needed.
	FINANCE/ADMINISTRATION
☐	☐ Continue to track and report response costs and expenditures and lost revenue. ☐ Complete claims/risk management reports on injured employees or residents.

DEMOBILIZATION/SYSTEM RECOVERY	
	COMMAND
☐	(Incident Commander): ☐ Assess if criteria for partial or complete reopening of areas within the nursing home is met, and order reopening and repatriation of residents. ☐ Oversee restoration of normal nursing home operations. ☐ Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state and federal personnel that helped during the incident. ☐ Conduct final media briefing providing situation status, appropriate resident information and termination of the incident. ☐ Notify local emergency management, fire and EMS of termination of the incident and reopening of the nursing home. (Safety Officer): ☐ Oversee the safe return to normal operations and repatriation of residents.
	OPERATIONS
☐	☐ Restore resident care and management activities. ☐ Repatriate evacuated residents. ☐ Re-establish visitation and non-essential services. ☐ Provide mental health support and information about community services to residents and families, as needed.
☐	PLANNING

	☐ Finalize the Incident Action Plan and demobilization plan. ☐ Prepare a summary of the status and location of residents. Disseminate to Command Staff and Section Chiefs and to other requesting agencies, as appropriate. ☐ Compile a final report of the incident and nursing home response and recovery operations. ☐ Ensure appropriate archiving of incident documentation. ☐ Write an after-action report and improvement plan to include the following: ○ Summary of actions taken ○ Summary of the incident ○ Actions that went well ○ Area for improvement ○ Future response actions ○ Corrective actions
	LOGISTICS
☐	☐ Provide mental health support and conduct stress management debriefings, as needed. ☐ Monitor health status of staff. ☐ Restock and resupply equipment, medications, food and water, and supplies to normal levels. ☐ Itemize all damaged equipment and supplies and submit to Finance/Administration Section. ☐ Return borrowed equipment after proper cleaning/disinfection.
DEMOBILIZATION/SYSTEM RECOVERY	
	FINANCE/ADMINISTRATION
☐	☐ Compile final response and recovery of cost and expenditure and estimated lost revenues summary and submit to the Incident Commander for approval. ☐ Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.

DOCUMENTS AND TOOLS	
☐	Nursing Home Emergency Operations Plan
☐	Fire Emergency Response Plan
☐	Nursing Home Resident Evacuation Plan
☐	Resident Tracking Form
☐	Nursing Home Damage Assessment Procedures Forms
☐	Job Action Sheets
☐	Nursing Home Organization Chart
☐	Nursing Home Business Continuity Plans

Severe Weather



INCIDENT PLANNING GUIDE

DOES YOUR EMERGENCY OPERATIONS PLAN ADDRESS THE FOLLOWING ISSUES?

MITIGATION & PREPAREDNESS	
☐	Does your nursing home regularly monitor pre-event weather forecasts and projections?
☐	Does your nursing home participate in pre-event local severe storm response planning with emergency management officials?
☐	Does your nursing home have a plan to initiate severe storm nursing home hardening actions (e.g., protect windows; secure outside loose items; test backup generators; obtain supplemental supplies of essential items such as food, water, medications, lighting); protect basement high risk areas; relocate at-risk items to higher levels; activate amateur radio operators; top-off fuel tanks)?
☐	Does your nursing home have plans for loss of power or loss of other utilities and services?
☐	Does your nursing home have a plan for responding to extreme heat and initiating necessary cooling measures? Does this plan contain contingency cooling measures if power is lost? Does this plan include complete facility evacuation if safe care, including resident cooling, is not able to be established?
☐	Does your nursing home have a surge capacity plan that includes triggers and criteria for activation?
☐	Does your nursing home have Memorandums of Understanding (MOUs) with fuel suppliers to ensure a supply of fuel for emergency generators and vehicles, if needed?
☐	Does your nursing home identify and/or have MOUs with contractors that can perform repairs after the storm?
☐	Does your nursing home consider relocating hazardous materials/chemical agents to prevent contamination in case of flooding?
☐	Does your Emergency Operations Plan include triggers or criteria for activation of the Emergency Operations Plan, Incident Command and the Command Center?
☐	Does your nursing home have a process for regularly assessing the status of the facility, repair, resident services, system restoration, and staffing and for adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action Plan and reviewing decisions made/actions taken to accomplish the mission?
☐	Does your nursing home have procedures and forms to track costs, expenses, and provide reports?

☐	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management and regulatory agencies? Is there a plan to communicate with the local EOC (emergency management, public health, regulatory agencies) about the situation status, critical issues, and resident health status and request assistance?
☐	Does your nursing home have a plan to notify and maintain communications (primary and backup systems) and exchange appropriate information with: ☐ Internal experts, including infection control, engineering/facilities, physician(s)? ☐ External experts, including local, regional and state public health, EOC/emergency management, fire, police, regulatory agencies. ☐ Other local facilities and hospitals.
☐	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents and families, and a back-up system if primary communication systems fail?
☐	Does your nursing home have procedures to determine the status of communication systems outside of the facility in order to communicate with local emergency management, police, and fire within the city, county, and operational area?
☐	Does your nursing home have a plan to conduct regular media briefings in collaboration with local emergency management, local EOC, and the local Joint Information Center?
RESPONSE & RECOVERY	
☐	Does your nursing home have a plan to transport staff and their families living in potentially flooded areas or without transportation to the nursing home to ensure staffing?
☐	Does your nursing home have procedures (or a contract) to perform damage assessment (interior and exterior), evaluate infrastructure operation needs, initiate repair plan, contract for needed repair assistance, and re-evaluate need for evacuation (partial or complete)?
☐	Does your nursing home have a plan to manage staff/resident family members seeking refuge?
☐	Does your nursing home have procedures to monitor environmental issues (bio waste disposal) and water safety?
☐	Does your nursing home have a process to determine the need for canceling nonessential services (social gatherings, meetings, etc.)?
☐	Does your nursing home have procedures to evaluate the need for additional staff, augment staffing levels, or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?
☐	Does your nursing home have a plan to provide rest/sleep, nutrition, and hydration to staff?
☐	Does your nursing home have a process to determine the need for shelter-in-place vs. partial evacuation vs. complete evacuation of the nursing home to protect residents and staff?

☐	Does your nursing home have a process to evaluate the need for further evacuation (partial/complete) of areas of the nursing home as a result of structural damage, flooding, or loss of other essential services (e.g., resident cooling in extreme heat) during severe weather?
☐	Does your nursing home have criteria or triggers to move residents from flooded areas to other locations within the nursing home (partial evacuation)?
☐	Does your nursing home have a plan for complete evacuation of residents, including transport of critical records and supplies, arrangements with receiving facilities and transportation assets, staffing en route and at the relocation site?
☐	Does your nursing home have procedures to track residents and beds in the event of an evacuation?
☐	Does your nursing home's evacuation transportation plan include the use of assets other than local EMS for transporting residents?
☐	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?
☐	Does your nursing home have, if not evacuating, a plan to maintain continuity of operations including trash, food, linen, laundry, etc.?
☐	Does your nursing home have a process to determine the need to limit resident visitation?
☐	Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?
☐	Does your nursing home have a process to assess damage to building structure and infrastructure (HVAC, water, sewage, lighting, power, information systems, communications, medical gases, and hazardous materials)?
☐	Does your nursing home have protocols to manage, treat (or refer for treatment), and report injuries to residents, staff, families, and visitors? Is there a process to prepare a report of all residents, staff, families, and visitors evaluated, treated, and discharged from the facility?
☐	Does your nursing home have a process to inventory available supplies, medications, equipment, and personnel for both short and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
☐	Does your nursing home have a process for determining food and water needs for residents, visitors, families, and staff for 96-hours and a plan for obtaining needed supplies?
☐	Does your nursing home have a plan to access outside resources through a medical mutual aid system?
☐	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition and safety measures taken to protect them?
☐	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation and non-essential operations (social activities, meetings, etc.)?



☐	Does your nursing home have procedures for repatriation of patients that were transferred or evacuated?
☐	Does your nursing home have a process for reporting all injuries, system failures and long-term damage to regulatory agencies as required?
☐	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents and families?
☐	Does your nursing home have procedures for reordering, restocking, and returning borrowed supplies, equipment, and medications and returning personnel on loan during the incident?
☐	Does your nursing home have procedures for after-action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?
☐	Does your nursing home have criteria to confirm restoration of the facility to normal function?
☐	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state and federal disaster relief?



INCIDENT RESPONSE Checklist

Mission: To safely manage the operations of the nursing home (including providing for the safety of residents, visitors, and staff) during a severe weather emergency such as an ice storm, snowstorm, rain, flooding, etc.

DIRECTIONS

- ☐ Read this entire response guide and review Incident Management Team Chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

OBJECTIVES

- ☐ Account for all residents, visitors, and staff.
- ☐ Minimize impact on nursing home operations.
- ☐ Communicate situation to staff, residents, media, community officials, and regulatory agencies.
- ☐ Maintain resident care management and safety.
- ☐ Restore normal operations as soon as feasible.

IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

COMMAND

(Incident Commander):

- ☐ Activate the facility Emergency Operations Plan.
- ☐ Activate Command Staff and Section Chiefs, as appropriate.
- ☐ Communicate with local emergency management and regulatory agencies regarding nursing home situation status, critical issues, and resource requests.
- ☐ Communicate with local EMS, ambulance providers, and alternate transportation resources regarding the situation and possible need to evacuate or relocate residents.
- ☐ Communicate with other health care facilities to determine:
 - Situation Status
 - Surge Capacity
 - Resident transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.
- ☐ Monitor weather conditions, structural integrity, and nursing home security.
- ☐ Inform staff, residents, and families of situation status and provide regular updates.
- ☐ Prepare media staging area.

	☐ Conduct regular media briefings in collaboration local emergency management, as appropriate. (Safety Officer): ☐ Evaluate safety of residents, family, staff and nursing home and recommend Protective and corrective actions to minimize hazards and risks. <i>NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>
IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
☐	OPERATIONS
	☐ Assess residents for risk, and prioritize care and resources, as appropriate. ☐ Secure the nursing home and implement limited visitation policy. ☐ Ensure continuation of resident care and essential services. ☐ Prepare to implement emergency plans and procedures as needed (e.g., loss of power, cooling, water, HVAC, communications) including severe weather staffing plan. ☐ Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home. ☐ Maintain communications systems and other utilities and activate redundant (back-up) systems, as appropriate. ☐ Designate an area(s) to accommodate resident/staff family members seeking shelter in severe weather including those who may be electrically dependent or have medical needs. ☐ Distribute appropriate equipment throughout the nursing home (e.g., portable lights), as needed.
☐	PLANNING
	☐ Establish operational periods and incident objectives, and develop the Incident Action Plan in collaboration with Nursing Home Incident Commander. Gather and validate situational information and projected impact. ☐ Initiate tracking system for residents and arriving community boarders and visitors who will remain in the nursing home during the storm.

LOGISTICS	
☐	☐ Maintain utilities and communications and activate alternate systems as needed. ☐ Obtain supplies, equipment, medications, food, and water to sustain operations. ☐ Obtain supplemental staffing, as needed. ☐ Prepare for transportation of evacuated residents, if activated. ☐ Provide for water, food, and rest periods for staff.

INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
COMMAND	
☐	(Incident Commander): ☐ Continue to update external partners, authorities, and regulatory agencies regarding situation status. ☐ Update and revise the Incident Action Plan and prepare for demobilization. ☐ Monitor nursing home evacuation, if activated. ☐ Continue to monitor weather reports and conditions. ☐ Continue with briefings and situation updates with staff, residents, and families. ☐ Continue resident information center operations. Assist with notification of residents' families about situation and evacuation, if activated. ☐ Continue to communicate with local EOC and regulatory agencies regarding situation status and critical issues, and request assistance as needed. ☐ Continue resident information center operations, in collaboration with PIO. ☐ Continue communications with area nursing homes and facilitate resident transfers, if activated. (Safety Officer): ☐ Continue to evaluate nursing home operations for safety and hazards, and take immediate corrective actions.
☐	OPERATIONS

	☐ Continue evaluation of residents and maintain resident care. ☐ Prepare the staging area for resident transfer/evacuation. ☐ Regularly perform nursing home damage assessments and initiate appropriate repairs. ☐ Ensure the function of emergency generators and alternative power/light resources, if needed. ☐ Continue or implement resident evacuation. ☐ Ensure the transfer of residents' belongings, medications, and records upon evacuation. ☐ Ensure provision of water and food to residents, visitors, and families. ☐ Maintain nursing home security and restricted visitation. ☐ Continue to maintain utilities and communications. ☐ Monitor residents for adverse effects of psychological stress on resident health. ☐ Prepare demobilization and system recovery plans.
	PLANNING
☐	☐ Continue resident, bed, and personnel tracking. ☐ Continue to gather and validate situation information. ☐ Prepare the demobilization and system recovery plans. ☐ Plan for repatriation of residents. ☐ Ensure documentation of actions, decisions, and activities.

INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
	LOGISTICS
☐	☐ Contact vendors on availability of needed supplies, equipment, medications, food, and water. ☐ Continue to provide staff for resident care and evacuation. ☐ Monitor staff for adverse effects of psychological stress on health. ☐ Monitor, report, follow-up on, and document staff or resident injuries. ☐ Continue to provide transportation services for internal operations and resident evacuation.
	FINANCE/ADMINISTRATION
☐	☐ Continue to track costs and expenditures and lost revenue. ☐ Continue to facilitate contracting for emergency repairs and other services.

DEMOBILIZATION/SYSTEM RECOVERY	
	COMMAND
	(Incident Commander): ☐ Determine nursing home status, and declare restoration of normal services and termination of the incident. ☐ Notify regulatory agencies of sentinel event. ☐ Communicate final nursing home status and termination of the incident to local EOC, area nursing homes, officials, and regulatory agencies. ☐ Assist with the repatriation of residents transferred. ☐ Conduct final media briefing and assist with updating staff, residents, families, and others of the termination of the event. (Safety Officer): ☐ Ensure nursing home safety and restoration of normal operations.
	OPERATIONS
	☐ Restore normal resident care operations. ☐ Ensure integrity of and/or restoration of utilities and communications. ☐ Ensure nursing home repairs and restoration of utilities. ☐ Repatriate evacuated residents. ☐ Discontinue visitor limitations. ☐ Ensure business continuity of operations and return to normal services.

DEMOBILIZATION/SYSTEM RECOVERY	
	PLANNING
	☐ Finalize the Incident Action Plan and demobilization plan. ☐ Complete a summary of operations, status, and current census. ☐ Conduct after-action reviews and debriefing. ☐ Write after-action report and corrective action plan for approval by Nursing Home Incident Commander.
	LOGISTICS



	☐ Restock supplies, equipment, medications, food and water.
	☐ Ensure communications and computer operations return to normal.
	☐ Conduct stress management and after-action debriefings and meetings, as necessary.
	FINANCE/ADMINISTRATION
☐	☐ Compile a final report of response costs and expenditures and lost revenue for approval by the Nursing Home Incident Commander.
	☐ Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.
DOCUMENTS AND TOOLS	
☐	Nursing Home Emergency Operations Plan
☐	Severe Weather Emergency Procedure
☐	Business Continuity Plan
☐	Emergency Communications Plan
☐	Emergency Power Plan

WATER



INCIDENT PLANNING GUIDE

DOES YOUR EMERGENCY OPERATIONS PLAN ADDRESS THE FOLLOWING ISSUES?

MITIGATION & PREPAREDNESS	
☐	Does your nursing home have a plan to address flooding on the grounds and measures to prevent water from flowing into the facility (sandbags, pumps, etc.)?
☐	Does your nursing home have a plan to address possible loss of water/pressure, water contamination, sewer back-up, power failure, and loss of operations due to area or facility flooding?
☐	Does your nursing home have procedures to communicate situation and safety information to staff and residents that are not in the flooded/potentially flooded areas?
☐	Does your nursing home have an alternate staffing plan and a process to support on-duty staff should they be unable to leave the facility due to flooding?
☐	Does your nursing home have a Memorandum of Understanding (MOUs) with fuel suppliers to ensure a supply of fuel for emergency generators and vehicles?
☐	Does your nursing home have a plan to maintain water and sanitation systems, including providing personal hygiene/sanitation supplies (i.e., hand wipes, portable toilets, potable water)?
☐	Does your nursing home consider relocating hazardous materials/chemical agents to prevent contamination in case of flooding?
☐	Does your nursing home regularly monitor pre-event weather forecasts and projections?
☐	Does your nursing home participate in pre-event local response planning with emergency management officials?
☐	Does your nursing home identify and/or have MOUs with contractors that can perform repairs after the flooding?
☐	Does your nursing home have plans to protect or recover lost data or wet/damaged documents?
☐	Does your Emergency Operations Plan include triggers or criteria for activation of the Emergency Operations Plan, Incident Command, and the Command Center?
☐	Does your nursing home have a process for regularly assessing the status of the facility, repair, resident services, and system restoration and for staffing and adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action Plan and reviewing decisions made/actions taken to accomplish the mission?
☐	Does your nursing home have procedures and forms to track cost expenditures and provide reports?
☐	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management and regulatory agencies? Is there a plan to communicate with the local EOC (emergency management, public health, regulatory agencies) about the situation status, critical issues, and resident health status and to request assistance?

☐	Does your nursing home have a plan to notify and maintain communications (primary and back-up systems) and exchange appropriate information with:
☐	☐ Internal experts, including infection control, engineering/facilities, physician(s).
☐	☐ External experts, including local, regional and state public health, EOC/emergency management, fire, police, regulatory agencies.
☐	☐ Other local facilities and hospitals.
☐	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents, and families and a back-up system if primary communication systems fail?
☐	Does your nursing home have procedures to determine the status of communication systems outside of the facility in order to communicate with local emergency management, regulatory agencies, police, and fire within the city, county, and operational area?
☐	Does your nursing home have a plan to conduct regular media briefings in collaboration with local emergency management, local EOC, and the local Joint Information Center?
RESPONSE & RECOVERY	
☐	Does your nursing home have procedures to perform damage assessment (interior and exterior), report nursing home damage to the Incident Commander, and initiate appropriate repairs during and after the storm(s) and flooding of the facility?
☐	Does your nursing home have plans for decontamination and clean-up of the nursing home including bacteriological surveillance and potable water supply sanitation?
☐	Does your nursing home have a process to determine the need for canceling nonessential services (social gatherings, meetings, etc.)?
☐	Does your nursing home have procedures to evaluate need for additional staff, augment staffing levels, or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?
☐	Does your nursing home have a plan to provide rest/sleep, nutrition, and hydration to staff?
☐	Does your nursing home have a process to determine the need for shelter-in-place vs. partial evacuation vs. complete evacuation of the nursing home to protect residents and staff?
☐	Does your nursing home have criteria or triggers to move residents from flooded areas to other locations within the facility (partial evacuation)?
☐	Does your nursing home have a plan for complete evacuation of residents, including transport of critical records and supplies, arrangements with receiving facilities and transportation assets, staffing en route and in the relocation site?
☐	Does your nursing home have procedures to track residents and beds in the event of an evacuation?
☐	Does your nursing home's evacuation transportation plan include the use of assets other than local EMS for transporting residents?
☐	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?



☐	Does your nursing home have, if not evacuating, a plan to maintain continuity of operations including trash, food, linen, laundry, etc.?
☐	Does your nursing home have a process to assess residents for early discharge to decrease occupancy?
☐	Does your nursing home have a process to determine the need to limit resident visitation?
☐	Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?
☐	Does your nursing home have a process to assess damage to building structure and infrastructure (HVAC, water, sewage, lighting, power, information systems, communications, medical gases, and hazardous materials)?
☐	Does your nursing home have protocols to manage, treat (or refer for treatment), and report injuries to residents, staff, families and visitors? Is there a process to prepare a report of all residents, staff, families, and visitors evaluated, treated, and discharged from the facility?
☐	Does your nursing home have a process to inventory available supplies, medications, equipment and personnel for both short and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
☐	Does your nursing home have a process for determining food and water needs for residents, visitors, families, and staff for 96-hours and a plan for obtaining needed supplies?
☐	Does your nursing home have a plan to access outside resources through a medical mutual aid system?
☐	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition, and safety measures taken to protect them?
☐	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation, and nonessential operations (social activities, meetings, etc.)?
☐	Does your nursing home have procedures for repatriation of patients that were transferred or evacuated?
☐	Does your nursing home have a process for reporting all injuries, system failures, and long-term damage to state licensing and certification authorities as required?
☐	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents, and families?
☐	Does your nursing home have procedures for reordering, restocking, and returning borrowed supplies, equipment, and medications, and returning personnel on loan during the incident?
☐	Does your nursing home have procedures for after-action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?
☐	Does your nursing home have criteria to confirm restoration of the facility to normal function?
☐	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state and federal disaster relief?



INCIDENT RESPONSE Checklist

Mission: To safely manage the operations of the nursing home during response to internal flooding and system restoration.

DIRECTIONS

- ☐ Read this entire response guide and review Incident Management Team Chart.
- ☐ Use this response guide as a checklist to ensure all tasks are addressed and completed.

OBJECTIVES

- ☐ Prevent or minimize impact of nursing home flooding.
- ☐ Ensure safe resident care and medical management.
- ☐ Communicate situation to staff, residents, media, community officials, and regulatory agencies.
- ☐ Evacuate the nursing home (partial or complete) as required.

IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

COMMAND

(Incident Commander):

- ☐
 - ☐ Activate the Nursing Home Emergency Operations.
 - ☐ Activate Command Staff and Section Chiefs, as appropriate.
 - ☐ Establish operational period and incident objectives; develop the Incident.
 - ☐ Notify local emergency management and regulatory agencies of situation and immediate actions.
 - ☐ Communicate with other health care facilities to determine:
 - Situation Status
 - Surge Capacity
 - Resident transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.
 - ☐ Inform staff, residents, and families of situation and actions underway to prevent/limit flooding.
 - ☐ Prepare media staging area.
 - ☐ Conduct regular media briefings, in collaboration with the local Emergency Operations Center/Joint Information Center.

(Safety Officer):

- ☐ Conduct safety assessment of low-lying flooded areas and assess risks and impacts to residents, staff, and families.

NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.



IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
☐	OPERATIONS
	☐ Activate the nursing home's internal (or external) flooding plan.
	☐ Ensure continuation of resident care and essential services.
	☐ Consider partial or complete evacuation of the nursing home or relocation of residents and services into safe areas of the nursing home.
	☐ Ensure the operations of alternate power supplies (i.e., back-up generators).
	☐ Maintain communications systems; activate alternate/redundant communications systems as needed.
	☐ Evaluate the flooded area(s) and identify safety issues.
	☐ Institute measures to prevent flooding and protect nursing home resources, as appropriate.
	☐ Secure the nursing home and limit access and egress.
	☐ Implement business continuity planning and protection of resident records.
	☐ Assess nursing home damage and projected impact of rising flood waters on the nursing home.
☐	PLANNING
	☐ Establish operational period and incident objectives; develop the Incident Action Plan in collaboration with the Incident Commander.
	☐ Gather and validate situational information and projected impact.
	☐ Implement resident and staff tracking, as appropriate.
☐	LOGISTICS
	☐ Maintain utilities and activate alternate systems as needed.
	☐ Investigate and provide recommendations for auxiliary power (battery powered lights, etc.).
	☐ Provide for water, food, and rest periods for staff.
	☐ Obtain supplies to maintain function of emergency generators (fuel, parts, etc.).
	☐ Obtain supplemental staffing, as needed.
	☐ Prepare for transportation of evacuated residents.
	☐ Validate and/or activate the back-up communications systems.

INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
	COMMAND
☐	☐ Establish a resident information center to notify resident families of situation and resident locations. ☐ Notify local emergency management, emergency operations center, and regulatory agencies of situation status, critical needs, and plans for evacuation, if appropriate.
	OPERATIONS
☐	☐ Continue essential resident care management. ☐ Initiate clean-up operations, as appropriate. ☐ Reassess need for, or prepare for, evacuation. ☐ Continue to maintain utilities. ☐ Provide mental health support to residents and families as needed. ☐ Continue to secure the nursing home, including unsafe areas. ☐ Activate business continuity plans, including protection of records and possible relocation of business functions. ☐ Continue to evaluate nursing home integrity and safety of flooded areas. Initiate clean-up, as appropriate.
	PLANNING
☐	☐ Continue resident and personnel tracking, as needed. ☐ Update and revise the Incident Action Plan and distribute to Command Staff and Section Chiefs.
	LOGISTICS
☐	☐ Provide additional staffing and resources as required.
	FINANCE/ADMINISTRATION
☐	☐ Track cost expenditures and estimate cost of nursing home damage and lost revenue. ☐ Initiate documentation of any injuries or nursing home damage. ☐ Facilitate the procurement of supplies, equipment, medications, and contracting for nursing home clean up or repair.

EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)	
☐	COMMAND
	(Incident Commander): ☐ Update and revise the Incident Action Plan and prepare for demobilization. ☐ Continue to update internal leaders on the situation status. ☐ Continue with briefings and situation updates with staff, residents, and families. ☐ Continue resident information center operations. ☐ Continue to notify local emergency operations center and regulatory agencies of situation status. ☐ Continue resident information center operations in collaboration with Public Information Officer. (Safety Officer): ☐ Continue to evaluate flooded areas and nursing home integrity for safety, and take immediate corrective actions.
☐	OPERATIONS
	☐ Continue essential resident care management and services. ☐ Continue to evaluate nursing home damage/integrity and initiate clean-up/repair activities. ☐ Continue repair and clean-up operations, as appropriate. ☐ Continue evacuation of the nursing home, if implemented. Ensure the transfer of residents' belongings, medications, and records, when evacuated. ☐ Continue to maintain utilities. ☐ Continue to secure the nursing home, including unsafe areas. ☐ Continue business continuity activities and relocation of business services, if appropriate. ☐ Prepare for demobilization and system recovery.
☐	PLANNING
	☐ Revise and update the Incident Action Plan. ☐ Initiate demobilization and system recovery plan.
☐	LOGISTICS
	☐ Provide supplemental staffing as needed.
☐	FINANCE/ADMINISTRATION

☐	Continue to track cost expenditures.
☐	Continue to facilitate contracting for nursing home repair and clean up.

DEMOBILIZATION/SYSTEM RECOVERY	
☐	COMMAND (Incident Commander): ☐ Determine nursing home status and declare termination of the incident. ☐ Conduct final media briefing and assist with updating staff, residents, families, and others of the termination of the event. ☐ Communicate final nursing home status and termination of the incident to local emergency operations center, area facilities, officials, and regulatory agencies. ☐ Assist with the repatriation of transferred residents. (Safety Officer): ☐ Ensure nursing home safety and restoration of normal activities. ☐ Ensure nursing home repairs are completed in conjunction with the Operations and Logistics Sections.
	OPERATIONS ☐ ☐ Restore normal resident care operations. ☐ Ensure restoration of utilities and communications. ☐ Complete a nursing home damage report, progress of repairs, and estimated timelines for restoration of nursing home to pre-event condition.
☐	PLANNING ☐ Complete a summary of operations, status, and current census. ☐ Conduct after-action reviews and debriefings. ☐ Develop the after-action report and improvement plan for approval by the Incident Commander.
☐	LOGISTICS ☐ Restock supplies, equipment, medications, food, and water. ☐ Ensure communication and IT/IS operations return to normal. ☐ Provide stress management and mental health support to staff.



FINANCE/ADMINISTRATION	
☐	☐ Compile a final report of response and nursing home repair costs for approval by the Incident Commander. ☐ Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event. ☐ Contact the insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.

DOCUMENTS AND TOOLS	
☐	Nursing Home Emergency Operations Plan
☐	Nursing Home Evacuation Plan
☐	Flood Response Plan
☐	Utility Failure Plan
☐	Nursing Home Business Continuity Plan

Infection Controls



INCIDENT PLANNING GUIDE

DOES YOUR EMERGENCY OPERATIONS PLAN ADDRESS THE FOLLOWING ISSUES?

MITIGATION & PREPAREDNESS	
☐	Does your nursing home provide information and education to staff on infection control precautions, personal protective equipment, exposure prophylaxis and family/dependent care options?
☐	Does your nursing home have a procedure to provide personal protective equipment (PPE), including respirators, to designated work locations?
☐	Does your nursing home have a plan to implement control measures in the face of a rapid spread/surge of infectious residents? Does the plan include the following? ☐ Monitoring residents for signs of illness. ☐ Policies regarding self-screening and denying access to ill persons, respiratory etiquette and the use of hand sanitizer and masks for visitors entering the facility. ☐ Rapid identification, triage, and isolation practices. ☐ Expanding isolation capability (cohorting, portable HEPA filtration, etc.). ☐ Integration with local hospitals, clinics, public health and emergency management.
☐	Does your nursing home have a plan to manage dispensing antiviral medications to staff (mass vaccination/mass prophylaxis plan) and in administering vaccines (when available)?
☐	Does your nursing home have a procedure to limit nursing home access to a small number of monitored entrances so that residents and visitors entering the nursing home can be screened for illness (e.g., temperature checks)?
☐	Does your nursing home have a procedure to monitor staff and volunteers for symptoms and a policy for "fitness for duty" procedures?
☐	Does your nursing home plan for ensuring safe transportation routes and infection control procedures (e.g., residents wearing masks) when transferring residents through the nursing home?
☐	Does your nursing home have a policy to determine appropriate amounts of PPE and hand hygiene/washing supplies available and to supplement those supplies as required?
☐	Does your nursing home have a plan to include just-in-time fit testing and training on PPE use?

☐	Does your nursing home have a policy to determine appropriate numbers of essential personnel (e.g., medical, nursing, environmental services, facilities, nutrition and food services, administrative, ancillary clinical staff respiratory therapy, rehabilitation staff, activities staff, medical records) that would be priority for receiving prophylaxis, vaccine and PPE to protect those staff most at risk and to ensure the continuation of essential services in the event of a pandemic?
☐	Does your nursing home maintain stockpiles or have Memorandums of Understanding (MOUs) established with pharmaceutical vendors for antiviral medications and antibiotics to treat bacterial complications to treat or provide prophylaxis to staff, residents and volunteers?
☐	Does your nursing home have a plan for increasing capability to perform specific screening tests for designated pathogens?
☐	Does your nursing home have a plan for safely packaging, identifying, and transferring lab specimens to external testing sites, including local, state, and federal labs?
☐	Does your nursing home have the capability of handling the need for increased specimen collection, documentation, and transportation of specimens to the testing facility?
☐	Does your nursing home have a plan for relaying laboratory results to external partners (public health, acute care facilities, other)?
☐	Does your Emergency Operations Plan include triggers or criteria for activation of the Emergency Operations Plan, Incident Command, and the Command Center?
☐	Does your nursing home have a process for regularly assessing the status of the nursing home supplies and staffing, and adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action Plan and reviewing decisions made/actions taken to accomplish the mission?
☐	Does your nursing home have procedures and forms to track cost expenditures and provide reports?
☐	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management? Is there a plan to communicate with the local Emergency Operations Center (emergency management, public health, regulatory agencies) about the situation status, critical issues, and resident health status, and to request assistance?
☐	Does your nursing home have a plan to notify and maintain communications (primary and back-up systems) and exchange appropriate information with the following? ☐ Internal experts, including infection control, engineering/facilities, physician(s). ☐ External experts, including local, regional and state public health, EOC/emergency management, fire, police, regulatory agencies. ☐ Other local facilities and hospitals.

☐	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents and families, regulatory agencies and a backup system if primary communication systems fail?
☐	Does your nursing home have procedures to determine the status of communication systems outside of the nursing home in order to communicate with local emergency management, police, & fire within the city, county and operational area?
☐	Does your nursing home have a plan for posting illness outbreak and instruction signs in public places in the facility.
☐	Does your nursing home have a plan to conduct regular media briefings, in collaboration with local emergency management, local EOC and the local Joint Information Center?
RESPONSE & RECOVERY	
☐	Does your nursing home have a policy to monitor the health status and absenteeism of staff during the disease outbreak/pandemic?
☐	Does your nursing home have a plan to track resident census and symptoms? ☐ Stop new admissions. ☐ Communicate with family/legal representatives re: nature of disease outbreak, restrictions on visitations, and estimated potential duration of response activities.
☐	Does your nursing home have triggers to implement the infectious patient surge capacity plan? ☐ Expansion of isolation capabilities. ☐ Cohabitation of infected residents.
☐	Does your nursing home have a plan to manage mass fatalities and address fatality issues in conjunction with law enforcement/medical examiner/coroner/local EOC?
☐	Does your nursing home monitor medical care issues for residents and exposed or ill staff?
☐	Does your nursing home monitor safe and consistent use of PPE?
☐	Does your nursing home have a plan to maintain nursing home security?
☐	Does your nursing home have a plan to adjust staff schedules to meet the needs of the response including the following? ☐ Reassigning staff who have recovered from flu to care for flu residents (such as a pandemic event?). ☐ Reassigning staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (e.g., no flu patient care or administrative duties only).

☐	Does your nursing home have a process to determine the need for canceling nonessential services (social gatherings, meetings, etc.)?
☐	Does your nursing home have procedures to evaluate need for additional staff, augment staffing levels, or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?
☐	Does your nursing home have a plan to provide rest/sleep, nutrition, and hydration to staff?
☐	Does your nursing home have a process to assess residents for early discharge to decrease occupancy?
☐	Does your nursing home have a process to determine the need to limit resident visitation?
☐	Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?
☐	Does your nursing home have protocols to manage, treat (or refer for treatment), and report injuries to residents, staff, families, and visitors? Is there a process to prepare a report of all residents, staff, families, and visitors evaluated, treated, and discharged from the facility?
☐	Does your nursing home have a process to inventory available supplies, medications, equipment, and personnel for both short and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
☐	Does your nursing home have a process for determining food and water needs for residents, visitors, families and staff for 96-hours and a plan for obtaining needed supplies?
☐	Does your nursing home have a plan to maintain continuity of operations including delivery of essential supplies, trash, food, linen, laundry, etc.?
☐	Does your nursing home have a plan to access outside resources through a medical mutual aid system?
☐	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition, and safety measures taken to protect them?
☐	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?
☐	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation, and nonessential operations (social activities, meetings, etc.)?
☐	Does your nursing home have a process for reporting all injuries, system failures, and long-term damage to state licensing and certification authorities as required?
☐	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents, and families?



☐	Does your nursing home have procedures for reordering, restocking, and returning borrowed supplies, equipment, and medications and returning personnel on loan during the incident?
☐	Does your nursing home have procedures for after-action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?
☐	Does your nursing home have criteria to confirm restoration of the facility to normal function?
☐	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state and federal disaster relief?

INCIDENT RESPONSE CHECKLIST

Mission: To effectively and efficiently identify, triage, isolate, treat, and track a surge of potentially infectious residents and staff; and to manage the uninjured/asymptomatic persons, family members, and the media.

DIRECTIONS

- ☐ Read this entire incident response guide and review the Incident Management Team Chart.
- ☐ Use this Incident Response Guide as a checklist to ensure all tasks are addressed and completed.

OBJECTIVES

- ☐ Identify, triage, isolate, and treat infectious residents.
- ☐ Accurately track residents throughout the nursing home.
- ☐ Assure safety and security of the staff, residents, visitors, and nursing home.

IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

COMMAND

(Incident Commander):

- ☐ Activate the appropriate Medical Director/Specialist or Technical Specialists to assess the incident.
- ☐ Activate Command staff and Section Chiefs.
- ☐ Implement regular briefing schedule for Command staff and Section Chiefs.
- ☐ Implement the infectious residents surge plan and other Emergency Operations Plans, as indicated.
- ☐ Communicate with public health officials, local emergency management, and other external agencies (e.g., health department, regulatory agencies) to identify infectious agent and communicate situation status and projected needs.
- ☐ Communicate with Public Health to determine the potential number of infectious residents.
- ☐ Communicate regularly with Section Chiefs regarding operational needs and integration of nursing home functions with local EOC.
- ☐ Monitor media outlets for updates on the pandemic and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander.

(Safety Officer):

- ☐ Conduct ongoing analysis of existing response practices for health and safety issues related to staff, residents, and nursing home, and implement corrective actions to address.

NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.



IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
	COMMAND (continued) (Medical Director/Specialist – Biological/disease outbreak/pandemic): ☐ Verify and collaborate with Public Health officials, and report the following information to the Incident Commander: ○ Number and condition of residents affected, including the worried well ○ Type of biological/infectious disease involved (case definition) ○ Medical problems present in addition to biological/infectious disease involved ☐ Measures taken (e.g., cultures, supportive treatment) ☐ Potential for and scope of communicability ☐ Implement appropriate PPE and isolation precautions ☐ Coordinate with the Operations Section Chief to verify from the Medical Director/Specialist, in collaboration with regional officials, and report the following information to the Incident Commander and Section Chiefs: ○ Number and condition of residents affected, including the asymptomatic ○ Medical problems present besides infectious disease involved ○ Measures taken (e.g., cultures, supportive treatment) ○ Potential for and scope of communicability
	OPERATIONS ☐ Provide just-in-time training for both clinical and non-clinical staff regarding the status of the event, precautions they should take, and rumor control. ☐ Monitor residents for signs of illness. ☐ Ensure proper implementation of infectious residents surge plan, including: ○ Staff implementation of infection precautions, and higher level precautions for high risk procedures ○ Proper monitoring of isolation procedures ○ Limit resident movement within nursing home for essential purposes only ○ Restrict number of clinicians and ancillary staff providing care to infectious residents ☐ Evaluate and determine health status of all persons prior to nursing home entry. ☐ Ensure safe collection, transport, and processing of laboratory specimens. ☐ Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule. ☐ Conduct nursing home census and determine if discharges and appointment cancellations are required. (Security): ☐ Consider nursing home lockdown to prevent infectious residents from entering the nursing home except through designated route. Report regularly to Operations Section Chief.

IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
	PLANNING
☐	☐ Establish operational periods and develop Incident Action Plan: - Engage all necessary departments - Share Incident Action Plan through Incident Commander with these areas - Provide instructions on needed documentation including completion detail and deadlines ☐ Implement resident/staff/equipment tracking protocols. ☐ Report actions/information to Incident Commander, Command Staff, and Section Chiefs regularly.
	LOGISTICS
☐	☐ Implement distribution of plans for mass prophylaxis/immunizations for employees, their families, and others as recommended from public health and emergency preparedness officials (pandemic event). ☐ Anticipate an increased need for medical supplies (i.e., antivirals, pharmaceuticals, oxygen, ventilators, suction equipment, respiratory protection/PPE), and respiratory therapists, transporters and other personnel. ☐ Implement distribution of PPE to high risk employees as recommended by public health and emergency preparedness officials. ☐ Prepare for receipt of external pharmaceutical cache(s). ☐ Determine staff supplementation needs and communicate to Liaison Officer. ☐ Report actions/information to Command staff/Section Chiefs/IC regularly, according to schedule.
INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
	COMMAND
☐	(Incident Commander): ☐ Activate and implement Emergency Operations Plans, as indicated, including mass fatality plan if needed. ☐ Continue regular briefing of Command staff/Section Chiefs and regulatory agencies. ☐ Establish a resident information center; coordinate with local emergency management/public health/EMS. Regularly brief local EOC, nursing home staff, residents, and media. ☐ Ensure integrated response with local EOC/ JIC. ☐ Communicate to local EOC personnel/equipment/supply needs identified by Operations. ☐ Keep Public Health advised of any health problems/trends identified, in cooperation with infection control. ☐ Integrate outside personnel assistance into Command Center and hospital operations. ☐ Discuss operational status with other area facilities/hospitals.

	☐ Brief Command staff/Section Chiefs regularly with information from outside sources.
INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
	OPERATIONS ☐ Conduct disease surveillance, including number of affected residents/personnel. ☐ Continue isolation activities as needed. ☐ Consult with infection control for disinfection requirements for equipment and nursing home. ☐ Continue patient management activities, including patient cohorting and resident/staff/visitor medical care issues. ☐ With Logistics, coordinate the implementation of mass vaccination/mass prophylaxis plan. ☐ Determine scope and volume of supplies/equipment/personnel required and report to Logistics. ☐ Implement local mass fatality plan (including temporary morgue sites) in cooperation with local/state public health, emergency management, and medical examiners. Assess capacity for refrigeration/security of deceased residents.
	PLANNING ☐ Continue resident tracking. ☐ Document Incident Action Plan as developed by IC and Section Chiefs, and distribute appropriately. ☐ Collect information regarding situation status and report to IC/Command staff/Section Chiefs regularly. ☐ Plan for termination of incident. ☐ Revise security plan and family visitation policy, as needed.
	LOGISTICS ☐ Coordinate activation of staff vaccination/prophylaxis plan with Operations (pandemic event). ☐ Monitor the health status of staff who are exposed to infectious residents.

	☐ Consider reassigning staff recovering from flu to care for flu residents; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (i.e., no flu patient care or administrative duties only).
	FINANCE/ADMINISTRATION
☐	☐ Track response expenses and report regularly to Command staff and Section Chiefs. ☐ Track and follow up with employee illnesses and absenteeism issues.
EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)	
	COMMAND
☐	(Incident Commander): ☐ Continue regular briefing of Command staff/Section Chiefs. Address issues identified. ☐ Continue resident information center, as necessary. Coordinate efforts with local/state public health resources/JIC. ☐ Continue to ensure integrated response with local EOC/JIC. ☐ Continue to communicate personnel/equipment/supply needs to local EOC. ☐ Continue to keep public health advised of any health problems/trends identified. ☐ Keep regulatory agencies apprised of nursing home status.
EXTENDED (OPERATIONAL PERIOD BEYOND 12 HOURS)	
	OPERATIONS
☐	☐ Continue patient management and nursing home monitoring activities. Communicate personnel/equipment/supply needs to local EOC. ☐ Ensure proper disposal of infectious waste, including disposable supplies/equipment.
☐	PLANNING
	☐ Revise and update the IAP and distribute to IC, Command Staff and Section Chiefs.
	LOGISTICS
☐	☐ Continue monitoring the health status of staff exposed to infectious residents. ☐ Continue addressing behavioral health support needs for residents/visitors/staff. ☐ Continue providing equipment/supply/personnel needs.
☐	FINANCE

☐	Continue to track response expenses and employee injury/illness and absenteeism.
DEMOBILIZATION/SYSTEM RECOVERY	
☐	COMMAND
☐	(Incident Commander):
☐	☐ Provide briefings as needed to residents/visitors/staff/media, in cooperation with JIC. ☐ Prepare a summary of the status and location of infectious residents. Disseminate to Command staff/Section Chiefs and to public health/EOC, regulatory agencies as appropriate.
☐	OPERATIONS
☐	☐ Restore normal nursing home operations and resident visitation.
☐	PLANNING
☐	☐ Conduct after-action review with LTC Command staff and Section Chiefs and general staff immediately upon demobilization or deactivation of positions. ☐ Conduct after-action debriefing with all staff, physicians, and volunteers. ☐ Prepare the after-action report and improvement plan for review and approval. ☐ Write after-action report and corrective action plan to include the following: ○ Summary of actions taken ○ Summary of the incident ○ Actions that went well ○ Area for improvement ○ Recommendations for corrective actions and future response actions
DEMOBILIZATION/SYSTEM RECOVERY	
☐	LOGISTICS
☐	☐ Conduct stress management and after-action debriefings and meetings as necessary. ☐ Monitor health status of staff. ☐ Inventory all EOC and nursing home supplies and replenish as necessary. ☐ Restore/repair/replace broken equipment. ☐ Return borrowed equipment after proper cleaning/disinfection. ☐ Restore normal nonessential services.
☐	FINANCE

☐	Compile time, expense, and claims reports and submit to IC for approval.
☐	Distribute approved reports to appropriate authorities for reimbursement.
DOCUMENTS AND TOOLS	
☐	Nursing Home Emergency Operations Plan, including: ○ Infectious patient surge plan ○ Mass vaccination/mass prophylaxis plan (pandemic event) ○ Risk communication plan ○ Nursing home security plan ○ Patient/staff/equipment tracking procedure ○ Behavioral health support for staff/residents plan ○ Mass fatalities plan (pandemic event)
☐	Infection control plan.
☐	Employee health monitoring/treatment plan.
☐	All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents.
☐	Nursing Home Incident Command Forms.
☐	Nursing Home Job Action Sheets.
☐	Nursing Home Incident Management Team Chart.
☐	Television/radio/internet to monitor news.
☐	Telephone/cell phone/radio/satellite phone/internet for communication.



POWER



INCIDENT PLANNING GUIDE

DOES YOUR EMERGENCY OPERATIONS PLAN ADDRESS THE FOLLOWING ISSUES?

MITIGATION & PREPAREDNESS	
☐	Is your nursing facility identified with the local power providers as a “Priority Restore” user due to the medically compromised people that you serve?
☐	Does your nursing home have procedures to conduct the following? ☐ Verify all emergency generators start and are accommodating the nursing home’s emergency power load. ☐ Verify that the exhaust fans and air handlers supplied by emergency power are operating. ☐ Evaluate for and verify that only essential equipment is plugged into emergency power outlets throughout the nursing home. ☐ Contact the utility company’s operations center to ascertain scope and length of service interruption. ☐ Evaluate critical areas to determine emergency power needs and supply; and provide alternative light sources (i.e., battery powered lights, flashlights). ☐ Acquire generator fuel and needed repairs to maintain emergency power. ☐ Prioritize emergency power allocation to critical infrastructure (i.e., HVAC units, morgue, elevators, patient monitors, electronic medication dispensing systems, IT/IS systems). ☐ Evaluate the power system for load shedding potential. ☐ Identify equipment or areas in the nursing home that do not have emergency power capability and will be unavailable for use.
☐	Does your Nursing Home Emergency Operations Plan include triggers or criteria for activation and how to activate the Emergency Operations Plan, Incident Command and the Command Center?
☐	Does your nursing home have a process for regularly assessing the status of the facility, repair, resident services, system restoration, and staffing and for adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action Plan and reviewing decisions made/actions taken to accomplish the mission?
☐	Does your nursing home have procedures and forms to track costs, expenses and provide reports (i.e., Incident Action Plan, After-Action Report)?
☐	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management? Is there a plan to communicate with the local emergency operations center (emergency management, public health, regulatory agencies) about the situation status, critical issues, and resident health status and request assistance?
☐	Does your nursing home have a plan to notify and maintain communications (primary and back-up systems) and exchange appropriate information with the following? ☐ Internal experts, including infection control, engineering/facilities, physician(s). ☐ External experts, including local, regional, and state public health, emergency operations center/emergency management, fire, police, regulatory agencies.

	☐ Other local facilities and hospitals.
☐	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents and families, and a back-up system if primary communication systems fail?
☐	Does your nursing home have procedures to determine the status of communication systems outside of the facility in order to communicate with local emergency management, police, and fire within the city, county, and operational area?
☐	Does your nursing home have a plan to conduct regular media briefings, in collaboration with local emergency management, local emergency operations center, and the local Joint Information Center?
RESPONSE & RECOVERY	
☐	Does your nursing home have procedures for obtaining situation reports and utility status updates from the local emergency management agency and utility company?
☐	Does your nursing home have a process to assess damage to building structure and infrastructure (HVAC, water, sewage, lighting, power, information systems, communications, medical gases, and hazardous materials)?
☐	Does your nursing home have a power reallocation protocol to address power load transfer?
☐	Does your nursing home have a mechanism for regularly evaluating generator and electrical system performance?
☐	Does your nursing home have a process to evaluate the short and long-term impact of the loss of HVAC on the residents, staff, and nursing home?
☐	Does your nursing home have a process to determine the need for canceling nonessential services (social gatherings, meetings, etc.)?
☐	Does your nursing home have procedures to evaluate need for additional staff, augment staffing levels, or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?
☐	Does your nursing home have a plan to provide rest/sleep, nutrition, and hydration to staff?
☐	Does your nursing home have a process to determine the need for shelter-in-place vs. partial evacuation vs. complete evacuation of the nursing home to protect residents and staff?
☐	Does your nursing home have criteria or triggers to move residents from damaged or unsafe areas to other locations within the nursing home (partial evacuation)?
☐	Does your nursing home have a plan for complete evacuation of residents, including transport of critical records and supplies, arrangements with receiving facilities and transportation assets, staffing en route and at the relocation site?
☐	Does your nursing home have procedures to track residents and beds in the event of an evacuation?

☐	Does your nursing home's evacuation transportation plan include the use of assets other than local EMS for transporting residents?
☐	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?
☐	Does your nursing home have, if not evacuating, a plan to maintain continuity of operations including trash, food, linen, laundry, etc.?
☐	Does your nursing home have a process to assess residents for early discharge to decrease occupancy?
☐	Does your nursing home have a process to determine the need to limit resident visitation?
☐	Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?
☐	Does your nursing home have protocols to manage, treat (or refer for treatment), and report injuries to residents, staff, families, and visitors? Is there a process to prepare a report of all residents, staff, families, and visitors evaluated, treated, and discharged from the facility?
☐	Does your nursing home have a process to inventory available supplies, medications, equipment, and personnel for both short and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
☐	Does your nursing home have a process for determining food and water needs for residents, visitors, families, and staff for 96-hours and a plan for obtaining needed supplies?
☐	Does your nursing home have a plan to access outside resources through a mutual aid system?
☐	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition, and safety measures taken to protect them?
☐	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation, and nonessential operations (social activities, meetings, etc.)?
☐	Does your nursing home have procedures for repatriation of residents who were transferred or evacuated?
☐	Does your nursing home have a process for reporting all injuries, system failures, and long-term damage to regulatory agencies as required?
☐	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents, and families?
☐	Does your nursing home have procedures for reordering, restocking, and returning borrowed supplies, equipment and medications, and returning personnel on loan during the incident?
☐	Does your nursing home have procedures for after-action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?



☐	Does your nursing home have criteria to confirm restoration of the facility to normal function?
☐	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state, and federal disaster relief?

INCIDENT **RESPONSE** CHECKLIST

Mission: To safely manage the operations of the nursing home during a power outage and its restoration.

DIRECTIONS

- | | |
|--------------------------|---|
| ☐ | Read this entire response guide and review Incident Management Team Chart. |
| ☐ | Use this response guide as a checklist to ensure all tasks are addressed and completed. |

OBJECTIVES

- | | |
|--------------------------|--|
| ☐ | Maintain emergency power systems. |
| ☐ | Maintain resident care management and safety. |
| ☐ | Minimize impact on nursing home operations. |
| ☐ | Evacuate residents to other facilities, if appropriate. |
| ☐ | Communicate situation to staff, residents, the media, community officials, and regulatory agencies, and receive information. |

IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)

- | | |
|--------------------------|----------------|
| ☐ | COMMAND |
|--------------------------|----------------|

	(Incident Commander): ☐ Activate the Nursing Home Emergency Operations Plan. ☐ Activate Command Staff and Section Chiefs, as appropriate. ☐ Notify local emergency management/emergency operations center/regulatory agencies of nursing home situation status, and obtain incident information and estimated timelines for restoration of power (if cause of power failure is external to the nursing home). ☐ Notify local EMS and ambulance providers about the situation and possible need to evacuate. ☐ Communicate with other Local/Regional Medical Coordinators to determine: - o Situation status /impact on healthcare facilities - o Patient transfer/bed availability - o Ability to loan needed equipment, supplies, medications, personnel, etc. ☐ Inform staff, residents, and families of situation and measures to provide power and protect life. ☐ Prepare media staging area as indicated; coordinate with local joint information system. ☐ Conduct regular media briefings in collaboration local emergency management, as appropriate. (Safety Officer): ☐ Evaluate safety of residents, family, staff, and nursing home, and recommend protective and corrective actions to minimize hazards and risks. <i>NOTE: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i>
IMMEDIATE ACTIONS (OPERATIONAL PERIOD 0-2 HOURS)	
☐	OPERATIONS ☐ Evaluate the emergency power supply and appropriate usage within the nursing home. ☐ Initiate power conservation measures. ☐ Assess residents for risk and prioritize care and resources, as appropriate. ☐ Secure the nursing home and implement limited visitation policy. ☐ Ensure continuation of resident care and essential services. ☐ Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home. ☐ Maintain communications systems and other utilities, and activate redundant (back-up) systems, as appropriate. ☐ Investigate and provide recommendations for auxiliary power (battery-powered lights, etc.). ☐ Implement business continuity plans and protection of records.
☐	PLANNING

	☐ Gather and validate situational information and projected needs and impact. ☐ Prepare for resident and personnel tracking in the event of evacuations.
	LOGISTICS
☐	☐ Maintain other utilities and activate alternate systems as needed. ☐ Provide for water, food, and rest periods for staff. ☐ Obtain supplies to maintain functioning of emergency generators (fuel, parts, etc.). ☐ Obtain supplemental staffing, as needed. ☐ Prepare for transportation of evacuated residents. ☐ Validate and/or activate the back-up communications systems.
INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
	COMMAND
☐	(Incident Commander): ☐ Continue to update external partners and authorities on the situation status. ☐ Monitor evacuation of nursing home. ☐ Continue with briefings and situation updates with staff, residents, and families. ☐ Continue patient information center operations. ☐ Continue to update local emergency operations center/regulatory agencies of situation status and critical issues, and request assistance, as needed. ☐ Continue to communicate with local utilities concerning incident details and duration estimates. ☐ Continue communications with area healthcare facilities and facilitate patient transfers. (Safety Officer): ☐ Continue to evaluate nursing home operations for safety and hazards and take immediate corrective actions.
INTERMEDIATE (OPERATIONAL PERIOD 2-12 HOURS)	
☐	OPERATIONS

	☐ Continue evaluation of residents and resident care services. ☐ Determine if any equipment can be taken off emergency power to minimize load on generators. Prepare the staging area for resident transfer/evacuation. ☐ Continue or implement resident evacuation. ☐ Ensure the transfer of resident's belongings, equipment, medications, and records upon evacuation. Continue evaluation and provision of emergency power. ☐ Continue provision of emergency power to critical areas. ☐ Ensure nursing home security and restricted visitation (if imposed). ☐ Ensure provision of water and food to residents, visitors, and families. ☐ Continue to maintain other utilities. ☐ Monitor residents for adverse effects on health and psychological stress. ☐ Prepare demobilization and system recovery.
	PLANNING
☐	☐ Continue resident, bed, and personnel tracking. ☐ Continue to gather and validate situational information. ☐ Prepare the demobilization and system recovery plans. ☐ Plan for resident repatriation. ☐ Ensure documentation of actions, decisions, and activities.
	LOGISTICS
☐	☐ Contact vendors to schedule regular deliveries of fuel to maintain emergency power. ☐ Contact vendors on availability of supplies and fresh food. ☐ Continue to provide staff for resident care and evacuation. ☐ Monitor staff for adverse effects of health and psychological stress. ☐ Monitor, report, follow-up on, and document staff or resident injuries. ☐ Continue to provide transportation services for internal operations and evacuation.
	FINANCE/ADMINISTRATION
☐	☐ Continue to track costs, expenditures, and lost revenue. ☐ Continue to facilitate contracting for emergency power and other services.

DEMOBILIZATION/SYSTEM RECOVERY	
☐	COMMAND
	(Incident Commander): ☐ Determine nursing home status and declare restoration of normal power and termination of the incident. ☐ Notify regulatory agencies of sentinel event. ☐ Communicate final nursing home status and termination of the incident to local emergency operations center, area nursing homes, officials, and regulatory agencies. ☐ Assist with the repatriation of transferred residents. ☐ Conduct final media briefing and assist with updating staff, residents, families, and others of the termination of the event. (Safety Officer): ☐ Ensure nursing home safety and restoration of normal operations.
☐	OPERATIONS
	☐ Restore normal resident services and operations. ☐ Ensure restoration of power and services. ☐ Repatriate evacuated residents. ☐ Perform evaluation and preventative maintenance on emergency generators and ensure their readiness. ☐ Discontinue visitor limitations. ☐ Ensure business continuity of operations and return to normal services.
☐	PLANNING
	☐ Complete a summary of operations, status, and current census. ☐ Conduct after-action reviews and debriefings. ☐ Write after-action report and improvement plan for approval by the Incident Commander.
☐	LOGISTICS
	☐ Restock supplies, equipment, medications, food, and water. ☐ Ensure communications and computer operations return to normal.
☐	FINANCE/ADMINISTRATION



☐	Compile a final report of response costs and expenditures and lost revenue for approval by the Incident Commander.
☐	Contact insurance carriers to assist in documentation of structural and infrastructure damage and initiate reimbursement and claims procedures.
DOCUMENTS AND TOOLS	
☐	Nursing Home Emergency Operations Plan
☐	Nursing Home Evacuation Plan
☐	Emergency Power Plan
☐	Emergency Communications Plan

EARTHQUAKE



INCIDENT PLANNING GUIDE

DOES YOUR EMERGENCY OPERATIONS PLAN ADDRESS THE FOLLOWING ISSUES?

MITIGATION & PREPAREDNESS	
☐	Does your facility have a process to assess damage to building structure and infrastructure: HVAC, water, sewage, lighting, power, information systems, communications, medical gases, hazardous materials?
☐	Does your facility have procedures to establish redundant communications with public safety officials, local emergency management, and regulatory agencies in the event of loss of normal communications?
☐	Does your facility practice earthquake preparedness and response actions with residents and staff?
☐	Does your facility emergency operations plan include guidance on accessing outside resources through the medical mutual aid system?
☐	Does your Emergency Operations Plan include triggers or criteria for activation of the Emergency Operations Plan, Incident Command and the Command Center?
☐	Does your nursing home have a process for regularly assessing the status of the facility, repair, resident services, system restoration, and staffing, and for adjusting the Incident Action Plan and operations accordingly? Does the process include regularly updating the Incident Action Plan and reviewing decisions made/actions taken to accomplish the mission?
☐	Does your nursing home have procedures and forms to track costs, expenses and provide reports?
☐	Does your nursing home have procedures with clear routes of communication to gather and confirm situation reports and status updates from local emergency management? Is there a plan to communicate with the local EOC (emergency management, public health, regulatory agencies) about the situation status, critical issues, and resident health status, and to request assistance?
☐	Does your nursing home have a plan to notify and maintain communications (primary and back-up systems) and exchange appropriate information with the following? ☐ Internal experts, including infection control, engineering/facilities, physician(s). ☐ External experts, including local, regional and state public health, EOC/emergency management, fire, police, regulatory agencies. ☐ Other local facilities and hospitals.
☐	Does your nursing home have procedures to provide accurate and timely situation and safety information (in cooperation with local Joint Information Center) to staff, residents, and families and a back-up system if primary communication systems fail?

☐	Does your nursing home have procedures to determine the status of communication systems outside of the facility in order to communicate with local emergency management, regulatory agencies, police, and fire within the city, county, and operational area?
☐	Does your nursing home have a plan to conduct regular media briefings in collaboration with local emergency management, local EOC, and the local Joint Information Center?
RESPONSE & RECOVERY	
☐	Does your nursing home have a process to determine the need for canceling nonessential services (social gatherings, meetings, etc.)?
☐	Does your nursing home have a process to assess damage to building structure and infrastructure (HVAC, water, sewage, lighting, power, information systems, communications, medical gases, and hazardous materials)?
☐	Does your nursing home have procedures to evaluate need for additional staff, augment staffing levels, or manage with staff available? Is there a plan to modify contingency staff utilization and provide staff support (alternate shifts and staffing, childcare contingency plan for staff, staff transportation needs, etc.)?
☐	Does your nursing home have a plan to provide rest/sleep, nutrition, and hydration to staff?
☐	Does your facility have defined criteria and procedures to determine the need for shelter-in-place vs. partial evacuation vs. complete evacuation of the nursing home to protect residents and staff based on damage assessments?
☐	Does your nursing home have criteria or triggers to move residents from damaged areas to other locations within the nursing home (partial evacuation)?
☐	Does your nursing home have a plan for complete evacuation of residents, including transport of critical records and supplies, arrangements with receiving facilities and transportation assets, staffing en route and at the relocation site?
☐	Does your nursing home have procedures to track residents and beds in the event of an evacuation?
☐	Does your nursing home's evacuation transportation plan include the use of assets other than local EMS for transporting residents?
☐	Does your nursing home have a plan to establish alternate care sites and relocate services provided if transfer is not feasible?
☐	Does your nursing home have, if not evacuating, a plan to maintain continuity of operations including trash, food, linen, laundry, etc.?
☐	Does your nursing home have a process to assess residents for early discharge to decrease occupancy?
☐	Does your nursing home have a process to determine the need to limit resident visitation?
☐	Does your nursing home have a plan to secure the nursing home, including adequate personnel to assure security?

☐	Does your nursing home have protocols to manage, treat (or refer for treatment), and report injuries to residents, staff, families, and visitors? Is there a process to prepare a report of all residents, staff, families, and visitors evaluated, treated, and discharged from the facility?
☐	Does your nursing home have a process to inventory available supplies, medications, equipment, and personnel for both short and long-term operations? Does this include a process for obtaining supply and equipment supplementation?
☐	Does your nursing home have a process for determining food and water needs for residents, visitors, families, and staff for 96-hours and a plan for obtaining needed supplies?
☐	Does your nursing home have a plan to access outside resources through a medical mutual aid system?
☐	Does your nursing home have a plan to keep resident/staff families notified of current situation, location, condition and safety measures taken to protect them?
☐	Does your nursing home have a plan for demobilization and system recovery that is activated during emergency response? Does this include a procedure for prioritizing service restoration activities, including restoring medical care operations, visitation and non-essential operations (i.e., social activities, meetings, etc.)?
☐	Does your nursing home have procedures for repatriation of patients that were transferred or evacuated?
☐	Does your nursing home have a process for reporting all injuries, system failures, and long-term damage to regulatory agencies, as required?
☐	Does your nursing home have a plan for providing mental health support and stress management services to staff, residents, and families?
☐	Does your nursing home have procedures for reordering, restocking, and returning borrowed supplies, equipment, medications, and personnel?
☐	Does your nursing home have procedures for after-action reporting and developing an improvement plan based on lessons learned? Is there a plan to participate in after-action review with local emergency management and community partners?
☐	Does your nursing home have criteria to confirm restoration of the facility to normal function?
☐	Does your nursing home have a process for submitting cost for disaster reimbursement from insurance carriers, local, state, and federal disaster relief?



What other emergencies would your facility need to be prepared for?

We encourage you to perform tabletop exercises with your community to address issues you may face/emergencies you need to be prepared for.

Active shooter

Wild animals on facility grounds

Internet outage (affecting communication and systems)

Train derailment nearby

Chemical spill or hazardous material leak nearby

Gas leak within or near the facility

Tornado or extreme wind event

Winter storm or blizzard

Heatwave or extreme heat conditions

Cyberattack or ransomware event

Bomb threat

Hostage situation

Mass casualty incident in the community

Civil unrest or rioting near the facility

Plane crash near or into the facility

Loss of HVAC systems (heating, ventilation, air conditioning)

Medical emergency involving mass illness or sudden outbreak

Telecommunication network failure (phones down)

Staffing shortage crisis (due to illness, strike, etc.)

Road closures preventing access to the facility

Toxic smoke or air contamination from nearby fire/ Forrest Fire

Foodborne illness outbreak in facility kitchen

Vehicle crash into the building

Suspicious package or bomb scare



Missing resident or elopement event

Thank You!

We want to sincerely thank you for taking the time to engage with our Emergency Preparedness toolkit. Your commitment to enhancing care through new insights and practical tools is truly appreciated. We hope the resources provided have empowered you to implement meaningful improvements in your work.

If you have any further questions or would like additional support, please don't hesitate to reach out to us. We're here to assist you as you continue your journey toward better care practices.

Contact Information

Blue Purpose

Don Glidewell, Founder
Creator of VIBE and BOOMBOX

www.thebluepurpose.com

1-866-856-BLUE

Sales@TheBluePurpose.com

Continuum Therapy Partners

Keely L Kent, PT, DPT, RAC-CT, QCP, COCAS

Keely@continuumtherapypartners.com

www.continuumtherapypartners.com

704-862-4755