

**Emergency Operations Plan Development
Guide and Template
for
Extended Care Facilities**

Published by South Carolina Department of
Health and Environmental Control in
Coordination with the South Carolina
Emergency Management Division

August 2013

**EMERGENCY OPERATIONS PLAN DEVELOPMENT GUIDE AND TEMPLATE
FOR EXTENDED CARE FACILITIES**

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EMERGENCY OPERATIONS PLAN DEVELOPMENT GUIDE AND TEMPLATE FOR EXTENDED CARE FACILITIES

I. INTRODUCTION

Our aging population has resulted in the increased need for facilities to care for these elderly citizens. This, combined with the catastrophic effects of recent disasters, has confirmed the need for comprehensive emergency operations plans for Extended Care Facilities. The use of the term "Extended Care Facilities" in this plan refers to any licensed care facility other than a hospital which provides nursing or assisted living care to persons who are aged or have disabilities.

As a courtesy, the Department of Health and Environmental Control, in collaboration with the South Carolina Emergency Management Division, has developed an EMERGENCY OPERATIONS PLAN DEVELOPMENT GUIDE and TEMPLATE FOR EXTENDED CARE FACILITIES. **This document is not all inclusive and should be used as a guide. It is not intended to supersede or substitute for compliance with SC DHEC Bureau of Health Facilities Licensing regulations or the requirements of the Division of Certification.** Requirements for other specific plans are contained in SC DHEC Bureau of Health Facilities Licensing regulations; for example, licensing regulations for Nursing Homes and Habilitation Centers for Persons with Intellectual Disability require the development of plans to ensure continuity of essential services.

Each facility may adopt the template to their unique needs and customize it accordingly. The checklists should also be incorporated as a component of the plan. The Department does not guarantee that a facility using this template will be in compliance with Federal or State regulations or that all issues are addressed. Furthermore, staff must be trained in the use of the plan, yearly continuing education must be conducted, and the plan must be retested and refined.

A. Objective

It is imperative that extended care facilities plan in advance and be ready should a disaster occur. The plan, template, checklists and job action sheets are designed as a resource tool to assist in the development and implementation of an effective all-hazards emergency operations 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. Plans must be reviewed and updated in compliance with the appropriate SC DHEC Bureau of Health Facilities Licensing regulation.

B. Purpose

The purpose of this publication is to provide guidance to staff and volunteers on the development of emergency policies and procedures to protect the lives and property of residents, staff and visitors, and to provide a template for developing an all-hazards emergency operations plan.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. The State of South Carolina is vulnerable to natural and technological disasters; acts of terrorism such as bomb threats; and other events such as fires that would require a facility to implement an emergency plan.
2. Elderly persons and/or residents who are disabled require special emergency consideration in planning for disasters or emergencies and ensuring in their safety.
3. An evacuation plan is necessary to ensure a timely, orderly and safe evacuation should the need arise. A facility should be prepared to meet all of its responsibilities in response to an emergency or a necessary evacuation. Having a workable Emergency Operations Plan is necessary to meet responsibilities.
4. Preparations and plans must also be made in the event a facility is allowed or ordered to shelter in place.

B. Assumptions

1. The possibility realistically exists that an emergency may occur.
2. **The facility is ultimately responsible for the safety of its residents and staff. Government assistance and resources may or may not be available in an emergency situation.**
3. In the event an emergency exceeds the facility's capability, external services and resources may be required. However, these resources may not be available. Therefore, the facility must plan to manage the incident themselves.
4. Local, state and federal departments and agencies may be able to provide assistance necessary to protect lives and property, but these resources should not be relied upon.
5. It is the responsibility of the SC Department of Health and Environmental Control's Office of Fire and Life Safety to inspect Community Residential Care Facilities (CRCFs), Nursing Homes, Inpatient Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence, Residential Treatment Facilities for Children and Adolescents, and Day Care Facilities for Adults for compliance with published fire safety guidelines.
6. The county emergency management agency may be available to assist Nursing Homes, CRCFs or Assisted Living Facilities, Intermediate Care Facilities for Persons with Intellectual Disability (ICF-MR), Hospice Facilities, and Day Care Facilities for Adults in writing and reviewing their emergency operations plan.
7. The Department of Health and Environmental Control's Bureau of Health Facilities Licensing is responsible for the inspection of Nursing Homes, Community Residential Care Facilities or Assisted Living Facilities, Intermediate Care Facilities for Persons with Intellectual Disability (ICF-MR), and Day Care Facilities for Adults for compliance with all state and federal guidelines. Nursing Homes, Community Residential Care Facilities or Assisted Living Facilities, ICF-MRs, and Day Care Facilities for Adults emergency operations plans should be reviewed for completeness, and to ensure that minimum licensure standards are met at these inspections.

III. CONCEPT OF OPERATIONS

Nursing Homes, Community Residential Care Facilities or Assisted Living Facilities, ICF-MRs, Hospice Facilities, and Day Care Facilities for Adults are required to develop and revise, in coordination with the county emergency management office, an emergency operations plan capable of providing for the safety and protection of residents, staff and visitors during an event. This plan shall be effective for either internal or external emergencies. The plan is envisioned as an all incident, all-hazard, and all-discipline plan. There should be at least four sections to an effective Emergency Operations Plan: Mitigation, Preparedness, Response, and Recovery, and should address each type of anticipated event (Hurricane, bomb threat, fire, earthquake, ice storm, etc.). The plan should be coordinated with the county emergency preparedness division and a copy of the plan should be filed with your county emergency preparedness division.

It is vital to review the various types of disasters that are most likely to affect the facility, both externally and internally, *before* a disaster happens. A hazard analysis should list what can happen to your facility as a result of known hazards, and prioritize the events according to probability, risk and your facility's level of preparedness. Examples of hazards that should be considered include: fire, both internal and external; severe thunderstorms and lightning; tornadoes; hurricanes and tropical storms; flooding; ice storms; hazardous substances including being located near facilities that store or use hazardous materials and location near railroad tracks or highways that transport hazardous materials; winter storms; nuclear power plant incidents; and earthquakes.

Planning should include provisions for direction and control, such as use of some type of incident command system. The person in charge of managing the disaster is the Incident Commander, and maintains overall responsibility for managing the incident, and is responsible for devising strategies and priorities. **Attachment B:** Emergency Contact Roster- Internal Staff has an area to indicate which individuals are pre-delegated to be in charge of an incident. Also see **Attachment C:** External Contact Information- Checklist.

A. Mitigation

Mitigation actions involve lasting, often permanent, reduction of exposure to, probability of, or potential loss from hazard events. They tend to focus on where and how to build. Examples include: zoning and building code requirements for rebuilding or constructing facility additions in high-hazard areas and analyses of floodplain and other hazard-related data to determine where it is safe to build in normal times. Mitigation also can involve educating healthcare facilities on simple measures they can take to reduce loss and injury, like preparing for sheltering in place during the event or evacuating, as necessary. For evacuation or sheltering in place, plans should be prepared in advance.

In the aftermath of an emergency or disaster when hazard awareness is high, there is also a need for planning to take advantage of mitigation opportunities. Funds may become available (with associated requirements for mitigation) for modified design and/or relocation of some facilities and infrastructure. Such attention to mitigation opportunities can make safer healthcare facilities for us all.

B. Preparedness

The primary focus of this phase should be on activities, programs and systems that exist prior to an emergency that are used to support and enhance a response to an emergency or disaster.

Preparedness includes:

1. Development, revision, testing of the emergency operations plan;
2. Training of staff regarding the plan and safety procedures;
3. Coordination of plans with the local emergency management agency;
4. Review and update of resource information (staffing, supplies, equipment, transportation, sheltering, Memoranda of Agreements (MOAs), etc.);
5. Ensuring staff have personal and family preparedness plans.

See **Attachment D**, Disaster Family Care Plan, <http://www.dhec.sc.gov/administration/ophp/> (Hurricane Preparedness; Terrorist Hazards; and Personal Preparedness), <http://www.scmd.org> (Plan & Prepare/Planning for You), <http://www.redcross.org/prepare> (Plan & Prepare) for guidance.

C. Response

The focus of this phase is activities designed to address the immediate and short-term effects of the onset of an emergency or disaster. They include:

1. Activation of the plan, (to include notification to appropriate individuals/agencies);
2. Monitoring of conditions;
3. Facility security;
4. Staffing;
5. Coordination with outside agencies and resident families;
6. Evacuation;
7. Sheltering in place.

D. Recovery

This phase applies to general post-disaster operations - activities which attempt to restore systems to normal. Short-term recovery actions are taken to assess damage and return vital life-support systems to minimum operating standards. Precautions should also be taken upon *re-entry* of your facility after a disaster and prior to implementing recovery activities.

Re-entry into the post-disaster area is controlled by the county emergency management office and may require ID badge and post-disaster re-entry placards or credentials. Re-entry into the post-disaster healthcare facility will also require structural safety inspections by the SC DHEC Division of Fire and Life Safety.

IV. EMERGENCY OPERATIONS PLAN TEMPLATE AND ATTACHMENTS

Following is a template describing items to be included in a comprehensive all-hazards disaster plan. Planning, response, recovery and mitigation should be components addressed in the plan. The checklists need to be attached to your plan and/or posted as indicated. Job action sheets are also included to assist your staff in understanding their roles during an emergency.

Your plan should include the following:

A. General Information

1. Purpose – Indicate plan purpose, e.g., “The purpose of this plan is to describe the actions to be taken by the facility operator and facility staff in the event of an emergency or disaster that occurs at or otherwise threatens the lives or safety of the occupants or staff.”
2. Organizational chart – attach to the plan.
3. Personnel call down list- See **Attachment B: Emergency Contact Roster- Internal Staff**
4. Command Center- Designate a command center location and personnel to staff the center (additional staff may be required) See **Attachment B: Emergency Contact Roster- Internal Staff**.
5. Emergency telephone numbers to include sheltering facilities, transportation, emergency medical services, County Emergency Management Offices, regional public health preparedness staff, staff, etc. – See **Attachment C: External Contact Information- Checklist**.
6. Notification information- See **Attachment E: Notification Procedures Checklist**.
7. Procedures for activating Emergency Operation Plan.
8. Resource Lists (personnel, equipment, vehicles, etc.).
9. Command Structure and Responsibilities- Your plan should indicate use of some type of incident command system- identify who is in charge during an emergency (Incident Commander), that is, who has the authority to make decisions for the facility. An alternate should be selected for this person. **Attachment B: Emergency Contact Roster- Internal Staff** has an area to indicate which individuals are pre-delegated to be in charge during an incident. Describe Departmental responsibilities and emergency tasks and designated individuals to handle these tasks. (See **Section VII. Facility Departmental Responsibilities: Job Action Sheets**).
10. Security. Indicate procedures for securing buildings during emergencies (lockdown).

B. Facility- Specific Information

This information includes the location and characteristics of the facility and the people associated with it. Include the number and type of residents, staffing, operational constraints, and any hazards that may be present:

1. Describe number of buildings, year they were built, type of construction, number of floors, type of construction, water source (city or well), sewer or septic tank, location of smoke alarm/sprinkler system, location of alternative power supply, if available, etc.
2. Attach a floor plan of the facility showing offices, resident spaces, utility spaces, location of hazardous materials, emergency exits, and evacuation routes.
3. Hazard analysis. Describe potential hazards the facility is vulnerable to, such as: fire, both internal and external; severe thunderstorms and lightning; tornadoes; hurricanes and tropical storms; ice storms, flooding; hazardous materials, including hazardous materials stored at fixed facilities and hazardous materials transported by rail or road near the facility; winter storms; nuclear power plant incidents; earthquakes. Work with your Regional Public Health Preparedness Director and Local Emergency Manager to obtain copies of the most recent State Level Hazard Vulnerability Analysis.
4. Indicate proximity of facility to a railroad or major transportation artery.
5. Identify if facility is located within 10 or 50 mile emergency planning zone of a nuclear power plant.
6. Number of facility beds, maximum number of residents on site, average number of residents on site.
7. Types of residents served, such as: residents with Alzheimer Disease; residents requiring special equipment or other special care, such as oxygen or dialysis; number of residents who are self-sufficient.

C. Evacuation Plan

See Attachment F: Evacuation Checklists

Note: The Evacuation Plan, which includes the Transportation Plan, the Sheltering Plan, and the Staffing Plan along with the required attachments and documents, must be submitted to the SC DHEC Bureau of Health Facilities Licensing upon request or in accordance with the April 25, 2013 Memorandum explaining the process. A copy should also be filed with the County Emergency Preparedness Division. (See Attachment A).

1. **Transportation Plan** – The transportation plan should describe how the residents will be transported to the sheltering facilities. It should include as an attachment any contracts or Memorandums of Agreement with transportation companies, churches or ambulance services or other transportation modality. The transportation plan should include:
 - a. The number and type of vehicles required.
 - b. How the vehicles will be obtained. (Check to ensure providers do not have other potentially conflicting commitments.)
 - c. Who will provide the drivers.
 - d. Medical support to be provided for the resident during transportation.
 - e. Estimation of the time to prepare residents for transportation.
 - f. Estimation of the time for the facility to prepare for evacuation.
 - g. Estimation of time for the resident to reach the sheltering facility.
 - h. Detailed route to be taken to each sheltering facility.
 - i. Description of what items must be sent with the resident such as (1) the resident's medical record, which contains medications the resident is taking, dosage, frequency of medication administration, special diets, special care, etc. (2) a 7 day supply of medications, (3) special medical supplies the resident may need, (4) other items such as clothing, incontinence supplies, etc.
 - j. The medical records should be provided to the receiving facility and remain with the receiving facility until the resident is further transferred back to the sending facility or to another facility.
 - k. Records should be maintained of which residents are transported to which facilities.
2. **Sheltering Plan** – The Sheltering Plan should describe where the residents will be transported. The receiving facility should be appropriate for the level of care required for the residents being evacuated. It should include as an attachment any contract, memorandum of agreement, or transfer agreement the facility has with a receiving facility. The sheltering plan should include:
 - a. Sleeping plan.
 - b. Feeding plan.
 - c. Medication plan.
 - d. Accommodations for relocated staff.
 - e. Number of relocated residents that can be accommodated at each receiving facility.
3. **Staffing Plan** – The Staffing Plan should include how the relocated residents will be cared for at the sheltering facility as well as the number and type of staff that is needed at the evacuating facility to help evacuate the residents. The Staffing Plan should include:
 - a. Description of how care will be provided to relocated residents.

- b. Identification of number and type of staff needed to evacuate the facility and to accompany residents to the sheltering facility.
- c. Plan for relocating facility staff.

4. **Attachments and Documents**

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

See Attachment G: Extended Care Facility Resident Census and Conditions to be Used for Disaster Evacuation Planning and Reporting

D. Sheltering in Place

In certain situations, such as a tornado or chemical incident, your facility may be ordered by local, emergency management, state or federal authorities to stay and shelter in place. Regardless, the facility needs to plan for sheltering in place. In an emergency, your facility may be without telephone or other communications, electric power, or water and sewer service for several days. The facility must be able to exist on its own for at least 7 days without outside assistance. Your plan should include provisions for resident care (monitoring of medical conditions), facility safety and security, food, water, medications, contact with first responders (fire, police, EMS, etc.) and public health (SC DHEC), transportation, staff, lighting, temperature control, waste disposal, and medical supplies.

See **Attachment H:** Shelter In Place Preparedness and Supply Checklist for more detailed information.

E. Critical Data Sheet System - This is an online tool that coastal nursing homes and other resident facilities can use to summarize their emergency plans. The plan information and data are used by SC DHEC to be more proactively involved in their planning efforts. During an evacuation of an area because of an approaching hurricane, only the Governor can exempt a facility from an evacuation. Should the Department of Health and Environmental Control be asked to advise the Governor on which facilities should be allowed to shelter in place during a mandatory evacuation, the Department will rely on the Critical Data Sheet, surge maps, the strength of the approaching storm, the recommendation of the County's Emergency Management Office, and any other information that may be useful to the development of a recommendation to the Governor. In order for a facility to be considered for permission to shelter in place during a hurricane, the information in the Critical Data Sheet must be updated each year by May 1. As applicable, the Emergency Operations Plan should outline a process for the Critical Data Sheets to be completed, updated and kept current at least annually. (Although initially developed for coastal healthcare facilities, the SC DHEC encourages the use of the Critical Data Sheet website by all SC hospitals, nursing homes, hospice facilities, and community residential care facilities.)

F. Recovery Plan. See Attachment I: Recovery Checklists for a listing of recovery actions that should be performed after a disaster.

Recovery planning should include a person designated to be in charge of recovery operations. The plan should also make provision for the following during recovery: documentation, financial matters, inventory and re-supply, and records preservation.

It is important to assess remaining hazards, ensure personnel safety, and protect undamaged property, equipment and supplies. It is also critical to keep detailed records of damage-related costs. Take photographs or videotape the damage.

G. Policies and Procedures for Specific Disaster Situations

Different policies and procedures should be developed for specific disaster situations. Checklists have been provided as indicated for inclusion into the plan and/or posted. Emphasis has been placed on the Evacuation Plan required by the SC DHEC Bureau of Health Facilities Licensing. General preparedness checklists have been provided. Hurricane preparedness and response activities have also been emphasized.

Note that the checklists provided must be customized in accordance with specific requirements for your facility by the SC DHEC Bureau of Health Facilities Licensing and Certification, if applicable. Please consult the regulation to ensure the checklists reflect all regulatory requirements.

Preparedness and Response plans for the following disasters should be included in your plan, as applicable:

Natural Disasters

1. Hurricanes Preparedness and Evacuation – See Attachment J
2. Severe Thunderstorms – See Attachment K, Section A
3. Tornado – See Attachment K, Section B
4. Flooding – See Checklist K, Section C
5. Winter storms – See Checklist K, Section D
6. Earthquakes

Technological Disasters

1. Fire Safety – See Checklist L, Section A
2. Bomb threats – See Checklist L, Section B
3. Utility Outages – See Checklist L, Section C
4. Electric Power Failure – See Checklist L, Section D
5. Gas Line Break – See Checklist L, Section E
6. Water Main Break – See Checklist L, Section F
7. Hazardous Materials, including fixed facilities
8. Terrorism
9. Nuclear power plant incidents
10. Civil disturbances
11. Transportation Accidents

Other Disasters

1. Missing Resident – See Attachment M, Section A
2. Pandemic Influenza – See Attachment M, Section B

H. Training and Revision

A training plan should be developed and implemented, and address the following:

1. Scheduling employee orientation training and in-service training on the content of the Emergency Operations Plan and the Evacuation Plan. The Emergency Operations Plan, to include the Evacuation Plan, should be discussed at least annually with staff.
2. Exercising and re-evaluation of existing plans – at least annually.
3. Conducting unannounced drills of all aspects of the Emergency Operations Plan at least annually.
4. Ensuring employees know their individual responsibilities and their department responsibilities during an event.
5. Fire drills – conducting at least twelve unannounced fire drills per year (one drill per quarter per shift, as required by regulation).
6. Weekly and monthly testing of emergency generators, monthly testing of phone systems and other emergency equipment such as flashlights and emergency radios.
7. Documentation of all training and testing.
8. Procedures for correcting deficiencies noted during exercises.

Procedures need to be developed and implemented for revising the plan. The following needs to be addressed:

1. Annual review of the existing Emergency Operations Plan. Include a policy for review and making necessary changes to this plan.
2. At least an annual review of telephone numbers of staff, emergency agencies, and contracted services such as sheltering facilities, transportation services, and EMS.
3. At least an annual update or renew transfer agreements and transportation agreements.
4. Coordination of revisions to the plan with SC DHEC Bureau of Health Facilities Licensing, your local Emergency Management Agency and other entities, such as the home office.

Note the plan should be reviewed and updated in accordance with an established schedule. It is advised to update your plan prior to hurricane season. Distribution of the plan should include your facility staff; appropriate parts of the plan should be made available to residents and/or their responsible parties as part of your facility admission packet.

V. AUTHORITIES AND REFERENCES

The following Authorities and References were used in the preparation of this document:

Authorities

1. Regulation 61-13, Standards for Licensing Habilitation Centers for Persons with Intellectual Disability or Persons with Related Conditions.
2. Regulation 61-17, Standards for Licensing Nursing Homes.
3. Regulation 61-75, Standards for Licensing Day Care Facilities for Adults.
4. Regulation 61-84, Standards for Licensing Community Residential Care Facilities.
5. South Carolina Emergency Operations Plan (June 2013).
6. South Carolina Hurricane Plan (June 2013).
7. Emergency Evacuation Plan Submission Requirements, Memorandum of April 25, 2013, from the Bureau of Health Facilities Licensing.

8. State of South Carolina Department of Health and Environmental Control Emergency Order (August 30, 2004).

References

1. Assisted Living Federation of America Disaster Planning Guide and Toolkit (May 2006).
2. Montgomery County, Maryland, Emergency Preparedness Checklist for Nursing Homes, Assisted Living Facilities and Group Homes (June 2005).
3. Louisiana Model Nursing Home Emergency Plan (July 1999).
4. Greater New York Hospital Association Recovery Checklist for Hospitals After a Disaster (October 2006).
5. Fairfax County Government Emergency Planning Guideline for Medical and Patient Care Facilities (September 2006).
6. Disaster Preparedness Guide for Assisted Living Facilities (Florida Health Care Association-Florida Center for Assisted Living, 2006).
7. American Red Cross- disaster guides and preparedness materials, <http://www.redcross.org/>.
8. CDC Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist, <http://www.flu.gov/>.
9. Saint Vincent Catholic Medical Centers of New York Disaster Family Care Plan.
10. Florida Agency for Healthcare Administration Emergency Management Planning Criteria for Hospitals (December 2004).
11. US Department of Transportation Pipeline and Hazardous Materials Safety Administration “Guidance for the Safe Transportation of Medical Oxygen” (June 30, 2006), <http://www.phmsa.dot.gov/staticfiles/PHMSA/DownloadableFiles/Files/gstomo.pdf>.
12. Department of Health and Human Services, Office Of Inspector General. “Executive Summary: Gaps Continue To Exist In Nursing Home Emergency Preparedness And Response During Disasters: 2007–2010”, April 2012, OEI-06-09-00270.

VI. ATTACHMENTS

Attachment A: April 25, 2013 Memorandum

PS-MR-20130425



Catherine B. Templeton, Director

Promoting and protecting the health of the public and the environment

April 25, 2013

MEMORANDUM

TO: Administrators of Intermediate Care Facilities for Persons with Intellectual Disability
Administrators of Hospitals and Institutional General Infirmaries
Administrators of Nursing Homes
Administrators of Hospice Facilities
Administrators of Community Residential Care Facilities
Administrators of Residential Treatment Centers for Children & Adolescents
Administrators of Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence (24-hour facilities)

FROM: Gwen C. Thompson
Director, Division of Health Licensing

SUBJECT: Emergency Evacuation Plan Submission Requirements

NOTE: This memorandum replaces the memorandum dated August 31, 2011.

Each facility is required to submit a current emergency evacuation plan (EEP) annually to the Division of Health Licensing (DHL) prior to the expiration date of its license. A current EEP is one that has been developed, revised, and/or reviewed by the facility within 120 days prior to the license expiration date. Plans should be received in our office no later than 60 days prior to the expiration date of your license to insure that your license is renewed in a timely manner.

For the licensing period of July 01, 2013 through June 30, 2014, all facilities will be required to submit a copy (facilities located in Beaufort, Charleston, Colleton, Horry, Jasper and Georgetown counties will be required to provide two copies) of their current EEP at the time of license renewal. During this one-year period the Emergency Evacuation Plan Statement option will not be an acceptable alternative to submission of the EEP. The Department is seeking to assure that we have an updated, current copy of each facility's EEP. After June 30, 2014, the Emergency Evacuation Plan Statement option will be accepted provided no substantial change to the EEP has been made.

A facility license will not be issued or renewed, until such time as the DHL receives an acceptable completed evacuation plan that adequately addresses all of the requirements as outlined in the "Component Criteria To Be Met" table below.

After June 30, 2014, if a facility's EEP has been reviewed and no substantial changes have been made, a completed Emergency Evacuation Plan Statement may be submitted certifying that the Emergency Evacuation Plan has been reviewed and no substantial changes have been made. In addition, the plan must meet the licensing standards pertaining to emergency/disaster preparedness contained in the DHEC regulation appropriate to the type of license issued to your facility by the Department and are as follows:

Reg. 61-13, Intermediate Care Facilities for the Intellectually Disabled or Persons with Related Conditions, § B(8).

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Reg. 61-16, Hospitals and Institutional General Infirmaries, § 207.

Reg. 61-17, Nursing Homes, § 1502.

Reg. 61-78, Hospices, § 1701.

Reg. 61-84, Community Residential Care Facilities, § 1401.

Reg. 61-103, Residential Treatment Facilities for Children and Adolescents, § J(6)(a).

Reg. 61-93, Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence, § 1502.

The table below contains all of the components that must be addressed in your EEP and your facility procedures. Please ensure that your plan addresses all items listed. Please submit your plan to:

DHEC
Division of Health Licensing
2600 Bull Street
Columbia, SC 29201

MET	COMPONENT CRITERIA TO BE MET
	A Sheltering Plan that includes:
	a. An alternate location to house patients or residents (Sheltering Facility);
	b. Full provisions for at least the number of licensed beds at Sheltering Facilities;
	c. A letter of agreement between the facility and the sheltering facility(ies) signed by an authorized representative of each Sheltering Facility. The letter shall be current (within the last year) and must include the number of relocated patients or residents that can be accommodated;
	d. The name, address, and phone number of the Sheltering Facility; *
	e. Facilities located in Beaufort, Charleston, Colleton, Horry, Jasper, and Georgetown counties, at least one Sheltering Facility shall be located in a county other than these counties. *
	A Sleeping Plan for the patients or residents that should address topics such as:
	a. Beds, cots, sleeping bags, or mattresses required;
	b. Pillows, blankets, etc. required;
	c. Arrangements to provide special bed equipment, e.g., egg crate mattress, air mattress, etc.
	A Feeding Plan for the patients or residents that should address topics such as:
	a. Food and water provisions for preparing or catering at least 3 meals per day;
	b. Arrangements to provide the special diets required;
	c. Equipment and supplements necessary for patients or residents that are tube feeding. (Unless otherwise prohibited by regulation)
	A Medication Plan for the patients or residents that should address topics such as:
	a. Arrangements for all medication regimens (including standing orders) to accompany each patient or resident relocated;
	b. Arrangements for medications to accompany each patient or resident relocated;
	c. Arrangements for Medication Administration Records to accompany each patient or resident relocated;
	d. Measures to be taken to secure and store medications;
	e. Provisions to include medication reference materials in the relocation.
	A Transportation Plan for the patients or residents that includes:
	a. Number and type of vehicles required to relocate patients or residents; *
	b. How the vehicles will be obtained; *

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MET	COMPONENT CRITERIA TO BE MET
	c. When the vehicles will be obtained; *
	d. Who, e.g., individual or company, will provide the drivers of the vehicles; *
	e. Procedures for providing medical support and medications for the patients or residents during the relocation;
	f. Estimated time to accomplish the relocation of the patients or residents; *
	g. The primary route to be taken to the Sheltering Facility; *
	h. The secondary route to be taken to the Sheltering Facility. *
	A Staffing Plan that includes:
	a. A detailed outline that indicates how care will be provided to the relocated patients or residents;
	b. The number and type, e.g. job titles, of staff;
	Plans for relocating or assuring transportation for staff to the sheltering facility, if staffing is to be provided by the relocating facility;
	The Staffing Plan must be co-signed by an authorized representative of the Sheltering Facility if staffing is to be provided by the Sheltering Facility.
	Annual updating or whenever significant changes occur.
	Documentation of communication/coordination with county Emergency Preparedness Division in the development and implementation of the Emergency Evacuation Plan.*
	Plan rehearsed annually (if required by regulation) and documented to include:
	a. Time and date;
	b. Summary of actions and recommendations; *
	c. Names of Participants.

*Elements of particular interest to local emergency preparedness divisions.

Communication and coordination with your county emergency preparedness division is required; however, these divisions often have their own mandates and their own responsibilities to fulfill. The level of participation these divisions should have in your EEP is one of review, coordination, and comment. All emergency responders should work together in an organized effort to mitigate against, prepare for, respond to, and recover from an emergency. An acceptable form of documentation of county emergency preparedness division review and/or coordination would be a letter from the division stating that the facility EEP has been reviewed by the division. In lieu of this preferred documentation, a copy of correspondence requesting that your county emergency preparedness division review and participate in the development of your EEP will be acceptable.

After initial review and coordination with the county emergency preparedness division of your EEP, annual review by and coordination with the county emergency preparedness division is not required. However, when emergency evacuation plans undergo significant changes they must again be reviewed by and coordinated with the county emergency preparedness division.

Cc: Catherine Templeton, DHEC Director
 Jamie Shuster, Deputy Director of Public Health
 Dennis L. Gibbs, Chief, Health Facilities Regulation
 County Offices of Emergency Management
 DHEC Regional Public Health Preparedness Directors
 Dan Drociuk, Director, Office of Public Health Preparedness
 Randy Langston, Health Regulation Emergency Preparedness Coordinator

Attachment B: Emergency Contact Roster - Internal Staff – Checklist

Command Center Location: _____

Alternate Command Center Location: _____

Command Center Telephone Number(s): _____

Note: In the left hand margin, indicate numerical order in which these persons would be called during an emergency. Review and update as needed, or at least annually.

Emergency Contact Roster- Internal Staff	
Title	Contact Information
Administrator	Name:
	Work
	Cell
	Home
	E-mail
Medical Director	Name:
	Work
	Cell
	Home
	E-mail
Director of Nursing	Name:
	Work
	Cell
	Home
	E-mail
Director of Environmental Services (Housekeeping)	Name:
	Work
	Cell
	Home
	E-mail
Maintenance Supervisor	Name:
	Work
	Cell
	Home
	E-mail

Emergency Contact Roster- Internal Staff	
Title	Contact Information
Dietary/Food Services Director	Name:
	Work
	Cell
	Home
	E-mail
Security Director	Name:
	Work
	Cell
	Home
	E-mail
Safety Director	Name:
	Work
	Cell
	Home
	E-mail
Director of Plant Maintenance	Name:
	Work
	Cell
	Home
	E-mail
Public Information Officer	Name:
	Work
	Cell
	Home
	E-mail
Behavioral Health Counseling	Name:
	Work
	Cell
	Home
	E-mail

Pre-Designated Command Center Staff:

Name:	Name:
Work	Work
Cell	Cell
Home	Home
E-mail	E-mail
Name:	Name:
Work	Work
Cell	Cell
Home	Home
E-mail	E-mail
Name:	Name:
Work	Work
Cell	Cell
Home	Home
E-mail	E-mail

Chain of Command - The following persons are pre-delegated, in the following order, to be in charge (Incident Commander) of an incident:

1. _____
2. _____
3. _____

Regarding transportation of oxygen, see US Department of Transportation Pipeline and Hazardous Materials Safety Administration “Guidance for the Safe Transportation of Medical Oxygen” dated June 30, 2006:

<http://www.phmsa.dot.gov/staticfiles/PHMSA/DownloadableFiles/Files/gstomo.pdf>

Sheltering Facility Agreement/Contract Contacts

Company Name	
Contact Person	
Office #	
Cell	
Pager	
Will accept this # and type of residents	

Company Name	
Contact Person	
Office #	
Cell	
Pager	
Will accept this # and type of residents	

Company Name	
Contact Person	
Office #	
Cell	
Pager	
Will accept this # and type of residents	

Attachment D: Disaster Family Care Plan – Checklist

Name: _____

Department: _____

Location/Shift: _____

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

Alternate Caregiver #1:

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Alternate Caregiver #2:

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Location of children or other dependents:

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

Other pertinent information:

Signature and Date

See also <http://www.dhec.sc.gov/administration/ophp/> (Hurricane Preparedness; Terrorist Hazards; and Personal Preparedness), <http://www.scemd.org> (Plan & Prepare/Planning for You), <http://www.redcross.org/prepare> (Plan & Prepare) for guidance.

Attachment E: Notification Procedures Checklists

Procedures must be developed in order for your facility to receive timely information on impending disasters or potential disasters, and notification of key staff and residents of emergency conditions.

PREPAREDNESS: Notification Plan

Plans should be in place that:

Date/Time Completed	Initials	Item
		Indicate person(s) at your facility responsible for disseminating internal warnings.
		Indicate modes of internal warning (intercom, alarm system, group page)
		Describe alternate warning system(s) in the event primary mode fails.
		Describe modes for receiving external warnings (NOAA weather radio, TV, etc.)
		Explain how key staff will be alerted.
		Explain how residents will be alerted and precautionary measures to be taken.
		Identify procedures for notifying those areas or facilities to which residents will be moved or relocated.
		Identify procedures for notifying families that residents have been moved or relocated.

RESPONSE: Communications Procedures

Note: All calls should be routed through the Command Center.

Date/Time Completed	Initials	Item
		Alert staff, residents and visitors of emergency.
		Call off-duty staff from emergency call-down roster.
		County emergency management agency notified, if applicable.
		Local fire department notified, if applicable.
		Resident physicians notified, if applicable.
		SC DHEC Bureau of Health Facilities Licensing notified, if applicable.
		Families notified, if applicable.
		Advise host shelter sites of estimated time of departure and arrival, and numbers and medical condition of residents.
		Advise SC DHEC Bureau of Health Facilities Licensing via telephone and fax of departure and destination, and numbers and medical condition of residents.

Attachment F: Evacuation Checklists

PREPAREDNESS: Items potentially needed for evacuation

PREPAREDNESS: Items potentially needed for evacuation	
Evacuation Checklist	
✓	Item
	Ramp to load residents on buses
	First aid kit(s)
	Medication Administration Records (MAR) - entire chart if possible
	Special legal forms, such as signed treatment authorization forms, do not resuscitate orders, and advance directives
	Resident contract agreements
	Clothing with each resident's name on their bag
	Water supply for trip- staff and residents (one gallon/resident/day)
	Emergency drug kit
	Non-prescription medications
	Prescription medications and dosages (labeled), to include physician order sheet
	Communications devices: cell phones, walkie-talkies (to communicate among vehicles), 2 way radios, pager, Blackberry, satellite phone, laptop computer for instant messaging, CB radio (bring all you have)
	Air mattresses or other bedding (blankets, sheets, pillows)
	Facility checkbook, credit cards, pre-paid phone cards
	Cash, including quarters for vending machines, laundry machines, etc
	Important papers: insurance policies, titles to land and vehicles, etc.
	List of important phone numbers
	Emergency prep box: trash bags, baggies, yarn, batteries, flashlights, duct tape, string, wire, knife, hammer and nails, pliers, screwdrivers, fix-a-flat, jumper cables, portable tire inflator, tarps, batteries, etc.
	Non perishable food items- staff and residents
	Disposable plates, utensils, cups, straws
	Diet cards
	Rain ponchos
	Battery operated weather radio and extra batteries, to include hearing aid batteries and diabetic pump batteries
	Hand sanitizer
	Incontinence products
	Personal wipes
	Toiletry items (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues)
	Denture holders/cleansers
	Toilet paper
	Towels
	Latex gloves
	Plastic bags
	Bleach/sterilizing cleaner

PREPAREDNESS: Items potentially needed for evacuation	
Evacuation Checklist	
✓	Item
	Coolers
	Lighters
	Mops/buckets
	Extension cords
	Office supplies, such as markers, pens, pencils, tape, scissors, stapler, note pads, etc.
	Laptop computer with charger; Flash drives or CDs with medical records
	Maps, to include primary and secondary evacuation routes
	Hurricane tracking chart
	Sunscreen/sunglasses
	Insect Repellant
	Tarps and Rope
	Vehicle Emergency Kit (Safety Triangles, road flares, engine oil, transmission fluid, funnels, jumper cables, tow rope or chain, tool kit, etc.)

RESPONSE: PRIOR TO EVACUATION

RESPONSE: PRIOR TO EVACUATION		
Date/Time Completed	Initials	Item
		Determination made of number of residents that must be transported by ambulance, van, car, bus or other method
		Transport services contacted and necessary transportation arranged.
		Receiving facilities contacted and arrangements made for receipt of residents.
		Contact made with facility's medical director and/or the resident's physician
		Necessary staff contacted for assistance in transporting residents and caring for residents at the receiving facility.
		Identify staff responsibilities and the back-up plan if there isn't sufficient staff.
		County Emergency Management Agency contacted and informed of the status of the evacuation.
		Roster made of where each resident will be transferred and notify next of kin when possible.
		Residents readied for transfer, with the most critical residents to be transferred first. Include: <ul style="list-style-type: none"> a. change of clothes b. 7 day supply of medications c. 7 day supply of medical supplies d. resident's medical chart to include next of kin e. resident identification, such as a picture, wrist band, identification tag, or other identifying document to ensure residents are not misidentified f. logistics to transport medications, including ensuring their protection under the control of a registered nurse

RESPONSE: PRIOR TO EVACUATION		
Date/Time Completed	Initials	Item
		Residents readied for transfer, to include: <ul style="list-style-type: none"> • Name of resident • Name and contact information for next of kin/power of attorney • Date of birth • Diagnosis • Current drug/prescription and diet regimens
		Adequate planning considerations given to special needs residents, such as dialysis residents.
		Adequate planning considerations given to residents on oxygen or residents needing wheelchairs and other assistive devices.
		Describe whether staff family can shelter at the facility and evacuate.
		Describe how to handle resident illness or death during an evacuation.
		Describe how to provide disaster counseling to residents.
		Arrangements have been made for mental health and grief counselors at the evacuation site.
		Discuss the facility's emergency plan with a representative of the ombudsman program serving the area where the facility is located and provide a copy of the plan to the ombudsman program.
		Notify the local ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to visit them and provide assistance to them and their families.

**Attachment G: Extended Care Facility Resident Census and Conditions – Checklist
(To be used for Disaster Evacuation Planning and Reporting)**

RESPONSE

Facility Name	
Contact Person(s)	
Phone #, pager #, etc.	
License Number	
Address	
Medicare #	
Medicaid #	
Total Residence Census	

Please categorize your residents according to the criteria listed below:

<p>Clients with special need(s) who are critically ill</p> <ul style="list-style-type: none"> ◦ Intravenous therapies ◦ Tracheotomy/respiratory care ◦ Stage III and IV decubitus ◦ Kidney dialysis ◦ Other <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Clients with special need(s), but whose condition will probably deteriorate during an evacuation</p> <ul style="list-style-type: none"> ◦ Intravenous therapies ◦ Tracheotomy/respiratory care ◦ Stage III and IV decubitus ◦ Kidney dialysis ◦ Other <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Clients with limited needs</p> <ul style="list-style-type: none"> ◦ Bladder/bowel incontinence ◦ Chairbound ◦ Tube Feeding ◦ Indwelling catheter ◦ Contractures ◦ Injections ◦ Other <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Total	Total	Total

Signature of Person Completing Form

Date

Title

Attachment H: Shelter In Place Checklists

Note: Assumption is made that your facility has permission from authorities to shelter in place, or your facility has been directed to shelter in place due to the nature of the disaster. Also note this checklist is not disaster-specific, so all items will not necessarily be applicable, depending on the nature of the disaster.

PREPAREDNESS

Shelter In Place Checklist		
Date Completed	Initials	Item
		Plan in place describing how seven days of non-perishable meals are kept on hand for residents, and staff. The Plan should include special diet requirements.
		Plan in place describing how 7 days of potable water is stored and available to residents, and staff.
		Plan in place identifying 7 days of necessary medications that are stored at the facility and how necessary temperature control and security requirements will be met.
		Plan in place to identify staff that will care for the residents during the event and any transportation requirements that the staff might need and how the facility will meet those needs.
		Plan in place for an alternative power source to the facility such as an onsite generator and describe how 7 days of fuel will be maintained and stored.
		Alternate power source plan provides for necessary testing of the generator as required by SC DHEC Bureau of Health Facilities Licensing regulations.
		Plan in place describing how the facility will dispose of or store waste and biological waste until normal waste removal is restored.
		Plan in place for distributing Emergency Placards to appropriate staff. (Emergency Placards and ID badges may be required by the county emergency management agency for re-entry during recovery and the post-disaster period. See Section III.D. Recovery.)
		Emergency Communications Plan in place (facility infrastructure), such as for cell phones, walkie-talkies, 2 way radios, pager, Blackberry, satellite phone, laptop computer for instant messaging, HAM radio.
		Adequate planning considerations given to special needs residents, such as dialysis residents.
		Adequate planning considerations given to residents on oxygen.

Supply and Equipment Checklist

Supply and Equipment Checklist	
✓	Item
	Emergency Placards. (Emergency Placards and ID badges may be required by the county emergency management agency for re-entry during recovery and the post-disaster period. See Section III.D. Recovery.)

Supply and Equipment Checklist	
✓	Item
	Non perishable food items- staff and residents
	Disposable plates, utensils, cups and straws
	Battery operated weather radio and extra batteries
	Hand sanitizer
	Hurricane tracking chart
	Drinking water (one gallon per day per person) for 7 days
	Ice
	Backup generators
	Diesel fuel to supply generators for power and for cooling systems
	Backup supply of gasoline so staff can get to and from work
	Extra means for refrigeration
	Food (staff and residents) – amounts and types of food in supply – 7 days
	Medicines – 7 days
	Medical supplies – 7 days
	Medical equipment (oxygen tanks)
	Battery operated weather radio, flashlights and battery operated lights
	Extra batteries, to include hearing aid batteries and diabetic pump batteries
	Toiletry items for staff and residents (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues)
	Hand sanitizer
	Plywood to board up large windows, but leave space to see outside to know what is happening
	Incontinence products
	Personal wipes
	Denture holders/cleansers
	Toilet paper
	Towels
	Latex gloves
	Plastic bags
	Bleach/sterilizing cleaner
	Plastic sheeting for covering broken windows
	Duct tape
	Hammers
	Nails
	Coolers
	Lighters
	Mops/buckets
	Extension cords
	Office supplies, such as markers, pens, pencils, tape, scissors, stapler, note pads, etc.
	Laptop computer with charger; Flash drives or CDs with medical records

RESPONSE- Note that some actions are dependent upon nature of the disaster such as hurricane vs. a hazardous material spill in the vicinity of your facility.

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

Attachment I: Recovery Checklists

Recovery Checklist		
Date Completed	Initials	Item
		Recovery and re-entry operations and badging for staff coordinated with county emergency management agency. (Emergency Placards and ID badges may be required by the county emergency management agency for re-entry during recovery and the post-disaster period. See Section III.D. Recovery.)
		Recovery operations coordinated with local jurisdictions/agencies to restore normal operations.
		Recovery operations coordinated with authorities to perform search and rescue.
		Recovery operations coordinated with applicable jurisdiction to reestablish essential services.
		Crisis counseling for provided residents/families as needed.
		Local and state authorities provided with a master list of displaced, injured or deceased residents.
		Next-of-kin notified of displaced, injured or deceased residents.
		Insurance agent contacted.
		Hazard evaluation conducted prior to re-entry, to include potential structural damage and items that can affect staff, volunteers, residents and appropriate personnel.
		Inventory taken of damaged goods.
		Protective measures taken for undamaged property, supplies and equipment.
		Access- safe access and egress assured for staff, deliveries, and ambulances.
		Building declared safe for occupancy by appropriate regulatory agency.
		Building- Fire-fighting services available.
		Building- Pest control/containment procedures in effect.
		Building- Adequate environmental control systems in place.
		Internal communication system functional and adequate.
		Internal Communications- Emergency call system functional and adequate.
		Internal Communications- Fire alarms system(s) functional and adequate.
		Internal Communications- Notifications made to staff regarding status of communication system(s).
		External Communications- functional to call for assistance (to fire, police, etc.).
		External Communications- Notifications made to staff regarding status of communication system(s).
		Dialysis residents - water supply and other system components adequate and functional.
		Dietary- adequate facilities, personnel & supplies onsite.
		Dietary- adequate refrigeration for storage of food and dietary supplies.
		Dietary- food approved for re-use by SC DHEC, if applicable.
		Electrical Systems- Main switchboard, utility transfer switches, fuses and breakers operational.
		Electrical Systems- transformers reviewed.

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

Recovery: Re-opening the Facility – Checklist

Recovery: Re-opening the Facility		
Date Completed	Initials	Item
		Repairs and maintenance complete.

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

Attachment J: Hurricane Preparedness and Evacuation Checklists

PREPAREDNESS: Beginning of Hurricane Season

Beginning of Hurricane Season		
Date Completed	Initials	Item
		Contract transportation vendors to ensure MOAs are current.
		Contract sheltering to ensure MOAs are current.
		Inventory, inspect & replenish emergency supplies.
		Ensure staff has copy of emergency procedures.
		Conduct training class on emergency evacuation and sheltering in place procedures.
		Rotate emergency food stocks.
		Inspect air conditioning roof tie down system.
		Inspect facility-owned transport vehicles- change transmission fluid and oil.
		Conduct vehicle safety check, to include tow bars, gas cans, spare tire and jack.
		Inventory, inspect and replenish first aid kits and emergency medical supplies to be taken on evacuation.
		Confirm evacuation plans for pets.
		Confirm emergency radio is in working order.
		Confirm flashlights and extra batteries are available.
		Ensure adequate potable water is available.
		If large capacity vehicles will be used for transportation, identify and assign staff to monitor activities and respond to problems.

RESPONSE: When a hurricane is projected to impact your area: Ninety-six (96) Hours Prior to Mandatory Medical Evacuation

Ninety-six (96) Hours Prior to Mandatory Medical Evacuation		
Date Completed	Initials	Item
		Participate in conference calls with SC DHEC and your nursing home association.
		Contact corporate office re: potential evacuation.
		Contact emergency contact for each resident re: potential evacuation.
		Contact emergency vendors: Transportation provider.
		Contact emergency vendors: Labor provider for loading and unloading residents.
		Contact emergency vendors: Medical suppliers.
		Contact emergency vendors: Water suppliers.
		Contact emergency vendors: Food suppliers.
		Contact transfer facilities.
		Determine emergency work schedule.
		Test answering machine.
		Check communications equipment: phones, walkie talkies, radios, etc.
		Verify primary and secondary routes to transfer facilities.
		Conduct safety check of vehicles, emergency equipment, vehicle kits.

Ninety-six (96) Hours Prior to Mandatory Medical Evacuation		
Date Completed	Initials	Item
		Inventory vehicle emergency supplies.
		Test backup generators (such as for freezers, refrigerators).
		Test batteries in emergency lights and exit signs.
		Ensure applicable workers have emergency placards.
		Inspect storage areas and ensure all items are up off the floor and covered with plastic.
		Inventory all medications, first aid kits and other medical supplies & replenish as needed.
		Order emergency supplies of medications.

RESPONSE: When a hurricane is projected to impact your area and a voluntary or mandatory evacuation is imminent – Seventy-two (72) Hours Prior to Mandatory Medical Evacuation

Seventy-two (72) Hours Prior to Mandatory Medical Evacuation		
Date Completed	Initials	Item
		Participate in conference calls with SC DHEC and your nursing home association.
		Confirm emergency work schedule.
		Announce possible move to residents.
		Fully charge batteries for communication equipment; ensure extra batteries are available.
		Ensure each vehicle to be used has list of phone #s in order to communicate with other staff/vehicles.
		Ensure each vehicle to be used has routes to sheltering facility.
		Withdraw emergency cash.
		Review emergency rules for vehicle evacuation.
		Gather and/or secure loose exterior items.
		Pack resident charts in plastic storage boxes.
		Pack 2 weeks of medications for each evacuating resident.
		Fill vehicle fuel tanks.
		Move pets to designated facility.
		Review Attachment 9: Extended Care Facility Resident Census and Conditions to be Used for Disaster Evacuation Planning and Reporting.
		Update and issue ID bracelets.
		Order emergency medical supplies.
		Order emergency water supply.
		Order emergency food supply.
		Contact transportation providers and confirm arrangements.

RESPONSE: Hurricane Evacuation Ordered – Mandatory medical evacuation can take twenty-four (24) hours or more, and will be followed by a variable period of time awaiting storm arrival which will be used by all individuals and organizations for final checks and preparation at all levels.

Hurricane Evacuation Ordered		
Date Completed	Initials	Item

Hurricane Evacuation Ordered		
Date Completed	Initials	Item
		Participate in conference calls with SC DHEC, your nursing home association, and the County Emergency Preparedness Division.
		Activate telephone answering machine.
		Contact corporate office re: evacuation.
		Post emergency phone #s on front door.
		Notify police, fire, county emergency preparedness, etc. of decision to leave.
		Inform insurance agent.
		Prepare bag lunches, water, drinks for traveling staff and residents, as applicable.
		Unplug and cover computers.
		Create backup computer files for administration to take with them.
		Shut down water heaters and elevators.
		Shut down power to all buildings.
		Shut off gas.
		Lock all doors and gates.
		Pack vehicles.
		Pack resident and staff personal items in labeled plastic bags (pillow, blankets, towels, clothes, etc.).
		Pack important documents.
		Pack other items such as hearing aids, dentures, eyeglasses, walkers and canes.
		Pack medications.

RESPONSE: Shelter in Place - See Attachment H, Shelter In Place Checklists

Attachment K: Checklists for Other Natural Disasters

A. RESPONSE: SEVERE THUNDERSTORMS

SEVERE THUNDERSTORMS		
Date/Time Completed	Initials	Item
		NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather Service.
		Relocate to inner areas of building as possible.
		Keep away from glass windows, doors, skylights and appliances.
		Refrain from using phones, taking showers.

B. RESPONSE: TORNADO

Note that most tornados occur between 3 and 9 pm and peak tornado occurrence in the southern states is March through May. The average tornado lasts 8-10 seconds.

- a. All staff need to know the difference between a Tornado Watch (conditions are favorable for the development of a tornado) and Tornado Warning (a tornado has been sighted or indicated by radar).
- b. Remain calm and in protective posture until declared safe by public authorities.
- c. Assess injuries and damages suffered by residents, the facility, and utilities as soon as the tornado danger has passed. Compile injury and damage reports at the command post.

TORNADO WATCH

TORNADO WATCH		
Date/Time Completed	Initials	Item
		NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather Service.
		Residents and assigned staff inside facility and accounted for.
		Local radio and/or television station on to receive continuous weather information.
		Outdoors and indoors checked for any objects that could become projectiles in high winds (outdoors- lawn furniture, grills, potted plants, rakes, tools, etc.; indoors- drinking glasses, metal trays, etc.).
		Windows and exterior doors tightly closed.
		Supply of flashlights and extra batteries readily available.

TORNADO WARNING

TORNADO WARNING		
Date/Time Completed	Initials	Item
		NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather Service.
		Residents moved to central hall away from windows (other potential areas-basement, first floor interior hallways, restrooms or other enclosed small areas).

TORNADO WARNING		
Date/Time Completed	Initials	Item
		Restrooms or vacant rooms checked for visitors or stranded residents and escort to shelter area.
		Doors to resident rooms shut after residents are removed.
		Mattresses and/or blankets provided to residents to reduce injury from flying debris.
		Staff and ambulatory residents instructed to take position of greatest safety: crouch down on knees with head down and hands locked at back of neck or protect head/body with pillows or mattress.
		Electricity, water and fuel lines shut off, if time permits.

C. PREPAREDNESS: FLOODING

PREPAREDNESS: FLOODING		
Date Completed	Initials	Item
		NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather Service.
		Staff trained regarding definition a flood WATCH (flash flooding is possible in your area).
		Staff trained regarding what to do during a flood WATCH (be alert to signs of flash flooding and be ready to evacuate on a moment's notice).
		Staff trained regarding definition of a flood WARNING (a flash flood is occurring or will occur very soon).
		Staff trained regarding what to do during a flood WARNING (listen to local radio or TV station for information and advice. If told to evacuate, do so as soon as possible.).

RESPONSE: FLOODING

RESPONSE: FLOODING		
Date Completed	Initials	Item
		NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather Service and TV station is on for listening to information and advice.
		Shut off water main to prevent contamination.
		Move records to a higher floor or area.
		WATCH- fill vehicle gas tanks in the event an evacuation is ordered.
		Prepare to evacuate residents.

D. RESPONSE: WINTER STORMS

RESPONSE: WINTER STORMS		
Date Completed	Initials	Item

RESPONSE: WINTER STORMS		
Date Completed	Initials	Item
		NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather Service.
		Secure facility against frozen pipes.
		Check emergency and alternate utility sources.
		Check emergency generator.
		Conserve utilities - maintain low temperatures, consistent with health needs.
		Equip vehicles with chains and snow tires, if appropriate.
		Ensure a 7 day supply of food, water, medical supplies, medicine, and fuel.

Note: There are also Flash Flood Watches (flooding is expected to occur within 6 hours after heavy rains have ended) and Flash Flood Warnings (flooding will occur within 6 hours or is occurring). Dam breaks and very heavy rain in a short period of time can lead to flash flooding.

Attachment L: Technological Disaster Checklists

A. PREPAREDNESS: FIRE SAFETY

PREPAREDNESS: FIRE SAFETY		
Date Completed	Initials	Item
		Employees trained on use of fire response plan.
		Employees trained on how to report a fire.
		Employees trained on use of the fire alarm system.
		Employees trained on location and use of fire-fighting equipment.
		Employees trained on methods of fire containment.
		Employees trained on their specific responsibilities, tasks, or duties.
		All training documented.
		Fire drills conducted and documented as per regulatory requirements.
		Location of fire alarms posted.
		Location of fire extinguishers posted.
		Employees trained on use of extinguishers.
		Directions posted on how to utilize emergency equipment
		<p>Employees trained on use of RACE</p> <p>R: Rescue - Rescue/remove residents from the immediate fire scene/room. Stay calm- do not panic.</p> <p>A: Alert - Alert local fire personnel by activating nearest fire alarm pull station</p> <p>C: Confine/Contain - Confine fire and smoke by closing all doors and windows in the area. Crawl low if exit route is blocked by smoke.</p> <p>E: Extinguish or Evacuate - Utilize fire extinguisher as situation permits- to extinguish small fires or escape from large fire by spraying in a sweeping motion. Evacuate the building immediately.</p>

B. BOMB THREAT

PREPAREDNESS - Procedures to be established prior to receipt of bomb threat:

PREPAREDNESS: BOMB THREAT		
Date Completed	Initials	Procedure
		Designated facility Building/Floor Wardens: Contact name: _____ Telephone: _____ Cell phone: _____ Pager: _____
		Staff trained and training documented on use of bomb threat procedures.
		Bomb threat assembly area established in the event of building evacuation.
		Procedures established with local law enforcement.
		Procedures coordinated with county emergency management.
		Procedures coordinated with SC DHEC Bureau of Health Facilities Licensing.
		Procedures include emergency contact numbers.
		Procedures attached to checklist.
		Procedures posted next to each telephone.

RESPONSE - Upon receipt of a bomb threat:

- Remain calm- do not hang up.
- Take notes as you talk/listen.
- Following the call, **immediately** call the designated Building Warden (or your supervisor if the Building Warden is not available).
- Do not discuss the call with anyone else but the Building Warden or your supervisor.

Date of call: _____ Time of call: _____

Ask the caller:

1. Where is the bomb?	
2. What time is the bomb going to explode?	
3. What does the bomb look like?	
4. What kind of bomb is it?	
5. Why did you place the bomb?	
6. What will cause it to explode?	

Wording of the threat:

Caller information

Caller's identity (M or F)	
Tone of voice (soft, deep, high pitch, other)	
Accent (local, foreign, regional)	
Speech (stutter, slurred, nasal, other)	
Language (good, foul)	
Manner (calm, angry, laughing, other)	
Age (younger, older)	
Background noises (office/factory machines, trains, animals, airplanes, music, traffic, other)	

If you must evacuate the building:

- Get out quickly
- Proceed to your assembly area for head count
- Do not get in your car and leave
- Do not activate the fire alarm
- Take your keys, purse, etc. with you
- Leave all doors open
- Remain in your assembly area until the “all clear” is given by the Building Warden

Signature

Date

C. PREPAREDNESS: UTILITY OUTAGES

PREPAREDNESS: UTILITY OUTAGES		
Date Completed	Initials	Procedure
		Emergency radio available.
		Ensure a seven (7) day supply of food and water for residents and staff.
		Ensure a 7 day supply of emergency fuel.
		Arrange for private contact to serve as an added back-up resource.
		Work with the county emergency management agency in establishing a back-up resource.
		Keep an accurate blueprint of all utility lines and pipes associated with the facility and grounds.
		Develop procedures for emergency utility shutdown.
		List all day and evening phone numbers of emergency reporting and repair services of all serving utility companies:
		List names and numbers of maintenance personnel for day and evening notification:

D. RESPONSE: ELECTRIC POWER FAILURE

RESPONSE: ELECTRIC POWER FAILURE		
Date/Time Completed	Initials	Item
		Call _____ NUMBER (power company).
		Notify the maintenance staff.
		Keep refrigerated food and medicine storage units closed to retard spoilage.
		Turn off power at main control point if short is suspected.
		Evacuate the building if danger of fire.

E. RESPONSE: GAS LINE BREAK

RESPONSE: GAS LINE BREAK		
Date/Time Completed	Initials	Item
		Notify maintenance staff, Administrator, local public utility department, gas company and police and fire departments.
		Shut off the main valve.
		Open windows.
		Evacuate the building immediately. Follow evacuation procedures.
		Re-enter building only at the discretion of utility officials.

F. RESPONSE: WATER MAIN BREAK

RESPONSE: WATER MAIN BREAK		
Date/Time Completed	Initials	Item
		Call _____ NUMBER (facility maintenance).
		Shut off valve at primary control point.
		Relocate articles which may be damaged by water.
		Call _____ NUMBER (designated assistance groups) if flooding occurs.

Attachment M: Checklist for Other Disasters

A. RESPONSE: MISSING RESIDENT

RESPONSE: MISSING RESIDENT		
Date/Time Completed	Initials	Item
		Communicate internal notification of missing resident.
		Search every room in facility.
		Search immediate grounds - supply flashlights, at night.
		Call 911 to alert fire department/local law enforcement.
		Notify responsible family member: <ul style="list-style-type: none"> • Inform family that resident is missing. • State that 911 and fire department search teams have been notified. • Ask family members to remain at home near a phone. • Discourage family members from coming to the facility at this time.
		Upon arrival of the search team, transfer authority to team members.
		Supply resident's picture, if available, from medical records to search team members.

B. PANDEMIC INFLUENZA

See <http://www.flu.gov/planning-preparedness#> for CDC Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist. The checklist includes: structure for planning and decision making; development of a written pandemic influenza plan; and, elements of a pandemic influenza plan.

Attachment N: CMS Checklist Tasks for Emergency Plans

CMS has published an emergency preparedness checklist as a “recommended tool” for long-term care facilities. This checklist includes 70 tasks, which CMS grouped into 23 task categories.

Long-term care facilities could implement these tasks to ensure that they have a comprehensive emergency plan to respond to any disaster.

The checklist provides guidance for developing emergency plans; ensuring adequate supplies of food and water; identifying evacuation routes; and transporting patients, critical supplies, and equipment. It also recommends that long-term care facilities collaborate with local emergency management agencies, suppliers, and providers identified as part of a community emergency plan to care for evacuees.

Note: Though some of the recommended tasks may exceed the long-term care facility’s minimum State & Federal regulatory requirements for facility emergency plans, their omission could compromise resident health and safety and jeopardize effective facility response to disasters.

A. Develop Emergency Plan

A. DEVELOP EMERGENCY PLAN			
Gather all available information when developing the emergency plan. This information includes, but is not limited to:			
Not Started	In Progress	Completed	Task
			Copies of any state and local emergency planning regulations or requirements.
			Facility personnel names and contact information.
			Contact information of local and state emergency managers.
			A facility organization chart.
			Building construction and Life Safety systems information.
			Specific information about the characteristics and needs of individuals for whom care is provided.

B. All-Hazards Continuity of Operations (COOP) Plan

B. ALL-HAZARDS CONTINUITY OF OPERATIONS (COOP) PLAN			
Not Started	In Progress	Completed	Task
			Develop a continuity of operations business plan using an all-hazards approach (e.g., hurricanes, floods, tornadoes, fire, bioterrorism, pandemic) that could potentially affect the facility directly and indirectly within the particular area of location. Indirect hazards could affect the community but the not the facility and as a result interrupt necessary utilities, supplies or staffing. Determine all essential functions and critical personnel.

C. Collaborate with Local Emergency Management Agency

C. COLLABORATE WITH LOCAL EMERGENCY MANAGEMENT AGENCY			
Not Started	In Progress	Completed	Task
			Collaborate with local emergency management agencies to ensure the development of an effective emergency plan.

D. Analyze Each Hazard

D. ANALYZE EACH HAZARD			
Analyze the specific vulnerabilities of the facility and determine the following actions for each identified hazard.			
Not Started	In Progress	Completed	Task
			Specific actions to be taken for the hazard.
			Identified key staff responsible for executing plan.
			Staffing requirements and defined staff responsibilities.
			Identification and maintenance of sufficient supplies and equipment to sustain operations and deliver care and services for 3-10 days, based on each facility's assessment of its hazard vulnerabilities.
			Communication procedures to receive emergency warning/alerts, and for communication with staff, families, individuals receiving care, before, during and after the emergency.
			Designate critical staff, providing for other staff and volunteer coverage and meeting staff needs including transportation and sheltering critical staff members' family.

E. Collaborate with Suppliers/Providers

E. COLLABORATE WITH SUPPLIERS/PROVIDERS			
Not Started	In Progress	Completed	Task
			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 or the family of staff.

F. Decision Criteria for Executing Plan

F. DECISION CRITERIA FOR EXECUTING PLAN			
Not Started	In Progress	Completed	Task
			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.

G. Communication Infrastructure Contingency

G. COMMUNICATION INFRASTRUCTURE CONTINGENCY			
Not Started	In Progress	Completed	Task
			Establish contingencies for the facility communication infrastructure in the event of telephone failures (e.g., walkie-talkies, ham radios, text messaging systems).

H. Develop Shelter in Place Plan

H. DEVELOP SHELTER IN PLACE PLAN			
Due to the risks in transporting vulnerable 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.			
Not Started	In Progress	Completed	Task
			Procedures to assess whether the facility is strong enough to withstand strong winds, floods, etc.
			Measures to secure the building against damage (plywood for windows, sandbags and plastic for flooding), safest areas of the facility are identified.
			Procedures for collaborating with local emergency management agency, fire, police and EMS agencies regarding the decision to shelter in place.
			Sufficient resources are in supply for sheltering in place for at least 7 days, including: <ol style="list-style-type: none"> 1. Ensuring emergency power, including back-up generators and accounts for maintaining a supply of fuel. 2. An adequate supply of potable water (recommended amounts vary by population and location). 3. A description of the amounts and types of food in supply. 4. Maintaining extra pharmacy stocks of common medications. 5. Maintaining extra medical supplies and equipment (e.g., oxygen, linens, vital equipment).
			Identifying and assigning staff who are responsible for each task.
			Description of hosting procedures, with details ensuring 24-hour operations for minimum of 7 days.
			Contract established with multiple vendors for supplies and transportation.

H. DEVELOP SHELTER IN PLACE PLAN			
Due to the risks in transporting vulnerable 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.			
Not Started	In Progress	Completed	Task
			Develop a plan for addressing emergency financial needs and providing security.

I. Develop Evacuation Plan

I. DEVELOP EVACUATION PLAN			
Develop an effective plan for evacuation, by ensuring provisions for the following are specified:			
Not Started	In Progress	Completed	Task
			Identification of person responsible for implementing the facility evacuation plan (even if no outside evacuation order is given).
			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. A back-up may be necessary if the first one is unable to accept evacuees.
			At least one pre-determined evacuation location is 50 miles away.
			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.
			Adequate food supply and logistical support for transporting food is described.
			The amount of water to be transported and logistical support is described.
			The logistics to transport medications is described, including ensuring their protection under the control of a registered nurse.
			Procedures for protecting and transporting resident medical records.
			The list of items to accompany residents is described.
			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.
			Identify staff responsibilities and how individuals will be cared for during evacuation, and the back-up plan if there isn't sufficient staff.
			Procedures are described to ensure residents dependent on wheelchairs and/or 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).
			A description of how other critical supplies and equipment will be transported is included.
			Determine a method to account for all individuals during and after the evacuation.

I. DEVELOP EVACUATION PLAN			
Develop an effective plan for evacuation, by ensuring provisions for the following are specified:			
Not Started	In Progress	Completed	Task
			Procedures are described to ensure that staff accompany evacuating residents.
			Procedures are described if a resident becomes ill or dies in route.
			Mental health and grief counselors are available at reception points to talk with and counsel evacuees.
			It is described whether staff family can shelter at the facility and evacuate.

J. Transportation and Other Vendors

J. TRANSPORTATION AND OTHER VENDORS			
Not Started	In Progress	Completed	Task
			Establish transportation arrangements that are adequate for the type of individuals being served. Obtain assurances from transportation vendors and other suppliers/contractors identified in the facility emergency plan that they 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).

K. Train Transportation Vendors/Volunteers

K. TRAIN TRANSPORTATION VENDORS/VOLUNTEERS			
Not Started	In Progress	Completed	Task
			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 the chronic, cognitively impaired and frail population and are knowledgeable on the methods to help minimize transfer trauma.

L. Facility Reentry Plan

L. FACILITY REENTRY PLAN			
Not Started	In Progress	Completed	Task
			Describe who will authorize 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.

M. Residents and Family Members

M. RESIDENTS AND FAMILY MEMBERS			
Not Started	In Progress	Completed	Task
			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.

N. Resident Identification

N. RESIDENT IDENTIFICATION			
Not Started	In Progress	Completed	Task
			Determine how residents will be identified in an evacuation; and ensure the following identifying information will be transferred with each resident: <ol style="list-style-type: none"> 1. Name. 2. Social Security Number. 3. Photograph. 4. Medicaid or other health insurer number. 5. Date of birth, diagnosis. 6. Current drug/prescription and diet regimens. 7. Name and contact information for next of kin/responsible person/Power of Attorney.
			Determine how this information will be secured (e.g., laminated documents, water proof pouch around resident's neck, water proof wrist tag) and how medical records and medications will be transported so they can be matched with the resident to whom they belong.

O. Trained Facility Staff Members

O. TRAINED FACILITY STAFF MEMBERS			
Not Started	In Progress	Completed	Task
			Ensure that each facility staff member on each shift is trained to be knowledgeable and follow all details of the plan. Training also needs to address psychological and emotional aspects on caregivers, families, residents, and the community at large. Hold periodic reviews and appropriate drills and other demonstrations with sufficient frequency to ensure new members are fully trained.

P. Informed Residents

P. INFORMED RESIDENTS			
Ensure residents and family members are aware of and knowledgeable about the facility plan, including:			
Not Started	In Progress	Completed	Task

P. INFORMED RESIDENTS			
Ensure residents and family members are aware of and knowledgeable about the facility plan, including:			
Not Started	In Progress	Completed	Task
			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.
			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.

Q. Processes for Determining the Needed Provisions

Q. PROCESSES FOR DETERMINING THE NEEDED PROVISIONS			
Not Started	In Progress	Completed	Task
			If provisions need to be delivered to the facility residents – power, flashlights, food, water, ice, oxygen, medications – and if urgent action is needed to obtain the necessary resources and assistance.

R. Processes for Determining Location of Evacuated Residents

R. PROCESSES FOR DETERMINING LOCATION OF EVACUATED RESIDENTS			
Not Started	In Progress	Completed	Task
			The location of evacuated residents, document and report this information to the clearing house established by the state or partnering agency.

S. Helping Residents in the Relocation (Training for Staff)

S. HELPING RESIDENTS IN THE RELOCATION (TRAINING FOR STAFF)			
Not Started	In Progress	Completed	Task
			Suggested principles of care for the relocated residents include: Encourage the resident to talk about expectations, anger, and/or disappointment; Work to develop a level of trust; Present an optimistic, favorable attitude about the relocation; Anticipate that anxiety will occur; Do not argue with the resident; Do not give orders; Do not take resident's behavior personally; Use praise liberally; Include the resident in assessing problems; Encourage staff to introduce themselves to residents; Encourage family participation.

T. Review Emergency Plan

T. REVIEW EMERGENCY PLAN			
Not Started	In Progress	Completed	Task
			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: regulatory change; new hazards are identified or existing hazards change; after tests, drills, or exercises when problems have been identified; after actual disasters/emergency responses; infrastructure changes; funding or budget-level changes.

U. Communication with the Long-Term Care Ombudsman Program

U. COMMUNICATION WITH THE LONG-TERM CARE OMBUDSMAN PROGRAM			
Not Started	In Progress	Completed	Task
			Prior to any disaster, discuss the facility's emergency plan with a representative of the ombudsman program serving the area where the facility is located and provide a copy of the plan to the ombudsman program. When responding to an emergency, notify the local ombudsman program of how, when and where residents will be sheltered so the program can assign representatives to visit them and provide assistance to them and their families.

V. Conduct Exercises and Drills

V. CONDUCT EXERCISES AND DRILLS			
Conduct exercises that are designed to test individual essential elements, interrelated elements, or the entire plan:			
Not Started	In Progress	Completed	Task
			Exercises or drills must be conducted semi-annually unless directed by regulation.
			Corrective actions should be taken on any deficiency identified.

W. Loss of Resident's Personal Effects

W. LOSS OF RESIDENT'S PERSONAL EFFECTS			
Not Started	In Progress	Completed	Task
			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.

VII: FACILITY RESPONSIBILITIES AND TASKS BY DEPARTMENT

JOB ACTION SHEETS

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

A. Administrator

Duties of Administrator authorized to function as the “Incident Commander”

Name _____ Date _____

Title _____

ADMINISTRATION		
Time Completed	Initials	Item
		Notify staff of disaster or impending disaster.
		Determine extent/type of emergency.
		Activate emergency plans.
		Activate emergency staffing. (Provide transportation of emergency personnel, as needed).
		Assign responsibilities (appoint staff as needed)
		Ensure relevant notifications have been made (e.g., police, fire, EMS, county emergency management).
		Appoint staff as needed to handle media-related activities (Public Information Officer), communicate with other agencies/facilities (Liaison Officer), ensure safety of facility and residents (Safety Officer) and persons needed that have special technical knowledge (such as medical or hazardous materials expertise).
		Authorize operation of Command Center.
		Ensure Command Center staff have needed checklists.
		Ensure staffing needs are continuously evaluated.
		Authorize cancellation of special activities (e.g., trips, activities, family visits), deliveries and services.
		Authorize resources as needed or requested (food, water, medications, staff, supplies, etc.)
		Receive briefings from Department Heads on pending operations.
		Authorize need for additional security or to lockdown facility.
		Closely monitor weather reports.
		Determine need for evacuation and begin procedures if necessary based on information provided.
		Authorize arrangements for emergency transportation of residents.
		Authorize activation of additional staffing.

ADMINISTRATION		
Time Completed	Initials	Item
		Authorize preparation of facility to shelter in place, as applicable.
		Provide routine staff briefings.
		Oversee notification of family members.

B. Dietary/Food Services

Name _____ Date _____

Title _____

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

Staff Duties as assigned by Manager

DIETARY/FOOD SERVICES		
Completed (✓)	Initials	Item
		Check water and food for contamination.
		Check refrigeration loss if refrigerator not on emergency power circuit.
		Ensure 7-day supply of food stored for residents and staff.
		Ensure availability of special resident menu requirements.
		Assess needs for additional food stocks.
		Assemble required food and water rations to move to evacuation site, as necessary.

C. Housekeeping Services

Name _____ Date _____

Title _____

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

D. Maintenance Services

Name _____ Date _____

Title _____

MAINTENANCE SERVICES		
Completed (✓)	Initials	Item
		Brief supervisor as needed.
		Ensure communications equipment is operational and extra batteries are available.
		Check and ensure safety of surrounding areas (secure loose outdoor equipment and furniture).
		Secure exterior doors and windows.
		Check/fuel emergency generator and switch to alternative power as necessary.
		Alert Department Heads of equipment supported by emergency generator.
		If pump or switch on emergency generator is controlled electrically, install manual pump or switch.
		Ensure readiness of buildings and grounds.
		Call fire department if applicable.
		Conduct inventory of vehicles, tools and equipment and report to administrative service.

MAINTENANCE SERVICES		
Completed (✓)	Initials	Item
		Fuel vehicles.
		Identify shut off valves and switches for gas, oil, water, and electricity and post charts to inform personnel.
		Identify hazardous and protective areas of facility and post locations.
		Close down/secure facility in event of evacuation.
		Ensure all needed equipment is in working order.
		Document and report repairs/supplies needed for the building.
		Ensure emergency lists are posted in appropriate areas.
		Monitor fuel supplies and generators.
		Be watchful for potential fire hazards, water leaks, water intrusion, or blocked facility access.
		Determine need for additional security.*
		Ensure supplies and equipment are safe from theft.*
		Identify and mitigate outdoor threats to facility.*

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

E. Nursing/Medical Services

Name _____ **Date** _____

Title _____

NURSING/MEDICAL SERVICES		
Completed (✓)	Initials	Item
		Brief supervisor as needed.
		Ensure delivery of resident medical needs.
		Assess special medical situations.
		Coordinate oxygen use.
		Relocate endangered residents.
		Ensure availability of medical supplies.
		Secure resident records.
		Maintain resident accountability and control.
		Supervise residents and their release to relatives, when approved.
		Ensure proper control of arriving residents and their records.
		Screen ambulatory residents to identify those eligible for release.
		Maintain master list of all residents, including their dispositions.
		Contact pharmacy to determine: <ul style="list-style-type: none"> • Cancellation of deliveries • Availability of backup pharmacy • Availability of 7-days of medical supplies
		Assist with resident transportation needs.
		Supervise emergency care.
		Use Medication Administration Records (MAR) to verify resident locations.
		Ensure adequate medications and medical supplies are available.

NURSING/MEDICAL SERVICES		
Completed (✓)	Initials	Item
		Periodically check medications and medical supplies.
		Review and prioritize resident care requirements.
		Coordinate staffing needs.
		Supervise resident transfer from the building.

F. Resident Services

Name _____ Date _____

Title _____

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

VIII. GLOSSARY AND ACRONYMS

CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
SC DHEC	SC Department of Health and Environmental Control
EMD	Emergency Management Division
ICF-MR	Intermediate Care Facilities for Persons with Intellectual Disability
MAR	Medication Administration Records
MOA	Memorandum of Agreement
NOAA	National Oceanic and Atmospheric Administration
SCEMD	SC Emergency Management Division