

READY OR NOT: A LONG TERM CARE GUIDE TO ALL HAZARDS READINESS



Table of Contents

- Section I: Introduction 2**
 - Purpose and Organization of the Manual 3
 - Overview of Emergency Management Concepts..... 4
- Section II. Setting the Context for Emergency Preparedness**
- Planning 6**
 - Identifying Essential Functions 6
 - Identifying Critical Resources 8
 - Hazard Vulnerability Assessment 11
 - Facility Profile 13
 - Coordination with Local and State Level Emergency Management Partners 15
- Section III. Critical Emergency Planning Areas 18**
 - Establishing Chain of Command and Roles for an Emergency..... 18
 - Setting Up Redundant Communications Systems 22
 - Human Resources: Staffing in an Emergency..... 27
 - Planning for Sheltering In Place 29
 - Planning For Evacuation 34
- Section IV. Public Health Emergencies and Communicable Disease..... 39**
- APPENDIX I: Web-based Resources 41**
- APPENDIX II: Example Incident Command Structure for Large Long
Term Care Facilities 43**
- APPENDIX III: Amateur Radio Contacts 45**

Section I: Introduction

CONSIDER THESE EMERGENCY SCENARIOS.....

Extended Power Outage Following a Severe Ice Storm

A devastating ice storm has left more than 400,000 homes and businesses in three counties without power for three days. Emergency declarations are in effect and public schools and many businesses are closed. Conditions in many areas make it too dangerous to travel due to downed power lines and fallen trees blocking the roads. Electric customers in Texas have been hit particularly hard with 350,000 people without power. It is anticipated that power may not be restored for several more days.

Wildfires Force Evacuation in Some Communities

Thousands of acres are being consumed by scores of fires, their flames fueled by drought, high winds and hot summer temperatures. The wildfires are quickly spreading through area farms and communities as firefighters struggle to contain the flames. A mandatory evacuation order has been issued for a twenty square mile area which encompasses numerous private residences and two long term care facilities.

Small Rural Community Hit Hard by Flu

As seasonal flu spreads quickly throughout the state, a small rural community has been especially hard hit. The local hospital is treating nearly 100 patients per week with flu-like symptoms. Local schools have been closed placing additional stress on the community's workforce as parents are forced to stay home to care for their children. To protect the health of its residents the community's long term care facility has asked staff with flu like symptoms to stay home. About half the staff has called in sick.

- **What types of challenges would these emergencies pose for your facility?**
- **How prepared is your facility to deal with a lack of power, water, heat, food or medical supplies, and/or severe staffing shortages?**

Would your facility be ready to move residents to a safe haven, if evacuation orders were given?

Purpose and Organization of the Manual

This emergency preparedness planning manual, written for nursing homes, assisted living residences, residential care homes and therapeutic community care homes, is intended to assist your facility in developing effective plans for coping with emergency scenarios such as these. The residents with whom you work are very vulnerable and rely upon you and your staff to be adequately prepared to care for them and keep them safe during an emergency. With appropriate planning you will be able to minimize the loss of life, property and revenue, ensure that you are able to continue essential functions during and after an emergency and speed resumption of normal operations.

The manual is organized into three sections:

Section I provides an overview of the manual and offers an introduction to basic emergency management concepts.

Section II enables your facility's emergency planners to take a "bird's eye view" of your facility, that helps to set the context for developing an emergency preparedness plan tailored to your facility's specific needs.

Section III contains five planning modules which focus on priority aspects of emergency preparedness, including: establishing a chain of command, setting up redundant communications systems, planning for staffing shortages, planning to shelter in place and planning for evacuation.

For those facilities which are new to emergency planning, these modules will help you get started quickly. For facilities which already have emergency preparedness plans in place, by working through the worksheets and checklists provided in Section III, you may be able to identify gaps and to strengthen your plans.

Overview of Emergency Management Concepts

Emergency Management Phases

There are four basic phases of emergency/disaster management*:

- 1. Mitigation** – Activities and actions which aim to avoid or lessen the impact of a disaster, for example keeping grass cut short to avoid fire danger during a drought.
Risk management—the process for measuring or assessing risk and developing strategies to manage it—is an essential aspect of mitigation.
- 2. Preparedness** – Actions taken in advance of an emergency to prepare the organization to be ready for a disaster. Preparedness includes activities such as plan development and exercise, acquisition of resources and training.
- 3. Response** – Action to address the immediate and short-term effects of an emergency or disaster in progress. Response includes immediate actions to save lives, protect property and meet basic human needs. Long term care facilities may also be interested in mounting a response outward in an emergency to support other organizations and the community, for example, by serving as a host facility to accommodate new patients or residents when other facilities are overloaded.
- 4. Recovery** – Activities that occur after the disaster has subsided, that are designed to help an organization and community return to a pre-disaster level of function.

The primary focus of this manual is on the preparedness phase. The manual will provide important guidance as you develop your facility's emergency preparedness plans; recognizing that every facility is different, however, it is not meant to dictate a prescriptive approach to this work. Each facility's plan should be based upon its specific needs, vulnerabilities, size and location.

*Adapted from Federal Emergency Management Agency, www.fema.gov

All Hazards Planning

This emergency preparedness planning manual recommends taking an “**all hazards**” approach. This approach focuses on being prepared and able to respond regardless of the cause or source of the emergency. While there are a variety of hazards or disasters that may occur, e.g. flood, ice storm, pandemic flu, the range of possible consequences is limited—you have to evacuate the facility in a hurry, OR you and your residents cannot leave the facility, OR some critical resource is inaccessible--such as personnel, medications, food, water, electricity, etc.

Collaborative Plan Development

Emergency management professionals stress the importance of having a written plan that provides specific and detailed guidance for how to proceed in a crisis. The plan should describe at minimum: who is in charge of the various aspects of emergency response, how internal and external communications will be handled, how the facility is equipped to shelter in place if necessary, and specific procedures for evacuation and relocation. The plan as it is developed and revised should be shared with all staff. The most effective plans are those that are developed collaboratively with input from all key units in the facility, as well as consultation with local and state level emergency management professionals. This manual is intended to help your facility to develop such a plan.

Continuity of Operations

An important concept in emergency preparedness planning is "**continuity of operations**". It is primarily concerned with continuation of day-to-day activities and focuses inward on assuring that the organization's core mission and activities are able to be fulfilled in a variety of hazard scenarios. During an emergency, long term care and residential care facilities will be focused primarily on maintaining the ability—i.e. continuing the operations necessary—to keep their residents safe and well cared for. To lay the foundation for emergency preparedness planning, it is critical to consider what will be needed to maintain continuity of operations during a disaster, by identifying an organization's essential functions and the resources needed to carry them out. The next section of the manual will help you to lay this foundation for developing detailed and effective emergency preparedness plans.

Action Step:

Establish an *Emergency Preparedness Planning Team* for your facility, if you do not already have one. The team should be chaired by the facility's director or chief executive, and include leaders or managers of resident care, physical plant operations and business operations in the facility.

Section II. Setting the Context for Emergency Preparedness Planning

The purpose of this section is to give you a starting point by allowing you to take a “bird’s eye view” of your facility, its vulnerabilities and strengths, and to envision the types of hazards it is most likely to face. By looking first at this big picture, your facility’s emergency planning team will be better able to focus their planning on the facility’s specific needs, and to utilize its specific resources most effectively. Guided by the worksheets in this section, your facility’s planners will:

- Describe the major functions and activities which help your organization to operate and serve its mission and clients;
- Conduct a hazard vulnerability analysis;
- Complete a facility profile, and
- Make a list of other agencies to be in contact with as you develop your emergency preparedness plan.

Identifying Essential Functions

Essential functions are those organizational functions and activities that must be continued under any and all circumstances. The Federal Emergency Management Agency defines *essential functions* as “those functions that cannot be interrupted for more than 12 hours/must be resumed within 30 days”; however, given the health status of residents in long term care facilities, many of your essential services may have a lower threshold.

In considering your most essential and time sensitive functions; take into account what is required to care for your residents and to run your facility. The essential functions you list should encompass the key activities which your organization fulfills on a day-to-day basis. These essential functions may include, for example, medical care of residents, psychosocial care of residents, feeding of residents, bathing and hygienic care of residents, purchasing essential supplies, assuring adequate staffing, maintaining the physical plant, and the various functions necessary to fulfill legal, regulatory and financial obligations.

In addition to these day-to-day essential functions, you should also identify the additional activities you may need to fulfill during an emergency (emergency essential functions). These might include such functions as safety assessment of residents, staff and structure; communication with emergency responders, families and media; and stepped-up infection control and surveillance.

Listing your facility’s essential functions highlights clearly and specifically just what operations and activities your facility must try to maintain under emergency/disaster conditions. This in turn helps you to identify the critical resources you need to carry out these functions. Together these lists, which you can record on the next two worksheets, form the basis and framework for your emergency preparedness plan.

Action Step:

List your facility's essential functions in the *Essential Functions Worksheet*. This is good step to get your facility's Emergency Preparedness Planning Team started on their work, and lays the groundwork for the next step, identifying critical resources.

| ESSENTIAL FUNCTIONS WORKSHEET | |
|-------------------------------|---|
| CLIENT CARE | Example: Preparing all meals for residents. |
| | |
| | |
| | |
| | |
| FACILITY OPERATIONS | Example: Resident Room Cleaning and Disinfection |
| | |
| | |
| | |
| | |
| ADMINISTRATIVE OPERATIONS | Example: Purchasing essential supplies and equipment |
| | |
| | |
| | |
| | |
| EMERGENCY RESPONSE | Example: Internal communications- communications with staff |
| | |
| | |
| | |
| | |

Based on FEMA Continuity of Operations (COOP) Plan Template available from:
<http://www.fema.gov/media-library-data/1386609058805-b084a7230663249ab1d6da4b6472e691/COOP-Planning-Template.pdf>

Identifying Critical Resources

Critical resources are the inputs needed so that your facility can carry out its essential functions. There are two main categories of critical resources with which long term and residential care facilities should be the most concerned when developing emergency preparedness plans:

- Human Resources: Prepared, safe, trained employees, and facility and unit leaders.
- Physical Resources: Vital records, essential equipment, and supply chains (sources and delivery of food, medicine and medical supplies).

A common aspect of virtually all emergency situations is that they restrict access to vital resources. By taking the step of identifying your facility's critical resources, your planning team will have a detailed listing of critical supplies that should be stockpiled, or that need to have alternative sources identified.

Action Step:

Using the *Critical Resources Worksheet*, first fill in the essential functions you listed in the previous worksheet. Then briefly note the critical resources necessary to assure that your facility can continue to perform each essential function in the event of an emergency.

| ESSENTIAL FUNCTIONS | | CRITICAL RESOURCES WORKSHEET | | | | |
|---------------------|---|--|------------------------------------|--|---|---|
| | | HUMAN RESOURCES | | VITAL RECORDS | EQUIPMENT | SUPPLIES |
| | | Number of staff who could perform function | Cross training of staff needed (✓) | Vital Records necessary for this function Circle those that would not be accessible in an emergency | Equipment necessary for this function Circle equipment that may not be useable in an emergency and equipment that you need and do not have | Supplies necessary for this function Circle those most difficult to obtain in an emergency |
| CLIENT CARE | <i>Example: Preparing residential meals</i> | 2 | ✓ | <i>Dietary orders for each resident</i> | <i>Kitchen facilities: Fridge, stove, oven, sink</i> | <i>Fresh foods, canned and dried foods, water</i> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| FACILITY OPERATIONS | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

| ESSENTIAL FUNCTIONS | | CRITICAL RESOURCES WORKSHEET | | | | |
|---------------------------|--|--|------------------------------------|--|---|---|
| | | HUMAN RESOURCES | | VITAL RECORDS | EQUIPMENT | SUPPLIES |
| | | Number of staff who could perform function | Cross training of staff needed (✓) | Vital Records necessary for this function Circle those that would not be accessible in an emergency | Equipment necessary for this function Circle equipment that may not be useable in an emergency and equipment that you need and do not have | Supplies necessary for this function Circle those most difficult to obtain in an emergency |
| ADMINISTRATIVE OPERATIONS | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| EMERGENCY RESPONSE | | | | | | |
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Hazard Vulnerability Assessment

Although your emergency preparedness/continuity of operations planning should be based on an all-hazards approach, it is useful to conduct a hazard vulnerability analysis, basically a risk assessment, to identify the probability of different types of hazards that could strike your facility or the surrounding community. A hazard vulnerability analysis is an exercise that will help your planning team to consider possible hazards and the potential magnitude of direct and indirect effects these hazards might have on your facility.

Action Steps:

Complete the *Hazard Vulnerability Assessment Form*.

Take the top-ranked hazard (the one with the highest score) and have the emergency preparedness planning team brainstorm how a disaster of this type might affect your facility. Don't hesitate to consider extreme scenarios featuring the hazard. Next brainstorm possible strategies to cope with the potential impacts of the hazard. Repeat this process with lower ranked hazards; this is useful for revealing contingencies that need to be planned for.

Hazard Vulnerability Assessment

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

| EVENT 1 | SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH) | | | | RANK 6 |
|-------------------------------|---|---|---|---|---|
| | PROBABILITY 2 | HUMAN IMPACT 3 | PROPERTY IMPACT 4 | BUSINESS IMPACT 5 | |
| | Likelihood this will occur | Possibility of death or injury | Physical losses and damages | Interruption of services | |
| SCORE | 0 = N/A 1= Low 2= Moderate 3= High | 0 = N/A 1= Low 2= Moderate 3= High | 0 = N/A 1= Low 2= Moderate 3= High | 0 = N/A 1= Low 2= Moderate 3= High | 0 = N/A 1= Low 2= Moderate 3= High |
| Natural Hazards: | | | | | |
| Severe Thunderstorm | | | | | |
| Snow Fall | | | | | |
| Blizzard | | | | | |
| Ice Storm | | | | | |
| Temperature Extremes | | | | | |
| Flood | | | | | |
| Other (Specify) | | | | | |
| Technological Hazards: | | | | | |
| Electrical Failure | | | | | |
| Heating/Cooling Failure | | | | | |
| Other (Specify) | | | | | |

Facility Profile

The *Facility Profile* provides in one place a brief description of your organization, the residents you serve and their specific vulnerabilities, and your facility's current level of readiness. The *Facility Profile* will also assist the Texas Department of State Health Services and other state and local agencies in mounting an emergency response on your behalf. The information contained in the profile will facilitate more rapid communication between these agencies and your facility, as well as assist emergency responders in understanding the impact events may have on your facility.

Action Steps:

The facility's director/chief executive should complete the *Facility Profile* and give a copy of it to the facility's Emergency Preparedness Planning Team.

Long Term Care and Residential Care Facilities

FACILITY PROFILE FOR EMERGENCY PREPAREDNESS PLANNING

Facility Name: _____
Facility Type: _____
Mailing Address: _____
Physical Address (if different from above): _____
Phone: _____
Fax: _____

Primary contact person able to discuss emergency plans:

Name: _____
Phone: _____
Email: _____

Back up contact person #1 able to discuss emergency plans:

Name: _____
Phone: _____
Email: _____

Back up contact person #2 able to discuss emergency plans:

Name: _____
Phone: _____
Email: _____

Does the facility care for or have the ability to care for special populations, for example, residents on ventilators, dialysis, with dementia, mobility impairments, etc.? If YES, please list the special populations.

Yes No

Special Populations this facility has capacity to care for:

Average number of residents in the facility at any one time: _____
Capacity: Please indicate the capacity of your facility based upon licensing: _____
Surge capacity: Please indicate the maximum number of residents which could be accommodated regardless of licensing requirements. _____

Approximate number of staff (full time equivalents): _____

Does your facility have a backup generator? Yes No

If No, is your facility wired to receive a backup generator? _____

Facility's Food Supplies Vendor/Contractor(s):

| | |
|----------------|----------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |

Facility's Pharmacy/Medical Supplies Vendor/Contractor(s):

| | |
|----------------|----------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |

Facility's Transportation Contractor(s):

| | |
|----------------|----------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |

Brief description of Vehicles Owned by the Facility: Please indicate which vehicles are equipped to transport residents.

Please indicate the types of emergency planning your facility has completed (check all that apply):

- Establishing Chain of Command and Roles for Emergencies
- Setting Up Redundant Communications Systems
- Back-up Staffing Plan for Emergencies
- Planning for Sheltering in Place
- Planning for Evacuation

Coordination with Local and State Level Emergency Management Partners

Before a disaster occurs, it is important to know whom your facility will contact to find out what is happening, request specific help or rescue, and keep updated as the situation unfolds. Knowing who to call and how to reach them will greatly increase the speed of response and help to minimize the effect of the incident on your facility and its residents. The Texas Division of Emergency Management (TDEM) has established the State of Texas Emergency Assistance Registry (STEAR) Program. This program is a free registry that provides local emergency planners and emergency responders with additional information on the unique needs of long term care facilities and the clients they serve during an emergency. Additional agencies that you are encouraged to collaborate with include local police, fire and EMS services, local and state health departments, nearby hospitals, local emergency planning councils, and state agencies including TDEM and the Texas Department of State Health Services. In addition to simply knowing who to call in an emergency, it is important to establish a relationship with these agencies. Make an effort to consult with these agencies as you develop and refine your facility's emergency preparedness plans and share with them any concerns you may have regarding your facility and its residents.

Action Steps:

Complete the *Local and State Partners Contact Sheet*.

Schedule meetings with the partners listed on your contact sheet, to draw upon their expertise and experience before you firm up your emergency preparedness plans, and/or to have them review the plans you have already developed.

State of Texas Emergency Assistance Registry (STEAR)

Contact Information for Data Collector

| | |
|-------------------------------------|----------------|
| Organization: | Contact Name: |
| Contact Area Code and Telephone No. | Contact Email: |

STEAR Facility Registration Form – For use by assisted living facilities, nursing homes, etc.
One form should be completed for each facility.

| | |
|---|---|
| 1. Name of the facility | |
| 2. Street address | Apt/Suite No. |
| 3. City | |
| 4. ZIP code | |
| 5. County | |
| 6. Contact area code and telephone | |
| 7. Estimated daily average census | |
| 8. Do you have an evacuation plan for your facility residents if there is an emergency?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Are there any additional comments or notes I should enter into your record? | |
| Fax completed form to 866-557-1074 | Forms can be filled electronically using Adobe Reader or Acrobat and saved as uniquely named PDF files. |

Contact Sheet

LOCAL AND STATE PARTNERS FOR EMERGENCY PLANNING AND RESPONSE

Facility Name and City/County: _____

Local Contacts

Police
Liaison Name _____ Phone Number _____

Fire Department
Liaison Name _____ Phone Number _____

Local Hospital Safety Officer
Liaison Name _____ Phone Number _____

Local Emergency Planning Council
Liaison Name _____ Phone Number _____

County Emergency Management Coordinator
Liaison Name _____ Phone Number _____

State Contacts

HSR 2/3 Emergency Preparedness
Coordinator
Liaison Name _____ Phone Number _____

HSR 2/3 Epidemiology Unit
Contact
Liaison name _____ Phone Number _____

Texas Department of Aging & Disability Services
Liaison name _____ Phone Number _____

Texas Division of Emergency Management
District Coordinator _____ Phone Number _____

Other Partner

Name of Agency
Contact Name _____ Phone Number _____

Name of Agency
Contact Name _____ Phone Number _____

Name of Agency
Contact Name _____ Phone Number _____

Name of Agency
Contact Name _____ Phone Number _____

Section III. Critical Emergency Planning Areas

“Stay, Leave, Connect” is a phrase sometimes used by emergency management professionals to describe the essence of emergency preparedness planning. If your facility is prepared to “stay” (shelter in place), “leave” if necessary (evacuate) and “connect” (communicate) both internally and with outside emergency responders, you will be ready to respond effectively to almost any type of emergency (all hazards planning). In order to carry out your plans to “stay, leave, connect”, you must have in place a chain of command and the human resources to direct and implement your emergency response. This section of the manual focuses on all of these critical areas of emergency preparedness planning:

- Establishing Chain of Command and Roles for Emergencies
- Setting Up Redundant Communications Systems
- Human Resources: Staffing During Emergencies
- Planning for Sheltering in Place
- Planning for Evacuation
- Responding to public health emergencies and/or communicable disease outbreaks

For each critical planning area, we begin with a brief overview of the key issues for your facility’s Emergency Preparedness Planning Team to consider as you develop your emergency preparedness plans. These overviews are based on both the recommendations of emergency management experts and lessons learned by long term care facilities that have survived disaster situations.

Immediately following the overview of issues to consider for each planning area, you will find detailed checklists and worksheets to guide you through the specific steps to take to prepare your facility to respond effectively to all manner of emergencies and hazards.

Establishing Chain of Command and Roles for an Emergency

During an emergency all staff must know who is in charge overall and who reports to whom. Each individual must understand his or her role and what specific tasks s/he is responsible for doing. The *Incident Command Structure* is a term that emergency management specialists use to describe the chain of command and the essential roles to be carried out in response to a disaster/crisis.

Critical Roles in the Chain of Command (*Incident Command Structure*)

For residential care facilities there are at least five critical areas of responsibility to be carried out during an emergency:

- Overall management of emergency response (also called “incident command”)
- Communications, both internal and external
- Resident care, both clinical care and psychosocial care

- Facility operations, which encompasses physical plant operations and food services, and business operations, covering finances and expenditures during the emergency, payroll, insurance claims, etc.

During an emergency each of these areas of responsibility must have a leader or “chief” who directs activities within it. In smaller facilities it may be necessary for individuals to take on more than one of these leadership roles. In large facilities, there may be a number of “unit leaders” who report to each “chief” during the emergency

(See Appendix II for a detailed Incident Command Structure for large nursing homes).

The roles of each “chief” during an emergency are briefly described below.

Incident Commander: Organizes and directs the facility’s emergency operations. Gives overall direction for facility operations and makes evacuation and sheltering in place decisions. All “chiefs” report directly to the *Incident Commander* during the emergency.

Communications Chief: Functions as the incident contact person in the facility for representatives from other agencies, such as Texas Division of Emergency Management (TDEM), police, hospitals and the licensing agency, and serves as the conduit for information to staff, families, and the news media. Please note that this area of responsibility is often divided and covered by two leaders: *the Liaison Officer* who handles communications with agencies and emergency responders, and the *Public Information Officer* who keeps staff, families and the media informed, and handles their inquiries.

Resident Care Chief: Coordinates and supervises all aspects of resident care and services, and movement of residents into and out of the facility.

Facility Operations Chief: Organizes and manages the services required to sustain and repair the facility’s infrastructure operations, including: power/lighting, water/sewer, heating and cooling, structural integrity, environmental services, and food services.

Business Operations Chief: Monitors the utilization of financial assets and the accounting for financial expenditures; supervises the documentation of expenditures and cost reimbursement activities.

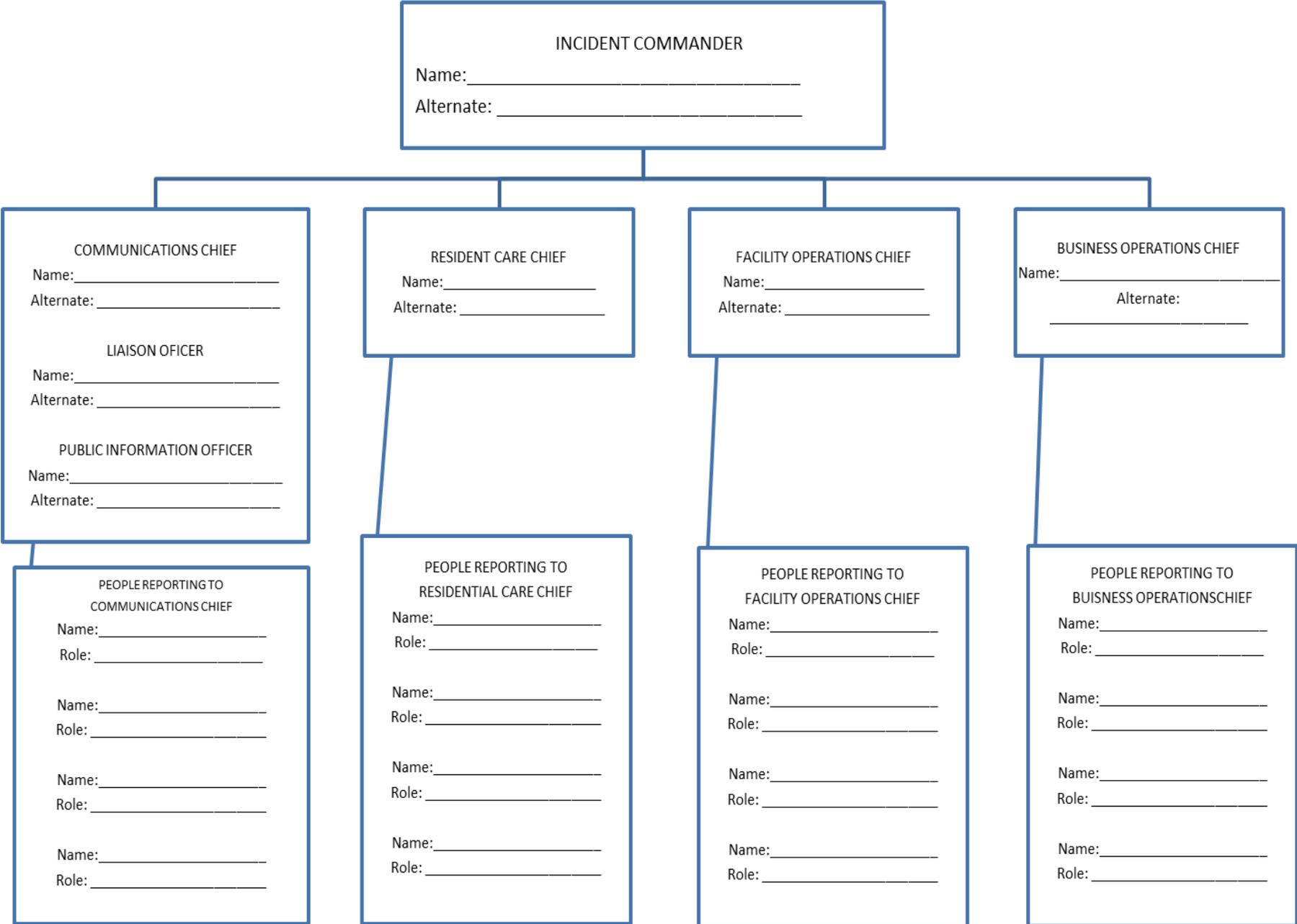
As part of your facility’s emergency preparedness plan, your planning team should determine who is to fulfill each of these essential roles in the *Incident Command Structure*.

Who Steps In? Alternates for Critical Roles

Your emergency preparedness plans should also acknowledge that under emergency conditions individuals, for a variety of reasons, may not be able to fulfill their roles. Emergency plans should specify alternates for each role, and there should be, in writing, the orders of succession for the key leadership positions in the *Incident Command Structure*.

Action Step:

Work with your facility's emergency planning team to fill out the *Chain of Command Chart* by inserting the names of the people assigned to each role. In each box, include the name of an alternate person to fill the role in case the first person is not available.



Setting Up Redundant Communications Systems

A strong communications system is the backbone of emergency response and disaster management. The ability to send and receive vital information and to coordinate actions with partners and emergency responders is critical during an emergency. Long term care facilities' emergency plans must include strategies for communicating with:

- Emergency management authorities, on both the local and state levels
- Local emergency responders (police, fire, EMTs)
- Facility staff
- Patients' families
- Other local health care facilities
- Regulatory agencies
- Suppliers
- Others (parent company, media, etc.)

There are four key components of planning for emergency communications:

1. Understand your facility's communications equipment/technology

Inventory all the methods your facility has available to communicate both internally and with the outside world, including: telephone system, email, voicemail, computer networks and internet connection, fax, automated dialing programs, cell phones, wireless messaging, pagers, internal two-way radios, and more. Work with your IT team or vendor to understand the strengths and limitations of each technology for communicating under emergency conditions. AM/FM radios and TVs are also critical for receiving emergency alerts, evacuation orders and news.

2. Build relationships and partnerships

As discussed in Section II, it is important to think ahead of time about who will be contacting you, and who you will need information and assistance from during an emergency (see the list above). Before a disaster strikes, you should know who, specifically, to call and different ways to reach them. By building relationships with your Local Emergency Planning Council and other partners ahead of time, these partners will better understand your facility's needs as well as how and when to contact you with emergency information.

3. Establish clear roles, and methods for systematically receiving, fielding and sending information.

Facility leaders should decide ahead of time who will be the voice of the facility to the outside world (families, media), who will be in charge of communications with staff, and who will be the point person for communicating with emergency management authorities, DSHS and other agencies. These roles should be assigned within the Incident Command Structure (*see Chain of Command Chart*).

4. Devise back-up plans for communications.

A communications system with back-up communications channels built into it is known as a “redundant communications system”. In a widespread disaster, cell phone and landline circuits may be overloaded. Phones, internet and fax may go down. Think about your fallback options for these situations. Long-term care facilities that have survived real disasters recommend:

- Two-way radios for internal communications
- A satellite phone for the facility
- Connecting with a local amateur radio (ham radio) operator. Ham radio operators are licensed by the FCC and volunteer to provide back-up communications in emergency and disaster situations. (*See Appendix III for contact information for ham radio operator groups in Health Service Region 2/3*).

Action Step:

Review the *Emergency Communications Planning Checklist* with your Emergency Preparedness Planning Team, to assess your level of emergency readiness in the area of communications. For all tasks identified as ‘not started’ or ‘in progress’; assign responsibility and specify a deadline for completion of the task.

Emergency Communications Planning Checklist

| COMMUNICATIONS PLANNING TASK | STATUS (CHECK ONE) | PERSON(S) RESPONSIBLE | DEADLINE | NOTES |
|--|---|-----------------------|----------|-------|
| <i>Establish and maintain contact lists</i> | | | | |
| Contact list established for all staff | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Contact list established for families of patients/residents | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Contact list established for local emergency responders, e.g. local emergency management, police, fire, EMTs, local hospital | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Contact list established for state agencies e.g. DSHS, TDEM, DADS | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Contact list established for health care provider partners, e.g. sister facilities | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Contact list established for critical vendors and suppliers, e.g. transportation, pharmacy, food, lab | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Staff call tree established for use in emergencies | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |

| COMMUNICATIONS PLANNING TASK | STATUS (CHECK ONE) | PERSON(S) RESPONSIBLE | DEADLINE | NOTES |
|---|---|-----------------------|----------|-------|
| <i>Plan for situational awareness</i> | | | | |
| Have weather radio | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Have battery powered radio(s) or TV(s) and batteries | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility is part of Emergency Alert Network | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Protocol is established for communicating with TDEM | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Protocol established for communicating with DSHS and DADS | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| <i>Plan for back-up communications (if landlines and cell phones are out)</i> | | | | |
| Facility's back-up communications methods/equipment are inventoried | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Additional back-up communications system or equipment obtained/established if necessary | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility's back-up communication methods have been tested | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |

| COMMUNICATIONS PLANNING TASK | STATUS (CHECK ONE) | PERSON(S) RESPONSIBLE | DEADLINE | NOTES |
|--|---|-----------------------|----------|-------|
| <i>Plan for managing communications during an emergency</i> | | | | |
| Liaison Officer* designated | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Public Information Officer* designated | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Set up a dedicated number for key contacts to call to access recorded status messages in an emergency. | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Discussion exercises held to test emergency communications. | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |

Human Resources: Staffing in an Emergency

During a disaster, your facility may face staffing shortages for a variety of reasons—staff may not be able to get in to work, may be ill, or may need to take care of their own families during the emergency. In planning to have adequate staffing during an emergency, the first step is to have a mechanism for notifying staff about the emergency and for calling in off-duty staff.

Another important step is to have a policy in place regarding families of staff. Your facility needs to decide whether, in a community wide emergency, family members of staff can shelter in place at your facility, or even evacuate with your facility. Provision for family members may be a key factor in keeping staff on the job during a widespread emergency.

To be most prepared for an emergency, staff should be cross-trained to fulfill different roles in case the primary person responsible for a given function is not available. This requires a significant investment of time and resources on the part of the facility, but can be built in as part of ongoing in-service training and professional education. Ideally, the facility would also hold training exercises/emergency response drills, to prepare staff for a real disaster, and to expose the “gaps” in the facility’s emergency plans.

Finally you may want to consider whether volunteers would be able to fulfill some staff functions in the event of a severe staffing shortage, and develop guidelines specifying which tasks volunteers can and cannot do.

Action Steps:

Work with your Emergency Preparedness Planning Team to complete the *Staffing Back-Up Plan Worksheet*. Have a mechanism for updating this sheet as staff turnover.

Work with your facility’s Emergency Preparedness Planning Team to develop a policy on immediate family of staff sheltering at the facility, and/or evacuating with the facility.

Consider how cross-training of staff might be provided in your facility. Clarify your policy on the role of volunteers during an emergency.

Staffing Back Up Plan

List staff responsible for performing essential functions and back up staff who are cross trained to perform the function in an emergency. It may be helpful to refer back to the *essential functions worksheet* you filed out in Section II.

| | ESSENTIAL FUNCTION | LEAD STAFF PERSON | BACK-UP PERSON #1 | BACK-UP PERSON #2 | BACK-UP PERSON #3 |
|----------------------------------|--------------------|-------------------|-------------------|-------------------|-------------------|
| CLINICAL CARE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| FOOD SERVICES | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| BUILDING OPERATIONS | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| HOUSEKEEPING | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ADMINISTRATIVE OPERATIONS | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| OTHER | | | | | |
| | | | | | |
| | | | | | |

Planning for Sheltering In Place

In an emergency such as a blizzard, ice storm or flood, your facility may be cut off from the outside world for a period of several days. It may be unsafe for anyone to leave the facility, and emergency responders, power companies and suppliers may be unable to reach you. External communications may or may not be disrupted. To prepare for such a situation, you must build your facility's capacity to function self-sufficiently for several days—to "shelter in place" providing your own power, food and water, medications and supplies.

Emergency Power

Power outages are not an uncommon occurrence in Texas and your facility likely has some plans in place for dealing with short-term loss of electricity. In a disaster situation power may be cut off for days, so it is important to assess whether your current plans are sufficient should power be out for a longer time.

If your facility has a generator; it is essential to check it regularly, have more than one person trained to operate and maintain it, have a fuel supply always in place, and periodically assess whether the generator's capacity remains sufficient to cover your current power needs (for example: beds, space or equipment may have been added to your facility recently which increases your power needs).

Another important aspect of emergency planning for loss of power is to meet with and educate your local emergency management authorities and your power company about the needs of your residents. Make it understood that your residents are similar to hospital patients (i.e. high acuity, vulnerable, equipment dependent)—this may push your power company to place your facility on a priority list for power restoration.

Food and Water

Facilities should have an emergency stockpile of food and water adequate to cover everyone in the facility for at least 72 hours and ideally, up to a week. When planning quantities; remember to count staff that will be sheltering in place as well as residents. Stockpile food that requires no refrigeration and little or no cooking, and remember to account for special dietary needs when assembling emergency food supplies. As for water supplies, discuss quantities needed and storage of water with your local emergency planning council, or health department.

Medication and Medical Supplies

Facilities should have an emergency stockpile of medications and medical supplies adequate to cover all residents in the facility for at least 72 hours and ideally, up to a week. In the case of both food and medications/supplies, facility leaders should give some thought to supply chains during an emergency, and have purchasing agreements with more than one vendor. Be aware that in a widespread emergency however, all vendors will be serving multiple facilities, delivery may be difficult or impossible, and supplies may be scarce—this is another reason to have adequate stockpiles.

Security

In a disaster, residential care facilities like nursing or group homes may be some of the few local buildings with power, food, water and medicine. Security measures may be needed to protect patients, staff, supplies and property. As a first step, facility leaders should talk with local law enforcement officials about ways to meet security needs during an emergency. Facility leaders should also consider providing all staff with basic security training. FEMA offers a Workplace Security Awareness independent study course (IS-906) that would be beneficial to staff during an emergency.*

Action Step:

Review the *Shelter-in-Place Planning Checklist* with your Emergency Preparedness Planning Team, to assess your level of emergency readiness to shelter in place. For all tasks identified as 'not started' or 'in progress'; assign responsibility and specify a deadline for completion of the task.

Available at the following link:

<http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-906>

Shelter in Place Planning Checklist

| COMMUNICATIONS PLANNING TASK | STATUS (CHECK ONE) | PERSON(S) RESPONSIBLE | DEADLINE | NOTES |
|--|---|-----------------------|----------|-------|
| <i>Shelter in Place Decision</i> | | | | |
| Criteria for making shelter-in-place vs. evacuation decision established | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Procedure established for consulting with local emergency management re: shelter-in-place decision | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Policy established re: whether staff families can shelter at facility | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| <i>Emergency Power Plan</i> | | | | |
| Facility has generator adequate to its specific power needs | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| If no generator, facility is "quick connect" ready | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has 4-5 day fuel supply for generator | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Procedures established for regular checking and maintenance of generator | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has back-up manual versions of important medical equipment | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility leaders have met with local emergency management to discuss power needs of the facility | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility leaders have met with power company to discuss power needs of the facility | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |

| COMMUNICATIONS PLANNING TASK | STATUS (CHECK ONE) | PERSON(S) RESPONSIBLE | DEADLINE | NOTES |
|--|---|------------------------------|-----------------|--------------|
| <i>Emergency Food & Water Supplies</i> | | | | |
| Facility has 5-7 days food stockpile for max number of residents and staff | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has adequate supply of potable water | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Emergency food supplies are inspected and rotated as needed | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has active contracts with multiple food suppliers, incl. one located out of area | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| <i>Medications and Medical Supplies Stockpile</i> | | | | |
| Facility has 5-7 day stockpile of common medications | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has 5-7 day supply of medications for each resident | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has 5-7 day stockpile of medical supplies needed to care for residents | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has extra supplies of IV fluids | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has active contracts with multiple pharmacy suppliers, incl. one located out of area | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has active contracts with multiple vendors of medical supplies, incl. one located out of area | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |

| COMMUNICATIONS PLANNING TASK | STATUS (CHECK ONE) | PERSON(S) RESPONSIBLE | DEADLINE | NOTES |
|---|---|------------------------------|-----------------|--------------|
| <i>Security Plan</i> | | | | |
| Facility Leaders have discussed emergency security | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Discussions held with local law enforcement re: facility security | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Lockdown procedure established | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has access to cash in event of money supply disruption | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has on hand basic tools and materials to make emergency repairs/shore up structure | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |

Planning For Evacuation

Evacuation and relocation of the residents of a facility for elderly or disabled persons, many of whom are ill or frail, have special needs, mobility limitations or cognitive deficits, is an arduous process to manage, and potentially unsafe for high acuity residents. Long term care administrators who have experienced facility evacuations and many emergency management experts agree that it is highly preferable to shelter in place if at all possible. However, in the case of some disasters, for example a flood, evacuation may be the best or only option.

Factors to consider in making the decision to stay or go include:

- Recommendations or orders of local and state emergency management authorities
- Location of facility in a storm surge or flood zone
- Resident acuity levels
- Availability of a “like” facility to relocate to
- Evacuation transport time

Alternate Facility

The most important aspect of planning for evacuation is to have an alternate facility to relocate to. Very few emergency shelters can accommodate people with chronic medical problems or special needs. It is best for your facility to have a specific, written agreement with a “like” facility, another health care or residential facility that provides the same level of care or higher. Depending on the number of residents you have and potential host sites’ capacities, you may need to make agreements with more than one alternate facility. It is recommended that one of your alternate facilities be located at least 50 miles away.

Transportation

Transportation has been called the “Achilles heel” of evacuation. In a widespread disaster, transportation resources will be strained. Experience in hurricane zones has shown that many transportation companies make contracts with multiple facilities for emergency transportation and are unable to honor them all. So, while your facility should have such a transportation contract in place, it is essential to explore a wide range of other transportation options when making your emergency preparedness plans. Consider partnership with local churches to use their vans. Establish relationships with motor charter services in your area. Work with other long term care facilities in the area to see whether you can borrow their transportation resources (in the event that only your facility needs to evacuate). A last resort transportation plan would be to use staff’s personal vehicles. Finally, when making your plans, remember that all evacuation vehicles will need fuel, maps and a means of communication.

Resident Specific Information

It is essential that identifying information and critical medical information accompany each resident being evacuated. This vital information must be somehow secured so that it stays with the resident—possibilities include bracelets (print or electronic), a waterproof wrist tag, or a waterproof envelope with documents carried by the resident. Information that should accompany each resident includes: name, date of birth, social security number, diagnoses, primary care provider, current drug regimen, health insurance provider, family contact information, and a photograph.

Training and Practice

Evacuation of residents and staff is a complex and difficult process. Facilities will be much better prepared in the event of a real emergency if staff has been given opportunities to practice evacuation procedures. Evacuation drills also help to expose weaknesses and gaps in the facility's evacuation plans.

Action Step:

Review the *Evacuation Planning Checklist* with your Emergency Preparedness Planning Team, to assess your level of emergency readiness to evacuate. For all tasks identified as 'not started' or 'in progress'; assign responsibility and specify a deadline for completion of the task.

Evacuation Planning Checklist

| COMMUNICATIONS PLANNING TASK | STATUS (CHECK ONE) | PERSON(S) RESPONSIBLE | DEADLINE | NOTES |
|--|---|------------------------------|-----------------|--------------|
| <i>Evacuation Decision</i> | | | | |
| Criteria for making shelter-in-place vs. evacuation decision established | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Procedure established for consulting with local emergency management re: shelter-in-place decision | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Reliable channels established for receipt of evacuation orders | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Policy established re: whether staff families can shelter at facility | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| <i>Alternate Facility</i> | | | | |
| An alternate "like" facility(s) to which residents can relocate has been identified | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Memorandum of Understanding signed with alternate facility(s) | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Procedures established for discharging some (lower acuity) patients to their families if feasible | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| <i>Transportation</i> | | | | |
| Multiple transportation resources have been identified, considered and listed with contact information | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Transportation contracts have been signed with more than one transportation vendor | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Fallback transportation plans made, e.g. staff vehicles, church vans | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |

| COMMUNICATIONS PLANNING TASK | STATUS (CHECK ONE) | PERSON(S) RESPONSIBLE | DEADLINE | NOTES |
|---|---|------------------------------|-----------------|--------------|
| Evacuation route (and secondary route) to alternate facility has been identified | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Maps and mobile communication devices are available to go with each vehicle | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| <i>Evacuation Procedures</i> | | | | |
| Staging and loading areas identified | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Procedures established for readying residents for journey—informing, attaching ID info, packing | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Patients identified who will need most assistance, or are most complicated to move | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Procedures established for orderly, systematic loading of residents onto vehicles | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Number and types of staff to accompany residents in evacuation vehicles specified | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Procedures established to account for all residents and staff (no one left behind) | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Procedures established to communicate with residents' families re: the evacuation | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |

| COMMUNICATIONS PLANNING TASK | STATUS (CHECK ONE) | PERSON(S) RESPONSIBLE | DEADLINE | NOTES |
|---|---|------------------------------|-----------------|--------------|
| <i>Resident Specific Information</i> | | | | |
| Method for transferring identifying info and essential health info with each patient is specified (e.g. bracelet, triage tag) | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Plan describes procedures for transporting/transferring patient medical records | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| <i>Evacuation Supplies</i> | | | | |
| Plan describes types and amount of food to take for the journey | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Plan describes procedures for packing food and distributing it among transport vehicles | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Plan describes amount of drinking water to bring on journey | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Plan describes logistics for carrying water and distributing it among transport vehicles | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Plan describes amounts and types of medications to bring along with procedures for transporting them | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Plan describes other critical supplies (e.g. oxygen, incontinent supplies) and equipment to bring | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Plan considers provisions to be brought or ordered and delivered to the host facility | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Facility has adequate equipment to move people (e.g. stretchers, portable ramps) | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| <i>Training and Practice</i> | | | | |
| Staff have been trained in evacuation procedures | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |
| Drills/exercises have been held with staff to practice evacuation procedures | <input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done | | | |

Section IV. Public Health Emergencies and Communicable Disease

In an emergency such as an infectious disease outbreak or the release of a biological agent, your facility will need to coordinate with public health officials to ensure appropriate prevention and control measures are implemented.

Outbreak Prevention and Control Measures

Facilities need to know when and who to call in order to determine if an acute illness cluster is occurring in their facility or if an outbreak is occurring in their community. Epidemiologists are public health officials dedicated to monitoring infectious diseases in the community and provide guidance on control and prevention of diseases. There are numerous conditions which are reportable by law to public health including any outbreak or unusual group expression of disease. Of particular importance to long-term care facilities are the potential for multi-drug resistant organism. Certain drug resistant organism and healthcare associated infection (HAI) outbreaks should be reported to public health immediately.

Strategic National Stockpile and Medical Countermeasure Dispensing

The Strategic National Stockpile is a federal program that has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, earthquake, etc.) severe enough to cause local supplies to run out. Once federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. in time for them to be effective. DSHS has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible.

Your facility will be required to dispense medical countermeasures to your staff and residents in the event of a widespread public health emergency. It is important for business continuity during an emergency that your residents and staff be protected from an infectious disease outbreak. DSHS HSR 2/3 has coordinated with local emergency management to ensure that each jurisdiction has processes to dispense medical countermeasures to the public during an event that requires deployment of the Strategic National Stockpile. It is imperative that your facility also work with local emergency management to develop a plan for safely dispensing medications that includes how you will pick up or receive medications. DSHS HSR 2/3 has training resources that can assist you with developing a plan, training your staff, and eventually exercising your plan.

Action Steps:

Review the Texas Notifiable Conditions list. Include the 24/7 reporting number in procedures related to infectious disease and provide this number to staff in your facility. Maintain contact with the epidemiologist assigned to your county and report all notifiable conditions and suspected clusters or outbreaks in your facility immediately.

Review the *DSHS 2/3 Healthcare Facilities-SNS Contact Sheet* with your Emergency Preparedness Planning Team, and assign responsibilities to designated staff in your facility. Schedule annual reviews of your procedures to ensure readiness to request, receive and dispense medical countermeasures.

DSHS REGION 2/3 HEALTHCARE FACILITIES - SNS CONTACT

| | | | |
|------------------|------------------------|--------|---|
| F R O M | Point of Contact _____ | T O | Matthew Honza Region 2/3 SNS Coordinator _____ |
| | Company _____ | | Texas Department of State Health Services _____ |
| | Address _____ | | 1301 South Bowen Road Suite 200 _____ |
| | City/State/Zip _____ | | Arlington, TX 76013 _____ |
| | Phone _____ | | (817) 264-4663 _____ |

Patients Covered: _____
 Employees Covered: _____
 Others Covered*: _____
 Family Members**: _____
Total Covered: _____

*Describe Others:

| SNS Delivery Location | |
|-----------------------|-------------------|
| Street Address _____ | Delivery Details: |
| Suite/Room No. _____ | |
| City _____ | |
| State/Zip _____ | |

| Contact Information (for Delivery) | Primary Contact |
|------------------------------------|-------------------|
| First Name _____ | Work Phone: _____ |
| Last Name _____ | Home Phone: _____ |
| Work E-mail _____ | Cell Phone: _____ |
| Personal E-mail _____ | Fax Phone: _____ |

| Contact Information (for Delivery) | Alternate Contact |
|------------------------------------|-------------------|
| First Name _____ | Work Phone: _____ |
| Last Name _____ | Home Phone: _____ |
| Work E-mail _____ | Cell Phone: _____ |
| Personal E-mail _____ | Fax Phone: _____ |

| Contact Information (for Delivery) | Second Alternate Contact |
|------------------------------------|--------------------------|
| First Name _____ | Work Phone: _____ |
| Last Name _____ | Home Phone: _____ |
| Work E-mail _____ | Cell Phone: _____ |
| Personal E-mail _____ | Fax Phone: _____ |

| | |
|--|---|
| The above information is submitted for the coordination of SNS assets delivery for the facility mentioned above by an authorized agent of the company. | PRINT NAME _____ COMPANY NAME _____ TITLE _____ DATE _____ |
|--|---|

** If you do not know the exact number of family members, you can assume an average of three dependents for each patient, employee or other person(s) that you wish to cover at this facility.

APPENDIX I: The following resources were used in the development of this guide

Emergency Preparedness Planning

Texas Division of Emergency Management (TDEM)
www.txdps.state.tx.us/dem/

American Red Cross

- Preparing Your Business for the Unthinkable

<http://www.redcross.org/www-files/Documents/pdf/Preparedness/>

Federal Emergency Management Agency (FEMA)
Continuity of Operations Programs (COOP)
www.fema.gov/government/coop/index.shtm#0

Disability.gov

Emergency Preparedness

[https://www.disability.gov/?s=&fq=topics_taxonomy:"Emergency+Preparedness%5E%5E"](https://www.disability.gov/?s=&fq=topics_taxonomy:)

Texas Hams

- Amateur Radio in Texas

<http://texashams.org/>

Agency for Healthcare Research and Quality (AHRQ)
Emergency Preparedness
www.ahrq.gov/prep

Center for Medicare and Medicaid Services (CMS)
Emergency Preparedness
www.cms.hhs.gov/surveycertemergprep

Centers for Disease Control and Prevention (CDC)
Emergency Preparedness
www.bt.cdc.gov

Florida Health Care Association

Caring for Vulnerable Elders during a Disaster: National Findings of the Nursing Home Hurricane Summit 2007

http://www.ahcancal.org/facility_operations/disaster_planning/Documents/Hurricane_Summit_May2007.pdf

AHRQ, USDHHS 2007

- Nursing Homes in Public Health Emergencies: Special Needs and Potential Roles

www.ahrq.gov/prep/nursinghomes/nhomerep.pdf

Vermont Agency of Human Services Department of Disabilities, Aging & Independent Living

- Emergency Preparedness Planning for Nursing Homes and Residential Care Settings in Vermont

<http://www.dlp.vermont.gov/forms/emergency-preparedness-planning>

Infection Prevention

Centers for Disease Control and Prevention

- Healthcare-associated Infections (HAIs): Long-term Care Settings (2013)

http://www.cdc.gov/HAI/settings/ltc_settings.html

- CRE Toolkit-Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE) (2012)

<http://www.cdc.gov/hai/organisms/cre/cre-toolkit/>

- Management of Multi-drug Resistant Organisms in Healthcare Settings (2006)

<http://www.cdc.gov/hicpac/pdf/MDRO/MDROGuideline2006.pdf>

American Medical Directors Association (AMDA)

- Common Infections in the Long-term Care Setting

<http://www.guideline.gov/content.aspx?id=32667>

Association for Professionals in Infection Control and Epidemiology (APIC) and Society for Healthcare Epidemiology of America (SHEA)

- Infection Prevention and Control in the Long-term Care Facility

http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_A PIC-SHEA_GuidelineforICinLTCFs.pdf

United States Department of Health and Human Services (HHS)

- National Action Plan to Prevent Healthcare Associated Infections: Road Map to Elimination Phase 3-Long-term care facilities (2013)

<http://www.health.gov/hai/pdfs/hai-action-plan-ltcf.pdf>

Pandemic Flu

Texas Department of State Health Services

<http://www.texasflu.org/>

Centers for Disease Control and Prevention

www.cdc.gov/H1N1FLU

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

Flu.gov

<http://www.flu.gov/planning-preparedness/index.html>

APPENDIX II: Example Incident Command Structure for Large Long Term Care Facilities

INCIDENT COMMANDER

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

LIAISON OFFICER (reports to Incident Commander)

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

PUBLIC INFORMATION OFFICER (reports to Incident Commander)

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

SAFETY OFFICER (reports to Incident Commander)

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

OPERATIONS CHIEF (reports to Incident Commander)

Mission: Oversee the direct implementation of resident care and services, dietary services, and environmental services.

RESIDENT SERVICES BRANCH DIRECTOR (reports to Operations Chief)

Mission: Coordinate and supervise all aspects of resident care, services, and movement into and out of the facility. Coordinate Unit Leaders under Resident Services Branch.

NURSING SERVICES UNIT LEADER (reports to Resident Services Branch Director)

Mission: Organize and direct nursing services, including management of high acuity and special needs residents as well as routine nursing services including medication passes. Organize and direct activities of daily living for residents. Coordinate and supervise direct care staff. Evaluate supplies, equipment, and medication levels to support resident care needs.

TRANSFER & DISCHARGE UNIT LEADER (reports to Resident Services Branch Director)

Mission: Organize and direct resident transfer and discharge according to facility policies and procedures. Implement and monitor the facility's resident identification and tracking system for either incoming residents who are sheltering in place or for facility residents evacuating to an offsite destination.

PSYCHOSOCIAL UNIT LEADER (reports to Resident Services Branch Director)

Mission: Organize, direct, and supervise those services associated with the social and psychological needs of the residents, staff, and dependents.

SOCIAL SERVICES MANAGER (reports to Psychosocial Unit Leader)

Mission: Assure the medically related emotional and social needs of residents are maintained. Communicate transfer and discharge actions with residents' family members.

ACTIVITIES MANAGER (reports to Psychosocial Unit Leader)

Mission: Within the limitations and scope of the incident, involve residents in a program of activities that are designed to appeal to their interests, promote self-esteem, and are pleasurable. Obtain from Psychosocial Unit Leader updated messages to communicate to residents to ensure they are given the best information possible about the incident.

INFRASTRUCTURE BRANCH DIRECTOR (reports to Operations Chief)

Mission: Organize and manage the services required to sustain and repair the nursing home's infrastructure operations, including: power/lighting, water/sewer, HVAC, buildings and grounds, medical gases, medical devices, structural integrity, environmental services, and food services.

DIETARY SERVICES UNIT LEADER (reports to Infrastructure Branch Director)

Mission: Organize, provide, and safeguard food and water stores to allow for the facility's self-sufficiency for at least one week. Implement the facility's emergency menu. Provide Incident Command with inventory levels and projected needs.

ENVIRONMENTAL SERVICES UNIT LEADER (reports to Infrastructure Branch Director)

Mission: Ensure proper cleaning and disinfection of nursing home environment. Supervise housekeeping activities and laundry department.

MAINTENANCE UNIT LEADER (reports to Infrastructure Branch Director)

Mission: Maintain power and lighting to the nursing home facilities. Ensure adequate generator fuel. Evaluate and monitor the integrity of existing water, sewage, and sanitation systems. Enact pre-established alternate methods of waste disposal if necessary. Organize and manage the services required to sustain and repair the facility's buildings and grounds.

SECURITY UNIT LEADER (reports to Infrastructure Branch Director)

Mission: Coordinate all of the activities related to personnel and facility security, such as access control, crowd and traffic control, and law enforcement interface.

OTHER POSSIBLE UNIT LEADERS (report to Service Branch Director)

COMMUNICATION HARDWARE UNIT LEADER

Mission: Organize and coordinate internal and external communications connectivity.

IT/IS UNIT LEADER

Mission: Provide computer hardware, software and infrastructure support to staff.

STAFFING/SCHEDULING UNIT LEADER

Mission: Organize and inventory available staff. Make contact with off-duty staff as appropriate for scheduling. Receive requests and assign available staff as needed. Maintain adequate numbers of both medical and non-medical personnel. Assist in the maintenance of staff morale and well-being.

CENTRAL SUPPLY UNIT LEADER

Mission: Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies, and pharmaceuticals.

DEPENDENT CARE UNIT LEADER

Mission: Initiate and direct the sheltering and feeding of staff dependents. Contribute to overall staff morale and efficacy by providing a safe, engaging environment for their dependents.

TRANSPORTATION UNIT LEADER

Mission: Organize and coordinate the transportation of all ambulatory and non-ambulatory residents within or without the facility. Arrange for the transportation of human and material resources within or without the facility.

FINANCE/ADMINISTRATION CHIEF (reports to Incident Commander)

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

BUSINESS CONTINUITY UNIT LEADER (reports to Finance/Administration Chief)

Mission: Ensure business functions are maintained, restored or augmented to meet recovery objectives. Limit interruptions to continuity of essential business operations to the extent possible.

OTHER POSSIBLE UNIT LEADERS (continued)

PROCUREMENT UNIT LEADER (reports to Finance/Administration Chief)

Mission: Responsible for administering accounts receivable and payable to contract and non-contract vendors.

COST UNIT LEADER (reports to Finance/Administration Chief)

Mission: Responsible for providing cost analysis data for the declared emergency incident and maintenance of accurate records of incident cost.

EMPLOYEE TIME UNIT LEADER (reports to Finance/Administration Chief)

Mission: Responsible for the documentation of personnel time records. Monitor and report on regular and overtime hours worked/volunteered.

COMPENSATION/CLAIMS UNIT LEADER (reports to Finance/Administration Chief)

Mission: Responsible for receiving, investigating and documenting all claims reported to the nursing home during the emergency incident, which are alleged to be the result of an accident or action on nursing home property.

APPENDIX III: Amateur Radio Contacts

| Local Health Departments North Texas HAM Radio Contacts | | | |
|---|-----------------------------|--------------|---------------------------------|
| Counties | Contact Name | Phone Number | Email |
| Brown | Bill Fraser | 325-669-0077 | Fraser610@aol.com |
| Brown | Ray Schulze - K5SR | 325-646-9344 | |
| Collin | Jake Bathman | 972-424-1460 | jbathman@co.collin.tx.us |
| Dallas | Pat Hykkonen | | nt5ph@dallasraces.org |
| Denton | Guy Story | | KC5GOI@kc5goi.net |
| Grayson | Rick Simmons | 903-818-8066 | rr52s@yahoo.com |
| Hunt | Richard Hill | 903-408-4246 | homelandsecurity@huntcounty.net |
| Navarro | Eric Meyers | 903-875-3315 | ermeyers@navarrocountyoem.org |
| Nolan | Gary Armstrong - KC5NOX | 325-235-4110 | |
| Scurry | Perry Westmoreland N5JSU | 325-573-6215 | pwestmoreland@ci.snyder.tx.us |
| Scurry | Kyle Hailey KC5HUU | | |
| Scurry | Terry Sowell N5IMV | | |
| Scurry | Jason Gruben KF5BCR | | |
| Tarrant | Gerry Dalton - W5MAY | 214-532-1905 | gerry.dalton@fortworthtexas.gov |
| Tarrant | Frank Knox, KS5F | 817-283-9141 | fsknox@sbcglobal.net |
| Taylor | Bill Shaw KJ5DX | 325-672-8544 | |
| Wichita Falls | Larry Ballard | 940-781-3188 | lballard3@sbcglobal.net |

APPENDIX III: Amateur Radio Contacts

| DSHS North Texas HAM Radio Contacts | | | |
|-------------------------------------|-----------------------------|--------------|-------------------------------------|
| Counties | Contact Name | Phone Number | Email |
| Archer | Kelly D. DeSautel | 940 574 2868 | kelly.desautel@co.archer.tx.us |
| Baylor | Matt Gwinn - KC5NJP | 940-889-2616 | |
| Callahan | R.J. Harden - KB5HGM | 325-513-3184 | r_hardedn@yahoo.com |
| Clay | Larry Duncan KA5WLR | 940-781-2544 | ka5wlr@sbcglobal.net |
| Coleman | John Pearce | 325-214-2641 | jpearce@web-access.net |
| Comanche | Cliff Conway | | |
| Cooke | James Floyd - N5ZPU | 940-668-7511 | jfloyd54@swbell.net |
| Cottle | Matthew Harrington - KB5IOL | 940-657-3285 | |
| Eastland | Jeff Angus - WA6FWI | 254-647-5355 | |
| Ellis | Jeff Cashman | | wb5jc@yahoo.com |
| Erath | Jene Morrison K5IIY | 254-592-4747 | jene140@yahoo.com |
| Fannin | Darrell Brewer | 903-227-4955 | dbrewer@fanninco.net |
| Fisher | Bill Shaw KJ5DX | 325-672-8544 | |
| Foard | Mike Brown | 940-684-1501 | sheriffbrown@live.com |
| Hardeman | Bill Price | 940-663-2900 | |
| Haskell | Randy Shaw - N5NTB | 940-864-3886 | |
| Hood | Dave Porcher | 817-964-8515 | daveporcher@gmail.com |
| Jack | Jeremy Jennings | 940567-6321 | jjennings@cityofjacksboro.com |
| Johnson | Jamie Moore | 817-933-6261 | jmoore@johnsoncountytexas.org |
| Jones | Alton Williams | 325-773-2567 | |
| Kaufman | Steve Howie - KK5AU | 972-932-9696 | stevehowie@kaufmancounty.org |
| Kent | Howard Heath | 806-422-1450 | kentemergencymgmt@gmail.com |
| Knox | Matthew Harrington - KB5IOL | 940-657-3285 | |
| Mitchell | Rufino Martinez | 325-728-5252 | firedept@cityofcoloradocity.org |
| Montague | Bill Miller | 817-300-1726 | billmiller1@sbcglobal.net |
| Palo Pinto | Buddy Harwell | 214-843-5301 | keiffer.harwell@co.palo-pinto.tx.us |
| Parker | Shawn Scott | 817-598-0969 | shawn.scott@parkercountytexas.com |
| Rockwall | Scott Hammond | 214-763-8203 | shammond@airmail.net |
| Runnels | Bill Shaw KJ5DX | 325-672-8544 | |
| Shackelford | Tom Hart | 325-762-3582 | tmhart@att.net |
| Somervell | Jack Davidson | 254-221-0532 | dinojack1@skybeam.com |
| Stephens | Bill Flournoy | 254-559-2481 | bflournoy@texasisp.com |
| Stonewall | Jimmy Pittcock - KC5ATZ | 940-989-2655 | |
| Throckmorton | John Riley | 940-849-3431 | |
| Wilbarger | AJ Brannon NC5Z | 940-886-8538 | nc5z@sbcglobal.net |
| Wise | Chuck Beard | 940-627-5870 | |
| Young | Kari Burton | 940-378-2224 | |