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*DISASTER PREPAREDNESS PLAN*  
*Template for use in*  
*LONG TERM CARE FACILITIES*

January 18, 2007

Adopted: \_\_\_\_\_

1<sup>st</sup> Annual Review Date: \_\_\_\_\_ Completed: \_\_\_\_\_

2<sup>nd</sup> Annual Review Date: \_\_\_\_\_ Completed: \_\_\_\_\_

3<sup>rd</sup> Annual Review Date: \_\_\_\_\_ Completed: \_\_\_\_\_

4<sup>th</sup> Annual Review Date: \_\_\_\_\_ Completed: \_\_\_\_\_

Note: This template has been prepared as a tool to assist long term care facilities in developing a comprehensive disaster preparedness plan. Facilities may use any/all of this template in order to enhance their current emergency plan. Additionally, the Missouri Department of Health and Senior Services has prepared a video ***Ready-in-3: The ABC's of Emergency Preparedness for Adult Care Facilities*** which may be ordered by calling 573/526-4768.

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## **LONG TERM CARE FACILITIES**

### **INTRODUCTION**

During the past several years some of the costliest disasters of this century have occurred in the United States resulting in countless deaths and injuries. Missourians have felt the effects of floods, ice storms, grass fires, tornadoes, industrial accidents, power outages, heat/cold waves and have also been touched by the bombing and other terrorist attacks of federal buildings.

Preparing for disasters is not new to long term care facilities; being prepared by having a comprehensive disaster preparedness plan, practicing for disasters in your facilities and updating your plan frequently can help save lives and reduce injuries.

This template is applicable to any long term care facility including Skilled Nursing Facility, Assisted Living Facility, Residential Care Facility, Nursing Homes, Intermediate Care Facilities for the Mentally Retarded and Adult Day Care programs.

### **OBJECTIVE**

The Missouri Department of Health and Senior Services Disaster Preparedness Task Team has developed this DISASTER PREPAREDNESS PLAN template for Long Term Care Facilities. This plan is provided as a courtesy and recipients are welcome to utilize the plan in full (by simply filling in the blanks) or alter the plan to suit the facility's individual needs.

This plan is designed as a resource tool to assist in the development and implementation of a disaster preparedness plan within your organization or agency. Specific compliance requirements addressed in this plan have been researched to the best of our ability through state and local agencies. Once in place, it is recommended that the plan be reviewed and updated on a routine basis to ensure accuracy.

If you have any questions about the plan please contact the Department of Health and Senior Services, Long Term Care Planning and Development Unit, (573) 526-8514.

**I. PURPOSE**

To provide guidance to \_\_\_\_\_ on  
*(Long Term Care Facility Name)*  
emergency policies and procedures to protect the lives and property of residents, staff and visitors.

**II. SITUATION AND ASSUMPTIONS**

**A. Situation**

1. The State of Missouri is vulnerable to natural and technological disasters.
2. Residents of this facility require special emergency consideration in planning for disasters or emergencies and in ensuring safety.

**B. Assumptions**

1. The possibility exists that an emergency/disaster may occur at any time.
2. In the event an emergency exceeds the facility's capability, external services and resources may be required.
3. Local, state and federal departments and agencies may provide assistance necessary to protect lives and property.
4. It is the responsibility of the Department of Health and Senior Services (DHSS) to inspect the facility for compliance with published safety guidelines.
5. The local Emergency Management Agency is available to assist in writing and reviewing the facility's emergency action plan. Contact the Missouri State Emergency Management Agency (SEMA) at 573-526-9100 to locate your city or county Emergency Management Director.
6. Based on authority, the DHSS is responsible for the annual review and inspection of fire safety plans and procedures. The DHSS is responsible for the annual inspection of the facility for compliance with all state and federal statutes and regulations. The facility's plan will be reviewed at these inspections.

### **III. CONCEPT OF OPERATIONS**

Because the state is subject to the adverse effects of natural or technological disasters, the facility administrator should develop and revise, in coordination with the DHSS, the Office of the State Fire Marshal and the local Emergency Management Director or public health department, an emergency action plan capable of providing for the safety and protection of residents, staff and visitors. Procedures should be developed to insure that residents who are cognitively impaired, physically impaired, hearing impaired, speech impaired, or have English as a second language are properly informed and alerted as necessary. This plan can be effective for either internal or external emergencies.

#### **A. Pre-Emergency**

The primary focus of this phase is on the development, revision, testing and training of the emergency action plan.

1. Review, exercise and re-evaluate existing plans, policies and procedures.
2. Coordinate plans with the local emergency management agency and provide input into the county's emergency plans. A Memorandum of Understanding, or Mutual Aid Agreement should be in place. Be aware that other facilities in your area may have contracts/agreements with the same companies. Ensure that the companies will be able to provide the needed supplies.
3. Review and update inventory /resource lists. **(See TAB F)**
  - a. Ensure the availability of manpower needed to execute emergency procedures.
  - b. Work with the local Emergency Management Director, in locating resources.
  - c. Identify staff needing transportation and arrange for provision of this service.
4. Determine communication system. (e.g., cellular phones and fax machines may offer the best means in the event of a power loss. A supply of quarters and accessibility to a pay phone may serve as a reasonable alternative.)
5. Ensure the availability and functioning of facility emergency warning system.
6. Test reliability of emergency telephone roster for contacting emergency personnel and activating emergency procedures.
7. Develop procedure for testing generators and equipment supported by emergency generators.
  - a. Recommend a 7 – 10 day supply of emergency fuel and establish an agreement for delivery with a supplier.

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- b. If you require delivery of a generator, make sure you allow time to hire an electrician that will assist in installing it. You will also need to determine what the generator will power.
    - c. If you already have a generator, ensure you know what the generator powers. Activate the generator under load according to National Fire Protection Association (NFPA) requirements and state regulations.
    - d. Document all testing procedures.
8. Ensure a 7 - 10 day supply of food and water for residents and staff.
  - a. Arrange for a private contact to supply back-up resources.
  - b. Contact the local Emergency Management Director, for assistance in establishing a private contact, as needed.
9. Schedule employee orientation training and in-service training programs on the operations of the emergency plan.
10. Enhance emergency education.
  - a. Distribute personal preparedness checklists identified in **TAB D** (Fire Safety; Natural Disasters; Water/Electrical Outage; Bomb Threat; Missing Resident)
  - b. Post display of evacuation routes, alarm and fire extinguisher locations and telephone numbers of emergency contacts.
  - c. Provide demonstrations on warning systems and proper use of emergency equipment for the staff, residents and resident families.
11. Conduct, at a minimum, twelve unannounced fire drills per year. Check fire regulations in your community for local, federal and state compliance requirements.
  - a. One drill is required per quarter for each shift at varied times.
  - b. Document each drill, instruction or event to include date, content and participants involved. Identify and document any problems associated with the drill.
12. It is recommended that, at a minimum, annual unannounced drills exercising all aspects of the emergency action plan be conducted. Document drills with critiques and evaluations.
13. Develop and maintain Standard Operating Procedures including procedures and tasking assignments, resources, security procedures, personnel call down lists and inventories of emergency supplies. Include section designating staff, space and food provision for the facility's use as a shelter for the external population.

14. \_\_\_\_\_ (*location*) Consider designating a Command Post (CP) location to serve as the focal point for coordinating operations and \_\_\_\_\_ (*location*) is designated as an alternate location outside the facility for use if evacuation is necessary. If possible there should be at least two direct outside lines in the command post and multiple copies of emergency telephone numbers (home, beeper and cellular numbers of staff, community, additional key personnel; and state agency).

15. Ensure all staff are trained in the content of the disaster plan to execute the activities of the Command Post. All staff should know the location of the Disaster Preparedness Plan.

16. Plan for Evacuation and Relocation of residents

Describe the policies, role responsibilities and procedures for the evacuation of residents from the facility. (See the **Supplement to Disaster Preparedness Tasks, page 14**)

- a. Identify the individual responsible for implementing facility evacuation procedures.
- b. Identify residents who may require skilled transportation (provided by local jurisdiction resources).
- c. Determine the number of ambulatory and non-ambulatory residents including residents who may need more than minimal assistance to safely evacuate (including Hospice) and assure staff are familiar with individual evacuation plans for those residents.
- d. Identify transportation arrangements made through mutual aid agreements or Memorandum of Understandings that will be used to evacuate residents (Copies of the agreements should be attached as annexes).
- d. Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities (Copies of the agreements should be attached as annexes).
- f. Identify facilities and include in the plan a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients (Copies of the agreements should be attached as annexes).
- g. Identify evacuation routes that will be used and secondary routes should the primary route be impassable.
- h. Specify the amount of time it will take to successfully evacuate all patients/residents to the receiving facility.

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- i. Specify the procedures that ensure facility staff will accompany evacuating residents/patients and procedure for staff to care for residents after evacuation.
- j. Identify procedures that will be used to keep track of residents once they have been evacuated to include a log system.
- k. Determine what and how much should each resident take.
- l. Plan for the evacuation of pets and service animals (see Tab O).
- m. Recommend a minimum of a 7 – 10 day stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude.
- m. Establish procedures for responding to family inquiries about residents who have been evacuated.
- n. Establish procedures for ensuring all residents are accounted for and are out of the facility.
- o. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.
- p. Specify at what point the mutual aid agreements for transportation and the notification of alternative facilities will begin.

### Mutual Aide Agreements

Mutual-aid agreement content will vary but items to consider addressing include the following provisions:

- Definitions of key terms used in the agreement;
  - Roles and responsibilities of individual parties;
  - Procedures for requesting and providing assistance;
  - Procedures, authorities, and rules for payment, reimbursement, and cost allocation;
  - Notification procedures;
  - Protocols for interoperable communications;
  - Relationships with other agreements among jurisdictions;
  - Workers compensation;
  - Treatment of liability and immunity;
  - Recognition of qualifications and certifications; and
  - Sharing agreements, as required.
17. Identify community resources such as volunteers, churches, clubs and organizations, emergency medical services, law enforcement, fire departments, businesses, hospitals and local government departments/agencies.
  18. Establish a plan for donations management. Delineate what is needed, where items will be received and stored and who will manage donation management operations.

**B. Preparedness**

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

1. Notify staff in charge of emergency operations to initiate the disaster plan; advise personnel of efforts designed to guarantee resident safety. (See **TAB A** for Notification Checklist and **TAB B** for Emergency Call-Down Roster)
2. If potential disaster is weather related, closely monitor weather conditions and update department directors, as necessary.
3. Inform key agencies of any developing situation and protective actions contemplated.
4. Review the Disaster Preparedness Plan including evacuation routes with staff and residents.
5. Prepare the \_\_\_\_\_ (*designated area*) for Command Post operations and alert staff of impending operations.
6. Receive calls from families; coordinate dissemination of messages.
7. Control facility access.
8. Confirm emergency staff availability and facilitate care of their families.
9. Pre-arrange emergency transportation of non-ambulatory residents (dialysis residents, etc.) and their records.
10. Check food and water supplies.
11. Store a supply of radios (recommend NOAA- National Oceanic and Atmospheric Administration weather radios) and flashlights. The NOAA Weather Radio broadcasts National Weather Service warnings, watches, forecasts and other hazard information 24 hours a day. The Weather Radios are equipped with a special alarm tone feature to sound an alert and give immediate information about a life threatening situation. Secure loose outdoor furniture and keep vehicles fueled (A 2 ½ tank reserve is recommended).
12. Coordinate with local authorities/agencies and private contacts to confirm availability of resources, including medical services, response personnel, etc.
13. Confirm transportation agreements with Emergency Medical Services agencies, tour bus companies or private individuals for buses or other emergency vehicles. (Check with your local and state emergency management office for examples.)

14. Have a plan in place for pharmaceuticals with \_\_\_\_\_ (*pharmacy name*) and an alternate source to determine emergency operations in the event of halted deliveries or need for backup.
15. Warn staff and residents of the situation and expedient protective measures. Schedule extended shifts for essential staff; alert alternate personnel to be on stand-by.
16. Remain calm, reassure residents to minimize fear and panic.

**C. Response**

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

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

**D. Recovery**

Immediately following the emergency situation, the facility administrator should take the provisions necessary to complete the following actions.

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

#### **IV. ORGANIZATION AND RESPONSIBILITIES**

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

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

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

**V. Authorities**

A. Authorities

1. 42 CFR Ch IV, Part 483, Requirements for States and Long Term Care Facilities, 483.75, Administration: (m) Disaster and Emergency Preparedness.
2. 42 CFR Ch IV, Part 483, Requirements for States and Long Term Care Facilities, Subpart I Conditions of Participation for Intermediate Care Facilities for the Mentally Retarded, Sec. 483.470, Condition of participation: Physical environment; (h) Disaster and Emergency Preparedness.
3. 19CSR Chapters 85, 86 and 90., Regulations for Skilled Nursing Facilities, Intermediate Care Facilities, Residential Care Facilities, and Adult Day Care.

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Completed	<p><b>This Supplement (Disaster Preparedness Tasks) may be used as a quick planning reference</b></p>
	<p><b>Develop Emergency Plan:</b> Gather all available relevant information when developing the emergency plan. This information includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Copies of any state and local emergency planning regulations or requirements</li> <li>• Facility personnel names and contact information</li> <li>• Contact information of local and state emergency managers</li> <li>• A facility organization chart</li> <li>• Building construction and Life Safety systems information</li> <li>• Specific information about characteristics/needs of individuals for whom care is provided</li> </ul>
	<p><b>All Hazards Plan:</b> Develop a plan for all potential hazards (floods, tornadoes, fire, bioterrorism, pandemic, etc.) that could affect the facility directly and indirectly within the particular area of location. Indirect hazards could affect the community but not the facility and as a result interrupt necessary utilities, supplies or staffing.</p>
	<p><b>Collaborate with Local Emergency Management Agency:</b> Collaborate with local emergency management agencies to ensure the development of an effective emergency plan.</p>
	<p><b>Collaborate with Suppliers/Providers:</b> Collaborate with suppliers and/or providers who have been identified as part of a community emergency plan or agreement with the health care facility, to receive and care for individuals. A surge capability assessment should be included in the development of the emergency plan. Similarly, evidence of a surge capacity assessment should be included if the supplier or provider, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and or the family of staff.</p>
	<p><b>Analyze Each Hazard:</b> Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard:</p> <ul style="list-style-type: none"> <li>• Specific actions to be taken for the hazard</li> <li>• Identified key staff responsible for executing plan</li> <li>• Staffing requirements and defined staff responsibilities</li> <li>• Recommend identification/maintenance of sufficient supplies/equipment to sustain operations and deliver care and services for at least 7 – 10 days</li> <li>• Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during and after the emergency</li> <li>• Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs, including transportation and sheltering critical staff members’ family members</li> </ul>
	<p><b>Decision Criteria for Executing Plan:</b> Include factors to consider when deciding to evacuate or shelter in place. Determine who at the facility level will be in authority to make the decision to execute the plan to evacuate or shelter in place (even if no outside evacuation order is given) and what will be the chain of command.</p>
	<p><b>Communication Infrastructure Contingency:</b> Establish contingencies for facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems, National Oceanic Atmospheric Administration (NOAA) weather radios, etc.).</p>
	<p><b>Develop Shelter-in-Place Plan:</b> Due to the risks in transporting vulnerable patients and residents, evacuation should only be undertaken if sheltering-in-place results in greater risk. Develop an effective plan for sheltering-in-place, by ensuring provisions for the following are specified:</p> <ul style="list-style-type: none"> <li>• Procedures to assess whether facility is strong enough to withstand strong winds, flooding, etc.</li> <li>• Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding, safest areas of the facility identified.</li> <li>• Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter-in-place.</li> <li>• Recommend sufficient resources are in supply for sheltering-in-place for a minimum of 7 - 10 days, including:             <ul style="list-style-type: none"> <li>▪ Ensuring emergency power, back-up generators and maintaining a supply of fuel</li> <li>▪ An adequate supply of potable water (recommended amounts may vary by location)</li> <li>▪ A description of the amounts and types of food in supply</li> <li>▪ Maintaining extra pharmacy stocks of common medications</li> <li>▪ Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment)</li> </ul> </li> </ul>

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Completed	<p><b>This Supplement (Disaster Preparedness Tasks) may be used as a quick planning reference</b></p>
	<ul style="list-style-type: none"> <li>• Identifying and assigning staff who are responsible for each task</li> <li>• Description of hosting procedures, ensuring 24-hour operations for minimum of 7 - 10 days</li> <li>• Contract established with multiple vendors for supplies and transportation</li> <li>• Develop a plan for addressing emergency financial needs and providing security.</li> </ul>
	<p><b>Develop Evacuation Plan:</b> Develop an effective plan for evacuation, by ensuring provisions for the following are specified:</p> <ul style="list-style-type: none"> <li>• Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given)</li> <li>• Multiple pre-determined evacuation locations (contract or agreement) with a “like” facility have been established, with suitable space, utilities, security and sanitary facilities for individuals receiving care, staff and others using the location, with at least one facility being 50 miles away. A back-up may be necessary if the first one is unable to accept evacuees.</li> <li>• Evacuation routes and alternative routes have been identified, and the proper authorities have been notified Maps are available and specified travel time has been established</li> <li>• Adequate food supply and logistical support for transporting food is described.</li> <li>• The amounts of water to be transported and logistical support is described.</li> <li>• The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse.</li> <li>• Procedures for protecting and transporting resident/patient medical records.</li> <li>• The list of items to accompany residents/patients is described.</li> <li>• Identify how persons receiving care, their families, staff and others will be notified of the evacuation and communication methods that will be used during and after the evacuation</li> <li>• Identify staff responsibilities and how individuals will be cared for during evacuation, and the back-up plan if there isn’t sufficient staff.</li> <li>• Procedures are described to ensure residents/patients dependent on wheelchairs and/or other assistive devices are transported so their equipment will be protected and their personal needs met during transit (e.g., incontinent supplies for long periods, transfer boards and other assistive devices).</li> <li>• A description of how other critical supplies and equipment will be transported is included.</li> <li>• Determine a method to account for all individuals during and after the evacuation (Example: Place an arm band or name tag on each resident prior to transport for identification purposes)</li> <li>• Procedures are described to ensure staff accompanies evacuating residents.</li> <li>• Procedures are described if a patient/resident becomes ill or dies in route.</li> <li>• Mental health and grief counselors are available at reception points to talk with and counsel evacuees.</li> <li>• It is described whether staff family can shelter at the facility and evacuate.</li> </ul>
	<p><b>Transportation &amp; Other Vendors:</b> Establish transportation arrangements that are adequate for the type of individuals being served. Ensure that transportation vendors and other suppliers/contractors identified in the facility emergency plan have the ability to fulfill their commitments in case of disaster affecting an entire area (e.g., their staff, vehicles and other vital equipment are not “overbooked,” and vehicles/equipment are kept in good operating condition and with ample fuel.). Ensure the right type of transportation has been obtained (e.g., ambulances, buses, helicopters, etc).</p>
	<p><b>Train Transportation Vendors/Volunteers:</b> Ensure that the vendors or volunteers who will help transport residents and those who receive them at shelters and other facilities are trained on the needs of the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma.</p>
	<p><b>Facility Reentry Plan:</b> Describe who will authorizes reentry to the facility after an evacuation, the procedures for inspecting the facility, and how it will be determined when it is safe to return to the facility after an evacuation. The plan should also describe the appropriate considerations for return travel back to the facility.</p>
	<p><b>Residents &amp; Family Members:</b> Determine how residents and their families/guardians will be informed of the evacuation, helped to pack, have their possessions protected and be kept informed during and following the emergency, including information on where they will be/go, for how long and how they can contact each other.</p>
	<p><b>Resident Identification:</b> Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident:</p> <ul style="list-style-type: none"> <li>• Name</li> </ul>

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Completed	<p align="center"><b>This Supplement (Disaster Preparedness Tasks) may be used as a quick planning reference</b></p>
	<ul style="list-style-type: none"> <li>• Social security number</li> <li>• Photograph</li> <li>• Medicaid or other health insurer number</li> <li>• Date of birth, diagnosis</li> <li>• Current drug/prescription and diet regimens</li> <li>• Name and contact information for next of kin/responsible person/Power of Attorney)</li> </ul> <p>Determine how this information will be secured (e.g., laminated documents, water proof pouch around resident’s neck, water proof wrist tag, etc.) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.</p>
	<p><b>Trained Facility Staff Members:</b> Ensure that all facility staff members are trained to be knowledgeable and follow all details of the plan. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained.</p>
	<p><b>Informed Residents &amp; Patients:</b> Ensure residents, patients and family members are aware of and knowledgeable about the facility plan, including:</p> <ul style="list-style-type: none"> <li>• Families know how and when they will be notified about evacuation plans, how they can be helpful in an emergency (example, should they come to the facility to assist?) and how/where they can plan to meet their loved ones.</li> <li>• Out-of-town family members are given a number they can call for information. Residents who are able to participate in their own evacuation are aware of their roles and responsibilities in the event of a disaster.</li> </ul>
	<p>Check for needed provisions being delivered to the facility/residents--power, flashlights, food, water, ice, oxygen, medications – and urgent action is taken to obtain the resources and assistance they need.</p>
	<p>Determine the location of evacuated residents, document and report this information to the clearinghouse established by the state or partnering agency.</p>
	<p><b>Reviewed Emergency Plan:</b> Complete an internal review of the emergency plan on an annual basis to ensure the plan reflects the most accurate and up-to-date information. Updates may be warranted under the following conditions:</p> <ul style="list-style-type: none"> <li>• Regulatory change</li> <li>• New hazards are identified or existing hazards change</li> <li>• After tests, drills, or exercises when problems have been identified</li> <li>• After actual disasters/emergency responses</li> <li>• Infrastructure changes</li> <li>• Funding or budget-level changes</li> </ul>
	<p><b>Conduct Exercises &amp; Drills:</b> Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan:</p> <ul style="list-style-type: none"> <li>• Exercises or drills must be conducted at least semi-annually</li> <li>• Corrective actions should be taken on any deficiency identified</li> </ul>
	<p><b>Loss of Resident’s Personal Effects:</b> Establish a process for the emergency management agency representative (FEMA or other agency) to visit the facility to which residents have been evacuated, so residents can report loss of personal effects.</p>

**TAB A**  
**NOTIFICATION PROCEDURES**

I. Warning Systems

External Receipt of Warning

National Oceanic and Atmospheric Administration (NOAA)

Local government authorities should issue warning of a disaster by mass media (radio and television).

Internal

An internal warning of an emergency should come from the facility's Administrative Services and should be disseminated to staff, residents and visitors by \_\_\_\_\_ . (intercom, alarm system)

In the event of a power failure, the alternate alert/warning system shall be \_\_\_\_\_ .

II. Communications Procedures

All calls shall be routed through the Command Post.

Completed   Initials

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Alert staff, residents and visitors of emergency.          |
| _____ | _____ | 2. Call off-duty staff from emergency call-down roster.       |
| _____ | _____ | 3. Notify appropriate authorities. These authorities include: |
|       | _____ | a. Local Fire Department                                      |
|       |       | # _____   |
|       | _____ | b. Local Emergency Mgmt Agency                                |
|       |       | # _____   |
|       | _____ | c. Department of Health & Senior Services                     |
|       |       | # <b><u>800-392-0210</u></b>                                  |
|       | _____ | d. Resident physicians and families                           |

ATTACH LIST (PHYSICIANS, FAMILY NAMES AND NUMBERS)

- \_\_\_\_\_      4. Keep authorities updated on emergency operations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB B**  
**EMERGENCY CALL-DOWN ROSTER**

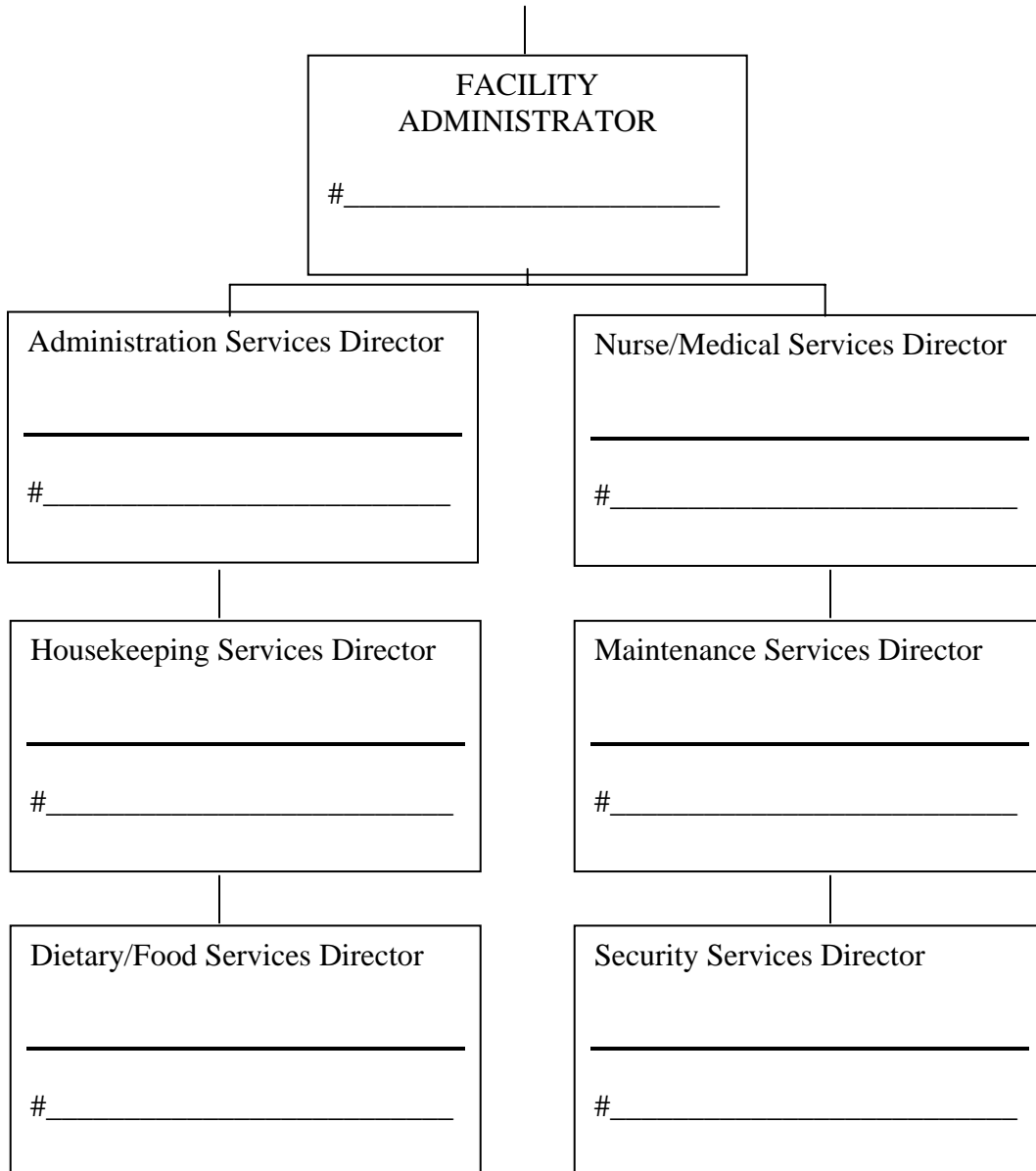
EMERGENCY SERVICES  
(i.e. 911, Fire Department, Police Department, EMS)

Fire: # \_\_\_\_\_

Police: # \_\_\_\_\_

Ambulance: # \_\_\_\_\_

Other: # \_\_\_\_\_



Use additional pages as needed

**TAB C**  
**EMERGENCY CHECKLIST**  
**EVACUATION PROCEDURES**

NOTE: It is recommended that two types of evacuation procedures be developed. These include internal evacuation procedures (sheltering in place) and external evacuation procedures.

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed    Initials

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Identify and plainly designate marked exits, evacuation routes, and alternatives on master floor plan for both internal and external evacuations.   |
|       |       | <ul style="list-style-type: none"><li>✓ Plan safe routes - avoid wooden stairs, open stairwells, boiler rooms, windows, etc.</li><li>✓ Assign handicapped, impaired or non-ambulatory residents to ground floor rooms, close to exits.</li><li>✓ Designate facility compartments for internal evacuation and for planning the safest external evacuation routes.</li></ul> |
| _____ | _____ | 2. Inform staff/residents on exit locations and evacuation procedures.   |
| _____ | _____ | 3. <b><u>KEEP RESIDENTS CALM.</u></b>  |
| _____ | _____ | 4. Evacuate residents in orderly fashion, according to physical condition. (Use residents' individual evacuation plans if appropriate.) Place a nametag on each resident for identification purposes.  |
|       |       | <ul style="list-style-type: none"><li>✓ Ambulatory</li><li>✓ Wheelchair</li><li>✓ Bedfast residents</li></ul>  |
| _____ | _____ | 5. Search bathrooms, laundry room, storage closets/vacant rooms for stranded residents, visitors or staff and assist in their evacuation.  |
| _____ | _____ | 6. Clear corridors of any obstructions such as carts, wheelchairs, etc.  |
| _____ | _____ | 7. Turn off electrical appliances.   |
| _____ | _____ | 8. Recount residents to assure no missing residents.   |
| _____ | _____ | 9. Remove resident records.  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB D**  
**EMERGENCY CHECKLISTS**  
**SPECIFIC DISASTERS/INCIDENTS**  
**FIRE SAFETY**

If prepared, insert completed Fire Plan in this TAB

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- \_\_\_\_\_ 1. Post location of fire alarms.
- \_\_\_\_\_ 2. Post location of fire extinguishers.
- \_\_\_\_\_ 3. Train employees on use of alarm system and extinguishers.
- \_\_\_\_\_ 4. Post directions on how to utilize emergency equipment.
- \_\_\_\_\_ 5. Follow RACE procedures:
  - \_\_\_\_\_ R:Rescue - Rescue residents in immediate danger.
  - \_\_\_\_\_ A:Alarm - Sound nearest alarm if not already activated.
  - \_\_\_\_\_ C:Confine - Close doors behind you to confine fire. Crawl low if exit route is blocked by smoke.
  - \_\_\_\_\_ E:Extinguish - Utilize fire extinguisher as situation permits or;
  - \_\_\_\_\_ Evacuate - Follow evacuation procedures

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CHECKLIST**  
**NATURAL DISASTERS**

Completed   Initials

**1. Severe Electrical Storms**

- \_\_\_\_\_ a. Relocate to inner areas of building as possible.
- \_\_\_\_\_ b. Keep away from glass windows, doors, skylights and appliances.
- \_\_\_\_\_ c. Refrain from using phones, taking showers.
- \_\_\_\_\_ d. Stay away from computers

**2. Tornado (WATCH ISSUED)**

- \_\_\_\_\_ a. Listen to local radio and TV stations for further updates. Check that radio batteries are available and charged
- \_\_\_\_\_ b. Be alert to changing weather conditions.
- \_\_\_\_\_ c. Secure equipment, outdoor furniture and articles act as projectiles.
- \_\_\_\_\_ f. Alert staff to the need for possible sheltering of residents

**Tornado (WARNING ISSUED)**

- \_\_\_\_\_ g. Seek shelter in designated area (i.e. safe room, basement, first floor interior hallways, restrooms or other enclosed small areas.
- \_\_\_\_\_ h. Check restrooms or vacant rooms for visitors or stranded residents and escort to shelter area.
- \_\_\_\_\_ i. Take position of greatest safety:
  - ✓ If possible, crouch down on knees with head down and hands locked at back of neck, or:
  - ✓ Protect head/body with pillows or mattress.
  - ✓ Bedridden residents, if unable to be moved to central corridors, should have window blinds or curtains closed and protected as much as possible. Additional blankets may be used as shields.

**3. Winter Storms**

- \_\_\_\_\_ a. Secure facility against frozen pipes.
- \_\_\_\_\_ b. Check emergency and alternate utility sources.
- \_\_\_\_\_ c. Check emergency generator: Does it start? Is there fuel? What does it power.
- \_\_\_\_\_ d. Conserve utilities - maintain low temperatures, consistent with health needs.
- \_\_\_\_\_ e. Equip vehicles with chains and snow tires.
- \_\_\_\_\_ f. Keep sidewalks clear.

**4. Flooding (External sources).**

- \_\_\_\_\_ a. Shut off water main to prevent contamination.
- \_\_\_\_\_ b. Pack refrigerators/food lockers with dry ice.
- \_\_\_\_\_ c. Prepare to evacuate residents.

**5. Flooding (Internal sources).**

- \_\_\_\_\_ a. Turn off building electricity.
- \_\_\_\_\_ b. Move residents as required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CHECKLIST**  
**WATER/ELECTRICAL OUTAGE**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

**PREPAREDNESS:**

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Recommend a 7 – 10 day supply of food and water for residents and staff and a 7 – 10 day supply of emergency fuel.  |
| _____ | _____ | 2. Arrange for private contract to serve as an added back-up resource.   |
| _____ | _____ | 3. Work with the Local Emergency Management Agency in establishing a back-up resource.                                 |
| _____ | _____ | 4. Keep an accurate blueprint of all utility lines and pipes associated with the facility and grounds.                 |
| _____ | _____ | 5. Develop procedures for emergency utility shutdown.  |
| _____ | _____ | 6. List all day and evening phone numbers of emergency reporting and repair services of all serving utility companies. |
| _____ | _____ | 7. List names and numbers of maintenance personnel for day and evening notification.                                   |

**RESPONSE - Electric Power Failure**

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Call # _____ (power company).  |
| _____ | _____ | 2. Notify the maintenance staff.  |
| _____ | _____ | 3. Evacuate the building if danger of fire.                                     |
| _____ | _____ | 4. Keep refrigerated food and medicine storage units closed to retard spoilage. |
| _____ | _____ | 5. Turn off power at main control point if short is suspected.                  |
| _____ | _____ | 6. Follow repair procedures.  |

Disaster Preparedness Plan Template for Long Term Care Facilities

Completed Initials

**RESPONSE - Water Main Break**

- \_\_\_\_\_ \_\_\_\_\_ 1. Call # \_\_\_\_\_ (facility maintenance).  
\_\_\_\_\_ \_\_\_\_\_ 2. Shut off valve at primary control point.  
\_\_\_\_\_ \_\_\_\_\_ 3. Relocate articles which may be damaged by water.  
\_\_\_\_\_ \_\_\_\_\_ 4. Call \_\_\_\_\_ (pre-designated assistance groups) if flooding occurs.

**RESPONSE - Gas Line Break**

- \_\_\_\_\_ \_\_\_\_\_ 1. Evacuate the building immediately. Follow evacuation procedures.  
\_\_\_\_\_ \_\_\_\_\_ 2. Notify maintenance staff, Administrator, local public utility department, gas company and police and fire departments. List all numbers here.  
\_\_\_\_\_ \_\_\_\_\_ 3. Shut off the main valve.  
\_\_\_\_\_ \_\_\_\_\_ 4. Open windows.  
\_\_\_\_\_ \_\_\_\_\_ 5. Re-enter building only at the discretion of utility officials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Disaster Preparedness Plan Template for Long Term Care Facilities

**EMERGENCY CHECKLIST**  
**BOMB THREAT INSTRUCTIONS**

Insert your local police department's telephone number below.\* Notify your police department immediately after receiving a bomb threat. Do as the police department advises. Complete the form and give it to the Administrator, person in charge and/or police.

**QUESTIONS TO ASK DURING A  
BOMB THREAT TELEPHONE CALL**

1. What kind of bomb is it? Time _____ Barometric Altitude _____ Anti-handling _____
2. What does the bomb look like? _____
3. Where is the bomb located right now? _____
4. When is the bomb going to explode? _____
5. What will cause the bomb to explode? _____
6. Did you place the bomb? _____
7. Why did you place the bomb? _____
8. Where are you calling from? _____
9. What is your name? _____
10. What is your address? _____

**EXACT WORDING OF THREAT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sex of Caller: \_\_\_\_\_ Female \_\_\_\_\_ Male      Approximate Age of Caller: \_\_\_\_\_

Possible Race of Caller: \_\_\_\_\_ Is the voice familiar? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, whom did it sound like? \_\_\_\_\_

Length of Call: \_\_\_\_\_ Number at Which Call Was Received: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Person Receiving Call: \_\_\_\_\_ Police Department: \_\_\_\_\_

**DESCRIPTION**

**Circle/check all that apply.**

<b>VOICE</b>	<b>SPEECH</b>	<b>MANNER</b>
Loud	Fast	Calm
High Pitched	Distinct	Rational
Raspy	Stutter	Deliberate
Soft	Slurred	Angry
Deep	Slow	Crying
Pleasant	Lisp	Incoherent
Nasal	Breathless	Emotional
Disguised	Distorted	Laughing
Normal	Monotone	Intoxicated

**Circle/check the most appropriate answer. Use provided space for more specific information.**

<b>ACCENT</b>	<b>LANGUAGE</b>
Local	Articulate/Educated
Regional	Fair/Good
Foreign	Poorly Educated
Race	Cursing/Offensive
Other	Other

**BACKGROUND NOISE**

**Circle/check the most appropriate answer.  
Use provided space for more specific information.**

Factory/Mechanical	Street/Traffic	Office Machinery
Glassware/Café	Trains	Music
Airplanes	PA System	Rain/Thunder
Voices/Talking	Party Atmosphere	Quiet
Radio/TV	Household Appliance	Animals (Specify)

**FAMILIARITY:  
WITH THREATENED FACILITY**

\_\_\_\_\_Much      \_\_\_\_\_Some      \_\_\_\_\_None

**WITH GENERAL AREA/LOCATION**

\_\_\_\_\_Much      \_\_\_\_\_Some      \_\_\_\_\_None

**ADDITIONAL PERTINENT INFORMATION OR REMARKS**

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**EMERGENCY CHECKLIST**  
**MISSING RESIDENT**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed   Initials

- \_\_\_\_\_ 1. Communicate internal notification of missing resident.
- \_\_\_\_\_ 2. Search every SPACE in facility.
- \_\_\_\_\_ 3. Search immediate grounds - supply flashlights.
- \_\_\_\_\_ 4. Call 911 or local Police Department.
- \_\_\_\_\_ 5. Contact DHSS Central Registry Unit  
**800-392-0210**
- \_\_\_\_\_ 6. Notify responsible family member:
- ✓ Inform family that resident is missing.
  - ✓ State that local Police Department has been notified.
  - ✓ Ask family members to remain at home near phone.
  - ✓ Discourage family members from coming to the facility until notified to do so.
- \_\_\_\_\_ 7. Supply resident's picture from medical records to search team members. (Current yearly photos are encouraged.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB E**  
**EMERGENCY CHECKLISTS**  
**DEPARTMENT RESPONSIBILITIES**  
**ADMINISTRATIVE SERVICES**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed    Initials

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Alert staff of emergency.   |
| _____ | _____ | 2. Determine extent/type of emergency.   |
| _____ | _____ | 3. Activate emergency plans.   |
| _____ | _____ | 4. Activate emergency staffing.  |
|       |       | _____ Provide transportation of emergency personnel, as needed.                  |
| _____ | _____ | 5. Notify local jurisdiction support.  |
| _____ | _____ | 6. Contact pharmacy to determine:  |
|       |       | _____ a. Cancellation of deliveries?   |
|       |       | _____ b. Availability of backup pharmacy?  |
|       |       | _____ c. Availability of 7 - 10 days of medical supplies?                        |
| _____ | _____ | 7. Authorize operation of crisis command post.                                   |
|       |       | _____ a. Provide checklists to staff.  |
|       |       | _____ b. Ensure communications equipment is operational.                         |
| _____ | _____ | 8. Cancel special activities (i.e.: trips, activities, family visits, etc.)      |
| _____ | _____ | 9. Monitor the emergency communication station.                                  |
| _____ | _____ | 10. Receive briefings from Department Heads on pending operations.               |
| _____ | _____ | 11. Closely monitor weather reports for significant weather changes or warnings. |
| _____ | _____ | 12. Determine need for evacuation and begin procedures, if necessary.            |
| _____ | _____ | 13. Arrange for emergency transportation of ambulatory residents.                |
| _____ | _____ | 14. If necessary, prepare facility for sheltering of external populations:       |
|       |       | _____ a. Designate allotted space and food.                                      |
|       |       | _____ b. Provide additional staffing.  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CHECKLIST**  
**DIETARY/FOOD SERVICES**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- \_\_\_\_\_ 1. Check water and food for contamination.
- \_\_\_\_\_ 2. Check refrigeration loss if refrigerator or food lockers are not on emergency power circuit.
- \_\_\_\_\_ 3. Recommend 7 – 10 day supply of food storage for residents and staff.
- \_\_\_\_\_ 4. Ensure availability of special resident menu requirements.
- \_\_\_\_\_ 5. Assess needs for additional food stocks.
- \_\_\_\_\_ 6. Secure dietary cart in sub-dining room or small, enclosed area.
- \_\_\_\_\_ 7. Assemble required food and water rations to move to evacuation site, as necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CHECKLIST**  
**HOUSEKEEPING SERVICES**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Ensure cleanliness of residents.                                     |
| _____ | _____ | 2. Ensure provision of resident supplies for five days.                 |
| _____ | _____ | 3. Clear corridors of any obstructions such as carts, wheelchairs, etc. |
| _____ | _____ | 4. Secure laundry cart in main bathroom.                                |
| _____ | _____ | 5. Check equipment (wet/dry vacuums, etc.)                              |
| _____ | _____ | 6. Secure facility (close windows, lower blinds, etc.)                  |

---

Signature

---

Date

**EMERGENCY CHECKLIST**  
**MAINTENANCE SERVICES**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- \_\_\_\_\_ \_\_\_\_\_ 1. Review staffing/extend shifts.
- \_\_\_\_\_ \_\_\_\_\_ 2. Check safety of surrounding grounds (secure loose outdoor equipment and furniture).
- \_\_\_\_\_ \_\_\_\_\_ 3. Secure doors.
- \_\_\_\_\_ \_\_\_\_\_ 4. Check/fuel emergency generator and switch to alternative power as necessary.
  - \_\_\_\_\_ a. Alert Department Heads of equipment supported by emergency generator.
  - \_\_\_\_\_ b. If pump or switch on emergency generator is controlled electrically, install manual pump or switch.
- \_\_\_\_\_ \_\_\_\_\_ 5. Check hazardous materials.
- \_\_\_\_\_ \_\_\_\_\_ 6. Conduct inventory of vehicles, tools and equipment and report to administrative service.
- \_\_\_\_\_ \_\_\_\_\_ 7. Fuel vehicles.
- \_\_\_\_\_ \_\_\_\_\_ 8. Identify shut off valves and switches for gas, oil, water and electricity and post charts to inform personnel.
- \_\_\_\_\_ \_\_\_\_\_ 9. Identify hazardous and protective areas of facility and post locations.
- \_\_\_\_\_ \_\_\_\_\_ 10. Close down/secure facility in event of evacuation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CHECKLIST**  
**NURSING/MEDICAL SERVICES**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- \_\_\_\_\_ 1. Ensure delivery of resident medical needs.
- \_\_\_\_\_ 2. Assess special medical situations.
- \_\_\_\_\_ 3. Coordinate oxygen use.
- \_\_\_\_\_ 4. Relocate endangered residents.
- \_\_\_\_\_ 5. Ensure availability of medical supplies.
- \_\_\_\_\_ 6. Ensure safety of resident records.
- \_\_\_\_\_ 7. Maintain resident accountability and control.
- \_\_\_\_\_ 8. Supervise residents and their release to relatives, when approved.
- \_\_\_\_\_ 9. Ensure proper control of arriving residents and their records.
- \_\_\_\_\_ 10. Screen ambulatory residents to identify those eligible for release.
- \_\_\_\_\_ 11. Maintain master list of all residents, including their dispositions.  
Forward this list to the local authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CHECKLIST**  
**RESIDENT SERVICES**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- \_\_\_\_\_ 1. Notify resident families.
- \_\_\_\_\_ 2. Coordinate information release with senior administrator.
- \_\_\_\_\_ 3. Facilitate telephone communication.
- \_\_\_\_\_ 4. Act as message center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CHECKLIST**  
**SECURITY SERVICES**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- \_\_\_\_\_ 1. Assess building security.
- \_\_\_\_\_ 2. Secure building as needed.
- \_\_\_\_\_ 3. Control entry and exit.
- \_\_\_\_\_ 4. Provide protection for residents and staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TAB F**  
**INVENTORY CHECKLIST**

Vehicle Resources Available

Locations and # of Buses \_\_\_\_\_

Points of Contact \_\_\_\_\_

Locations and # of Vans \_\_\_\_\_

Points of Contact \_\_\_\_\_

We recommend a minimum of five days supply for each consumable.

<b>Completed</b>	<b>Item</b>	<b>Remarks</b>
	Food Supply	
	Water Supply	
	Ice Supply	
	Medical/Medicine Supply	

**TAB G**  
**EMERGENCY POINTS OF CONTACT DIRECTORY**

**LOCAL FIRE DEPARTMENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_

**LOCAL POLICE DEPARTMENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_

**LOCAL EMERGENCY MEDICAL SERVICES**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_

**LOCAL EMERGENCY MANAGEMENT AGENCY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_

**LOCAL AMERICAN RED CROSS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_

**COUNTY/STATE HEALTH DEPARTMENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_

**TAB H**  
**WHAT TO DO AFTER A FLOOD**

- Listen for news reports to learn whether the community's water supply is safe to drink.
- Avoid floodwaters; water may be contaminated by oil, gasoline, or raw sewage. Water may also be electronically charged from underground or downed power lines.
- Be aware of areas where floodwaters have receded. Roads may have weakened and could collapse under the weight of a car.
- Stay away from downed power lines, and report them to the power company.
- Return home only when authorities indicate it is safe.
- Stay out of any building if it is surrounded by floodwaters.
- Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations.
- Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible. Damaged sewage systems are serious health hazards.
- Clean and disinfect everything that got wet. Mud left from floodwater can contain sewage and chemicals.

**TAB I**  
**WHAT TO DO AFTER A HAZARDOUS MATERIALS INCIDENT**

The following are guidelines for the period following a hazardous materials incident:

- Return home only when authorities say it is safe. Open windows and vents and turn on fans to provide ventilation.
- Act quickly if you have come in to contact with or have been exposed to hazardous chemicals. Do the following:
  - Follow decontamination instructions from local authorities. You may be advised to take a thorough shower, or you may be advised to stay away from water and follow another procedure.
  - Seek medical treatment for unusual symptoms as soon as possible.
  - Place exposed clothing and shoes in tightly sealed containers. Do not allow them to contact other materials. Call local authorities to find out about proper disposal.
  - Advise everyone who comes in to contact with you that you may have been exposed to a toxic substance.
- Find out from local authorities how to clean up your land and property.
- Report any lingering vapors or other hazards to your local emergency services office.

**TAB J**  
**WHAT TO DO AFTER A FIRE/WILDFIRE**

The following are guidelines for different circumstances in the period following a fire:

- **If you are with burn victims, or are a burn victim yourself**, call 9-1-1; cool and cover burns to reduce chance of further injury or infection.
- **If you detect heat or smoke** when entering a damaged building, evacuate immediately.
- **If you are a tenant**, contact the landlord.
- **If you have a safe or strong box**, do not try to open it. It can hold intense heat for several hours. If the door is opened before the box has cooled, the contents could burst into flames.

The following are guidelines for different circumstances in the period following a wildfire:

- Check the roof immediately. Put out any roof fires, sparks or embers. Check the attic for hidden burning sparks.
- At the advice of local fire officials, maintain a "fire watch." This duty should be assigned to a specific person and the length of time of the "fire watch" shall be determined. Re-check for smoke and spark throughout the house.

**TAB K**  
**WHAT TO DO AFTER AN EARTHQUAKE**

- **Expect aftershocks.** These secondary shockwaves are usually less violent than the main quake but can be strong enough to do additional damage to weakened structures and can occur in the first hours, days, weeks, or months after the quake.
- **Listen to a battery-operated radio or television** for latest emergency information.
- **Use the telephone only for emergency calls.**
- **Open cabinets cautiously.** Beware of objects that can fall off shelves.
- **Stay away from damaged areas** unless police, fire, or relief organizations have specifically requested your assistance. Return to the facility only when authorities say it is safe.
- **Help injured or trapped persons until emergency assistance arrives.** Give first aid where appropriate. Do not move seriously injured persons unless they are in immediate danger of further injury. Call for help.
- **Clean up spilled medicines, bleaches, gasoline or other flammable liquids immediately.** Leave the area if you smell gas or fumes from other chemicals.
- **Inspect the entire length of chimneys for damage.**
- **Inspect utilities.**
  - **Check for gas leaks.** If you smell gas or hear blowing or hissing noise, start evacuation procedures quickly. Turn off the gas at the outside main valve if you can.
  - **Look for electrical system damage.** If you see sparks, broken or frayed wires, or smell hot insulation, turn off the electricity at the main fuse box or circuit breaker. Begin evaluation procedures.
  - **Check for sewage and water lines damage.** If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap.

**TAB L**  
**WHAT TO DO AFTER A LANDSLIDE OR DEBRIS FLOW**

***Guidelines for the period following a landslide:***

- **Stay away from the slide area.** There may be danger of additional slides.
- **Listen to local radio or television stations** for the latest emergency information.
- **Watch for flooding**, which may occur after a landslide or debris flow. Floods sometimes follow landslides and debris flows because they may both be started by the same event.
- **Look for and report broken utility lines and damaged roadways and railways to appropriate authorities.** Reporting potential hazards will get the utilities turned off as quickly as possible, preventing further hazard and injury.
- **Check the building foundation, chimney, and surrounding land for damage.** Damage to foundations, chimneys, or surrounding land may help you assess the safety of the area.
- **Replant damaged ground as soon as possible** since erosion caused by loss of ground cover can lead to flash flooding and additional landslides in the near future.
- **Seek advice from a geotechnical expert for evaluating landslide hazards or designing corrective techniques to reduce landslide risk.** A professional will be able to advise you of the best ways to prevent or reduce landslide risk, without creating further hazard

**TAB M**  
**GENERAL GUIDELINES**

**Disaster Events**

- Everyone who sees or experiences a disaster is affected by it in some way.
- It is normal to feel anxious about your own safety and that of your family and close friends.
- Profound sadness, grief, and anger are normal reactions to an abnormal event.
- Acknowledging your feelings helps you recover.
- Focusing on your strengths and abilities helps you heal.
- Accepting help from community programs and resources is healthy.
- Everyone has different needs and different ways of coping.
- It is common to want to strike back at people who have caused great pain.
- Children and older adults are of special concern in the aftermath of disasters. Even individuals who experience a disaster “second hand” through exposure to extensive media coverage can be affected.
- Contact local faith-based organizations, voluntary agencies, or professional counselors for counseling.
- Additionally, FEMA and state and local governments of the affected area may provide crisis-counseling assistance.

**Recognize Signs of Disaster Related Stress**

When adults have the following signs, they might need crisis counseling or stress management assistance:

- Difficulty communicating thoughts.
- Difficulty sleeping.
- Difficulty maintaining balance in their lives.
- Low threshold of frustration.
- Increased use of drugs/alcohol.
- Limited attention span.
- Poor work performance.
- Headaches/stomach problems.
- Tunnel vision/muffled hearing.
- Colds or flu-like symptoms.
- Disorientation or confusion.
- Difficulty concentrating.
- Reluctance to leave home.
- Depression, sadness.
- Feelings of hopelessness.
- Mood-swings and easy bouts of crying.
- Overwhelming guilt and self-doubt.
- Fear of crowds, strangers, or being alone.

## **Easing Disaster-Related Stress**

The following are ways to ease disaster-related stress:

- Talk with someone about your feelings - anger, sorrow, and other emotions - even though it may be difficult.
- Seek help from professional counselors who deal with post-disaster stress.
- Do not hold yourself responsible for the disastrous event or be frustrated because you feel you cannot help directly in the rescue work.
- Take steps to promote your own physical and emotional healing by healthy eating, rest, exercise, relaxation, and meditation.
- Maintain a normal family and daily routine, limiting demanding responsibilities on yourself and your family.
- Spend time with family and friends.
- Participate in memorials.
- Use existing support groups of family, friends, and religious institutions.
- Ensure you are ready for future events by restocking your disaster supplies kits and updating your family disaster plan. Doing these positive actions can be comforting.

**TAB N**

**RETURNING TO FACILITY**

Web-links for additional resources on disaster recovery:

- [General Tips](http://www.fema.gov/rebuild/recover/0) (http://www.fema.gov/rebuild/recover/0)
- [Before You Enter Your Home](http://www.fema.gov/rebuild/recover/1) (http://www.fema.gov/rebuild/recover/1)
- [Going Inside Your Home](http://www.fema.gov/rebuild/recover/2) (http://www.fema.gov/rebuild/recover/2)

**General Tips**

Returning to your facility can be both physically and mentally challenging. Above all, use caution. Check for injuries. Do not attempt to move seriously injured persons unless they are in immediate danger of death or further injury. If you must move an unconscious person, first stabilize the neck and back, then call for help immediately.

- Keep a battery-powered radio with you so you can listen for emergency updates and news reports.
- Use a battery-powered flashlight to inspect a damaged home.  
Note: The flashlight should be turned on outside before entering - the battery may produce a spark that could ignite leaking gas, if present.
- Watch out for animals, especially poisonous snakes. Use a stick to poke through debris.
- [Be wary of wildlife and other animals](http://www.fema.gov/rebuild/recover/wildlife.shtm)  
(http://www.fema.gov/rebuild/recover/wildlife.shtm)
- Use the phone only to report life-threatening emergencies.
- Stay off the streets. If you must go out, watch for fallen objects; downed electrical wires; and weakened walls, bridges, roads, and sidewalks.

**Before You Enter Your Facility**

Walk carefully around the outside and check for loose power lines, gas leaks, and structural damage. If you have any doubts about safety, have your residence inspected by a qualified building inspector or structural engineer before entering.

**DO NOT ENTER IF:**

- You smell gas.
- Floodwaters remain around the building.
- Your home was damaged by fire and the authorities have not declared it safe.

## Going Inside Your Facility

When you go inside your facility, there are certain things you should do. Enter the facility carefully and check for damage. Be aware of loose boards and slippery floors. The following items are other things to check inside your facility:

- **Natural gas.** If you smell gas or hear a hissing or blowing sound, open a window and leave immediately. Turn off the main gas valve from the outside, if you can. Call the gas company from a neighbor's residence. If you shut off the gas supply at the main valve, you will need a professional to turn it back on. Do not smoke or use oil, gas lanterns, candles, or torches for lighting inside a damaged home until you are sure there is no leaking gas or other flammable materials present.
- **Sparks, broken or frayed wires.** Check the electrical system unless you are wet, standing in water, or unsure of your safety. If possible, turn off the electricity at the main fuse box or circuit breaker. If the situation is unsafe, leave the building and call for help. Do not turn on the lights until you are sure they're safe to use. You may want to have an electrician inspect your wiring.
- **Roof, foundation, and chimney cracks.** If it looks like the building may collapse, leave immediately.
- **Appliances.** If appliances are wet, turn off the electricity at the main fuse box or circuit breaker. Then, unplug appliances and let them dry out. Have appliances checked by a professional before using them again. Also, have the electrical system checked by an electrician before turning the power back on.
- **Water and sewage systems.** If pipes are damaged, turn off the main water valve. Check with local authorities before using any water; the water could be contaminated. Pump out wells and have the water tested by authorities before drinking. Do not flush toilets until you know that sewage lines are intact.
- **Food and other supplies.** Throw out all food and other supplies that you suspect may have become contaminated or come in to contact with floodwater. If your basement has flooded, pump it out gradually (about one third of the water per day) to avoid damage. The walls may collapse and the floor may buckle if the basement is pumped out while the surrounding ground is still waterlogged.
- **Open cabinets.** Be alert for objects that may fall.
- **Clean up household chemical spills.** Disinfect items that may have been contaminated by raw sewage, bacteria, or chemicals. Also clean salvageable items.
- **Call your insurance agent.** Take pictures of damages. Keep good records of repair and cleaning costs.

## **Aiding the Injured**

Check for injuries. Do not attempt to move seriously injured persons unless they are in immediate danger of death or further injury. If you must move an unconscious person, first stabilize the neck and back, then call for help immediately.

- If the victim is not breathing, carefully position the victim for artificial respiration, clear the airway, and commence mouth-to-mouth resuscitation.
- Maintain body temperature with blankets. Be sure the victim does not become overheated.
- Never try to feed liquids to an unconscious person.

## **Health**

- Be aware of exhaustion. Don't try to do too much at once. Set priorities and pace yourself. Get enough rest.
- Drink plenty of clean water.. Eat well.. Wear sturdy work boots and gloves.
- Wash your hands thoroughly with soap and clean water often when working in debris.

## **Safety Issues**

- Be aware of new safety issues created by the disaster. Watch for washed out roads, contaminated buildings, contaminated water, gas leaks, broken glass, damaged electrical wiring, and slippery floors.
- Inform local authorities about health and safety issues, including chemical spills, downed power lines, washed out roads, smoldering insulation, and dead animals.

## **Seeking Disaster Assistance**

Throughout the recovery period, it is important to monitor local radio or television reports and other media sources for information about where to get emergency housing, food, first aid, clothing, and financial assistance. Check with you local emergency planning director for assistance. The following section provides general information about the kinds of assistance that may be available.

### **Direct Assistance**

Direct assistance to individuals and families may come from any number of organizations which provide food, shelter, supplies and assist in clean-up efforts, including:

- American Red Cross
- Salvation Army
- Other volunteer organizations

## **The Federal Role**

In the most severe disasters, the federal government is also called in to help individuals and families with temporary housing, counseling (for post-disaster trauma), low-interest loans and grants, and other assistance. The federal government also has programs that help small businesses and farmers.

Most federal assistance becomes available when the President of the United States declares a “Major Disaster” for the affected area at the request of a state governor. FEMA will provide information through the media and community outreach about federal assistance and how to apply, or contact your local Emergency Management Director.

**TAB O**  
**PLANNING FOR PETS AND SERVICE ANIMALS**  
**IN AN EMERGENCY**

For many people, pets and service animals are more than just animals – they are part of the family. As members of a family, they should be included in the emergency planning process. A few simple steps to ensure the pet’s safety can go a long way when disaster strikes.

Long term care facilities should identify those residents that have a pet or service animal and how those animals will be cared for in an emergency. The long term care facility itself must also plan for any pets that they keep on the premises (i.e., birds). Consider placing stickers on the main entrances of the facility to alert rescue workers to the number and types of pets inside and update the information on the stickers every six months or more.

**EVACUATING WITH A PET OR SERVICE ANIMAL**

Think about where the resident will go with the pet or service animal and how they will get there if they have to leave the facility during an emergency. Keep in mind that the place the resident will relocate to may not take pets or be able to care for them (such as a hospital, nursing home, or public shelter). As a reminder, service animals are always allowed. In planning for an emergency evacuation:

- Arrange for the resident’s family or friends to shelter the pet. Check with local veterinarians, boarding kennels, or grooming facilities to see if they can offer to shelter pets during an emergency. These arrangements should be made prior to an emergency (see Emergency Contacts below).
- Know where the pet/service animal’s collar/harness, leash, muzzle, etc., are kept so they can be easily found. Consider other essential items to take along if available and time permits such as:
  - o Current color photograph of the resident and pet/service animal together (in case the resident is separated)
  - o Copies of medical records that indicate dates of vaccinations and a list of medications the pet/service animal takes and why
  - o Physical description of the pet/service animal, including species, breed, age, sex, color, distinguishing traits, and any other vital information about characteristics and behavior
  - o Proof of identification and ownership
  - o Collapsible cage or carrier
  - o Comforting toys or treats
- When conducting evacuation drills, practice evacuating the pets/service animals. This will familiarize the animal with the process and increase their comfort level.

Identify staff that will assist the resident with their pet/service animal if needed or will be responsible for any pets the facility keeps on the premises.

- Identify which rooms the pets/service animals are located in (know the animals hiding places) so they can be easily found during an emergency.
- Keep in mind a stressed pet/service animal may behave differently than normal and their aggression level may increase. Use a muzzle to prevent bites. Also be advised that panicked animals may try to flee.
- Small animals can be transported using a covered carrier, cage, or secure box. To minimize stress, keep the carrier covered and attempt to minimize severe changes in temperature and noise. Animals too large for carriers should be controlled on a sturdy leash and may need to be muzzled.

### **PROPER IDENTIFICATION**

- Pets and service animals must have proper identification. Dogs and cats should wear a collar or harness, rabies tag, and identification tag at all times. Identification tags should include a name, address, and phone number to contact.
- Talk to a veterinarian about microchipping the pet/service animal. A properly registered microchip enables positive identification if the resident and pet/service animal are separated.

### **EMERGENCY CONTACTS**

Create a list of contacts for those residents with a pet or service animal as appropriate. This should be done before an emergency occurs. Consider local and out-of-area resources. Keep a copy of this list in a readily accessible location (near the phone). Contact information includes:

#### Name and Telephone Number

Local Veterinarian: \_\_\_\_\_

Alternate Veterinarian: \_\_\_\_\_

Emergency Pet Contact: \_\_\_\_\_  
(Family or Friend)

Local Boarding Facility: \_\_\_\_\_

Local Animal Shelter: \_\_\_\_\_

Missouri Humane Society: \_\_\_\_\_

**TAB P**  
**PANDEMIC INFLUENZA PLANNING CHECKLIST**

Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed this checklist to help long-term care and other residential facilities assess and improve their preparedness for responding to pandemic influenza. Based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation), each facility will need to adapt this checklist to meet its unique needs and circumstances. This checklist should be used as one tool in developing a comprehensive pandemic influenza plan. Additional information can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov). Information from state, regional, and local health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's pandemic influenza plan. Comprehensive pandemic influenza planning can also help facilities plan for other emergency situations.

This checklist identifies key areas for pandemic influenza planning. Long-term care and other residential facilities can use this tool to self-assess the strengths and weaknesses of current planning efforts. Links to websites with helpful information are provided throughout this document. However, it will be necessary to actively obtain information from state and local resources to ensure that the facility's plan complements other community and regional planning efforts.

Completed	Tasks
	<p>1. Structure for planning and decision-making.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pandemic influenza has been incorporated into emergency management planning and exercises for the facility.</li> <li><input type="checkbox"/> A multidisciplinary planning committee or team has been created to specifically address pandemic influenza preparedness planning. (List committee or team's name.) _____</li> <li><input type="checkbox"/> A person has been assigned responsibility for coordinating preparedness planning, hereafter referred to as the pandemic influenza response coordinator. (Insert name, title and contact information.) _____</li> <li><input type="checkbox"/> Members of the planning committee include (as applicable to each setting) the following: (Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist.)</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Facility administration</li> <li>▪ Medical director</li> <li>▪ Nursing administration</li> <li>▪ Infection control</li> <li>▪ Occupational health</li> <li>▪ Staff training and orientation</li> <li>▪ Engineering/maintenance services</li> <li>▪ Environmental (housekeeping) services</li> <li>▪ Dietary (food) services</li> <li>▪ Pharmacy services</li> <li>▪ Occupational/rehabilitation/physical therapy services</li> <li>▪ Transportation services</li> <li>▪ Purchasing agent</li> <li>▪ Facility staff representative</li> <li>▪ Other member(s) as appropriate (e.g., clergy, community representatives, department heads, resident and family representatives, risk managers, quality improvement, direct care staff, collective bargaining agreement union representatives)</li> </ul> <p><input type="checkbox"/> Local and state health departments and provider/trade association points of contact have been identified for information on pandemic influenza planning resources. (Insert name, title and contact information for each.)</p> <p>Local health department contact: _____          _____</p> <p>State health department contact: _____          _____</p> <p><input type="checkbox"/> Local, regional, or state emergency preparedness groups, including bioterrorism/communicable disease coordinators points of contact have been identified. (Insert name, title and contact information for each.)</p> <p>City: _____          County: _____          Other regional: _____</p> <p><input type="checkbox"/> Area hospitals points of contact have been identified in the event that facility residents require hospitalization or facility beds are needed for hospital patients being discharged in order to free up needed hospital beds. (Attach a list with the name, title, and contact information for each hospital.)</p> <p><input type="checkbox"/> The pandemic influenza response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on coordinating the facility's plan with other influenza plans.</p>
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	<p>2. Development of a written pandemic influenza plan.</p> <ul style="list-style-type: none"> <li>❑ Copies have been obtained of relevant sections of the HHS Pandemic Influenza Plan (available at <a href="http://www.hhs.gov/pandemicflu/plan/">www.hhs.gov/pandemicflu/plan/</a>) and available state, regional, or local plans are reviewed for incorporation into the facility's plan.</li> <li>❑ The facility plan includes the elements listed in #3 below.</li> <li>❑ The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used.</li> </ul>
	<p>3. Elements of an influenza pandemic plan</p> <ul style="list-style-type: none"> <li>❑ A plan is in place for surveillance and detection of the presence of pandemic influenza in residents and staff. <ul style="list-style-type: none"> <li>▪ A person has been assigned responsibility for monitoring public health advisories (federal and state), and updating the pandemic response coordinator and members of the pandemic influenza planning committee when pandemic influenza has been reported in the United States and is nearing the geographic area. For more information, see <a href="http://www.cdc.gov/flu/weekly/fluactivity.htm">www.cdc.gov/flu/weekly/fluactivity.htm</a>. (Insert name, title and contact information of person responsible.) _____</li> <li>▪ A written protocol has been developed for weekly or daily monitoring of seasonal influenza-like illness in residents and staff. For more information, see <a href="http://www.cdc.gov/flu/professionals/diagnosis/">www.cdc.gov/flu/professionals/diagnosis/</a>. (Having a system for tracking illness trends during seasonal influenza will ensure that the facility can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.).</li> <li>▪ A protocol has been developed for the evaluation and diagnosis of residents and/or staff with symptoms of pandemic influenza.</li> <li>▪ Assessment for seasonal influenza is included in the evaluation of incoming residents. There is an admission policy or protocol to determine the appropriate placement and isolation of patients with an influenza-like illness. (The process used during periods of seasonal influenza can be applied during pandemic influenza.).</li> <li>▪ A system is in place to monitor for, and internally review transmission of, influenza among patients and staff in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting). (This system will</li> </ul> </li> </ul>

	<p>be necessary for assessing pandemic influenza transmission.)</p> <ul style="list-style-type: none"> <li>□ A facility communication plan has been developed. For more information, see <a href="http://www.hhs.gov/pandemicflu/plan/sup10.html">www.hhs.gov/pandemicflu/plan/sup10.html</a>.             <ul style="list-style-type: none"> <li>▪ Key public health points of contact during an influenza pandemic influenza have been identified. (Insert name, title and contact information for each.)                 <ul style="list-style-type: none"> <li>○ Local health department contact: _____</li> <li>○ State health department contact: _____</li> <li>○ A person has been assigned responsibility for communications with public health authorities during a pandemic. (Insert name, title and contact information.) _____</li> <li>○ _____</li> <li>○ A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of pandemic influenza in the facility. (Having one voice that speaks for the facility during a pandemic will help ensure the delivery of timely and accurate information.)</li> <li>○ Contact information for family members or guardians of facility residents is up-to-date.</li> <li>○ Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., sales and delivery people) about the status of pandemic influenza in the facility.</li> <li>○ A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals' emergency medical services, relevant community organizations [including those involved with disaster preparedness]) with whom it will be necessary to maintain communication during a pandemic. (Insert location of contact list and attach a copy to the pandemic plan.) _____</li> <li>○ _____</li> <li>○ A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during a pandemic.</li> </ul> </li> </ul> </li> <li>□ A plan is in place to provide education and training to ensure that all personnel, residents, and family members of residents understand the implications of, and basic prevention and control measures for, pandemic influenza.             <ul style="list-style-type: none"> <li>▪ A person has been designated with responsibility for coordinating education and training on pandemic influenza (e.g., identifies and facilitates access to available programs, maintains a record of</li> </ul> </li> </ul>
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	<p>personnel attendance). (Insert name, title, and contact information.) _____</p> <hr/> <ul style="list-style-type: none"> <li>▪ Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital-sponsored) programs have been identified. See <a href="http://www.cdc.gov/flu/professionals/training/">www.cdc.gov/flu/professionals/training/</a>.</li> <li>▪ Language and reading-level appropriate materials have been identified to supplement and support education and training programs (e.g., available through state and federal public health agencies such as <a href="http://www.cdc.gov/flu/groups.htm">www.cdc.gov/flu/groups.htm</a> and through professional organizations), and a plan is in place for obtaining these materials.</li> <li>▪ Education and training includes information on infection control measures to prevent the spread of pandemic influenza.</li> <li>▪ The facility has a plan for expediting the credentialing and training of non-facility staff brought in from other locations to provide patient care when the facility reaches a staffing crisis.</li> </ul> <p>Informational materials (e.g., brochures, posters) on pandemic influenza and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic. For more information, see <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm">www.cdc.gov/flu/professionals/infectioncontrol/index.htm</a> and <a href="http://www.cdc.gov/flu/groups.htm">www.cdc.gov/flu/groups.htm</a>.</p> <ul style="list-style-type: none"> <li>□ An infection control plan is in place for managing residents and visitors with pandemic influenza that includes the following: (For information on infection control recommendations for pandemic influenza, see <a href="http://www.hhs.gov/pandemicflu/plan/sup4.html">www.hhs.gov/pandemicflu/plan/sup4.html</a>.)             <ul style="list-style-type: none"> <li>▪ An infection control policy that requires direct care staff to use Standard (<a href="http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html">www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html</a>) and Droplet Precautions (i.e., mask for close contact) (<a href="http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html">www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html</a>) with symptomatic residents.</li> <li>▪ A plan for implementing Respiratory Hygiene/Cough Etiquette throughout the facility. (See <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm">www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm</a>.)</li> <li>▪ A plan for cohorting symptomatic residents or groups using one or more of the following strategies: 1) confining symptomatic residents</li> </ul> </li> </ul>
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	<p>and their exposed roommates to their room, 2) placing symptomatic residents together in one area of the facility, or 3) closing units where symptomatic and asymptomatic residents reside (i.e., restricting all residents to an affected unit, regardless of symptoms). The plan includes a stipulation that, where possible, staff who are assigned to work on affected units will not work on other units.</p> <ul style="list-style-type: none"> <li>▪ Criteria and protocols for closing units or the entire facility to new admissions when pandemic influenza is in the facility have been developed.</li> <li>▪ Criteria and protocols for enforcing visitor limitations have been developed.</li> </ul> <p>□ An occupational health plan for addressing staff absences and other related occupational issues has been developed that includes the following:</p> <ul style="list-style-type: none"> <li>▪ A liberal/non-punitive sick leave policy that addresses the needs of symptomatic personnel and facility staffing needs. The policy considers: <ul style="list-style-type: none"> <li>○ The handling of personnel who develop symptoms while at work.</li> <li>○ When personnel may return to work after having pandemic influenza.</li> <li>○ When personnel who are symptomatic, but well enough to work, will be permitted to continue working.</li> <li>○ Personnel who need to care for family members who become ill.</li> </ul> </li> <li>▪ A plan to educate staff to self-assess and report symptoms of pandemic influenza before reporting for duty.</li> <li>▪ A list of mental health and faith-based resources that will be available to provide counseling to personnel during a pandemic.</li> <li>▪ A system to monitor influenza vaccination of personnel.</li> <li>▪ A plan for managing personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised workers) by placing them on administrative leave or altering their work location.</li> </ul> <p>□ A vaccine and antiviral use plan has been developed.</p> <ul style="list-style-type: none"> <li>▪ CDC and state health department websites have been identified for obtaining the most current recommendations and guidance for the use, availability, access, and distribution of vaccines and antiviral medications during a pandemic. For more information, see</li> </ul>
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	<p><a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">www.hhs.gov/pandemicflu/plan/sup6.html</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup7.html">www.hhs.gov/pandemicflu/plan/sup7.html</a>.</p> <ul style="list-style-type: none"> <li>▪ HHS guidance has been used to estimate the number of personnel and residents who would be targeted as first and second priority for receipt of pandemic influenza vaccine or antiviral prophylaxis. For more information, see <a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">www.hhs.gov/pandemicflu/plan/sup6.html</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup7.html">www.hhs.gov/pandemicflu/plan/sup7.html</a>.</li> <li>▪ A plan is in place for expediting delivery of influenza vaccine or antiviral prophylaxis to residents and staff as recommended by the state health department.</li> </ul> <p>□ Issues related to surge capacity during a pandemic have been addressed.</p> <ul style="list-style-type: none"> <li>▪ A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.</li> <li>▪ A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during an influenza pandemic. (Insert name, title and contact information.) _____</li> </ul> <hr/> <ul style="list-style-type: none"> <li>▪ Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law.</li> <li>▪ The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.</li> <li>▪ Estimates have been made of the quantities of essential materials and equipment (e.g., masks, gloves, hand hygiene products, intravenous pumps) that would be needed during a six-week pandemic.</li> <li>▪ A plan has been developed to address likely supply shortages, including strategies for using normal and alternative channels for procuring needed resources.</li> <li>▪ Alternative care plans have been developed for facility residents who need acute care services when hospital beds become unavailable.</li> <li>▪ Surge capacity plans include strategies to help increase hospital bed</li> </ul>
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	<p>capacity in the community.</p> <ul style="list-style-type: none"><li>○ Signed agreements have been established with area hospitals for admission to the long-term care facility of non-influenza patients to facilitate utilization of acute care resources for more seriously ill patients.</li><li>○ Facility space has been identified that could be adapted for use as expanded inpatient beds and information provided to local and regional planning contacts.</li></ul> <ul style="list-style-type: none"><li>▪ A contingency plan has been developed for managing an increased need for post mortem care and disposition of deceased residents.</li><li>▪ An area in the facility that could be used as a temporary morgue has been identified.</li><li>▪ Local plans for expanding morgue capacity have been discussed with local and regional planning contacts.</li></ul>
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**RESOURCES**

NAME OF RESOURCE	E-MAIL ADDRESS
American Red Cross; Disaster Services	<a href="http://www.redcross.org/services/disaster/0,1082,0_501_00.html">http://www.redcross.org/services/disaster/0,1082,0_501_00.html</a>
Are You Ready? An In-depth Guide to Citizen Preparedness, United States Department of Homeland Security:	<a href="http://www.fema.gov/pdf/areyouready/areyouready_full.pdf">http://www.fema.gov/pdf/areyouready/areyouready_full.pdf</a>
Department of Health and Human Services Administration on Aging	<a href="http://www.aoa.gov/eldfam/Disaster_Assistance/Disaster_Assistance.asp">http://www.aoa.gov/eldfam/Disaster_Assistance/Disaster_Assistance.asp</a>
Local Public Health Agency (LPHA) Listing	<a href="http://www.dhss.mo.gov/LPHA/LPHAs.html">http://www.dhss.mo.gov/LPHA/LPHAs.html</a>
Long Term Care Regional Map	<a href="http://www.dhss.mo.gov/NursingHomes/ProviderInfo.html">http://www.dhss.mo.gov/NursingHomes/ProviderInfo.html</a> <a href="http://www.dhss.mo.gov/SeniorServices/index.html">http://www.dhss.mo.gov/SeniorServices/index.html</a>
Missouri Assisted Living Association 428 E. Capitol Avenue, Suite 206 Jefferson City, MO 65101 Phone: 573-635-8750	<a href="http://www.malarcf.org">http://www.malarcf.org</a>
Missouri Association of Homes for the Aging 515 East High Street, Suite 101W Jefferson City, MO 65101 PHONE: 573/635-6244	<a href="http://www.moaha.org/">http://www.moaha.org/</a>
Missouri Department of Health and Senior Services Emergency Response and Terrorism PHONE: 1-800-392-0272	<a href="http://www.dhss.mo.gov/BT_Response/Nat_Disaster/index.htm">http://www.dhss.mo.gov/BT_Response/Nat_Disaster/index.htm</a>
Missouri Health Care Association 236 Metro Drive Jefferson City, MO 65109 PHONE: 573/893-2060	<a href="http://www.mohealthcare.com/">http://www.mohealthcare.com/</a>
Missouri State Emergency Management Agency Jefferson City, Mo. PHONE: (573) 526-9100	<a href="http://www.sema.dps.mo.gov">http://www.sema.dps.mo.gov</a>
MO Department of Health and Senior Services Section for Long Term Care Jefferson City, MO 65109 PHONE: 573/526-8570	<a href="http://www.dhss.mo.gov/">http://www.dhss.mo.gov/</a>
One-stop access to U.S. Government avian/pandemic flu information. Long Term Care; Managed by the Dept of Health and Human Services	<a href="http://www.pandemicflu.gov/plan/LongTermCareChecklist.html">http://www.pandemicflu.gov/plan/LongTermCareChecklist.html</a>
United States Department of Homeland Security; Natural Disasters	<a href="http://www.ready.gov/natural_disasters.html">http://www.ready.gov/natural_disasters.html</a>

Last Modified Date: \_\_\_\_\_