Minnesota

Long Term Care
Preparedness
Toolkit

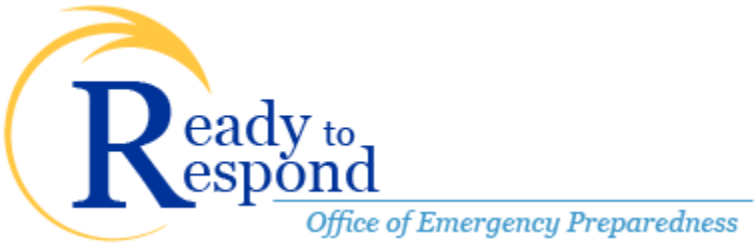


TABLE OF CONTENTS

Introduction

The Minnesota Long Term Care (LTC) Preparedness Toolkit was developed to assist with emergency preparedness planning for this specialized healthcare population. Members of the Minnesota Department of Health, Care Providers of Minnesota, Aging Services of Minnesota, and regional representation from the Healthcare Systems Preparedness Program met to discuss issues related to LTC emergency preparedness. This collaboration has resulted in the development of a set of tools and trainings that will assist facilities to plan and prepare together so the clients they serve and the staff working for them can be as safe as possible during times of crisis.

This toolkit can be used by LTC facility owners, administrators, and staff. Information includes: sample templates, forms and suggested resources to develop and/or enhance facility emergency preparedness plans within LTC throughout the state of Minnesota. It should not be viewed as a static document but one that provides a foundation for an All Hazards approach to preparedness, planning, and response activities.

The tools in this kit will help assist your facilities become stronger and better prepared for emergencies and disaster. The time to plan for the event is not during or just as a situation is occurring. Planning ahead of time builds and strengthens vital relationships, decreases confusion, and maximizes valuable resources that facilities may not have been aware of prior to planning. Many things have changed in the world of disaster planning, response, and recovery in the recent years and understanding what to do and who to call may help to save precious time and lives.

It is recommended that not one person at any facility be charged in preparing this plan. Rather, it is suggested that an internal committee be formed from various disciplines within the facility to work on this plan. This “toolkit” serves as a base template that can be customized to the needs of each facility. While this process does take time, it has been shown that prior planning has paid off for many types of facilities that have been hit by emergencies and disaster after undergoing planning. The efficiency of taking care of clients, staff, and property has improved immeasurably over just the recent decade. The tools in this document are important items you will need to address prior to an event occurring.

Overview of All Hazards Approach to Planning

Recent events such as 9/11, Hurricane Katrina, and other events have stressed all types of healthcare facilities and shown that better planning is needed. Because different types of events present different challenges to healthcare entities, an All Hazards approach to planning is proving to be most efficient and most beneficial. Hospitals work under different guidelines than skilled nursing facilities however they have seen a benefit in working collaboratively towards preparation and planning. Although initial planning was intended for hospitals, as planning and response efforts are broadened, it becomes more evident that all healthcare facilities can benefit by planning similarly and speaking the same language. While Nursing Homes have always had to plan to respond to a "variety of disasters," planning for crisis on an all hazards basis has become the standard for most healthcare entities. An all hazards response plan must be based on the hazards that are most likely to affect a facility. In order to fully understand what the most likely hazards are a hazard vulnerability analysis is important in directing how a response may unfold and what the correct actions would be.

All Hazards
Hazards may be thought of as extreme events. Hazard vulnerability analysis is often based on an "all hazards approach." This means that one begins with a list of all possible disasters, regardless of their likelihood, geographic impact, or potential outcome. The list may be the result of a committee brainstorming session, research, or other methodology, and should be as comprehensive as possible.

It may be helpful to divide the potential hazards into categories to focus the thought process. Typical categories may include natural hazards, technological hazards, and human events. These are certainly not requirements, and should not be considered to be constraining. There is overlap between the categories as well, for example, a transportation accident may be considered to be a technological hazard rather than a human event.

Once the complete hazards listing is developed, look at it critically for items that might be appropriately grouped together as one hazard category. Organize the list as appropriate.

Ultimately, a prioritization process will be undertaken to determine the course of emergency planning. The realistic factors of time and money certainly play a role in decisions of preparedness, and facilities must choose to apply their limited resources where they will have the most impact. To work toward this end, each identified hazard will be evaluated for its probability of occurrence, risk to the organization, and the organization‘s current level of preparedness.

Probability

Due to the nature of disasters, they are not predictable with any degree of accuracy. Still, familiarity with the geographic area, common sense, and a little research will identify those for which the facility must be most prepared. It is important to consider both normally expected occurrences as well as unlikely scenarios.

Types of regularly occurring natural disasters are typically well known within a community. The community will often be able to provide data that include hundred-year flood plains, hurricane frequencies for the locale, etc. The weather bureau may also be able to provide input. In fact, community emergency planning agencies may have already done a community-based hazard vulnerability analysis. This will not be a complete solution, but it will provide a start.

Nursing homes and long term care facilities have become increasingly dependent on technology to provide their normal services. As a result, a failure of a given technological system can easily put a facility into an internal state of disaster. Beyond the walls of a facility itself, technology in the community can fail or lead to an incident creating victims in need of medical care or otherwise affecting the healthcare facility. External transportation failures can lead to unavailability of supplies, which can also be disastrous. To determine the probability of these events, one must examine the internal technology in the facility and the availability of backup systems to compensate for failure. Service records and system failure reports can be used to evaluate the likelihood that these incidents may occur.

Types of industry in the community should also be considered in this assessment for a technological disaster with broad community impact.

Possibilities of disasters due to human events are many and varied. They may be accidental or planned incidents designed to wreak havoc. While there may be endless variations of human-initiated disasters, consolidating them into related categories will serve to streamline the planning. Local accidents and crime statistics can prove helpful in establishing probability of occurrence. Still, human events disasters must be carefully considered and not dismissed because "it's never happened here."

Establishing the probability of occurrence of these various events is only part objective and statistical—the remainder can best be considered intuitive or highly subjective. Each hazard should be evaluated in some terms that will reflect its likelihood. The tool presented in this document, for example, uses the qualitative terms of *high, medium, low,* or *no probability of occurrence*. A factor may be used, but is not required, to quantitatively assess the probability.

Risk

Risk is the potential impact that any given hazard may have on the organization. Risk must be analyzed to include a variety of factors, which may include, but are not limited to the following:

- Threat to human life
- Threat to health and safety
- Property damage
- Systems failure
- Economic loss
- Loss of community trust/goodwill
- Legal ramifications

The threat to human life and the lesser threat to health and safety are considered to be so significant that they are given separate consideration on the hazard vulnerability analysis document. Consider each possible disaster scenario to determine if either of these human impact threats is a factor.

The remaining three categories on the analysis tool classify risk factors as to their disruption to the organization in high, moderate, or low classification. From the bulleted list above, property damage, systems failure, economic loss, loss of community trust, and legal ramifications are all considered together to determine the level of risk.

Property damage in a disaster situation may be a factor more often than not, and the question is to what degree. Seismic activity may virtually destroy a building, or render it uninhabitable. In the most severe scenario of this type, the property damage will also include equipment and supplies within the facility. Other hazards may impact only a portion of the building, for example, flooding only in the basement. Perhaps severe weather resulted only in a few broken windows.

Systems failure may have been the cause of the emergency in the first place. A major utility failure may require backup equipment or service that is significantly less convenient, or may not be sustainable for a lengthy time. Even though an alternate system is available, the failure will typically cause a facility to implement emergency plans.

Systems failure, however, is not necessarily an isolated occurrence. It can be a result of another hazard, such as flooding damage to an emergency generator.

In any disaster, economic loss is a possibility that deserves consideration. If a facility cannot provide services because it succumbed to a hazard, revenue will be affected. It may result from damage to physical plant or equipment, inability to access the facility due to transportation or crowd control issues, or a negative public relations impact.

Long term care entities are businesses like any other, and economic disruptions can be managed for only a limited time. Each hazard must be analyzed for its adverse financial impact.

An issue of loss of goodwill has the potential for legal ramifications in the aftermath of a disaster. If errors were made in the management of the emergency, if lives were lost or injuries occurred, the facility could face legal action.

It is advisable to consult risk management and/or the facilities legal counsel if questions exist in this area.

Preparedness

A final issue to evaluate in this analysis is the organization‘s current level of preparedness to manage any given disaster. This process should also involve the input of community agencies. The healthcare facility will not be responding to an emergency in a vacuum, and there may be community resources to support the facility.

Long term care facilities have done disaster planning for many years and are well prepared to manage many types of emergencies. The scope of current emergency planning has expanded though, and the typical organization will find at least some hazards from the all-hazards list for which improvements are needed. The current status of emergency plans and the training status of staff members to respond to any given hazard is a factor to consider in evaluating preparedness.

The healthcare organization may carry insurance to compensate for losses suffered as a result of some emergencies. Backup systems may also be thought of as insurance protecting against certain occurrences. The availability of insurance coverage or backup systems should be factored into the determination of the current preparedness status.

The hazard vulnerability analysis tool in this document evaluates the organization‘s preparedness level as good, fair, or poor. An alternative way of approaching this issue is to evaluate each hazard based on the amount of improvement needed, for example, slight, moderate, or major. Both systems will yield similar results.

Planners within the organization should evaluate this section critically and realistically. Failure to do so may result in a false sense of security, which may result in an increased impact on some of the risk factors discussed above. Appropriate evaluation of preparedness will direct the organization‘s effort and resources earmarked for emergency management.

Toolkit: Next Steps

The following pages are intended to assist facility planners in identifying risks and building your plan. The logical systematic approach is to complete the following Hazard Vulnerability Assessment (HVA) and determine appropriate risk. The suggested method of progression is:

1. Gain acceptance and support from administration.
2. Identification of a team within the facility. Team members should be staff that understands various components of the operation of the facility.
3. Assemble team and complete the HVA and prioritize the identified risks.
4. Once the HVA has been completed facilities can begin to determine what the next steps in planning might be.

Hazard Vulnerability Analysis Tool

The *hazard vulnerability analysis tool* is simply that -- a tool. It is provided as a resource and a starting point for organizations to evaluate their vulnerability to specific hazards. It may be modified or changed in any way that is appropriate for individual facility use.

This particular document uses a quantitative method to evaluate vulnerability, which is also not required. The facility may find a qualitative method equally as effective.

Using this tool, each potential hazard is evaluated as described above and scored as appropriate in the areas of probability, risk, and preparedness. The factors are then multiplied to give an overall total score for each hazard. Note that a hazard with no probability of occurrence for a given organization is scored as zero, and therefore will automatically result in a zero for the total score.

Listing the hazards in descending order of the total scores will prioritize the hazards in need of the facility‘s attention and resources for emergency planning. It is recommended that each organization evaluate this final prioritization and determine a score below which no action is necessary. The focus will then be on the hazards of higher priority. Establishing a cutoff value, however, does introduce risk to the organization for those hazards falling below. The facility has determined that there is some probability and risk of the event occurring, and has chosen to exclude it from the planning process. It must be noted that the acceptance of all risk is at the discretion of the organization.

References

Hazards Analysis. www.pascocounty.com/odp/ hazard.htm *Hospital Accreditation Standards.* Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, 2001. Landesman, L.Y. *Emergency Preparedness in Health Care Organizations.* Joint Commission on Accreditation of Healthcare Organizations, Oakbrook Terrace, IL, 1996. *Definitions and Concepts for Natural Hazard and Disaster Planning.* National Drought Mitigation Center. www.enso.unl.edu/ndmc/mitigate/hazdef.htm

Hazard Vulnerability Analysis

INSTRUCTIONS:

Evaluate every potential event in each of the three categories of probability, risk, and preparedness. Add additional events as necessary.

Issues to consider for probability include, but are not limited to:

1. Known risk
2. Historical data
3. Manufacturer/vendor statistics

Issues to consider for risk include, but are not limited to:

1. Threat to life and/or health
2. Disruption of services
3. Damage/failure possibilities
4. Loss of community trust
5. Financial impact
6. Legal issues

Issues to consider for preparedness include, but are not limited to:

1. Status of current plans
2. Training status
3. Insurance
4. Availability of back-up systems
5. Community resources

Multiply the ratings for each event in the area of probability, risk and preparedness. The total values, in descending order, will represent the events most in need of organization focus and resources for emergency planning. Determine a value below which no action is necessary. Acceptance of risk is at the discretion of the organization.

EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HIGH	MED	LOW	NONE	LIFE THREAT	HEALTH SAFETY	HIGH DISRUPTION	MODERATE DISRUPTION	LOW DISRUPTION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
NATURAL EVENTS													
Hurricane													
Tornado													
Severe Thunder-storm													
Snow fall													
Blizzard													
Ice Storm													
Earthquake													
Tidal Wave													
Temperature Extremes													
Drought													
Flood, External													
Wild Fire													
Landslide													
Volcano													
Epidemic													

EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HIGH	MED	LOW	NONE	LIFE THREAT	HEALTH SAFETY	HIGH DISRUPTION	MODERATE DISRUPTION	LOW DISRUPTION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	2	2	1	3	2	1	
TECHNOLOGICAL EVENTS													
Electrical Failure													
Generator Failure													
Transportation Failure													
Fuel Shortage													
Natural Gas Failure													
Water Failure													
Sewer Failure													
Steam Failure													
Fire Alarm Failure													
Communications Failure													
Medical Gas Failure													
Medical Vacuum Failure													
HVAC Failure													
Information Systems Failure													
Fire, Internal													

Flood, Internal													
Hazardous Materials Exposure, Internal													
Unavailability of Supplies													
Structural Damage													

EVENT	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HIGH	MED	LOW	NONE	LIFE THREAT	HEALTH SAFETY	HIGH DISRUPTION	MODERATE DISRUPTION	LOW DISRUPTION	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
HUMAN EVENTS													
Mass Casualty Incident (trauma)													
Mass Casualty Incident (medical)													
Mass Casualty incident (hazmat)													
Hazardous Materials Exposure, External													
Terrorism, Chemical													
Terrorism, Biological													
VIP Situation													

Resident Elopement													
Hostage Situation													
Civil Disturbance													
Labor Action													
Forensic Admission													
Bomb Threat													
Workplace Violence													

Disaster Plan Tool

The following tools serve as specific components that will allow your organization to plan and prepare to meet the needs of both your residents and staff in the event of an incident. Each tool will be preceded by a descriptor of the tool and instructions where necessary. These tools when taken as a whole are the basis of an Emergency Operations Plan (EOP).

Once the EOP has been developed, it is also the role of the team to be sure that this plan is shared as necessary with appropriate staff and that internal training where needed is conducted. This training should be incorporated into regularly scheduled trainings as staff changes do occur and keeping current on any material requires periodic review.

For an EOP to maintain viability and usefulness, it needs to be updated on a scheduled basis. As each facility grows and changes, the EOP also needs to be modified to reflect those changes. Once these tools are completed, your EOP will be well on the way to serving each facilities need to care for staff and residents.

Incident Management System

In any emergency response, it is critical that clear lines of authority (chain of command) exist within the facility to make sure there is timely and efficient decision-making. It is important that you define this chain of command and the authority and decision-making ability of the facility's incident commander and identify who is designated to fill this role. This is an important aspect of your disaster plan.

Support for your disaster planning needs to start at the top of the organization. Bring the leaders of your organization into the planning process from the very beginning to identify and agree upon the best course of action for your facility, its residents and staff. It is important to discuss the financial and clinical implications of the various proposed response strategies. This may include items such as closing to new admissions or agreeing to be a "surge" or overflow setting for the local hospital. Medical and administrative priorities need to match, and your facility's leadership team needs to be clear about its role and authority.

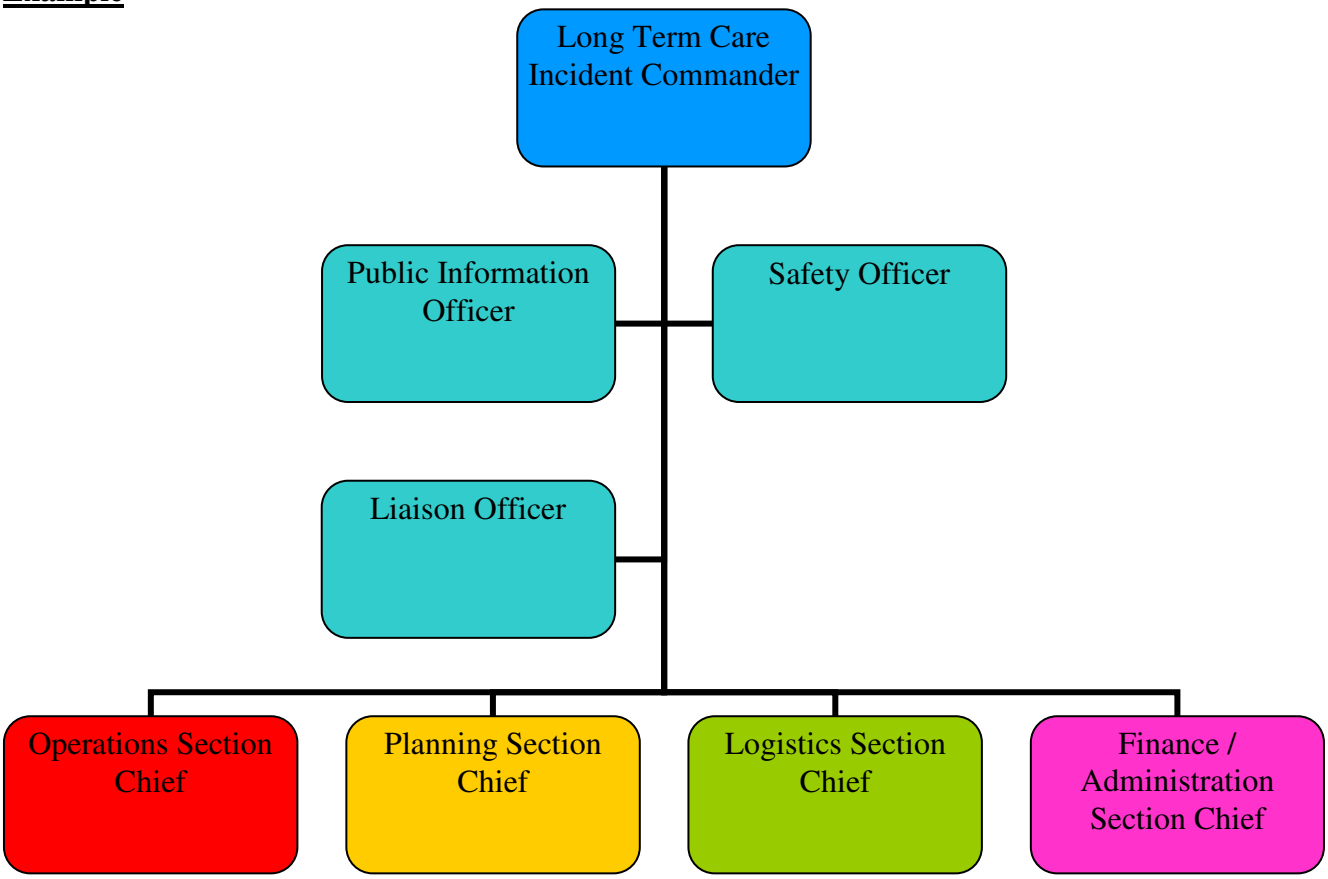
Incident Command Systems (ICS) can be used at organization both large and small — it can even be used by just one person! If you have a small organization, the same person may fill multiple spots on the ICS organizational chart. Just be sure through practice and exercise that one designated person is not disproportionately overburdened with her or his roles in an emergency.

Basic ICS Job Action Overview

- **Incident Commander**: Leads the response, appoints section leaders, approves plans and key actions (CEO, administrator, Director of Nursing (DON), nursing supervisor.)
- **Operations Section**: Handles key actions including first aid, search and rescue, fire suppression, securing the site (DON, Department supervisors, nursing supervisor, direct care staff.)
- **Planning Section**: Gathers information, thinks ahead, makes and revises action plans and keeps all team members informed and communicating. (Safety committee, Continuity of operations planning team, etc.)
- **Logistics Section**: Finds, distributes and stores all necessary resources (maintenance supervisor, purchasing, human resources director)
- **Finance Section:** Tracks all expenses, claims, activities and personnel time and is the record keeper for the incident (controller, accounts dept, payroll.)
- **Public Information Officer**: Provide reliable information to staff, visitors and families, the news media and concerned others as approved by the Incident Commander i.e. Social Worker, Administration Personnel
- **Safety Officer**: Ensure safety of staff, residents and visitors; monitor and correct hazardous conditions. Has authority to halt any operation that poses immediate threat to life and health.
- **Liaison Officer**: Serves as the primary point of contact for supporting agencies assisting the facility. i.e. Social Worker, Administration Personnel

Specific personnel placed in the various roles are determinant on the skills and position with the organization.

LTC Chart Example



Depending on the size of the facility, one person may occupy multiple positions **within the section.** You do not need to activate all positions – only activate what you need for the incident. This is your basic Incident Command, if part of a larger system i.e.: health organization, you will need to know where your ICS fits within that organizations structure

These titles are universal and not subject to local change

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Incident Management Systems Basic Job Action Sheets

Customize these sheets as needed based on the type and number of staff at your facility. ***Note that more than one person could be assigned management duties and staff that will be assigned the duties must be trained on these responsibilities. You should develop Management Duties vs. Staff Duties for each area. The managers all report to the "Incident Commander." All duties to be performed are disaster specific, so some items might not be applicable to your situation.***

Incident Command

POSITION ASSIGNED TO:		
Reporting to:	CEO/Other Oversight Management Structure:	
Command Center Location:		Telephone:

Mission: Organize and direct the facility's emergency operations. Give overall direction for facility operations and make evacuation and sheltering in place decisions.

Immediate		(Operational Period 0-2 Hours)
Time Completed	Initials	
		Assume role of Incident Commander and activate the Nursing Home Incident Command System (NHICS)
		Notify your usual supervisor of the incident activation of NHICS.
		Determine the following prior to the initial NHICS team meeting. (This will comprise the first components of the facility's Incident Action Plan).
		1. Nature of the problem (incident type, injury/illness type, etc.) 2. Safety of staff, residents and visitors 3. Risks to personnel and need for protective equipment 4. Risks to the facility 5. Need for decontamination 6. Estimated duration of incident 7. Need for modifying daily operations 8. NHICS team required to manage the incident 9. Need to open up the facility's Incident Command Center (ICC) location 10. Overall community response actions being taken 11. Need to communicate with state licensing agency 12. Status of local, county, and state Emergency Operations Centers (EOC)
		Determine need for and appropriately appoint Command Staff and Section Chiefs, or Branch/Unit/Team leaders as needed; distribute corresponding Job Action Sheets and position identification.
		Brief all appointed staff of the nature of the problem, immediate critical issues and initial plan of action. Designate time for next briefing.
		Assign clerical personnel to function as the ICC recorder(s). Document all key activities, actions, and decisions on a continual basis.
		Communicate to Command Staff and Section Chiefs how personnel time is to be recorded. Determine if Finance/Administration has any special preferences for submission at this time.
		Define and document specific existing or potential safety risks and hazards, which Section or Branch may be affected, and steps to mitigate the threat. This is the first step in an ongoing process continued by the Safety Officer and included in the subsequent briefing meetings.

Immediate		(Operational Period 0-2 Hours)
Time Completed	Initials	
		Receive status reports from and develop an Incident Action Plan with Section Chiefs and Command Staff to determine appropriate response and recovery levels. During initial briefing/status reports, the following information may be needed: • Initial facility damage survey report across sections. • Evaluate the need for evacuation. As appropriate to the incident, verify transportation plans. • Obtain resident census and status and request a projection report for 4, 8, 12, 24 & 48 hours from time of incident onset. Adjust projections as necessary. Assign to Planning Section Chief. • Identify the operational period and ICC shift change. • As appropriate to the incident, authorize a resident prioritization assessment for the purposes of designating appropriate early discharge (e.g. dialysis, vent –dependent). • Ensure that appropriate contact with outside agencies has been established and facility status and resource information provided through the Liaison Officer. • Seek information from Section Chiefs regarding on-hand resources of medical equipment, supplies, medications, food, and water as indicated by the incident. • Assess generator function and fuel supply. • Review security and facility surge capacity as appropriate, especially if serving as a host site or in case the local emergency management office requests beds.
		Oversee and approve revision of the Incident Action Plan developed by the Planning Section Chief. Ensure that the approved plan is communicated to all Command Staff and Section Chiefs.
		Communicate facility and incident status and the Incident Action Plan to CEO or designee, or to other executives and/or Board of Directors members on a need-to-know basis.
		Draft initial message for Public Information Officer (PIO) for notification to family members, responsible parties, and/or other interested persons regarding facility and resident status.

Ongoing		
Time Completed	Initials	
		Ensure staff, resident, and media briefings are being conducted regularly.
		Evaluate overall nursing home operational status, and ensure critical issues are addressed.
		Ensure incident action planning for each operational period and a reporting of the Incident Action Plan at each shift change and briefing.
		Review /revise the Incident Action Plan with the Planning Section Chief for each operational period.
		Ensure continued communications with local, regional, and state response coordination centers through the Liaison Officer and others.
		Authorize resources as needed or requested by Section Chiefs.
		Set up routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and termination of the action plan.
		Approve media releases submitted by PIO.
		Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Liaison Officer

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Function as the incident contact person in the nursing home for representatives from other agencies, such as the local emergency management office, police, and the licensing agency.

Immediate		(Operational Period 0-2 Hours)
Time Completed	Initials	
		Receive appointment from Incident Commander. Obtain Job Action Sheet.
		Notify your usual supervisor of your NHICS assignment.
		Obtain briefing from Emergency Incident Commander and note time for next meeting.
		Establish contact with local, county and/or state emergency organization agencies to share information on current status, appropriate contacts, and message routing.
		Communicate information obtained and coordinate with Public Information Officer.
		Obtain initial status and information from the Planning Section Chief to provide as appropriate to external stakeholders and local and/or county Emergency Operations Center (EOC)EOC, upon request: • Resident Care Capacity – The number of residents that can be received and current census. • Nursing Home's Overall Status – Current condition of facility structure, security, and utilities. • Any current or anticipated shortage of critical resources including personnel, equipment, supplies, medications, etc. • Number of residents and mode of transportation for residents requiring transfer to hospitals or receiving facilities, if applicable. • Any resources that are requested by other facilities (e.g., personnel, equipment, supplies). • Media relations efforts being initiated, in conjunction with the PIO.
		Establish communication with other nursing homes as appropriate, the local EOC, and/or local response agencies (e.g., public health department). Report current facility status.
		Keep local EOC liaison officer updated as to critical issues and unmet resource needs.
		Document all key activities, actions, and decisions on a continual basis.

Ongoing		
Time Completed	Initials	
		Attend all command briefings and Incident Action Planning meetings to gather and share incident and facility information. Contribute inter-facility information and community response activities and provide Liaison goals to the Incident Action Plan.
		Request assistance and information as needed through the facility's network or from the local and/or regional EOC.
		Obtain the following information from the Planning Section Chief and be prepared to report to appropriate authorities the following data: • Number of new residents admitted and level of care needs. • Current resident census • Number of residents hospitalized, discharged home, or transferred to other facilities • Number dead
		Communicate with Logistics Section Chief on status of supplies, equipment and other resources that could be mobilized to other facilities, if needed or requested.

Public Information Officer

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media, as approved by the Incident Commander.

Immediate		(Operational Period 0-2 Hours)
Time Completed	Initials	
		Receive appointment from Incident Commander. Obtain Job Action Sheet.
		Notify your usual supervisor of your NHICS assignment.
		Obtain briefing from Emergency Incident Commander and note time for next briefing.
		Decide where a media briefing area might be located if needed (away from the facility's Incident Command Center and the resident care activity areas). Coordinate designation of such areas with Safety Officer.
		Contact external Public Information Officers from community and governmental agencies and/or their designated websites to determine public information and media messages developed by those entities to ensure consistent messages from all entities.
		Develop public information and media messages to be reviewed and approved by the Incident Commander before release to families, news media, and the public. Identify appropriate spokespersons to contact families or to deliver press briefings as needed.
		Assess the need to activate a staff and/or family member "hotline" for recorded information concerning the incident and facility status and establish the "hotline" if needed.
		Attend all command briefings and incident action planning meetings to gather and share incident and nursing home information.
		Monitor incident/response information through the internet, radio, television and newspapers.
		Establish communication with other nursing homes as appropriate, local Emergency Operations Center (EOC), and/or local response agencies (e.g., public health department). Report current facility status.
		Document all key activities, actions, and decisions on a continual basis.

Ongoing		
Time Completed	Initials	
		Coordinate with the Operations regarding: • Receiving and screening inquiries regarding the status of individual residents. • Release of appropriate information to appropriate requesting entities.
		Continue to attend all Command briefings and incident action planning meetings to gather and share incident and nursing home information. Contribute media and public information activities and goals to the Incident Action Plan.
		Continue dialogue with external community and governmental agencies to get public information and media messages. Coordinate translation of critical communications into languages for residents as appropriate.
		Continue to develop and revise public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public.
		Develop regular information and status update messages to keep staff informed of the incident, community, and facility status. Assist in the development and distribution of signage as needed.

Safety Officer

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Ensure safety of staff, residents, and visitors, monitor and correct hazardous conditions. Have authority to halt any operation that poses immediate threat to life and health.

Immediate		(Operational Period 0-2 Hours)
Time Completed	Initials	Receive appointment from Incident Commander. Obtain Job Action Sheet.
		Read this entire Job Action Sheet and review emergency organizational chart.
		Put on position identification (garment, vest, cap, etc.).
		Notify your usual supervisor of your NHICS assignment.
		Determine safety risks of the incident to personnel, the physical plant, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.
		Communicate with the Logistics Chief to procure and post non-entry signs around unsafe areas.
		Ensure the following activities are initiated as indicated by the incident/situation: • Evaluate building or incident hazards and identify vulnerabilities • Specify type and level of Personal Protective Equipment to be utilized by staff to ensure their protection, based upon the incident or hazardous condition • Monitor operational safety of decontamination operations if needed • Contact and coordinate safety efforts with the Operations to identify and report all hazards and unsafe conditions to the Operations Section Chief.
		Work with Incident Command staff in designating restricted access areas and providing signage.
		Assess nursing home operations and practices of staff, and terminate and report any unsafe operation or practice, recommending corrective actions to ensure safe service delivery.
		Ensure implementation of all safety practices and procedures in the facility.
		Initiate environmental monitoring as indicated by the incident or hazardous condition.
		Attend all command briefings and Incident Action Planning meetings to gather and share incident and facility safety requirements.
		Document all key activities, actions, and decisions on a continual basis.

Ongoing		
Time Completed	Initials	
		Continue to assess safety risks of the incident to personnel, the facility, and the environment. Advise the Incident Commander and Section Chiefs of any unsafe condition and corrective recommendations.
		Ensure proper equipment needs are met and equipment is operational prior to each operational period.
		Continue to attend all command briefings and incident action planning meetings to gather and share incident and facility information. Contribute safety issues, activities and goals to the Incident Action Plan.

Operations

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Organize and direct activities relating to the Operations Section. Carry out directives of the Incident Commander. Coordinate and supervise the branches within the Operations Section. Oversee the direct implementation of resident care and services, dietary services, and environmental services. Contribute to the Incident Action Plan.

Immediate		(Operational Period 0-2 Hours)
Time Completed	Initials	
		Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
		Notify your usual supervisor of your NHICS assignment.
		Obtain briefing from Emergency Incident Commander and designate time for next meeting.
		Assess need to appoint Branch Directors: • Resident Services • Infrastructure
		Transfer the corresponding Job Action Sheets to Branch Director. If a Branch Director is not assigned, the Planning Chief keeps the Job Action Sheet and assumes that function.
		Brief Branch Directors on current situation and develop the section's initial projection/status report. Establish the Operations Section chain of command and designate time and location for next section briefing. Share resident census and condition information gained at initial Command briefing. Communicate how personnel time is to be recorded.
		Establish Operations Section Center (in proximity to Incident Command area, if possible).
		Serve as primary contact with nursing home Medical Director.
		• Meet with Resident Services Branch Director and Nursing Services Unit Leader and communicate with Medical Director to plan and project resident care needs.
		Document all key activities, actions, and decisions on a continual basis.

Operations Continued

Ongoing		
Time Completed	Initials	
		From information reported by Branch Directors, inform Incident Command of facility's internal factors which may contribute to the decision to evacuate or shelter in place: • Resident acuity • Physical structure
		Implement resident evacuation at the direction of the Incident Commander with support of Branch Directors and other Section Chiefs.
		Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Operations Section's Staff.
		As the incident requires, in preparation for movement of residents within the facility or to a staging area, work with Logistics to assist in the gathering and placement of transport equipment (wheelchairs, canes, stretchers, walkers, etc).
		Designate times for briefings and updates with Branch Directors to develop and update section's projection/status report.
		Coordinate personnel needs with Logistics .
		Coordinate supply and equipment needs with Logistics
		Provide situation reports and projections to the Planning Section within stated time frames.
		Coordinate financial issues with the Finance/Administration Section.
		Ensure that this Section's branches are adequately staffed and supplied.
		Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Planning

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Gather and analyze incident-related information. Obtain status and resource projections from all section chiefs for long range planning and conduct planning meetings. From these projections, compile and distribute the facility's Incident Action Plan. Coordinate and supervise the units within the Planning Section.

Immediate		(Operational Period 0-2 Hours)	
Time Completed	Initials		
		Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.	
		Notify your usual supervisor of your NHICS assignment.	
		Obtain briefing from Emergency Incident Commander and designate time for next meeting.	
		Assess need for the following Unit Leaders and appoint as needed:	
		1. Situation-Status	2. Documentation
		Transfer the corresponding Job Action Sheets to Unit Leader. If a unit leader is not assigned, the Planning Chief keeps the Job Action Sheet and assumes that function.	
		Brief all unit leaders on current situation and develop the section's initial projection/status report. Designate time and location for next section briefing. Communicate how personnel time is to be recorded.	
		Establish a Planning/Information Section Center.	
		Facilitate and conduct incident action planning meetings with Command Staff, Section Chiefs, and other key personnel as needed to plan for the next operational period.	
		Coordinate preparation and documentation of the Incident Action Plan and distribute copies to the Incident Commander and all Section Chiefs.	
		Call for status and resource projection reports from all Section Chiefs for scenarios 4, 8, 24 & 48 hours from time of incident onset. Adjust time for receiving these reports as necessary.	
		Direct Situation Unit Leader to document and update projection/status reports from all sections.	
		Document all key activities, actions, and decisions on a continual basis.	

Ongoing		
Time Completed	Initials	
		Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Planning Section's Staff.
		Ensure that personnel and equipment are being tracked.
		Designate times for briefings and updates with group supervisors to develop and update section's projection/status report.
		Ensure that this Section's groups are adequately staffed and supplied.
		Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Logistics

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Organize and direct those operations associated with maintenance of the physical environment, and adequate levels of personnel, food, and supplies to support the incident objectives. Coordinate and supervise the branches within the Logistics Section. Contribute to the Incident Action Plan.

Immediate		(Operational Period 0-2 Hours)
Time Completed	Initials	
		Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
		Notify your usual supervisor of your NHICS assignment.
		Obtain briefing from Emergency Incident Commander and designate time for next meeting.
		Assess need to appoint Branch Directors and/or Unit Leaders and distribute corresponding Job Action Sheets. Refer to Nursing Home Incident Command System organizational chart. Transfer the corresponding Job Action Sheets to persons appointed.
		• If a function is not assigned, the Logistics Chief keeps the Job Action Sheet and assumes that function.
		Brief Branch Directors on current situation and develop the section's initial projection/status report. Establish the Logistics Section chain of command and designate time and location for next section briefing. Communicate how personnel time is to be recorded.
		Establish Logistics Center.
		Maintain communications with Operations Section Chief and Branch Directors to assess critical issues and resource needs.
		Ensure resource ordering procedures are communicated to appropriate Sections and their requests are timely and accurately processed.
		Attend damage assessment meeting with Incident Commander, Environmental Services Unit Leader, and the Safety Officer.
		Document all key activities, actions, and decisions on a continual basis.

Logistics Continues

Ongoing		
Time Completed	Initials	
		From information reported by Branch Directors, inform Incident Command of facility's internal factors which may contribute to the decision to evacuate or shelter in place: • Transportation and Status of Destination Locations • Supplies • Access to Staff
		Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Logistics Section's Staff.
		Obtain needed material and fulfill resource requests with the assistance of the Finance/Administration Section Chief and Liaison Officer.
		Ensure the following resources are obtained and tracked:
		• Staff
		• Resident care supplies
		• Communication hardware
		• Food and water
		Obtain information and updates regularly from Branch Directors and Unit Leaders.
		Ensure that this Section's groups are adequately staffed and supplied.
		Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Finance/Administration

POSITION ASSIGNED TO:		
Reporting to:	Incident Command:	
Command Center Location:		Telephone:

Mission: Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities. Coordinate and supervise the units within the Finance/Admin Section. Contribute to the Incident Action Plan.

Immediate		(Operational Period 0-2 Hours)
Time Completed	Initials	
		Receive appointment from Incident Commander. Obtain packet containing Section's Job Action Sheets.
		Notify your usual supervisor of your NHICS assignment.
		Obtain briefing from Incident Commander and designate time for next meeting.
		Assess need for the following Unit Leaders and appoint as needed:
		1. Procurement
		2. Cost
		3. Employee Time
		4. Compensation/Claims
		5. Business Continuity
		Transfer the corresponding Job Action Sheets to Unit Leaders. If a unit leader is not assigned, the Finance/Admin Chief keeps the Job Action Sheet and assumes that function.
		Brief unit leaders on current situation and develop the section's initial projection/status report. Designate time for next section briefing. Communicate how personnel time is to be recorded.
		Discuss with Employee Time Unit Leader how to document facility-wide personnel work hours worked relevant to the emergency.
		Assess the need to obtain cash reserves in the event access to cash is likely to be restricted as an outcome of the emergency incident.
		Participate in Incident Action Plan preparation, briefings, and meetings as needed: • Provide cost implications of incident objectives • Ensure Incident Action Plan is within financial limits established by Incident Command • Determine if any special contractual arrangements/agreements are needed
		Identify and document insurance company requirements for submitting damage/claim reports.
		Document all key activities, actions, and decisions on a continual basis.

Finance Administration Continued

Ongoing		
Time Completed	Initials	
		Coordinate emergency procurement requests with Logistics.
		Maintain cash reserves on hand.
		Consult with state and federal officials regarding reimbursement regulations and requirements; ensure required documentation is prepared accordingly.
		Meet regularly with the Incident Commander, Command Staff and other Section Chiefs to update status of the response and relay important information to Finance/Admin Section Staff.
		Approve and submit to Incident Command a "cost-to-date" incident financial status report every 8 hours (prepared by the Cost Unit Leader, if appointed) summarizing financial data relative to personnel, supplies, and miscellaneous expenses.
		Ensure that required financial and administrative documentation is properly prepared.
		Process invoices received.
		Maintain routine, non-incident related administrative oversight of financial operations.
		Observe all staff, volunteers, and residents for signs of stress and inappropriate behavior. Report concerns to Human Resources. Provide for staff rest periods and relief.

Department Considerations for Jobs

Other departments within the organization will have personnel assigned within the ICS structure depending on their roles, talents, and current need. There are items each department should consider as they assign personnel:

DIETARY/FOOD SERVICES UNIT LEADER
Name _____Date:_____
Title _____Reports to: _____

Management Duties

Completed	Initials	Item
		Oversee kitchen management.
		Notify staff if there will be an evacuation.
		Ensure gas appliances are turned off before departure.
		Contact dietary/food service staff whom need to report to duty.
		Supervise movement and separation of food stores to designated area(s).
		Supervise loading of food in the event of an evacuation.
		Supervise closing of the kitchen.
		Ensure preparation of food and water to be transported to the receiving facility.
		Ensure disposable utensils, cups, straws, napkins are packed
		Ensure adequate food is available and packed for staff going to receiving facility.
		Brief Commander as needed.

HOUSKEEPING UNIT LEADER
Name _____Date: _____
Title _____Reports to: _____

Staff Duties as assigned by Manager

Completed	Initials	Item
		Brief supervisor as needed.
		Ensure cleanliness of resident's environment
		Ensure provision of housekeeping supplies for three days.
		Clear corridors of any obstructions such as carts, wheelchairs, etc.
		Ensure adequate cleaning supplies and toilet paper is available.
		Check equipment (wet/dry vacuums, etc.).
		Secure facility (close windows, lower blinds, etc.)
		Perform clean-up, sanitation and related preparations.
		Assist with moving residents to departure areas as needed.
		Ensure adequate supplies of linens, blankets, and pillows.
		Ensure emergency linens are available for soaking up spills and leaks.
		Supervise loading of laundry and housekeeping supplies into transportation vehicles.

INFRASTRUCTURE AND MAINTENANCE SERVICES UNIT LEADER
Name _____ Date: _____
Title _____Reports to: _____

Completed	Initials	Item
		Brief supervisor as needed.
		Ensure communications equipment is operational and extra batteries are available.
		Check and ensure safety of surrounding areas (secure loose outdoor equipment and furniture)
		Secure exterior doors and windows
		Check/fuel emergency generator and switch to alternative power as necessary.
		Alert Department Heads of equipment supported by emergency generator.
		If pump or switch on emergency generator is controlled electrically, install manual pump or switch.
		Ensure readiness of buildings and grounds.
		Call fire department if applicable.
		Conduct inventory of vehicles, tools and equipment and report to administrative service.
		Fuel vehicles
		Identify shut off valves and switches for gas, oil, water, and electricity and post charts to inform personnel.
		Identify hazardous and protective areas of facility and post locations.
		Close down/secure facility in event of evacuation
		Ensure all needed equipment is in working order.
		Document and report repairs/supplies needed for the building.
		Ensure emergency lists are posted in appropriate areas
		Monitor fuel supplies and generators
		Be watchful for potential fire hazards, water leaks, water intrusion, or blocked facility access.
		Determine need for additional security.*
		Ensure supplies and equipment are safe from theft.*
		Identify and mitigate outdoor threats to facility. *

* If your facility does not have dedicated Security Staff- otherwise, these duties would be assigned to Security.

NURSING DEPARTMENT UNIT LEADER
Name _____Date: _____
Title _____Reports to:_____

Completed	Initials	Item
		Brief supervisor as needed
		Ensure delivery of resident medical needs.
		Assess special medical situations.
		Coordinate oxygen use.
		Relocate endangered residents.
		Ensure availability of medial supplies.
		Secure patient records.
		Maintain resident accountability and control.
		Supervise residents and their release to relatives, when approved
		Ensure proper control of arriving residents and their records.
		Screen ambulatory residents to identify those eligible for release.
		Maintain master list of all residents, including their dispositions.
		Contact pharmacy to determine: • Cancellation of deliveries • Availability of backup pharmacy • Availability of 3-days of medical supplies
		Assist with patient transportation needs.
		Supervise emergency care
		Use Medication Administration Records (MAR) to verify patient/resident locations.
		Ensure adequate medications and medical supplies are available.
		Periodically check medications and medical supplies.
		Review and prioritize patient/resident care requirements
		Coordinate staffing needs.
		Supervise patient/resident transfer from the building.

PATIENT SERVICES UNIT LEADER
Name _____Date:_____
Title _____Reports to: _____

Completed	Initials	Items
		Brief supervisor as needed.
		Notify resident families/responsible parties of disaster situation and document this notification.
		Coordinate information release with senior administrator.
		Monitor telephone communication
		Answer telephones and direct questions/requests to appropriate areas.
		Order supplies as directed (Coordinate with Nursing/Medical Services)
		Cancel special activities (i.e., trips, activities, family visits, etc.), deliveries and services
		Make arrangements for emergency transportation of residents.
		Contact additional staff when authorized.
		Monitor and document costs associated with the incident.
		Secure non-patient records.
		Supervise and/or assist in clearing hallways, exits.
		Coordinate movement of residents.
		Assist in transport of residents from rooms to departure areas.
		Assist in transfer of residents to transportation vehicles.
		Ensure adequate trained staff is available for emotional needs of patient and staff.
		Ensure appropriate staff are available to provide bedside treatments

Organization Information / Contact Information

For an EOP to be functional, it is dependent on current and accurate information. Key to any response is the ability to know who to notify and how to get in touch with these personnel. For this reason, having current and accurate organizational information along with current information regarding key staff is essential. An effective response cannot occur without personnel.

The following information needs to be filled in and updated periodically so timely communications and response can occur. The following information is broken out into three separate, yet connected areas:

Organizational Information
Emergency Contact Roster-Internal
External Contact Information – External

Please have appropriate staff fill in where indicated and review periodically to ensure accuracy. Additionally, when there is turnover in staff on this list, changes needs to be to reflect current status.

Organizational Information

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone Number: (_____) _____ **Fax:** (_____) _____

Owner of LTC Community/Organization

Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone Number: (_____) _____ **Fax:** (_____) _____

Cell Phone Number: (_____) _____

E-mail: _____

Administrator/Executive Director

Name: _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone Number: (_____) _____ **Fax:** (_____) _____

Cell Phone Number: (_____) _____

E-mail: _____

Emergency Contact Roster-Internal

Emergency Contact Roster will be placed:
1.
2.
Training provided to notify staff where the rosters are and when to utilize

Facility Command Center Location:

Alternate Facility Command Center Location:

Command Center Telephone Number(s):

Title	Contact Information
Administrator	**Name:**
	Work:
	Cell:
	Home:
	E-mail:
	Other:
Medical Director	**Name:**
	Work:
	Cell:
	Home:
	E-mail:
	Other:
Director of Nursing	**Name:**
	Work:
	Cell:
	Home:
	E-mail:
	Other:

Director of Environmental Services	**Name:**
	Work:
	Cell:
	Home:
	E-mail:
	Other:
Plant Maintenance Supervisor	**Name:**
	Work:
	Cell:
	Home:
	E-mail:
	Other:
Dietary/Food Services Director	**Name:**
	Work:
	Cell:
	Home:
	E-mail:
	Other:
Security Director	**Name:**
	Work:
	Cell:
	Home:
	E-mail:
	Other:
Safety Director	**Name:**

	Work:
	Cell:
	Home:
	E-mail:
	Other:
Public Information Officer	**Name:**
	Work:
	Cell:
	Home:
	E-mail:
	Other:
Behavioral Health / Social Work	**Name:**
	Work:
	Cell:
	Home:
	E-mail:
	Other:
Others:	**Name:**
	Work:
	Cell:
	Home:
	E-mail:
	Other:

External Contact Information

Fire	
Law Enforcement	
Emergency Medical Services	
City Emergency Manager (If applicable)	
County Emergency Management	
Local Emergency Room or Hospital	
Regional Hospital Resource Center	
Local Public Health Office	
Minnesota Department of Health – Compliance Monitoring	
Minnesota Department of Health – Office of Emergency Preparedness	
Aging Services of Minnesota / Care Providers	

Physicians

Name	**Office #**	**Cell**	**Pager**

Facility- Specific Information

This information is made up of the location and characteristics of the facility and the people associated with it. As with any response, it is important to understand the physical features of a facility in order to maintain safety and efficiency. Likewise it is also important to understand something of the occupancy and certain specific information regarding the occupants. The following pages ask for descriptions of the facility and some baseline information regarding staff and residents. The forms are self explanatory and should be filled out by appropriate personnel within the facility.

Building Information

Facility Name and Address:_____

_____

_____

_____

Number of Floors: _____

Water Source: _____

Sewer and Septic: _____

Location of Sprinkler System Control Panel: _____

Location of Power Shutoff: _____

Location of Generator: _____

Closest Major Highway/Road: _____

Closest Railroad: _____

Other Modes of Potential Transportation i.e. Harbor: _____

Any Known Hazards (i.e. propane tanks, high voltage concerns): _____

Are you within 10 miles of a nuclear facility: **YES** **NO**_____

Are you within 50 miles of a nuclear facility: **YES** **NO**_____

Do you have any locked units: **YES** **NO**_____

ATTACH A FLOOR PLAN OF THE BUILDING IF POSSIBLE

Personnel Information

Average number of staff per shift:

Days:_____

Evenings: _____

Overnights:_____

Average number of staff in each department:

Administration	Nursing	Dietary	Housekeeping	Maintenance	Recreation	Social Services	Human Resources

Resident Information	Census Number	Date Updated / Initials
Licensed Bed Number		
Average Census		
Average Number of Ambulatory Residents		
Average Number of Non-Ambulatory Residents		
Any Ventilator or Life Support Residents		

Facility Preparation List

Physical Plant Risk Assessment is completed _____ (indicate frequency – quarterly, biannually, annually).

Physical Plant Risk Assessment Schedule:

_____ _____

_____ _____

Photographs of buildings needed for insurance purposes have been taken on _____ and are located _____.
(Include all sides of the building including roof areas)

Date Completed	**Initials**	**Item**
		Clearly marked gas and water shut-off valves with legible instructions how to shut off each
		Available tools to facilitate prompt gas shut-off
		Check gas shut off-valves and generators to insure proper operation
		Evaluate heating, ventilating, and air conditioning function and control options
		Assess ducted and non-ducted return air systems
		Preventive maintenance of HVAC system
		Location of ramp used to evacuate residents to buses or other vehicles
		Community's evacuation plan in area accessible to the public (if applicable

Evacuation Plan

While evacuation is typically not preferred, there may be times when this option is safest for the residents and staff. Due to the varied abilities of nursing homes residents, evacuation can be a daunting task without appropriate consideration and planning head of time. Prior planning regarding how will residents be transported, who will provide the transportation, what specialty types of vehicles will be needed and where will they come from all need to be prearranged in order to maximize the safety of residents and staff. Thinking ahead will also assist in determining what supplies, food, water, medications, and other physical items will be needed in order to again maintain safety as much as possible under the circumstances. As supplies are important for comfort and safety, so too are predetermined locations where residents can be taken that can adequately meet their needs. Looking at predetermined locations and having discussions ahead of time can also go a long way in ensuring a smooth transition. Two sample memoranda's are provided to serve as templates. Additionally, it should be noted that having an evacuation agreement with more than one facility would be appropriate. Traditionally, facilities often choose the closest like facility to partner with and that is fine, except a second facility some distance away may be prudent as another local facility may be effected by a local event as well and be unable to handle your request as they may be having the same concerns.

The following pages are specifically dedicated to looking at the needs of evacuation.

Evacuation Checklists

1. **Transportation Plan – The transportation plan should describe how the residents will be transported to the sheltering facilities. <u>It should include as an attachment any contracts or Memorandums of Agreement with transportation companies, churches or ambulance services or other transportation modality</u>. The transportation plan should include:**

a. The number and types of vehicles required.
b. How the vehicles will be obtained.
c. Who will provide the drivers.
d. Medical support to be provided for the patient or resident during transportation.
e. Estimation of the time to prepare residents for transportation.
f. Estimation of the time for the facility to prepare for evacuation.
g. Estimation of time for the patient or resident to reach the sheltering facility.
h. Detailed route to be taken to each sheltering facility if possible
i. Description of what items must be sent with the patient or resident such as
    1. The patient's medical record, which contains medications the patient is taking, dosage, frequency of medication administration, special diets, special care, etc.
    2. A three day supply of medications
    3. Special medical supplies the patient may need
    4. Other items such as clothing, incontinent diapers, etc.

j. The medical records should be provided to the receiving facility and remain with the receiving facility until the patient or resident is further transferred back to the sending facility or to another facility.
k. Records should be maintained of which residents are transported to which facilities.

A. Estimated Number and Types of Vehicles Needed to Evacuate

Ambulances	Supplied By	Date of Contact	MOU Signed Date / Initials	Next Review Date
Buses	Supplied By	Date of Contact	MOU Signed Date / Initials	Next Review Date
Medi-van / Care Cabs	Supplied By	Date of Contact	MOU Signed Date / Initials	Next Review Date
Other Transportation (Describe)	Supplied By	Date of Contact	MOU Signed Date / Initials	Next Review Date

Transportation Agreement/Contract Contacts

(Include copies of agreement in the plan)

Company Name	
Contact Person	
Office	
Cell	
Pager	
Type and # of vehicles	

(Include copies of agreement in the plan)

Company Name	
Contact Person	
Office	
Cell	
Pager	
Type and # of vehicles	

Evacuation Logistics

Based on your residents' needs, levels of mobility, cognitive abilities, and health status, your LTC community should develop evacuation logistics as part of your Disaster Plan. The following table is an example of such a logistics plan.

Evacuation Plan

Transportation

- **Residents who are independent in ambulation**: will be accompanied by a designated staff member to the designated mode of transportation.
- **Residents who require assistance with ambulation:** will be accompanied by designated staff member to the designated mode of transportation.
- **Residents who are non-ambulatory:** will be transferred by designated staff members via the designated mode of transportation.
- **Residents with cognitive impairments:** will be accompanied by an assigned staff member via the designated mode of transportation.
- **Residents with equipment/prosthetics:** equipment/prosthetics should accompany residents and should be securely stored in the designated mode of transportation.

Medical Records

At a minimum, each resident will be evacuated with the Critical Resident Information.

Medications

Each resident will be evacuated with a minimum of a 3-day supply of medications. If medications require refrigeration, indicate plan to keep medications cool.

Estimated Evacuation Time

Calculate based on the number of residents and estimated time for each based on assistance required.

Resident Tracking

Indicate who is responsible for keeping the log of residents' locations post-evacuation (some situations may require residents going to numerous locations).

Resident Justification

Indicate who is responsible for making a final check and head count of residents to ensure all residents have been evacuated.

Evacuation Checklists

PREPAREDNESS: Items potentially needed for evacuation

Check off	Item
	Appropriate ramp to load residents on buses or other vehicles
	First aid kit(s)
	Medical record of some type for residents
	Special legal forms, such as signed treatment authorization forms, do not resuscitate orders, and advance directives
	Clothing with each resident's name on their bag
	Water supply for trip- staff and residents (one gallon/resident/day)
	Emergency drug kit
	Non-prescription medications
	Prescription medications and dosages (labled), to include physician order sheet
	Communications devices: cell phones, walkie-talkies (to communicate among vehicles), 2 way radios, pager, Blackberry, satellite phone, laptop computer for instant messaging, CB radio (bring all you have)
	Air mattresses or other bedding (blankets, sheets, pillows)
	Facility checkbook, credit cards, pre-paid phone cards
	Cash, including quarters for vending machines, laundry machines, etc
	Copies of important papers: insurance policies, titles to land and vehicles, etc.
	List of important phone numbers
	Emergency prep box: trash bags, baggies, yarn, batteries, flashlights, duct tape, string, wire, knife, hammer and nails, pliers, screwdrivers, fix-a-flat, jumper cables, portable tire inflator, tarps, batteries, etc.
	Non perishable food items- staff and residents
	Disposable plates, utensils, cups, straws
	Diet cards
	Rain ponchos
	Battery operated weather radio and extra batteries, to include hearing aid batteries and diabetic pump batteries
	Hand sanitizer
	Incontinence products
	Personal wipes
	Toiletry items (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues)
	Denture holders/cleansers
	Toilet Paper
	Towels
	Latex Gloves
	Plastic Bags
	Bleach sterilizing cleaner
	Coolers
	Lighters
	Office supplies, such as markers, pens, pencils, tape, scissors, stapler, note pads, etc.
	Laptop computer with charger; Flash drives or CDs with medical records
	Maps – County and State

	Insect Repellant
	Vehicle Emergency Kit (Safety Triangles, road flares, engine oil, transmission fluid, funnels, jumper cables, tow rope or chain, tool kit, etc.)

RESPONSE: PRIOR TO EVACUATION

Date/Time Completed	Initials	Item
		Determination made of number of residents that must be transported by ambulance, van, car, bus or other method
		Transport services contacted and necessary transportation arranged.
		Receiving facilities contacted and arrangements made for receipt of residents.
		Contact made with facility's medical director and/or the patient's physician
		Necessary staff contacted for assistance in transporting residents and caring for residents at the receiving facility.
		County Emergency Management Agency contacted and informed of the status of the evacuation.
		Roster made of where each patient will be transferred and notify next of kin when possible.
		Residents readied for transfer, with the most critical residents to be transferred first. Include:
		a. change of clothes
		b. 3 day supply of medications
		c. 3 day supply of medical supplies
		d. patient's medical chart to include next of kin
		e. patient identification, such as a picture, wrist band, identification tag, or other identifying document to ensure residents are not misidentified
		Adequate planning considerations given to needs of residents, such as dialysis patients.
		Adequate planning considerations given to residents on oxygen.
		Adequate planning considerations given to residents using durable medical equipment such as masks, nasal cannulas, colostomy equipment, g-tube, etc.

Sample Resident Profile

Resident Name: _____AKA_____

DOB_____HT_____WT_____M/F____

Assistive Devices Used *(Circle all that apply)*
Dentures Partial or Full
Cane
Walker
Wheelchair
Eyeglasses
Hearing Aid
Oxygen Indicate Concentration_____

Resident
Current Photo

Emergency Contact Information
Name:_____Relationship_____
Address: _____Phone_____

Physician
Name:_____
Address_____Phone_____

Pertinent Medical Information: _____
_____
_____
_____

Medications:
Name_____Dosage_____
Name_____Dosage_____
Name_____Dosage_____
Name_____Dosage_____
Name_____Dosage_____
Name_____Dosage_____
Name_____Dosage_____
Name_____Dosage_____
Name_____Dosage_____
Name_____Dosage_____

Alergies_____
_____
Medical
Devices:_____
_____
_____

Pet_____Name_____
Age_____

Evacuation Destination Information

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

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

Staffing Plan – The Staffing Plan should include how the relocated residents will be cared for at the sheltering facility as well as the number and type of staff that is needed at the evacuating facility to help evacuate the residents. The Staffing Plan should include:

a. Description of how care will be provided to relocated residents
b. Identification of number and type of staff needed to evacuate the facility and to accompany residents to the sheltering facility
c. Plan for relocating facility staff

Attachments and Documents

a. Sheltering agreements between the facility and the receiving facility (must be updated annually)
b. Transportation agreements between the facility and ambulance companies, bus services, churches, etc. (must be updated annually)
c. Documentation of any coordination between law enforcement, fire departments, Emergency Management Agencies, etc.

Sheltering Facility Agreement/Contract Contacts

(Include copies of agreement in the plan)

Company Name	
Contact Person	
Office	
Cell	
Pager	
Will Accept # and Type of Residents	

Company Name	
Contact Person	
Office	
Cell	
Pager	
Will Accept # and Type of Residents	

Company Name	
Contact Person	
Office	
Cell	
Pager	
Will Accept # and Type of Residents	

Sample Memoranda of Agreements

Agreement to Provide Facilities for Temporary Shelter

(Sample MOU use for an alternate site)

THIS AGREEMENT (Agreement) is entered into as of this ____ day of _____ 20__ by and between, (the FACILITY) and _____, (the SHELTER) for the provision of physical facilities to serve as a temporary shelter for the residents of the FACILITY in the event of the need for emergency evacuation of the FACILITY.

RECITALS

A. The FACILITY is a [type of facility], with census at full capacity of [number of residents] .
B. The SHELTER is a [describe] , that has the capacity to temporarily accommodate [number of residents] , and the Facility's staff who care for those residents.

AGREEMENT

In consideration of the mutual promises in this Agreement, The FACILITY and the SHELTER agree as follows:
1. **Nature of Services.** The SHELTER is not a nursing facility, health care facility, or residential facility licensed by the State of Minnesota.
1.1 The SHELTER will provide the following physical facilities to the FACILITY on a temporary basis:
♦ Space sufficient to accommodate ___ beds, sleeping arrangements, residents, and the FACILITY staff who provide care for the residents.
♦ Restrooms
♦ Electricity to provide light and to supply power to necessary medical devices and/or equipment to care for the residents.
♦ A potable water source or space to accommodate water reserves.
1.2 The SHELTER's physical facilities will only include the aforementioned services and do not include:
♦ Staffing
♦ Supplies
♦ Medical care
♦ Food or water (other than city services)
♦ Clothing
♦ Beds or linen
♦ Transportation
1.3 The FACILITY will be responsible for providing food, clothing, beds, linen, appropriate medical and other supplies, transportation, appropriate equipment, staff, and medication (if appropriate) or arranging for these services and provisions.
2. **Availability of SHELTER.** As part of the emergency nature of the services required by the FACILITY, the SHELTER agrees to be available as provided in the AGREEMENT at any time, 24 hours/day, seven days/week.
2.1 The FACILITY will designate a contact person (or designee) who will notify the SHELTER of the need for its services.
2.2 The SHELTER will designate a contact person (or designee) who will ensure that the SHELTER is available for use by the FACILITY in the case of an emergency at any time, 24 hours/day, seven days/week.
2.3 In the alternative, the SHELTER and the FACILITY will agree on a designated contact person or designee who will have access to the SHELTER in the event of an emergency at any time, 24 hours/day, seven days/week.
2.4 In the event of an emergency, the services of the SHELTER will be necessary only until it has been deemed safe for the residents to return to the FACILITY, or the residents have been placed in an alternative setting.
2.5 The FACILITY agrees to make a good faith effort to utilize the SHELTER only as long as necessary and make a good faith effort to transfer residents to alternative placement as quickly as safely possible.
3.0 **Insurance coverage.** The SHELTER agrees to maintain premises liability insurance.
4.0 **Indemnification.** The SHELTER and the FACILITY agree to indemnify and hold each other harmless for all claims and damages for all negligent acts or omissions arising out of or as a

result of the performance of this AGREEMENT.
5.0 **Fees.** The FACILITY agrees to pay the SHELTER at a rate of $_____.00 per month to maintain the SHELTER in a position to accommodate all the terms of this AGREEMENT.
5.1 The FACILITY agrees to reimburse the SHELTER for additional expenses incurred during the use of its facilities.
6.0 **Entire Agreement.** This Agreement contains the entire Agreement between parties.
6.1 Any amendments to this Agreement must be made in writing and signed by both parties.
7. **Applicable Law.** This Agreement and any disputes relating to it shall be construed under Minnesota law.
7.1 If any of the provisions in this Agreement are determined to be in violation of State or Federal law, said provisions shall be interpreted so as to be in compliance with such law or said provisions shall fall out of this Agreement, but otherwise, the Agreement shall be unaffected and shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the date stated above.

[NAME OF FACILITY]
By: _____
Its: Administrator_____

_____[NAME OF SHELTER]
By: _____
Its: _____

Sample Mutual Aid Transfer Agreement between LTC Facilities

"The following long-term care community agree to accept residents from other facilities (specify) in the event of a disaster. A disaster is any event, natural, man-made or technological, that the community determines that a partial or full evacuation is necessary.

"This transfer would not exceed the receiving community's total bed capacity on a long-term basis.

"All facilities involved in a transfer during a disaster will be responsible for contacting the Minnesota Department Health for decisions regarding Medicare/Medicaid reimbursement and any other issue.

"The facilities involved in transferring residents during a disaster will mutually determine the beds available, whether special needs and resident choice can be accommodated.

"All employees of the transferring community will remain employees of the transferring community for the purpose of worker's compensation insurance.

"The receiving community will distribute community policies and procedures and information on emergency plans to employees of the transferring community. The receiving community will assign all employees to work with the transferring community personnel.

"Medical records will be evacuated as discussed in each community's emergency plan.

"This agreement will renew automatically annually unless prior written 30-day notice is given."

IN WITNESS WHEREOF, the parties have executed this Agreement effective as of the date stated above.

[NAME OF FACILITY]
By: _____
Its: Administrator_____

_____[NAME OF RECEIVING FACILITY]
By: _____
Its: Administrator_____

Staff Family Care Plan

During a crisis or disaster, additional help is often needed. One way to assist in making it easier for staff to stay at work or report in to work, is to have information available that allows them to feel comforted that arrangements can be made for their loved ones. Knowing that pre-determined arrangements can be utilized often make the difference in having as many staff remain at work as possible. It also helps staff to understand that the organization does care about them and their concerns.

The following page is intended to provide basic information regarding staff needs and contact information should the need arise.

Disaster Family Care Plan (Staff)

Name: _____
Department: _____
Location/Shift: _____

In the event of a major emergency in which I will not be able to go home and care for my family or pets, please call the individual(s) listed below and provide them with the instructions regarding the emergency.

Alternate Caregiver #1:
Name: _____
Address: _____
Daytime Phone:_____
Evening Phone:_____
Cell Phone: _____

Alternate Caregiver #2:
Name: _____
Address: _____
Daytime Phone:_____
Evening Phone:_____
Cell Phone: _____

Location of children or other dependents:

Name	**School/Daycare Facility**	**Telephone/Cell Phone Numbers**	**Medications**	**Allergies**

Other pertinent information:

_____
Signature and Date

Sheltering in Place

In certain situations, such as a tornado or chemical incident, your facility may be better off to stay and shelter in place. The facility needs to plan for sheltering in place. In an emergency, your facility may be without telephone or other communications, electric power, or water and sewer service for several days. The facility must be able to exist on its own for at least 72 hours without outside assistance. Your plan should include provisions for resident care (monitoring of medical conditions), facility safety and security, food, water, medications, contact with first responders (fire, police, EMS, etc.), public health, transportation, staff, lighting, temperature control, waste disposal, and medical supplies.

The following check lists provide information to consider when the need arises to shelter in place. The two lists are broken down into a preparedness list to be thought of ahead of time a supply and equipment list and a response list that can be used during an event.

Shelter – in – Place Checklists

This checklist is not disaster-specific, so all items will not necessarily be applicable, depending on the nature of the disaster.

PREPAREDNESS

Date Completed	Initials	Item
		Plan in place describing how three days of non-perishable meals are kept on hand for residents and staff. The Plan should include special diet requirements.
		Plan in place describing how 72 hours of potable water is stored and available to residents and staff.
		Plan in place identifying 72 hours of necessary medications that are stored at the facility and how necessary temperature control and security requirements will be meet.
		Plan in place to identify staff that will care for the residents during the event and any transportation requirements that the staff might need and how the facility will meet those needs.
		Plan in place for an alternative power source to the facility such as an onsite generator and describe how 72 hours of fuel will be maintained and stored.
		Alternate power source plan provides for necessary testing of the generator.
		Plan in place describing how the facility will dispose of or store waste and biological waste until normal waste removal is restored.
		Emergency Communications Plan in place, such as for cell phones, hand held radios, pager, Blackberry, satellite phone, laptop computer for instant messaging, HAM radio, etc.
		Adequate planning considerations given to needs of residents, such as dialysis patients.
		Adequate planning considerations given to residents on oxygen.
		Adequate planning considerations given to residents using durable medical equipment such as masks, nasal cannulas, colostomy equipment, g-tube, etc.

Shelter in Place Supply and Equipment Checklist

Check	Item
	Emergency Placards
	Non perishable food items- staff and residents
	Disposable plates, utensils, cups and straws
	Battery operated weather radio and extra batteries
	Hand sanitizer
	Drinking water (one gallon per day per person)
	Ice
	Backup generators
	Diesel fuel to supply generators for power and for cooling systems
	Backup supply of gasoline so staff can get to and from work
	Extra means for refrigeration
	Food (staff and residents)
	Medicines – Specific Lists could be made to indicate specific medications and needed quantity
	Medical Supplies- Specific Lists could be made to indicate specific types of medical supplies needed.
	Medical equipment-Specific Lists could be made to indicate specific type and quantity of medical equipment such as oxygen tanks.
	Battery operated weather radio, flashlights and battery operated lights
	Extra batteries, to include hearing aid batteries and diabetic pump batteries
	Toiletry items for staff and residents (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues)
	Hand sanitizer
	Incontinence products
	Personal wipes
	Denture holders/cleansers
	Toilet paper
	Towels
	Latex gloves
	Plastic bags
	Bleach/sterilizing cleaner
	Plastic sheeting for covering broken windows, etc.
	Duct tape
	Hammers
	Nails
	Coolers
	Lighters
	Extension Cords
	Office supplies, such as markers, pens, pencils, tape, scissors, stapler, note pads, etc. – Think of the thinks you would need to do business – Office in a box
	Laptop computer with charger; Flash drives or CDs with medical records, portable printer if possible

RESPONSE- Note that some actions are dependant upon nature of the disaster.

Date / Time Completed	Initials	Item
		Condition of residents being monitored continuously, particularly those with respiratory problems, and provide oxygen or suitable assistance.
		Windows and exterior doors are closed
		Air intake vents and units in bathrooms, kitchen, laundry, and other rooms closed
		Heating, cooling, and ventilation systems that take in outside air, both central and individual room units turned off. (Units that only re-circulate inside air may have to be kept running during very cold or very hot weather to avoid harm to residents)
		Food, water, and medications covered and protected from airborne contamination and from contact with waste materials, including infectious waste.
		Contact with emergency authorities regarding the hazard and internal conditions.
		Contact public health authorities for advice regarding the need for decontamination, and the means for doing it.
		Standby vehicles with pre-filled fuel tanks stationed on the highest point of ground nearby. (Flooding or High Water)
		Trained staff available who can remain at the facility for at least 72 hours, especially to manage non-ambulatory residents or others with additional needs.
		Support teams available on standby with communications equipment in order to assist in getting additional supplies.
		Medical equipment, medicines, refrigerators, stoves, food and water, supplies, beds, desks and chairs moved to a second floor location or raised off the floor to ensure protection against possible flooding.

Recovery Plan

Disaster and crisis planning is often very focused on preparing and responding. Another critical component is during the recovery phase. Often at this point the worst of the immediate and acute crisis has past, but often the hardest part for many businesses and communities is the recovery phase. From a facilities standpoint, recovery often means taking a look at the infrastructure of the facility and making determinations if the facility is still operable and capable of taking care of the residents. Recovery is also a time that needs to be very coordinated with others such as local emergency management, financial personnel, public health, services that deliver food, utilities, etc. In other words, taking a complete look not just at the physical structure, but also those types of needs that support the safe and effective operation of your facility.

The following two lists look at considerations before re-opening and the second to be sure that goods and services are in place for re-opening.

Recovery Checklists

Prior to Re-opening

Date Completed	Initials	Item
		Recovery operations coordinated with county emergency management agency.
		Recovery operations coordinated with local jurisdictions/agencies to restore normal operations.
		Recovery operations coordinated with authorities to perform search and rescue if necessary
		Recovery operations coordinated with applicable jurisdiction to reestablish essential services.
		Crisis counseling for provided residents/families as needed.
		Local and state authorities provided with a master list of displaced, injured or deceased residents.
		Next-of-kin notified of displaced, injured or deceased residents.
		Insurance agent contacted.
		Hazard evaluation conducted prior to re-entry, to include potential structural damage, environmental concerns and items that can affect staff, volunteers, residents and appropriate personnel.
		Inventory taken of damaged goods.
		Protective measures taken for undamaged property, supplies and equipment.
		Access- safe access and egress assured for staff, deliveries, and ambulances.
		Building declared safe for occupancy by appropriate regulatory agency.
		Building- Fire-fighting services available including sprinklers, standpipes, alarms, etc.
		Building- Pest control/containment procedures in effect.
		Building- Adequate environmental control systems in place.
		Internal communication system functional and adequate.
		Internal Communications- Emergency call system functional and adequate.
		Internal Communications- Fire alarms system(s) functional and adequate.
		Internal Communications- Notifications made to staff regarding status of communication system(s).
		External Communications- functional to call for assistance (to fire, police, etc.).
		External Communications- Notifications made to staff regarding status of communication system(s).
		Dialysis Patients- water supply and other system components adequate and functional.
		Dietary- adequate facilities, personnel & supplies onsite.
		Dietary- adequate refrigeration for storage of food and dietary supplies.

		Dietary- food approved for re-use by appropriate agency if applicable
		Electrical Systems- Main switchboard, utility transfer switches, fuses and breakers operational.
		Electrical Systems- transformers reviewed.
		Electrical Systems- emergency generators, backup batteries and fuel available where needed. Transfer switches in working order. Sufficient fuel available for generators.
		Equipment & supplies located in flooded or damaged areas approved or not approved for reuse.
		Equipment & supplies- including oxygen- adequate available onsite.
		Equipment & supplies- plan in place to replenish.
		Equipment & supplies- equipment inspected and cleared prior to patient use.
		Equipment & supplies- ability to maintain patient care equipment that is in use.
		Equipment & supplies-flashlights and batteries (including radio and ventilator batteries) available.
		Facilities/Engineering- Cooling Plant operational
		Facilities/Engineering-Heating Plant operational
		Facilities/Engineering- Distribution System (ductwork, piping, valves and controls, filtration, etc) operational.
		Facilities/Engineering- Treatment Chemicals (Water treatment, boiler treatment) operational.
		Infection Control- Procedures in place to prevent, identify, and contain infections and communicable diseases.
		Infection Control-Procedures and mechanisms in place to isolate and prevent contamination from unused portions of facility .
		Infection Control- adequate staff and resources to maintain a sanitary environment.
		Infection Control- process in place to segregate discarded, contaminated supplies, medications, etc. prior to reopening of facility.
		Information Technology /Medical Records – systems or backup systems in place.
		Management- adequate management staff available
		Personnel- adequate types and numbers available.
		Security- adequate staff available.
		Security- adequate systems available.
		Waste Management- System in place for trash handling.
		Waste Management- System in place for handling hazardous and medical waste.
		Water systems- potable water for drinking, bathing, dietary service, patient services.
		Water systems- sewer system adequate
		Water systems- available and operational for fire suppression

Recovery: Re-opening the Facility

Date Completed	Initials	Item
		Repairs and maintenance complete
		Emergency exits, fire extinguishers, carbon monoxide detectors, smoke alarms and other critical systems are working
		Back-up generator working
		Air conditioning/heat working
		Adequate, rested staff available
		Counselors available to staff and residents
		Adequate medical, clinical, personal care, food and water , and building supplies delivered and available
		Residents' families notified of re-opening
		Local authorities (police and fire) notified
		State authorities MDH – Compliance Monitoring notified
		Check to see if other services in community are up and running such as local hospital and pharmacy

Exercise, Evaluation and Improvement Planning

For any plan to truly be useful, it needs to be tested periodically to determine if the original thinking works or if weaknesses appear once the plan is really tested. The preceding material is all the set-up work that needs to be done in order to have a handle on how things will get accomplished under stress. Unless however the "plan" is tested routinely, it is merely a fictional exercise and not truly a functional piece of work which is the goal of having an emergency operations plan. Finding out during a crisis that the plan has real weaknesses is not the time to face that kind of risk. For this reason, there needs to be an exercise plan with an evaluation piece, followed by improvement.

The following checklist is predicated on having an annual plan as to how to keep this plan functional and up to date.

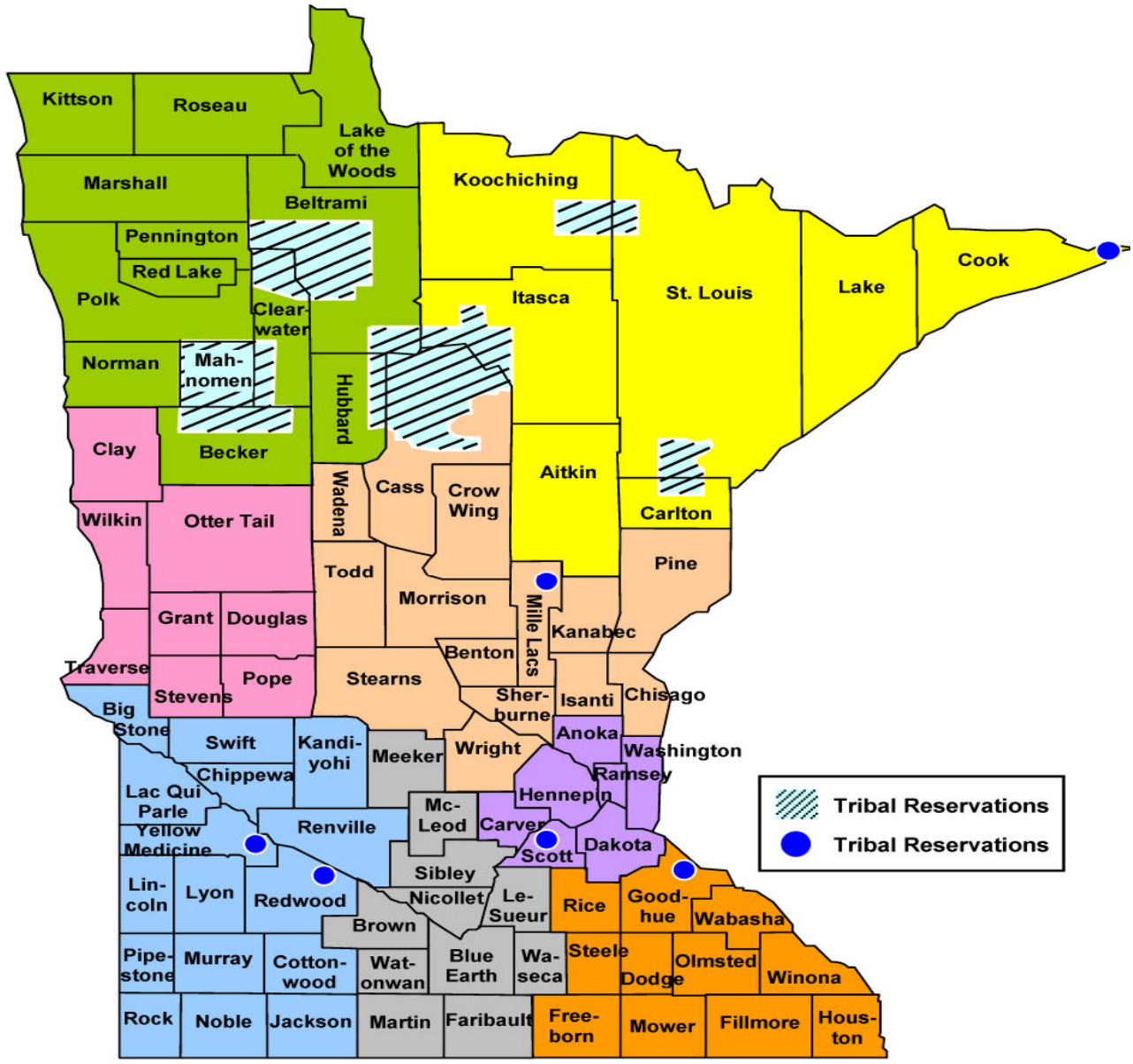
Exercise, Evaluation and Improvement Planning Checklist

Plans, policies and procedures are tested at least annually in one or more exercises that are evaluated and result in corrective actions for plan improvement.

Date	*Initials*	Tasks
	Emergency Response Plan	
		Review and update your facilities Hazard and Vulnerabilities Assessment (HVA) annually.
		Review your Emergency Operations Plan (EOP) for updating to meet your current needs and identify gaps annually.
		Review and update all Memorandums of Understanding (MOU) with response services such as sheltering facilities, transportation, and emergency medical services (EMS), annually.
		Distribute the EOP to your staff and identify where it is located in your facility. Include distribution and coordination with appropriate emergency response partners.
	Providing Trained Staff	
		Identify staff for emergency roles and responsibilities. Update their personal contact information as needed.
		Have your staff update their personal family emergency plans annually.
		Conduct training seminars and workshops annually to familiarize staff with the EOP especially the Evacuation Plan part of the EOP.
		Plan an announced staff notification drill then conduct unannounced drills once each quarter. After each drill, evaluate the numbers contacted and how quickly they responded and try to improve on the next drill.
		Identify the equipment and methods used for communication with your staff, patients, and emergency responders during an incident.
		Update emergency response contact information: phone numbers, and contracted sheltering facilities annually.
	Test all equipment:	
		Phones, computer systems, alarms, general addressing systems, 2-way radios, 800 MHz radios, ham radios (all that apply)
		Facility power generators, emergency lighting systems, flashlights
	Conduct exercises to demonstrate plans and procedures in an exercise or real response	
		Identify equipment, plans, or procedures that need to be tested or demonstrated
		Identify staff who would gain experience in their response role.
		Plan one or more drills for testing equipment, notification procedures, and other standard operating procedures annually.
		Plan a seminar to share the EOP and any policy, plan, or procedural changes with your staff.
		Plan a workshop to bring together key staff to develop or improve a procedure or plan.
		Plan a tabletop discussion exercise to demonstrate how your all-hazard plans, policies, or procedures would apply to a specific type of incident and for your staff to gain experience. Evaluate and improve your plan.
		Plan a functional exercise to demonstrate a part of your plan, test a procedure, and give additional experience to your staff. Evaluate and improve your plan
		Hold a full-scale exercise with your response staff and/or with other response partners to test your planned response to a specific type of incident. Evaluate and improve your plan.
		Develop a one-year or multiple-year training and exercise plan to provide a timeline for accomplishing your training goals
		Track the completion of corrective actions from your exercise after action reports in a facility-wide improvement plan.

Minnesota Regional Public Health Map

Please use this map to assist in identifying which region your facility is in.



September, 2004

Important Contact Information and Resources

Healthcare Systems Preparedness Program Contact Information: This link will provide the most recent information regarding regional information for Regional Hospital Resource Centers, Regional Behavioral Health Coordinators, and Regional Public Health Preparedness Coordinators. This site also contains a map that helps you easily identify based on your county, who the contact folks for your location.

http://www.health.state.mn.us/oep/contact/teamsregions.html

Homeland Security and Emergency Management
Complete County Emergency Manager Listing

This link will provide county by county listings of emergency management based on your location.

http://www.hsem.state.mn.us/countyem_listing_public.asp

Primary LTC Regional Healthcare Systems Preparedness Program Contact Information

Please use the attached map to identify which region your county is in.

Northwest	**Michelle Allen** **Kittson Memorial Healthcare Center** **218-843-3612 x 207** **micheleallen@wiktel.com**
South West	**Julie Johnson, RHRC Program Manager** **Avera Marshall Regional Medical Center** **507-537-2754** **julie.johnson@averamarshall.org**
South Central	**Lavida Gingrich, RHRC Coordinator** **Fairmont Medical Ctr.** **507-238-8521** **gingrich.lavida@mayo.edu** **Eric Weller, RHRC Coordinator** **ISJ Medical Center** **507-385-5892** **weller.eric@mayo.edu**
South East	**Joe Immermann, RHRC Coordinator** **507-319-7978** **immermann.joseph@mayo.edu**

Central	**Rachel Erickson** **Emergency Preparedness Outreach Coordinator** **Central Minnesota Healthcare Preparedness Program** **ericksonr@cmbpp.org** **320-492-0890**
West Central	**Justin Taves, RHRC Coordinator** **Douglas County Hospital** **320-762-6466** **jtaves@dchospital.com**
North East	**Cheryl Stephens, RHRC Coordinator** **Community Health Info Collaborative** **218-625-5515** **cstephens@medinfosystems.org**
Metro	**Penny Mills, RHRC Coordinator** **Hennepin County Medical Center** **612-873-3360** **penny.mills@hcmed.org**
Minnesota Department of Health	**Donald Sheldrew** **Office of Emergency Preparedness** **Special Populations Planner** **651-201-5738** **Don.Sheldrew@state.mn.us**
Care Providers	**Doug Beardsley** **VP Member Services** **Care Providers of Minnesota** **7851 Metro Parkway - Suite 200** **Bloomington, MN 55425** **952-851-2489 Direct Dial** **dbeardsley@careproviders.org**
Aging Services of Minnesota	**Darrell R. Shreve, Ph.D.** **Vice President of Health Policy** **Aging Services of Minnesota** **2550 University Avenue West, Suite 350S** **Saint Paul, MN 55114-1900** **651-645-4545** **dshreve@agingservicesmn.org**

Acronym List

AAC	After Action Conference
AAR	After Action Report
ADM	Alternate Dispensing Method
AHLS	Advanced Hazmat Life Support
AII	Airborne Infectious Isolation
ALS	Advanced Life Support
APR	Air Purifying Respirator
ARC	American Red Cross or Agency Review Committee
ASPR	Assistant Secretary for Preparedness and Response
BH	Behavioral Health
BHP	Behavioral Health Provider
BHPP	Bioterrorism Hospital Preparedness Program (discontinued - see HSPP)
BLS	Basic Life Support
BT	Bioterrorism
C/E	Controller & Evaluation Handbook
CAT	Chemical Assessment Team
CBHH	Community Behavioral Health Hospitals
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CDC	Centers for Disease Control
CGMO	Chief Grants Management Officer
CILS	Local Centers for Independent Living
CIP	Critical Infrastructure Protection
CMIST	Communication, Medical, Independence, Supervision, Transportation
COOP	Continuity of Operations Plan
CAP	Corrective Action Program
CPH	County Public Health
CST	Civil Support Team
DAB	Departmental Appeals Board
DBERT	Disaster Behavioral Early Response Team
DDS	Design and Development System
Decon	Decontamination
DEM	Department of Emergency Management
DHHS	Department of Health and Human Services
DHS	Department of Human Services or Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DOC	Department Operations Center
DOT	Department of Transportation
DPS	Department of Public Safety

ECC	Emergency Coordination Center
ED	Emergency Department
EEG	Exercise Evaluation Guide
EH	Environmental Health
EM	Emergency Management
EMI	Emergency Management Institute
EMP	Emergency Management Plan/Program
EMS	Emergency Medical Services
EMSRB	Emergency Medical Services Regulatory Board
EOC	Emergency Operations Center or Environment of Care
EOP	Emergency Operations Plan
EP	Emergency Preparedness
EPA	Environmental Protection Agency
Epi	Epidemiologist
EPR	Emergency Preparedness & Response
EPs	Element of Performances
ERG	Emergency Response Guidebook
ERS	Emergency Response System
ERU	Emergency Response Unit
ESAR-VHP	Emergency System for the Advanced Registration of Volunteer Health Professionals
ESF	Emergency Support Functions
ExPlan	Exercise Plan
FCC	Federal Coordinating Center
FCO	Federal Coordinating Officer
FE	Functional Exercise
FLOP	Finance, Logistics, Operations, Planning
FPC	Final Planning Conference
FSE	Full-Scale Exercise
GETS	Government Emergency Telecommunications Service
GIS	Geographic Information System
GMO	Grants Management Officer
GPMRC	Global Patient Movement Requirements Center
FEMA	Federal Emergency Management Agency
HAM	Slang for Amateur Radio Operator
HAN	Health Alert Network
HAZMAT	Hazardous Materials Management
HC	Health Care
HCC	Hospital Command Center
HCF	Health Care Facility
HICS	Hospital Incident Command System
HERT	Hospital Emergency Response Training

HFP	Healthcare Financial Partnership
HHS	Health and Human Services
HPICM	Health Policy Information Compliance Monitoring
HPP	Hospital Preparedness Program
HRSA	Healthcare Resources & Services Administration (Grant dollars)
HRTS	Hospital Resource Tracking System
HSEEP	Homeland Security Exercise & Evaluation Program
HSEM	Homeland Security & Emergency Management
HSPD	Homeland Security Presidential Directive
HSPP	Healthcare System Preparedness Program
HVA	Hazard Vulnerability Analysis
HVAC	Heating, Ventilation & Air Conditioning
IAC	Incident Advisory Council
IAP	Incident Action Plan
IC	Incident Command or Infection Control
ICP	Incident Command Post
ICS	Incident Command System
ICU	Intensive Care Unit
IDDA	Intra-Departmental Delegation of Authority
IDEPC	Infectious Disease Epidemiology, Prevention and Control
IMT	Incident Management Team
IMS	Incident Management System
IP	Improvement Plan
IPC	Initial Planning Conference
IPG	Incident Planning Guide
IRG	Incident Response Guide
IT	Information Technology
ITV	Interactive Television
JAS	Job Action Sheets
JCAHO	(acronym no longer in use) The Joint Commission
JFO	Joint Field Office
JIC	Joint Information Center
JIS	Joint Information System
JOC	Joint Operations Center
JPIC	Joint Public Information Center
LEPC	Local Emergency Planning Committees
LHD	Local Health Department
LMS	Learning Management System
LPH	Local (county) Pubic Health
LRN	Laboratory Response Network
LTC	Long-term Care
MAC	Multi-Agency Coordination Center

MCHP	Minnesota Council of Health Plans
MCI	Mass Casualty Incidents
MDH	Minnesota Department of Health
MDS	Mass Dispensing Site
MERET	Minnesota Emergency Readiness Education & Training
MHA	Minnesota Hospital Association
MIMS	Minnesota Incident Management System
MLS	Minnesota Laboratory System
MN Trac	Minnesota system for Tracking Resources, Alerts & Communication
MMRS	Metropolitan Medical Response System
MOS	Measure of Success
MOU	Memo of Understanding
MPC	Mid-term Planning Conference
MRC	Medical Reserve Corps
MRCC	Medical Resource Control Center
MSCC	Medical Surge Capacity and Capability
MSEL	Master Scenario Events List
NBHPP	National Bioterrorism Hospital Preparedness Program
NDMS	National Disaster Medical Management System
NEXS	National Exercise System
NFPA	National Fire Protection Association
NGO	Nongovernmental Organization
NIC	NIMS Integration Center
NIEHS	National Institute of Environmental Health Sciences
NIIMS	National Interagency Incident Management System
NIMS	National Incident Management System
NIOSH	National Institute for Occupational Safety and Health
NoA	Notice of Award
NOC	National Operations Center
NRF	National Response Framework
NRP	National Response Plan (Obsolete)
ODP	Office of Domestic Preparedness
OEP	Office of Emergency Preparedness
OPHS	Office of Public Health and Science
OSCF	Off Site Care Facility
OSHA	Occupational Safety and Health Administration
PAPRs	Powered Air Purifying Respirators
PHEP	Public Health Emergency Preparedness
PCC	Patient Care Coordination
PEMS	Postal Emergency Management System
PFA	Psychological First Aid
PH	Public Health

PHIN	Public Health Information Network
PHL	Public Health Laboratory
PHNC	Public Health Nurse Consultant
PHPC	Public Health Preparedness Consultant
PICEs	Potential Injury Creating Events
PIO	Public Information Officer
PIS	Public Information System
POC	Project Officer
POC	Point of Contact
PPE	Personal Protective Equipment
PPR	Periodic Performance Review
PSA	Primary Service Area
PSAP	Public Safety Answering Point
PSAT	Patient Surveillance and Tracking
RBHC	Regional Behavioral Health Coordinator
RCC	Regional Coordinating Center
RCW	Regional Cache Warehouse
RDN	Regional Distribution Node
RFID	Radio Frequency Identification
RHRC	Regional Hospital Resource Center
ROC	Regional Operations Center
RPC	Regional Program Coordinator
RRCC	Regional Response Coordination Center
RSS	Receipt Storage & Staging Sites (part of SNS)
RTAC	Regional Trauma Advisory Committee
RTC	Regional Treatment Center
SAM	SNS Asset Management System
SC MN	South Central Minnesota (15 county area)
SEOC	State Emergency Operations Center
Sit Man	Situation Manual
SMART	Simple, Measurable, Achievable, Realistic and Task Oriented
SNS	Strategic National Stockpile
SOG	Standard Operating Guidelines
SOP	Standard Operating Procedure
T & EPW	Training & Exercise Plan Workshop
TCL	Target Capabilities List
TSP	Telecommunications Service Priority
TTX	Tabletop Exercise
UASI	Urban Area Security Initiative
UICC	Unified Incident Command Center
UMN	University of Minnesota
UTL	Universal Task List

VAMC	Veterans Administration Medical Center
VMAT	Veterinary Medical Assistance Team
VMI	Vendor Managed Inventory (part of SNS program)
VOAD	Voluntary Organizations Active in Disaster
VoIP	Voice over Internet Protocol
WC	Wheelchair
WMD	Weapons of Mass Destruction
WPS	Wireless Priority Service