

<Insert Name of Facility>

Emergency Operations Plan

October 2015

<Insert facility's logo>

<This page intentionally left blank to facilitate 2-sided printing>

Table of Contents

Important Message	i
How to Use this Template	ii
Organizational Approval	ii
I. RAPID RESPONSE GUIDES	1
Facility Profile	2
Emergency Contacts	3
BOMB THREAT	5
EARTHQUAKE.....	6
EVACUATION	8
EXTREME WEATHER – COLD.....	10
EXTREME WEATHER – HEAT.....	11
FIRE – EXTERNAL.....	12
FIRE – INTERNAL	13
FLOOD.....	14
HAZARDOUS MATERIAL/WASTE.....	15
INFECTIOUS DISEASE	16
MISSING RESIDENT	17
SHELTER IN PLACE.....	18
POWER OUTAGE.....	19
WORKPLACE VIOLENCE	20
II. ALL-RISK EMERGENCY OPERATIONS PLAN	21
Overview.....	21
Purpose and Scope	21
Structure and Leadership	22
Incident Command System.....	24
Risk Assessment.....	26
Hazard Vulnerability Analysis (HVA).....	26
Top 3 Risks	27

Risk Mitigation	27
Communication Plan	28
Employee Preparedness	30
Staffing During an Emergency	30
Staff Recall.....	30
Emergency Employee Call-Ins	30
Staff Responsibility.....	31
Staff Support	31
Coordination with Response Partners.....	32
Public Health and Medical System Coordination	33
Disaster Resource Centers	33
Resource Management	34
Use of Volunteers	35
Education and Training.....	35
III. RESPONSE CONCEPT OF OPERATIONS	36
Nursing Home Incident Command System (NHICS)	36
Incident Management Team (IMT)	37
Nursing Home Command Center	39
Incident Action Planning.....	40
Documentation.....	40
Incident Recognition.....	45
Advance Notice vs. No Notice Incidents	45
Activation of EOP.....	45
Leadership Roles	45
Information Sharing.....	46
Demobilization and Transition to Recovery	46
IV. CONTINUITY OF OPERATIONS	47
Appendix A - Hazard Vulnerability Analysis	48
Appendix B - Facility Evacuation and Maps.....	51
Appendix C - Resident Evacuation Tracking Form.....	58

Appendix D - Resident Evacuation Checklist	59
Appendix E - Sample Face Sheet	60
Appendix F - Long-Term Care Facility Evacuation Resident Assessment Form for Transport and Destination	61
Appendix G - Fire Emergency	63
Appendix H - Emergency Admit.....	65
Appendix I - Procedure for Handling Remains	68
Appendix J - Shelter In Place	70
Appendix K - Lockdown	72
Appendix L - Security Assessment	73
Appendix M - Nursing Home Incident Command System (NHICS) FORMS	76
Appendix N - Staff Recall and Survey	105
Appendix O - ReddiNet Quick Start Guide for LTCs.....	106
Appendix P - Medical and Health Resource Request Form.....	108
Appendix Q - Disaster Supply Inventory.....	110
Appendix R - Disaster Water Supplies	118
Appendix S - Site Map with Shutoffs, Fire Suppression, and Emergency Supply Locations	120
Appendix T - Disaster Meal Menus	121
Appendix U - Vendor List.....	122
Appendix V - Emergency Agreements.....	125
Appendix W - Return to Facility.....	126
Appendix X - Emergency Shutdown	128
Appendix Y - List of Acronyms	132

IMPORTANT MESSAGE

TO: Facility Administrators and Emergency Management Personnel utilizing this EOP Template

This ***Emergency Operations Plan (EOP) Template for Skilled Nursing Facilities (SNFs)*** provided by the *California Association of Health Facilities (CAHF)* was developed with funding from the Los Angeles County Department of Health Services (DHS) Emergency Medical Services Agency (Hospital Preparedness Program Grant #H-705703)¹. It is offered as a base template from which a SNF can build a comprehensive EOP, and incorporates various positive practices in addition to regulatory requirements.

It is intended to be expanded and modified, as necessary, by the user. The content proposed here should be carefully evaluated in the context of your facility's mission, risks, capabilities, organizational structure and legal considerations, and modified to accurately reflect your facility-specific information, circumstances, and federal, state and local regulatory requirements, all of which are subject to change. We strongly recommend that each facility consult with its governing body and legal counsel regarding the appropriateness and completeness of language included in its final EOP and review (and update if necessary) the document on a regular basis as required by regulations.

The ***EOP Template for SNFs*** is organized so that critical information is placed toward the front of the first section, including *Facility Profile, Emergency Contacts, and Rapid Response Guides*. The second and third sections address foundational plan elements and concept of operations information. The third section includes appendices that contain specific procedures, forms, and other background information.

CAHF, the Los Angeles County DHS Emergency Medical Services Agency and individual authors are not responsible for any errors or omissions contained in the ***EOP Template for SNFs*** and assume no responsibility for the misuse or erroneous interpretation of its contents, or the failure to include appropriate information. Under no circumstances does the ***EOP Template for SNFs*** contain or constitute legal advice in any form; nor does it make any assurance or representation that the information contained herein will be determined to constitute compliance with any local, state or federal law or regulation.

¹ This effort was supported by funding provided by the Hospital Preparedness Program (HPP) of the U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response (ASPR). HPP funding assists healthcare organizations and coalitions in strengthening healthcare preparedness capabilities across the nation.

HOW TO USE THIS TEMPLATE

This template is a tool that should be customized to fit the circumstances and needs of your facility. The information included in this template incorporates “best practices” applicable to skilled nursing facilities (SNFs), including the *Nursing Home Incident Command System (NHICS)*. All template content should be carefully reviewed by your facility’s emergency management team and administrators for relevance, accuracy and completeness; sections should be modified, added or deleted as necessary to meet those goals. The template is provided in Microsoft Word format so it can be easily modified².

For example, Appendix M contains standardized NHICS forms. If your facility does not use certain NHICS forms, Appendix M should be modified to reflect the NHICS forms (or other forms) that your facility uses as part of its emergency management program.

Here are some key items to address within the template:

- Sections highlighted in yellow require special attention. This includes inserting the name of your facility and other important information.
- Prompts are included in the Appendices to insert facility-specific information, e.g., Facility Site Map, Disaster Meal Menus, Emergency Agreements, Vendor List, etc. Add any additional information that is appropriate to your facility.
- Carefully review all template language to ensure that it reflects the circumstances and practices of your facility. For example, the use of the NHICS during emergencies is a recommended practice; but if your facility does not currently use NHICS, the template should be modified accordingly. Please pay particular attention to the sections “Staffing During an Emergency”, “Incident Command System”, “NHICS” and “Hazard Vulnerability Analysis”. If anything in the template is inconsistent with your facility’s policies and procedures, modify the template accordingly.
- Review Appendix Y – List of Acronyms and update as needed, e.g., to add facility-specific acronyms.
- Once completed and approved, ensure signature pages are signed and dated.

² To update the page numbers included in the Table of Contents following editing, simply “right click” in the Table of Contents, select “Update Field” and then “Update Page Numbers Only”.

ORGANIZATIONAL APPROVAL

This document is <Insert name of facility>'s **Emergency Operations Plan (EOP)** and states our understanding of how we manage and conduct actions under emergency conditions. It will be reviewed and updated if necessary on an annual basis.

This EOP has been reviewed and approved by our organization's leadership.

Approved By: _____
Signature

Printed Name/Title

Date

Reviewed/Revised:

Date

Signature

Reviewed/Revised:

Date

Signature

Reviewed/Revised:

Date

Signature

Reviewed/Revised:

Date

Signature

I. RAPID RESPONSE GUIDES

Follow these steps if you recognize a potential or actual emergency that may threaten or impact:

- the health and safety of occupants (including residents, staff, and visitors),
- the care center's ability to provide care, or
- the environment or property.

STEP 1	Protect yourself and those in the immediate area from harm. If appropriate, call 9-1-1 for emergency response and sound the facility alarm and/or overhead code if appropriate per our EOP. See <i>Rapid Response Guides</i> for hazard-specific protocols.
STEP 2	Take a deep breath and assess the situation. Gather basic facts: <ul style="list-style-type: none"> • Type of incident, including specific hazard/agent, • Location of incident, • Number and types of injuries, and • What you have done so far. If the situation allows, begin to document your actions
STEP 3	Contact your immediate supervisor to report the incident and get further instructions. If you are unable to contact your supervisor, activate the Incident Commander (IC) position and the Emergency Operations Plan (EOP). Activate overhead codes or facility emergency alert system as appropriate.
STEP 4	Notify additional authorities if appropriate and indicated by protocols.
STEP 5	Follow facility policy for documenting actions and incident reporting.

CRITICAL PHONE NUMBERS:

Name/Title	Primary Telephone	Secondary Telephone

Facility Profile

Facility Name	
Facility Address	
Facility Location (Cross streets, Landmarks, Longitude and Latitude Coordinates)	
Facility Telephone #	
Facility Fax #	
Facility Email	
Facility Web Address	
Administrator/Phone #	
Emergency Contact Person/Phone #	
Maintenance Coordinator/Phone #	
Insurance Agent/Phone #	
Owner/Phone #	
Attorney/Phone #	
Year Facility Built	
Fire Alarm System/Contact #	
Security Alarm System/Contact #	
# of Licensed Beds	
Average # of Staff – Days	
Average # of Staff – Nights	
Emergency Power Generator Type	
Emergency Power Generator Fuel	
Emergency Communication System	
Like-Facility #1 for Resident Evacuation³ (within 10 miles)/Phone #	
Like-Facility #2 for Resident Evacuation (within 10 miles))/Phone #	
Like-Facility for Resident Evacuation (beyond 25 miles))/Phone #	
Like-Facility for Resident Evacuation (beyond 25 miles))/Phone #	
Other	

³ Our facility has a Memorandum of Understanding (MOU) with at least one nearby facility (within 10 miles) and one out-of-the-immediate-area facility (beyond 25 miles) to accept evacuated residents, if able to do so.

Emergency Contacts

Type	Tel #/Email	Contact Name (if known)
Police		
Fire		
LA County Department of Public Health (DPH) Health Facilities Inspection Division (HFID)	1-800-228-1019	
EMS Agency		
Local Emergency Management Agency		
Local Medical and Health Coordinator		
Ambulance Company #1		
Ambulance Company #2		
Paratransit or Other Transportation		
Power Company		
Gas Company		
Telephone Company		
Water System		
Sewer System		
Fire Alarm System		
Fire Protection – Sprinkler System		
Security Alarm System		
Emergency Water Supply		
Emergency Food Supply		
Additional Staff		
Other (please specify)		

Note: If used, see NHICS 258 "Facility Resource Directory" for a full list of Emergency Contacts

The remainder of this section provides specific information on the ***initial activities*** that may be undertaken in response to specific types of threats or emergencies (see table below). We recognize that there is no substitute for awareness and good judgment based on the unique circumstances of our facility, including location (proximity to threats), characteristics of our resident population, local agreements and protocols, and the results of our Hazard Vulnerability Analysis (HVA). Initial activities always include a vigilance for potential threats that may or may not be identified through our HVA process.

The results of our HVA that identify the most relevant threats to our facility have been incorporated into our EOP (See Appendix A – Hazard Vulnerability Assessment).

Types of Incidents	See Page
Bomb Threat	5
Earthquake	6
Evacuation	8
Extreme Weather – Cold	10
Extreme Weather – Heat	11
Fire (External)	12
Fire (Internal)	13
Flood	14
Hazardous Material/Waste Spill	15
Infectious Disease (e.g., Pandemic Influenza)	16
Missing Resident	17
Shelter In Place	18
Utility Failure (e.g., Power, Water, etc.)	19
Workplace Violence (e.g., Armed Intruder, Active Shooter, Hostage, etc.)	20

BOMB THREAT

Initial Actions	
<input type="checkbox"/>	Call 9-1-1 to report the threat.
<input type="checkbox"/>	Do NOT approach, disturb or touch the potential threat.
	Immediately evacuate anyone in the area surrounding the potential threat, saying: <i>“We have an emergency in the building and must evacuate this area immediately according to our plan. This is not a drill.”</i>
<input type="checkbox"/>	Instruct staff to calmly and safely evacuate residents to a safe area.
<input type="checkbox"/>	Activate facility’s EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Notify your supervisor or facility administrator as specified in the EOP.
<input type="checkbox"/>	<p>If a bomb threat is called in, be calm and courteous. If you are not in danger, attempt to collect information from the caller that will help to identify the location of the potential bomb, e.g.,</p> <ul style="list-style-type: none"> • Where is the bomb? • What does it look like? • When will it explode? • What kind of bomb is it? • What is your name? <p>Record this and any other information you collect, such as whether the caller is male or female, characteristics of the caller’s voice and any background sounds you notice. It is best to write this information down.</p>
<input type="checkbox"/>	Communicate relevant information with law enforcement.
<input type="checkbox"/>	Notify the LA County Department of Public Health (DPH) Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility’s EOP.
<input type="checkbox"/>	If facility evacuation is required, see RAPID RESPONSE - EVACUATION.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG).</i>

EARTHQUAKE

Initial Actions	
<input type="checkbox"/>	<p><u>If you are physically able</u> – DROP, COVER and HOLD ON</p> <ul style="list-style-type: none"> • DROP to the ground. • Take COVER by getting under a sturdy desk or chair (cover your head and neck with your arms and hands). Keep away from glass, windows or anything that could fall near you. • HOLD ON to your shelter until the shaking stops. <p><u>If a resident is in a wheelchair</u> –</p> <ul style="list-style-type: none"> • Tell/assist the resident to LOCK their wheels in a safe position. • Tell the resident to COVER their head and neck with their arms. <p><u>If a resident is confined to a bed</u> –</p> <ul style="list-style-type: none"> • Tell the resident to HOLD ON and PROTECT their head with a pillow.
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Assign staff to assess residents for any injuries that require immediate attention.
<input type="checkbox"/>	<p>Assign staff to assess the facility for damage that requires immediate attention (e.g., gas leaks, fires, broken glass, spills, etc.)</p> <ul style="list-style-type: none"> • If a gas leak is suspected (e.g., you smell gas or hear a blowing or hissing noise), shut off gas and contact the proper utility company for restoration. • Do not allow any flame source until you are certain the gas lines have not been affected. • Inspect the facility for small fires (a common hazard after an earthquake); extinguish as necessary and/or call 9-1-1. • Look for electrical system damage. If you see sparks or broken or frayed wires, or if you smell hot insulation, turn off the electricity at the main fuse box or circuit breaker. If you have to step in water to get to the fuse box or circuit breaker, call an electrician first for advice. • Check for sewage and water lines damage. If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap. • Heed public health notices/orders regarding water contamination (including the following notices: <i>Boil Water</i>, <i>Do Not Drink Water</i>, and <i>Do Not Use Water</i>). Consider all flood water contaminated. Avoid walking through flood waters and wash hands thoroughly after contact. Do not use pre-packaged food and drink products that come into contact with flood water. When in doubt, throw it out! Report utility problems to appropriate utility company/agency. • Activate your emergency water plan. See Appendix R – Disaster Water Supplies for further information.

Initial Actions	
<input type="checkbox"/>	If the facility has suffered structural damage, or if supporting utilities are compromised (e.g., power, water), consider the need for evacuation vs. shelter in place.
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	If facility evacuation is required, see RAPID RESPONSE - EVACUATION. If the decision is to shelter in place, see RAPID RESPONSE – SHELTER IN PLACE.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG).</i>

EVACUATION

Initial Actions	
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Activate the Emergency Transportation aspect of the EOP. (See Appendix B – Facility Evacuation and Maps)
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report activation of the facility's EOP and need to evacuate.
<input type="checkbox"/>	Assess which residents might be able to go to families and contact in advance.
<input type="checkbox"/>	Assess: <ul style="list-style-type: none"> • Number and types of beds needed • Available staff to support transferred residents (call in additional staff if needed) • Potential transportation requirements based on the number of residents, medical needs and mobility status
<input type="checkbox"/>	If residents need to be transferred to another facility, identify available beds by the following procedures: <ul style="list-style-type: none"> • Coordinate with other facilities in the healthcare system or neighbor/buddy facilities with whom you have a pre-existing relationship • If the above resources are unavailable or inadequate, request assistance from the LA County DPH HFID at 1-800-228-1019 and/or utilize ReddiNet.
<input type="checkbox"/>	Obtain transportation resources by contacting the contracted ambulance providers. <ul style="list-style-type: none"> • If the above resources are unavailable or inadequate, request assistance from the LA County DPH HFID at 1-800-228-1019 and/or utilize ReddiNet.
<input type="checkbox"/>	Prepare for evacuation: <ul style="list-style-type: none"> • Collect and package residents' equipment and medications • Collect and package residents' belongings for transport, including glasses, dentures, hearing aids, etc. • Prepare water and snacks to accompany residents during transport period • Prepare copy of medical chart to accompany resident
<input type="checkbox"/>	If surrounding roads may be damaged, verify planned evacuation routes with the public safety agency.

Initial Actions	
<input type="checkbox"/>	<p>Track residents to destinations and notify family members of evacuation and planned destination. If needed, additional tools and information on Evacuation are included in the following Appendices:</p> <ul style="list-style-type: none">• Appendix B – Facility Evacuation and Maps,• Appendix C – Resident Evacuation Tracking Form (or alternative to NHICS 260)• Appendix D – Resident Evacuation Checklist,• Appendix E – Sample Face Sheet, and• Appendix F – Long-Term Care Facility Evacuation Resident Assessment Form for Transport and Destination.
<input type="checkbox"/>	<p><i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG). Please see Appendices B – F for more information.</i></p>

EXTREME WEATHER – COLD⁴

Initial Actions	
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Assess residents for signs of distress and/or discomfort.
<input type="checkbox"/>	Initiate actions to safely increase resident comfort, e.g., utilize heating pads and electric blankets (be sure to carefully monitor the temperature of residents); offer warm liquids (keeping in mind relevant dietary modifications/restrictions), etc. Contact vendors for additional heating units if appropriate (See Appendix U – Vendor List)
<input type="checkbox"/>	Do not leave residents unattended near a heat source.
<input type="checkbox"/>	If the internal temperature of the facility remains low and potentially jeopardizes the safety and health of residents, consider re-location to a warmer part of the facility or evacuation to another facility.
<input type="checkbox"/>	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION.
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG).</i>

⁴ The determination of what constitutes *excessive cold* should be tailored to the impact of the temperature and its duration on the health and well-being of the facility's residents. An informed decision should be made by responsible facility administrators. A suggested guideline to consider is a facility temperature of 65 degrees Fahrenheit or lower for a period of four hours.

EXTREME WEATHER – HEAT⁵

Initial Actions	
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Assess residents for signs of distress and/or discomfort.
<input type="checkbox"/>	Call 9-1-1 if any resident appears to be suffering from heat-related illness such as heat cramps, heat exhaustion or heat stroke.
<input type="checkbox"/>	Consider re-locating residents to a cooler part of the facility.
<input type="checkbox"/>	If the outdoor temperature is cooler than the internal facility temperature, consider opening windows and using fans to bring cooler air into the building. If the outdoor temperature is not cooler, keep the windows closed and shades drawn. (Note: it may be necessary to increase security to accommodate open windows, etc.)
<input type="checkbox"/>	If the internal temperature of the facility remains high and potentially jeopardizes the safety and health of residents, consider evacuation to another facility.
<input type="checkbox"/>	Provide cool washcloths and cooling fans for air circulation.
<input type="checkbox"/>	Encourage residents to drink fluids to maintain hydration.
<input type="checkbox"/>	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION.
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG).</i>

⁵ The determination of what constitutes *excessive heat* should be tailored to the impact of the temperature and its duration on the health and well-being of the facility's residents. An informed decision should be made by responsible facility administrators. A suggested guideline to consider is a facility temperature of 85 degrees Fahrenheit or higher for a period of four hours.

FIRE – EXTERNAL

Initial Actions	
<input type="checkbox"/>	Monitor local alert system and local news for evacuation reports and instructions.
<input type="checkbox"/>	Monitor residents and staff for complications related to smoke exposure.
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	<p>Preemptive methods to mitigate smoke and fire risk:</p> <ul style="list-style-type: none"> • Close all windows, doors, and vents • If using HVAC, set to re-circulate indoor air • If possible, use a high efficiency particulate air (HEPA) filter • Prepare evacuation bags, records, and ID tags • Contact transportation companies to alert them you may need to evacuate
<input type="checkbox"/>	<p>In case of immediate threat:</p> <ul style="list-style-type: none"> • Move residents to a pre-designated staging area for rapid evacuation • If you smell gas, and it is safe to do so, shut off the gas. Do not do so unless need is certain as only the gas company can turn it back on. • Contact the transport companies and facilities you have agreements with • Notify resident families. • Leave a message on the facility phone with a contact number and information regarding facility status.
<input type="checkbox"/>	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION.
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG).</i>

FIRE – INTERNAL

Initial Actions	
<input type="checkbox"/>	Rescue anyone in immediate danger while protecting the safety of the rescuing staff member(s). Follow the facility's procedure for RACE, PASS and other urgent response to fire.
<input type="checkbox"/>	Alert residents and staff members; pull the fire alarm.
<input type="checkbox"/>	Call 9-1-1 immediately to report a fire. Include the following information: <ul style="list-style-type: none"> • Name of facility • Address and nearest cross street • Location of fire (floor, room #, etc.) • What is burning (electrical, kitchen, trash, etc.)?
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Contain the fire if possible without undue risk to personal safety. Shut off air flow, including gas lines, as much as possible, since oxygen feeds fires and distributes smoke. Close all fire doors and shut off fans, ventilation systems, and air conditioning/heating systems. Use available fire extinguishers if the fire is small and this can be done safely.
<input type="checkbox"/>	Oxygen supply lines (whether portable or central) may lead to combustion in the presence of sparks or fire. If possible, quickly re-locate oxygen-dependent residents away from fire danger.
<input type="checkbox"/>	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION.
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG). Also, see Appendix G – Fire Emergency for more detailed information.</i>

FLOOD

Initial Actions	
<input type="checkbox"/>	Rescue anyone in immediate danger while protecting the safety of rescuing staff member(s).
	If the flood poses danger to residents, staff or visitors, call 9-1-1 immediately and include the following information: <ul style="list-style-type: none"> • Name of facility • Address and nearest cross street • Describe flood situation (basement, room #'s, etc.)
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Alert residents, staff and visitors.
<input type="checkbox"/>	Unplug non-essential appliances, equipment and computers.
<input type="checkbox"/>	Check for gas leaks, water line ruptures, sewage contamination, etc. If you smell gas, and it is safe to do so, shut off the gas. Do not do so unless the need is certain as only the gas company can turn it back on. Report utility problems to appropriate utility company/agency.
<input type="checkbox"/>	If water lines are disrupted, consider the water supply to be contaminated and follow the facility plan for emergency water. Heed public health notices regarding water contamination (including the following notices: <i>Boil Water</i> , <i>Do Not Drink Water</i> , and <i>Do Not Use Water</i>). Consider all flood water contaminated. Avoid walking through flood waters and wash hands thoroughly after contact. Do not use pre-packaged food and drink products that come into contact with flood water. When in doubt, throw it out! Report utility problems to appropriate utility company/agency.
<input type="checkbox"/>	If needed, activate your emergency water plan. See Appendix R – Disaster Water Supplies for further information.
<input type="checkbox"/>	Gather critical supplies to take to higher ground/evacuation (e.g., medications, drinking water, health records, important personal items, communication devices, blankets, etc.)
<input type="checkbox"/>	Do not allow electrical devices to come into contact with water.
<input type="checkbox"/>	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION.
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG).</i>

HAZARDOUS MATERIAL/WASTE

Initial Actions	
<input type="checkbox"/>	<p>If a reportable hazardous material/waste spill or release occurs (or is threatened) on facility property, call 9-1-1 immediately to report the incident. It is also necessary to notify the California Governor's Office of Emergency Services (Cal OES) Warning Center at 1-800-852-7550. The facility may also be required to notify local authorities. Include the following information:</p> <ul style="list-style-type: none"> • Name of caller and facility • Exact location, date and time of spill, release or threatened release • Substance, quantity involved and isotope (if known) • Chemical name (if known) • Description of what happened
<input type="checkbox"/>	Alternately, the facility may be notified by authorities of an external hazardous materials/waste spill or release that may affect the facility.
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Assess residents for signs of distress; keep residents, staff and visitors away from the site of the spill.
<input type="checkbox"/>	Access the <i>Safety Data Sheet</i> (formerly named the <i>Material Safety Data Sheet</i>) for the material spilled or released on the facility's property. Determine if the material/waste poses a safety or health risk to residents, staff or visitors. All SDS's should be available on site, but if the SDS cannot be located on site, consider checking the internet.
<input type="checkbox"/>	Utilize appropriate Personal Protective Equipment (PPE) if warranted.
<input type="checkbox"/>	Close windows, doors, and ventilation systems as needed to protect air quality by preventing the spread of dangerous fumes or smoke.
<input type="checkbox"/>	Coordinate with public safety agencies (fire and law) and emergency management to determine if evacuation is necessary.
<input type="checkbox"/>	If the decision is made to evacuate, see RAPID RESPONSE – EVACUATION.
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	Follow public health advice regarding water or air contamination (including the following notices: Boil Water, Do Not Drink Water, and Do Not Use Water).
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG).</i>

INFECTIOUS DISEASE

Initial Actions	
<input type="checkbox"/>	If either the volume or severity of an infectious disease significantly threatens or impacts day-to-day operations, activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	Obtain guidance from the local health department and the U.S. Centers for Disease Control and Prevention (CDC).
<input type="checkbox"/>	Implement appropriate infection control policies and procedures.
<input type="checkbox"/>	Clearly post signs for cough etiquette, hand washing, and other hygiene measures in high visibility areas. Consider providing hand sanitizer and face/nose masks if practical.
<input type="checkbox"/>	Consider advising visitors to delay visits if needed to reduce exposure risk to residents.
<input type="checkbox"/>	Advise staff to check for signs and symptoms of illness and to not work if sick. Activate emergency staffing strategies as needed.
<input type="checkbox"/>	Limit exposure between infected and non-infected persons; consider isolation of ill persons.
<input type="checkbox"/>	Conduct recommended cleaning/decontamination in response to the infectious disease.
<input type="checkbox"/>	If needed, the procedure for Emergency Admit is included in Appendix H and the Procedure for Handling Remains is included in Appendix I.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG).</i>

MISSING RESIDENT

Initial Actions	
<input type="checkbox"/>	Record the time that the resident was discovered missing and when and where he/she was last seen.
<input type="checkbox"/>	Verify that the resident has not signed out or been discharged.
<input type="checkbox"/>	Perform census verification and resident roll call to determine if there are any other missing residents
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Search the facility's grounds for the resident. If necessary, distribute copies of the resident's photograph to the staff searching the grounds. Keep a record of the areas searched. Be sure to check: <ul style="list-style-type: none"> • Closets • Walk-In Refrigerators/Freezers • Storage Rooms • Under Beds and Behind Furniture
<input type="checkbox"/>	If the missing resident is not found following an expedient search, call 9-1-1 and provide: <ul style="list-style-type: none"> • Name and description of missing resident • Description of clothing, ambulation method, cognitive status • Photo if available
<input type="checkbox"/>	Notify: <ul style="list-style-type: none"> • Responsible party / next of kin that resident is missing and search is underway • LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	Coordinate with public safety agencies in searching for the missing resident.
<input type="checkbox"/>	Once the resident is found, notify the responsible party/next of kin, facility staff and public safety agency representative.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG).</i>

SHELTER IN PLACE

Initial Actions	
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Identify safe and unsafe areas of the facility relative to the specific threat.
<input type="checkbox"/>	Move residents from unsafe areas to safe areas. Be sure to include medications, important personal items, etc.
<input type="checkbox"/>	Increase the safety of "safe areas" by reducing hazards, e.g., close, lock and move away from windows (during extreme winds), exterior doors, and other openings that may create hazards.
<input type="checkbox"/>	Plan for the availability of food, water and other essential disaster supplies for residents and staff during the time period anticipated for sheltering in place. In addition to non-perishable food and water and critical medications, consider battery-powered radios, first aid supplies, extra blankets, flashlights, batteries, duct tape, plastic sheeting, plastic garbage bags, and eating utensils.
<input type="checkbox"/>	Comfort and assess residents for signs of distress.
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	Continually reassess the safety of sheltering in place and prepare to activate the facility evacuation plan if at any time the risk of sheltering in place is greater than the risk to evacuate (see Appendix B – Facility Evacuation and Maps). Keep the DPH HFID notified of any change in status.
<input type="checkbox"/>	If needed, extended shelter in place guidance is contained in Appendix J.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG). Please see Appendix J for more information.</i>

POWER OUTAGE

Initial Actions	
<input type="checkbox"/>	Call 9-1-1 if the power outage causes or threatens a medical emergency (e.g., power is lost to a ventilator).
<input type="checkbox"/>	If the power outage poses a risk to the safety of residents, staff or visitors, take actions to reduce/eliminate the threat without jeopardizing the safety of staff.
<input type="checkbox"/>	Report the outage to the appropriate utility company or repair vendor.
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Activate back-up power and/or emergency lighting if necessary.
<input type="checkbox"/>	Comfort and assess residents for signs of distress.
<input type="checkbox"/>	Account for all residents.
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	To the extent possible, mobilize emergency back-up power generators and necessary fuel for operation.
<input type="checkbox"/>	Take all reasonable steps to protect food and water supplies and maintain a safe environment of care for residents and staff.
<input type="checkbox"/>	If the decision is made to evacuate the facility, see RAPID RESPONSE – EVACUATION. If the decision is made to shelter in place, see RAPID RESPONSE – SHELTER IN PLACE. Consult other RAPID RESPONSE Guides as appropriate to the situation causing the power outage, e.g., flood.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG).</i>

WORKPLACE VIOLENCE

Initial Actions	
<input type="checkbox"/>	Dial 9-1-1 if there is any threat of workplace violence.
<input type="checkbox"/>	Announce the facility code to warn staff of situation, e.g., Code Silver.
<input type="checkbox"/>	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
<input type="checkbox"/>	Move residents to the closest safe area.
<input type="checkbox"/>	<ul style="list-style-type: none"> • <u>If a dangerous or armed assailant is in the facility, flee the dangerous area if possible.</u> • Assist residents and visitors to take cover behind doors, heavy furniture, or on floor. • Take refuge behind locked doors. If possible, cover windows by drawing blinds or taping paper in the window. • Maintain contact with 9-1-1 to provide and receive information. • Silence the ringer on cell phones. • <u>If there is an argument without physical contact –</u> • De-escalate the situation: <ul style="list-style-type: none"> ○ Avoid threatening body language (e.g., don't stand with arms crossed) ○ Maintain a calm voice ○ Avoid arguing • Ask the individual to leave the premises. • If the individual does not immediately leave, dial 9-1-1 and request assistance.
<input type="checkbox"/>	Initiate Lockdown procedures (see Appendix K) if it is appropriate to control facility access.
<input type="checkbox"/>	Notify the LA County DPH Health Facilities Inspection Division (HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
<input type="checkbox"/>	<i>Add other response actions here consistent with the EOP Incident-Specific Annex or NHICS Incident Response Guide (IRG). Please see Appendices K and I for more information.</i>

II. ALL-RISK EMERGENCY OPERATIONS PLAN

Overview

Our facility is committed to protecting the well-being of our residents, staff and visitors. An important aspect of this responsibility is the development and active commitment of facility leadership and staff to an effective Emergency Management Program (EMP). This document, our facility's **All-Risk Emergency Operations Plan (EOP)**, states our organization's understanding of how we will manage and conduct actions under emergency conditions. As such, it has been reviewed and approved by our organization's leadership (see Organizational Approval on page iii).

We understand that there are a variety of hazards, both natural and human-caused, that may pose risks to the health and safety of residents, staff and visitors. Furthermore, these hazards may also pose risks to our on-going business operations.

This is an "all hazards" plan and we have verified through our Hazard Vulnerability Analysis (HVA) that the hazards that pose the greatest risk (a combination of probability and consequence) are given special attention in our plan, training and exercises.

We recognize that the effectiveness of this plan requires the commitment of facility administrators and staff. The day-to-day provision of services to our residents requires considerable focus and effort, yet we have a duty to prepare for events that may have significant impact to our residents and facility.

This plan is a living document that will be reviewed at least annually and updated as necessary based on "lessons learned" during exercises or real events; the evolution of new "best practices"; or changes to local, state and federal regulatory requirements.

Purpose and Scope

The purpose of our EOP is to describe our all-hazards approach to emergency management, and by so doing, support the following incident objectives:

- Maintain a safe and secure environment for residents, staff and visitors;
- Sustain our organization's functional integrity, including our usual service and business functions (continuity of operations); and
- Integrate into the community's emergency response system as necessary.

The scope of this plan extends to any event that disrupts, or has the potential to disrupt, our normal standards of care or business continuity. This includes the impact due to internal incidents, such as a fire, or external incidents, such as an earthquake.

Structure and Leadership

Our facility has an organizational structure as indicated by the Organization Chart on the following page (Figure 1). This structure identifies the general chain-of-command and principal roles of facility administrators and senior management staff.

The normal organizational structure and its associated processes are well suited for day-to-day operations. However, it may not be an ideal structure for emergency management. Everyday decision-making at the organizational level is typically conducted with deliberate, time-consuming methods such as scheduled committee meetings, executive deliberations, and board meetings. Reflecting our chain-of-command, the senior authority on duty at the time of the emergency is responsible for activation of our EOP. Once the EOP is activated, our leadership structure may switch to the emergency management system, called the Incident Command System (ICS).

This ICS emergency management system (adapted to nursing homes as the *Nursing Home Incident Command System, NHICS*) is threaded through our EOP, but the day-to-day management system does not “go away” during emergencies. Instead, the emergency management organization forms a “parallel structure” to the existing management team. The head of the emergency management system (called the “Incident Commander” or IC) reports to the facility CEO/Chief Administrator. See Figure 2 (page 25) which shows the relationship between day-to-day management and incident management.

<Insert Facility Organization Chart on this page>

Figure 1. Organization Chart

Incident Command System

The Incident Command System (ICS) originally developed by the fire services has been adapted to nursing homes under the name ***Nursing Home Incident Command System (NHICS)***. All NHICS documents, including the NHICS guidebook, detailed incident planning guides (IPGs) and incident response guides (IRGs), job action sheets, and training modules can be found on the *California Association of Health Facilities (CAHF)* web site for disaster preparedness at <http://cahfdisasterprep.com/NHICS/GuidebookTools.aspx>.

Advantages of NHICS include:

- NHICS is an effective emergency management method: NHICS is defined as the “*combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in incident management activities.*” The NHICS organizational structure establishes individual responsibility, lines of authority, and effective span-of-control of resources. In addition, it establishes procedures that facilitate information flow in a concise and clear fashion under the often chaotic conditions of an emergency. These have all been traditional challenges for healthcare facilities and systems during emergency response.
- NHICS’s role within the organization’s everyday management structure: When an incident causes us to activate our EOP, it will remain necessary to continue our usual functions. The NHICS Incident Management Team (IMT) responding to the emergency is considered a temporary “*parallel organization*” that focuses on the emergency situation and takes appropriate actions based on the Incident Action Plan (IAP). Administratively, the leader of the IMT, the *Facility Incident Commander (IC)*, reports to and takes policy direction from our facility’s senior executive. See Figure 2 on the following page. Please note that the IC often has a Command Staff that manage critical functions, including the Safety Officer and Public Information Officer (also known as Public Relations Liaison). More detail on these functions can be found in the NHICS materials posted on the web site cited above.
- Management objectives in emergency response: During emergency response, the primary objective of the IMT should be to organize and coordinate response strategies and resources to effectively address incident issues. At the same time, the actions should minimize risks (physical, psychological, financial, and others) to responders and victims, and protect the safety and functional integrity of the organization.

More information on the operational aspects of NHICS is found the section called “Concept of Operations”.

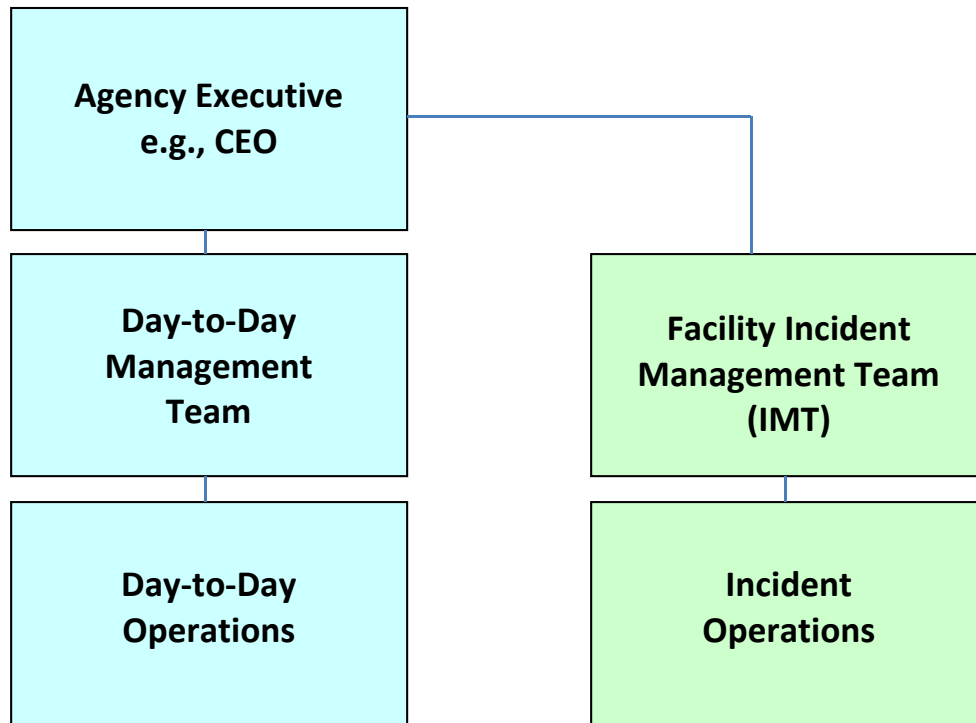


Figure 2. The relationship between day-to-day management and incident management.

Risk Assessment

Comprehensive emergency management includes four phases: preparedness, mitigation, response and recovery. A critical component of the preparedness phase is assessing risks and vulnerabilities, and a common tool used for this purpose is the Hazard Vulnerability Analysis (HVA). For this reason, our facility has completed an HVA that is reviewed annually.

Hazard Vulnerability Analysis (HVA)




To complete our initial HVA, we completed the following six-step process:

1. Establish the participants in the HVA process. We involved knowledgeable stakeholders in the HVA process, including both internal and external (community-based) stakeholders. The community-wide HVA, typically conducted by the local office of emergency management, was also used to identify threats external to our facility.
2. Identify the hazards. This step consists of identifying all of the hazards that could significantly impact operations, the care of residents, or unusual service needs. Hazards may be both internal to the facility (e.g., failure of HVAC) or community-based, e.g., earthquake or tornado. Whether internal or external, all hazards were considered that could significantly impact our facility.
3. Assess the hazard-associated “risk” (probability and consequence). Risk is the product of probability and consequence. Each identified hazard was assessed according to its probability and impact (consequences).
4. Rank the hazards by magnitude of risk. This step involves sorting the risks into categories, e.g., high risk, moderate risk, and low risk. This step also includes expert judgment, e.g., information from emergency management officials that may be aware of community vulnerabilities, e.g., flood zone information, seismic risk, etc.
5. Analyze the vulnerability of “mission-critical” systems to each hazard. This final step assessed vulnerabilities relative to human impact, property and facility impact, and operational impact.
6. Prioritize the vulnerabilities and implement risk intervention activities (mitigation) as appropriate. Generally, our vulnerabilities are ranked by the following priorities:
 - a. Life safety threat (injury/illness, death, short and long term health risk)
 - b. Disruption of facility operations
 - c. Business system failure
 - d. Loss of customer/community trust and/or goodwill
 - e. Property and/or environment damage
 - f. Liability and/or legal/regulatory exposure

An example of a HVA is found in Appendix A and a supplemental Security Assessment is included in Appendix L.

Top 3 Risks

Our HVA assessment process has determined that the top three risks facing our facility include those listed below:

1. 
2. 
3. 

Risk Mitigation

Mitigation may be defined as activities taken to reduce the impacts from hazards. Mitigation planning establishes short and long-term actions to eliminate hazards or to reduce the impact of those hazards if they cannot be eliminated.

Based on the results of the HVA, the mitigation strategy considers, but is not be limited to, the following:

- The use of appropriate building construction standards.
- Relocation, retrofitting or removal of structures at risk.
- Removal or reduction of the amount or size of the hazard.
- Segregation of the hazard from that which is to be protected.
- Provision of protective systems or equipment.
- Establishing hazard warning and communications procedures.
- Redundancy or duplication of critical systems, equipment, information, operations, or materials.

Our emergency operations program is designed to be “all hazard” meaning that we remain vigilant and ready to respond to all emergency events whether they have been pre-identified through our HVA or not. This is accomplished through practiced team work, good communication and the process of incident action planning.

Communication Plan

Our communication plan supports *rapid* and *accurate* communication both internally and externally. This section describes the elements of a basic communication plan incorporated into this EOP.

Relative to internal communications, the facility maintains a contact list of all staff, including telephone numbers and email addresses (if available). This contact information may be used whenever it is necessary to notify staff of a threat or emergency that may impact or involve them. We have a regular schedule to update staff on critical information related to the emergency. See Appendix N – Staff Recall and Survey for details on the physical location of contact lists.

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident should immediately notify their supervisor or the senior manager on site.

Our internal communication equipment includes:

- Overhead Page
- Hand Held radios
- Cell phones with texting
- Message board
- Public Relations Liaison (also known as Public Information Officer)
- Runner
- Other

It is also important to communicate with relevant external partners to: 1) gather information relevant to the incident, and 2) share information regarding the facility's status, activities and needs. Our facility will report incidents as required to jurisdictional authorities, e.g., report a fire to the local fire department. We may also share relevant situational information with external partners consistent with local policies and procedures. See Appendix M – NHICS Forms for NHICS 258: External Contact list (also called Facility Resource Directory). Our external communication equipment includes:

- Land lines
- Cell phones with texting
- Hand held radios
- ReddiNet
- Amateur/Ham radio
- Internet
- Other

Resident and Family Communication – Our facility provides information to all residents and family members regarding our EOP as part of our orientation and on-going communications. In the event of an emergency, family members may be notified and briefed on the status of the facility and the condition of their loved one as soon as it is feasible to do so. In case of an emergent situation, where time and conditions do not allow us to communicate with our resident’s families in a timely manner, we may utilize the Ombudsman, the Department of Public Health staff, the American Red Cross, our website, and other methods as available to provide a phone number to families where they can call and obtain information on the status and location of their resident.

Public Relations Liaison (this role may be assumed by the Public Information Officer in NHICS) – Our facility has identified a responsible staff person to release information to the public after a disaster. Unless otherwise specified, it will be the Facility Incident Commander (IC).

Employee Preparedness

Emergency response and recovery operations can be stressful for affected residents and employees in addition to the families of both. Our employees may be requested to report to their work site and provide services related to emergency response and recovery operations in addition to their normally assigned duties. Supervisors, co-workers, and residents share an expectation that medical services will proceed uninterrupted and that medical needs generated by the incident impact will be addressed. Preparedness planning in this facility should be recognized as a shared responsibility between nursing home leadership and staff. All staff are expected to have a current *family disaster plan* so that they can fulfil their work obligations knowing that their families are well prepared and safe. Staff are encouraged to visit www.ready.gov/make-a-plan and/or www.redcross.org/prepare/location/home-family/plan for guidance and templates for personal disaster plans.

Staffing During an Emergency

Staff Recall

<Insert name of facility> staff may be called in and/or availability may be requested by a pre-designated staff person as detailed in Appendix N – Staff Recall and Survey. The individuals contacted may be asked to report for duty immediately or be scheduled for future shifts during the emergency. The location of a detailed emergency contact list for staff is contained in Appendix N.

Emergency Employee Call-Ins

All staff in regular, temporary and pool positions should contact their immediate supervisor or manager if they are unable to report to duty as scheduled.

All approved Paid Time Off (PTO) days during an event may be cancelled. Employees should be available to report for duty if it is safe and feasible to do so.

Employees may be assigned to Team A or Team B and should report to duty as follows:

- Team A will report to the facility as scheduled once an emergency is declared, and travel is safe. Team A will remain at the facility for the duration of the disaster event and its effects, and until relieved by Team B.
- Team B members are expected to report to duty to their department or labor pool when an all-clear is called by the Incident Commander (IC) or local officials, and it is safe to travel.

Employees who do not provide direct patient care and whose departmental functions can be halted until the emergency situation is over will be designated as either Team A or Team B and deployed to a labor pool. Those employees will report directly to <enter designated area for employees to enter facility> for assignment.

Team A and Team B will be encouraged to bring the following to the facility:

- Staff identification
- Medications/personal items
- Money: cash and change for vending
- Flashlight with extra batteries
- Critical personal phone numbers
- Battery-operated cell phone charger

Staff Responsibility

Team A and B employees will be deployed and rotated, as deemed appropriate by the IC, during the duration of the disaster; work in various assigned shifts; and/or provide non-routine duties. Team A and B employees will report in when an “All Clear” is called and/or it is safe to travel.

Staff Support

To the extent that the facility’s needs permit, space may be provided for families of working staff during the disaster. Reasonable sleeping and showering areas will be assigned to off-duty staff. Childcare may be available if family caregivers are not available. Families should bring snacks, drinks, linens, personal items and children’s activities whenever possible. Food will be provided in the cafeteria from a limited menu and at reasonable prices. Food for residents will be the priority.

Coordination with Response Partners

We recognize that the majority of emergencies experienced by our facility will likely involve other response partners.

Our facility has established relationships with relevant response partners in the community and become familiar with local policies and procedures relevant to emergency management. Because ICS is the accepted standard practice among governmental response agencies, the use of NHICS supports coordination with our external partners.

ReddiNet is a tool that may be used by our facility to communicate situational information to the county (our Medical and Health Operational Area Coordinator [MHOAC] is the Local Emergency Medical Services Agency [LEMSA] Director). Our facility may respond to bed polls, report facility status, and share information using ReddiNet (See Appendix O – ReddiNet Quick Start Guide for LTCs).

Public Health and Medical System Coordination

In California, the coordination of various public health and medical functions is accomplished at the local operational area (county), the mutual aid region, and the State levels. Within the operational area, coordination for both public and private entities is handled by the Medical and Health Operational Area Coordinator (MHOAC). In our county, the EMS Agency Director is designated as the MHOAC. The EMS Agency is responsible for all pre-hospital and emergency medical services within LA County. The LA County Department of Public Health (DPH) functions as the lead county agency for public health needs such as response to disease outbreaks. In addition, the DPH Healthcare Facilities Inspection Division (HFID) has the authority and responsibility for the licensing and certification of health facilities.

In the case of a widespread event involving multiple sites of impact, the LA County EMS Agency along with LA County DPH will provide the overall coordination for resource requesting (see Appendix P – Health and Medical Resource Request Form), obtaining situational awareness, and providing information horizontally and vertically within the medical and health coordination network. These activities are conducted through the activation of the Medical Alert Center (MAC) operated by the LA County EMS Agency in addition to the Department Operations Centers (DOCs) of LA County DHS and LA County DPH.

For SNFs, the LA County DPH HFID is the point of contact for requests for assistance and/or exchange of information during a disaster.

Disaster Resource Centers

The Disaster Resource Center (DRC) Program was developed to assist the LA County healthcare community to work together regionally on emergency preparedness and response. Thirteen hospitals have been designated within 10 geographic regions in LA County as DRCs. Area SNFs can participate in this regional planning and utilize their local DRC as a resource when developing their facility's disaster program.

Our facility coordinates with <insert name of DRC or even sister facilities as appropriate> on <insert details on how your facility plans with the DRC, examples include planning, training, exercises, and/or facilitating a regional disaster plan>.

Resource Management

Resource management is critical to maintaining safe and effective care of residents and staff. Emergencies can easily lead to unusual resource challenges like the need to evacuate residents to an alternate location; unavailability of supplies delivered on a “just in time” basis; etc.

Our facility has a robust supply of emergency equipment and materials. See Appendix Q for a Disaster Supply Inventory; Appendix R for Disaster Water Supplies; Appendix S for a Site Map with the locations for shutoffs, fire suppression and emergency supply locations; and Appendix T for Disaster Meal Menus. We have a system for shelf-life management -- rotate through usual stock if possible, or rotate through suppliers’ stock, and budget and plan for replacement for all consumable supplies as indicated by the situation.

One of the most effective ways to strengthen the resiliency of the nursing home is to establish agreements with vendors and neighbor facilities before an emergency occurs. Our facility has established agreements with a variety of vendors for our re-supply and recovery needs. See Appendix U for a list of these vendors and Appendix V for copies of or relevant documentation for emergency agreements.

Use of Volunteers

It is the policy of our facility to maximize our staff and utilize approved staffing registries in the event that we are unable to cover our staffing needs during an emergency. If this strategy fails to meet our needs, our facility may request additional staff through the LA County Department of Public Health (DPH), Health Facilities Inspection Division (HFID) unless otherwise instructed. We may also utilize emergent volunteers for non-resident care if necessary. Before utilizing any volunteers however, we follow the steps outlined below if at all possible:

Set up systems for:

- Receiving volunteers
- Processing and registering volunteers
- Issuing assignments and providing briefing on tasks and responsibilities
- Credentialing as indicated by task assignments (if feasible)
- Badging for site access and function as indicated
- On-site training (as appropriate) and equipping as indicated for both safety and job efficacy
- Assign key staff to supervise the volunteers closely
- Reassignment as tasks are completed
- Demobilizing and out-processing (return badges, receive feedback from volunteers, address medical and psychological issues and arrange after-care, obtain contact information for any surveillance or medical follow-up, and thank volunteers for their service)

Education and Training

Education and training, including drills and exercises, are utilized in this facility to achieve proficiency during emergency response. In compliance with state and federal regulations, our facility conducts initial training on the EOP during the orientation of new staff, and annually to all staff or as needed if the EOP is changed. A disaster drill is held every six months. A written report of drills and exercises is maintained, and corrective actions are taken as indicated. Staff from all shifts shall participate in drills or test exercises. In addition, fire and internal disaster drills are held at least quarterly, under varied conditions for each individual shift of facility personnel. The actual evacuation of patients to safe areas during a drill is optional. A dated and signed report and evaluation of each drill and rehearsal is maintained and includes the signatures of all employees who participated.

Additionally our facility participates in all state and federal drills when asked to do so by local or state agencies, including LA County DHS and DPH.

III. RESPONSE CONCEPT OF OPERATIONS

Nursing Home Incident Command System (NHICS)

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

When an emergency impacts our facility, the response is guided by Incident Action Planning as described in the NHICS Guidebook. Incident Action Planning is a core concept that takes place regardless of the incident size or complexity. Incident Action Planning involves six essential steps:

Understand nursing home policy and direction

In developing the response actions to undertake, the Incident Management Team (IMT)⁶ should understand the facility's mission, EOP and policies.

Assess the situation

Situational intelligence is critical in developing the response actions, providing insight to the impact, and projecting the span of the event. Our facility has access to established mechanisms and systems within the community (city, county, regional, or state) that may provide and verify situational information. Another component in assessing the situation is determining the potential impact on the facility itself, based on current resident and employee status, the status of the building(s) and grounds, and the ability to maintain resident services.

Establish incident objectives

The Incident Commander (IC, leader of the IMT) sets the overall command objectives for the response. He/she sets the direction for the response actions consistent with the mission and policies of the organization.

For example, in an incident involving power failure, ensuring the safety of residents and employees is the highest priority. The Incident Response Guides (IRGs) provide examples

⁶ The Incident Management Team (IMT) is the group of individuals who are assigned roles to mitigate the impact of the emergency in a coordinated manner under the NHICS system. The number of people assigned to the IMT may vary from one (the Incident Commander) to many, depending on the scope and needs created by the emergency.

of objectives that apply to the response based on the cause. These may be used in the Incident Action Planning process.

Determine appropriate strategies to achieve the objectives

After the IC has set the command objectives, the Section Chiefs then determine the appropriate strategies to undertake in the response. This provides a plan of action for each section, clearly identifying actions and duties while ensuring that there is no duplication of efforts. Objectives should be developed that provide clear direction and define what is to be done. For example, assessing the building for structural damage after an earthquake is a clear objective to be carried out.

Provide tactical direction and ensure that it is followed

Tactical directions provide the responders with the actions to be taken and identify the resources needed to complete the task. For example, assessing the facility after an earthquake will require the necessary tools such as protective equipment, checklists to document the assessment, etc. Actions undertaken should be assessed for their effectiveness, with the objectives and directions adapted if they are unsuccessful.

Provide necessary back-up

When tactical direction is initiated, support is needed to meet the objectives. This may include revision of the actions taken in the response, the assignment of additional resources (personnel, supplies and equipment) as well as the revision of tactical objectives.

Incident Management Team (IMT)

NHICS is a flexible and adaptable system that can be “right-sized” for any emergency. Some emergencies are minor and limited in scope, while larger disasters can have severe and prolonged impact to operations.

The IMT structure consists of the command, general, branch and unit staff, with sections clearly identified by the roles and responsibilities they carry out. For more detailed information on the structure and application of NHICS, refer to the *NHICS Guidebook* and supporting materials that can be found on the *California Association of Health Facilities (CAHF)* web site for disaster preparedness at <http://cahfdisasterprep.com/NHICS/GuidebookTools.aspx>.

The only NHICS position that is activated for every emergency is the IC. He/she determines what other positions are necessary to effectively manage the incident. If the IC is able to

manage all response activities during a minor incident, then there is no need to activate other IMT positions. However, a key principle of NHICS is maintaining “span-of-control”, which means that when a member of the IMT recognizes that additional personnel are needed to effectively manage response activities, additional position(s) are activated.

There are five major management functions within the IMT structure.

- **Command** establishes the incident objectives with an understanding of the mission and policies of the nursing home. The Command function is also responsible for ensuring safety and providing information to internal and external stakeholders.
- **Operations** conducts the tactical operations (e.g., resident services, clean-up) to carry out the Incident Action Plan (IAP) using defined objectives and directing all necessary resources.
- **Plans** collects and evaluates information to support decision-making, maintains resource status information, prepares documents such as the IAP, and maintains documentation for incident reports.
- **Logistics** provides support, resources, and other essential services to meet the operational objectives set by the IC.
- **Finance** monitors costs related to the incident while providing accounting, procurement, time recording, and cost analyses.



As previously stated, the IC is the only position that is activated for all emergencies. If the IC can accomplish all five management functions without the activation of additional positions, no other IMT positions need be activated. For large incidents, additional positions may be activated with the overall goal to maintain the span-of-control and meet the needs of the facility based on the available resources.

An important feature of the ICS is its scalability. NHICS positions are assigned to personnel as indicated by the situation, and may be activated or de-activated as the emergency unfolds and incident needs change.

Nursing Home Command Center

Our facility has designated the following area within the nursing home to serve as the Nursing Home Command Center.

<Please provide the location and physical set-up of your Nursing Home Command Center>

Incident Action Planning

The Incident Commander (IC) sets the overall *command objectives* for response and recovery. In turn, the general and command staff supporting the response develop *strategies* and *tactics* that support the command objectives. This facility's process to develop the Incident Action Plan (IAP) includes the convening of a briefing meeting with key staff by the IC. During those meetings, situational awareness is established, priority objectives are identified, and assignments for action are made. Time frames are also established for the objectives, and an Operational Period is established for the accomplishment of critical goals. The IC also establishes the time for the next briefing meeting. A member of our IMT will document the IAP and may utilize some of the NHICS forms describe below.

Documentation

NHICS incorporates forms that support effective response and archive the objectives, strategies, and tactics employed by the IMT. Each NHICS form has a specific purpose, as briefly described below. More detailed information may be found in the NHICS information posted on the CAHF disaster preparedness website at <http://cahfdisasterprep.com/NHICS/GuidebookTools.aspx>.

NHICS 201: Incident Briefing and Operational Log

The Incident Briefing contains the initial overview of the event, including the cause; the initial impact; the actions taken; and other critical information. This form is completed by the IC and should provide a clear and succinct overview of the situation to IMT members.

The NHICS 201 can also be used by Command and General staff as their Operational Log to document assignments and key actions taken within their section/branch. Each person with a Command or General staff assignment should complete an operational log, documenting their assignment, actions taken, critical information received, and other key information and decisions as determined by the individual. This critical chronology of information serves multiple functions: as a record of the work performed during the operational period; as a personnel log to assist with reimbursement; as a guide for the after-action review; and as a resource tool for personnel assuming the same position in follow-up operational periods.

NHICS 202: Incident Objectives

As previously noted, the IC sets the overall objectives for the response. These are documented on NHICS 202. The incident name and operational period, as first identified on NHICS 201, are repeated on NHICS 202. Weather conditions are documented on this form, in consideration of any operations that may be impacted by inclement weather, such as heat, rain, extreme cold,

etc. To illustrate the importance of weather conditions, consider a nursing home evacuation due to power failure. If extremely hot weather is predicted for the next 12 hours, it may not be safe to move residents to an external location to await transportation. The Logistics Section may be required to provide shelter from the heat if residents must wait outside for prolonged periods.

General safety information is also reflected on NHICS 202. In the example above, safety information may include the use of tents or overhead shelters for the staging of residents, along with directions to stay hydrated and watch for signs of heat exposure among residents and staff.

A separate section is available to indicate any attachments to the form; some examples are contained but there is opportunity here for customization. For example, if a local health alert is issued in response to an infectious disease outbreak, the guidance from the health officer may be attached here. This is a key reference document in the development of strategies and tactics identified for the event response.

The IC will approve all information contained on NHICS 202. The Planning Section Chief has the responsibility for completing the form; if this role has not been activated or cannot be filled, the IC assumes the responsibility.

NHICS 203: Organization Assignment List

This form provides a documentation tool that reflects those positions on the IMT chart that are activated during the facility's response in addition to the nursing home personnel currently assigned to each position. In larger facilities, a representative from the nursing home may respond to an external Emergency Operations Center (EOC) within their jurisdiction. This position should also be documented on the form.

NHICS 205: Incident Communications Plan

Communications are essential to the response and are often cited as problematic in post-incident evaluation (also called "After Action Reports"). NHICS 205 allows for clear assignment of available technology, including radios, telephones, pagers, and other devices. Facilities may elect to pre-populate this form with the systems and technology currently available. For example, if the nursing home has 4 two-way radios available for use during the response, these may be indicated on the form along with the IMT position to which each radio is assigned.

NHICS 206: Staff Injury Plan

Unfortunately, in some cases the care of ill or injured employees must be considered. If there is infrastructure damage to the facility that causes injuries to staff or if there is an infectious disease outbreak that requires assessment and prophylaxis of employees, the nursing home may need to care for its staff. NHICS 206 documents these actions, providing clear direction as to the location of occupational health services and accountability for the protection of employees.

NHICS 207: Organizational Chart

NHICS Form 207 uses an organization chart / IMT format to show activated positions. It contains information derived from the NHICS 203.

NHICS 213: Incident Message Form

NHICS 213 is a standard incident message form. The documentation of messages received and sent during emergency activation is important for ensuring critical information flow. The person sending the message should document legibly the request being made, including the need for follow-up of actions taken. Persons receiving messages should use the form to document actions taken as requested and provide answers to messages. This form may also be used for documentation of telephone or radio messages received, again serving as a tool to record requests and actions.

NHICS 251: Facility System Status Report

NHICS 251 should be customized to the individual nursing home. This form is used when there is structural damage (power failure, earthquake, severe weather, and fire) to gather key information regarding infrastructure and operating systems.

NHICS 252: Section Personnel Time Sheet

NHICS 252 is used when an alternative staff time tracking system is needed due to power failure or other incident-related conditions. This form can also be used to document persons assigned to IMT positions, facilitating cost projections and financial reimbursement when available.

NHICS 253: Volunteer Staff Registration

NHICS 253 is used to document non-nursing home personnel who respond and are assigned to the nursing home in support of operations. This form is used to document the screening of volunteers through reference or criminal background checks and/or credentialing if feasible,

and is also used to track these individuals time to facilitate financial reimbursement when possible.

NHICS 254: Master Emergency Admit Tracking Form

In the event the nursing home receives residents or other individuals from the response or as transfers from another facility or hospital, this form is used to document those persons received.

NHICS 255: Master Resident Evacuation Tracking Form

This form provides documentation for the tracking of nursing home residents who are evacuated from the facility in response to a disaster. This form may be customized during the planning stage to provide greater specificity regarding resident requirements and special considerations of the individual nursing home.

NHICS 256: Procurement Summary Report

This form is used by the Finance/Administration Section to track all supplies and equipment procured in the response and recovery phase, providing an ongoing cost assessment tool for current and projected operations.

NHICS 257: Resource Accounting Record

A major component in a successful response that utilizes outside resources is the ability to track and account for supplies and equipment used. This form provides a tracking tool for those items, allowing for rapid identification of what is being used in the response and what is still needed.

NHICS 258: Facility Resource Directory

The Facility Resource Directory has been customized in the preparedness stage to identify current resource partners, such as transportation services and supply vendors, as well as those resources that may only be used in an emergency such as emergency management officials, health officials, and repair services. It is critical during the response to have accurate contact information, including redundant information. This information should be collected well in advance of an event, and may serve to identify those response partners within the jurisdiction of the nursing home that can be engaged in planning.

NHICS 259: Master Facility Casualty and Fatality Report

In the event of resident injury or death, this form may be used to report to local health and emergency management officials in accordance with local jurisdictional policies and state and

federal laws. During the planning phase, the release of information should be carefully discussed, identifying those agencies or individuals to whom potentially confidential information will and will not be released. The release of any and all information must be consistent with HIPAA regulations.

NHICS 260: Individual Resident Evacuation Tracking Form

This form is used for individual resident evacuation, providing a clear and concise overview of individual needs that will be communicated to the receiving nursing home, hospital, or shelter site. NHICS 260 may be produced on NCR (non-carbon) paper, allowing the sending facility to maintain a copy in addition to the receiving facility receiving a copy without the use of a copy machine. A simplified version is provided in or Appendix C – Resident Evacuation Tracking Form.

NHICS 261: Incident Action Safety Analysis

All Incident Action Plans contain a safety analysis. This form directs the Safety Officer to identify any potential hazards and direct mitigation efforts to lessen the risk of injury or illness. For example, in a power failure it may be advised to restrict all residents to their rooms to prevent falls in areas where lighting is limited. This is information that would be documented, with the assignment of restriction of resident movement assigned to branches. The Safety Officer's duties extend to staff in addition to residents.

Copies of NHICS forms can be found in Appendix M.

Incident Recognition

Advance Notice vs. No Notice Incidents

In some cases, our facility may receive advance notice or warning of an eminent event, e.g., severe weather. We will respond by taking protective actions to ensure the safety and well-being of our residents, staff and visitors. We may also elect to activate our EOP and NHICS to support our preparatory actions.

In other cases, we may have no advance notice prior to an emergency. The element of surprise can significantly add to the stress of dealing with a sudden onset emergency, but practicing emergency response via drills and exercises can significantly improve performance during the emergency.

Once an incident is recognized that may require activation of the EOP, the person who first recognizes the incident should immediately notify their supervisor or the senior manager on site.



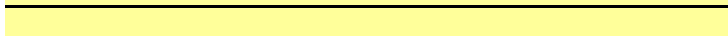
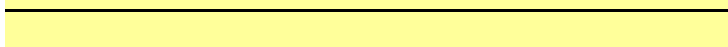
Activation of EOP

Whenever an incident has the potential to impact the safety and well-being of residents, staff or visitors beyond regular day-to-day operations, the EOP will be activated by senior staff on duty, along with the appropriate response elements to effectively manage the emergency.

Leadership Roles

The facility’s normal organizational structure should remain intact during an emergency in order to support on-going business operations, including resident care, etc. The facility’s senior administrator, e.g., CEO or Administrator on Duty, serves as the Agency Executive and gives policy direction to the Incident Commander (IC) that is appointed to manage the facility’s response to the emergency.

The IC position may be filled by the following individuals, in order of availability:

1. 
2. 
3. 
4. 

The IC is responsible to evaluate or “size up” the situation and activate other roles in NHICS as needed to effectively manage the emergency.

Information Sharing

If our facility is impacted by an emergency, we will communicate our: 1) current situation, 2) response activities and 3) resource needs, if any, to the LA County Department of Public Health, Health Facilities Inspection Division, unless otherwise instructed. If unable to do so, or if directed by appropriate authorities, we may provide situational information to the Medical and Health Operational Area Coordination Program (MHOAC Program) through the use of the ReddiNet Facility Assessment Poll or the emergency phone number for the county. The following information will be provided via ReddiNet:

What is the current operational status of your facility? Choices are:

- **Green (Normal Operations):** Operational and in usual day-to-day status. No assistance needed.
- **Yellow (Under Control):** Able to manage the situation without assistance.
- **Orange (Modified Services):** Moderate impact. Need to modify services with some assistance required.
- **Red (Limited Services):** Heavy impact. Requires assistance.
- **Black (Impaired Services):** Severely impacted. Cannot provide any service and may need to evacuate.
- **Grey (Unknown):** Unknown status and/or impact.

See Appendix O - ReddiNet Quick Start Guide for LTCs for instructions on working within ReddiNet.

For resource requests, the Medical and Health Resource Request Form (See Appendix P) is to be completed by the facility when all avenues of obtaining resources from vendors and partners have been exhausted. The form is to be filled out and submitted to the HFID or the laemsdutyofficer@dhs.lacounty.gov or by fax. The fax number will be provided at the time of the event.

For reporting damage, the NHICS 251: Facility System Status Report may be used (See Appendix M – NHICS Forms).

Demobilization and Transition to Recovery

Demobilization involves the release of resources used to respond to the incident. As the response phase transitions to the recovery phase, increasing numbers of resources may be demobilized, until the transition is complete. See Return to Facility form in Appendix W.

IV. CONTINUITY OF OPERATIONS

Emergencies can impact a nursing home's service and business operations, ranging from short-lived organizational disruption to more serious consequences. The primary focus of the Hazard Vulnerability Analysis (HVA) process is to identify the facility's vulnerability to various hazards and take actions to assure continuity of both *business* and *service* operations in the face of a potentially disruptive hazard impact.

The promotion of "organizational resiliency" is the focus of both emergency management and continuity planning. Organizational resiliency means that an organization has a robust capacity to respond to an emergency so that service and business operations are minimally impacted, if at all. To address these issues, our facility has completed an HVA which can be found in Appendix A and a supplemental Security Assessment (see Appendix L). The Security Assessment is used to help our facility identify specific security hazards, beyond general identification of natural, technological, and human-caused threats.

Note: A copy of the Continuity of Operations (COOP) Plan Template developed by CAHF for facilities is available for download from the following location:

<http://www.calhospitalprepare.org/post/continuity-operations-plan-template>

APPENDIX A - HAZARD VULNERABILITY ANALYSIS

For each hazard listed in column 1, rate the probability of the event occurring, and the severity of the possible impact. Sum the scores from columns 2-5 and list the result in column 6. This will help you consider which hazards to use as “most likely scenarios” during the planning process to help you flesh out strategies and details.

EVENT 1	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK 6
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Natural Hazards					
Flood					
Earthquake					
Fire					
Wildland/Urban Fire					
Severe Weather					
Other (specify)					

EVENT 1	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK 6
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Technological Hazards					
Electrical Failure					
Dam Failure					
Heating & Cooling Failure					
Transportation Failure and/or Incidents					
Biological (Epidemic)					
Hazardous Materials					
Explosions					
Utility Loss					
Other (specify)					

EVENT 1	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK 6
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Human Caused Hazards					
Bomb Threat					
Active Shooter					
Other (specify)					

APPENDIX B - FACILITY EVACUATION AND MAPS

It is the policy of <Insert name of facility> to pre-plan for all anticipated hazards with a goal to minimize the stress and danger to our residents and staff. In light of recent research that indicates the increased risks of mortality and morbidity related to the evacuation of people who are elderly and/or suffer from chronic health conditions, sheltering in place will always be our first response choice if it is at all feasible. When sheltering in place would put our residents at greater risk than evacuation, or when given a mandatory order to do so by appropriate authorities, the Incident Commander (IC) has the authority to activate our emergency evacuation plan.

The following terms are important to understanding how we evacuate our facility.

- There are *two types of evacuation*:
 - *emergent* which unfolds in minutes to hours and
 - *urgent/planned* which unfolds in hours to days
- There are two types of *partial evacuation*:
 - *Horizontal Evacuation* involves moving residents, staff and visitors to a safe area on the same floor. Accomplished by compartmentalizing through the use of rated doors and rated assemblies – smoke partitions, fire walls, etc.) into an adjacent smoke/fire compartment.
 - *Vertical Evacuation* involves moving residents, staff and visitors off the floor and down stairs and elevators to safe area within the facility.
- The *Staging Area* is the last place to move residents before leaving the building. Residents may be sent to a staging area based on level of acuity.
- *Complete Evacuation* involves moving residents, staff and visitors to a pre-designated area outside of the building.
- *Emergency Shut Down* involves turning off electricity, gas, etc. to the facility.
- *Relocation* involves moving residents to an alternate facility (also called a receiving facility) offsite.

Agreements for transporting residents to evacuation sites have been made with the following transportation and ambulance companies. Our facility also maintains at least two evacuation sites for relocation (copies and/or relevant documentation of verbal understandings and/or agreements is included in Appendix V – Emergency Agreements). See table below for contact information.

RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT & ALTERNATE FACILITIES	
Transportation Name of Company: Company Address: Company Phone Number: Contact Person Phone:	Alternate Name of Company: Company Address: Company Phone Number: Contact Person Phone:
Ambulance Name of Company: Company Address: Company Phone Number: Contact Person Phone:	Alternate Name of Company: Company Address: Company Phone Number: Contact Person Phone:
Alternate Facility 1 Name of Setting/Shelter: Facility Address: Facility Phone Number: Contact Person/Phone:	
Alternate Facility 2 Name of Setting/Shelter: Facility Address: Facility Phone Number: Contact Person/Phone:	

LOGISTICS

Based on the unique needs of our residents, including mobility status, cognitive abilities, and health status, our SNF community has developed evacuation logistics as part of our plan.

Transportation

- **Residents who are independent in ambulation:** may be evacuated first unless there are extenuating circumstances. They should load first on vehicles where there are multiple rows of seats and move to the back of the vehicle. They may be accompanied by a designated staff member to the designated mode of transportation. If safe and appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services.
- **Residents who require assistance with ambulation:** will be accompanied by designated staff member to the designated mode of transportation. If safe and

appropriate, families may be offered an opportunity to take their family member home for care during the anticipated period of disruption to services. This may include residents with assistive devices.

- **Residents who are non-ambulatory:** will be transferred by designated staff members via the designated mode of transportation. This may include residents in wheelchairs or those who are bedridden.
- **Residents with equipment/prosthetics:** essential equipment/prosthetics will accompany residents and should be securely stored in the designated mode of transportation.

Evacuation Forms and Tools

Forms and tools we may use include:

- Resident Evacuation Checklist (Appendix D) - a recommended list of items that accompany residents during evacuation,
- Long-Term Care Facility Evacuation Resident Assessment Form for Transport and Destination (Appendix F) used to prioritize resident transport,
- NHICS 260: Resident Evacuation Form (see Appendix M – NHICS Forms) or the abbreviated Resident Evacuation Tracking Form (Appendix C) for tracking individual residents, and
- NHICS 255: Master Evacuation Log for tracking resident movement outside of the facility (see Appendix M – NHICS Forms).

Evacuation maps with primary and backup routes and destinations included at end of this Appendix.

Medical Records

At a minimum, each resident will be evacuated with the following forms:

- Resident Evacuation Tracking Form (See Appendix C), or the alternative NHICS 260, or a Face Sheet (See Appendix E), or comparable documentation,
- current medication administration record, and
- if possible, a photo identification.

Medications

Each resident will be evacuated with a minimum of a 3-day supply of medications if possible. If medications require refrigeration, a cooler will be sent if available to keep medications cool.

Evacuation Supplies

Water, snacks, sanitation supplies, and emergency equipment such as flashlights, cell phones, and first aid kits may be sent with staff accompanying residents in all non-ambulance vehicles. Amounts will be sufficient to meet the basic health and safety needs of the vehicle passengers for a minimum of 4 hours.

Resident Identification

During an evacuation, all residents will wear an emergency wristband with a minimum of their full name and date of birth and the facility's name and contact info. Additional information will be provided if possible to include: critical diagnosis, allergies, code status, physician's name and contact info, and the next of kin or responsible party (See Appendix E – Sample Face Sheet).

Resident Tracking

A log reflecting the transfer of residents will be maintained using **NHICS 255: Master Resident Evacuation Tracking Log** (See Appendix M – NHICS forms) or a comparable documentation system.

Designated nursing staff assigned to the Operations Branch will be responsible for making a final check of medical records, medications, tracking log entries and head count of residents to ensure all residents have been evacuated.

Important Safety Information

1. Monitor residents during transportation for change of condition.
2. The incident causing the evacuation – flood, fire, hazardous materials release – may continue to pose dangers to residents being evacuated. Some conditions may pose significant risks to evacuated residents, such as smoke. This should inform evacuation route planning.
3. Keeping emergency lights activated may increase visibility that is poor (due to rain, nighttime, or smoke).

PHASE ONE EVACUATION

(Note – in an emergent evacuation when residents are in immediate danger, the IC direct all available staff to move residents out of the building to safety as soon as possible)

The IC may convene an Incident Management Team (IMT) meeting to brief the key leadership and delegate tasks for the preparation and staging of residents for evacuation.

Suggested Assignments

Incident Commander (IC) - Confer with local authorities.

- Determine whether partial or complete evacuation is advisable.
- Unless otherwise instructed the most able residents should go first.
- Delegate the duty to notify authorities, families, suppliers and corporate representatives.

Logistics staff – Arrange for staffing, transportation and critical equipment transport including bedding for relocation site if needed.

Planning staff – Monitor emergency progress, arrange for relocation sites and identify evacuation routes.

Operations staff – Obtain physician orders as needed, prepare supplies, residents and documentation for transport.

Finance/Administration staff – Track costs, screen volunteers, record keep for staff time and other expenditures.

PHASE TWO EVACUATION

Incident Commander (IC) and Planning Section staff will oversee the:

- Relocation of residents,
- Re-assignment of staff, and
- Manage critical communications with external stakeholders and media.

Operations and Logistic Section staff will:

- Oversee the loading and movement of residents to relocation sites in a safe and orderly fashion, and
- Prepare the physical plant for shut down (See Appendix X – Emergency Shutdown).

Finance/Administration Section staff will oversee the implementation of mutual aid agreements, emergency vendor agreements and the execution of business continuity protocols as indicated.

Planning Section Staff will follow up with relocation sites to confirm receipt of residents.

PROCEDURES

INITIAL RESPONSE (See Rapid Response Guide – Evacuation)

INTERMEDIATE RESPONSE

- Call in additional staff as needed.
- Periodically brief staff on the incident, check-in on their well-being and perform assignments. Reassign as the situation changes.
- Continue assessing and updating transportation requirements based on the number of residents, medical needs and mobility status.
- Coordinate with other facilities in the healthcare system or neighbor/buddy facilities with whom you have a pre-existing relationship.
- If the above resources are unavailable or inadequate, request assistance from the LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) at 1-800-228-1019 or via ReddiNet.
- Obtain transportation resources by contacting the contracted ambulance providers.
 - If the above resources are unavailable or inadequate, request assistance from the LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) at 1-800-228-1019 or via ReddiNet.
- Complete evacuation of the facility, as appropriate:
 - Collect and package residents' equipment and medications
 - Secure outgoing pharmaceuticals and medical equipment, as appropriate.
 - Secure patient valuables.
 - Collect and package residents' belongings for transport, including glasses, dentures, hearing aids, etc.
 - Prepare water and snacks to accompany residents during transport period.
 - Prepare medical documentation to accompany resident, as appropriate.
- Verify that planned evacuation routes are safe to travel with the public safety agency.
 - Track residents to destinations and continue to notify family members of evacuation and planned destination.
- Assign a licensed nurse to each vehicle carrying a large number of residents to ensure residents are assessed, and emergency medications are secured and safeguarded. Emergency medications may be transported in resident Go-Bags or secured in medication carts.
- Provide comfort and reassurance to residents throughout the entire evacuation.
- Secure the facility. Ensure all electronics have been powered down and unplugged. (See Appendix X – Emergency Shutdown)

- Designated an individual to stay behind and safeguard the facility, if it is safe to do so.

EXTENDED RESPONSE (See Intermediate Response above)

- Maintain use of ICS and applicable facility forms (See Appendix M – NHICS Forms)
- Inform the DPH HFID if any change in facility status occurs.
- Determine whether it is safe to return (See Appendix W – Return to Facility).
- Notify HFID to obtain permission to return residents to facility.
- Notify family, vendors, ombudsman, and other appropriate contacts.

PRIMARY EVACUATION ROUTES	
Evacuation to the North	Evacuation to the East
Primary Route:	Primary Route:
Alternative Route:	Alternative Route:
Evacuation to the South	Evacuation to the West
Primary Route:	Primary Route:
Alternative Route:	Alternative Route:

<Attach copies of evacuation maps with the primary and secondary routes and destinations>

APPENDIX C - RESIDENT EVACUATION TRACKING FORM

NOTE: After completion of form, please make **THREE** copies: **ONE** for sending facility, **ONE** for EMS, and **ONE** for receiving facility.

Sending Facility: _____

Receiving Facility: _____

Patient Name: (PRINT) _____

Date of Birth: ____ / ____ / ____ **Gender:** Male Female

Transferring Facility Medical Record Number: _____

Triage tag number (if used): _____

Method of Transport: Ambulatory Wheelchair Basic Life Support Advanced Life Support

Emergency Contact: _____ **Telephone #** _____

Notified of Transfer: YES NO

Attending Physician: _____ **Notified of Transfer:** YES NO

Primary Diagnosis: _____

Do Not Resuscitate:	Yes (attach copy)	NO
Advanced Directives:	Yes (attach copy)	NO
Healthcare Proxy:	Yes (attach copy)	NO

Sent with patient:	Face sheet	YES	NO
	Patient identification	YES	NO
	Medication list/administration record	YES	NO
	Physicians orders	YES	NO

Date transferred: _____ **Time of departure:** _____

Time of arrival at receiving facility: _____

Equipment owned by sending facility accompanying patient during transport:

COMMENTS:

APPENDIX D - RESIDENT EVACUATION CHECKLIST

<Insert name of facility> may use this checklist to determine what personal and medical items accompany residents during facility evacuation.

Check & Initial	IMPORTANT ITEMS
<input type="checkbox"/>	FACE SHEET WITH CURRENT EMERGENCY CONTACT INFORMATION
<input type="checkbox"/>	HISTORY AND PHYSICAL
<input type="checkbox"/>	MEDICATION AND TREATMENT ADMINISTRATION RECORD
<input type="checkbox"/>	ADVANCE DIRECTIVE/PREFERRED INTENSITY OF CARE
<input type="checkbox"/>	IF POSSIBLE, TRANSFER TRAUMA PLAN AND DISCHARGE NOTE
<input type="checkbox"/>	DISASTER ID TAG WITH PICTURE, ID INFO, AND MEDICAL ALERTS
<input type="checkbox"/>	MEDICATIONS (72-HOURS)
<input type="checkbox"/>	ESSENTIAL MEDICAL SUPPLIES OF SPECIAL DIET REQUIRES (72-HOURS)
<input type="checkbox"/>	ESSENTIAL MEDICAL SUPPLIES & EQUIPMENT (E.G. TRACHEOTOMY, COLOSTOMY, O2, GLUCOSE MONITORING)
<input type="checkbox"/>	NUTRITIONAL SUPPLIES OF SPECIAL DIET REQUIRES (72-HOURS)
<input type="checkbox"/>	WHEELCHAIR/WALKER
<input type="checkbox"/>	DENTURES/EYE GLASSES/HEARING AIDS/PROSTHESIS
<input type="checkbox"/>	CHANGE(S) OF CLOTHING
<input type="checkbox"/>	ACTIVITY SUPPLIES OF CHOICE (RESIDENT'S PREFERENCE)
<input type="checkbox"/>	INCONTINENCE SUPPLIES (72-HOURS MINIMUM)
<input type="checkbox"/>	LARGE PLASTIC BAG LABELED WITH CLIENT'S NAME FOR ACCUMULATION OF LAUNDRY
<input type="checkbox"/>	OTHER (PLEASE SPECIFY):

APPENDIX E - SAMPLE FACE SHEET

Resident Name:		Admission Date:					
Date of Birth:		ALLERGIES:					
Medical Record #:							
Physician:							
Vaccination History	DATE						
Tetanus							
Flu							
Pneumococcal							
PPD Status:							
WHOM TO NOTIFY WITH EMERGENCIES AND PROBLEMS							
Contact	Name	Phone	Alt. Phone				
Durable Power of Attorney							
Primary Contact #1							
Guardian/Conservator							
Other Family or friends							
Any restrictions on notification:							
MENTAL HEALTH STATUS							
Psychiatric/Behavioral Disorders: (please list)							
FUNCTIONAL STATUS							
Ambulation	<input type="checkbox"/>	Independent	Continence	Continent	Inc	Intermittent	
	<input type="checkbox"/>	Independent, Assisted: Cane, Walker, Wheelchair	Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	Confined to Bed or Chair	Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TREATMENT STATUS							
<input type="checkbox"/>	DNR	<input type="checkbox"/>	Do Not Hosp.	<input type="checkbox"/>	Comfort measures only	<input type="checkbox"/>	No Antibiotics
<input type="checkbox"/>	No IV's	<input type="checkbox"/>	No feeding tube	<input type="checkbox"/>	Full Code		
CODE STATUS:							

**APPENDIX F - LONG-TERM CARE FACILITY EVACUATION
RESIDENT ASSESSMENT FORM FOR TRANSPORT AND
DESTINATION**

LONG-TERM CARE FACILITY EVACUATION RESIDENT ASSESSMENT FORM FOR TRANSPORT AND DESTINATION

Adapted from the Shelter Medical Group Report: Evacuation, Care and Sheltering of the Medically Fragile.

FACILITY NAME: _____ **DATE:** _____

COMPLETED BY: _____ **TIME:** _____

LEVEL OF CARE	FACILITY TYPE	TRANSPORT TYPE	NUMBER OF RESIDENTS
<p>LEVEL I Description: Patients/residents are usually transferred from in-patient medical treatment facilities and require a level of care only available in hospital or Skilled Nursing or Sub-Acute Care Facilities.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Bedridden, totally dependent, difficulty swallowing ▪ Requires dialysis ▪ Ventilator-dependent ▪ Requires electrical equipment to sustain life ▪ Critical medications requiring daily or QOD lab monitoring ▪ Requires continuous IV therapy ▪ Terminally ill 	<p>Like Facility Hospital</p> <p>SNF or Subacute</p>	<p>ALS</p>	
<p>LEVEL II Description: Patients/residents have no acute medical conditions but require medical monitoring, treatment or personal care beyond what is available in home setting or public shelters.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Bedridden, stable, able to swallow ▪ Wheelchair-bound requiring complete assistance ▪ Insulin-dependent diabetic unable to monitor own blood sugar or to self-inject ▪ Requires assistance with tube feedings ▪ Draining wounds requiring frequent sterile dressing changes ▪ Oxygen dependent; requires respiratory therapy or assistance with oxygen ▪ Incontinent; requires regular catheterization or bowel care 	<p>Like Facility Medical Care Shelter</p> <p>In some circumstances, may be able to evacuate to family/caregiver home</p>	<p>BLS Wheelchair Van Car/Van/Bus</p>	
<p>NOTE: It is unlikely that licensed health facilities such as SNFs will have residents that fall below Level II care needs. Evacuation planning must take this into consideration. Also, consider cognitive/behavioral issues in evaluating residents' transport and receiving location needs.</p>			
<p>LEVEL III Description: Residents able to meet own needs or has reliable caretakers to assist with personal and/or medical care.</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Independent; self-ambulating or with walker ▪ Wheelchair dependent; has own caretaker if needed ▪ Medically stable requiring minimal monitoring (i.e., blood pressure monitoring) ▪ Oxygen dependent; has own supplies (i.e. O2 concentrator) ▪ Medical conditions controlled by self-administered medications (caution: refrigeration <i>may</i> not be available at public shelters) ▪ Is able to manage for 72 hours without treatment or replacement of medications/supplies/special equipment 	<p>Like Facility</p> <p>Home Setting</p> <p>Public Shelter</p>	<p>Car/Van/Bus</p>	



APPENDIX G - FIRE EMERGENCY

If it is readily apparent that the fire warrants immediate facility evacuation, see *Rapid Response Guide Fire – External or Internal*, and Appendix B – Facility Evacuation and Maps. See Appendix S for a quick site map with the location of various facility system shutoffs, fire suppression equipment, including the location of fire alarm boxes, fire exits and fire extinguishers, and detailed in-facility evacuation routes.

This procedure is designed to supplement the Rapid Response Guide and may be used in the event of an actual fire, hazardous smoke conditions, or when there is the smell of smoke in the facility.

The two most important actions employees are familiar with in the initial moments of fire used as easy to remember acronyms. The first step is R.A.C.E. and the second, if time permits is P.A.S.S.

- **R.A.C.E.S.**
 - Rescue everyone in immediate danger,
 - Alarm – Announce Code Red and the fire's location over the loudspeaker and pull the fire Alarm,
 - Confine the room with the fire by closing appropriate doors, and
 - Extinguish the fire only if the above steps have been taken and size of the fire has not exceeded the capacity of the extinguishing device.
- **P.A.S.S.**
 - Pull the pin,
 - Aim at the base of the fire,
 - Squeeze the handle, and
 - Sweep the base of the fire.

PROCEDURES

INITIAL RESPONSE (See Rapid Response Guide – Fire Internal or External)

INTERMEDIATE RESPONSE

If not already completed under Rapid Response:

- If anyone is in immediate danger, rescue them while protecting your safety and that of your co-workers.
- Alert resident and staff members by announcing over a loudspeaker; pull the fire alarm.

- Call 9-1-1 immediately to report a fire. Include the following information:
 - Name of facility
 - Address and nearest cross street
 - Location of fire (floor, room #, etc.)
 - What is burning (electrical, kitchen, trash, etc.)
- Activate facility's EOP and appoint an IC, if warranted.
- Contain the fire if possible without undue risk to personal safety. Shut off air flow, including gas lines, as much as possible, since oxygen feeds fires and distributes smoke. Close all fire doors and shut off fans, ventilation systems, and air conditioning/heating systems. Use available fire extinguishers if the fire is small and this can be done safely. Additional procedures for emergency shutdown are included in Appendix X – Emergency Shutdown.
- Oxygen supply lines (whether portable or central) may lead to combustion in the presence of sparks or fire. If possible, quickly re-locate oxygen-dependent residents away from fire danger.
- Utilize smoke doors to evacuate residents from the impacted area. Use this method when residents are in danger of smoke exposure
- If not already completed, notify the LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) at 1-800-228-1019 to report an unusual occurrence and activation of facility's EOP.
- In a large scale fire, the local fire department may ORDER EVACUATION of the facility. In which case, evacuate residents from the building as quickly and safely as time permits.
- If time permits, a good rule of thumb is to evacuate ambulatory residents first.
- Activate the recall roster, if additional staffing is needed or evacuation is issued.
- Expand the ICS structure as needed to manage the incident.
- Periodically, brief staff on the incident, check-in on their well-being and perform assignments. Reassign as the situation changes.
- Communicate with DPH HFID as the situation changes.
- The "All-Clear" will be communicated after the crisis is over and the Fire Department has deemed that re-entry safe (see Appendix W – Return to Facility).

APPENDIX H - EMERGENCY ADMIT

<Insert name of facility> may utilize current protocols and processes in response to emergency events with the goal of providing essential care while maximizing valuable resources and staff during a crisis.

If <Insert name of facility> is receiving patients/residents from a disaster stricken area or from a sister facility in an evacuation zone, the following steps may be taken to ensure our facility is ready:

- Communicate with the sending facility (if applicable), LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) and local responders, as appropriate.
- Assess available bed capacity. Utilize ReddiNet if polled or contact DPH HFID with status and availability.
- Prior to arrival of individuals, assess staffing and call in additional employees (See Appendix N – Staff Recall and Survey) to ensure a safe staffing ratio.
- If time permits, discharge low acuity residents to family members to make room for temporary residents.
- Clear parking lot for receiving.
- Set up a site for processing incoming residents. Consider possible space conversions. Includes:
 - Adequate power supply and outlets, and lighting
 - Necessary emergency and routine supplies are easily accessible and positions for ease of use. (See Appendix U – Vendor List) for contact information.
- Contact HFID to request waivers needed to increase census, if needed.
- Contact critical vendors if supplies are low or if you anticipate needing replenishment.
- Upon arrival of individuals, secure in-coming pharmaceuticals and medical equipment from the sending facility, as appropriate. Secure patient valuables.
- Perform admission assessment to identify nursing needs and resident’s health status.

EMERGENCY ADMIT DOCUMENTATION PACKETS

Streamlined emergency admit documentation packets are prepared and maintained as part of our facility’s Emergency Preparedness Kit(s). In-house forms include:

- Emergency Consent for Treatment
- Short-Form Medical Record
- A form for recording patient valuables

- NHICS 254: Master Emergency Admit Tracking Form
- NHICS 255: Master Resident Evacuation Tracking Form (See Appendix M – NHICS Forms)

FORMS THAT MAY COME FROM THE SENDING FACILITY

If individuals are coming from a sending facility, they may provide a combination of the following forms:

- Resident Evacuation Tracking Form (Appendix C) or the alternative NHICS 260, or a comparable form like a or Face Sheet (See Appendix E),
- Medical Treatment Records,
- Medication Record,
- Advance Directive, and/or
- Other patient identification documents (ex., next of kin, diet information, etc.)

EXPANSION OF FACILITY CARE

To receive and care for additional residents from a nearby facility due to an emergency affecting such facility under emergency conditions.

Announce “**CODE TRIAGE**” to assemble staff, brief them on the situation, and delegate assignments. Triage is the process of sorting and classifying mass casualties at the scene of an emergency or where definitive care and treatment are administered.

Establish a Command Center for Facility Communication:

- Secure the facility.
- Place all residents in their rooms or alternate care area.
- Protect resident’s privacy as much as it is feasible to do so.
- Clear the hallways and entry.
- Prepare available areas for incoming casualties.
 - Spare mattresses, linens, equipment, temporary beds made up, and emergency equipment in the triage area to receive incoming residents.

The Nursing Supervisor shall **prepare a triage area** and **establish a communication center**.

- Set up triage area with disaster kit and medical supplies.
- If there are injured residents – notify 911 for transfer to acute care.
- Admit casualties using appropriate medical admission forms.
- Move casualties to emergency bed space.

- Keep records of vital signs, assess for transfer trauma, etc.
- Assist relocated residents to be as comfortable as possible.
- Transfer acute care cases to acute care facilities.
- Suggested area is 45 sq. ft. per person (5ft x 9ft space)
- Nursing personnel shall provide continuous observation and immediate aid if necessary.
- A special area may be designated as a temporary morgue (See Appendix I – Procedure for Handling Remains).

APPENDIX I - PROCEDURE FOR HANDLING REMAINS

Assumptions

It is likely that fatalities will occur during a major disaster, e.g., influenza pandemic.

Communications and transportation may be disrupted. The Coroner's Division may not be able to provide assistance for many days following a major incident, or may lack resources to address a prolonged response such as an influenza pandemic. In extreme circumstances, the public may need to take action to ensure the safe handling and storage of decedents until the Coroner or Coroner-designated personnel can respond. In this situation, the goal of healthcare facilities will be to protect the living and to identify and preserve the remains of those that are deceased.

While waiting for assistance from external partners, the <insert name of facility>'s methods for managing remains can be summarized in three short words:

Tag, Wrap and Hold

NOTE: When handling decedents, follow appropriate contact precautions for infection control. Always wash hands with antiseptic solution after handling decedents. Water and soap should be used if you do not have any other solutions.

TAG

Before moving the body, write on the ankle tags, toe tags, or body identification form identifying data – in addition keep a written log with this information in a notebook or on a log sheet that should be created as part of fatality planning for your facility:

- 1) Name (if known) – Document briefly how or who provided the ID including that individual's contact information for any required follow-up)
- 2) Sex
- 3) Race
- 4) Approximate age
- 5) Location where the individual died
- 6) Number: Assign each body a unique number
- 7) Initials/signature of person tagging/logging in the body

NOTE: The same protocol should be applied for human body parts / tissue - DO NOT COMINGLE TISSUE OR BODY PARTS.

WRAP

The procedure for wrapping includes:

- 1) Place plastic under decedent
- 2) Wrap decedent in plastic
- 3) Wrap decedent with sheet, and tie ends
- 4) Tie ropes around decedent to secure limbs
- 5) Attach an identification tag

HOLD

Identify a cool, private and if possible well-ventilated area to use as a temporary morgue. Put signs up to alert staff and visitors that this area is restricted except for authorized personnel.

If time permits, our facility may use the NHICS 259: Master Facility Casualty/Fatality Report (See Appendix M – NHICS Forms) to track casualty/fatalities for the duration of the emergency/disaster.

APPENDIX J - SHELTER IN PLACE

DECISION TO SHELTER IN PLACE

The biggest decision our Incident Commander (IC) (the Administrator or designee) may need to make is whether to stay or go in response to a threatened or actual emergency. This decision is always based on the best interests of the residents; shelter in place is often the preferred method over facility evacuation due to the stress to residents associated with evacuation to another facility or alternate care site.

If the threat is fast moving (e.g., an internal building fire), the decision may be made rapidly, without the opportunity to consult with local fire, law, or county emergency management officials. Situations that may warrant shelter in place include:

- Severe weather
- Hazardous materials incidents
- Nuclear accidents
- Earthquakes
- Wildfires
- <Add any facility specific hazards>

PROCEDURES

Once our IC makes the decision to shelter in place, the following activities occur:

INITIAL (See Rapid Response Guide – Shelter in Place)

INTERMEDIATE

- If not already completed, notify the LA County Department of Public Health, Health Facilities Inspection Division (DPH HFID) at 1-800-228-1019 or via ReddiNet to report an unusual occurrence and activation of facility's EOP, including shelter in place status.
- Complete staff notification and assignments. Continue to call in personnel as needed see Appendix N – Staff Recall and Survey.
- Assess residents frequently and offer comfort and reassurance. Notify nursing supervisor ASAP if there is a change of condition with any resident.
- Periodically, brief staff on the incident, check-in on their well-being and perform assignments. Reassign as the situation changes.
- Identify any unsafe areas related to the threat. If there are cracks and vents around doors and windows, they should be sealed with duct tape during a hazmat situation.

- If hazard areas are identified, move residents to safety and clearly mark areas “Do Not Enter”. Use tape and other signage to keep people away from threats.
- Suspend normal business operations and close the facility.
- Advise and remind all residents and visitors to stay inside the facility until further notice. They should be told why they are being asked to stay, the expected duration, and exactly what they should do to remain safe.
- If not already completed, secure access points. Close and lock all windows, exterior doors, and any other openings to the outdoors. Initiate Lockdown procedures – See Appendix K.
- If airborne irritants are present, turn off fans, heating and air conditioning systems.
- If there are visitors or other people onsite provide for their safety. Request and remind them that they stay until the all clear is given from authorities.
- Continue to account for all residents and periodically assess them.
- Communicate with resident families and provide updates.
- Secure pharmaceuticals and medical equipment, as appropriate. Secure patient valuables.
- Prepare for additional water supplies – fill available containers with water (e.g., tubs, larger containers, pitchers, etc.), unless there is a “Do Not Use Water”, “Do Not Drink Water” or “Boil Water” order in place for water.
- If vendors are available, purchase and refrigerate ice. Additional suggestions for Disaster Water Supplies are included in Appendix R.
- Be on the lookout for broken windows, frayed or broken electrical wires, fire, or leading water or gas.
- Activate Hot or Cold Weather procedures, if needed (see Section 1 - Rapid Response).

EXTENDED

- If shelter in place is to be prolonged, be prepared to access emergency supplies (See Appendices Q – Disaster Supply Inventory and T – Disaster Meal Menus)
- Listen to the radio for instructions and updates from local officials.
- Continue coordination with local emergency management, DPH HFID, and other response partners.
- Maintain use of ICS and applicable facility forms (See Appendix M – NHICS Forms)
- Inform DPH HFID if any change in facility status occurs.
- Notify families and staff of “All Clear”.

APPENDIX K - LOCKDOWN

The ability to lockdown the facility in the case of an emergency which threatens the safety of residents, staff and visitors and/or facility operations is of paramount importance. Lockdown is the process by which the facility is secured and staff and visitors are channeled to specific entry/exit points.

The decision to lockdown the facility may be made by the Incident Commander (IC) in consultation with the Incident Management Team (IMT) and/or the IC and the local public safety agency. In the event of an emergency that requires immediate intervention, such as a CODE <insert facility disaster code if applicable, e.g., PINK>, or active shooter, this action may be undertaken immediately.

Incidents That <u>May</u> Necessitate Lockdown		
Event	Prevent Entry	Prevent Exit
Power Failure	X	
Earthquake	X	
Flooding	X	
Fire	X	
Bomb Threat	X	
External	X	X
Civil Disturbance	X	X
Hostage Event	X	
Active Shooter	X	
Workplace Violence	X	

PROCEDURES

Exit lockdown is for the purpose of preventing individuals from leaving due to an existing hazard outside, whether it is a civil disturbance, possible exposure to a hazardous substance, or the need to screen those leaving due to a missing resident.

Entry lockdown is for the purpose of preserving the facility's ability to operate and respond to a possible emergency event such as a fire, flood or keeping unauthorized individuals from entering the facility.

APPENDIX L - SECURITY ASSESSMENT

Our facility Hazard Vulnerability Analysis is included in Appendix A. The following Security Assessment is designed to minimize the risk of any loss that may occur during or following an emergency.

PROMPT	YES	NO
Facility Emergency Operations Plan		
Local public safety agencies have a copy of the facility emergency operations plan?		
The facility has designated a security officer responsible for security operations on a daily basis and during an emergency?		
An individual is assigned the responsibility to cut off gas and power to the building during emergencies which require shut off of utilities.		
An individual is assigned to greet public safety officials at the front of the building when they are called upon to respond to an emergency?		
Staff are designated to check offices, utility rooms, storage rooms, and outside doors at the end of the day to ensure they are locked?		
Policies and Procedures		
Contact information and assignments in the EOP are updated at least bi-annually?		
There are formal procedures during a lockdown situation that staff?		
Lockdown procedures detail incidents of violence involving residents, staff and families, and incidents of civil disorder/unrest?		
There is a plan to notify residents' families immediately following a facility evacuation?		
The facility has an emergency response team?		
The emergency response team has security management as a component?		
A specific plan exists to provide assistance to residents and visitors who are visually or mobility impaired during facility evacuations?		
Training		
Emergency procedure training for staff in ongoing?		
Annual tabletop or functional exercises are conducted to give staff a chance to refresh what they've been trained on?		
Facility security and vulnerabilities are part of awareness training?		
Regular lockdown and shelter in place drills are conducted?		
Drill time of day changes to ensure all shifts are covered?		
Training is provided to staff so they know how respond to media inquiries following an emergency?		

PROMPT	YES	NO
Perimeter Security		
Adequate space exists for first responders and emergency response vehicles to enter and exit the facility entrance and grounds?		
Parking spaces for visitors and staff are clearly marked?		
Outdoor/exterior lighting is routinely checked for damage or bulbs that have burned out?		
Outdoor/exterior area surrounding facility is regularly cleared of brush and kept clear of debris?		
Utility boxes and exchanges are secured from tampering?		
The parking lot has video surveillance?		
Door and window locks are checked regularly?		
Appropriate locks are installed on any basement doors and windows?		
Night lighting is sufficient, meeting minimum lighting standards for points of ingress, parking lots and walking paths.		
Securing Pharmaceuticals		
A staff person and back-up is designated to safely control and secure resident medications during an emergency.		
During a facility evacuation, staff know the procedure to account for receipt, usage, disposition and reconciliation of controlled medications?		
Interior		
Current facility listing of important phone numbers and extensions is readily available for staff?		
Visitor check-in procedure is established that notes destination, time and date of visit?		
Staff onsite where identification badges at all times?		
Hazardous chemicals are labeled and stored properly?		
Food in the kitchen is properly labeled, stored and rotated?		
Computers and equipment are properly inventoried, and secured?		
Facility rooms (offices and conference spaces) that are not in use are locked?		
Public safety officials have access to the facility emergency operations plan, site plan, and floor plan for emergencies that occur after-hours?		
Alarm codes and master keys are available to local public safety officials?		
For severe weather incidents, sheltering locations are noted on the building floor plan?		

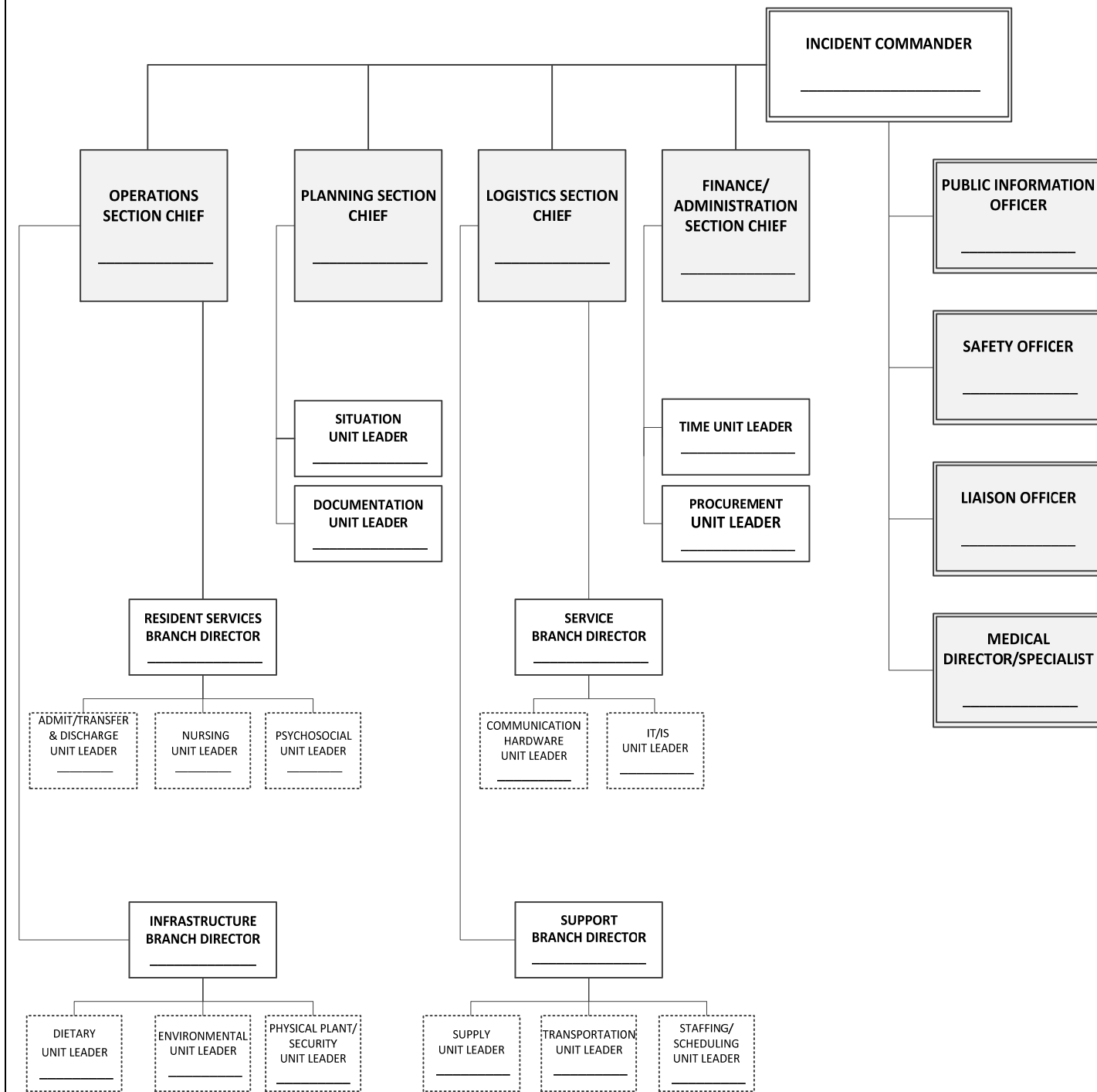
PROMPT	YES	NO
Evacuation		
The facility planned its evacuation routes and sites with consult from local law enforcement, fire and emergency management personnel?		
A process is established for accounting for all residents, visitors and staff following an evacuation?		
Pre-planning has been done to ensure residents with mobility issues can evacuate safely?		
Dining quarters and kitchen areas are clearly marked with evacuation procedures and routes?		

APPENDIX M - NURSING HOME INCIDENT COMMAND SYSTEM (NHICS) FORMS

- 201 Incident Briefing & Operational Log
- 202 Incident Objectives
- 203 Organizational Assignment List
- 205 Incident Communications Plan
- 206 Staff Injury Plan
- 207 Organizational Chart
- 213 Incident Message Form
- 251 Facility System Status Report
- 252 Section Personnel Time Sheet
- 253 Volunteer Staff Registration
- 254 Master Emergency Admit Tracking Form
- 255 Master Resident Evacuation Tracking Form
- 256 Procurement Summary Report
- 257 Resource Accounting Record
- 258 Facility Resource Directory
- 259 Master Facility Casualty Fatality Report
- 260 Resident Evacuation Tracking Form
- 261 Incident Action Safety Analysis

NHICS FORM 201 | INCIDENT BRIEFING & OPERATIONAL LOG

8. CURRENT ORGANIZATION:



NHICS FORM 201 | INCIDENT BRIEFING & OPERATIONAL LOG

9. OPERATIONAL LOG: SUMMARY OF CURRENT ACTIONS AND KEY DECISIONS:

NHICS FORM 202 | INCIDENT OBJECTIVES

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:	4. TIME PREPARED:	5. OPERATIONAL PERIOD DATE/TIME:	
6. GENERAL COMMAND & CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES):			
1)			
2)			
3)			
4)			
5)			
7. WEATHER/ENVIRONMENTAL IMPLICATIONS FOR PERIOD: (INCLUDES AS APPROPRIATE: FORECAST, WIND SPEED/DIRECTION, DAYLIGHT)			
1)			
2)			
3)			
4)			
5)			
8. GENERAL SAFETY/STAFF MESSAGES TO BE GIVEN: (e.g. PERSONAL PROTECTIVE EQUIPMENT (PPE), PRECAUTIONS, CASE DEFINITIONS - REFER TO NHICS FORM 261: INCIDENT ACTION PLAN SAFETY ANALYSIS)			
1)			
2)			
3)			
4)			
5)			
9. ATTACHMENTS (MARK IF ATTACHED):			
<input type="checkbox"/> NHICS FORM 203: ORGANIZATION ASSIGNMENT LIST <input type="checkbox"/> NHICS FORM 205: INCIDENT COMMUNICATION PLAN <input type="checkbox"/> NHICS FORM 206: STAFF INJURY PLAN <input type="checkbox"/> NHICS FORM 251: FACILITY SYSTEM STATUS REPORT <input type="checkbox"/> NHICS FORM 261: INCIDENT ACTION PLAN SAFETY ANALYSIS		<input type="checkbox"/> TRAFFIC PLAN <input type="checkbox"/> INCIDENT MAP <input type="checkbox"/> OTHER: _____	
10. PREPARED BY (PLANNING SECTION CHIEF):			
11. APPROVED BY (INCIDENT COMMANDER):			

NHICS FORM 203 | ORGANIZATION ASSIGNMENT LIST

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:		4. TIME PREPARED:	
5. OPERATIONAL PERIOD:			
6. POSITION		NAME / AGENCY	
INCIDENT COMMANDER AND STAFF:			
INCIDENT COMMANDER			
PUBLIC INFORMATION OFFICER			
LIAISON OFFICER			
SAFETY OFFICER			
MEDICAL DIRECTOR/SPECIALIST			
MEDICAL/TECHNICAL SPECIALIST			
OPERATIONS SECTION:			
CHIEF			
RESIDENT SERVICES BRANCH			
NURSING UNIT			
PSYCHOSOCIAL UNIT			
ADMIT/TRANSFER & DISCHARGE UNIT			
INFRASTRUCTURE BRANCH			
DIETARY UNIT			
ENVIRONMENTAL UNIT			
PHYSICAL PLANT/SECURITY UNIT			

NHICS FORM 203 | ORGANIZATION ASSIGNMENT LIST

POSITION	NAME / AGENCY
PLANNING SECTION:	
CHIEF	
SITUATION BRANCH	
DOCUMENTATION BRANCH	
LOGISTICS SECTION:	
CHIEF	
SERVICE BRANCH	
COMMUNICATION/HARDWARE UNIT	
IT/IS UNIT	
SUPPORT BRANCH	
SUPPLY UNIT	
STAFFING/SCHEDULING UNIT	
TRANSPORTATION UNIT	
7. AGENCY REPRESENTATIVE (IN NURSING HOME COMMAND CENTER)	
AGENCY:	NAME:
8. AGENCY REPRESENTATIVE (IN NURSING HOME COMMAND CENTER)	
EXTERNAL LOCATION:	NAME:
9. PREPARED BY (DOCUMENTATION UNIT LEADER):	



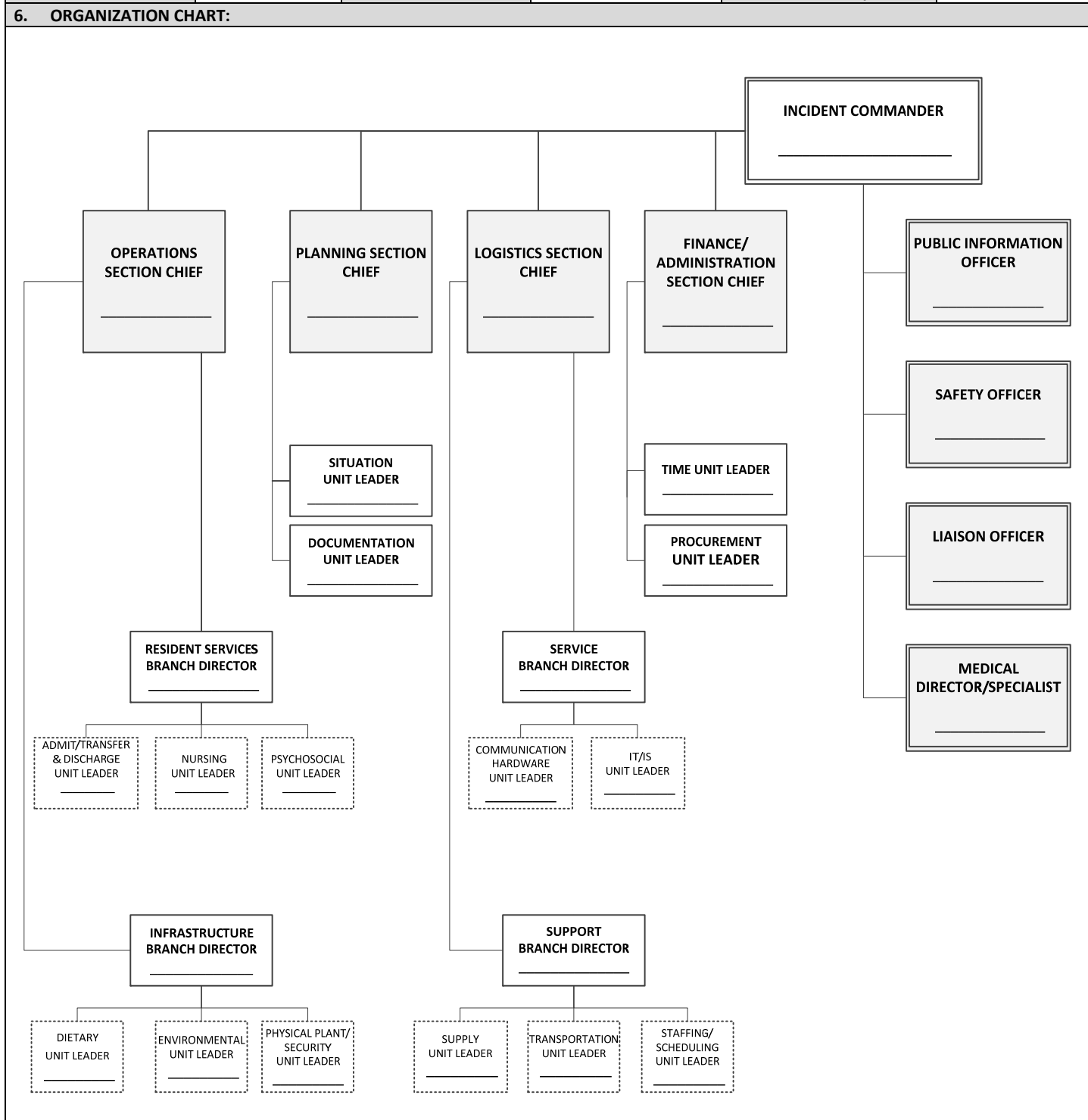
NHICS FORM 205 | INCIDENT COMMUNICATIONS PLAN (INTERNAL)

1. INCIDENT NAME:				2. FACILITY NAME:			
3. DATE PREPARED:				4. TIME PREPARED:			
5. OPERATIONAL PERIOD:							
6. BASIC CONTACT INFORMATION							
NAME	NHICS ASSIGNMENT	PHONE (PRIMARY & ALTERNATE)	FAX	E-MAIL	RADIO CHANNEL FREQUENCY	ALTERNATE COMMUNICATION DEVICE	COMMENTS
7. PREPARED BY (COMMUNICATIONS UNIT LEADER):							
8. APPROVED BY (LOGISTICS CHIEF):							

PURPOSE: DOCUMENT CONTACT INFORMATION/CHANNELS TO BE USED WITHIN FACILITY
ORIGINATION: SITUATION UNIT LEADER
COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, & STAFF/SCHEDULING UNIT LEADER
NOTE: CAN BE PREFILLED BEFORE INCIDENT AND UPDATED AS NEEDED

NHICS FORM 207 | ORGANIZATION CHART

1. INCIDENT NAME:	2. FACILITY NAME:
3. DATE PREPARED:	4. TIME PREPARED:
5. OPERATIONAL PERIOD DATE/TIME:	



PURPOSE: DOCUMENT INCIDENT COMMAND SYSTEM POSITIONS ASSIGNED

ORIGINATION: INCIDENT COMMANDER

COPIES TO: COMMAND STAFF, GENERAL STAFF, BRANCH DIRECTORS, UNIT LEADERS & DOCUMENTATION UNIT LEADER

NHICS FORM 213 | INCIDENT MESSAGE FORM

1. INCIDENT NAME:	_____	2. FACILITY NAME:	_____
3. FROM (SENDER):	_____	4. TO (RECEIVER):	_____
5. DATE RECEIVED:	_____	6. TIME RECEIVED:	_____
7. RECORDED VIA:	<input type="checkbox"/> PHONE <input type="checkbox"/> RADIO <input type="checkbox"/> OTHER: _____		
8. REPLY REQUESTED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, REPLY TO (IF DIFFERENT FROM SENDER):	_____
9. PRIORITY:	<input type="checkbox"/> URGENT – <u>HIGH</u> <input type="checkbox"/> NON-URGENT – <u>MEDIUM</u> <input type="checkbox"/> INFORMATIONAL – <u>LOW</u>		

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

11. ACTION TAKEN (IF ANY):

RECEIVED BY:	_____	TIME RECEIVED:	_____
FORWARD TO:	_____		
COMMENTS:	_____		

RECEIVED BY:	_____	TIME RECEIVED:	_____
FORWARD TO:	_____		
COMMENTS:	_____		

NHICS FORM 251 | FACILITY SYSTEM STATUS REPORT

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:		4. TIME PREPARED:	
		5. OPERATIONAL PERIOD:	

6. SYSTEM STATUS CHECKLIST		
COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
FAX	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
INFORMATION TECHNOLOGY SYSTEM (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM/INTRANET, ETC.)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
NURSE CALL SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
PAGING – PUBLIC ADDRESS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
RADIO EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SATELLITE SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
TELEPHONE SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
TELEPHONE SYSTEM – CELL	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
VIDEO-TELEVISION-INTERNET-CABLE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

NHICS FORM 251 | FACILITY SYSTEM STATUS REPORT

7. SYSTEM STATUS CHECKLIST (CONTINUED)		
INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
CAMPUS ROADWAYS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FIRE DETECTION/SUPPRESSION SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
FOOD PREPARATION EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ICE MACHINES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
LAUNDRY/LINEN SERVICE EQUIPMENT	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
STRUCTURAL COMPONENTS (BUILDING INTEGRITY)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
RESIDENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
PHARMACY SERVICES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
DIETARY SERVICES	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ISOLATION ROOMS (POSITIVE/NEGATIVE AIR)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

PURPOSE: RECORD FACILITY STATUS FOR OPERATIONAL PERIOD FOR INCIDENT

ORIGINATION: INFRASTRUCTURE BRANCH DIRECTOR

COPIES TO: SAFETY OFFICER, OPERATIONS SECTION CHIEF, BRANCH DIRECTOR, PLANNING SECTION CHIEF, & DOCUMENTATION LEADER

NHICS FORM 251 | FACILITY SYSTEM STATUS REPORT

8. SYSTEM STATUS CHECKLIST (CONTINUED)		
SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
DOOR LOCKDOWN SYSTEMS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SURVEILLANCE CAMERAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELECTRICAL POWER-PRIMARY SERVICE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SANITATION SYSTEMS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WATER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
NATURAL GAS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
AIR COMPRESSOR	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
ELECTRICAL POWER, BACKUP GENERATOR	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

PURPOSE: RECORD FACILITY STATUS FOR OPERATIONAL PERIOD FOR INCIDENT

ORIGINATION: INFRASTRUCTURE BRANCH DIRECTOR

COPIES TO: SAFETY OFFICER, OPERATIONS SECTION CHIEF, BRANCH DIRECTOR, PLANNING SECTION CHIEF, & DOCUMENTATION LEADER

NHICS FORM 251 | FACILITY SYSTEM STATUS REPORT

UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELEVATORS/ESCALATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HAZARDOUS WASTE CONTAINMENT SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OXYGEN	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
PNEUMATIC TUBE	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
STEAM BOILER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
SUMP PUMP	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WELL WATER SYSTEM	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
WATER HEATER AND CIRCULATORS	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	
OTHER	<input type="checkbox"/> FULLY FUNCTIONAL <input type="checkbox"/> PARTIALLY FUNCTIONAL <input type="checkbox"/> NONFUNCTIONAL <input type="checkbox"/> NA	

9. CERTIFYING OFFICER:	
-------------------------------	--



NHICS FORM 252 | SECTION PERSONNEL TIME SHEET

1. FACILITY NAME:			
2. FROM DATE/TIME:		3. TO DATE/TIME:	
4. SECTION:		5. TEAM LEADER:	

6. TIME RECORD								
	EMPLOYEE (E)/VOLUNTEER (V)NAME (PLEASE PRINT)	E/V	EMPLOYEE NUMBER	NHICS ASSIGNMENT/RESPONSE FUNCTION	DATE/TIME <u>IN</u>	DATE/TIME <u>OUT</u>	SIGNATURE	TOTAL HOURS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

* MAY BE USUAL NURSING HOME VOLUNTEERS OR APPROVED VOLUNTEERS FROM COMMUNITY

7. CERTIFYING OFFICER:		8. DATE/TIME SUBMITTED:	
-------------------------------	--	--------------------------------	--

PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY
ORIGINATION: SECTION CHIEFS
ORIGINAL TO: TIME UNIT LEADER EVERY 12 HOURS
COPIES TO: DOCUMENTATION UNIT LEADER



NHICS FORM 253 | VOLUNTEER STAFF REGISTRATION

1. FACILITY NAME:			
2. FROM DATE/TIME:		3. TO DATE/TIME:	

4. REGISTRATION

NAME (LAST NAME, FIRST NAME)	ADDRESS (INCLUDE CITY, STATE, ZIP)	SOCIAL SECURITY NUMBER	TELEPHONE	CERTIFICATION/ LICENSURE & NUMBER	REFERENCE CHECK	SECTION ASSIGNMENT

5. CERTIFYING OFFICER:		6. DATE/TIME SUBMITTED:	
-------------------------------	--	--------------------------------	--

PURPOSE: VOLUNTEER SIGN-IN FOR OPERATIONAL PERIOD
ORIGINATION: FINANCE ADMINISTRATION/TIME UNIT LEADER
COPIES TO: LOGISTICS CHIEF STAFF, SCHEDULE UNIT LEADER

NHICS FORM 254 | MASTER EMERGENCY ADMIT TRACKING FORM

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE/TIME PREPARED:		4. OPERATIONAL PERIOD DATE/TIME:	

		RESIDENT NAME:			MEDICAL RECORD #:	
SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TRIAGE TAG OR MR#	COMMENTS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
		RESIDENT NAME:			MEDICAL RECORD #:	
SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TRIAGE TAG OR MR#	COMMENTS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
		RESIDENT NAME:			MEDICAL RECORD #:	
SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TRIAGE TAG OR MR#	COMMENTS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
		RESIDENT NAME:			MEDICAL RECORD #:	
SEX	DOB/AGE	ADMITTED FROM	ADMITTED TO	TRIAGE TAG OR MR#	COMMENTS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						

5. SUBMITTED BY:			
6. AREA ASSIGNED TO:		7. DATE/TIME SUBMITTED:	



NHICS FORM 255 | MASTER RESIDENT EVACUATION TRACKING FORM

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE PREPARED:		4. RESIDENT TRACKING MANAGER:	
5. RESIDENT EVACUATION INFORMATION			

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED <small>(TIME/TRANSPORT CO.)</small>	MED RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
					MEDICATION SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> HOME <input type="checkbox"/> FACILITY TRANSFER <input type="checkbox"/> TEMP. SHELTER					MD/FAMILY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
					ARRIVAL CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED <small>(TIME/TRANSPORT CO.)</small>	MED RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
					MEDICATION SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> HOME <input type="checkbox"/> FACILITY TRANSFER <input type="checkbox"/> TEMP. SHELTER					MD/FAMILY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
					ARRIVAL CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO

	RESIDENT NAME:				MEDICAL RECORD #:	
DISPOSITION	MODE OF TRANSPORTATION	ACCEPTING FACILITY NAME & CONTACT INFO	TIME FACILITY CONTACTED & REPORT GIVEN	TRANSFER INITIATED <small>(TIME/TRANSPORT CO.)</small>	MED RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
					MEDICATION SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> HOME <input type="checkbox"/> FACILITY TRANSFER <input type="checkbox"/> TEMP. SHELTER					MD/FAMILY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
					ARRIVAL CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. CERTIFYING OFFICER:		7. DATE/TIME SUBMITTED:	
-------------------------------	--	--------------------------------	--

NHICS FORM 256 | PROCUREMENT SUMMARY REPORT

1. FACILITY NAME:	
--------------------------	--

2. PURCHASES								
#	P.O./REFERENCE #	DATE/TIME	ITEM/SERVICE	VENDOR	\$ AMOUNT	REQUESTOR NAME/DEPT.	APPROVED BY (PLEASE PRINT)	RECEIVED DATE/TIME
1								
	COMMENTS:							
2								
	COMMENTS:							
3								
	COMMENTS:							
4								
	COMMENTS:							
5								
	COMMENTS:							
6								
	COMMENTS:							
7								
	COMMENTS:							
8								
	COMMENTS:							
9								
	COMMENTS:							
10								
	COMMENTS:							

3. CERTIFYING OFFICER:	4. DATE/TIME SUBMITTED:
-------------------------------	--------------------------------



NHICS FORM 257 | RESOURCE ACCOUNTING RECORD

1. FACILITY NAME:					2. SECTION:				
3. DATE PREPARED:				4. TIME PREPARED:				5. OPERATIONAL PERIOD:	
5. RESOURCE RECORD									
TIME	ITEM/FACILITY TRACKING ID#	CONDITION	RECEIVED FROM	DISPENSED TO	RETURNED (DATE/TIME)	CONDITION (OR INDICATED IF NON-RECOVERABLE)	INITIALS		
6. CERTIFYING OFFICER:									

PURPOSE: TRACK REQUESTED EQUIPMENT
ORIGINATION: LOGISTICS SECTION CHIEF
COPIES TO: FINANCE/ADMINISTRATION SECTION CHIEF AND ORIGINATOR

NHICS FORM 258 | FACILITY RESOURCE DIRECTORY

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Agency for Toxic Substances and Disease Registry (ATSDR)					
Ambulance/EMS					
American Red Cross					
Biohazard Waste Company					
Buses					
Cab, City					
Emergency Management Agency					
CDC					
Clinics					
Coroner/Medical Examiner					
Dispatcher - 911					
Emergency Operations Center (EOC), Local					
Emergency Operations Center (EOC), State					
Engineers:					
HVAC					
Mechanical					
Structural					
Environmental Protection Agency (EPA)					

PURPOSE: LIST RESOURCES AND SUPPLIES

ORIGINATION: LOGISTICS

COPIES TO: COMMAND SECTION AND GENERAL STAFF

NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY



NHICS FORM 258 | FACILITY RESOURCE DIRECTORY

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Epidemiologist					
Family	<i>SEE FAMILY CONTACT LIST</i>				
Fire Department					
Food Service					
Fuel					
Funeral Homes/Mortuary Services					
Generators					
HazMat Team					
Health Department, Local					
Heavy Equipment (e.g., Backhoes, etc.)					
Home Repair/Construction Supplies:					
Hospitals:					
Hotel					
Housing, Temporary					
Ice, Commercial					
Laboratory Response Network					

PURPOSE: LIST RESOURCES AND SUPPLIES
ORIGINATION: LOGISTICS
COPIES TO: COMMAND SECTION AND GENERAL STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

NHICS FORM 258 | FACILITY RESOURCE DIRECTORY

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Laundry/Linen Service					
Law Enforcement:					
City Police					
County Sherriff					
Highway Patrol					
Licensing & Certification District Office					
Licensing & Certification After-Hour Line					
Local Office of Emergency Services					
	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Long-Term Care Facilities:					
Media:					
Print					
Radio					
Radio					
TV					
TV					
TV					

PURPOSE: LIST RESOURCES AND SUPPLIES
ORIGINATION: LOGISTICS
COPIES TO: COMMAND SECTION AND GENERAL STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

NHICS FORM 258 | FACILITY RESOURCE DIRECTORY

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Medical Gases					
Medical Supply:					
Medication, Distributor:					
Moving Company:					
Pharmacy, Commercial:					
Poison Control Center					
Portable Toilets					

PURPOSE: LIST RESOURCES AND SUPPLIES

ORIGINATION: LOGISTICS

COPIES TO: COMMAND SECTION AND GENERAL STAFF

NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

NHICS FORM 258 | FACILITY RESOURCE DIRECTORY

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Radios:					
Amateur Radio Group					
Service Provider (e.g., Nextel)					
Walkie-Talkie					
Repair Services:					
Beds					
Biomedical Devices					
Medical Devices					
Oxygen Devices					
Radios					
Restoration Services (e.g., Service Master)					
Road Conditions	<i>CALTRANS</i>	<i>1-800-427-7623</i>			
Salvation Army					
Shelter Sites					
Staff	<i>SEE STAFF CONTACT LIST</i>				
Surge Facilities					
Trucks:					
Refrigeration					
Towing					

PURPOSE: LIST RESOURCES AND SUPPLIES
ORIGINATION: LOGISTICS
COPIES TO: COMMAND SECTION AND GENERAL STAFF
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

NHICS FORM 258 | FACILITY RESOURCE DIRECTORY

	PERSONAL CONTACT (COMPANY/AGENCY/NAME)	PHONE NUMBER - PRIMARY	PHONE NUMBER - SECONDARY	E-MAIL	FAX / WEBSITE
Utilities:					
Gas					
Power					
Sewage					
Telephone					
Water					
Ventilators					
Water Vendor - Potable					
Other:					

PURPOSE: LIST RESOURCES AND SUPPLIES

ORIGINATION: LOGISTICS

COPIES TO: COMMAND SECTION AND GENERAL STAFF

NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

NHICS FORM 259 | MASTER FACILITY CASUALTY/FATALITY REPORT

1. INCIDENT NAME:		2. FACILITY NAME:	
3. DATE/TIME PREPARED:		4. OPERATIONAL PERIOD DATE/TIME:	
5. REPORTED CASUALTY/FATALITY			
	RESIDENT NAME:		MEDICAL RECORD #:
INJURY	TRANSFER DATE / TIME	RECEIVING HOSPITAL	EXPIRED DATE / TIME
	RESIDENT NAME:		MEDICAL RECORD #:
INJURY	TRANSFER DATE / TIME	RECEIVING HOSPITAL	EXPIRED DATE / TIME
	RESIDENT NAME:		MEDICAL RECORD #:
INJURY	TRANSFER DATE / TIME	RECEIVING HOSPITAL	EXPIRED DATE / TIME
	RESIDENT NAME:		MEDICAL RECORD #:
INJURY	TRANSFER DATE / TIME	RECEIVING HOSPITAL	EXPIRED DATE / TIME
	RESIDENT NAME:		MEDICAL RECORD #:
INJURY	TRANSFER DATE / TIME	RECEIVING HOSPITAL	EXPIRED DATE / TIME
6. PREPARED BY OPERATIONS SECTION:			

NHICS FORM 260 | INDIVIDUAL RESIDENT EVACUATION TRACKING FORM

1. FACILITY NAME:		2. DATE:	
3. UNIT:			
4. RESIDENT NAME:		5. AGE:	
6. MEDICAL RECORD #:		7. SIGNIFICANT MEDICAL HISTORY:	
8. ATTENDING PHYSICIAN:			
9. FACILITY NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	CONTACT INFORMATION:	_____

10. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY):			
<input type="checkbox"/> HOSPITAL BED <input type="checkbox"/> GURNEY <input type="checkbox"/> WHEEL CHAIR <input type="checkbox"/> AMBULATORY <input type="checkbox"/> SPECIAL MATTRESS	<input type="checkbox"/> IV PUMPS <input type="checkbox"/> OXYGEN <input type="checkbox"/> VENTILATOR <input type="checkbox"/> BLOOD GLUCOSE MONITOR <input type="checkbox"/> RESPIRATORY EQUIPMENT	<input type="checkbox"/> SERVICE ANIMAL <input type="checkbox"/> G TUBE PUMP <input type="checkbox"/> MONITOR <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER	<input type="checkbox"/> FOLEY CATHETER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER
ISOLATION:	<input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE:	_____

11. DEPARTMENT LOCATION	
ROOM#:	
TIME:	
ID BAND CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
ID BAND CONFIRMED BY:	
MEDICAL RECORD SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
FACE SHEET/TRANSFER TAG SENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS:	<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE
VALUABLES:	<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE
MEDICATIONS:	<input type="checkbox"/> WITH PATIENT <input type="checkbox"/> LEFT IN ROOM <input type="checkbox"/> NONE

12. ARRIVING LOCATION	
ROOM#:	
TIME:	
ID BAND CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
ID BAND CONFIRMED BY:	
MEDICAL RECORD RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
FACE SHEET/TRANSFER TAG RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
BELONGINGS RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
VALUABLES RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICATIONS RECEIVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO

13. SPECIAL CONSIDERATIONS			
TIME TO STAGING AREA:		TIME DEPARTING TO RECEIVING FACILITY:	
DESTINATION:		ARRIVAL TIME:	
TRANSPORTATION:	<input type="checkbox"/> AMBULANCE UNIT <input type="checkbox"/> HELICOPTER <input type="checkbox"/> BUS <input type="checkbox"/> OTHER: _____		
ID BAND CONFIRMED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	ID BAND CONFIRMED BY:	

APPENDIX O - REDDINET QUICK START GUIDE FOR LTCS

MESSAGE MODULE:

Send a Message:

1. Click on the **Create Message** envelope icon.
2. Using the drop down menu in the **To:** or click in the box next to the **To:** and enter the first letter or two of a facility. A list will appear. Click on the facility name. To add additional recipients, keep typing in the first few letters beyond the **X** and select additional facilities.
3. Enter a subject. Type a word or phrase that is specific to the body of your **Message**.
4. Type in the message you want to send. You can type up to 2000 characters. Always type a contact name and phone number in the Message.
5. Click on **Send**.

Incoming Message:

1. Click on **Stop Alert!**
2. After you read the message, click on **Mark As Read**. You can print the message by clicking on the printer icon in the Message Detail box. You can re-read a message by highlighting it in the Messages list on the screen.

Reply to a Message:

1. Highlight the message to which you want to reply.
2. Click on the Reply envelope icon with the green arrow in the Message Detail pane.
3. Type your response in the body of the message. You can type up to 2000 characters.
4. The facility to which you are replying appears in the **To:** area. If you want to add any facilities to your reply, follow #2 above in **Send a Message**.
5. Click on **Send**.

BED CAPACITY REPORTING

LTC Bed Capacity –

1. Click on the **Bed Capacity** module tab.
2. Click the **Bed Capacity** tab to open up the screen to read or enter data.
3. Click on your facility hospital name to highlight the line.
4. Click either on the **Enter Data** link at the top of the screen or double-click on any category box. A pop-up box will appear.
5. Enter all appropriate data in all category boxes if appropriate to your facility and county policy.
6. Click on **Submit**.

LTC PATIENT CENSUS-

1. Click on the **Bed Capacity** module tab.
2. Click on the **LTC Patient Census** tab to open the screen to read or enter data.
3. Click on your facility hospital name to highlight the line.
4. Click on each category box and enter the appropriate data.
5. Click on the **Save Data** link at the end of the row.
6. Enter YOUR initials
7. Click on Save.

ASSESSMENT POLL – RESPOND TO A POLL**Initial Response to Assessment Poll:**

1. Box will pop up.
2. Read the instructions. Contact appropriate department (s) within your facility to obtain answers.
3. Click on each line item question to turn it blue.
4. Click on the blue box below the column **Answer**.
5. Enter the appropriate data.
6. Add comments for each answer if necessary and helpful. Answer all the questions.
7. Click on Submit.

Updating Response to Poll: You can update your answers as often as is necessary to report critical data.

1. Highlight correct poll name in upper right side of screen.
2. Highlight last response date or click on “+/-” sign in lower left of screen under **Update History**.
3. Click on **Update Answers** at bottom of screen.
4. Click on each question to turn it blue.
5. Click on the blue box below the column **Answer**.
6. Enter the appropriate data.
7. Add comments for each answer if necessary and helpful. Answer all questions.
8. Click on **Submit**.

Updating Service Level:

1. Click on **Service Level** tab.
2. Click on appropriate **Service Level** radio button in the **Service Level** box.
3. Click on **OK** in the confirmation box if you want to change your service level.

**ReddiNet Technical Support: 800-440-7808 Hours: 24hrs/7days/week, 365 days a year,
Training and Client Liaison: 213-713-9982**

APPENDIX P - MEDICAL AND HEALTH RESOURCE REQUEST FORM

This form is to be completed by the facility when all avenues of getting resources from vendors and partners have been exhausted. Unless otherwise instructed at the time of event, this form is to be filled out and submitted to the LA County DPH HFID (via fax or ReddiNet) or the EMS duty officer (via fax or email): laemsdutyofficer@dhs.lacounty.gov. The EMS duty officer fax number will be provided at the time of the event. For ease of use, the form can also be obtained electronically in excel format when requested.

Submit completed form to DPH HFID via fax or ReddiNet, or to the EMS Duty Officer by fax or email:

laemsdutyofficer@dhs.lacounty.gov

(the EMS Duty Officer fax number will be provided at time of event)

Medical and Health Resource Request: FIELD/HCF² To Op Area					
1. Incident Name:		2a. DATE:		2b. TIME:	
3. Requestor Name, Agency, Position, Phone / Email:			2c. Requestor Tracking Number: (Assigned by Requesting Entity)		
4. Describe Mission/Tasks:					
ORDER SHEET(S) - ATTACH ADDITIONAL IF NEEDED		SUPPLIES	PERSONNEL	EQUIPMENT	
5. ORDER <i>MEDICAL & HEALTH REQUEST DETAILS</i>					
Item #	Priority ³	Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, etc.) (Attach product information pages, photos, In-House purchase order documentation)		Expected Duration of Use (does not apply to supplies)	
6. Requesting facility must confirm that these 3 requirements have been met prior to submission of request <input type="checkbox"/> Is the resource (s) being requested nearly or has been exhausted? <input type="checkbox"/> Facility is unable to obtain resources within reasonable time frame (based upon priority level) from vendors, contractors, MOU/MOA's or corporate office? <input type="checkbox"/> Facility is unable to obtain from other non-traditional sources?					
7. COMMAND/MANAGEMENT REVIEW AND VERIFICATION (NAME, POSITION , AND SIGNATURE - SIGNATURE INDICATES VERIFICATION OF NEED AND APPROVAL)					

¹When EMS DOC activated MH-RR to be sent to Operations Section Chief

²HCF = Health Care Facility

³Priority: (E)mergent <12 hours, (U)rgent >12 hours or (S)ustainment

APPENDIX Q - DISASTER SUPPLY INVENTORY

DISASTER PREPAREDNESS INVENTORY LIST						
SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS	
1	Primary communication system for emergency management (portable radios, cell phones with two-way radio capabilities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
2	Secondary communication system (back-up)	<input type="checkbox"/>	<input type="checkbox"/>			
3	Facility-wide public address or similar system	<input type="checkbox"/>	<input type="checkbox"/>			
4	Extra cell phones, batteries and chargers	<input type="checkbox"/>	<input type="checkbox"/>			
5	Designated facility cell phone with different area code	<input type="checkbox"/>	<input type="checkbox"/>			
6	Analog telephone directly connected to phone line	<input type="checkbox"/>	<input type="checkbox"/>			
7	System to forward telephone calls to temporary shelters or alternate facility during evacuation	<input type="checkbox"/>	<input type="checkbox"/>			
8	System to forward mail delivery to alternate facility during evacuation	<input type="checkbox"/>	<input type="checkbox"/>			
9	Resident identification system and tracking system (wristband system or similar system, including tracking logs)	<input type="checkbox"/>	<input type="checkbox"/>			
10	Vehicles operated by facility have fuel tanks maintained near full levels at all times (no less than half tank at any time)	<input type="checkbox"/>	<input type="checkbox"/>			
11	Emergency water supply (minimum three-day supply)	<input type="checkbox"/>	<input type="checkbox"/>			
12	Emergency water supply exceeds minimum three-day supply (cite amount available), five to seven-day supply preferred	<input type="checkbox"/>	<input type="checkbox"/>			
13	Emergency water supply stored in suitable and accessible location	<input type="checkbox"/>	<input type="checkbox"/>			

DISASTER PREPAREDNESS INVENTORY LIST						
SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS	
14	Emergency water supply consistent with applicable regulatory requirements	<input type="checkbox"/>	<input type="checkbox"/>			
15	Logistics, equipment and containers available to transport water supplies during evacuation	<input type="checkbox"/>	<input type="checkbox"/>			
16	Equipment needed to boil large volumes of water (adequate supply of large pots, commercial cooking kettles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
17	Empty containers to store and transport boiled water (buckets, jugs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
18	Water purification tablets (halazone)	<input type="checkbox"/>	<input type="checkbox"/>			
19	On-site water and sewage treatment	<input type="checkbox"/>	<input type="checkbox"/>			
20	Emergency food supply (minimum three-day supply)	<input type="checkbox"/>	<input type="checkbox"/>			
21	Emergency food supply exceeds the minimum three-day supply (cite amount available). Five- to seven-day supply preferred	<input type="checkbox"/>	<input type="checkbox"/>			
22	Emergency food supply stored in a suitable/accessible location	<input type="checkbox"/>	<input type="checkbox"/>			
23	Emergency food supply consistent with regulatory requirements	<input type="checkbox"/>	<input type="checkbox"/>			
24	Logistics, equipment and containers available to transport food supplies during evacuation	<input type="checkbox"/>	<input type="checkbox"/>			
25	Ready-to-eat foods available	<input type="checkbox"/>	<input type="checkbox"/>			
26	System in place to rotate food and water to ensure all are used within expiration dates	<input type="checkbox"/>	<input type="checkbox"/>			
27	Specific disaster menu on file	<input type="checkbox"/>	<input type="checkbox"/>			

DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
28	Disposable food service supplies (plates, utensils, serving containers, plastic bags, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
29	Plastic ice chests	<input type="checkbox"/>	<input type="checkbox"/>		
30	Portable chairs and tables for evacuation relocation/staging	<input type="checkbox"/>	<input type="checkbox"/>		
31	Non-electric can openers	<input type="checkbox"/>	<input type="checkbox"/>		
32	Wind-up style alarm clocks	<input type="checkbox"/>	<input type="checkbox"/>		
33	Extra oxygen concentrators	<input type="checkbox"/>	<input type="checkbox"/>		
34	Extra oxygen tanks (portable)	<input type="checkbox"/>	<input type="checkbox"/>		
35	Portable IV poles for transport	<input type="checkbox"/>	<input type="checkbox"/>		
36	Suction machines (manual and electric)	<input type="checkbox"/>	<input type="checkbox"/>		
37	Portable commodes	<input type="checkbox"/>	<input type="checkbox"/>		
38	Containers (like five-gallon buckets/heavy duty garbage bags) for sanitation	<input type="checkbox"/>	<input type="checkbox"/>		
39	Extra supply of toilet paper	<input type="checkbox"/>	<input type="checkbox"/>		
40	Extra supply of incontinence products	<input type="checkbox"/>	<input type="checkbox"/>		
41	Extra supply of disposable diapers	<input type="checkbox"/>	<input type="checkbox"/>		
42	Extra sanitation supplies (soap, wipes, bleach, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
43	Extra supply of red bags for bio-waste disposal	<input type="checkbox"/>	<input type="checkbox"/>		

DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
44	Extra supply of disposable masks and gloves of various sizes	<input type="checkbox"/>	<input type="checkbox"/>		
45	Eye washing station/equipment	<input type="checkbox"/>	<input type="checkbox"/>		
46	De-contamination equipment/showers	<input type="checkbox"/>	<input type="checkbox"/>		
47	Medical/first-aid supplies to sustain operations for at least five days.	<input type="checkbox"/>	<input type="checkbox"/>		
48	Cold packs	<input type="checkbox"/>	<input type="checkbox"/>		
49	Ice packs	<input type="checkbox"/>	<input type="checkbox"/>		
50	Insect repellent	<input type="checkbox"/>	<input type="checkbox"/>		
51	Supply of body bags	<input type="checkbox"/>	<input type="checkbox"/>		
52	Writing supplies (pens, pencils, permanent markers, note pads, notebooks for logs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
53	Flashlights and battery-operated lanterns	<input type="checkbox"/>	<input type="checkbox"/>		
54	Self-illuminating light sticks	<input type="checkbox"/>	<input type="checkbox"/>		
55	Supply of spare (fresh) batteries	<input type="checkbox"/>	<input type="checkbox"/>		
56	Whistles for alerting purposes	<input type="checkbox"/>	<input type="checkbox"/>		
57	Bull horn or portable public address communication device	<input type="checkbox"/>	<input type="checkbox"/>		
58	Battery-operated AM/FM radios	<input type="checkbox"/>	<input type="checkbox"/>		

DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
59	Battery-operated AM/FM radios	<input type="checkbox"/>	<input type="checkbox"/>		
60	Portable/battery-operated television	<input type="checkbox"/>	<input type="checkbox"/>		
61	Weather alert radios	<input type="checkbox"/>	<input type="checkbox"/>		
62	Heavy-duty plastic sheeting to block windows, doors, air ducts, etc. during hazardous conditions outside facility	<input type="checkbox"/>	<input type="checkbox"/>		
63	Rope caulking to seal doors/windows	<input type="checkbox"/>	<input type="checkbox"/>		
64	Tarps	<input type="checkbox"/>	<input type="checkbox"/>		
65	Utility knives; box cutters	<input type="checkbox"/>	<input type="checkbox"/>		
66	Heavy-duty scissors	<input type="checkbox"/>	<input type="checkbox"/>		
67	Tape, various types—duct, masking, transparent, packing, etc.	<input type="checkbox"/>	<input type="checkbox"/>		
68	Yellow “Caution” tape	<input type="checkbox"/>	<input type="checkbox"/>		
69	Standard tool boxes (wrenches, screwdrivers, hammers, pliers, etc.) in various locations throughout the facility	<input type="checkbox"/>	<input type="checkbox"/>		
70	Various power tools (drill, saws, awl, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
71	Electrical wiring kit (various connectors, caps, terminals, electrical snips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
72	Various types of rope and twine	<input type="checkbox"/>	<input type="checkbox"/>		
73	Wire for binding	<input type="checkbox"/>	<input type="checkbox"/>		

DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
74	Specialized digging tools (picks, shovels, axe, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
75	Wet/dry vacuums	<input type="checkbox"/>	<input type="checkbox"/>		
76	Commercial / heavy duty fans	<input type="checkbox"/>	<input type="checkbox"/>		
77	Commercial/heavy duty blowers	<input type="checkbox"/>	<input type="checkbox"/>		
78	Commercial/heavy duty portable de-humidifiers	<input type="checkbox"/>	<input type="checkbox"/>		
80	Manual siphon pumps	<input type="checkbox"/>	<input type="checkbox"/>		
81	Empty gasoline safety containers for use with siphon pump	<input type="checkbox"/>	<input type="checkbox"/>		
82	Portable electric sump pumps	<input type="checkbox"/>	<input type="checkbox"/>		
83	Extra garden hoses for portable sump pumps	<input type="checkbox"/>	<input type="checkbox"/>		
84	Heavy duty gasoline powered portable pumps	<input type="checkbox"/>	<input type="checkbox"/>		
85	Appropriately sized hoses for portable pumps	<input type="checkbox"/>	<input type="checkbox"/>		
86	Squeegees and large brooms	<input type="checkbox"/>	<input type="checkbox"/>		
87	Ladders	<input type="checkbox"/>	<input type="checkbox"/>		
88	Hard hats	<input type="checkbox"/>	<input type="checkbox"/>		
89	Dust/filter-type masks	<input type="checkbox"/>	<input type="checkbox"/>		
90	Eye protection (goggles, safety glasses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		

DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
91	Plywood sheeting for board-up	<input type="checkbox"/>	<input type="checkbox"/>		
92	Wooden shoring material (2 x 4, 4 x 4, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
93	Nails, screws and fasteners	<input type="checkbox"/>	<input type="checkbox"/>		
94	Supply of elastic cords (bungee cords, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
95	Sandbags	<input type="checkbox"/>	<input type="checkbox"/>		
96	Gas-powered chain saw for tree removal	<input type="checkbox"/>	<input type="checkbox"/>		
97	Box of heavy-duty chains	<input type="checkbox"/>	<input type="checkbox"/>		
98	Wheelbarrows	<input type="checkbox"/>	<input type="checkbox"/>		
99	Approved heavy-duty extension cords	<input type="checkbox"/>	<input type="checkbox"/>		
100	Battery-chargers	<input type="checkbox"/>	<input type="checkbox"/>		
101	Power converters (AC/DC)	<input type="checkbox"/>	<input type="checkbox"/>		
102	Approved portable generators (in addition to facility generator)	<input type="checkbox"/>	<input type="checkbox"/>		
103	Extra supply gasoline in approved safety containers	<input type="checkbox"/>	<input type="checkbox"/>		
104	Extra fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>		
105	Extra sleeping provisions (blankets, pillows, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
106	Portable mattresses and air pumping equipment	<input type="checkbox"/>	<input type="checkbox"/>		

DISASTER PREPAREDNESS INVENTORY LIST

SYSTEMS, EQUIPMENT AND SUPPLIES		YES	NO	QUANTITY (if applicable)	COMMENTS
107	Portable cots	<input type="checkbox"/>	<input type="checkbox"/>		
108	Matches or butane lighters in water-proof container	<input type="checkbox"/>	<input type="checkbox"/>		
109	Sewing kit and fabric mending supplies (scissors, tape, twine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
110	Severe Weather/Take Cover Shelters or safe areas are clearly identified with sign/placard (self-illuminating pictograph, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
111	Facility "Go Box" that includes items needed for immediate evacuation (cell phone, charger, cash, credit cards, additional keys to facility, list of contacts, list of employees and other items that would be helpful during evacuation)	<input type="checkbox"/>	<input type="checkbox"/>		
112	Ramps, lifts or similar system to board ambulatory residents on buses	<input type="checkbox"/>	<input type="checkbox"/>		

APPENDIX R - DISASTER WATER SUPPLIES

To ensure safe water for residents, staff and visitors during a crisis, our facility maintains:

- An emergency water supply that is suitable and accessible;
- An emergency water supply consistent with applicable regulatory requirements; and
- Methods for water treatment when supplies are low.

Resource	Quantity	Location
Emergency water supply (minimum three-day supply)		
Emergency water supply which exceeds minimum three-day supply (five to seven-day supply preferred)		
Logistics, equipment and containers available to transport water supplies during evacuation		
Equipment to boil large volumes of water (adequate supply of large pots, commercial cooking kettles, etc.)		
Empty containers to store and transport boiled water (buckets, jugs, etc.)		
Water purification tablets (halazone)		
On-site water storage (boilers, hot water tanks, ice makers)		

Water Treatment Methods (*adapted from the Federal Emergency Management Agency [FEMA] Fact Sheet*)

We treat all water of uncertain quality before using it for drinking, food washing or preparation, washing dishes, brushing teeth, or making ice. In addition to having a bad odor and taste, contaminated water can contain microorganisms (germs) that cause diseases such as dysentery, cholera, typhoid or hepatitis. If there is a suspected compromise of the water system (i.e. broken pipes) our facility will shut off the water supply as soon as possible to protect the integrity of supply in internal tanks and pipes.

Before treating, let any suspended particles settle to the bottom or strain them through coffee filters or layers of clean cloth.

We have the necessary materials in our disaster supplies kit for the chosen water treatment method as described below:

There are two water treatment methods. They are as follows:

These instructions are for treating water of uncertain quality in an emergency situation, when no other reliable clean water source is available, or we have used all of your stored water.

Boiling

Boiling is the safest method of treating water. In a large pot or kettle, bring water to a rolling boil for 1 full minute, keeping in mind that some water will evaporate. Let the water cool before drinking.

Boiled water will taste better if you put oxygen back into it by pouring the water back and forth between two clean containers. This also will improve the taste of stored water.

Chlorination

You can use household liquid bleach to kill microorganisms. Use only regular household liquid bleach that contains 5.25 to 6.0 percent sodium hypochlorite. Do not use scented bleaches, color safe bleaches, or bleaches with added cleaners. Because the potency of bleach diminishes with time, use bleach from a newly opened or unopened bottle.

Add 16 drops (1/8 teaspoon) of bleach per gallon of water, stir, and let stand for 30 minutes. The water should have a slight bleach odor. If it doesn't, then repeat the dosage and let stand another 15 minutes. If it still does not smell of chlorine, discard it and find another source of water.

OTHER SAFE SOURCES

- Melted ice cubes
- Water drained from the water heater (if the water heater has not been damaged)
- Liquids from canned goods such as fruit or vegetable juices
- Water drained from pipes if deemed to be uncontaminated
- Other

SPECIAL NOTE: RESIDENT HYDRATION DURING EVACUATION

During evacuation, bottled water and/or necessary liquid thickeners for those individuals with swallowing restrictions should accompany residents to maintain safe hydration levels.

APPENDIX S - SITE MAP WITH SHUTOFFS, FIRE SUPPRESSION, AND EMERGENCY SUPPLY LOCATIONS

<Insert Site Map with shutoffs, fire suppression, and emergency supply locations; include location of emergency exits, in-house evacuation routes, fire alarm boxes and fire extinguishers>

APPENDIX T - DISASTER MEAL MENUS

Our facility maintains disaster meal menus. These menus are utilized when there is a disruption of services and/or outside resources are not available through the regular supply chain. Our facility has identified the minimal resources needed to provide food and water service during a shelter in place or evacuation scenario.

<Insert facility-specific Disaster Meal Menu or location of Disaster Meal Menu and procedures>

APPENDIX U - VENDOR LIST

CONTACT INFORMATION		
Food: perishable Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Food: non-perishable Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Water Utility Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
Potable Water Company Name: Address: City: State/Zip Code: Phone: Fax: Email: Website	Water Company Name: Address: City: State/Zip Code: Phone: Fax: Email: Website	Natural Gas/Propane Supplier Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
Ice Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Generator Fuel Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Cell Phone Service Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
Quick Connect Generator Supplier Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Generator Maintenance Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Electric Utility Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:

CONTACT INFORMATION		
Pharmacy Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Sanitation Supplies Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Gas Utility Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
Incontinence Supplies Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Paper Goods – Kitchen Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Telephone Company Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
Paper Goods – Toiletries Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Linen Supplies Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Satellite Phone Provider Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
Assistive Devices Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Fire Alarm System Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Sprinkler System Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:

CONTACT INFORMATION		
Transportation – Alternates Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Transportation – Truck, Cargo Van, Trailer Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:	Amateur Radio Service Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:
Internet Service Provider Name: Address: City: State/Zip Code: Phone: Fax: Email: Website:		

APPENDIX V - EMERGENCY AGREEMENTS

<Insert copies of all facility emergency agreements or relevant documentation for verbal understandings>

APPENDIX W - RETURN TO FACILITY

AUTHORITY TO CALL FOR RE-ENTRY

Following an emergency evacuation, re-entry into <insert facility name> must be preceded by the approval of appropriate jurisdictional authorities (local, county, state, etc.), including the LA County DPH Health Facilities Inspection Division (HFID).

- A. The CEO/Chief Administrator or designee notifies appropriate authorities to request approval for re-entry once it is deemed safe. This requires obtaining approval from DPH HFID before residents can be brought back into the facility.
- B. In addition to DPH HFID, notify personnel and partner agencies regarding return to normal operations, which may include:
 1. <Enter name of facility ownership/corporate entity>
 2. Police Department
 3. Fire Department
 4. LA County Emergency Management Agency
 5. LA County EMS Agency
 6. Insurance Agent
 7. Other relevant agencies that provide clearance
- C. Notify residents, Medical Director, all attending physicians, families, and responsible parties of re-entry.
- D. Notify California Long Term Care Ombudsman of re-entry.
- E. Implement a return to normal process that provides for a gradual and safe return to normal operations.

POST EVACUATION RETURN TRANSPORTATION

Following a disaster, transportation resources are likely to be in high demand and may be difficult to find. Drivers may be limited or unavailable and the entire community may be competing for the same resources, including fuel and specialized vehicles for transporting persons who are frail or have disabilities. This demand will likely outpace resources.

Prior to an emergency, the local emergency management officials will be made aware of the type of transportation likely to be needed by facility residents so that they can receive the appropriate priority when assistance is needed with transport services. Agreements will be in place with public and private transportation agencies, ambulance services, wheelchair accessible services and other transportation options in the community, including family and volunteers.

Return transportation will be arranged by the facility in collaboration with the local EMS and/or emergency management agency. The post-evacuation return to the facility may need to occur in shifts over days or weeks.

The CEO/Chief Administrator or his/her designee is responsible for determining the order in which residents are returned to the facility. The NHICS 254: Master Emergency Admit Tracking Form (See Appendix M) or the hosting facility's equivalent forms will be completed and returned with the resident.

POST DISASTER PROCEDURES FOR THE FACILITY

The Incident Management Team (IMT) may continue during the recovery phase to determine priorities for resuming operations, including:

- A. Physically secure the property.
- B. Conduct Damage Assessment for residents and the facility and reporting using NHICS 251: Facility System Status Report (See Appendix M – NHICS Forms).
- C. Protect undamaged property. Close up building openings. Remove smoke, water, and debris. Protect equipment against moisture.
- D. Restore power and ensure all equipment is functioning properly.
- E. Separate damaged repairable property from destroyed property. Keep damaged property on hand until insurance adjuster has visited the property.
- F. Report claim to insurance carrier.
- G. Take an inventory of damaged goods. (This is usually done with the insurance adjuster).

APPENDIX X - EMERGENCY SHUTDOWN

There are several instances where deactivation of facility systems may be required during a disaster/crisis. Examples include:

- Severe weather
- Earthquake
- Civil disturbance
- Terrorism attack
- Accidental event (power spike, outage, gas leak, over-pressurization, etc.)

Specific steps need to be taken to ensure safe shutdown of a system. Mechanical equipment that may be shutdown includes:

- Water
- Natural Gas
- Electric
- Heating, Ventilating and Air Conditioning (HVAC) Equipment
- Boilers
- Computer Equipment

These procedures should only be completed with the approval of the Incident Commander (IC) at the time of the crisis. Shutdown should only be employed during the most extreme of situations, if time permits call in an expert. See NHICS 258: Facility Resource Directory (Appendix M) or Vendor List (Appendix U) for detailed contact information for vendors; otherwise, 24-hour emergency numbers are in the checklist below.

Vendors will be notified when their service is shut down by the facility. In addition, all staff members will be notified when services are shut down temporarily. A site map with the location of shutoffs, emergency exits, in-facility evacuation routes, fire extinguishers, fire doors is included in Appendix S – Site Map with Shutoffs, Fire Suppression and Emergency Supply locations; this is in addition to the checklist below which has a physical description of the location of various pieces of operational equipment (i.e., shutoffs, electrical breakers, switches, etc.)

IMPORTANT PRECAUTIONS

These procedures should be tested with key staff prior to being performed to ensure mechanical items are shutdown securely and safely. The following precautions must be followed:

- Never stand in water or any fluids when shutting down equipment!
- If you see smoke, fire, gas, or electrical voltage near the area, do not attempt a mechanical shutdown.

For ease of shutdown, our facility has created a checklist of items to be used while shutting down specific systems.

EMERGENCY SHUTDOWN CHECKLIST	
NATURAL GAS	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Meter: • Shutoff valves: 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1: <insert facility specific steps for shutdown, add as many steps as appropriate to your equipment/system>
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
	Comments:
ELECTRIC	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Main electrical panel: • Outside meter: • Main breaker: • Sub-breakers and sub-panels: 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1:
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
	Comments:

EMERGENCY SHUTDOWN CHECKLIST	
WATER	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Shut off valve(s): • Water meter: 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1:
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
Comments:	
HVAC	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Electric shutoff switch(s): • Gas Valves: 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1:
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
Comments:	
BOILER	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Main electric shutoff switch: • Boiler shutoff switches < indicate how many boilers, gas and electric, etc.> 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1:
<input type="checkbox"/>	Action 2:

EMERGENCY SHUTDOWN CHECKLIST	
<input type="checkbox"/>	Action 3:
	Comments:
COMPUTER/INFORMATION TECHNOLOGY SERVICES	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
<ul style="list-style-type: none"> • Main controls: • Electrical breakers: • Media used as backup: 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1:
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
	Comments:
<Insert NAME of other systems>	
Vendor:	24-hr Phone:
Account #:	
Description of Location	
<ul style="list-style-type: none"> • 	
Action Steps for Shutdown	
<input type="checkbox"/>	Action 1:
<input type="checkbox"/>	Action 2:
<input type="checkbox"/>	Action 3:
	Comments:

APPENDIX Y - LIST OF ACRONYMS

ASPR	Office of the Assistant Secretary of Preparedness and Response
Cal OES	California Governor’s Office of Emergency Services
CDC	U.S. Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CAHF	California Association of Health Facilities
COOP	Continuity of Operations (Plan)
DOC	Department Operations Center
DHS	Los Angeles County Department of Health Services
DPH HFID	Los Angeles County Department of Public Health, Health Facilities Inspection Division
DRC	Disaster Resource Center
EOP	Emergency Operations Plan
EMP	Emergency Management Program
EMS	Emergency Medical Services
FEMA	Federal Emergency Management Agency
HCF	Healthcare Facility
HEPA	High Efficiency Particulate Air (Filter)
HHS	U.S. Department of Health and Human Services
HICS	Hospital Incident Command System
HPP	Hospital Preparedness Program
HVA	Hazard Vulnerability Analysis
HVAC	Heating, Ventilating and Air Conditioning
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IMT	Incident Management Team
IPG	Incident Planning Guide
IRG	Incident Response Guide
LEMSA	Local Emergency Medical Services Agency
LTC	Long Term Care
MAC	Medical Alert Center
MHOAC	Medical and Health Operational Area Coordinator
MOU	Memorandum of Understanding

NCR	Carbonless paper (No Carbon Required)
NHICS	Nursing Home Incident Command System
PASS	Pull, Aim, Squeeze and Sweep
PTO	Paid Time Off
PPE	Personal Protective Equipment
RACE	Rescue, Alarm, Confine and Extinguish
RRG	Rapid Response Guide
SDS	Safety Data Sheet (also referred to as Material Safety Data Sheet or MSDS)
SNF	Skilled Nursing Facility