

**<Insert Name of Facility>**  
**Long Term Care**  
**Emergency Operations Plan**

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<Insert Date Template is Completed/Revised>  
Supersedes Previous Version  
This plan covers license year <insert year>  
<License Number>

# Facility Profile

---

**Facility Name:** \_\_\_\_\_

**CNN#** \_\_\_\_\_

**Address:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Payment Type: (i.e. Title 18/19, Title 19, Licensure)** \_\_\_\_\_

---

**Owner/Corporation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

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**Facility Administrator:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

---

**Emergency Operations Plan Coordinator:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

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**Licensed Facility Bed Capacity:** \_\_\_\_\_

**Average Daily Census:** \_\_\_\_\_

**Specialty Services or Units:** \_\_\_\_\_

## Residents in Care

Provide the **average** number of individuals within the facility's care who have the following disabilities and/or dependencies:

Disability or Other Challenges	
Alzheimer's, dementia, or cognitive impairment: _____	Confined to bed: _____
Blind or low vision: _____	Require 24-hour constant care: _____
Deaf or hearing impaired: _____	Chronic condition (please specify): _____
Speech impaired: _____	Other (please specify): _____
Limited mobility or difficulty walking: _____	_____
Primary language other than English: _____	_____

Dependency	
Dialysis: _____ Insulin: _____	Walker/cane/scooter/wheelchair: _____
Ventilator: _____ Oxygen: _____	Other (please specify): _____
Service animal: _____	_____
Bariatric Bed: _____	_____
Other machine dependent: _____	_____

**Table 1**  
**Primary and Affiliate/Sister Facilities**

Primary Facility			
Facility Name	Address (Street, City, State, Zip)	County	Contact Number
Affiliate/Sister Facilities			
Facility Name	Address (Street, City, State, Zip)	County	Contact Number

# Signature Page

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<Insert Facility Name>

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Planner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Preparedness Nurse

\_\_\_\_\_  
Date

# Record of Changes

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This is a continuing record of all changes to the EOP.

Change Number	Date of Change	Description of Change	Initials

# Record of Distribution

This plan has been provided to the following personnel and/or agencies.

Recipient Name	Department/Agency	Date Distributed	Initials

## Table of Contents

<b>Facility Profile .....</b>	<b>2</b>
<b>Residents in Care.....</b>	<b>3</b>
<b>Signature Page.....</b>	<b>4</b>
<b>Record of Changes .....</b>	<b>5</b>
<b>Record of Distribution .....</b>	<b>6</b>
<b>1. INTRODUCTION.....</b>	<b>13</b>
A. Purpose .....	13
B. Scope .....	13
C. Planning Assumptions .....	13
<b>2. ADMINISTRATION.....</b>	<b>15</b>
A. Executive Summary .....	14
B. Plan Review and Maintenance.....	14
C. Authorities and References .....	15
<b>3. SITUATION.....</b>	<b>19</b>
Risk Assessment .....	17
<b>4. CONCEPT OF OPERATIONS .....</b>	<b>20</b>
A. Incident Management .....	17
B. Plan Activation .....	18
<b>5. ROLES AND RESPONSIBILITIES .....</b>	<b>19</b>
A. Essential Services .....	19
B. Positions .....	19
<b>6. COMMAND AND COORDINATION.....</b>	<b>20</b>
A. Command Structure.....	20
B. Local Emergency Operations Center Coordination .....	22
C. Public Health Coordination .....	23
<b>7. RESOURCES AND ASSETS .....</b>	<b>27</b>
A. Acquiring and Replenishing Medications and Supplies .....	23
B. Sharing Resources with Other Healthcare Organizations .....	24
C. Monitoring Quantities of Resources and Assets.....	24
D. Resource Sustainability .....	24
<b>8. MANAGEMENT OF STAFF.....</b>	<b>29</b>
A. Assignment of Staff.....	25
B. Managing Staff Support Needs .....	25

C. Volunteer Needs.....	25
<b>9. RESIDENT MANAGEMENT IN AN EMERGENCY.....</b>	<b>26</b>
A. Resident Scheduling, Triage/Assessment, Treatment, Transfer, and Discharge ....	26
B. Vulnerable Populations .....	26
C. Management of Behavioral Health Residents .....	26
D. Behavioral Health Services to Residents .....	26
E. Resident Tracking.....	26
<b>10. UTILITIES AND SUPPLIES.....</b>	<b>28</b>
A. Power .....	28
B. Water Supplies .....	29
C. Oxygen.....	31
<b>11. OTHER CRITICAL UTILITIES .....</b>	<b>32</b>
<b>A. Maintenance Activities.....</b>	<b>36</b>
<b>12. EVACUATION .....</b>	<b>37</b>
A. Decision Making: Evacuate or Shelter-in-Place .....	32
B. Transportation Resources.....	33
C. Resident Records and Maintenance .....	34
D. Resident Provisions/Personal Effects .....	35
E. Evacuation Locations.....	36
F. Evacuation Routes.....	37
G. Evacuation Priorities.....	37
H. Securing Equipment .....	37
I. Securing Vital Records.....	37
<b>13. RECOVERY.....</b>	<b>43</b>
A. Initiation and Recovery .....	38
B. Protocol .....	38
C. Restoration of Services.....	38
D. Utility Restoration .....	38
E. Staff/Resident Re-Entry .....	39
F. Staff Debriefing .....	39
G. After-Action Report/Improvement Plan .....	39
<b>14. GLOSSARY.....</b>	<b>40</b>
<b>15. ACRONYMS.....</b>	<b>44</b>
<b>16. ATTACHMENTS.....</b>	<b>45</b>
Attachment A: Training Plan.....	46
Attachment B: Mutual Aid Agreements/Memorandum of Understanding .....	47



Attachment C: Routes to Evacuation Sites and Facility Floor Plans .....	47
Attachment D: Sample Hospital Incident Command System Forms .....	48
<b>17. ANNEXES .....</b>	<b>49</b>
Annex A: Communications .....	50
Annex B: Safety and Security.....	62
Annex C: Continuity of Operations .....	63
<b>18. Incident Specific Appendices.....</b>	<b>76</b>
Appendix A: Active Shooter.....	77
Appendix B: Biological Event .....	78
Appendix C: Bomb Threat .....	79
Appendix D: Chemical Event.....	79
Appendix E: Cyber Attack .....	80
Appendix F: Earthquake.....	82
Appendix G: Explosive Event .....	82
Appendix H: Extended Power Outages .....	83
Appendix I: Fire.....	84
Appendix J: Floods.....	86
Appendix K: Hazardous Materials and Decontamination .....	86
Appendix L: Hurricanes .....	88
Appendix M: Missing Resident .....	89
Appendix N: Nuclear/Radioactive Event.....	89
Appendix O: Pandemic Influenza/Infection Control/Isolation .....	90
Appendix P: Severe Weather/Extreme Temperatures/Winter Storms.....	90
Appendix Q: Surge Capacity .....	92
Appendix R: Wildfire.....	93

## List of Tables

Table 1: Primary and Affiliate/Sister Facilities .....	3
Table 2: Exercises Conducted .....	15
Table 3: Individuals Responsible for Emergency Operations Plan Activation.....	21
Table 4: Roles and Responsibilities .....	19
Table 5: Key Personnel and Orders of Succession .....	21
Table 6: Delegations of Authority .....	22
Table 7: Generator Details .....	28
Table 8: Quantities of Potable and Non-Potable Water .....	30
Table 9: Water Disinfection .....	31
Table 10: Maintenance Activities.....	32
Table 11: Evacuation or Shelter-in-Place Decision Making Chart.....	33
Table 12: Transportation Resources .....	34
Table 13: Close Proximity Evacuation Locations.....	36
Table 14: Within Area Evacuation Locations .....	36
Table 15: Out of Area Evacuation Locations .....	37
Table 16: Memorandum Of Understanding .....	47
Table 17: External Contacts .....	50
Table 18: Communication Methods.....	54
Table 19: Emergency Intercom Codes .....	54
Attachment 2: Table 1 Employee Emergency Call Back Roster .....	56
Attachment 2: Table 2 Patient Physicians Emergency Call Back Roster .....	57
Attachment 2: Table 3 Volunteers Emergency Call Back Roster .....	58
Attachment 2: Table 4 Contractors Emergency Call Back Roster.....	59
Attachment 2: Table 5 Vendor Contact Information.....	60
Attachment 2: Table 6 Critical Infrastructure Contact Information.....	61

Table 20: Internal Security Assignments .....62

Table 21: Continuity Facilities .....65

Table 22: Roles and Responsibilities ..... **Error! Bookmark not defined.**



# 1. INTRODUCTION

## A. Purpose

EOPs must be exercised and reviewed annually.

**Regulatory and Centers for Medicare and Medicaid Services require the following supporting plan documents:**

- Alternate Care Sites (on and off campus)
- Transportation contracts with designated patient transporters
- Communications plan
- Concept of Operations
- Evacuation maps and floor plans
- Mutual aid agreements
- Organizational charts
- Policies and procedures
- Fire safety plan
- Hazard Vulnerability Analysis
- Training and exercise plans
- Incident specific appendices

## B. Scope

The Emergency Operations Plan (EOP) is designed to guide planning and response to a variety of hazards that could threaten the safety of residents, staff, and visitors, the environment of the facility, or adversely impact the ability of the facility to provide healthcare services to its residents. The plan is also designed to meet state and local planning requirements.

Authority for activating the plan will rest with the **<Insert position title>**. Activation of the plan will be conducted in conjunction with agency command staff as well as local emergency management and public health personnel.

## C. Planning Assumptions

The following assumptions delineate what is assumed to be true when the EOP was developed. The assumptions statement shows the limits of the EOP, thereby limiting liability.

- Identify top five hazards
- Identified hazards will occur.
- Healthcare personnel are familiar with the EOP.
- Healthcare personnel will execute their assigned responsibilities.
- Executing the EOP will save lives and reduce damage.

## 2. ADMINISTRATION

### A. Executive Summary

The **<Insert name of facility>** Emergency Operations Plan (EOP) is an all-hazards plan that outlines policies and procedures for preparing for, responding to, and recovering from possible hazards faced by the organization. Coordination of planning and response with other healthcare organizations, public health, and local emergency management are emphasized in the plan. The plan also addresses proper plan maintenance, communications, resource and asset management, resident care, continuity of operations, management of staff, evacuation, and contingency planning for utilities failure.

The plan will undergo an annual review process to ensure any plan deficiencies are identified and addressed. A corrective action process will be instituted and maintained in the plan to ensure lessons learned and action items identified from exercises and real events are properly addressed and documented.

All response activities will follow the National Incident Management System (NIMS) guidelines. In addition, the agency will follow the Incident Command System (ICS) organizational structure in response to emergency events and in exercises. In the event of a communitywide emergency, the agency's incident command structure will be integrated into and be consistent with the community command structure. Staff is encouraged to receive training in the ICS system and in assigned roles and responsibilities to ensure they are prepared to meet the needs of residents in an emergency.

### B. Plan Review and Maintenance

#### Plan Review

The EOP will be reviewed and updated annually incorporating the latest NIMS elements, data collected during actual and exercise plan activations, changes in the hazard vulnerability assessment, changes in emergency equipment, changes in external agency participation, etc.

Plan review should also consider changes in contact information, new communications with the local emergency management agency, review of evacuation routes and alternate care sites, and staff and departmental assignments. The review will be conducted by **<Insert position title or group>**. Plan updates will be the responsibility of **<Insert position title>**.

#### Exercises

The **<Insert name of facility>** must test its plan and operational readiness at least annually. The facility will participate in a community mock disaster drill at least annually. Also, the facility will conduct a paper-based, tabletop exercise at least annually (42 CFR

483.73). This is accomplished through exercises in which many planned disaster functions are performed as realistically as possible under simulated disaster conditions.

An after-action report/improvement plan (AAR/IP) will be completed within 60 days after the event. Items/gaps identified in the improvement plan will be incorporated into the plan as soon as it is feasible. The **<Insert position title>** will be responsible for coordinating the exercises, AARs, and improvement planning.

All exercises will incorporate elements of the National Incident Management System and Incident Command System and are Homeland Security Exercise and Evaluation Program compatible. Information on the Homeland Security Exercise and Evaluation Program can be found at <https://www.preptoolkit.org/web/hseep-resources>.

Future exercises should be planned and conducted according to corrective action items identified during previous exercises.

**Table 2  
Exercises Conducted**

Type of Exercise	Hazard Exercised	Date of Exercise	AAR Completed

**C. Authorities and References**

**<Insert title and date of local city and/or county emergency operations plan >**

**<Insert titles of other organizational plans or policies that have a connection to the Emergency Operations Plan>**

**National Incident Management System (NIMS)**  
 Federal Emergency Management Agency (FEMA)  
<http://www.fema.gov/emergency/nims/>

**Incident Command System (ICS)**  
 FEMA  
<https://www.fema.gov/incident-command-system-resources>

**The Joint Commission**  
[www.jointcommission.org](http://www.jointcommission.org)

**Centers for Medicare & Medicaid Services (CMS)**  
<http://www.cms.gov>

**Disaster Resiliency and NFPA Codes and Standards**

Refer to the National Fire Protection Association (NFPA) Standards in NFPA 101 Life Safety Code, and NFPA 1600, Disaster/Emergency Management and Business Continuity Programs

**CDC Emergency Water Supply Planning Guide Table 6-4.1**

<http://www.cdc.gov/healthywater/pdf/emergency/emergency-water-supply-planning-guide.pdf>

**1135 Waiver Request Reference**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/AllHazardsFAQs.pdf>

**Federal Emergency Management Agency (FEMA)**

Refer to FEMA for best practices and guidance for updating emergency plans

[http://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg\\_101\\_comprehensive\\_preparedness\\_guide\\_developing\\_and\\_maintaining\\_emergency\\_operations\\_plans\\_2010.pdf](http://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf)

**Summary of Requirements for Long Term Care Facilities**

<https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Provider-Survey-and-Certification-Frequently-Asked-Questions.pdf>



### 3. SITUATION

#### Risk Assessment

A hazard vulnerability analysis (HVA) conducted by **<Insert name of entity>** provides details on local hazards including type, effects, impacts, risk, capabilities, and other related data.

**Facility HVA and/or regional HVA located in Attachment 1 and 2 of the Continuity of Operations Annex.**

**<Insert the top five hazards from facility HVA>**

- 1.
- 2.
- 3.
- 4.
- 5.

### 4. CONCEPT OF OPERATIONS

#### A. Incident Management

Incident management activities are divided into four phases: mitigation, preparedness, response, and recovery. These four phases are described below:

- **Mitigation:** Mitigation activities are those that eliminate or reduce the possibility of a disaster occurring. For healthcare operations, this may include installing generators for backup power, installing hurricane shutters, and raising electrical panels to protect them from possible flood damage. **<Insert facility's strategies for mitigation>**
- **Preparedness:** Preparedness activities develop the response capabilities that are needed in the event an emergency occurs. These activities may include developing emergency operations plans and procedures, conducting training for personnel in those procedures, and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary. **<Insert facility's strategies for preparedness>**
- **Response:** Response includes those actions that are taken when a disruption or emergency occurs. It encompasses the activities that address the short-term, direct effects of an incident. Response activities in the healthcare setting can include activating emergency plans, and triaging and treating residents who have been affected by an incident. **<Insert facility's strategies for response>**
- **Recovery:** Recovery focuses on restoring operations to a normal or improved state of affairs. It occurs after the stabilization and recovery of essential functions. Examples of recovery activities include the restoration of non-vital

functions, replacement of damaged equipment, facility repairs, organized return of residents into the facility, and reconstitution of resident records and other vital information systems. Another key consideration in the recovery and response phases of an incident is the tracking of staff hours, expenses, and damages incurred as a result of the emergency. Detailed records will need to be maintained throughout an emergency to document expenses and damages for possible reimbursement or to properly file insurance claims. **<Insert facility's strategies for recovery>**

## B. Plan Activation

The Emergency Operations Plan will be activated in response to internal or external threats to the facility. Internal threats could include fire, bomb threat, loss of power or other utility disruption, or other incidents that threaten the well-being of residents, staff, and/or the facility itself. External threats include events that may not affect the facility directly but have the potential to overwhelm long term care resources or put the facility on alert.

### Persons Responsible for Plan Activation

Once a threat has been confirmed, the employee obtaining the information must notify their supervisor immediately. If the employee cannot contact their supervisor, they must immediately contact the **<Insert position title>** directly.

The supervisor should in turn contact the **<Insert position title>**. The **<Insert position title>** will assess the situation and initiate the plan if necessary.

The following individuals have the authority to activate the Emergency Operations Plan:

**Table 3**  
**Individuals Responsible for Emergency Operations Plan Activation**

Name	Contact Number
Primary:	
Backup 1:	
Backup 2:	

### Alerting Staff (On and Off Duty)

To notify staff that the Emergency Operations Plan has been activated, those within the facility will be contacted first through the **<Insert internal communication system (e.g., overhead paging system, radio)>**.

Staff away from the facility at the time of activation will be contacted by **<Insert external communication system (e.g., phone tree, radio, media)>**. The individuals responsible for contacting staff include the **<Insert position title (e.g., dispatcher, supervisors)>**.

## Alerting Response Partners

The facility works closely with several external partners (**See Annex A: Communications Plan**). The **<Insert position title>** will be the individual responsible for contacting these external agencies to notify them that the Emergency Operations Plan has been activated.

### 5. ROLES AND RESPONSIBILITIES

During an event, specific roles and responsibilities will be assigned to individual positions/titles, as well as facility departments.

#### A. Essential Services

The table below identifies the departmental roles and responsibilities during plan activation.

**Table 4**  
**Roles and Responsibilities**

<b>Essential Services</b>	<b>Roles and Responsibilities</b>	<b>Point of Contact</b>	<b>Secondary Point of Contact</b>
Administration			
Dietary			
Housekeeping			
Maintenance			
Nursing			
Pharmacy			
Safety & Security			
(Add additional essential services if needed)			

#### B. Positions

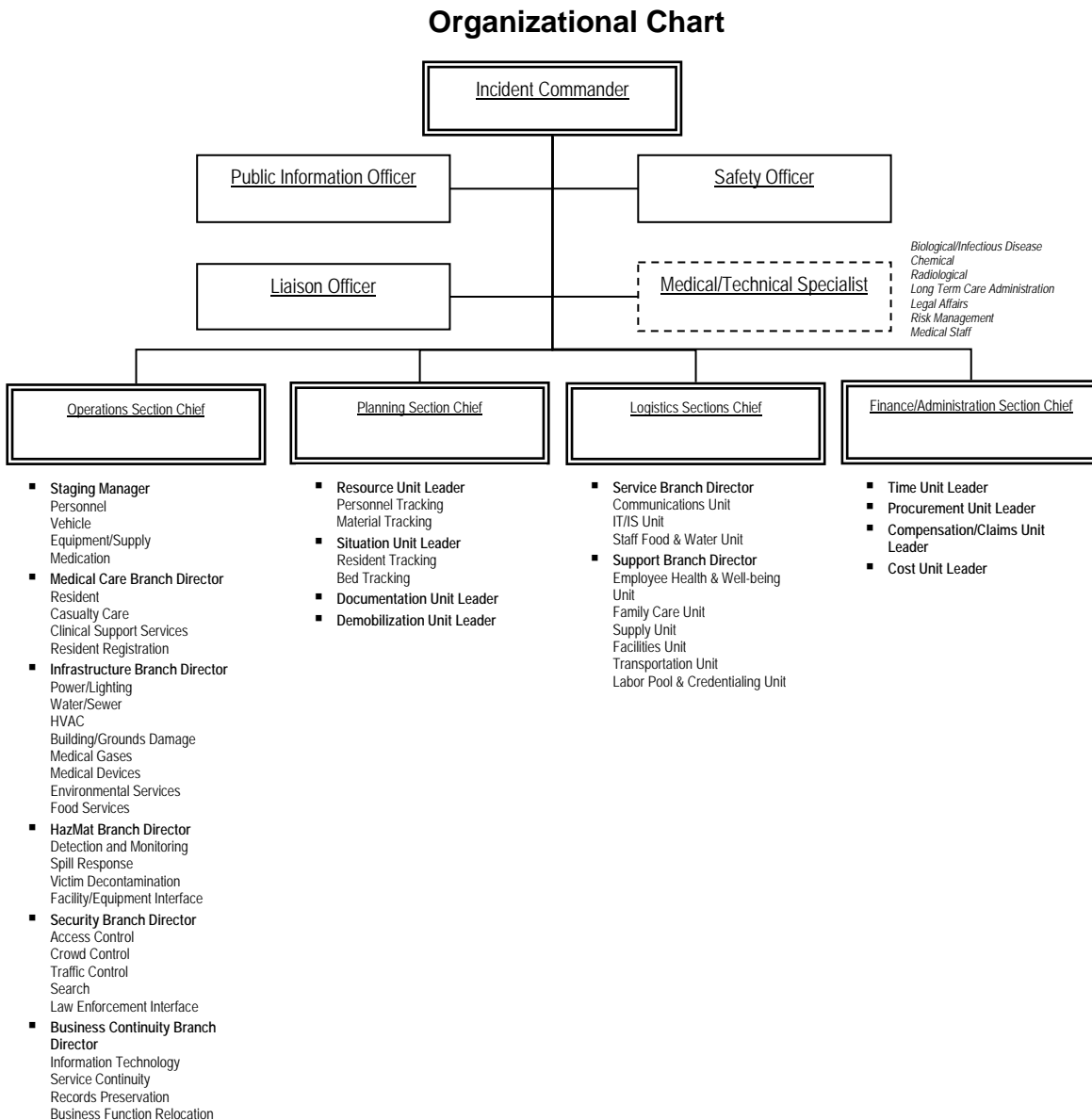
Identifying and assigning personnel in the Incident Command System depends a great deal on the size and complexity of the incident. ICS is designed to be flexible enough so that the number of staff needed to respond to an incident can be easily expanded or

contracted. Hospital Incident Command System (HICS) Form 203 is used to document and assign staff to ICS specific positions. See sample HICS forms in Attachment D.

## 6. COMMAND AND COORDINATION

### A. Command Structure

Command will be organized according to the Incident Command System. The chart below illustrates the structure of response activities and orders of succession under ICS. The chart shows the chain of command and the span of control under each level of management. It also illustrates the flexibility of ICS to expand or contract response activities based on the type and size of the event.



## Orders of Succession

Orders of succession ensure leadership is maintained throughout the facility during an event when key personnel are unavailable. Succession will follow facility policies for the key facility personnel and leadership. The following table lists position specific personnel.

**Table 5  
Key Personnel and Orders of Succession**

Command and Control	Primary	Successor 1	Successor 2
<b>Shift 1</b>			
Long Term Care Representative			
Incident Commander			
Public Information Officer			
Safety Officer			
Liaison			
Operations Section Chief			
Planning Section Chief			
Logistics Section Chief			
Finance/Administration Section Chief			
<b>Shift 2</b>			
Long Term Care Representative			
Incident Commander			
Public Information Officer			
Safety Officer			
Liaison			
Operations Section Chief			
Planning Section Chief			
Logistics Section Chief			
Finance/Administration Section Chief			

## Delegations of Authority

Delegations of authority specify who is authorized to make decisions or act on behalf of facility leadership and personnel if they are away or unavailable during an emergency. Delegation of authority planning involves the following:

- Identifying which authorities can and should be delegated
- Describing the circumstances under which the delegation would be exercised, including when it would become effective and terminate
- Identifying limitations of the delegation
- Documenting to whom authority should be delegated
- Ensuring designees are trained to perform the emergency duties

**Table 6  
Delegations of Authority**

Authority	Type of Authority	Position Holding Authority	Triggering Conditions
Close facility	Emergency Authority	Senior Leadership	When conditions make coming to or remaining in the facility unsafe
Represent facility when engaging Govt. Officials	Administrative Authority	Senior Leadership	When the pre-identified is not available
Activate facility memorandum of understanding/mutual aid agreements	Administrative Authority	Senior Leadership	When the pre-identified leadership is not available
Add additional authorities as needed			

### B. Local Emergency Operations Center Coordination

This organization will coordinate fully with the **<Insert name of local Emergency Management Agency>**, should follow the prescribed Incident Command System, and integrate fully with community agencies in activation for a disaster event or during exercises. In addition, the facility will provide information on patient needs during initial planning with local emergency management agency (to include essential services). The facility will participate in any district/county coalition/local emergency planning committee.

## **C. Public Health Coordination**

The **<Insert position title>** will coordinate planning and response activities with public health. Activities may include:

- In the event the Emergency Operation Plan is activated by the facility, the Regional Healthcare Coordination Center shall be notified along with the local Emergency Management Agency.
- Participating in public health planning initiatives.
- Receiving guidance and health alerts through the Health Alert Network.
- Participating in any after-action planning as requested from public health officials.

**<Describe/outline below how the facility will coordinate planning and response activities with public health>**

## **RESOURCES AND ASSETS**

### **A. Acquiring and Replenishing Medications and Supplies**

The amounts and locations of current pharmaceuticals and medical and non-medical supplies are evaluated to determine how many hours the facility can sustain operations before needing re-supply. This gives the facility a par value on supplies and aids in the projection of sustainability before terminating services or evacuating if needed supplies are unable to reach the facility.

Supplying the facility in an emergency will be initially satisfied by pulling from local resources. As replenishment becomes necessary, resources will be requested from vendors. A list containing the names and contact information of the vendors that deliver and/or manufacture supplies and provide critical services can be found in Annex A: Communications Plan.

If the facility is unable to acquire sufficient resources through outside vendors and pre-positioned arrangements to meet the healthcare needs of the community, the **<Insert position title>** will communicate this need to the **<Insert name of local Emergency Management Agency>** to help locate resources and replenishments. If sufficient supplies cannot be acquired, the local emergency management agency will also provide assistance coordinating the transfer of patients to other facilities upon request.

## **B. Sharing Resources with Other Healthcare Organizations**

**Include procedure for sharing or borrowing supplies, if applicable.**

If the healthcare organizations sharing the resources are within **<Insert name of jurisdiction>**, a Resource Accounting Record Hospital Incident Command System (HICS) Form 257 should be used to document the borrowed or loaned products (see sample HICS forms in Attachment D). The equipment should then be returned after use. Any consumable supplies that are used should be billed via invoice and paid by the organization using the supplies. Any unused consumables should be returned.

**Include other procedures, if applicable.**

If the items shared or borrowed come from outside **<Insert name of jurisdiction>**, the request should be coordinated through the **<Insert name of emergency management agency>**. The facility should document the final location of the supplies and the quantity and type of items transported. The need must be demonstrated to exceed that of the local jurisdiction prior to disbursement of supplies or equipment.

**Include other procedures, if applicable.**

## **C. Monitoring Quantities of Resources and Assets**

The **<Insert position title>** is responsible for monitoring quantities of assets and resources during an emergency. A Resource Accounting Record form (HICS Form 257) should be used when resources and assets are tracked during an emergency (see sample HICS forms in Attachment D).

**List other inventory tracking systems, if applicable.**

## **D. Resource Sustainability**

Establishing the sustainability of resources is crucial to determining if services can be rendered during a disaster for three to ten days, based on the facility's assessment of their hazard vulnerabilities. Resource inventory is currently maintained to provide for



approximately **<Insert number of hours/days>**. If this cannot be sustained through current inventory, agreements are in place with suppliers and vendors for the remaining days. If supplies cannot be obtained, policies and procedures are in place in the event the facility may need to evacuate or temporarily close.

**Agreements can be found in Attachment C: Mutual Aid Agreements/Memorandum of Understanding Table 16.**

## **8. MANAGEMENT OF STAFF**

### **A. Assignment of Staff**

In a disaster, personnel may not necessarily be assigned to their regular duties or their normal supervisor. They may be asked to perform various jobs that are vital to the operation but may not be their normal day to day duties. The designated reporting location for staff and volunteers will be **<reporting location>**. The **<Insert position title>** will delegate assignments based on communication with the Command Center. Staff will be assigned as needed and provided information outlining their job responsibilities and who they report to.

**<Insert Facility Policy/Reference>**

### **B. Managing Staff Support Needs**

In some circumstances, it may be necessary to provide housing and/or transportation for staff that might not otherwise be able to perform their critical functions for the facility. These staff support functions will be coordinated through the **<Insert position title>**.

Housing for staff and staff family will be located at:

**<Insert housing options and include addresses for staff and staff family >**

Identified resources for transportation of staff include:

Disasters can create considerable stress for those providing medical care. The **<Insert position title>** will coordinate the provision of mental health support including incident stress debriefings for staff with:

**<Insert name of department(s) and/or organizations (e.g., social workers, chaplains, community mental health service organizations)>**

**<Insert contact information for each department/organization listed>**

### **C. Volunteer Needs**

**<Insert or reference facility's policy for credentialing, assigning to tasks, Just in Time Training, feeding, and housing volunteers>**

## **9. RESIDENT MANAGEMENT IN AN EMERGENCY**

### **A. Resident Scheduling, Triage/Assessment, Treatment, Transfer, and Discharge**

In the event of an emergency affecting the facility, the **<Insert position title and/or department(s)>** will assess staffing and resident care capacity. Additional staff will be called upon to assist in managing the needs and evacuation of residents as necessary. Resident care staff will assess the needs of residents, provide appropriate care, and update the State Medical Asset Resource Tracking Tool as needed. Resident admissions to the agency may be curtailed until the emergency situation has subsided. If evacuation is called for, resident care will be coordinated with the receiving facility.

### **B. Vulnerable Populations**

Vulnerable populations are residents who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions. As these residents are identified in the triage process, they will be linked with needed services. For those services the facility cannot provide, social service personnel will assist the resident by linking them with healthcare or social service agencies that can provide the assistance the resident requires.

### **C. Management of Behavioral Health Residents**

The management of residents receiving behavioral health services will be coordinated with the **<Insert position title and/or department(s)>** and security as necessary. Resident medications and medical records should accompany the resident in the event they are being transferred or evacuated to another facility. Coordination should be made with the receiving facility so it can adequately accommodate the resident.

### **D. Behavioral Health Services to Residents**

Prior to an emergency, the **<Insert position title and/or department(s)>** will establish links with local community mental health centers and community service organizations to identify community resources that can respond to the mental health needs of residents in an emergency. Current contact information will be maintained for these organizations so residents, their families, and others can be referred to those resources if needed. The **<Insert position title and/or department(s)>** will also ensure that appropriate facility personnel have been trained in psychological first aid or other psychosocial interventions to ensure the facility can provide support to residents needing such care.

During and after an emergency, the **<Insert position title and/or department(s)>** will coordinate facility and community mental health resources to provide support for residents, family members, and staff.

### **E. Resident Tracking**

**<Insert Facility's Tracking Policy, if no policy in place, describe below>**

The facility receiving residents will have a resident tracker assigned to track the residents entering and leaving the resident care areas. The **<Insert position title and/or department(s)>** will perform this task in conjunction with Director of Nursing or designee. The **<Insert position title and/or department(s)>** staff will use the Hospital Incident Command System (HICS) form HICS 254 - Disaster Victim Resident Tracking Form located in Attachment D, using the triage tracking number to log in residents at the point of triage. The location of these residents in the continuum of care will be logged in using this form until disposition status is determined.

In the event that the computer system is down, the registration staff will coordinate the use of the Disaster Victim Resident Tracking Form with the **<Insert facility resident tracking system>**.

Ensure that patient/resident identification wristband (or equivalent identification) must be intact on all residents.

If residents are evacuated, the HICS 260 – Resident Evacuation Tracking Form located in Attachment D will be used. When more than two residents are being evacuated, the HICS 255 – Master Resident Evacuation Tracking Form should be used to gain a master copy of all those that were evacuated. Form should include, but is not limited to: resident name, date of birth, Medicare/Medicaid number, evacuation site location, date of evacuation, arrival time at evacuation site, date of return to facility (if known), and comments/notes.

Each resident unit, in conjunction with the **<Insert position title (e.g., Resident Tracking Manager)>**, shall designate a team member responsible for this task. The information for each resident must be completed when the receiving facility is contacted and a report given regarding the resident's status. The **<Insert position title (e.g., Resident Tracking Manager)>** or designee shall assist the evacuating unit as necessary to assure that appropriate tracking information is completed for each unit.

In addition, **<Insert name of facility>** will utilize third-party information such as **<Insert other resident tracking system that may be used (e.g., , American Red Cross database or fax tracking information)>** as appropriate to assist families in locating residents.

## 10. UTILITIES AND SUPPLIES

### A. Power

In the event of an outage, the emergency generator will provide power to the facility. The <Insert position title and/or department(s)> will call the power company to report the outage and get an estimated time that the power will be restored. The <Insert position title and/or department(s)> will notify all departments of the power failure and the status of repair. In the event a power failure happens after normal business hours, the <Insert position title (e.g., Dispatcher) and/or department(s)> will immediately notify the <Insert position title and/or department(s)> to report the outage.

**Table 7  
Generator Details**

<b>Generator Details</b>	<b>Generator 1</b>	<b>Generator 2</b>	<b>Generator 3</b>
Generator make/model			
Watt rating			
Type of fuel required			
Tank capacity			
Number of hours of power can be generated using full fuel supply			
What triggers refueling of tanks for generators?			
Essential services supported by the generator			
Minimum kW needed for essential services			
Date of last full load test performed			
Type of external hook up needed for generator			
<b>Person Responsible for:</b>	<b>Primary</b>	<b>Backup 1</b>	<b>Backup 2</b>
Obtaining fuel			
Fuels generator			
Oversees maintenance contract			
<b>Company/Agency Name</b>	<b>Type Fuel Provided</b>	<b>Contact Name</b>	<b>Phone</b>
Primary:			
Backup 1:			
Backup 2:			

**ICF/IID Facilities must meet power needs for each resident.**

### **Generator Failures**

In the event of a generator failure, the problem is immediately assessed by the **<Insert position title and/or department(s)>**, who will make needed repairs or contact the **<Insert name and contact information of generator maintenance company>**.

If the facility's power distribution system fails and cannot be repaired in a reasonable time-period, the **<Insert name of local Emergency Management Agency>** and the **<RHCC>** should be notified. The RHCC or Emergency Management Agency will assess if resources are available to provide assistance or if evacuation is necessary.

## **B. Water Supplies**

### **Water for Drinking, Cooking, and Sanitation**

If there is an interruption in water service, the problem will be immediately assessed by **<Insert position title and/or department(s)>**, who will make needed repairs or contact **<Insert name and contact information for water supplier>** to report the outage and get an estimated time that water service will be restored. The **<Insert position title and/or department(s)>** will notify all departments of the water service interruption and anticipated time of restoration. If a water service interruption happens after normal business hours, the **<Insert position title (e.g., Dispatcher)>** will immediately notify the **<Insert position title and/or department(s)>** to report the situation. The **<Insert position title>** will determine if water use restrictions should be implemented (e.g., bathing, cooking, etc.), or if resident relocations, discharges, or transfers are necessary.

### **Water Usage**

Estimate water usage under normal operating conditions to determine water needs during a water restriction situation. **<Insert estimated 3 day water usage for facility>**. See Reference Table 6-4.1 from CDC Emergency Water Supply Planning Guide.

### **Amount On Hand**

Identify quantities of potable and non-potable water on-site and identify vendors for acquiring additional potable and non-potable water.

**Table 8  
Quantities of Potable and Non-Potable Water**

Type	Quantity
<b>Potable Water</b>	
Bottled Water (units)	
Storage Tank (gallons)	
Water Well (gallons)	
Other	
<b>Non-Potable Water</b>	
Fire Department	
Other	

**Acquiring Additional Water**

Potable water can be supplied through:

- **List supplier name/contact information**

Non-potable water can be supplied through:

- **List supplier name/contact information**

**Water Rationing**

If an emergency situation is anticipated that could affect water supplies, certain measures can be initiated to ensure the facility has enough potable and non-potable water to supply the facility until water service is restored. The facility can stockpile bottled water for drinking and cooking. If the event allows, containers capable of holding water can be filled prior to the event including pots, buckets, and bath tubs.

If an event occurs that limits water supplies to the facility, water rationing measures may be initiated to conserve water until water supplies have been restored. Resident sanitary needs will be addressed by the use of bedside toilets or bedpans. Waste from bedside toilets or bedpans will be red-bagged and disposed of as hazardous waste. Another method is the use of cat litter in red bags. If using this method, the red bags and cat litter will be placed in toilets. When deemed necessary by Infection Control or when water service is restored, the red bags will be removed from the toilets and disposed of as biohazard waste.

Water used for bathing and cleaning may have to be restricted. Hand washing will require soap and water, if in sufficient quantity. If water is unavailable, the use of hand sanitizers will be encouraged. Fruit juices and broth, which should normally be

discarded in preparing meals, could be set aside for use in preparing meals that may call for adding water. **<Insert Facility Policy>**

### Disinfection

EPA Guideline Document for disinfection of drinking water.

- Use bottled water that has not been exposed to contamination if available.
- If bottled water is not available, water may be boiled to make it safe. Boiling water will kill most types of disease-causing organisms that may be present. If the water is cloudy, filter it through clean cloths or allow it to settle, and draw off the clear water for boiling. Boil the water for one minute, let it cool, and store it in clean containers with covers.
- If unable to boil water, water may be disinfected using household bleach. Bleach will kill some, but not all, types of disease-causing organisms that may be in the water. If the water is cloudy, filter it through clean cloths or allow it to settle, and draw off the clear water for disinfection. Add 1/8 teaspoon (or 8 drops) of regular, unscented, liquid household bleach for each gallon of water, stir it well and let it stand for 30 minutes before you use it. Store disinfected water in clean containers with covers.
  - Non-chlorine bleach should not be utilized to disinfect water.
  - Typically, household chlorine bleaches will be 5.25% available chlorine. Follow the procedure written on the label. When the necessary procedure is not given, find the percentage of available chlorine on the label and use the information in the following table as a guide. (1/8 teaspoon and 8 drops are about the same quantity.)

**Table 9  
Water Disinfection**

Available Chlorine	Drops per Quart/Gallon of Clear Water	Drops per Liter of Clear Water
1%	10 per Quart - 40 per Gallon	10 per Liter
4-6%	2 per Quart - 8 per Gallon (1/8 teaspoon)	2 per Liter
7-10%	1 per Quart - 4 per Gallon	1 per Liter

### C. Oxygen

The facility maintains **<Identify the amount of oxygen available and the location>**. Additional cylinders can be procured through **<Insert name and contact information of supplier>**.

## 11. OTHER CRITICAL UTILITIES

### Maintenance Activities

The following table lists other utilities critical to the comfort and care of residents and daily operations that should be addressed for maintenance.

**Table 10**  
**Maintenance Activities**

<b>System</b>	<b>Primary Personnel</b>	<b>24/7 Contact Information</b>	<b>Outside of Facility</b>	<b>24/7 Contact Information</b>
Generators/Electric				
Heating, ventilation, and air conditioning				
Information Technology				
Oxygen				
Water/Sewer Systems				
List others that apply				

## 12. EVACUATION

### A. Decision Making: Evacuate or Shelter-in-Place

The decision whether to evacuate the facility or shelter-in-place will rest with the **<Insert position title(s)>**, who will be responsible for deciding which action to take and when evacuation or shelter-in-place activities should commence. The decision will be made in consultation with facility staff and external stakeholders such as emergency management, fire department, or public health personnel. Both internal and external factors will be considered in deciding whether to evacuate or shelter-in-place.

Internal factors could include the physical structure of the facility, resident acuity, staffing, accessibility to critical supplies, availability of transportation assets for evacuation (not including ambulances), and accessibility of possible evacuation destinations. External factors to be considered in making the decision to evacuate or shelter-in-place include the nature and timing of the event, the location or projected path of the threat such as in the case of a flooding incident, ice storm, or hurricane, and the vulnerability of the facility to the threat.



The chart below identifies hazards (**Include the top five hazards from the county medical hazard vulnerability analysis (HVA) provided by the district planner or the facility’s own HVA**) that could necessitate the need for the evacuation or shelter-in-place of residents and staff, who is responsible for making the decision, who is to be consulted, the timeline of activities, and factors that should be considered in deciding whether to evacuate or shelter-in-place.

**Complete the chart below based on the top five hazards from the internal county medical or facility HVA and additional threats faced by the facility that could necessitate either evacuation or shelter-in-place response activities.**

**Table 11  
Evacuation or Shelter-in-Place Decision Making Chart**

<b>Hazard</b>	<b>Decision Authority</b>	<b>Alternate</b>	<b>Consulting Parties</b>	<b>Timeline</b>	<b>Triggers for Evacuation</b>
Fire*	Administrator	Director of Nursing	Facilities Manager, City Fire Chief	Immediately	Location and intensity of fire
Hurricane*	Administrator	Director of Nursing	Emergency Management	48 hours prior to arrival of tropical force winds	Category, track, and speed of storm

\*Examples

**B. Transportation Resources**

The **<Insert name of facility>** will identify appropriate resources to transport the resident population, staff, supplies, and necessary equipment in the event evacuation is necessary. The facility will seek to identify primary and back-up transportation providers with suitable vehicles and personnel to ensure adequate resources are available in an emergency.

Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired, and frail population and are knowledgeable on the methods to help minimize transfer trauma.

The following transportation providers (not including the county 911 emergency medical service) have agreed to provide transportation to the **<Insert name of facility>** in the event evacuation of all or part of the facility is necessary. If these providers are not able to provide transportation resources, the **<Insert position title>** will request resources through the **<Insert name of local Emergency Management Agency>**.

**Table 12  
Transportation Resources**

<b>Name of Company:</b>			
Memorandum of Agreement or Mutual Aid Agreement			
Types of Transportation Equipment Available:	Type:	Type:	Type:
Contact Name:		Contact Number:	
Alternate Contact Name		Contact Number:	
<b>Name of Company:</b>			
Memorandum of Agreement or Mutual Aid Agreement			
Types of Transportation Equipment Available:	Type:	Type:	Type:
Contact Name:		Contact Number:	
Alternate Contact Name		Contact Number:	

<b>Name of Company:</b>			
Memorandum of Agreement or Mutual Aid Agreement			
Types of Transportation Equipment Available:	Type:	Type:	Type:
Contact Name:		Contact Number:	
Alternate Contact Name		Contact Number:	
<b>Name of Company:</b>			
Memorandum of Agreement or Mutual Aid Agreement			
Types of Transportation Equipment Available:	Type:	Type:	Type:

Contact Name:		Contact Number:	
Alternate Contact Name		Contact Number:	

### C. Resident Records and Maintenance

In the event of an evacuation, resident records should be moved with the resident to the receiving facility.

**Describe the procedure for ensuring resident records are transported with the resident and identify who is responsible.**

The **<Insert position title>** is responsible for maintaining and transferring resident records during an event. Facility resident records may be stored digitally on a computer's hard drive, on CDs, and/or maintained in hard copy files. Computers will be unplugged and moved to a higher location in the building or moved offsite. Digital records will be saved to a removable storage medium (e.g., CD, DVD, USB flash drive, thumb drive) and carried offsite. Assessing the backup of the electronic data retrieval system will be a function of the annual review of the emergency preparedness system.

Hard copies of records will be stored in such a way that the critical records can be gathered and transported. The **<Insert name of facility>** has implemented/is considering scanning critical data/documents. Critical data includes:

- Resident information (e.g., face sheets, clinical data, physician orders, care plans)
  - Name
  - Social Security Number
  - Photograph
  - Medicaid or other health insurance number
  - Date of Birth
  - Diagnosis
  - Current drug/prescriptions and dietary regimens
  - Name and contact of next of kin/responsible person/Power of Attorney
- Family information (e.g., contact information)
- Facility Health Insurance Portability and Accountability Act Policy Reference

### D. Resident Provisions/Personal Effects

**Describe procedures for ensuring provisions for resident care, including food, one gallon/person of water, and medications, and transport of personal effects are addressed in an evacuation and identify the staff and/or responsible departments.**

## E. Evacuation Locations

If the facility is damaged to the extent that resident care cannot be rendered, or it is determined that evacuation is warranted due to fire, an approaching hurricane, or other hazard, residents may be transported to a receiving facility for temporary care. The terms “close”, “within area”, and “outside of area” represent the concept that healthcare facility residents need to move as short a distance as possible. The farther frail residents must travel, the less safe the evacuation becomes for them. Therefore, the distance traveled must be balanced with the possible harm extended travel may cause.

### Close Proximity

Close proximity locations are within a short distance (within 10 miles) from the facility and will be utilized when unplanned or immediate evacuations are necessary.

**Table 13**  
**Close Proximity Evacuation Locations**

Location	Facility Name	Address	Phone Number	Alternate Contact	Memorandum of Agreement/ Mutual Aid Agreement
Primary					
Backup 1					
Backup 2					

### Within Area

Within area locations are those within a reasonable distance (within 10 - 50 miles) from the facility and will be utilized for unplanned or planned evacuations relative to the type of hazard or threat to the facility.

**Table 14**  
**Within Area Evacuation Locations**

Location	Facility Name	Address	Phone Number	Alternate Contact	Memorandum of Agreement/ Mutual Aid Agreement
Primary					
Backup 1					
Backup 2					

### Out of Area

Out of area locations are a significant distance (over 50 miles) from the facility and will be utilized for planned evacuations.

**Table 15  
Out of Area Evacuation Locations**

<b>Location</b>	<b>Facility Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Alternate Contact</b>	<b>Memorandum of Agreement/ Mutual Aid Agreement</b>
<b>Primary</b>					
<b>Backup 1</b>					
<b>Backup 2</b>					

**F. Evacuation Routes**

Floor plans with evacuation routes and maps to evacuation locations are located in Attachment D: Routes to Evacuation Sites and Facility Floor Plans.

**G. Evacuation Priorities**

**Describe the order of resident evacuation.**

**H. Securing Equipment**

The **<Insert position title>** will be responsible for ensuring facility equipment is secure or is safely moved in the event of an evacuation of the facility. The facility should be mindful that some medical and diagnostic equipment must be re-calibrated after being moved or disconnected from a power source. Mutual aid agreements with other healthcare facilities should be sought and maintained for the sharing of equipment and/or resources in an emergency.

**Include mutual aid agreements located in Attachment C.**

**I. Securing Vital Records**

The **<Insert position title>** will be responsible for ensuring vital departmental records are secure or are safely moved in the event of an evacuation of the facility. The **<Insert position title>** will be responsible for coordinating with the **<Insert name of departments (e.g., medical records, information technology, accounting, human resources)>** to ensure proper procedures are followed in moving and/or securing these records.

## 13. RECOVERY

### A. Initiation and Recovery

The decision to enter into the recovery stage of an event is made by the **<Insert position title>**. During this phase, the **<Insert name of facility>** will undertake recovery procedures to return the facility to normal operations.

### B. Protocol

In order to efficiently recover from an event, protocols must be followed. Listed below are protocols important to recovery operations.

#### Recovery protocols:

- Prioritize health care service, delivery, and recovery objectives by organizational essential functions.
- Maintain, modify, and demobilize healthcare workforce according to the needs of the facility.
- Work with local emergency management, service providers, and contractors to ensure priority restoration and reconstruction of critical building systems.
- Maintain and replenish pre-incident levels of medical and non-medical supplies.
- Work with local, regional, and state emergency medical system providers, resident transportation providers, and non-medical transportation providers to restore pre-incident transportation capability and capacity.
- Work with local emergency management, service providers, and contractors to restore information technology and communication systems.
- Prepare after-action reports, corrective action reports, and improvement plans.

### C. Restoration of Services

The **<Insert position title>** will coordinate the restoration of services after an emergency situation affecting the facility.

**List responsibilities in restoring services (e.g., restoration of utilities, repair or replacement of critical systems, and overseeing of facility repairs).**

### D. Utility Restoration

Describe procedures for restoration of critical systems not already identified in the plan or identify where these procedures can be located.

## **E. Staff/Resident Re-Entry**

**List preparations and procedures for returning residents after an emergency (e.g., transport of residents back to the facility and related activities).**

## **F. Staff Debriefing**

A debriefing will be conducted within **<Insert number of hours>** of the incident to collect lessons learned from the incident or exercise. These lessons learned will be used to revise and update the plan. The **<Insert position title>** will be responsible for coordinating the debriefing.

## **G. After-Action Report/Improvement Plan**

After any real incident or exercise where the emergency operations plan is activated, an after-action report and an improvement plan will be developed. The purpose of the after-action report is to document the overall performance of the organization during the exercise or real event. It will contain a summary of the scenario or events, staff actions, strengths, issues, opportunities for improvement, and best practices.

The purpose of the improvement plan is to ensure issues and opportunities for improvement are adequately addressed to improve response capabilities to future events. The improvement plan will include a list of issues to be addressed, tasks that will be performed to address them, individuals responsible for completing the tasks, and a timeline for completion.

The **<Insert position title>** will be responsible for coordinating the development of the after-action report and improvement plan and will ensure identified corrective actions are completed within the targeted timeframes.

## 14. GLOSSARY

**Activation** - When all or a portion of the plan has been put into motion.

**After-Action Report (AAR)** - A report that includes observations of an exercise or real event and that makes recommendations for improvements. The purpose of the after-action report is to document the overall performance of the organization during the exercise or real event. It will contain a summary of the scenario or events, staff actions, strengths, issues, opportunities for improvement, and best practices.

**Communications Redundancy** - A communications system wherein alternative modes of communication are present in case a component fails.

**Continuity of Operations (COOP) Plan (Business Continuity)** - Planning designed to facilitate the continuance of mission essential functions and the protection of vital information in the event that the organization is faced with a situation that could disrupt operations.

**Decontamination** - The process of making safe by eliminating poisonous or otherwise harmful substances, such as noxious chemicals or radioactive material.

**Delegations of Authority** - Specifies who is authorized to make decisions or act on behalf of facility leadership and personnel if they are away or unavailable during an emergency.

**Devolution Site** - Alternate site designated for Continuity of Operations if original site is compromised.

**Emergency Operations Center (EOC)** - A specially equipped facility from which emergency leaders exercise direction and control and coordinate necessary resources in an emergency situation.

**Hazard Vulnerability Analysis (HVA)** - Identifies possible hazards, including their probability, severity, frequency, magnitude, and locations/areas affected.

**Health Alert Network (HAN)** - A nationwide program to establish the communications, information, distance-learning, and organizational infrastructure used to defend against health threats, including the possibility of bioterrorism.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA)** - U.S. government legislation that ensures a person's right to buy health insurance after losing a job, establishes standards for electronic medical records, and protects the privacy of a patient's health information.

**Homeland Security Exercise and Evaluation Program (HSEEP)** - Developed by the Department of Homeland Security (DHS) as a threat and performance-based exercise program that provides doctrine and policy for planning, conducting, and evaluating exercises. HSEEP was developed to enhance and assess terrorism prevention,



response, and recovery capabilities at the federal, state, and local levels. HSEEP training courses are free and available online.

**Human-Caused Events** - An event that is a result of human intent, negligence, or error, or involving a failure of a man-made system. Includes terrorism, criminal events, biological events, hazardous material and chemical spills, extended power outages, fires, or any event for which a human is responsible.

**Improvement Plan (IP)** - Identifies specific corrective actions, assigns to responsible parties, and establishes targets for completion.

**Incident Command System (ICS)** - A standardized, on-scene, all-hazards incident management approach that allows for the integration of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure; enables a coordinated response among various jurisdictions and functional agencies, both public and private; and establishes common processes for planning and managing resources.

**Isolation** - The separation of an ill resident from others to prevent the spread of an infection or to protect the resident from irritating or infectious environmental factors.

**Key Personnel** - Personnel designated by their department, organization or agency as critical to the resumption of mission-essential functions and services.

**Long Term Care Facility** - A facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to residents and residents in need of assistance with activities of daily living. Long term care facilities include nursing homes, rehabilitation facilities, in resident behavioral health facilities, and long term chronic care hospitals.

**Mission Essential Functions (Essential Functions)** - Activities, processes, or functions that could not be interrupted or unavailable for several days without significantly jeopardizing the operation of the department, organization, or agency.

**Mitigation** - The stage of emergency management where activities are conducted that eliminate or reduce the possibility of a disaster occurring. For healthcare operations, this might include the installation of generators for backup power, the installation of hurricane shutters, or the raising of electrical panels to protect from possible flood damage.

**Mutual Aid Agreements (MAA)** - Arrangements made between governments or organizations, either public or private, for reciprocal aid and assistance during emergency situations where the resources of a single jurisdiction or organization are insufficient or inappropriate for the tasks that must be performed to control the situation. These are also referred to as inter-local agreements or Memorandums of Understanding (MOU).

**National Incident Management System (NIMS)** - A systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental

organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment.

**Natural Disasters** - The effect of a natural hazard that affects the environment and leads to financial, environmental, and/or human losses. Includes severe weather events such as hurricanes, tropical storms, thunderstorms, snow and ice storms, mudslides, floods, and wildfire events.

**Orders of Succession** - Ensures leadership is maintained throughout the facility during an event when key personnel are unavailable.

**Personal Protective Equipment (PPE)** - Specialized clothing or equipment worn by an employee for protection against infectious materials.

**Preparedness** - The stage of emergency management where activities are conducted to develop the response capabilities needed in the event an emergency occurs. These activities may include developing emergency operations plans and procedures, conducting training for personnel in those procedures, and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

**Public Health** - The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards.

**Public Information** - Information that is disseminated to the public via the news media before, during, and/or after an emergency or disaster.

**Recovery** - The stage of emergency management that focuses on restoring operations to a normal or improved state of affairs. This stage occurs after the stabilization and recovery of essential functions. Examples of recovery activities might include the restoration of non-vital functions, replacement of damaged equipment, and facility repairs.

**Response** - The stage of emergency management that includes those actions that are taken when a disruption or emergency occurs. It encompasses the activities that address the short-term, direct effects of an incident. Response activities in the healthcare setting can include activating emergency plans, triaging, and treating residents that have been affected by an incident.

**Standard Operating Guidelines (SOG)** - A set of approved methods for accomplishing a task or set of tasks. SOGs are typically prepared at the department or agency level. They may also be referred to as Standard Operating Procedures (SOPs).

**Vital Records, Files, and Databases** - Records, files, documents, or databases, which if damaged or destroyed would cause considerable inconvenience and/or require replacement or re-creation at considerable expense. For legal, regulatory, or operational reasons, these records cannot be irretrievably lost or damaged without materially impairing the organization's ability to conduct business.

**Vulnerable Populations** - Vulnerable populations are residents who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

## 15. ACRONYMS

<b>AAR</b>	After-Action Report
<b>AHRQ</b>	Agency for Healthcare Research and Quality
<b>CAP</b>	Corrective Action Plan
<b>CD</b>	Compact Disc
<b>CDC</b>	Centers for Disease Control and Prevention
<b>COOP</b>	Continuity of Operations Plan
<b>CVHC</b>	Central Virginia Healthcare Coalition
<b>DHS</b>	Department of Homeland Security
<b>DPHEP</b>	District Public Health Emergency Preparedness
<b>EMC</b>	Emergency Management Coordinator
<b>EMS</b>	Emergency Medical Services
<b>EOC</b>	Emergency Operations Center
<b>EOP</b>	Emergency Operations Plan
<b>EP</b>	Emergency Planner
<b>EPA</b>	Environmental Protection Agency
<b>EPN</b>	Emergency Preparedness Nurse
<b>ERC</b>	Emergency Response Coordinator
<b>ESAR-VHP</b>	Emergency System for Advance Registration of Volunteer Health Professionals
<b>ESF</b>	Emergency Support Function
<b>FBI</b>	Federal Bureau of Investigation
<b>FDA</b>	Food and Drug Administration
<b>FEMA</b>	Federal Emergency Management Agency
<b>HAN</b>	Health Alert Network
<b>HC</b>	Healthcare
<b>HCF</b>	Healthcare Facility
<b>HICS</b>	Hospital Incident Command System
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HSEEP</b>	Homeland Security Exercise and Evaluation Program
<b>HVA</b>	Hazard and Vulnerability Analysis
<b>HVAC</b>	Heating, Ventilation, and Air Conditioning
<b>IC</b>	Incident Command
<b>ICS</b>	Incident Command System
<b>IP</b>	Improvement Plan
<b>IS</b>	Independent Study
<b>JAS</b>	Job Action Sheets
<b>JIC</b>	Joint Information Center
<b>JIS</b>	Joint Information System
<b>MAA</b>	Mutual Aid Agreement
<b>MOU</b>	Memorandum of Understanding
<b>NFPA</b>	National Fire Protection Association
<b>NIMS</b>	National Incident Management System
<b>NOAA</b>	National Oceanic and Atmospheric Administration
<b>NWS</b>	National Weather Service
<b>PIO</b>	Public Information Officer
<b>POC</b>	Point of Contact

<b>POD</b>	Point of Distribution
<b>PPE</b>	Personal Protective Equipment
<b>RHCC</b>	Regional Healthcare Coordination Center
<b>SOG</b>	Standard Operating Guidelines
<b>SOP</b>	Standard Operating Procedures
<b>VDH</b>	Virginia Department of Health

## **ATTACHMENTS**

Attachment A: Training Plan

Attachment B: Mutual Aid Agreements/Memorandum of Understanding

Attachment C: Routes to Evacuation Sites and Facility Floor Plans

Attachment D: Sample Hospital Incident Command System Forms

## Attachment A: Training Plan

**<Insert Facility Staff Training Requirements and Tracking>** and include the following:

It is recommended all employees receive specific training during new employee orientation and at least annually on:

- Emergency Preparedness Policies and Procedures
- Psychological First Aid
- Public Information Officer (PIO) Training
- IS-100.HC, IS-200.HC, IS-700 and IS-800:
  - Personnel who will have a direct role in response to an incident will be trained in ICS-100 (Incident Command System, An Introduction) and ICS-200 (Basic Incident Command System)
- IS-300 and IS-400:
  - Personnel who will assume Incident Command positions and/or supervisory roles will be trained in IS-300 Intermediate ICS for Expanding Incidents and IS-400 Advanced ICS

**The facility should be able to provide documentation of completion of all trainings.**

### **National Incident Management System (NIMS)**

Federal Emergency Management Agency (FEMA)  
<http://www.training.fema.gov/is/>

### **National Incident Management System (NIMS)**

Federal Emergency Management Agency (FEMA)  
Implementation for Healthcare Organizations Guidance  
<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/nims-implementation-guide-jan2015.pdf>

## Attachment B: Mutual Aid Agreements/Memorandum of Understanding

List existing Mutual Aid Agreements and/or Memorandum of Understanding (MOU).  
MOUs are stored <Insert Location>.

**Table 16**  
**Memorandum of Understanding**

<b>Facilities/Agencies in Agreement</b>	<b>Nature of Agreement</b>	<b>Expiration Date (if applicable)</b>	<b>Date Verified/POC</b>
Sysco*	Emergency Food Supply	None	
XYZ Hospital*	Shelter		
Transportation service*	Transport		
Additional MOUs			

\*Examples

## Attachment C: Routes to Evacuation Sites and Facility Floor Plans

<Insert evacuation routes, floor plans, maps, and written directions to evacuation sites>

## **Attachment D: Sample Hospital Incident Command System Forms**

Hospital Incident Command System (HICS) forms are provided by the District Planner.

HICS 203 – Organization Assignment List

HICS 207 – Hospital Incident Management Team Chart

HICS 254 – Disaster Victim / Patient Tracking

HICS 255 – Master Patient Evacuation Tracking

HICS 257 – Resource Accounting Record

HICS 260 – Patient Evacuation Tracking Form



## **17. ANNEXES**

Annex A: Communications

Annex B: Safety and Security

Annex C: Continuity of Operations

## Annex A: Communications

### <Reference/Insert Communications Policy>

#### Internal Communication

To ensure personnel are adequately informed throughout the course of emergency response activities, the facility will provide updates and general information to staff through regularly scheduled briefings, facility internal website, e-mail, etc. This flow of information regarding the incident will continue throughout the emergency until the all-clear signal is given.

#### Communication with External Response Partners

The <Insert Facility's Liaison> will provide updates to external organizations within <Indicate time interval>. To communicate with external agencies, the facility will use <Insert external communication system (e.g., phone tree, radio, media)>.

Table 17  
External Contacts

Agency	Purpose for Contact	Contact Name/Title	Phone	Alternate Contact Info
Fire				
EMS				
EMA				
Police Department				
Sheriff				
Coroner				
Other such as EP, ERC				
Other Healthcare facilities with MOU's				
EPI (hotline #)				
Surrounding Hospitals				
Sister Facilities				
Ombudsman				

**Attachment 1: Health District Public Health Emergency Preparedness Map**

**<Insert current Health District Public Health Emergency Preparedness Map provided by District Planner>**

## Public Information

The **<Insert position title (e.g., Public Information Officer)>** will have the responsibility for coordinating media and public information. All media inquiries should be directed to the **<Insert position title (e.g., Public Information Officer)>**. No other staff member should interact directly with the media unless they have approval from the **<Insert position title (e.g., Public Information Officer)>**. It is recommended that staff who may serve in this capacity have Public Information Officer training.

### Coordination of Public Information with Response Partners

If several agencies are involved in a response, the **<Insert position title (e.g., Public Information Officer)>** will coordinate with them to form a Joint Information Center (JIC). The information that will go out to the community will come from the JIC as a single, consistent, and unified message from all of the affected agencies.

### Communication with Residents and Families

Policies and protocols have been established for communication activities prior to and during an emergency. The **<Insert position title>** will communicate updates every **<Insert time interval>** in the **<Insert location>**.

### Planning Activities

The facility's plan should include the following communication planning activities the facility is or will be conducting: providing safety information upon admission of the patient and collaboration with other healthcare facilities and/or community service organizations for patient tracking and psychological first aid. To ensure communication with patients and their families is consistent and timely during an emergency, this facility has established and will continue to develop family contact lists for patients and working relationships with local, state, and federal partners to ensure patients' safety, physical, and psychological needs are met during a disaster. The facility should ensure that families are aware of and knowledgeable about the facility plan, including: how and when they will be notified about evacuation plans, how they can be helpful in an emergency (e.g., coming to the facility to assist), and how/where they can plan to meet their loved ones. Out-of-town family members should be given a number they can call for information. Residents who are able to participate in their own evacuation should be informed and aware of their roles and responsibilities in the event of a disaster.

### Response Activities

**<Insert Facility's plan for establishing a family support center.>**

This facility has pre-designated points for families to meet during an emergency where they will be given updates during the event on the patients and how the incident is being mitigated. At the time of the incident, families will be directed to this location upon arrival at the facility. These locations are subject to change due to the unknown nature of the incident.

## **Communication with Vendors of Essential Supplies, Services, and Equipment**

The **<Insert name of facility>** has developed a list of vendors, contractors, and consultants that can provide specific services before, during, and after an emergency event. The **<Insert position title>** is responsible for maintaining the list. This list will be updated periodically, but no less than annually. The list includes the name of the vendor and the supplies, services, or equipment provided to the facility, a phone number, and alternate contact information.

## **Communication with Other Healthcare Organizations**

The **<Insert Facility Liaison>** will be responsible for providing key information to other healthcare organizations. Key information to be shared with other healthcare organizations in the community during a disaster includes:

- Command structures including names and contact information for the command center.
- Resources and assets that can be shared.
- Process for the dissemination of the names of residents and the deceased for tracking purposes.

## **Communication with the Long Term Care Ombudsman Program**

Prior to any disaster, discuss the facility's emergency plan with a representative of the Long Term Care Ombudsman Program serving the area where the facility is located and provide a copy of the plan to the Long Term Care Ombudsman Program. When responding to an emergency, notify the local Long Term Care Ombudsman Program of how, when, and where residents will be sheltered, so the program can assign representatives to visit and provide assistance to residents and their families.

## **Communication about Residents to Third Parties**

**<Reference Facility Health Insurance Portability and Accountability Act Plan/Policy>**

## **Backup Communications Redundancy and Equipment**

**List backup communications equipment and systems to be used in the event of telephone failure (must include communication plan- e.g., radios, runners).**

**Table 18  
Communication Methods**

<b>Internal/External</b>	<b>Primary</b>	<b>Alternate</b>	<b>Testing</b>
Internal*	PBX*	Runner*	
Internal*	Phone*	Vocera*	
External*	Telephone*	Satellite Radio, Ham Radio*	

\*Examples

**Use of Plain Text by Staff in Emergencies**

To launch an effective response to an emergency event, it is critical that communications between responding agencies and personnel are clear and understandable. To ensure communication is understood in an emergency, staff will use plain text and avoid the use of acronyms, radio ten codes, and other terminology that may lead to confusion in the midst of emergency response activities.

**Table 19  
Internal Emergency Intercom Codes**

<b>Code</b>	<b>Emergency/Threat</b>

## **Attachment 2: Emergency Call Lists**

Table 1: Employee Emergency Call Back Roster

Table 2: Patient/Physician Emergency Call Back Roster

Table 3: Volunteer Emergency Call Back Roster

Table 4: Contractor Emergency Call Back Roster

Table 5: Vendor Contact Information

Table 6: Critical Infrastructure Contact Information

**Attachment 2: Table 1  
Employee Emergency Call Back Roster  
<Insert Date> (Indicate Location)**

Name	Department	Phone	E-mail Address	Emergency Staffing Role



**Attachment 2: Table 2  
Patient/Physician Emergency Call Back Roster  
<Insert Date> (Indicate Location)**

<b>Name</b>	<b>Department</b>	<b>Phone</b>	<b>Alternate Phone</b>	<b>E-mail Address</b>

**Attachment 2: Table 3  
Volunteer Emergency Call Back Roster  
<Insert Date> (Indicate Location)**

<b>Name</b>	<b>Department</b>	<b>Phone</b>	<b>E-mail Address</b>	<b>Emergency Staffing Role</b>

**Attachment 2: Table 4  
Contractor Emergency Call Back Roster  
<Insert Date> (Indicate Location)**

<b>Company Name</b>	<b>Contact Name</b>	<b>Phone</b>	<b>Alternate Phone</b>	<b>E-mail Address</b>

**Attachment 2: Table 5  
Vendor Contact Information  
<Insert Date> (Indicate Location)**

Vendor	Contact	Phone	Supply/Resource	MEAP: Yes or No

**Attachment 2: Table 6  
Critical Infrastructure Contact Information  
<Insert Date> (Indicate Location)**

<b>Supply/Resource</b>	<b>Vendor</b>	<b>Contact</b>	<b>Phone</b>	<b>E-mail Address</b>
Electricity				
Employee Assistance Program				
Gas				
Internet				
Mental Health				
Telephone				
Transportation				
VOIP Vendor				
Water				

## Annex B: Safety and Security

### Internal Security Measures

<Insert Lockdown Plan/Policy including Mutual Aid Agreements/Memoranda of Understanding with external agencies>

- Entrances and Exits (North, East, etc.)
- Reception

**Table 20**  
**Internal Security Assignments**

Area to Secure	Assigned Staff	Department	Contact Information

### Controlling Access

The **<Insert position title>** will be tasked with maintaining external security along with restricted movement of persons into and out of the facility parking lot and entryways. Security will be coordinated with security officers and or staff members from **<Insert name of department(s) or available staff from the labor pool>**.

Only families of disaster victims, families picking up discharged residents, physicians, and individuals assisting in the treatment of victims will be allowed to enter facility property. Employees will park in their regular parking spaces and must present facility ID. Physicians will enter through **<Insert location of designated entry area(s)>** and will be given identifying badges. All others seeking entrance to the facility shall be directed to **<Insert location of designated entry area(s)>** for directions or other information. Staff from **<Insert name of applicable departments and/or labor pool>** may be used to escort families to appropriate areas as needed.

### Controlling Movement within the Facility

Movement of people will be restricted based on consultation with the Facility Command Center and the exact nature of the emergency. Those individuals with facility ID badges and temporary identification (volunteers, etc.) will be allowed access throughout the facility to perform their duties. Any visitors, residents, and family members will be restricted to their units unless treatment is required. If this is the case, a facility staff member will escort the resident to their destination. The Incident Commander, in conjunction with the Operations Section Chief and Security Branch Manager/Director, can alter the flow of non-staff traffic as deemed necessary throughout the incident.

## Controlling Vehicle Traffic

The **<Insert position title>** will assign staff members to control traffic at all unsecured entrances. No one without specific facility business is permitted beyond that point unless requested by someone with such authority. All visitors, families, etc., will be directed to the appropriate area.

The **<Insert position title>** will ensure that a security officer or staff person controls the following areas: **<Insert external areas, entrances and exits that will require security personnel>**. The **<Insert position title>** will monitor traffic patterns and close off any areas deemed necessary in consultation with the Security Branch Manager/Director and the facility Command Center.

## Coordination with Local Law Enforcement Agencies

In the event of an internal or external incident the **<Insert name of local law enforcement agency>** can be called to assist. They can assist with security of the perimeter and manage traffic flow in the event of patient relocation. Any request for additional resources must be coordinated through the **<Insert name of local EMA or RHCC>**.

## Annex C: Continuity of Operations

### Purpose

Whether due to natural forces such as a hurricane, a technological event such as an electrical fire, or an event caused by humans such as an act of terrorism, a disaster can have a serious impact on the organization's ability to provide the healthcare functions that residents and the community depend on. Therefore, it is vitally important to have plans in place to be able to continue to perform mission-essential functions and protect vital information in the event that the organization is faced with a situation that could disrupt operations. Continuity of Operations (COOP)/Business Continuity planning addresses three possible types of disruption to an organization:

- Denial of access to a facility (e.g., damage to a building)
- Denial of service due to a reduced workforce (e.g., pandemic influenza)
- Denial of service due to equipment or systems failure (e.g., information technology systems failure)

COOP planning seeks to minimize the potential impact of these events on employees, operations, and facilities.

### Phases of Continuity of Operations Planning

There are three phases to the COOP process:

- Normal Operations

- COOP Execution (emergency operations period)
- Reconstitution (return to normal operations)

### **Normal Operations**

Normal operations are those periods without a declared state of emergency or the period directly following the conclusion of an event. Mitigation and planning activities can be conducted during normal operations to protect systems and prepare for an emergency affecting information systems.

Mitigation activities are those that eliminate or reduce the possibility of a disaster occurring. For IT systems, this would include measures to protect equipment and critical information such as backup power, firewalls, virus protection, password protection of files, and data redundancy.

Preparedness activities develop the response capabilities that are needed in the event that an emergency occurs. These activities may include developing response procedures for the backup and restoration of data, training personnel in those procedures, conducting system(s) tests, executing regular backups of data, developing manual interim process to ensure continuous service of essential functions, and conducting exercises with staff to ensure they are capable of implementing response procedures when necessary.

### **COOP Execution**

The COOP execution phase includes the actions that are taken when an emergency occurs. This includes activating emergency procedures and staff to protect or restore information systems and data for essential functions of the **<Insert name of facility>**.

### **Reconstitution**

Reconstitution focuses on restoring the essential functions to a normal or improved state of affairs. It occurs after the stabilization and recovery of essential functions. Examples of recovery activities might include the restoration of non-vital functions, replacement of damaged equipment, and facility repairs.

### **Continuity Elements**

During an emergency, continuing operation of essential functions is imperative. In order to continue operation of essential functions, the following continuity elements have been listed:

- **Orders of Succession:** Located in **Command and Coordination Section**.
- **Delegations of Authority:** Located in **Command and Coordination Section**.
- **Risk Assessments and Hazard Vulnerability Analysis:** Located in **Attachment 1 and 2 of this annex**.



## Continuity Facilities

The <Insert name of facility > has identified continuity facilities to conduct business and/or provide clinical care to maintain essential functions when the original property, host facility, or contracted arrangement where the facility conducts operations is unavailable for the duration of the continuity event. The table below lists the pre-arranged alternate sites, devolution sites, and telework options.

**Table 21  
Continuity Facilities**

Continuity Facility	Type of Facility	Location of Facility	Accommodations
Sister Facility*	Alternate/Devolution Site	1234 Medical Center Drive, Niceville	Identified meeting rooms with telephones, internet access, ham radio access, satellite radio access, 2 desktop computers, and laptop connectivity
County EOC*	Alternate/Devolution Site	7000 Disaster Way My Town, Gotham City	Possible meeting room with telephones, internet access, shared ham radio capability, shared satellite phone capability, no desktop computers, and laptop connectivity
Home Telework*	Alternate/Devolution Site	Home of Record Facility Leadership	Telephones, internet access, no ham radio, no satellite phone, desktop computers, and laptop connectivity

\*Examples



## Continuity Communications

The **<Insert name of facility>** maintains a robust and effective communications system to provide connectivity to internal response players, key leadership, and state and federal response and recovery partners. The facility has established communication requirements that address the following factors:

- Facilities possess, operate and maintain, or have dedicated access to communication capabilities at their primary facilities, off-sites, and pre-identified alternate care/devolution sites.
- Facility leadership and members possess mobile, in-transit communications capabilities to ensure continuation of incident specific communications between leadership and partner emergency response points of contact.
- Facilities have signed agreements with other pre-identified alternate care sites to ensure adequate access to communication resources.
- Facilities possess interoperable redundant communications that are maintained and operational as soon as possible following a continuity activation and are readily available for a period of sustained usage for up to 30 days following the event.

## Essential Records Management

The **<Insert name of facility>** keeps all essential hardcopy records in a mobile container that can be relocated to alternate sites. In addition, electronic records, plans, and contact lists are maintained by the organization's leadership and can be accessed online and retrieved on system hard drives when applicable and appropriate. Access to and use of these records and systems enables the performance of essential functions and reconstitution to normal operations.

## Delegation of Authority

The **<Insert name of facility>** devolution option requires the transition of roles and responsibilities for performance of facility essential functions through pre-authorized delegations of authority and responsibility. The authorities are delegated from facility leadership to other representatives in order to sustain essential functions for an extended period. The devolution option will be triggered when one or more facility leaders are unable to perform the required duties of the position. The responsibilities of the position will be immediately transferred to designated personnel in the delegation of authority matrix. Personnel delegated to conduct facility activities will do so until termination of devolution option.

## **Mission Essential Functions**

The **<Insert name of facility>** has established the following list as sample essential functions during a continuity of operations activation. The sample essential functions identified are:

- Resident Care, Health, and Safety
- Health Information Technology
- Central Supply
- Human Resources
- Pharmacy Services
- Public Relations
- Food Services
- Security
- Laundry
- Health Information Management
- Therapy (Physical, Occupational, Speech)

### **Roles and Responsibilities for Information Technology Continuity of Operations**

The positions responsible for overseeing Information Technology Continuity of Operations are:

<b>Primary</b>	
<b>Name</b>	
<b>Contact</b>	
<b>Alternate Contact</b>	
<b>Roles and Responsibilities</b>	
<b>Backup 1</b>	
<b>Name</b>	
<b>Contact</b>	
<b>Alternate Contact</b>	
<b>Roles and Responsibilities</b>	
<b>Limitations</b>	
<b>Backup 2</b>	
<b>Name</b>	
<b>Contact</b>	
<b>Alternate Contact</b>	
<b>Roles and Responsibilities</b>	
<b>Limitations</b>	
<b>Backup 3</b>	
<b>Name</b>	
<b>Contact</b>	
<b>Alternate Contact</b>	
<b>Roles and Responsibilities</b>	
<b>Limitations</b>	

## Plans and Procedures for Information Technology Continuity of Operations

**Describe the organization's plan/procedures for backing up vital data:**

**Describe how personnel are trained on the plans/procedures for backing up vital data:**

**Does the organization have an emergency information technology service plan? If so, explain:**

**Describe how the organization plans to minimize information technology service interruptions as a result of necessary scheduled downtime:**

**Describe the contingency plans that are in place for managing unscheduled operational interruptions:**

**Describe how end-users are trained in executing downtime plans/procedures:**

**Describe how data will be retrieved (whether stored on external hardware, the operating system, or as backed up data) in the event of an operational interruption:**

**Describe the process by which data will be entered into the system as soon as it is restored following an outage or disruption:**

## Critical Information Technology, Systems, Equipment, and Databases

The chart below identifies critical information technology (IT) systems, equipment, and databases used by the organization and describes what function the system serves, where it is located, who manages the IT needs of the system, equipment, or database, and what those responsibilities are.

IT Functions	Name of Critical System/Equipment/Database	Location	Managed By	Responsibilities
Communications Systems				
Food/Dining Services				
Heating, Ventilation, Air Conditioning				
Inventory Management				
Resident Management				
Security Systems				
Other				



**Attachment 1: Facility Hazard Vulnerability Analysis**

**<Insert facility hazard vulnerability analysis provided by District Planner>**





## **18. INCIDENT SPECIFIC APPENDICES**

Appendix A: Active Shooter

Appendix B: Biological Event

Appendix C: Bomb Threat

Appendix D: Chemical Event

Appendix E: Cyber Attack

Appendix F: Earthquake

Appendix G: Explosive Event

Appendix H: Extended Power Outages

Appendix I: Fire

Appendix J: Floods

Appendix K: Hazardous Materials and Decontamination

Appendix L: Hurricanes

Appendix M: Missing Resident

Appendix N: Nuclear/Radioactive Event

Appendix O: Pandemic Influenza/Infection Control/Isolation

Appendix P: Severe Weather/Extreme Temperatures/Winter Storms

Appendix Q: Surge Capacity

Appendix R: Wildfire

## **Appendix A: Active Shooter**

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and/or populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within ten to fifteen minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation. This annex is designed to minimize the negative impacts and to provide an appropriate response in the event of an incident involving a person with a weapon within the facility.

**Include the organizational plan for an active shooter event.**

### **Planning considerations:**

- Contacting response partners
- Intercom codes
- Facility Lockdown Policy
- Facility “Go Box” (map of facility, keys, etc.)

### **Links:**

<http://www.dhs.gov/publication/active-shooter-how-to-respond>

<http://training.fema.gov/is/courseoverview.aspx?code=IS-907>

## **Appendix B: Biological Event**

A biological event is the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants. These agents are typically found in nature, but it is possible that they could be changed to increase their ability to cause disease, make them resistant to current medicines, or to increase their ability to be spread into the environment. Biological agents can be spread through the air, through water, or in food. Terrorists may use biological agents because they can be extremely difficult to detect and do not cause illness for several hours to several days. Some bioterrorism agents, such as the smallpox virus, can be spread from person to person and some, like anthrax, cannot.

**Include the organizational plan for a biological event.**

**Planning efforts need to be made for these specific biological attacks: Aerosol Anthrax, Plague, Food Contamination, Foreign Animal Disease**

**Planning considerations:**

- Contacting response partners
- Shut down heating, ventilation, and air conditioning
- Personal Protection Equipment Plan/training
- Infection Control Plan
- Isolation/Quarantine Plan
- Food Safety Plan
- Treatment Plan
- Decontamination procedures
- Negative pressure room
- Closed Point Of Distribution Enrollment form
- Reference Strategic National Stockpile Annex

**Links:**

[http://www.fema.gov/pdf/emergency/nrf/nrf\\_BiologicalIncidentAnnex.pdf](http://www.fema.gov/pdf/emergency/nrf/nrf_BiologicalIncidentAnnex.pdf)

<http://www.ready.gov/sites/default/files/documents/files/biological.pdf>

<http://www.dhs.gov/topic/biological-security>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4904a1.htm>

## Appendix C: Bomb Threat

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

**Include the organizational plan for a bomb threat.**

### Planning considerations:

- Contacting response partners
- Intercom codes
- Bomb Threat Call Checklist
- Facility Lockdown Policy
- Evacuation Decision Maker(s) with contact information
- Evacuation with meeting locations identified
- Search procedures for each department
- Train staff on awareness of suspicious packages

### Link:

[https://emilms.fema.gov/is906/assets/ocso-bomb\\_threat\\_samepage-brochure.pdf](https://emilms.fema.gov/is906/assets/ocso-bomb_threat_samepage-brochure.pdf)

## Appendix D: Chemical Event

A chemical event is the intentional use of toxic chemicals to inflict mass casualties and mayhem on an unsuspecting civilian population. Chemical terrorism often refers to the use of military chemical weapons that have been illicitly obtained or manufactured *de novo*. However, a chemical event could also be an accidental release such as the unintentional explosion of an industrial chemical factory, a tanker car, or a transport truck in proximity to a civilian residential community, school, or worksite.

**Include the organizational plan for a chemical event.**

**Planning efforts need to be made for these specific chemical attacks: Blister Agent, Toxic Industrial Chemicals, Nerve Agent, and Chlorine Tank Explosion**

### Planning considerations:

- Contacting response partners
- Intercom codes
- Shut down heating, ventilation, and air conditioning
- Decontamination procedures

**Links:**

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4904a1.htm>

**Appendix E: Cyber Attack**

Cyber security involves protecting an infrastructure by preventing, detecting, and responding to cyber incidents. Unlike physical threats that prompt immediate action such as stop, drop, and roll in the event of a fire, cyber threats are often difficult to identify and comprehend. Among these dangers are viruses erasing entire systems, intruders breaking into systems and altering files, intruders using your computer or device to attack others, or intruders stealing confidential information. The spectrum of cyber risks is limitless. Threats, some more serious and sophisticated than others, can have wide-ranging effects on the individual, community, organizational, and national level.

**Include the organizational plan for a cyber attack.****Planning considerations:**

- Policies and procedures for employee use of your organization's information technologies
- Procedures for securing all computer equipment and servers with specific individual access permissions
- Procedures to report lost items for employees
- Procedures to prevent unauthorized data transfer via USB drives (flash drives and thumb drives) and other portable devices
- Policies and procedures to disable inactive accounts, including those of transferred or terminated employees, after a set time period
- Procedures on how to address potential cyber security vulnerabilities with medical devices

**Links:**

<http://www.ready.gov/cyber-attack>

[http://www.fema.gov/pdf/government/grant/hsgp/fy09\\_hsgp\\_cyber.pdf](http://www.fema.gov/pdf/government/grant/hsgp/fy09_hsgp_cyber.pdf)

<http://www.ready.gov/document/common-sense-guide-cyber-security-small-businesses>



<http://www.phe.gov/Preparedness/planning/cip/Documents/cybersecurity-checklist.pdf>

## **Appendix F: Earthquake**

Earthquakes are among the most unpredictable and devastating of natural disasters. An earthquake can be defined as a sudden movement of the earth as the result of the abrupt release of pressure. This release of pressure can result at fault lines where two tectonic plates collide or separate; it can occur as the ground lifts or sinks due to underlying pressures, or pressure can be released in thrust faults or folded rock. An earthquake is also referred to as a “shaking hazard.”

**Include the organizational plan for an earthquake.**

### **Planning considerations:**

- Contacting response partners
- Evacuation with meeting locations identified
- Procedures for utility shut down
- Medical surge (if applicable)
- Mass fatality and casualty

### **Links:**

[http://www.fema.gov/pdf/plan/prevent/rms/396/fema396\\_a.pdf](http://www.fema.gov/pdf/plan/prevent/rms/396/fema396_a.pdf)

<http://www.ready.gov/earthquakes>

## **Appendix G: Explosive Event**

An unintentional explosion can result from a gas leak in the presence of an ignition source. These leaks/explosions can occur in building lines, infrastructure pipelines, or transportation. The principal explosive gases are natural gas, methane, propane, and butane, because they are widely used for heating purposes. However, many other gases, like hydrogen and acetylene, are combustible and have caused explosions in the past. Gas explosions can be prevented with the use of intrinsic safety procedures to prevent ignition.

Improvised Explosive Devices, commonly referred to as IEDs, have become common tools of domestic and international terrorists. According to the Agency for Healthcare Research and Quality (AHRQ), due to the public accessibility of explosive materials and bomb-making knowledge, a domestic terrorist attack would probably take the form of a conventional explosive munitions attack. An explosive device may consist of explosives alone or may be combined with biological, chemical, or radiological materials. The AHRQ states that a “lack of knowledge about primary blast injuries and failure to recognize a blast’s effect on certain organs can result in additional morbidity and mortality.”

**Include the organizational plan for an explosive event.**

**Planning efforts need to be made for these specific explosive attacks: Gas Leak/Explosion, and IEDs.**

**Planning considerations:**

- Contacting response partners
- Intercom codes
- Mass fatality and casualty
- Medical surge
- Blast injuries
- Secondary devices
- Shut down heating, ventilation, air conditioning, power, oxygen, and gas to affected area(s)
- Close doors and windows
- Evacuation with meeting locations identified
- Fire extinguishers (types, location, and training)
- Smoke detector locations
- Sprinkler systems
- Disaster Resiliency and National Fire Protection Association (NFPA) Codes and Standards
  - Refer to the NFPA Standards in NFPA 101 Life Safety Code, and NFPA 1600, Disaster/Emergency Management and Business Continuity Programs

**Links:**

<http://www.dhs.gov/topic/explosives>

<http://www.ready.gov/explosions>

<http://m.fema.gov/explosions>

<https://www.osha.gov/SLTC/etools/hospital/hazards/fire/fire.html>

<http://www.nfpa.org/safety-information/for-consumers/escape-planning/basic-fire-escape-planning>

**Appendix H: Extended Power Outages**

Extended loss of electrical services can be fatal for a frail and compromised population in a healthcare facility. While the occasional interruption of the electrical utility grid is part of life, steps need to be taken to protect vulnerable patients during times of any loss of power. Utility service can be interrupted by natural disasters, industrial accidents at power generation facilities, or damage to power transmission systems.

**Include the organizational plan for extended power outages.**

### **Planning considerations:**

- Contacting response partners
- Section 10: Utilities and Supplies: A: Power
- External Contacts (Power Company, electrical contractors, etc.)
- Evaluation of patients for hypothermia/hyperthermia

### **Links:**

<http://www.phe.gov/Preparedness/planning/cip/Documents/healthcare-energy.pdf>

[http://www.acphd.org/media/269431/electical%20power%20outage\\_loss%20response%20plan.wv.pdf](http://www.acphd.org/media/269431/electical%20power%20outage_loss%20response%20plan.wv.pdf)

<http://www.ready.gov/power-outage>

### **Appendix I: Fire**

Fire is a rapid oxidation process that releases energy in varying intensities in the form of heat and often light, and generally creates and releases toxic vapors. Fire does not have to be in immediate proximity to be fatal. The reduced oxygen and production of smoke and fumes can replace breathable air, creating an anaerobic environment that leads to asphyxiation. Not all fires create visible smoke. Inside a building where airflow is restricted, the risk of dying from oxygen starvation is greatly increased.

### **Include the organizational plan for fire.**

### **Planning considerations:**

- Contact response partners
- Intercom codes
- Shut down heating, ventilation, air conditioning, power, oxygen, and gas to affected area(s)
- Close doors and windows
- Evacuation with meeting locations identified
- Fire extinguishers (types, location, and training)
- Smoke detector locations
- Sprinkler systems
- Disaster Resiliency and National Fire Protection Association (NFPA) Codes and Standards
  - Refer to the NFPA Standards in NFPA 101 Life Safety Code, and NFPA 1600, Disaster/Emergency Management and Business Continuity Programs

### **Links:**

<https://www.osha.gov/SLTC/etools/hospital/hazards/fire/fire.html>

<http://www.nfpa.org/safety-information/for-consumers/escape-planning/basic-fire-escape-planning>

## **Appendix J: Floods**

Floods are one of the most common hazards in the United States. A flood is the inundation of a normally dry area caused by an increased water level in an established watercourse. Flood effects can be local, impacting a neighborhood or community, or very large, affecting entire basins and multiple states. Flooding can also occur along coastal areas as a result of abnormally high tides, storms, and high winds.

**Include the organizational plan for floods.**

### **Planning considerations:**

- Contact response partners
- Intercom codes
- Internal and external flooding
- Shut down power to affected area(s)
- Evacuation with meeting locations identified
- Monitor weather radio and media outlets

### **Links:**

<http://www.ready.gov/floods>

<https://www.osha.gov/dts/weather/flood/index.html>

## **Appendix K: Hazardous Materials and Decontamination**

Hazardous Materials incidents occur when a hazardous substance has been dispersed into the environment in a manner that has the potential to harm people. These emergencies can result from the release of toxic substances in any quantity, the release of large quantities of a substance that is not problematic when used in smaller and controlled amounts, or from the results of combining two otherwise non-hazardous substances. Release can be in vapor, aerosol, liquid, or solid form.

**Include the organizational plan for hazardous materials and decontamination.**

### **Planning considerations:**

- Contact response partners
- Intercom codes
- Identify sources of hazardous materials/waste
- Decontamination Plan
- Runoff of contaminated water during decontamination
- Identify necessary emergency actions to save lives and protect the staff and the environment
- Evacuation with meeting locations identified
- Identify exposure procedures
- Infection Control Plan

**Links:**

<http://www.ready.gov/hazardous-materials-incidents>

<https://www.osha.gov/SLTC/hazardouswaste/training/decon.html>

## Appendix L: Hurricanes

A tropical cyclone, also called a hurricane depending on its location and strength, is a storm system characterized by winds reaching a constant speed of at least 74 miles per hour and possibly exceeding 200 miles per hour. On average, a hurricane's spiral clouds cover an area several hundred miles in diameter. The spirals are heavy cloud bands from which torrential rains fall. Tornado activity may also be generated from these spiral cloud bands. Hurricanes are unique in that the vortex or eye of the storm is deceptively calm and almost free of clouds with very light winds and warm temperatures. Outside the eye, a hurricane's counter-clockwise winds bring destruction and death to coastlands and islands in its erratic path. High winds and heavy rains from hurricanes impact inland regions many miles from the coast.

**Include the organizational plan for tropical cyclones.**

### Planning considerations:

- Contact response partners
- Storm surge zones
- Hurricane evacuation routes
- Evaluation of patients for discharge/transfer
- Evacuation Plan
- Transfer agreements and transportation
- Staffing needs
- Section 7: Resources and Assets
- Section 10: Utilities and Supplies
- Shelter in Place Plan (if applicable)
- Monitor weather radio and media outlets
- Influx of patients
- Reference Severe Weather Plan

### Links:

<http://www.ready.gov/hurricanes>

<http://emergency.cdc.gov/disasters/hurricanes/index.asp>

<http://www.nws.noaa.gov/om/hurricane/index.shtml>



## **Appendix M: Missing Resident**

A missing resident is defined as an individual who is cognitively, physically, mentally, emotionally, and/or chemically impaired; wanders away, walks away, runs away, escapes, or otherwise leaves a facility or environment unsupervised, unnoticed, and/or prior to scheduled discharge.

**Include the organizational plan for missing resident.**

### **Planning considerations:**

- Identify elopement risk
- Contact response partners
- Intercom codes
- Facility Lockdown Policy
- Procedures are described if a patient/resident turns up missing during an evacuation:
  - Notify the patient/resident's family
  - Notify local law enforcement
  - Notify Nursing Home Administration and staff

**Link:**

<http://www.nccdp.org/wandering.htm>

## **Appendix N: Nuclear/Radioactive Event**

While nuclear power facilities have multiple mechanical, technological, and procedural redundancies to minimize technological failure and human error, it is prudent to have a plan for dealing with the possibility of a catastrophic failure at a nuclear facility or threat of an act of terrorism. Likewise, radiological events occur without warning and will require rapid responses to decontaminate and treat those who may have been exposed.

**Include the organizational plan for nuclear and radiological events.**

**Planning efforts need to be made for these specific nuclear and radiological events: Radiological Dispersal Device, Nuclear Detonation, and Nuclear Accident**

### **Planning considerations:**

- Contact response partners
- Intercom codes
- Proximity to nuclear facility (plume projections)
- Evacuation with meeting locations identified
- Identify exposure procedures
- Decontamination Plan

- Identify necessary emergency actions to save lives and protect the staff
- Nuclear medicine

**Links:**

<http://www.ready.gov/nuclear-power-plants>

<http://www.ready.gov/nuclear-blast>

<http://www.ready.gov/radiological-dispersion-device-rdd>

<http://www.remm.nlm.gov/>

### **Appendix O: Pandemic Influenza/Infection Control/Isolation**

A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily from person to person, causes serious illness, and can sweep across the country and around the world in a very short time. It is expected that such an event could overwhelm local healthcare systems as an increased number of sick individuals seek healthcare services. In addition, the number of healthcare workers available to respond to these increased demands will be reduced by illness rates similar to pandemic influenza attack rates affecting the rest of the population.

**Include the organizational plan for pandemic influenza/infection control/isolation.**

**Planning considerations:**

- Contact response partners
- Infection Control Plan
- Isolation Plan
- Immunization Policy
- Preventative measures (e.g., personal protective equipment, hand sanitizer)
- Staff absenteeism due to illness

**Links:**

<http://www.flu.gov/>

<http://www.ready.gov/pandemic>

<http://www.cdc.gov/flu/pandemic-resources/index.htm>

### **Appendix P: Severe Weather/Extreme Temperatures/Winter Storms**

## Severe Weather

Severe weather is any atmospheric phenomenon that can cause property damage or physical harm.

## Extreme Temperatures

The loss of the heating, ventilation, and air conditioning (HVAC) system in a healthcare facility is a serious technological failure, under certain conditions. During times of extreme weather, such as a frigid cold winter or unusually hot summer, the failure of these systems can create harmful and fatal conditions for patients.

## Winter Storms

Snow and accompanying ice can immobilize a region and paralyze a city. Ice can bring down trees and break utility poles, disrupting communications and utility service. It can also immobilize ground and air transportation. The healthcare facility may find itself completely on its own for several days.

**Include the organizational plan for severe weather/extreme temperatures/winter storms.**

### Planning considerations:

- Contact response partners
- Intercom codes
- Section 10: Utilities and Supplies
- Loss of HVAC
- Identify necessary emergency actions to save lives and protect the staff
- Evaluation of patients for hypothermia/hyperthermia
- Monitor weather, radio, and media outlets
- Severe Weather
  - Hail
  - Intense cloud to ground lightning
  - Torrential rain
  - Strong winds (micro-bursts, straight line winds)
  - Tornadoes
  - Extreme cold and heat
  - Ice and snow

### Links:

<http://www.ready.gov/severe-weather>

<http://www.ready.gov/tornadoes>

<http://www.ready.gov/heat>

<http://www.ready.gov/winter-weather>

## **Appendix Q: Surge Capacity**

Surge capacity is a measurable representation of a healthcare system's ability to manage a sudden or rapidly progressive influx of patients within the currently available resources at a given point in time. Healthcare systems must develop and maintain surge capacity throughout the system in anticipation of the need to care for patients presenting from infectious disease outbreaks, public health emergencies, and mass casualty incidents.

**Include the organizational plan for surge capacity including alternate on-site triage and treatment locations.**

### **Planning considerations:**

- Contact response partners
- Intercom codes
- Alternate triage options during a mass casualty event
- Variations of casualty events
- Staffing needs
- Equipment and supplies
- Evaluation of patients for discharge/transfer

### **Links:**

<http://archive.ahrq.gov/news/ulp/btbriefs/btbrief3.htm>

<http://www.phe.gov/Preparedness/planning/mscc/handbook/Documents/mscc080626.pdf>

## **Appendix R: Wildfire**

Each year, thousands of acres of land and dozens of structures are destroyed by fires that can start at any time of the year. Wildfires have a variety of causes including arson, lightning, debris burning, and carelessly discarded cigarette butts. Adding to the fire hazard is the growing number of people living in new communities built in areas that were once open land.

**Include the organizational plan for wildfire.**

### **Planning considerations:**

- Contact response partners
- Intercom codes
- Shut down heating, ventilation, and air conditioning
- Close doors and windows
- Smoke (inhalation, visibility)
- Evacuation with meeting locations identified

### **Links:**

<http://www.ready.gov/wildfires>

<https://www.osha.gov/dts/wildfires/index.html>

[http://www.readyforwildfire.org/wildfire\\_action\\_plan](http://www.readyforwildfire.org/wildfire_action_plan)