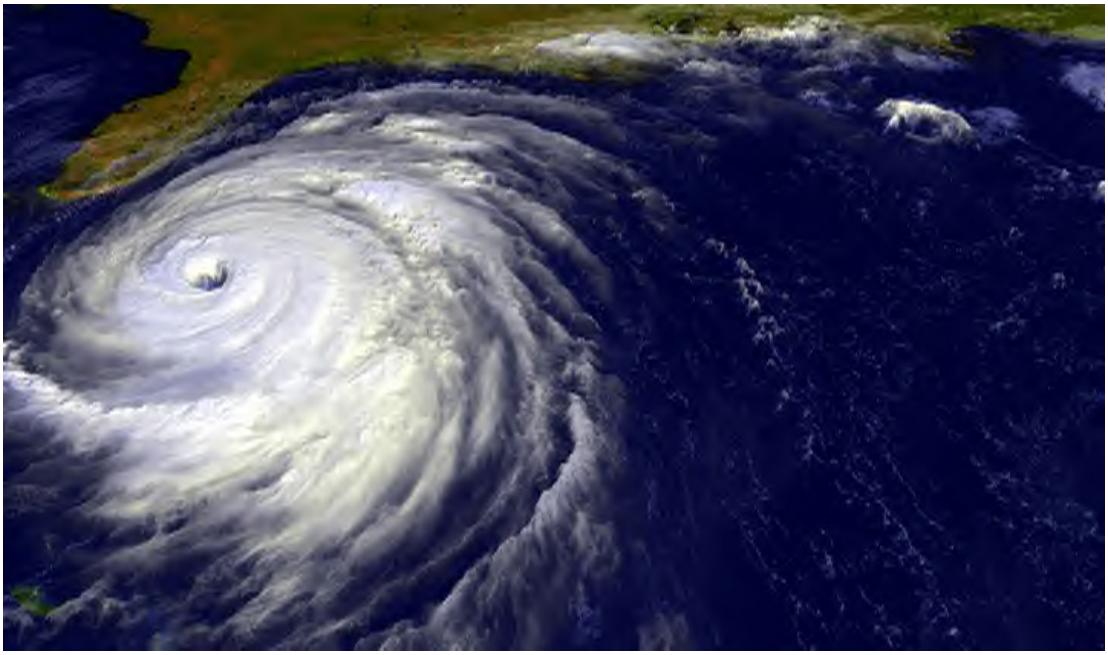

Disaster Planning Guide

A Resource Manual for Developing a Comprehensive Preparedness Plan

FHCA Disaster Preparedness Committee

August 2005

(850)224-3907

Florida Health Care Association

INSTRUCTION GUIDE FOR DISASTER MANUAL DEVELOPMENT

This guide has been prepared as a reference tool to assist you in the development and implementation of a disaster procedure manual and an emergency operations plan for your specific facility. As long term care practitioners providing care for the frail elderly and persons with disability, we have a moral, legal, and professional responsibility to our community to plan and prepare for emergency operations.

Unfortunately disasters, both man-made or natural, can impact long-term care facilities. Because long term care facilities may differ greatly in their location, population, and structure, no single emergency management plan can be developed to fit all facilities. This guide, however, seeks to provide the framework for building your own individualized, comprehensive plan.

Through proper instruction, preparation, and training of facility personnel in life safety, fire prevention, and disaster preparedness, the lives of the residents and co-workers may be saved and physical damage limited. Frequent drills and training will provide staff with a familiarity of emergency duties and actions to be taken. Disaster preparedness instructions should be incorporated into your current orientation training and be provided to all new employees during initial orientation. Refresher training should be provided for all staff on a routine basis.

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Acknowledgment

Special acknowledgement is extended to the FHCA Disaster Preparedness Committee members; Rob J. Becht, MBA, CNHA&CHE and Tracy Greene, NHA for their contributions; and especially to Robin Bleier who, through her personal responses to disaster emergencies over the years, generously shared her time, knowledge and expertise.

INTRODUCTION

Hurricanes, flooding, wildfires and terrorism are examples of disasters that impact our lives. Florida has an exceptional risk rate for natural disasters. The importance of planning for a disaster becomes even more critical when we consider the number of long term care (LTC) facilities in Florida. It is essential that providers are ready to respond to a disaster that could endanger the lives and property of their residents, staff, facility, company, and themselves. Studies demonstrate that preparation, knowing how to respond when a disaster strikes, and being calm and flexible saves lives and reduces physical damage. The time to prepare is **now**, *before* a crisis. This guide will help you in that process.

Please use the Disaster Preparedness Guide as a reference tool. With this tool as your guide, we anticipate that you will be able to formulate or expand your individualized plan specific to the facility, residents, staff and the community. The Florida Health Care Association (FHCA) Disaster Management Committee and FHCA Staff recommend this guide to supplement government provided disaster materials and education so you can best meet the needs of your residents and staff in times of crisis.

What makes this guide different from county or business disaster plans is that we deal with the unique problems that you may face as a long term care provider in a disaster situation. The frail nature of a nursing home or assisted living resident requires the adoption of specific emergency and disaster action plans.

TABLE OF CONTENTS

Table of Contents Continued

PURPOSE

The purpose of the disaster planning guide is to assist long term care providers in developing a comprehensive facility specific disaster plan. This guide does not, in any way, relieve providers from their responsibility to coordinate their preparation efforts with state, local, and federal officials.

OVERVIEW

All providers should at a minimum, follow certain general measures as outlined below, to prepare for continuing operations during emergencies.

- Actively participate on local emergency operations committees and interact with Emergency Management Directors, fire departments, police and rescue units, the Red Cross and Salvation Army, the National Guard, Agency for Health Care Administration (AHCA), Florida Health Care Association (FHCA), Federal Emergency Management Agency (FEMA), and your respective utility service providers.
- Prepare, confirm and exercise agreements for the emergency transfer of shelter, bed space, food, water, transportation, medical supplies and equipment, and other responsibilities.
- Complete your facility's plan, with the expectation that the plan will reviewed and updated annually.
- Distribute your plan to emergency/disaster agencies in your local community. Ask them to critique it. Obtain approval through your county Emergency Operations Center (EOC) annually. Remember AHCA does NOT approve your plan but does check to see that you gained approval from your local EOC office. You should maintain a copy of the letter indicating your plan has been reviewed and approved in the front of your disaster manual at all times.
- Familiarize and train staff as part of your orientation process. Continue disaster training and education on an annual basis.
- Have copies of your facility plan available for staff, residents, and families of residents. Post information regarding how to obtain a personal copy of the disaster plan and consider adding this to your admission packet.
- Have a facility specific emergency/disaster plan with detailed procedures for each department so that during a drill and disaster you can provide them with a disaster specific job description.

The facility plan should be thorough, flexible and should provide:

- Protocols and directions for potential resident evacuation, staff support (if you evacuate the receiving facility will need additional staff, as well as family and pet accommodations, for sleep and rest), supplies and equipment, and should provide for the response to external disasters that do not harm the facility.

- Guidelines for treatment and resident care in response to a local event that causes mass casualties.
- Provide specific responses to hazards that exist within the local area (for instance, if the facility is near a chemical plant, you should have specific procedures in place to respond to a toxic chemical leak from the plant). If the facility is located directly on the water the plan should address potential flooding concerns.

THE FHCA STATE PLAN

Recognizing the vulnerability of our LTC community and those we serve, FHCA is committed to providing and coordinating disaster service to its membership. To facilitate the relief efforts, FHCA staff provide assistance as needed under the direction of FHCA's Executive Director, Bill Phelan.

The purposes of the FHCA Central Office assistance include, but may not be limited to:

- Serve as liaison with appropriate relief agencies and departments;
- Coordinate disaster-related training activities;
- Assist facilities to communicate with the media for information and public announcements;
- Coordinate communications with member facilities throughout the state;
- Coordinate facility-specific information necessary to maximize relief efforts;
- Work with districts to coordinate relief efforts, resident relocations, and supply distribution in time of disaster;
- Designate Disaster Site Command Center representation if necessary; and
- Work with the Disaster Preparedness Committee to keep providers apprised of rules, regulations, and current information regarding Disaster Planning.

Disaster Site Command Center

The Disaster Committee may recommend, based on need and availability, the establishment of a Command Center. The Command Center, established with Board approval in conjunction with the FHCA Regional Vice President and District Presidents, will serve as a local distribution point for supplies and provide for the oversight and coordination of relief efforts. All unaffected providers are invited to call into the FHCA Central Office to advise of their ability to volunteer in relief efforts.

COMMUNICATION

Communicating With Internal and External Customers

Under normal circumstances, communication with internal and external customers is essential to the LTC facility. This need increases during a disaster. A communication failure can be a disaster in itself, placing the lives of your residents and staff at risk. Communication is needed to:

- Report emergencies;
- Warn personnel of danger;

- Keep families, responsible parties, residents, and off-duty employees informed;
- Coordinate response actions; and
- Maintain contact with outside health care providers, agencies, venders and suppliers.

Emergency Communications

In a disaster situation, normal means of communication may become unreliable or nonexistent. Survivors of recent disasters found phones dead because of down phone lines and cellular phone towers that collapsed or were overwhelmed with calls, severely restricting their usefulness. Methods of communication in a disaster include:

- Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures).
- Telephones (both cellular and landline if operating).
- Two way radio (always keep in a charger because you may be without power).
- Fax machine (if phones are operable).
- Internet or local area networks (if computer systems are operative).
- CB or Ham radios.
- Through the media, TV and radio announcements.
- Satellite phone systems.

Note: You may need to move communication devices that require electricity closer to outlets that can be served by your generator. Typically a business office does not have an emergency generator outlet, so you may want to determine accessibility to the fax, computer, and any other type of communication equipment you may need during a disaster.

Reporting the Disaster to AHCA and Associated Affiliates

- Ensure employees are trained on procedures for reporting an emergency. See additional information on this provided by AHCA (in this manual).
- Post emergency telephone numbers near each telephone, on employee bulletin boards and in other prominent locations during a disaster. Plan to update this list routinely, and update upon entering a pre-disaster (watch or warning) period of time.
- Maintain an updated list of addresses and telephone and pager numbers of key emergency response personnel (from within and outside the facility). Remember to update this when department heads and other key staff positions change and in conjunction with your quarterly Quality Assurance plan. You could also consider updating emergency lists in conjunction with the quarterly Resident Trust Fund (FTF) statements or other dates the facility establishes to ensure that information is always kept current.
- Know AHCA and government agency notification requirements in advance. Notification must be made immediately to local government agencies when an emergency has the potential to affect public health and safety. Keep the contact lists updated and accessible. See Appendix M for a sample form to go over capacity.
- Prepare announcements that can be made over the public address system. This ensures that calm rational instructions will be given in an emergency.

Warning System

- Establish a system for warning personnel of an emergency. The system should:
  - be audible;
  - be within view of all people in the facility;
  - have an auxiliary power supply; and
  - have a distinct and recognizable signal.
- Make plans for warning persons with disabilities. For instance a strobe light can be used for hearing-impaired individuals.
- Familiarize personnel with appropriate response procedures when the warning system is activated through regular internal and external drills.
- Establish procedures for informing visitors and others who may not be familiar with the facility's warning system.
- Test each portion of your facility's warning system monthly in conjunction with routine preventative maintenance and report the results during the Quality Assurance/Risk Management meeting process. Document the tests performed, their effectiveness, and any needed improvements or corrections. Document the corrections upon completion for good disaster proactive risk management.

Contingency Planning

- Prioritize all facility communications and determine which should be restored first in an emergency.
- Establish procedures for restoring communications systems.
- Talk to your communications vendors about their emergency response capabilities.
- Create backup communication plans for each essential function.

BASIC DISASTER CATEGORIES

The AHCA has outlined five basic emergency categories for which providers should plan. These categories provide a framework for creating a viable plan. The areas discussed are:

EMERGENCY CATEGORY	AREAS AFFECTED	PROVIDER ACTION
INTERNAL EMERGENCY	Fires, explosions, bomb threats, power outages, etc., within the facility.	Evacuation of residents and personnel, if necessary, from the danger areas.
MINOR EXTERNAL DISASTER	Not affecting facility, such as storms, fires, floods, wrecks, etc., involving small numbers of casualties.	Expansion of emergency medical care of residents for overload from Community hospital (various contingencies).
MAJOR EXTERNAL DISASTER	Not affecting the facility, such as community disasters involving large numbers of casualties.	Expansion of reception and resident areas for care of resident overload from community hospital (various contingencies). Evacuation of residents that can be released to families.
THREATENED DISASTERS	Impending natural catastrophes threatening facility or the entire community.	Precautionary evacuation, the alerting of staff and cooperating community agencies. Preparation of reserve equipment and supplies.
DISASTERS IN OTHER COMMUNITIES		Expansion to accommodate a casualty overload from community hospitals or residents from other long term care facilities.

TYPES OF DISASTERS

FIRE: PREVENTION, PROTECTION, AND LIFE SAFETY PROCEDURES

The Administrator is responsible to oversee fire prevention, fire protection, life safety practices, and disaster management.

All personnel who observe a fire or explosion shall be trained to report the incident immediately to their supervisor, or if no supervisor is in house, to contact the local Fire Department. **Emergency numbers should be posted by all phones with directives of who and how to place calls and what information to provide.**

In the event of a fire or explosion, the Administrator, or their designee, shall provide a written report of each fire or explosion to the Agency for Health Care Administration, with a copy to the Director of the local county health unit, within ten (10) days of the occurrence. At a minimum, the report should contain the following:

- Name and complete address of the facility.
- Name and title of the person completing the report.
- Date of the report.
- Day, time, cause, and occasion of the fire or explosion.
- Extent of flame, smoke, water, or other damages.
- Estimated amount of loss (cost to replace, not the cost at the time of purchase).
- Number of residents with injuries and the number of resident deaths.
- Name and job title of the individual who reported the fire or explosion.
- Time that the fire or explosion was reported and identification of whom it was reported to.
- Information as to whether or not the in-house fire alarm was activated.
- Information as to whether or not the fire or explosion was reported to the local Fire Department, and, if not, an explanation as to why it was not.
- A description of the method used to extinguish the fire.
- Information as to whether or not the facility is equipped with an automatic fire sprinkler system.
- A narrative by the Administrator or their designee, describing the incident and what action, if any, will be taken to prevent further occurrences.
- Attachments consisting of:
    - a copy of the fire report of the local department, if applicable, and
    - photographs taken, if damage was extensive.

All employees shall receive an in-service and pre-service program upon hire in the area of fire prevention, fire protection, life safety and disaster management. This program shall be given as often as necessary, but at least once each year.

Fire Prevention Functions Every Person Should Know

- His/Her individual assignment in the fire plan.
- Location of the nearest fire alarm box and how to operate it.
- Location of exits. **DO NOT** wedge open or block access to these exits.

- Proper use of fire extinguishers.
- General physical layout of the building.
- Stairwell fire doors are to be kept closed.
- Location of main electrical switch panel (circuit breakers), and who has keys to access room.

Good housekeeping and **constant alertness** are the two most important phases of active fire prevention. Keep corridors and stairs clean of obstructions – do not block egress. Fire and exit doors must be kept in good working condition. Remember, it is part of everyone's job to safeguard the lives and property entrusted to the care of their facility.

General Instructions In Case of Fire (RACE)

Perform the first four steps of the fire procedure simultaneously, if possible:

R-*ESCUE* - Remove residents from immediate danger via the evacuation plan. DO NOT PANIC. The greatest danger in most fires is panic. Stay calm, move swiftly, and with assurance. Avoid alarming the residents, staff, or visitors by using excited motions or loud shouting.

A-*CTIVATE* - Activate the alarm and notify other staff members that a fire exists.

C-*ONTAIN* - Contain/Confine the fire and smoke by checking the doors and windows to make sure they are closed.

E-*XTINGUISH* or **E-*VACUATE*** - Extinguish the fire, if it is a very small fire. Emergency responders will do both. Many times they advise you not to fight the fire but leave it to the pros.

- Remain calm; avoid loud talking and use of the word **"FIRE"**. Keep an open line to the operator or assign someone to assure operator duties are managed.

- If you are not at your assigned work area when the fire alarm sounds, make every effort to get there at once.

- All personnel should stand by their departments or work areas for directions after making their own departments safe.

- If fire is in your area and out of control:
  - Close windows and doors.
  - Stuff wet rags, towels, etc. under doors.
  - Turn off all machinery, especially air conditioning.

- Follow the instruction of the Fire Department's Incident Commander.

- Do not crowd to the scene of the fire.

- If the fire is not in your area, be alert, ready to protect residents from any potential hazard. Respond to all commands from the Fire Department and Facility Incident Commanders.

- Do not use elevators during a fire unless the Fire Department advises you to do so.

Remove All Residents in Immediate Danger from Fire Area

- Remove only those residents in immediate danger from fire and smoke.

- If a resident sets his or her bed on fire, do all you can to get the resident out to safety, and close the door. **NEVER** bring a burning bed out of the room.

- Do not begin mass evacuation until the Facility or Fire Department Incident Commander gives the order, unless you determine that there is an imminent danger.

- If opening a door to a room where you suspect fire, first test the door by touching the wood with the back of your hand. Never start out by touching metal or by using the palm of your hands. Doors, and the metal on them, can retain very high levels of heat before any visible or physical evidence of the fire becomes apparent.

Remember: A fire or explosion must be reported to AHCA.

The Agency for Health Care Administration
Office of Plans and Constructions
2727 Mahan Drive, Building 1, Suite 145
Tallahassee, FL 32308.

To facilitate the timely reporting of the incident, the facility may access from AHCA's website www.fdhc.state.fl.us the "Fire Incident Report, AHCA Form #3500-0031, May 1998, revised 2000".

Alarm System Failure

In accordance with NFPA 101, *Life Safety Code*, in the event of a failure of the alarm system, smoke detection system, or sprinkler system, the following actions are to be taken immediately by the facility:

1. Notify the local fire department and document instructions
2. Notify the Agency for Health Care Administration or the AHCA's local field office

If the corrective action will take more than four hours:

- begin a documented fire watch until the system is restored; and
- in-service all staff on the facility's contingency plan to deal with the system failure.

QUICK STEPS TO FIRE SAFETY

Make sure you know what to do in case of fire:

- ✓ Sound fire alarm system (Fire alarm alert will transmit automatically to Fire Department or the monitoring company which will in-turn notify the Fire Department).
- ✓ Close doors, windows, transoms.
- ✓ Report the fire to the person in charge.
- ✓ Avoid panic, don't alarm residents.
- ✓ Turn off gas, electric objects, oxygen, and ventilation equipment as soon as possible and wherever possible.
- ✓ Know location, specific use, and operation of fire equipment.
- ✓ Know evacuation routes and exits. Use most secure and quickest way to safety. (See Evacuation Plan).
- ✓ Know how and where to get help if necessary.
- ✓ Help to prevent fires. Be alert for potential fire hazards.

TORNADO WATCH: LOCAL WEATHER CONDITIONS MIGHT PRODUCE A TORNADO

- Ensure all residents and assigned staff are inside the facility and accounted for.
- Tune to the local radio or television station for continuous weather information.
- Keep a weather radio on alert to receive any additional statements, watches, or warnings issued by the National Weather Service.
- Check outdoors and indoors for any objects that might become missiles in a high wind. Store the following items in a secure place:
  - Outdoors: lawn chairs, rakes, tools, etc.
  - Indoors: drinking glasses, metal trays, ashtrays, bottles, etc.
- See that windows are kept tightly closed.
- Move non-ambulatory residents away from the windows.
- Have a supply of flashlights ready. It is suggested that the facility have available one flashlight per nurse's medication room and one per medication cart. The supply of flashlights could be checked and accounted for on the 1st day of every month (or checked at a designated time). Do not forget a supply of extra batteries.

TORNADO WARNING: THERE IS A TORNADO IN THE AREA NOW

- Move all residents to a central hall away from the windows. Shower rooms without windows are also good.
- Shut the doors to resident rooms when residents are removed.
- Give each resident a blanket or other item to cover themselves to protect against flying debris.
- If time permits, shut off electricity, water, and fuel lines.

If a Tornado Hits:

- **Don't Panic** - help will be on the way. There will be emergency responders arriving within minutes. However, do contact 911 or the local EOC if you have a true emergency. Deployment of assistance (mission request) is addressed by priorities, so it is imperative that you provide thorough information regarding your status.
- Remember: the average tornado lasts only *8-10 seconds*.
- Remain with your residents and reassure them. They will react as you do, so please stay calm**.**

After the Tornado:

- Check the residents and staff for injury, provide first aid as necessary, and move them away from hazardous areas.
- Check for fires throughout the facility immediately and periodically thereafter .
- Maintenance should restore utilities one at a time, checking that each one is working properly before returning another utility into service.
- Check the building itself for structural damage.
- Contact 911 as indicated.
- Contact your local AHCA office to report on your status
- Contact FHCA to report on your status. FHCA will reach out to provide additional support.

BOMB SCARE PLAN

The Administrator is responsible for oversight regarding the safety practices and procedures relating to bomb threats. All personnel should familiarize themselves with the facility's plan, and act accordingly in a bomb threat situation. Although many bomb scares prove to be false alarms, each bomb threat must be treated seriously, as a real danger. The Administrator, or senior person, will make the decisions to search the premises, to evacuate the residents if necessary, and to give an "all clear" signal when the facilities are again secure.

Telephoned Bomb Threat

If a telephone call is received, the person answering the phone should try to talk with the individual as long as possible by asking some helpful questions (see Appendix J), such as:

1) Where is the bomb (or bombs) right now?
2) When is the bomb going to explode?
3) What does it look like?
4) What kind of bomb is it?
5) What will cause it to explode?
6) Did you place the bomb?
7) Why?
8) What is your name?
9) What is your address?

While conversing with the person, particular attention should be paid to the nature of the voice, taking note any distinguishing characteristics, including, but not limited to, the following:

- gender
- accent
- any list
- background noise

- Is the voice familiar or unfamiliar?
- Are there any recently terminated or disgruntled employees that warrant further investigation by designated authorities?
- The Administrator or designee should be notified immediately upon receipt of a bomb scare.
- The following should be directed by the Administrator in the following manner:
  - Have personnel objectively search their respective areas for any unusual or extraneous items, such as boxes, packages, bags, etc.
  - If any unusual food item is found, do not disturb it.
- Residents should not be involved in the search. The search should be conducted very quietly, but quickly and thoroughly. In fact, certain codes should be used to distract the attention of residents.
- Visitors should be requested to leave the premises.
- The Administrator, or their designee, should notify the Police immediately after ordering the search, giving the authorities all the details.

- In some areas, the Police will notify the Fire Department and the bomb squad will be sent immediately to the facility. The liaison representative will summon additional help and equipment if necessary.
- After the Police and Fire Department have been notified, call the County Department of Public Health.

Some things to remember:

- Remain calm.
- Conduct your search efficiently, but do not create any more activity than absolutely necessary.
- Plan cooperation with the local fire and Police department is necessary.
- **Do not** call the bomb squad. The Police will notify bomb squad if bomb is found.
- Total evacuation of institution is not recommended unless directed by the authorities at the scene.
- Report to AHCA.
- Report to FHCA.

COMMUNITY HAZARDOUS ACCIDENTS

A warning of a hazardous accident or incident is usually received from the Fire or Police Department or from Emergency Preparedness Officials. When these situations occur near the facility there may be a threat to the safety of its residents. An overturned tanker, truck or train, a crashed aircraft, a broken fuel line, or an accident in a commercial establishment that uses chemicals are all potential hazards. If such accidents occur near the facility, or if the wind is such that it would carry fumes toward the facility, protective action may be required.

Whether the accident or incident occurs on or off the facility grounds, you should have protocols to direct the actions of facility staff.

- Determine if you need to evacuate the facility and area. Work in close coordination with Fire and Police officials. They will assist you in determining if an evacuation is necessary.

- Determine if a hazardous chemical or gas leak might endanger the facility. If a leak should threaten the facility, all air conditioner units should be turned off, or at a minimum the fresh air intake vents should be closed. Windows and doors should be closed and kept closed. All residents and employees should remain inside the facility until further directions are received from the Fire or Police Department Incident Commander.

- Follow the evacuation plan if evacuation is deemed to be necessary.

BIO-TERRORISM

After the tragedy of September 11, 2001, we realize health care organizations may be faced with different threats. To help you continue to provide the highest quality of care and protection for your residents, the following are steps you should consider when authorities notify you to be alert for a bio-terrorism threat. Also provided are some website locations for additional information relating to bio-terrorism.

Please ensure the Administrator or designee participates with local Emergency Operations Center (EOC) activities as it relates to this challenge. If your facility is not contacted by the local EOC, initiate contact them and advise them of your interest to participate in work groups. Planning is the key to success, and it requires involvement in your local health and public service communities in addition to the LTC community. There is a direct link between your involvement and your subsequent support.

- Every nursing home is required to have an approved disaster plan. You and your staff should learn this plan. If there is a mass bio-terrorist event, local government will use, as much as possible, it's existing disaster preparation system which was developed to respond to natural disasters.
- Re-check the security of your facility and reinforce protocol with staff to ensure that only authorized people are in your building.
- Persons who handle your mail or supply deliveries should be on the look out for suspicious packages. Ways to identify suspicious packages can be found on page 64 of this Guide and at http://www.usps.com/communications/news/security. Once at this website, click on security of the mail. If your staff encounters a suspicious package, leave the package undisturbed, keep personnel away from it, and call local law enforcement.
- Be alert for disease patterns that might indicate contact with biological or chemical agents. If you notice any unusual clusters of illness, notify your hospital and county officials immediately.
- The Chemical and Biological Arms Control Institute (CBACI) has a website which can furnish you with information regarding threats, preparedness and response. You can view this website at www.cbaci.org. If you suspect a bio-terrorist threat has occurred, you should report it to your local police.
- Counties across the state are continually updating their disaster response plan for potential bio-terrorism attacks. Stay in touch with your county disaster office to ensure that you are included in planning. The list of county offices can be found on the FHCA website at www.fhca.org and then go to Disaster Preparedness link.
- You and your staff need to become familiar with the literature coming out on how health care providers can identify and respond to a bio-terrorism action. In addition to the sites listed above, the following websites are extremely helpful and can provide you with up-to-date information:

  http://www.usps.com/news/2001/press/serviceupdates.htm

  www.floridadisaster.org/bpr/emtools/severe/terrorism.htm

www.fdle.state.fl.us/publications/anti-terrorism.pdf

www.fema.gov

Remember: If you are faced with a potential bio-terrorist threat remain calm, exercise common sense, and use the resources of your local government to assist you through it.

What is Anthrax?

Anthrax is an infectious disease caused by the spore-forming bacterium Bacillus anthracis. Anthrax is very rare in humans and cannot be transmitted from person to person. It can appear as a crystalline or powdery substance that may or may not be seen.

Bacillus anthracis is an age-old bacterium that has caused disease for centuries in the world. Infection comes from contact with anthrax-infected animals or infected animal products. The spores are found widely in soil; therefore, animals that feed on the ground tend to be those most likely infected. These animals usually include cows, sheep and goats. Humans can contract one of three forms of Bacillus anthracis: cutaneous (skin), intestinal and respiratory.

Most commonly, infected people have been exposed through their work such as farmers, butchers and veterinarians, and those who sort raw wool and tan hides. Symptoms vary depending on exposure but can include cold and flu-type symptoms. Doctors can prescribe antibiotics for treatment of the disease. To be effective, treatment should be initiated early. If left untreated, the disease can be fatal.

An anthrax hotline has been established by the State of Florida Health Department. To obtain information about anthrax, call **1-800-342-3557**, or visit www.MyFlorida.com. To view information on anthrax, visit the Department of Defense's anthrax website at www.anthrax.osd.mil. The Center for Disease Control (CDC) provides facts on their website regarding anthrax, botulism, pneumonic plague and smallpox. You can view this website at www.bt.cdc.gov.

Information On Suspicious Packages

Due to the Anthrax cases in Florida and concerns regarding potential biological or chemical threats, awareness among the public and law enforcement is heightened. Law enforcement agencies and fire departments statewide have received numerous requests for information and for assistance in picking up suspicious packages or letters. The information below includes data regarding the Anthrax substance, characteristics of suspicious packages and what to do if you receive a suspicious package. (Please refer to the Florida State Website at www.MyFlorida.com.)

What are the Characteristics of a Suspicious Package?

The likelihood of receiving a package or letter containing suspicious substances is remote. However, it is important for citizens to be aware of characteristics that are common to suspicious packages. Some indicators include, but are not limited to, the following:

- Mailed from a Foreign Country
- Excessive Postage
- Misspelled Words
- Addressed to Title Only
- Wrong Title with Name
- Rigid or Bulky
- Badly Typed or Hand Written
- Restrictive Markings
- No Return Address
- Strange Odor
- Lopsided/Protruding Item
- Stains on Wrapping

What do I do if I Receive a Suspicious Package?

- Leave the letter or package alone. Do not move the item.
- The individual in contact with the letter should leave the vicinity immediately.
- Other individuals within the vicinity of the letter should also leave immediately.
- Contact your local law enforcement agency and explain what has occurred.

Suspicious Package

- Your local law enforcement agency will notify the county health department and the Department of Health to conduct appropriate testing.
- Results of the test will be available in time to determine what, if any, treatment should be implemented.
- Individuals who open or have contact with the letter or package containing an unknown substance should thoroughly wash their hands with soap and water.
- There is no need to start antibiotics prior to the analysis of the letter or package.
- Contact information of all individuals that may have been exposed should be collected immediately. These individuals should be reassured that they will be contacted as soon as results are known.

BIO-TERRORISM Sources: Center for Disease Control, U.S. Postal Service, Florida Department of Health, Florida Department of Law Enforcement.

HYPOPYREXIA

In the event that there is a loss of function in the heating system during cold weather, the procedures are to be taken to prevent Hypopyrexia.

When the facility temperature reaches **65 degrees F** and remains so for **four hours**,
staff should:

- Ensure that residents have sufficient blankets or coverings;
- Promote the use of head coverings and other means to protect extremities;
- Force liquids if necessary;
- Monitor body temperatures;
- If necessary, relocate residents to nursing homes or hospitals the facility has agreements with, beginning with the most critically ill first;
- Monitor environmental thermometers on a 24-hour basis; and
- Notify the Medical Director.

HYPERPYREXIA

In the event that there is a loss of function in the cooling system during hot weather, the procedure is to be implemented to prevent Hyperpyrexia.

When the facility temperature reaches **85 degrees F** and remained so for four hours, the facility should notify the **County Health Unit** and the facility's **Medical Director**.

With the authorization of the Medical Director, the staff should:

- Move residents to other air conditioned portion of the building;
- Encourage residents to take in more fluids and keep the residents hydrated;
- Make sure an adequate supply of ice is available in the building;
- Force fluid to resident if necessary and record fluid intake;
- Open windows to let cooler outside air in and utilize fans to move air;
- Bring in additional staff, if required, to assist;
- Monitor body temperatures of the residents in affected areas and notify their attending physicians if necessary;
- Relocate residents, if necessary, to other nursing homes or hospitals in the area the facility has agreements with; and
- Monitor environmental thermometers on a 24-hour basis.

HURRICANE

The Atlantic hurricane season runs from June 1st through November 30th.

Definitions:

The following definitions and terms should be familiar to all staff members of the facility:

Hurricane Advisories: These are formal messages from the National Hurricane Center giving information on the location and characteristics of a tropic cyclone or disturbance.

Tropical Depression: Winds less than 30 miles/hour.

Tropical Storm: Winds over 39 miles/hours, but less than 74 miles/hour.

Hurricane Watch: An announcement from the National Hurricane Center when a hurricane *may* pose a threat to a coastal or island community within 36 hours.

Hurricane Warning: A hurricane is *expected* to strike an area. When a hurricane warning is announced, hurricane conditions are considered imminent and may begin immediately or within the next 12 to 24 hours; bringing:

1. sustained winds of 74 miles per hour (64 knots) or higher;
2. dangerously high water and exceptionally high waves even though expected winds may be less than hurricane force; and
3. torrential rainfall.

Hurricane Landfall: The period of time in which hurricane winds, rain, and storm tide present a danger to the general population as the storm approaches land and passes through the area.

The NOAA: The National Oceanic and Atmospheric Administration operates the National Weather Service (NWS), which issues weather forecasts and announcements.

National Hurricane Center (NHC): located in Miami, tracks and predicts storm activity.

Background

Hurricanes, the greatest storms on earth, are tropical cyclones in which winds reach a constant speed of at least 74 miles per hour (64 knots) and may gust to over 200 miles per hour. On the average, their spiral clouds cover an area several hundred miles in diameter. The spirals are heavy cloud bands from which torrential rains fall. Tornado activity may be generated from these spiral cloud bands. They are unique in that the vortex or eye of the hurricane is deceptively calm and almost free of clouds with very light winds and warm temperatures. Outside the eye, their counterclockwise winds bring destruction and death to coastlines and islands in their erratic path.

Before a hurricane strikes, each facility must determine its flood probability, the possibility of evacuation based on flood predictions, and prepare evacuation procedures.

Prior to hurricane season, facility administration should conduct a review of hurricane preparedness. This will include in-service staff training and an updating of all hurricane related disaster planning.

Consult with your county Emergency Management Office to determine your flood zone and hurricane evacuation zone. Keep in mind that wind damage from a hurricane can create the need for facility evacuation even when there is no threat of flooding from the storm surge.

Saffir/Simpson Scale

The Saffir/Simpson Scale is used by the National Hurricane Center to give public officials a continuing assessment of the potential for wind and storm surge damage. Scale assessments are revised regularly as new observations are made. Storm surge heights may vary depending upon your location and coast configuration.

CATEGORY	PRESSURE (MB/INCHES)	WINDS (MPH)	STORM SURGE (FT)	DAMAGE
1	980 or higher (28.94 or higher)	74-95	4-5	Minimal
2	965-979 (28.50-28.91)	96-110	6-8	Moderate
3	945-964 (27.91-28.47)	111-130	9-12	Extensive
4	920-944 (27.17-27.88)	131-155	13-18	Extreme
5	920 or less (27.17 or less)	156+	18+	Catastrophic

The main hazards of a hurricane include, but are not limited to, the following:

1. **Wind:** Winds cause a barrage of sand and debris. They sever communication lines. Broken power lines whipping around are extremely dangerous torches. Branches from trees are severed, and many trees themselves may fall. Mobile homes are often destroyed. Roofs are damaged and windows are usually broken. Poorly built structures may collapse. Boats are destroyed by being pushed against their moorings. Air traffic is disrupted, and small planes are flipped over and destroyed. Winds in excess of 40 mph begin to cause damage to traffic signals and trees.
2. **Storm Surge:** Storm surge, historically, is the hurricane's worst killer. Nine out of ten people who lost their lives in a hurricane were killed because of storm surge. Rising tidal sea levels of more than 10 feet above normal may occur as the storm moves toward land. The potential damage depends upon the hurricane category, its direction, and size. Storm surge causes salt water flooding which cripples communications, causes sewers to back up, pollutes drinking water, shorts out power lines, washes out roads, and alters shorelines and ship channels.
3. **Torrential Rain:** Torrential rains will cause fresh water flooding. Massive health problems may be caused by insects, vermin, dead animals, and polluted waters from sewage backup.

GENERAL OVERVIEW OF PREPARATIONS

CHRONOLOGICAL TIME FRAMES FOR DECISION MAKING

Five Day hurricane forecast shows a threat

When the five day hurricane forecast threatens the state of Florida, the following instructions for each department should be carried out:

1) **Administrator:** Meet with Department Heads to discuss hurricane preparations and make assignments. Contact the company or group office (if applicable) for additional instructions. Check with the company or group Disaster Coordinator or your facility Disaster Coordinator for updates and further instructions.

2) **Business Office, Social Services, and Medical Records:** Prepare/update phone list of personnel that will be available during storm conditions. Consider when admissions may be cancelled. Finalize list of residents with family/responsible party phone numbers. In the event of a level III or greater hurricane threatening to make landfall, evaluate which families may want to pick up residents should evacuation occur.

3) **Nursing:**

- Notify all attending physicians for discharge orders for any residents being discharged to their families.
- Confirm expected availability of nursing personnel for the duration of the event:
  - before a hurricane strikes;
  - during the hurricane; and
  - after the hurricane.
- The Director of Nursing (DON) will ensure adequate personnel to meet resident and facility needs. A list of current employees will be kept up-to-date reflecting which staff members will be available for pre, during, and post hurricane.
- In preparation for possible evacuation (if ordered by local officials), the DON will advise Medical Records staff to the have resident's charts sorted and available for evacuation.
- All shifts should evaluate and begin conservation of linen and supplies. The DON will make sure that at least a one-week supply of medications for all residents is available. Pack residents' clothes, etc., if evacuating.
- Check to ensure that all residents have armbands or identification on them.

4) **All Department Heads:** Review this plan with all personnel in your department. If necessary, evacuation will be accomplished in two phases:

- Phase I will include emergency evacuation performed in conjunction with xxx Hospital of our "sicker/heavier" care residents once the evacuation order is issued.
- Phase II will include a general bus evacuation of our "lesser" care patients to receiving facilities in xxx County, Florida. It is anticipated that 95% of our existing residents will take part in the Phase II evacuation. Facility evacuation and transport to receiving facility must be done prior to the onset of tropical storm force winds (40 MPH).

Tropical Storm or Hurricane Watch Issued

In the event of a Tropical Storm Watch or Hurricane Watch, the following instructions for each department should be carried out:

1) Administrator:

- Notify all Department Heads that a tropical storm or hurricane watch is in effect. Meet with all Department Heads to give final instructions for preparing for the storm.
- Make final arrangements with company, group or facility Disaster Coordinator for supply of rental moving van (if evacuating) and driver for mass movement of supplies, provisions, equipment, mattresses, etc. Shelter in place preparations should also be considered if appropriate.
- The Administrator must monitor County Emergency Management announcements and local media for final evacuation decisions and arrangements.
- Check with Corporate or facility Disaster Coordinator (DCC) for update and further instructions.
- The decision to implement a Phase I evacuation should be considered at this point. Bus evacuations must be coordinated to take advantage of med passes, meal service, hydration, and heat (or lack thereof).
- All evacuation procedures must be completed before the onset of tropical storm winds in the area. Each facility must determine how long it will take to complete a full-scale facility evacuation. The amount of time it takes to evacuate the facility then travel to the sheltering facility should be multiplied x3 to account for evacuation traffic. Given the differences in storm tracks and speed, you must calculate and estimate this to the best of your ability. Activate the appropriate Hurricane Operations Plan and follow through on existing procedures.

See Administrator's Checklist in Appendix H

2) Business Office: Continue notifying resident family/responsible parties for possible discharges where appropriate. Be available to answer phones and act as a relay and liaison for the Administrator. Notify all remaining personnel to report to the facility within 12 hours. Should the facility occur, the business office staff should contact the local phone company to leave a facility message with phone roll over options.

3) Nursing: Phase I evacuation preparations should be completed by now. Keep residents calm.

- Maintain adequate staffing patterns on your master schedule.
- Be prepared to move residents to hallways or have them prepared for Phase II evacuation.
- Upon direction of the Medical Director or attending physician, selected (severely ill) residents may be transferred to a local hospital. The hospital will be alerted to the number expected. The ambulance company will be alerted.
- The Phase II Coordinator will be in charge of organizing and expediting the staging area where buses will be promptly loaded and sent off.
- Ensure that there is an adequate supply of medical and emergency supplies to ensure the best resident outcomes given the choices available.
- Ensure that each bus is appropriately staffed and supplied.

- Finalize arrangements for which and what supplies, provisions, equipment, charting, medication/treatment carts, etc. are being incorporated into the evacuation must be made and segregated at this time.
- Consider pre-arranged relationships with additional vendors as the physical plants of your normal vendors may be damaged or destroyed.

4) **Dietary:** Call vendors concerning emergency supplies (including water) and ask that they be on alert for delivery to the facility or receiving facility.
   - Fill water storage containers (if sheltering in place).
   - Consider securing agreements with alternate food, water, and ice providers.

5) **Social Services and Activities:** Notify all families who have requested their relatives be discharged to their care. Establish, disseminate to staff, and enforce a policy regarding visitors.

6) **Maintenance:** The Maintenance Director or designee will make final rounds of building and grounds. Suggested Environment of Care Preparation steps:
   - Secure windows and other building openings. Ensure that all windows are closed. Pull shades and close all drapes.
   - Check equipment for functional ability and assure that all your equipment is working properly and that you have any spare parts that you will require.
   - All suitable containers will be filled with water (if sheltering in place). A storage area will be selected.
   - Secure all potential flying debris (above, below, around, and in building).
   - Select coldest setting on refrigerator and freezer prior to the disaster's strike.
   - Check supplies:
     - Radios
     - Flashlights and batteries
     - Linens
     - First aid supplies
     - Water containers
     - Mops/rags/buckets

Water Supply Suggestions:

While filling containers with water, bag up as much ice as possible and place in freezer. Purchase ice and store in freezer. Also consider using dry ice. Gallon zip lock bags are ideal for distribution, the residents can place the bag on areas of their person to cool down and can open a corner to pour it in a glass and drink it. The emergency water supply should equal a minimum of 3 gallons of water per person, per day for seven days. You should decide if staff will bring their own water or the facility will supply it.

DISASTER PLAN WITH NO EVACUATION

This plan is necessary for preparation in the event of a disaster. It is strongly recommended that facilities located in non-evacuation zones take all possible measures to secure the building(s) against **wind damage**. Buildings fail and interior destruction occurs when winds or wind-driven debris breach the integrity of the building. This can happen through doors, windows, and roofs when buildings are not properly protected against wind damage. Each facility should be structurally evaluated to determine the safest areas. Window, door and roof retrofitting measures should be considered where appropriate.

Securing a Facility

To begin when a Hurricane Watch is issued, and includes, but is not restricted to:

- **Installing shutters**. Ensure they are "Dade County" approved and installed according to the manufacturer specifications.
- **Plywood coverings**. A minimum of ½ " thick and anchored at least 1 ½" deep every 12 inches.
- **Braces behind doors**. This takes pressure off latches. Double doors with pins top and bottom are especially vulnerable.
- **Hardening a specific area of the facility**. This would become the "*place of last refuge.*" This should be an area with minimal outside exposure, structurally the strongest part of the building, usually in the center.

Floor Coverage

All available personnel from each shift are asked to report to the nursing home to be present for the allotted period of time before, during, and after the hurricane. This decision will be made by the Administrator, or their designee, as to the length of time that coverage is necessary. Adequate staffing ratios will be maintained at all times.

Tubs

All tubs will be filled and all pitchers filled with water. Assign Certified Nursing Assistants (CNAs) and Housekeeping staff to be responsible for this task.

Personnel Pool

The personnel pool consists of all personnel not specifically assigned duties, or who have completed their duties and are available. They will report to the designated area and await further instructions.

Business Office / Purchasing / Storeroom

Insure that all essential and emergency supplies are available as indicated by the Medical Director and the Director of Nursing. Provide 24 hour communication coverage for the switchboard or command post. Safeguard all resident files and company records. Be sure you perform a complete data backup prior to the storm's onset.

Driver-Messenger

Assist in transportation services as needed. Check fuel, oil, and water levels for each vehicle. Other programs will also provide vehicles and drivers. After the storm, learn what routes to the hospital are open in case you have to transport individuals needing hospital care.

Points to Remember at the Time of the Hurricane

- Function as normally as possible, continuing the routine work schedule, as this helps to keep people calmer.
- Keep yourself as quiet and as calm as possible so that the feeling of security is passed on to the residents.
- Check residents frequently.
- Keep activities up so residents are not only thinking about the storm.
- Check windows and door areas at frequent intervals.

The department heads or designated key people are to inaugurate proceedings to adequately care for the safety and comfort of the residents during this period.

During the Hurricane

Maintain resident care to the highest level possible; encourage normal routines as circumstances allow.

- Be especially alert for leaking water or gas, broken windows, fire hazards, and electrical wires.
- Do not go outside of the building. After the first part of the storm passes, there may be a lull in the storm, but the rest of the storm usually follows shortly after the first impact. Monitor the local media on radio to await the all clear.
- Staff is to be given rest periods on a rotating schedule. Do not allow staff to not take breaks.
- Maintain communications with command post and all occupied areas of the facility.

After the Hurricane

- Evaluate resident status changes and needs. This is especially important if power is lost.
- Do not touch loose or dangling wires.
- Do not step in pools of water where such wires may be grounded.
- Remove boards from windows as appropriate to reduce the growth of mold.
- Make a thorough check of the facility and report all findings to the command post, i.e. broken windows, broken water lines, etc. Make repairs as necessary.
- If water supply was interrupted during the storm, do not empty emergency water containers until advised by authorities that your regular water service is potable.
- Return to normal scheduling of activities as soon as possible to promote meaningful engagement and interactions.
- Give a thorough situational briefing to on-coming staff. Relieve those on duty through shift rotations.

DISASTER PLAN FOR EVACUATION

STAFF ROLES AND RESPONSIBILITIES

Key People that are to inaugurate proceedings to adequately care for the safety and comfort of the residents during this period of time:

- Administrator
- Director of Nursing
- Department Head Personnel
- Medical Director
- Additional designated key personnel

Floor Coverage

All available personnel from each shift are asked to report to the nursing home and to be present for the allotted period of time before, during, and after the hurricane. The Administrator, or their designee, will make the decision as to the length of time this level of coverage is necessary. Adequate staffing ratios will be maintained at all times.

Physical Facilities

Physical facilities are to be secured by facility personnel. All windows are to be checked and secured by each personnel working in the area. Extension cords with surge strips should be available for the emergency period in order to assure emergency electric for oxygen concentrators and feeding pumps, and periodically to adjust electric beds.

Tubs

All tubs will be filled and all pitchers filled with water. CNAs and Housekeeping should be assigned this task in advance.

Personnel Pool

The personnel pool consists of all personnel not specifically assigned duties, or who have completed their duties and are available. They will report to the designated area to await further instructions.

Business Office / Purchasing / Storeroom

Insure that all essential and emergency supplies are available as indicated by the Medical Director and the Director of Nursing. Provide 24-hour communication coverage for the switchboard or command post. Safeguard all resident files and company records. Be sure you have a complete data backup prior to the storm's onset.

Transportation

The Administrator and/or other designated person will be responsible for coordinating transportation prior, during, and after the hurricane for support services, which include dietary, nursing, laundry, and others as needed.

Driver-Messenger

Assists with transportation services as needed. Check fuel, oil, and water level of vehicle. Other programs will also provide vehicles and drivers. After the storm, learn what routes to the hospital are open in case you have to transport individuals needing hospital care.

Transportation Vehicles

Transportation vehicles should be stored in the safest place possible. The transportation coordinator will accept keys, see that they are marked, that the vehicle is fueled and parked for easy availability if needed for evacuation. Drivers will be given evacuation route maps and if time permits, will take a familiarization drive to and from the receiving site.

To all of the above departments, positions and staff members. Once you arrive at the receiving facilities:

- The transferring facility shall be responsible to the Administrator of the receiving facility.
- Non-nursing personnel need to be available for resident assistance.
- The receiving facility will take all personnel and create a rotating shift schedule.

Supervisors

Each supervisor will be responsible to review and implement those sections of the disaster preparedness plan as needed to coordinate and update their activities with the command post.

All Department Heads

Review this plan with all personnel in your department.

MANDATORY REPORTING TO THE AGENCY FOR HEALTH CARE ADMINISTRATION

Fax a roster of the residents you are evacuating, indicating the respective receiving facilities, to **(850) 410-1512**. If you are unable to put a roster together, fax the name of the sending facility and the number of patients/residents being sent to each identified receiving facility. Fax the complete roster as soon as possible thereafter.

If you are a receiving facility, please fax the form you use to request permission to exceed your licensed capacity to AHCA at (850) 410-1512. Also, carefully record all staff that are on hand, particularly those who accompanied the evacuated patients.

DEPARTMENTAL ROLES

Administrator

The Administrator or their designee will designate the location of a Command Post. The Command Post will coordinate all activities of the facility and be a liaison with the Fire Department and Police if necessary. The Administrator or their designee will activate the disaster plan at the hurricane watch and ensure the required steps are taken as the storm intensifies and forecasting suggests. Progress of all tropical waves, storms and hurricanes may be tracked on-line now and downloaded for discussion and presentation to the staff and residents.

Administrator's Check List

As a re-cap, the administrator, in any disaster situation, should:

- Track all potential threats.
- Notify all staff and residents about storms, the storm's strength and location, and about any other threats.
- Keep key supervisors informed and have them brief their departmental staff continually.
- Establish a "command post" or a "war room".
- Assign a staff person to monitor the radio.
- Have supervisors review staffing needs.
- Provide 24-hour Switchboard operation.
- Provide outside rounds until it is not safe to do so.
- Special purchases as required.
- Dietary Department should prepare alternate menus.
- Nursing should review resident needs.
- Those residents that can be discharged to families should have left the facility with adequate medications.
- Medical Director will determine which residents need to be admitted to a hospital facility.
- Occupational Therapy, Physical Therapy, etc. should have cancelled visits.
- Maintenance should have secured the facility.
- Security Guards should be on duty.
- Steps should have been taken to save drinking water.
- Ice and coolers should have been purchased. Freeze as much water as you can.
- An alternate receiving site should have been selected and alerted.
- Transportation should be available in order to evacuate residents if needed. Make sure drivers are available and know evacuation route (provide maps as necessary).
- Have the vehicles fueled and keys available.
- Transportation should be available to transport supplies.
- Assign someone to coordinate transportation.
- Establish communications with AHCA and Emergency Management.
- Establish communications with FHCA.
- Utilize volunteers.
- Check the status of the laundry service.

- Alert alternate sites. Establish hospital arrangements for the seriously ill. Alert the ambulance service. Nortify the evacuation site.
- Notify the Medical Director and maintain communication.
- Establish communication with local hospital(s).
- Make sure extra back braces are available to those loading and unloading buses.
- Check that buses are staffed, adequately supplied with money for tolls, destination maps and guidelines regarding what to do in an emergency, have cell phones.
- Establish communications with County Emergency Management and Public Safety Division.
- Oversee the notification of family/significant others.
- Administrator is in charge of the following steps in the Evacuation Process:

    - Reporting to the Agency for Health Care Administration
    - Facility Preparations and Decision Making
    - Evacuation and Staging
    - Offsite Evacuation Operations
    - When buses arrive at receiving facility
    - Operations after all residents arrive and locations established
    - Reverse evacuation, re-entry, and post storm follow through

The Medical Director

The Medical Director will review any particular need of the resident coordinating recommendations with the physicians, Nursing Director, Administrator, as needed.

Nursing Department

Nursing

Provide normal routines to the extent possible:

- Prepare an initial resident list of who will remain after the Phase I evacuation is complete.
- Ensure that enough medications and medical supplies are on hand to care for the uninterrupted medical needs of the residents.
- Check all medical supplies periodically to make sure that the proper equipment for treating minor injuries is available.
- Make sure that all flashlights are in working order.
- Coordinate pharmaceutical needs with the pharmacist as early as possible while delivery service is still operating.
- The Nursing Office will be responsible for assigning nursing personnel to the various wings before, during, and after the Emergency period. Nursing and C.N.A. staff will be assigned to the extent possible, based on primary assignments and knowledge of the resident.

The Director of Nursing

The DON should:

- Assume administrator's position in the event of the administrator's absence.
- Assist the administrator in making executive decisions.
- Work with the Administrator to notify AHCA and FHCA of the intention to evacuate or when evacuation is complete.
- Provide lists of resident and staff names to both AHCA and FHCA.
- Review and prioritize resident health care requirements
- Coordinate staffing needs based on resident acuity and individualized needs
- Inform all in house personnel of possible intent to evacuate on a continual basis.
- Notify all nursing supervisory staff when to report to the facility.
- Designate nursing supervisory staff to contact nursing employees when needed.
- Establish a system to update emergency telephone numbers for staff, residents and families.
- Request all visitors leave the facility and supervise their removal if necessary. (Some facilities allow visitors to come to the facility in Phase I, consider how to address their needs.)
- Assist in the movement of residents from rooms to departure areas as needed. Assist in the transferring of residents into transport vehicles as needed.
- Supervise resident removal from the building and the flow of residents. Oversee staff to ensure an ongoing check of resident ID bands.
- Accompany residents to receiving facility and serve in any capacity deemed necessary, and remain until released by the administrator or executive in charge.
- Be available to serve in any capacity assigned by the administrator or executive in charge.
- Establish a Nursing Office for 24-hour periods. Administrative positions should be set as 12 hour with a back up during the rest period for the official DON or other administrative nurse. No one can effectively work 24/7.
- Assure availability of necessary clinical supplies and equipment needed for the provision of care.
- Review and/or revise Disaster procedures as needed, and communicate to staff and designated responsible parties that may be involved with the care and treatment of residents.

Assistant Director of Nursing or administrative designated nurse

The Assistant Director of Nursing (ADON) should:

- Be available to assume the function and responsibilities of the DON in the event of that person's absence.
- Contact all nursing personnel regardless of shift to report for duty.
- Assist the DON in notifying staff members of the intent to evacuate.
- Assist in the supervision of resident transfer and coordination of flow to departure
- areas for evacuation.
- Maintain high visibility with nursing staff members to avoid confusion or panic.
- Assist in the allocation of medications and/or treatment supplies as necessary for evacuating residents.

- Assume the position of charge nurse and fulfill all charge nurse duties as needed.
- Be available to accompany residents to receiving facility, assist in any capacity necessary, and remain there until released by administrator or executive in charge.
- Be available to fulfill all duties assigned by the administrator or executive in charge.

Charge Nurse

When notified by the DON of the impending plan to evacuate, the Charge Nurse will:

- Be available to fulfill the functions of the Supervising Nurse if no supervisor is available.
- Gather all nursing assistants on the floor and inform them of the plan to evacuate.
- Supervise and direct the preparation of all residents directly under his/her charge.
- See that each resident has at least 3 days supply of medications.
- Prepare resident charts for evacuation.
- Conduct a walking check of all resident's rooms to be sure they are being properly prepared for evacuation.
- Accompany the appropriate team to the receiving facility in a nursing capacity and remain there until released by the administrator or executive in charge.
- Assist in duties and/or functions assigned by the administrator or executive in charge.

Nursing Staff (Non-Supervisory)

The Certified Nursing Assistants (C.N.A.) will:

- Upon notification of an evacuation, immediately report to his/her scheduled nursing station.
- The charge nurse or other supervisory staff member will assign him/her a number, which will correspond to the residents for whom he/she will be responsible.
- When informed by the charge nurse or other supervisory staff member, prepare assigned residents for evacuation.

Dietary Department

Kitchen Management

The Dietary Department will oversee Kitchen Management. Food will be furnished for all personnel on duty who remain in the facility over the given time necessary before normal operation goes into effect.

Water, Food, Supplies and Ice

Conserve. Storm effects may last for several days. If the water supply is interrupted, use emergence water supply (tubs, containers, etc.) very sparingly. Do not drink water from faucets until cleared by the command post. Make and store as much ice as possible. Ice will be needed, especially if power is out for a lengthy period of time.

- Make sure that at least a two-week supply of emergency food is available.
- Review menus of easily prepared meals.
- Be familiar with the facility's emergency water policy.

Dietary

- Do all possible clean up and preparations prior to the storm to conserve water supplies, electricity, etc. during the emergency period.
- Prepare alternate menus. In the event the power is interrupted, plan enough menus to serve residents nutritional substitutes as necessary - 3 meals per day.
- Plan to feed employees at least 3 meals, plus a midnight serving, which consists of at least sandwiches containing protein, crackers and a beverage.
- Ensure that adequate food for at least 7 days emergency operation is on hand for residents and staff.
- Use disposable utensils wherever possible.

Food Service Director

When evacuation is considered, report to the administrator or executive in charge to discuss food stores and needs. Initiate the following plan:

- Notify all dietary staff members of intent to evacuate.
- Contact all dietary staff members who are needed to report for duty.
- Supervise the movement and separation of food stores to staging area.
- Supervise and record the placement of all foods in departing vehicles.
- Supervise the assignment of dietary personnel to all receiving facilities.
- Be available to accompany residents to evacuation facilities and function in a dietary capacity remaining there until released by administrator or executive in charge as needed.
- Supervise the closing of the kitchen, store all equipment and secure the kitchen area.
- Assist in the movement of residents from rooms to departure areas as needed.
- Assist in the transferring of residents into departing vehicles as needed.
- Assist in the securing of the facility as needed.
- Assist in the closing of the facility as needed.

Dietary Supervisor

The Dietary Supervisor should:

- Be available to fulfill the duties of the Director of Food Service in the event he or she is unavailable.
- Supervise or assist the movement and separation of food from storage areas to staging areas.
- Supervise or assist the placement of foods into departing vehicles.
- Assist in the assignment of dietary personnel to receiving facilities.
- Assist or supervise the storage of kitchen equipment and secure kitchen area.
- Assist in the movement of residents from rooms to departure areas as needed.
- Assist in the transferring of residents into departing vehicles as needed.
- Be available to accompany residents to receiving facility, function in a dietary capacity and remain until released by the administrator or executive in charge as needed.
- Assist in any capacity as assigned by the administrator or executive in charge.

Dietary Cooks

The Dietary Cooks should:

- Assist and supervise the movement and separation of food from storage areas to staging areas.
- Supervise the assignment of dietary personnel to receiving facilities.
- Assist and/or supervise the closing of dietary equipment and secure kitchen area.
- Assist in the movement of residents from rooms to departure areas as needed.
- Assist in the transferring of residents into departing vehicles as needed.
- Be available to accompany residents to receiving facility and function in a dietary capacity and remain until released by the Administrator or Executive-in-Charge.
- Assist in transferring residents into transport vehicles as needed.
- Assist in any capacity deemed necessary by Administrator or other supervisory personnel.

Dietary Aides and Assistants

Dietary Aides and Assistants should:

- Report for duty regardless of shift when contacted by staff personnel.
- Assist in removing all stored food items to staging areas.
- Assist in separating and packing food items for delivery to receiving facilities.
- Assist in the movement of food items into transport vehicles.
- Assist in storing kitchen equipment and securing of kitchen area.
- Be available to accompany residents to receiving facility and serve in a dietary capacity until released by the administrator or executive in charge.
- Assist in the movement of residents to departing areas as needed.
- Assist in transferring residents into transport vehicles as needed.
- Assist in any capacity assigned by administrator or other supervisory personnel.

Therapy / Social Services / Activities / Related Departments

Physical Therapy

- If evacuation is not required, treatments may continue at bedside as appropriate.
- Ensure that the Hubbard tank, or any whirlpool tub, is filled with an emergency water supply.

Therapy, Activities, Medical Records and Bookkeeping

During the evacuation, it is imperative that the hallways along the evacuation route remain free of unnecessary equipment, chairs, etc. It is also important that the movement of residents from their rooms, on elevators and to the departure areas be accomplished in a smooth and coordinated manner. This is the responsibility of the above departments. Once the evacuation process has begun, the following procedures will be adhered to:

- Brief the administrator or executive in charge on evacuation schedule and areas.

- Supervise and/or assist in clearing all hallways along the evacuation routes and departure areas.
- Take up positions at elevators and coordinate the movement of residents from floor to floor.
- Assist placing residents into wheelchairs and stretchers.
- Assist in the transport of residents from rooms to departure areas.
- Assist in transferring residents into evacuation vehicles.
- Be available to accompany residents to the receiving facilities, serve in a capacity necessary and remain there until released by the administrator or executive in charge as needed.
- Assist in securing the physical plant.
- Be available to serve in a capacity directed by the administrator or executive in charge.

Social Services

- Have up-to-date listing of all employees and their phone numbers.
- Have up-to-date listing of residents with proper family or responsible party contact and their phone number.
- Contact family members/guardians of residents and inform them of the intent to evacuate.
- Have up to date listing of Advance Directives and residents receiving Hospice services or Palliative Care.
- Will work as a team with nursing to respond to the personal and emotional needs of the residents. This team provides a continuous information flow to residents and to coordinate feedback information to responsible supervisors and the administrator.
- Residents will be informed of an approaching hurricane and hurricane status by Social Services, Activities, and Nursing on a one-on-one basis and in conjunction with Resident Council meetings.

Admissions, Activities, Receptionist, Resident Recreation Therapist Office Personnel (including Medical Records) shall:

- Assist, in conjunction with the administrator, with the coordination of resident council activity as appropriate as a means to keep residents informed
- Take up posts in areas designated as departure or transport areas.
- Keep all doors clear of equipment, chairs, etc.
- Comfort and reassure residents.
- Coordinate resident specific activities as applicable
- Handle phone and in person inquires.
- Keep intercom system clear, and perform all necessary communications and/or announcements throughout the facility.
- Assist with the coordination of groups leaving for transport.
- Check all residents in departure areas that they are clean, dressed properly, and in possession of all required belongings.
- Accompany residents to receiving facilities, perform in a capacity necessary and remain there until released by administrator or executive in charge.
- Be available to assume a supervisory capacity directed by the administrator or executive in charge.

- Safeguard all records and be sure to maintain a data backup.
- Assist to contact family members/guardians of residents and inform them of the intent to evacuate.

Maintenance / Housekeeping

Maintenance Department

In a building evacuation it is the primary responsibility of the maintenance department to prepare the building for evacuation then, time permitting, secure it as well as possible. Check all rooms and tape doors once they are vacant. The maintenance department will also perform any emergency repairs, and be responsible for maintaining appropriate inventories of emergency supplies.

- Carry out periodic checks to ensure a continued state of readiness in all buildings and surrounding grounds.
- Document and report any repairs needed for building and any supplies needed to properly secure building during a hurricane.
- Supplies:
    - Check for full supply of fuel, belts, filters, and lubricants for emergency power system.
    - Flashlights and batteries (4 dozen).
    - Masking tape (1 ½ inch - 1 dozen).
    - Portable radios (with fresh extra batteries).
    - At least two (2) radios will be available to the resident's areas or at least one in each nursing station. Make sure extra batteries are available.
    - Boarding materials.
    - Walkie-talkies and extra batteries will be needed for hurricane preparation.
    - Each nursing station will have a flashlight and extra batteries.
- Outside - Insure that all potential hazards such as loose boards, metal patio furniture, etc. are secured properly or brought inside and stored.
- Roof - Check all protruding apparatus and mechanical equipment.
- Fuel - Insure that fuel for emergency generator is topped off to full capacity.
- Inside - Check generator periodically to insure that it is working satisfactorily.
- Doors - Insure that all external doors not boarded are working properly.
- Fire Alarms - Test sprinkler system. Check oxygen level, order oxygen tanks as needed. Assign men to remain in the facility during the hurricane to react to emergency maintenance requirements. Be prepared to repair or board up broken windows if you do not evacuate.
- Shutter and secure entire building. Make final rounds of grounds and the facility.
- The emergency phone list will be posted at each nursing station, the kitchen, and offices.

Maintenance Director

The Maintenance Director will:

- Brief all maintenance personnel on the evacuation plan.
- Advise the administrator or executive in charge on the availability of stored supplies.
- Supervise and/or assist in closing and shuttering of all windows.
- Perform emergency repairs deemed necessary by the administrator or executive in charge.
- Supervise and/or assist in the closing, shuttering, and taping of all windows.
- Perform all other duties required to safely secure the physical plant.
- Will perform a walking check with the Administrator or Executive-in-Charge to check all rooms and equipment prior to leaving the facility.
- Will assist in the movement of residents into transport vehicles as needed.
- Will be available to accompany residents to receiving facility and assist in any capacity deemed necessary and remain there until released by the Administrator or Executive-in-Charge.
- Be available to fulfill any supervisory position as deemed necessary by the Administrator or designee or Executive-in-Charge.

Maintenance Personnel

Maintenance Personnel will:

- Report for duty when contacted for evacuation.
- Fulfill the maintenance director position if he or she is not available.
- Secure or store loose objects around the building.
- Assist in performing all emergency repairs as needed.
- Close all windows and shutter appropriate windows as per director of maintenance.
- Perform all other duties to secure the physical plant as needed.
- Assist in a walking check of the facility prior to leaving.
- Assist in moving residents from rooms to departure areas.
- Assist in transferring residents to transport vehicles.
- Be available to accompany residents to receiving facility, function in a capacity deemed necessary, and remain there until released by the administrator or executive in charge.
- Be available to serve in a capacity designated by the administrator or executive in charge.

Laundry

Insure that an adequate level of linens is available to resident areas. Prior to the storm, all available soiled linen should be cleaned and made available for use. Provide for emergency linen supply as needed.

Inventory all supplies and make sure there is at least a two-week supply of cleaners.

- Enough supplies of linen, blankets, and pillows will be available so the laundry department can close during the hurricane. All food will be cooked before the hurricane and no

electrical appliances, ovens, etc. will be used.
- Assign bucket brigades as needed.
- Emergency linens for soaking up water spills and leaks.
- Make sure that adequate supplies such as toilet tissue, cleaning supplies are on hand for one week's duration.
- Assist when needed in moving residents to designated areas.
- Make continuous rounds and immediately report any roof leaks or intrusion of water from doors or windows to command post.

In the event of evacuation the executive housekeeper will, after the order is given to evacuate, proceed with the following plan.

Housekeeping/Executive Housekeeper

- Report to the administrator, DON, or executive in charge on the availability of clean laundry for use.
- Contact all laundry and housekeeping personnel to report for duty.
- Supervise the movement of clean laundry from storage, or laundry to the staging area.
- Supervise the movement of clean laundry for transport to the receiving facilities.
- Supervise the loading of laundry, housekeeping equipment and supplies into various transport vehicles.
- Assign housekeeping and laundry personnel to receiving facilities.
- Supervise the securing of laundry machinery, the laundry and all housekeeping areas.
- Assist in the movement of patients into departing vehicles as needed.
- Assist in transferring of patients into departing vehicles as needed.
- Accompany residents to the receiving facility in laundry and/or housekeeping capacity, and remain until released by the administrator or executive in charge.
- Assist in securing the physical plant as needed.
- Fulfill any supervisory position as assigned by the administrator or executive in charge.

Housekeeping Supervisor

The Housekeeping Supervisor should:

- Assist in contacting housekeeping personnel.
- Fulfill the position and responsibilities of the executive housekeeper if he/she is unavailable.
- Supervise or assist in the movement of clean laundry from storage to staging area.
- Transport equipment and supplies to receiving facilities.
- Assist or supervise the loading of housekeeping and laundry supplies into transport vehicles.
- Assist or supervise the securing of laundry equipment, the laundry and the housekeeping areas.
- Assist in the movement of residents from rooms to departure areas as needed.
- Assist in transferring residents to transport vehicles as needed.

- Accompany residents to receiving facilities in housekeeping and/or laundry capacity, and remain there until released by the administrator or executive in charge.
- Assist in securing the physical plant as needed.
- Serve in any capacity assigned by the administrator or executive in charge.

• *Housekeepers and Laundry Personnel*

The Housekeepers and Laundry Personnel should:

- Be available for duty when notified if impending evacuation regardless of shift assignment.
- Remove all clean laundry from storage, and bring it to the separation area designated by the executive housekeeper.
- Separate and assist in preparing laundry for transport to receiving facilities.
- Assist in loading housekeeping and laundry equipment and supplies.
- Assist in gathering and separating cleaning and housekeeping equipment and materials for transport.
- Accompany assigned residents to receiving facilities and act in the capacity of housekeeper until released by the administrator or executive in charge.
- Shut down all laundry equipment and secure the laundry area.
- Assist in the movement of residents from rooms to departure areas.
- Assist in transferring residents into transport vehicles as needed.
- Be available to fulfill any position or responsibility assigned by the administrator or executive in charge.

Security

Be particularly watchful for any potential fire hazards (security of facility locking doors, etc.), water leakage, etc. Report findings immediately to Command Post.

PREPARING RESIDENTS FOR EVACUATION

To prepare residents for evacuation:

- Conduct yourself in a calm and efficient manner.
- Dress as many of your residents as possible.
- Assure residents have arm bands on.
- Remove all residents from bed if possible and place in wheel chairs, Geri-chairs, etc.
- Gather 3 days of personal clothing to accompany the resident.
- Assist other nursing assistants in preparing residents for transport.
- Safeguard all medical records and release charts with the evacuating residents.
- Assist in the movement of residents from rooms to departure areas for transport.
- Assist in transferring residents into transport vehicles.
- Accompany assigned residents to receiving facility and serve in nursing capacity.
- Remain with residents and tend to their needs while in the receiving facility in accordance with job description until released by the administrator or executive in charge.
- Be available to assist in any capacity assigned by the administrator, executive in charge, or supervisory staff member.

Emergency Resident Assistance Procedure

Evacuation Suggestions:

- Transfer with mattresses, air mattresses/adaptive devices.
- Provide cots, sleeping bags, etc. for staff to sleep on.
- Package an adequate supply of blankets, bath towels, washcloths, pillows and disposable sheets.
- Supply of linens, pillows, blankets, etc.
- Personal hygiene items.
- Personal clothing, disposable gowns, disposable shoes, slippers, and a 3-4 day supply of personal clothing.
- Send all adaptive aids - glasses, teeth, hearing aids, and prosthetics - properly labeled.

Emergency Resident Handling

Three considerations are dominant factors in emergency patient handling:

- the nature of the emergency;
- the weight and condition of the resident; and
- the strength and adaptability of the rescuer.

Of all the possible equipment for emergency evacuation, the blanket is more important than any other. It can be used to smother fire, drag a patient from a room, and to keep the resident warm and padded during transportation.

The first rule in a bed fire is to get the resident on the floor. Use two blankets. Throw the first blanket on the floor, and then use another one to smother the fire. Use the original blanket to drag the resident to a safe area. In responding to a bed fire first throw the blanket over the bed bound resident. Second, remove the resident from the bed setting then onto the second blanket. Use the blankets to smother any fire of their body. Remove the resident from the fire area. Provide emergency care and evacuate to hospital for definitive care.

If the person is not in the bed, remember people on fire have an impulse to run if they are able. Do not be surprised to find the patient on the floor. He or she will get out of bed if they can. If the resident is thought to be in the room and you cannot see or feel him, make a quick search under the beds. Also search the bathroom or shower stall in case they crawled there for refuge.

If the resident is not in direct danger from the fire or smoke, conduct an assessment for injury of a resident found on the floor prior to moving the resident.

When resident found face down on the floor:

Hip Roll

- Place a blanket (folded lengthwise in half) next to the resident and kneel on it.
- Grasp resident at shoulder and hip, roll toward you onto blanket.
- Grasp corners of blanket and pull resident from room, headfirst.

Ankle Roll

- Place blanket (folded lengthwise in half) next to resident.
- Position self at resident's feet.
- Cross ankle furthest from the blanket, over other ankle.
- Using both hands, press down on top ankle and lift the bottom foot. With a twisting motion, roll resident over on blanket.
- Grasp corners of blanket and pull patient from room, head first.

Removal of someone from a bed:

Removal of someone from a bed takes a bit more practice. Find the one carry that you can handle best. If you can practice it often enough, the resident's weight and height will not be important factors.

Emergency Carries for One Person

Pack Strap Carry - Face the Head of the Bed

- Grasp resident's nearest wrist with your nearest hand, palm down. Raise resident's arm.
- Grasp resident's other wrist by slipping your free hand under his arm.
- Pull resident to a sitting position by stepping backward.
- In a continuous operation:
- Lift resident's arm over your shoulders as you turn toward the foot of the bed.
- Cross resident's arms over your chest pulling down firmly. *(Caution: bring your shoulder tight up into resident's armpit.)*
- Turn toward the head of the bed and your forward momentum will roll resident on to your back.
- Carry the resident from the room in a stooped position.

Hip Carry - Face Resident

- Grasp resident's farthest wrist, palm down with head closest to head of bed.
- In a continuous operation:
- Turn toward head of bed.
- Place resident's arm over your head and around your neck.
- Sit on bed, slip free hand around resident's back and grasp resident at armpit.
- Secure upper half of resident's body firmly against you.
- Grasp resident around knees with free hand.
- Pull resident on to your back. Stand and walk away in a slightly stooped position. Pass through doorways side ways, being careful not to strike resident's head against the wall or door jam.

Emergency Removal Of Resident From Bed When Working Alone

Cradle Drop - Place Blanket Parallel to Bed

- Slip both arms under body and pull resident toward the edge of bed.
- Drop to knee nearest the head.
- Pull lower half of body from bed so that extended knee supports resident's hips.
- Use both arms to lower upper body of the resident to the floor.
- Let legs slide gently to blanket. Grasp corners of blanket and pull resident from room, headfirst.

Emergency Carries For Two Or More Persons

Wing Carry - Person at Resident's Head Gives Command

- First person rises resident to a sitting position by placing one hand under resident's neck and grasping far shoulder. With other hand, grasp upper biceps.
- Simultaneously: Second person swings resident's legs off of the bed.
- Both rescuers:
- Sit on bed next to resident.
- Place resident's arms around their own neck.
- Reach arms around resident's waist, grasping each other's arms behind resident.
- Reach under resident's knees grasping wrists or using a finger-locking grip.
- Stand and walk close to resident. Hips support the weight.

Extremity Carry

- Raise resident to sitting position by placing one hand under resident's neck and grasping far shoulder. With the other hand, grasp under biceps.
- Slip your arms under residents and lock them across his chest.
- Second man grasps ankles of resident. Separate legs and back between them, grasping resident at the knees.
- Remove resident from room, feet first.

Three Person Carry

- First rescuer - one hand under resident's shoulders - other above waist.
- Second rescuer - one hand above and one below hips.
- Third rescuer - one hand above knees, one above ankles.
- Move resident to edge of bed, assume somewhat semi-kneeling position, lift and roll resident high on your chest.
- Remove resident from room feet first.

Four Person Carry

- Procedure is basically the same in above three-person lift; only in this case after lifting resident from bed, the resident is lowered to the floor on top of a blanket already spread by the fourth person. Fourth person assists in lowering resident to blanket. Person lifting at the knees and ankles then positions himself on same side as fourth person.
- One rescuer at each side of resident's shoulders and knees.
- Head rescuer grip blanket above shoulders and opposite elbows.
- Other rescuer grip blanket 6 inches above and below the knees.
- All rescuers roll blanket tightly to resident.
- Lift and carry resident with arms extended. In going down stairs, resident is feet first.

All carrying procedures should be routinely reviewed and practiced.

TRANSPORTATION

Auto Transportation Suggestions:

- Insure that your private auto's battery, oil, and fuel are full.
- Insure that facility and intra departmental vehicles are on hand, fueled and have keys appropriately marked.
- Each employee should ensure that their private auto's battery, oil, and fuel are full.
- Some facilities negotiate agreements to use buses from schools driven by drivers or facility drivers with CDL-B. See attachment on how to get a CDL-B license.

Prior to a disaster, each facility should contact a truck rental organization in their immediate area. The facility must place a deposit on the largest truck available. This should be covered with a letter of agreement, which will state, "This truck is guaranteed to XYZ facility in the event of an emergency. The administrator will contact the rental company as soon as it is apparent that the truck will be needed."

Do not wait until the morning of the transfer or evacuation to get the truck. Get the truck at least a day or two in advance. This will allow packing of items that can be pre-loaded, prior to the actual emergency.

Transportation for the residents must be arranged through a local bus company or travel agency. This can be accomplished in the same manner as the truck rental. Place a deposit for the bus and cover it with a letter of agreement. This will guarantee the vehicle for pre-storm or post-storm transport.

Depending upon the location of the sheltering facility transport could be a short distance across counties. Prepare residents, staff and transport vehicles accordingly.

It will be the responsibility of each facility to make arrangements with the local bus and trucking companies. A few county disaster planning organizations have already arranged for the transport

of residents (i.e., Broward and Pinellas Counties). However, most counties do not have these arrangements.

It must be stressed again that the LTC facility is a stand-alone organization and most municipal governments will not give much assistance or direction in the event of a major emergency. You must assess your needs and develop a plan to meet them before the disaster strikes.

Your individual facility emergency disaster plan must be updated and practiced. Each facility administrator and/or the corporation must arrange the transportation of residents and equipment.

Examples of Transportation Used:

Outgoing

- Pick up by affected facility.
- Primary Staging center delivery by volunteers, buses, vans, and cars.
- Donor vehicles, trucking company delivery past Primary Staging center Directly to affected area.

Incoming

- Donor's vehicles or arrange transportation.
- Dispatcher/Trucking Company.

ACQUIRING A CDL

To obtain a CDL license to drive a bus (class B).

- ✓ Take 3 written tests:

  1) General knowledge test for a CDL Class B license;
  2) Air Brake endorsement test; and
  3) Passenger endorsement test.

- ✓ Receive a copy of test scores and a permit.

- ✓ Schedule for the road training and testing. The applicant will need:

  - a copy of their test scores
  - a copy of their permit
  - a copy of their current driver's license
  - a completed application

All of this needs to be given to the proper county person that coordinates this process. Typically they will do a background check on the driver's license, which usually takes a couple of weeks, then they will coordinate the drivers road testing process.

DISASTER PREPAREDNESS HOUSING

No facility should take in residents unless they have the acceptable square footage to keep all residents safe. This should be self determined.

During sheltering operations a facility may exceed their licensed capacity. However, the facility must notify AHCA that they have exceeded their licensed capacity and why. The Administrator must make this notification to ACHA within 48 hours or as soon as practical.

Dormitory style housing is acceptable.

It is recommended that the space provided for the residents be above and beyond approved licensed beds. Do not count on having empty licensed beds. Normally, each resident should be provided with at least sixty square feet, during emergency sheltering operations this square footage requirement may be deviated with notification to AHCA.

Residents should be transferred by appropriate transportation. Each resident should have appropriate ID wristbands, pictures, etc.

Maps to all facilities are available on the Internet. Download them now because the net will be very busy in the event of a disaster. Make copies of these maps and keep them in several areas.

FINANCIAL OPERATIONS

The Chief Financial Officer (CFO) has responsibility before, during and after a disaster to ensure the Business Office has the capability to support the efforts of all Departments in the acquisition of necessary supplies and services financially, unless otherwise designated. The protection of all information systems to provide for continuity and documentation to maximize cash flows regardless of the disaster.

Computer Hardware

All hardware, including printers, should be moved to a secure location. At a minimum, all hardware should be moved to an interior area and sealed in plastic to prevent damage from water and debris.

Computer Software and Licenses

Maintain a complete listing of all software applications and their licenses in a secure location. Contact, name, address and telephone information should be included along with the licensing agreement. Copies of the software should also be safely stored should a system need to be restored or reconfigured upon return to service.

Systems backup

In-house systems: Typically files are backed up nightly or weekly depending on system procedures. This is particularly important should there be no or little warning of an impending disaster. Back up data should be maintained offsite in a secure location. Disaster preparedness calls for multiple backups at offsite locations strategically planned to ensure that at least one back up survives the disaster and is accessible. If the primary backup location is a nearby bank vault, be aware that you may not have access to this location for some time post disaster.

Backup procedures should be tested periodically to ensure that all necessary system and program files are being duplicated as expected. This procedure should be conducted prior to system shut down in anticipation of a disaster.

Dial in Service: If your system is based on a dial in service to a remote host, ensure that all data is transmitted prior to system shut down.

Mail in Service: If your system of accounting is based on mailing documentation to third party, ensure that all data is batched and submitted prior to system shut down.

Password Protection

If your system maintains password protection on sensitive files (and it should), make sure that several key personnel have knowledge of these passwords prior to system shut down. It will be necessary to reinstall new password codes after the disaster to maintain system integrity.

FINANCIAL RECORDS

Historical Records

In order to preserve important financial history and support claims for insurance, tax and reimbursement claims, it is necessary to secure historical records. The following documents should be secured, offsite if possible:

Tax Returns	3 years
Financial Statements	3 Years
General Ledgers	3 Years
Fixed Assets/depreciation schedules	Since Inception

Check Supply

As you may require the ability to process checks to acquire supplies as well as pay employees after a disaster, it is necessary to ensure that an adequate supply of checks be available on all bank accounts maintained in a secure location.

Check Signers

A controlled list of authorized check signers should be maintained at all times. Prior to an impending disaster it may be necessary to expand this list to ensure that the necessary signatories

are available. The authorizations can be limited to amounts certain for the protection of the assets of the entity and care should be taken to file new authorizations with financial institutions post disaster to remove such individuals from signing authority if no longer necessary.

ATM cards and facility credit cards

If time allows, additional cards should be ordered so that multiple authorized signers would have access to purchasing in this manner. At a minimum, increased credit limits should be requested to ensure availability of credit throughout the disaster. A list should always be maintained reflecting all individuals with cards and purchases should be monitored after the fact. This is a good source of documentation for filing insurance claims and requests for reimbursement. During disasters wide spread power outages are common so having cash on hand for purchases may be necessary.

PATIENT TRUST

Due to the fiduciary responsibility, the facility has to maintain accurate accounting for resident funds, it is imperative that an updated list is maintained identifying each resident's available resources. As residents may be transferred to other locations during the course of the disaster a copy of the balance with enclosed cash or check ensures the resident has funds available at all times.

It may be necessary prior to the disaster to increase the amount of petty cash available to residents from the trust fund. An accurate record must be maintained for all withdrawals so be sure to include a receipt book in the petty cash box. Residents must sign for all withdrawals or two staff members can co-sign for a withdrawal.

PURCHASING

Vendor contracts with credit terms

If time allows, preparations should be made to increase credit limits with all suppliers of goods and services. Additional vendors should be contacted to allow for the contingency of availability. Particular attention should be paid to necessary resources described in other areas of the manual, i.e.:

- Nursing, medical and drug supplies
- Emergency and non-emergency transportation
- Hospital transfer agreements
- Staff temporary agencies

Access to Cash

Ensure sufficient cash is on hand with several key staff members or department heads. They should have sufficient cash resources to perform their necessary functions during the course of the disaster.

Reimbursement

Interim rate request

The Medicaid program allows for a Provider to have the Medicaid rate adjusted (and target limitations removed or adjusted upward) if the increase in expense is incurred as a result of patient care or operating changes to comply with existing State or Federal rules, laws, or standards.

- The request must be made within 60 days of incurring the cost.
- The effect of the expense must cause a 1% increase in the Medicaid rate.
- The form of the request should include the details of the expense all of which are not in the ordinary course of the operations including, but not limited to:
    - Pre-disaster preparation and supplies.
    - Transportation costs including evacuation and return.
    - Payroll and overtime costs.
    - Losses not covered by insurance including repairs, cleanup and deductibles.
    - Vacant bed costs.

Insurance Claim

A detailed inventory of losses including furniture, equipment, supplies and other fixed assets should be determined in comparison to the pre-disaster list of items.

- All items damaged should be identified based on the extent of their damage and expected useful life.
- Any items totally destroyed or a total loss should be identified and estimated based on facility records and market replacement.

The loss of resident revenue streams due to transfers and closure can be accounted for and claimed if the facility had coverage for business interruption. This coverage should be considered when determination is made whether to bill for the residents transfer or allow the receiving facility to bill on behalf of the residents.

PROGRAM BILLING

- Transfers must be determined as permanent or temporary. If temporary, the facility may continue to bill, but must pay for the service rendered by the receiving facility.
- If the receiving facility is a permanent placement, the receiving facility should bill for services rendered to residents.
- Make arrangement for the placement of the resident based on the facilities Medicaid rate vs. the receiving facilities Medicaid rate and whether or not you have Business Interruption Insurance to cover the loss of the resident day.

INSURANCE PERSPECTIVE

Before the Disaster

Many companies discover that they are not properly insured only after they have suffered a loss. Even with adequate time to prepare for a disaster, you may still suffer significant and unavoidable damage to your premises. Lack of appropriate insurance can be financially devastating. Your best strategy is thorough investigation and preparation before an emergency situation occurs.

1) Discuss the following topics with your insurance advisor to determine your specific needs and ensure the insurance you buy protects against the perils you face:

- How will property be valued? Replacement Cost, Actual Cash Value?
- Does the policy pay the additional cost to bring the facility to meet current AHCA requirements and/or building codes?
- Is the facility adequately insured to avoid becoming a co-insurer on building, personal property or business income loss?
- What perils, or causes of loss, does the facility policy cover?
- What are the deductibles by line of coverage?
- What does the policy require the facility to do in the event of a loss? What steps must be taken to get the claim paid?
- What types of records and documentation will the insurance company require the facility to produce to pay a claim?
- To what extent is there coverage for loss due to interruption of power? Is coverage provided for both on- and off-premises power interruption?
- Is there business income coverage in the event the facility is totally or partially closed? If so, are there adequate coverage limits? For what time period is coverage provided? How long is the business income coverage if facility is closed by order of civil authority?
- Is there coverage for business income after the facility reopens, but has an income loss due to low census during the post-loss "ramp up" period?
- What are the Extra Expense Limits, which will provide funds to reduce the Business Income loss, such as overtime and special bonus to employees for the staff, rental fees for emergency generators and other equipment, moving expenses (including moving residents to neighboring facilities) and other expenses incurred to get the facility up and running again?

2) Compile a list of all policies including the following information and update annually:

- List agent contact information with cell phone numbers and e-mail addresses.
- List of all insurance carrier's names, phone numbers, e-mail addresses.
- How to contact insurers directly if agent is unavailable or facility is unable to contact agent.
- Keep a copy of your completed list, both on and off premises.
- List of every insurance policy including insurance carrier, policy number and policy period.

3) Fully document the extent and value of your property:

- Make a video and take photos of your premises, showing what everything looked like beforehand; send via overnight service to an out-of-state location.
- Collect financial information and historical purchase documentation to assist in proving values after the loss; send copies via overnight service to an out-of-state location.

4) Know the procedure and contact information for the FEMA Public Assistance Program. Under the provisions of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, (Stafford Act), supplemental financial assistance for response and recovery activities required as a result of a disaster may be available to private non-profit entities. Custodial care facilities are specifically eligible.

Other Considerations:

- In case of a disaster due to hurricane, have a large amount of cash for use after the disaster, as banking/computer systems more than likely will not work. **"Cash is King"** after a hurricane.
- Assign a spokesperson to respond to press, family, government, etc.
- Assemble tools, materials and resources to mitigate and prevent further damage, i.e. blue plastic, plywood, etc.
- Address food and medicine issues with regard to refrigeration, ice, and air conditioning. Consider arranging for backup generator service; research contractual options and know how to contact if needed.

Post Disaster Procedures and Protocol

Immediately after an emergency, take steps to resume operations.

- Establish a recovery team as necessary and conduct and employee briefing. Consider options and decide priorities for resuming operations.
- Assess remaining hazards and work to ensure the safety of personnel on the property. Maintain security at the incident scene.
- Protect undamaged property. Close up building openings. Remove smoke, water and debris. Protect equipment against moisture. Physically secure the property. Restore power.
- Separate damaged repairable property from destroyed property. Keep damaged property on hand until an insurance adjuster has visited the premises.
- Contact your insurance agent or company. Make early arrangements for payment advance from the insurer.
- Take an inventory of damaged goods. This is usually done with the adjuster or the adjuster's salver if there is any appreciable amount of goods or value. If you release goods to the salver, obtain a signed inventory stating the quantity and type of goods being removed.
- Keep detailed records. Appoint one person to take charge of accounting for all damage-related costs, tracking all receipts and every dollar spent for repairs and loss mitigation. Consider audio recording all decisions. Take photographs of or videotape the damage.
- Restore equipment and property. For major repair work, review restoration plans with the insurance adjuster and appropriate government agencies.
- Assess the value of damaged property. Assess the impact of business interruption.

FEMA PUBLIC ASSISTANCE GRANT PROGRAM

The Federal Emergency Management Agency Public Assistance Program allows for supplemental financial assistance to state, local governments and certain private non-profit organizations for response and recovery activities required as a result of a disaster.

It is a supplemental cost reimbursement program with specific eligibility requirements. The FEMA share of eligible costs will be awarded to the State for disbursement to the applicant.

Private non-profit entities providing custodial care are specifically eligible for the program. Facility eligibility requirements include:

- Facility damaged as a result of a declared event.
- Located within an area declared by the President.
- Facility is the legal responsibility of an eligible Applicant.
- Facility is in active use at the time of the disaster.
- Facility not under the authority of another federal agency.

Types of eligible work include emergency work (i.e. debris removal and emergency preventive measures) and permanent work. Eligible permanent work includes:

- Repair, restore or replace damaged facilities in accordance with regulations
- Restore to pre-disaster design, capacity and function in accordance with applicable codes and standards
- The work must be required as a result of the disaster
- May include cost effective hazard mitigation measures

Eligible direct costs covered are:

- Salaries, wages and fringe benefits (for emergency work, only overtime including fringe benefits is eligible)
- Applicant owned equipment
- Contract costs incurred for eligible work, including engineering/design services

Insurance requirements are:

- Actual or anticipated insurance proceeds will be deducted from the eligible project costs for facilities that are insured
- All applicants are required to obtain and maintain insurance on all insurable facilities, as a condition of Public Assistance funding
- Additional specific requirements will be applied to all flood damaged facilities located within the Special Flood Hazard Area

Obtaining a Public Assistance Program Grant

"Immediate Needs Funding" is an advance of grant funds to assist in paying for urgent emergency work completed or requiring payment within 60 days after the disaster.

The project worksheet provides damage description and location list with actual or estimated costs. It also lists the scope of work necessary to repair disaster damage. In addition, it identifies all special consideration issues, such as environmental requirements or historic preservation.

Submission time limits

Request for Public Assistance – 30 days after designation
Project Worksheets – 60 days after kickoff meeting

Project Completion time limits

Time limits for all projects begin the date of the disaster declaration:

Emergency work – 6 months
Permanent work – 18 months

Final project review

All projects are subject to final State/FEMA review. Accurate records of expenses must be maintained.

Applicant Responsibilities that Ensure Funding is obtained in the Shortest Amount of Time

- A timely submission of the Request for Public Assistance on which a knowledgeable representative is identified.
- List of Damages, Project Worksheet, Hazard Mitigation Proposal.
- Have available copies of current codes and standards that apply to the repair of the disaster damage.
- Provide copies of insurance policies and other insurance documentation of loss computation and settlement.
- Maintain complete and accurate documentation, by project, of all disaster-related costs.

Additional information can be obtained from:

- FEMA's web site: www.fema.gov or by calling 1-800-621-FEMA;
- Florida Division of Emergency Management, 1-800-342-3557;
- your local Emergency Management Office; or
- your Public Assistance Coordinator.

IMPLEMENTATION CHECKLIST

Purpose

To provide guidelines for Nursing Service personnel in the event of a hurricane or other disaster to successfully accomplish the evacuation of residents from the facility.

General

The DON will assume control of the resident evacuation procedures. In the event that the evacuation is ordered prior to the arrival of the DON at the facility, the ranking nurse manager will begin the implementation of this plan.

1) Assignment of Personnel
    - All nursing and ancillary department personnel assigned to resident evacuation will be allocated to the following duties by DON or designee.
        - Stock drugs, reserve resident medications, emergency drug kits, and treatment boxes will be boxed and shipped under the control of a licensed nurse.
        - Two E-tanks for oxygen with two (2) facemasks, two (2) nasal cannulas, and two (2) boxes of medical supplies will be shipped under the control of a C.N.A.
        - Residents should have appropriate ID wristbands.
        - Remaining personnel will be assigned to Care/Wing Groups.
        - The following are suggestions of appropriate items to pack and/or bring along as part of the evacuation.

2) Identify the resident unit order of evacuation

3) Each Care Group will be controlled by a licensed nurse assisted by nursing assistants and other ancillary personnel. Charts and other medical records will be evacuated with the Care Group. The medication cart will be evacuated with the Care Group under the control of the Care Group Leader.
    - Each resident being evacuated should take the following:
        - Two (2) to three (3) changes of clothing;
        - One (1) pillow; two (2) blankets;
        - Wash basin, toilet articles, dentures and cup;
        - Glasses and hearing aids as needed; and
        - Urinal and/or bedpan.

4) The ambulatory residents of each Care Group will be loaded and unloaded first to and from vehicles.

5) Each Care Group must have one (1) blood pressure cuff and stethoscope, scissors, and writing materials.

6) If space permits, each Care Group should take at least two (2) wheelchairs.

Food

- Adequate supply of food - non-perishable in accordance with F.A.C. 59-A-4;
- Water - 3 gallons per resident, per day (1 of each 3 gallons must be potable);
- Tube feeding - adequate supply;
- Supplements - adequate supply;
- Juices and/or Gatorade; and
- Ice.

Medications

- Put all medications requiring refrigeration in a Styrofoam cooler or regular cooler with ice.
- If possible, transport entire medicine cart to facility where majority of residents are being transferred. If not possible, place medications in waterproof box.
- Provide emergency medication kit.
- All MARS, treatment sheets, etc. to go with medications.

Medical Charts

- Send entire medical chart in its original binder, in waterproof bag.
- Copy of census with the destination of each resident noted.
- Evacuated facility should create a roster with the resident's name, address, and telephone number of relative/responsible party and whether they were notified of transfer, also the name of the transferring and receiving facility and their telephone number.

Amenities and Housing for Staff

- Sleeping bags, toiletries, three changes of clothing, back packs.
- Designated staff sleeping area.
- Establish day care area.
- Children and non-staff members should come to facility self-sufficient (i.e. food, clothing, sleeping articles, water, and entertainment supplies).

Suggest Staffing Requirements

- One management person to each facility (the transferring facility shall be responsible to the Administrator of the receiving facility).
- Non-nursing personnel as available for resident assistance.
- Receiving facility creates a rotating shift schedule with the transferring facility's personnel.

SUPPLIES AND DONATIONS/COMMUNITY RESOURCES

Assign Disaster Response Team from FHCA State Level and appropriate District Level Regional Vice President and District Presidents.

- Based on information received, designate a Staging Center and Secondary Center(s).
- Prioritize needs by facility according to threat to life and health.
- Begin to locate and arrange for needed supplies and arrange transportation to the primary Staging Center.
- Notify affected facilities of the availability of supplies.
- Arrange transportation to Secondary Distribution Sites or pick up at primary Staging Center.

Identify Staging Center

A facility that has the wherewithal to serve as the distribution point for the affected area using the following criteria:

Location

- Should have power, phone, etc. still available.
- Accessible to major highways.
- If possible, located close to light industrial area for availability of freezer space and trucks.

Space

- To accommodate portable warehousing, i.e. Dry/Frozen trailer. (48' x 8' x number needed).
- Operating space for Disaster Response Team. Phones, facsimile machine, copier, and office supplies, etc.

Select Secondary Staging center(s)

Facilities in affected area willing to serve as a secondary distribution point. Has space to store dry and frozen products coming in from the Primary Staging center. Able to communicate with the Primary Staging center and able to coordinate outgoing supplies and distribution to affected facilities.

Establish Communications

Primary Staging center should be equipped with a Short Wave portable base station to communicate with facilities affected. Also need twelve (12) to fifteen (15) portable units for delivery vehicles and Disaster Response Team Coordinators.

Procure Equipment Needed

Primary Staging Center

- Frozen Storage Trailer - twenty eight (28) feet long with a capacity of approximately 30,000 lbs.
- A diesel fuel generator.
- Dry Storage Trailer - forty eight (48) feet long with a capacity of approximately 40,000 lbs.
- Availability of tractor plus driver.
- Availability of forklift - two-ton capacity - two (2).
- Pallet jacks - two (2).
- Pallets - forty (40).
- Hand trucks - three (3).
- Fuel for generators.
- Truck to truck metal ramp.

Provide Authorizations

- Signs for disaster vehicles.
- "Letters of transit" for drivers and Disaster Response Team Coordinators.

Arrange Transportation

- Movement of supplies to Primary Staging center.
- Primary Staging center to Secondary Distribution Facilities and/or directly to affected facilities.

Procure or Arrange Warehousing / Storage

Primary Staging center space available for needed amount of Frozen/Dry space. Can be inside storage or outside staging area. Frozen/Dry trailers with adequate access for pick up/delivery and fueling.

Arrange Use of "Excess" Warehousing / Storage

Need Dry/Frozen warehousing space for incoming supplies exceeding Primary Staging center storage capacity. Preferred commercial Dry/Frozen with ability to directly handle incoming - must have loading docks with supply handling equipment. **Excess warehouse/storage space must be very accessible to the primary staging center.**

Establish Databases

- Affected Facilities - Name, address, phone, contact, and responsible party if different than contact. Direction to facilities.
- Maps - Construct map with affected facilities when identified. Place in the Primary Staging center. Make copies as needed for drivers.

- The Agency for Health Care Administration has a database of all long term care facilities in Florida. It can be found at www.fdhc.state.fl.us.

Prioritize Supplies to Affected Facilities

- No Power - Due to lack of electricity, facility has no ability to make ice or do laundry. Highest priority items are: flashlights, general fuel, and diapers.
- No Water - Due to boil water order and water cut off. Highest priority is potable water, ice, resident washing/cleaning supplies, diapers, and disposable supplies. Availability of remote laundry.
- General - Disposable items: Nursing supplies, underlays, diapers, feminine products, batteries, clothing, durable medical, can liners, paper plates, paper cups, towels, silverware, paper napkins, disposable gowns, slippers, insect repellents, non-perishable foods, sun screen, linens, and personal hygiene items. Emergency repair items - tools, plastic sheeting, plywood, nails, shovels, brooms, mops, heaters, or fans depending on season.

Follow Up

Send thank you notes/letters, certificates, and media articles using database of donors and volunteers list.

LEGISLATIVE AND LEGAL ASPECTS

Communication

Communication is absolutely essential during the time of a crisis. Families will be concerned about the safety of their loved ones and torn between going to that person and taking the rest of the family to safety.

Making contact

At all times, have a readily available list of resident contacts which you can take with you on a moment's notice. Remember that the usual contact, e.g. the health care surrogate, may not be the only contact you will need. Do contact that person but have a second contact if the first cannot be found. Prepare a telephone tree and have various employees call family members to assure them of their family member's safety and advise them of the facility's plan for the crisis. Give them two numbers where someone can be reached who can answer their questions and advise them of the status of the evacuation. One should be a landline and one a cell phone. Remind them that in crises such as severe weather telephone contact may be lost and that you will do your best to take care of their loved one. Remind them that all hands will be needed to provide resident care and protection so telephone inquiries should be short, but that you will keep them advised. Ask them for several numbers where they can be reached as well. Your goal is to make the family members feel comfortable and secure that you are doing all you can and that they can get up to date information on their loved one. Incidents do occur and families should be advised as that happens. Families who feel they are participating are less likely to blame you for unexpected problems.

Contact the physician for each resident to secure up to date orders and special instructions. Secure telephone numbers where the physicians can be reached if landlines are down. If the physician will not share his/her cell phone number, contact your medical director so he/she knows the problem and can communicate with the physician. Instant contact with the physician is vital in an emergency. These situations are stressful and can impact health.

Contact the county and city, if you are within city limits, Emergency Management Office for special instructions. Keep them advised as to what you are doing and where you are going. If their instructions differ from your emergency plan, advise them of that and ask for reconsideration. If they persist in requiring you to follow their instructions, document all conversations and advise them of your concerns.

Contact the Area Office of Agency for Health Care Administration and keep them advised every step of the way. Get cell phone and home numbers. When decisions have to be made that would violate regulation you need the Area Office to bless what you are doing as a defense later. While rules and regulations may be bent during an emergency they are rarely totally suspended. If you have an adverse incident, contact the Area Office and get your report filed as soon as you can. Resident care and safety is your prime concern in an emergency.

Contact your attorney and check in on a daily basis. Sometimes just talking to someone who is familiar with the legal requirements and who is not in the "thick of things" like you are, is extraordinarily helpful. If you are having problems with physicians, Emergency Management personnel or AHCA, sometimes a well-placed call from your attorney can lead to finding a meeting ground. Emotions run high in emergencies and a cool head may be all you need to get through the current mini-crisis that is occurring. Daily contact should be adequate, however, whenever you sense dissention with governmental authorities or family members, an incident occurs, or you are concerned about meeting legal requirements during a situation, contact your attorney for instructions. Doing so may protect the information you gather from use in a lawsuit against you.

Document ALL of your contacts – you may need it later when the Monday morning quarterbacks second-guess your decisions.

Designate a Historian

One person should be responsible for documenting the chain of events that occurs during your emergency. At the end, each participant should share with the historian the contacts that they made and the results of that contact. The historian should coordinate a record of what transpired and what decisions were made. This permits you to address criticisms of your actions with concrete facts, including times and people involved, as well as giving you a basis to learn from your mistakes.

Communication Problems

During crises telephone service is often interrupted. You need a way of communicating with your staff without reliance on outside communication sources. Families need to be warned that communication may be curtailed so as not to panic when they cannot reach you. Staff need to be so well trained and responsibilities so clearly delegated that the lack of telephone communication does not hamper their ability to care for the residents. No resident should be in a situation where a nurse is not within shouting distance. Proper preparation will allow your situation to progress smoothly, even when communication is lost.

Building a Record

Documentation is critical in a crisis as staff is fragmented and routines are not followed.

1) Each resident should have a mini chart including the following information:
    - Patient/resident full name.
    - No known allergies (NKA)– or list food/medication allergies (in red).
    - Critical diagnosis (seizures, they wander, etc.).
    - Facility initials.
    - Name of physician and name of responsible parties with contact numbers for each.
    - Note if Patient/Resident is a "Do not resuscitate" (DNR) if DNR status applicable.

2) While your historian should be responsible for ultimately drawing all the information together, each staff person or volunteer should carry a notepad to jot down any information that appears out of the ordinary.

3) If you are transporting your residents in an unusual and unanticipated fashion, document how each resident was prepared for travel, protected from incident and supplied with the necessities for their care.

4) All medications and treatments should be "charted" in a notepad if no charts are available for this purpose.

5) Mini-incident reports should be prepared if something unusual occurs which adversely impacts the residents.

6) If you are transporting your residents to another facility, whether a nursing home or not, document what occurred while you were there. Even when the staff of the host nursing home are caring for your residents, if those residents have not been discharged from your facility, you remain responsible for their well-being and should oversee and document their care and treatment.

7) Be sure that if the care and treatment being rendered to any resident is substantially different from their usual care and treatment that the reasons for the deviation are well documented and supportable by facts.

Risk Issues

Injury as the result of negligence or accident may very well occur. While you should do everything to prevent injuries, sometimes circumstances make injury inevitable. Minimize your risk by:

- Identifying residents with special risk and providing them extra protection.

- Having facility staff who are familiar with the residents make rounds to discover problems and/or concerns before they cause injury. Outside staff or volunteers do not know the residents and are likely to be overwhelmed by the added responsibility.

- Soliciting the healthier residents to be additional eyes and ears for monitoring the other residents.

- Dignity and privacy do not disappear during an emergency. While you most likely cannot afford the same level you do in your nursing home, try to give each resident as much as possible. You may find that grouping the residents according to need; e.g. wandering residents together, gives you the opportunity to accommodate individual needs more readily. Doing so will also make you staff more efficient.

- Diabetic residents present a special risk. Since mealtimes may be delayed, have snacks available for them and delegate to someone to see that they are delivered to each resident, that the resident eats them and that the consumption is documented.

- Confused residents may suffer depression or other emotional or psychological problems as a result of the situation. Be certain that social service staff is available to work with these residents. While in times of crisis, staff are facing multiple simultaneous responsibilities, so advanced planning to meet residents' needs by appropriate staff with the skills necessary to address the unique problems of the residents will help avoid difficulties later on.

- All facilities have emergency plans. The plan, however, can be thwarted at various stages. Governmental authorities, particularly those with no knowledge of the special challenges of long term care may not let you follow your plan. If this is the case, be sure that they understand the reasoning and the planning that has been invested in determining your approach. If this does not change their minds, a call to the Agency for Health Care Administration for help may be necessary. If nothing can convince them that your plan is appropriate, express your concerns. If incidents do occur that would have been avoided if you had followed your plan, call and advise them of the situation and that it could have been avoided. Urge them to let you modify their instructions to more closely follow what you, the professional, thinks will work for the residents you know. Document!

- Advance Directives are very important here. If you have residents with DNRO's, be sure the paperwork is with you and that the staff caring for them know which residents they are. Use a system of resident identification which does not violate their dignity yet makes it crystal clear as to who is to be resuscitated and who is not. Make sure that staff assigned to residents is trained in CPR. Most decisions involving life or death will not need to be made. No one will be deciding if a feeding tube is appropriate. But emergency decision makers and staff need to know as much information as possible about the residents' advance decisions. Residents who make their own medical decisions may become confused by the events and need a surrogate or proxy. Bring a copy of each resident's surrogate designation form with you. If one does not exist, you will need to have information identifying those family members who would be assigned as proxy. Do not assume that because you know whom the person designated and the surrogate has been available that that person will be available during this crisis. Have a fallback position. *Getting this information in your files before you need it can save a lot of problems later.* In some instances, if you have to hospitalize a resident, that individual may not receive care quickly enough if there is no one to make decisions. Health problems will develop during this time and you must be prepared to deal with them.

Resident Identification: See the sample protocol in Appendix K

Planning for the Future

We all know that we will be analyzed and criticized in the cold light of day after an emergency has occurred. Documentation is critical. Avoid problems with your Board of Directors by not permitting unlicensed personnel to perform functions beyond their training. By proactively planning, coordinating, and delegating, you give your professional staff the tools to make

decisions based upon priority while continuing to meet the needs of your residents. The emphasis of any plan must be on the health and safety of the resident.

Whenever you are unsure as to how the Agency for Health Care Administration or the Emergency Management Office will perceive what you are going to do, call them and get their blessing. If they think they have a better way, listen to them – *be flexible*. Whenever you talk to anyone get their name and position and document it along with their instructions. Take orders only from those with the authority to give them. That person may not be the person you expect, because in emergencies others may be called upon to step in and help. If you are going to change direction based on the advice of a government agent, make sure that you are comfortable that the person to whom you are talking has the appropriate expertise. If decisions must be made for a resident, if at all possible, contact family and have them buy in to the process.

RE-ENTRY PLAN

AHCA permission is required prior to re-entry.

AHCA will determine what criteria must be met in order to pass inspection according to nursing home regulations. Facility personnel, to include Maintenance, Environmental Services, and Dietary, will perform necessary preparations to restore the facility for re-entry. Residents will be transported back to the facility in the same fashion in which they were evacuated.

APPENDIX A

Florida Administrative Code

Florida Licensure Standards for Nursing Homes

Chapter 59A-4.126 - Disaster Preparedness.

(1) Each nursing home facility shall have a written plan with procedures to be followed in the event of an **internal or externally** caused disaster. The initiation, development, and maintenance of this plan shall be the responsibility of the facility administrator, and **shall be accomplished in consultation with the Department of Community Affairs, County Emergency Management Agency**.
(2) The plan shall include, at a minimum, the following:
    (a) Criteria, as shown, in Section 400.23(2)(g), F.S.; and
    (b) The Emergency Management Planning Criteria for Nursing Home Facilities, AHCA 3110-6006, March, 1994, which is incorporated herein by reference and available from the Agency for Health Care Administration.

Specific Authority 400.23 FS. Law Implemented 400.102, 400.141, 400.23 FS. History–New 4-1-82, Amended 4-1-84, Formerly 10D-29.126, Amended 8-15-94.

Chapter 59A-4.130 Fire Prevention, Fire Protection, and Life Safety.

(1) A licensee shall comply with the life safety code requirements and building code standards applicable at the time of departmental approval of the facility's Third Stage – Construction Documents.
(2) Fire prevention, fire protection, and life safety practices shall be the responsibility of the facility Administrator.
(3) All fires or explosions shall be reported immediately to the local fire department. A written report of each fire or explosion shall be made to the AHCA, with a copy to the director of the local county health unit, within ten days of occurrence. Such report shall contain the following information:
    (a) The name and complete address of the facility;
    (b) The date of the report;
    (c) The date, time, cause, and location of the fire or explosion;
    (d) The extent of flame, smoke, and water damage;
    (e) The extent of other damage;
    (f) The estimated amount of loss;
    (g) The number of residents with injuries and the number of resident deaths;
    (h) The name and job title of the individual who reported the fire or explosion;
    (i) The time that the fire or explosion was reported and identification of to whom it was reported;
    (j) Information as to whether or not the in-house fire alarm was activated;
    (k) Information as to whether or not the fire or explosion was reported to the local fire department, and if not, an explanation as to why it was not;
    (l) A description of the method used to extinguish the fire;
    (m) Information as to whether or not the facility is equipped with an automatic fire sprinkler system;

(n) The Administrator's narrative description of the incident and what action, if any, is to be taken to prevent further occurrences; and
(o) Attachments consisting of:
1. A copy of the fire report of the local fire department, if applicable, and
2. Photographs, if damage was extensive.

(4) Within ten days of receipt, the facility shall forward to the appropriate Area Office of the AHCA a copy of all reports of fire safety inspections made by local fire authorities.

Specific Authority 381.031(1)(g)7., 400.23, 400.191(2) FS. Law Implemented 381.031, 400.102, 400.141, 400.23, 633.05(8), 633.051 FS.
History–New 4-1-82, Amended 4-1-84, 8-1-85, Formerly 10D-29.119, 59A-4.119.

APPENDIX B

National Fire Protection Association 99 (1999 edition)

National Fire Protection Association 99 (1999 edition)

Chapter 11 Health Care Emergency Preparedness (italic = appendix recommendations)

11-1* Scope. This chapter establishes minimum criteria for health care facility emergency preparedness management in the development of a program for effective disaster preparedness, mitigation, response, and recovery.

A-11-1 **Since no single model of a disaster plan is feasible for every health care facility, this chapter is intended to provide criteria in the preparation and implementation of an individual plan. The principles involved are universally applicable; the implementation needs to be tailored to the specific facility**.

11-2 Purpose. The purpose of this chapter is to provide those with the responsibility for disaster management planning in health care facilities with a framework to assess, mitigate, prepare for, respond to, and recover from disasters. This chapter is intended to aid in meeting requirements for having an emergency preparedness management plan.
11-3* Applicability. This chapter is applicable to any health care facility that is intended to provide medical treatment to the victims of a disaster.

A-11-3 Such facilities include, but are not limited to, hospitals, clinics, convalescent or nursing homes, and first-aid stations (disaster receiving stations). Such facilities could be formally designated by a government authority as disaster treatment centers. Such facilities would not normally include doctors' or dentists' offices, medical laboratories, or school nurseries, unless such facilities are used for treatment of disaster victims.

11-4 Responsibilities.

11-4.1* Authority Having Jurisdiction (AHJ). The AHJ shall be cognizant of the requirements of a health care facility with respect to its uniqueness for continued operation of the facility in an emergency.

A-11-4.1 In time of disaster all persons are subject to certain constraints or authorities not present during normal circumstances. All disaster plans written by a health care facility should be reviewed and coordinated with such authorities so as to prevent confusion. Such authorities include, but are not limited to, civil authorities (such as a fire department, police department, public health department, or emergency medical service councils), and civil defense or military authorities.
Further, an authority having jurisdiction can impose upon the senior management of the facility the responsibility for participating in a community disaster plan.

11-4.2 Senior Management. It shall be the responsibility of the senior management to provide its staff with plans necessary to respond to a disaster or an emergency. Senior management shall appoint an emergency preparedness committee, as appropriate, with the authority for writing, implementing, exercising, and evaluating the emergency preparedness plan.

11-4.3* Emergency Preparedness Committee. The emergency preparedness committee shall have the responsibility for the overall disaster planning and emergency preparedness within the facility, under the supervision of designated leadership. The emergency preparedness committee shall model the emergency preparedness plan on the incident command system (ICS) in coordination with local emergency response agencies.

A-11-4.3 Emergency Preparedness Planning Committee. The incident command system (ICS) is a system having an identified chain of command that adapts to any emergency event. ICS establishes common terminology and training for incident management. This allows emergency responders from hospitals and all involved organizations to respond to an incident and be familiar with the management concepts and terminology of other responders. It also facilitates the request and processing of mutual aid requests.

Health care model emergency organization. A policy group consists of senior managers constituted to provide decisions related to items or incident decisions not in the disaster plan.

The command staff consists of the incident commander and support staff. This support staff consists of the public information officer, liaison officer, and safety officer.

In addition to the command staff, there are four sections, each with a section chief responding directly to the incident commander: plans section, logistics section, operations section, and finance section.

Due to the nature of a health care facility, one deviation from the traditional ICS is made to show a line of medical control. Note the advisory position of the "medical staff officer."

11-5 General Requirements.

11-5.1* When a facility declares itself in a disaster mode, or when the authority having jurisdiction (AHJ) declares a state of disaster exists, the disaster plan shall be activated. Planning shall be based on realistic conceptual events and operating capacity thresholds that necessitate activation of the plan.

A-11-5.1 Hazard identification and risk assessment should determine whether the following types of hazards are applicable: (a)Natural disasters; (b)Technological/industrial disasters; (c)Civil/political disasters.

For further information on disaster management, see NFPA 1600, Recommended Practice for Disaster Management.

11-5.2* The decision to activate the emergency preparedness plan shall be made by the authority designated within the plan, in accordance with the facility's activation criteria. The decision to terminate shall be made by the designated authority in coordination with the authority having jurisdiction and other civil or military authorities involved.

A-11-5.2 Planning. By basing the planning of health care emergency preparedness on realistic conceptual events, the plan reflects those issues or events that are predictable for the environment the organization operates in. Thus, such conceptual planning should

focus on issues, such as severe weather typical in that locale; situations that may occur due to close proximity of industrial or transportation complexes; or earthquake possibilities due to local seismic activity. Planning for these events should also focus on the capacity of the health care organization to provide services in such an emergency. Capacity thresholds are different for all facilities, but have to do with issues such as the availability of emergency departments, operating suites and operating beds, as well as logistical response and facility utilities. There is no way to plan for all possible emergencies, but by focusing on logical conceptual events and operating capacity thresholds, the health care organization can develop realistic plans as well as guidelines for staff to activate those plans.

11-5.3 The emergency preparedness plan, as a minimum, shall include the following.

11-5.3.1* Identification of Emergency Response Personnel.
All personnel designated or involved in the emergency preparedness plan of the health care facility shall be supplied with a means of identification, which shall be worn at all times in a visible location. Specific means of identification for incident command system (ICS) personnel shall be provided, such as vests, baseball caps or hard hats.

A-11-5.3.1 Where feasible, photo identifications or other means to assure positive identification should be used. Visitor and crowd control create the problem of distinguishing staff from visitors. Such identification should be issued to all facility personnel, including volunteer personnel who might be utilized in disaster functions.

> *NOTE: Care should be taken to assure that identification cards are recalled whenever personnel terminate association with the health care facility. Members of the news media should be asked to wear some means of identification, such as the press card, on their outside garments so that they are readily identifiable by security guards controlling access to the facility or certain areas therein. Clergy also will frequently accompany casualties or arrive later for visitations and require some means of identification.*

11-5.3.2* Continuity of Essential Building Systems.
When designated by the emergency preparedness management plan to provide continuous service in a disaster or emergency, health care facilities shall establish contingency plans for the continuity of essential building systems, as applicable: (a)* Electricity; (b)Water; (c)Ventilation; (d) Fire protection systems; (e) Fuel sources; (f) Medical gas and vacuum systems (if applicable); (g) * Communication systems

A-11-5.3.2 For essential building systems, consideration should be given to the installation of exterior building connectors to allow for the attachment of portable emergency utility modules.
Water storage systems should be inventoried and protected to the greatest extent possible.

A-11-5.3.2(a) See Sections 3-4, 3-5, and 3-6 for types of essential electrical systems for health care facilities.

A-11-5.3.2(g) Telecommunication Systems. Emergency internal and external communication systems should be established to facilitate communication with security forces and other authorities having jurisdiction as well as internal patient care and service units in the event normal communication methods are rendered inoperative. The basic form of communication in a disaster is the telephone system. As part of the contingency plan to maintain communication, a plan for restoring telephone systems or using alternate systems is necessary. Typically, the first line of internal defense for a system outage is strategically placed power-failure telephones that are designed to continue to function in the event of system failure. Plans for external outages and load control should include the use of pay phones that have first priority status in external system restoration.
Contingency plans should also contain strategies for the use of radio-frequency communications to supplement land-line usage. The plan should include a means to distribute and use two-way radio communication throughout the facility. A plan for the incorporation and use of amateur radio operators should also be considered.
It should be recognized that single-channel radio communication is less desirable than telephone system restoration due to the limited number of messages that can be managed. Cellular telephones, although useful in some disaster situations, should not be considered a contingency having high reliability due to their vulnerability to load control schemes of telephone companies.

11-5.3.3* Staff Management. Planning shall include the alerting and managing of all staff and employees in a disaster, as well as consideration of (1) housing, (2) transportation of staff and staff family, and (3) critical incident staff stress debriefing.

A-11-5.3.3 Management of staff and employees allows for the best and most effective use of the entity's human resources during disaster operations. Consideration should be given to both personnel on-hand and those that can be alerted. Specifically, staff management includes the following: (a) Assignment of roles and responsibilities; (b) Method for identifying human resource needs to include status of families; (c) Method for recalling personnel and augmenting staff; (d) Management of space (housing, day care, etc.); (e) Management of staff transportation; (f) Critical incident stress debriefing (Many case histories show that not only victims but also rescuers and treatment/handler staff bear serious emotional or even mental scars from their traumatic experiences. Emergency room and ambulance staff can also benefit from such help when stress has been acute.)

11-5.3.4* Patient Management. Plans shall include provisions for management of patients, particularly with respect to clinical and administrative issues.

A-11-5.3.4 The plans should focus also on modification or discontinuation of nonessential patient services, control of patient information, and admission/discharge and transfer of patients. Emergency transfer plans need to consider the proper handling of patient personal property and medical records that will accompany the patient as well as assurance of continuity of quality care. Evaluation of space, patient transport resources, and a process to ensure patient location information should be included.

11-5.3.5* Logistics. Contingency planning for disasters shall include as a minimum stockpiling or ensuring immediate or at least uninterrupted access to critical materials such as the following: (a)Pharmaceuticals; (b)Medical supplies; (c)Food supplies; (d)Linen supplies; (e)Industrial and potable (drinking) water

A-11-5.3.5 Logistics. It will be essential to assess these kinds of resources currently available within the health care facility itself, and within the local community as a whole. Community sources identification can be effectively performed by the local disaster council, through the cooperation of local hospitals individually or collectively through local hospital associations, nursing homes, clinics, and other outpatient facilities, retail pharmacies, wholesale drug suppliers, ambulance services, and local medical/surgical suppliers and their warehouses.
Knowing the location and amount of in-house and locally available medical and other supply sources, a given health care facility could then desire to stockpile such additional critical material and supplies as could be needed to effectively cope with the disaster situation. Stockpiling of emergency preparedness supplies in carts should be considered as they facilitate stock rotation of outdated supplies, provide a locally secured environment, and are easily relocated to alternate site locations both within and outside the facility.

11-5.3.6* Security. Security plans shall be developed that address facility access, crowd control, security staff needs, and traffic control.

A-11-5.3.6 Security and Traffic Control. Facilities should formally coordinate their security needs during a disaster with local law enforcement agencies. This action could be necessary as a means to supplement the facility security capabilities, or to provide all security needs when the facility lacks its own internal security forces.
The health care institution will find it necessary to share its disaster plans with local law enforcement agencies, or better still involve them in the process of planning for security support during disasters. The information should at least include availability of parking for staff, patients, and visitors, and normal vehicular, emergency vehicular, and pedestrian traffic flow patterns in and around the facility. The extent of the security and traffic control problems for any given health care facility will depend upon its geographical location, physical arrangement, availability of visitor parking areas, number of entrances, and so forth.
(a) Crowd Control. Visitors can be expected to increase in number with the severity of the disaster. They should not be allowed to disrupt the disaster functioning of the facility. Ideally, a visitor's reception center should be established away from the main facility itself, particularly in major disasters. Volunteer personnel such as Red Cross, Explorer Scouts, or other helpers can be utilized as liaisons between the visitors and the health care facility itself. Normal visiting hours on nursing units should be suspended where possible.
(b) Vehicular Traffic Control. Arrangement for vehicular traffic control into and on the facility premises should be made in the disaster planning period. It will be necessary to direct ambulances and other emergency vehicles carrying casualties to triage areas or the emergency room entrance, and to direct incoming and outgoing vehicles carrying people, supplies, and equipment. Charts showing traffic flow and indicating entrances to

be used, evacuation routes to be followed, and so forth, should be prepared and included in the Health Care Disaster Plan. Parking arrangements should not be overlooked.
(c) Internal Security and Traffic Control. Internal security and traffic control are best conducted by facility trained personnel, that is, regular health care facility security forces, with reinforcements as necessary. Additional assistance from the local law enforcement agencies should be coordinated in the disaster planning phase. Upon activation of the Health Care Disaster Plan, security guards should be stationed at all unlocked entrances and exits, as necessary. Entrance to the facility should be restricted to personnel bearing staff identification cards and to casualties. In the case of major access corridors between key areas of the facility, pedestrian traffic should be restricted to one side of the corridor, keeping one side of the corridor free for movement of casualties. Traffic flow charts for internal traffic should also be prepared in the planning phase, as is the case with external traffic control.

11-5.3.7* Public Affairs.

A-11-5.3.7 News Media. Because of the intense public interest in disaster casualties, news media representatives should be given as much consideration as the situation will permit. Ideally, news media personnel should be provided with a reception area, with access to telephone communication and, if possible, an expediter who, though not permitted to act as spokesman for news releases, could provide other assistance to these individuals. News media personnel should not be allowed into the health care facility without proper identification. To alert off-duty health care staff and for reassuring the public, use of broadcast media should be planned. Media representatives should have access to telephone communications. Media representatives should be requested to wear some means of identification for security purposes.

11-5.3.7.1 Health care facilities shall have a designated media spokesperson to facilitate news releases.

11-5.3.7.2 An area shall be designated where media representatives can be assembled, where they will not interfere with the operations of the health care facility.

11-5.3.8 Staff Education. Each health care facility shall implement an educational program. This program shall include an overview of the components of the emergency preparedness plan and concepts of the Incident Command System. Education concerning the staff's specific duties and responsibilities shall be conducted upon reporting to their assigned departments or position.
General overview education of the Emergency Preparedness Plan and the Incident Command System shall be conducted at the time of hire. Department/staff specific education shall be conducted upon reporting to their assignments or position and annually thereafter.

11-5.3.9* Drills. Each organizational entity shall implement one or more specific responses of the emergency preparedness plan at least semi-annually. At least one

semi-annual drill shall rehearse mass casualty response for health care facilities with emergency services, disaster receiving stations, or both.
A-11-5.3.9 Experiences show the importance of drills to rehearse the implementation of all elements of a specific response including the entity's role in the community, space management, staff management, and patient management activities.
To consider an exercise a drill, the following aspects are typically incorporated and documented: a general overview of the scenario, activation of the disaster plan, evaluation of all involved participants/departments, a critique session following the drill, and any identified follow-up training to correct or improve any deficiencies.

11-5.3.10* Operational Recovery. Plans shall reflect measures needed to restore operational capability to pre-disaster levels. Fiscal aspects shall be considered because of restoral costs and possible cash flow losses associated with the disruption.

A-11-5.3.10 Recovery measures could involve a simple repositioning of staff, equipment, supplies, and information services; or recovery could demand extensive cleanup and repair. It can, under certain circumstances, present an opportunity to evaluate long-range ideas concerning modifications to the facility. Filing of loss claims might require special approaches.
Finance. Health care facilities should have access to cash or negotiable instruments to procure immediately needed supplies.

APPENDIX C

Agency for Health Care Administration Emergency Management Planning Criteria for Nursing Homes

AHCA 3110-6006

Emergency Management Planning Criteria for Nursing Home Facilities
(Criteria)

The following minimum criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all Nursing Homes. The criteria serve as the required plan format for the CEMP, and will also serve as the compliance review document for county emergency management agencies upon submission for review and approval pursuant to Chapter 252, Florida Statutes (F.S.). These minimum criteria satisfy the basic emergency management requirements of 400, Part II, Florida Statutes, but are not designed to provide specific emergency medical planning guidance. Although such planning is required under 400, Part II, Florida Statutes, and this rule and may be included in this plan, those items will not be subject to review or approval by county emergency management agencies.

These criteria are also not intended to limit nor exclude additional materials facilities may decide to include to satisfy other relevant rules, requirements, or any special issues facility administrators deem appropriate for inclusion. As before, such voluntary inclusions will not be subject to the specific review by county emergency management personnel, but only those items identified in these criteria.

I. INTRODUCTION

A. Provide basic information concerning the facility to include:

1. Name of the facility, address, telephone number, emergency contact telephone number and fax number;

2. Owner of facility, address, telephone number;

3. Year facility was built;

4. Name of administrator, address, work/home telephone number;

5. Name, address, work/home telephone number of person implementing the provisions of this plan, if different from the administrator;

6. Name and work/home telephone number of person(s) who developed this plan;

7. Provide an organizational chart with key emergency positions identified.

B. Provide an introduction to the Plan, which describes its purpose, time of implementation, and the desired outcome that will be achieved through the

planning process. Also provide any other information concerning the facility that has bearing on the implementation of this plan.

II. AUTHORITIES AND REFERENCES

A. Identify the legal basis for the plan development and implementation of local ordinances and apply 400-23, F.S., and 59A-4.126, Florida Administrative Code (F.A.C.).

B. Identify reference materials used in the development of the Plan.

C. Identify the hierarchy of authority in place during emergencies. Provide an organizational chart, if different from the previous chart required.

III. HAZARD ANALYSIS

A. Describe the potential hazards that the facility is vulnerable to such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents from fixed facilitates or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, etc. Indicate past history and lessons learned.

B. Provide site specific information concerning the facility to include:

1. Number of facility beds, maximum number of clients on site, average number of clients on site;

2. Type of residents served by the facility to include, but not limited to:
    a. Patients with Alzheimer's Disease
    b. Patients requiring special equipment or other special care, such as oxygen or dialysis
    c. Number of patients who are self-sufficient

3. Identification of hurricane evacuation zone facility is in;

4. Identification of which flood zone facility is in as identified on a Flood Insurance Rate Map;

5. Proximity of facility to a railroad or major transportation artery (per hazardous materials incidents);

6. Identify if facility is located within 10-mile or 50-mile emergency planning zone of a nuclear power plant.

IV. This section of the plan defines the policies, procedures, responsibilities and actions that the facility will take before, during and after any emergency situation. At a minimum, the facility plan needs to address: direction and control; notification; and sheltering.

A. Direction and Control

Define the management function for emergency operations. Direction and control provides a basis for decision-making and identify who has the authority to make decisions for the facility.

1. Identify by name and title, who is in charge during an emergency, and one alternate, should that person be unable to serve in that capacity.

2. Identify the chain of command to ensure continuous leadership and authority in key position.

3. State the procedures to ensure timely activation and staffing of the facility in emergency functions. Are there provisions for emergency workers' families?

4. State the operational and support roles for all facility staff. (This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan).

5. State the procedures to ensure the following needs are supplied:

    a. Food, water and sleeping arrangements.

    b. Emergency power, natural gas or diesel. If natural gas, identify alternate means should loss of power occur which would effect the natural gas system. What is the capacity of emergency fuel system?

    c. Transportation (may be covered in the evacuation section).

    d. 72-hour supply of all essential supplies.

6. Provisions for 24-hour staffing on a continuous basis until the emergency has abated.

B. Notification

Procedures must be in place for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff and residents of potential emergency conditions.

1. Define how the facility will receive warnings, to include off hours and weekends/holidays.

2. Identify the facility 24-hour contact number, if different than number listed in introduction.

3. Define how key staff will be alerted.

4. Define the procedures and policy for reporting to work for key workers.

5. Define how residents/patients will be alerted and the precautionary measures that will be taken.

6. Identify alternative means of notification should the primary system fail.

7. Identify procedures for notifying those facilities to which facility residents will be evacuated.

8. Identify procedures for notifying families of residents that facility is being evacuated.

C. Evacuation

Describe the policies, role responsibilities and procedures for the evacuation of residents from the facility.

1. Identify the individual responsible for implementing facility evacuation procedures.

2. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate residents (Copies of the agreements must be attached as annexes).

3. Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities.

4. Identify the pre-determined locations where residents will be evacuated.

5. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients.

6. Identify evacuation routes that will be used and secondary routes should the primary route be impassable.

7. Specify the amount of time it will take to successfully evacuate all patients/residents to the receiving facility. Keep in mind that in hurricane evacuations, all movement should be completed before the arrival of tropical storm winds (40 mph winds).

8. Specify the procedures that ensure facility staff will accompany evacuating residents/patients.

9. Identify procedures that will be used to keep track of residents once they have been evacuated to include a log system.

10. Determine what and how much should each resident take. Provide for a minimum of 72-hour stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude.

11. Establish procedures for responding to family inquiries about residents who have been evacuated.

12. Establish procedures for ensuring all residents are accounted for and are out of the facility.

13. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.

14. Specify at what point the mutual aid agreements for transportation and the notification of alternative facilities will begin.

D. Re-entry

Once a facility has been evacuated, procedures need to be in place for allowing residents or patients to re-enter the facility.

1. Identify who is the responsible person(s) for authorizing re-entry to occur.

2. Identify procedures for inspecting the facility to ensure it is structurally sound.

3. Identify how residents will be transported from the host facility back to their home facility and identify how you will receive accurate and timely data on re-entry operations.

E. Sheltering

If the facility is to be used as a shelter for an evacuating facility, the plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.

1. Describe the receiving procedures for arriving residents/patients from evacuating facility.

2. Identify where additional residents will be housed. Provide a floor plan, which identifies the space allocated for additional residents or patients.

3. Identify provision of additional food, water, medical needs of those residents/patients being hosted at receiving facility for a minimum of 72 hours.

4. Describe the procedures for ensuring 24-hour operations.

5. Describe procedures for providing sheltering for family members of critical workers.

6. Identify when the facility will seek a waiver from the Agency for Health Care Administration to allow for the sheltering of evacuees if this creates a situation, which exceeds the operating capacity of the host facility.

7. Describe procedures for tracking additional residents or patients sheltered within the facility.

V. INFORMATION, TRAINING AND EXERCISE

This section shall identify the procedures for increasing employee and patient/residents awareness of possible emergency situations and provide training on their emergency roles before, during and after a disaster.

A. Identify how key workers will be instructed in their emergency roles during non-emergency times.

B. Identify a training schedule for all employees and identify the provider of the training.

C. Identify the provisions for training new employees regarding their disaster related role(s).

D. Identify a schedule for exercising all or portions of the disaster plan on an annual basis.

E. Establish procedures for correcting deficiencies noted during training exercises.

APPENDIX

The following information is required, yet placement in an appendix is optional if the material is included in the body of the plan.

A. Roster of employees and Companies with key disaster related roles.

1. List the names, addresses, and telephone number of all staff with disaster related roles.

2. List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, food, water, police, fire, Red Cross, etc.

B. Agreements and Understandings

Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements or any agreement needed to ensure the operational integrity of this plan.

C. Evacuation Route Map

A map of the evacuation routes and description of how to get to a receiving facility for drivers.

D. Support Material

1. Any additional material needed to support the information provided in the plan.

2. Copy of the facility's fire safety plan that is approved by the local fire department.

APPENDIX D

Agency for Health Care Administration Emergency Operation Plan

AGENCY FOR HEALTH CARE ADMINISTRATION
EMERGENCY OPERATIONS PLAN

INTRODUCTION

The State of Florida has developed a plan to respond to natural and man-made disasters, that provides a method for the delivery of goods and services to affected areas quickly and decisively. The plan is initiated in Tallahassee at the State Emergency Operations Center (SEOC) where the seventeen emergency Support Functions (ESF's) are activated. A brief description of each ESF is contained in this manual.

OVERVIEW OF EMERGENCY SUPPORT FUNCTIONS (ESF)

In a widespread emergency the needs may be complex and far-reaching. Seventeen areas of responsibility have been established to coordinate emergency preparedness, response, and recovery. Those areas are known as Emergency Support Functions (ESF). There is one agency with primary responsibility for operating each ESF. Other agencies are tasked with supporting roles. ESF's are the functional support roles of the State Emergency Response Team (SERT). The details of each function are in the state plan. The details of how the jobs are to be done are in procedures developed by the primary agency of an ESF. These are the emergency support functions and the agencies with primary responsibility for them. These seventeen Emergency Support Functions are the backbone of Florida's emergency management program.

Listed below are the Emergency Support Functions and their agencies with primary and support responsibility:

ESF 1 TRANSPORTATION

Primary Agency: Department of Transportation
Coordinate the use of transportation resources to support the needs of local governments, voluntary organizations and other emergency support groups requiring transportation capacity to perform their emergency response, recovery and assistance missions.

Support: Agriculture and Consumer Services; Management Services; Education; Florida Wing-Civil Air Patrol; Environmental Protection; Law Enforcement; Highway Safety and Motor Vehicles.

ESF 2 COMMUNICATIONS

Primary Agency: Department of Management Services
Assure provisions for communication to support state, county and local response efforts before, during and immediately following the Governor's emergency declaration.

Support: Agriculture and Consumer Services; Law Enforcement; Community Affairs; Military Affairs; Public Service Commission; Florida Wing-Civil Air Patrol; Amateur Radio Emergency Services.

ESF 3 PUBLIC WORKS AND ENGINEERING

Primary Agency: Department of Transportation
Provide public works and engineering support to assist the local governments in needs related to lifesaving or life protecting support prior to, during and immediately following a major or catastrophic disaster.

Support: Environmental Protection; Health and Rehabilitative Services; Military Affairs; Management Services; Water Management Districts; Public Service Commission; Agriculture and Consumer Services; Florida Institute of Consulting Engineers.

ESF 4 FIRE FIGHTING

Primary Agency: Department of Insurance
Provide state support to local governments and prescribe the use of state resources to detect and suppress urban, rural and wildland fires resulting from a condition or event.

Support: Agriculture and Consumer Services; Florida Fire Chiefs' Association.

ESF 5 INFORMATION AND PLANNING

Primary Agency: Department of Community Affairs
Address those procedures and activities assigned to the "Information and Planning Function" in support of the State Emergency Response Team (SERT) in a major disaster.

Support: Agriculture and Consumer Services; American Red Cross; Health and Rehabilitative Services; Environmental Protection; Military Affairs; Public Service Commission.

ESF 6 MASS CARE

Primary Agency: American Red Cross
Coordinate activities involved with the emergency provision of temporary shelters, emergency mass feeding, bulk distribution of coordinated relief supplies for victims of disasters and disaster welfare information.

Support: Department of Health; Agriculture and Consumer Services; Elder Affairs; Education; *Agency for Health Care Administration*; Business and Professional Regulation; Military Affairs; Labor and Employment Security.

ESF 7 RESOURCE SUPPORT

Primary Agency: Department of Management Services
Provide logistical and resource support to state and local entities involved in delivering emergency response and recovery efforts for natural disasters and other catastrophic events.

Support: Transportation; Community Affairs; Office of the Governor; Labor and Employment Security; Law Enforcement; Public Service Commission; Military Affairs; Agriculture and Consumer Services; Corrections; Board of Regents.

ESF 8 HEALTH AND MEDICAL SERVICES

Primary Agency: Department of Health
Coordinate the State of Florida health and medical resources needed to supplement county and regional resources in response to public health and medical care needs following a significant natural disaster or man-made event.

Support: *Agency for Health Care Administration*; American Red Cross; Agriculture and Consumer Services; Business and Professional Regulation; Elder Affairs; Environmental Protection; Military Affairs; Florida Funeral Directors Association.

ESF9 SEARCH AND RESCUE

Primary Agency: Department of Insurance
Provide state support to local governments and to prescribe the use of state resources in both urban and no-urban Search and Rescue (SAR) in response to an actual or potential disaster condition.

Support: Florida Fire Chiefs' Association.

ESF 10 HAZARDOUS MATERIAL

Primary Agency: Department of Environmental Protection
Provide state support to local governments in response to an actual or potential discharge and/or release of hazardous materials resulting from a natural, man-made or technological disaster.

Support: Community Affairs; Department of Health; Insurance/Florida Fire Chiefs' Association; Transportation; Agriculture and Consumer Services; Florida Game and Freshwater Fish Commission.

ESF 11 FOOD AND WATER

Primary Agency: Department of Agriculture and Consumer Services
Identify food, water and ice needs in the aftermath of a disaster or emergency, obtain these needs and transport such needs to the disaster area. Food supplies obtained and distributed by ESF 11 will be dispensed to disaster victims by ESF 6 (Mass Care).

Support: Environmental Protection; American Red Cross; Second Harvest; Military Affairs; Department of Health; Education; Elder Affairs; Corrections; School Board District.

ESF 12 ENERGY

Primary Agencies: Public Service Commission & Department of Community Affairs
Promulgate the policies and procedures to be used by the Florida Public Service Commission (PSC), Department of Community Affairs (DCA), Division of Emergency Management (DEM), governing agencies and organizations, and utilities in responding to fuel and power shortages.

Support: Industrial Trade Groups and Associations Utility Representatives; Nuclear Regulatory Commission; The Florida Electric Power Coordinating Group; The Florida Petroleum Council.

ESF 13 MILITARY SUPPORT

Primary Agency: Department of Military Affairs (Florida National Guard-FNG)
Provide military support to the State of Florida in times of a major or catastrophic disaster and/or civil unrest and detail their responsibilities and the role of the Florida National Guard in conducting Rapid Impact Assessments.

Support: None

ESF 14 PUBLIC INFORMATION

Primary Agency: Department of Community Affairs
Establish a mechanism that efficiently provides and disseminates information to the general public in the event of a disaster.

Support: Governor's Press Office; Law Enforcement; Health and Rehabilitative Services; Transportation; Insurance; Commerce; Public Service Commission; Florida Association of Broadcasters.

ESF 15 VOLUNTEERS AND DONATIONS

Primary Agencies: Department of Community Affairs, Division of Emergency Management
The purpose of this ESF is to expedite the delivery of voluntary goods and services to support the relief effort in a disaster area.

Support: American Red Cross; Associated Industries; Church World Service; Health and Rehabilitative Services; Elder Affairs; Florida Association of Volunteer Centers; Florida Jaycees; Florida VOAD; Interfaith Coalition; Office of the Governor; Salvation Army; United Way.

ESF 16 LAW ENFORCEMENT

Primary Agency: Florida Department of Law Enforcement
Establish procedures for command, control and coordination of all state law enforcement personnel and equipment to support local law enforcement agencies.

Support: Highway Safety and Motor Vehicles; Florida Highway Patrol; Environmental Protection; Florida Marine Patrol; Game and Fish Commission; Division of Law Enforcement; Business and Professional Regulation, Division of Alcoholic Beverages and Tobacco; Agriculture and Consumer Services, Division of Law Enforcement; Transportation, Division of Motor Carrier Compliance; Insurance, State Fire Marshal; Corrections; Military Affairs, Florida

National Guard; (NOTE: The Division of Capitol Police is not included due to their specific responsibilities and security of the State SEOC).

ESF 17 ANIMAL PROTECTION

Primary Agency: Department of Consumer Services
Provides rescue, protective care, feeding, and identification of animals separated from their owner.

LEVELS OF ACTIVATION FOR THE SEOC

When the State Emergency Operations Center (SEOC) determines that a disaster alert or warning should be issued, the lead agency contact for each of the Emergency Support Functions will be notified. The Department of Health (DOH) is the lead agency for ESF-8 and will receive the initial notification. The DOH representative will then contact the Agency's Emergency Management Coordinator (EMC). Listed below are the levels of SEOC activation and some of the Agency's responsibilities at each level:

Level I Activation: Routine monitoring and statewide alert

- When the Lead Agency (DOH) contact notifies the Agency's EMC, members of the Agency's **Emergency Management Team (EMT)** will be alerted through e-mail to the possibility of operations and requested to be on alert stand-by for duty in the SEOC.

- The Agency's Emergency Management Coordinator (EMC) shall attend all briefings in the SEOC as required by DOH and shall make reports back to the Agency and the EMT.

Level II Activation: Partial activation of core ESF's (1,3,5,6,8,11,14 &16)

- When the Lead Agency (DOH) contact notifies the Agency's EMC, members of the Agency's Emergency Management Team (EMT) will be alerted through e-mail to the possibility of operations and requested to stand by.

- The Agency's Emergency Management Coordinator (EMC) shall attend all briefings in the SEOC as required by DOH and shall make reports back to the Agency and the EMT.

- Telephone notification of the members of the EMT required to staff the SEOC will be made and those personnel placed on a duty roster by the EMC. (ref. appendix)

- Telephone notification of the potentially effected Field Offices will be made by the Chief of Field Operations and the Field Office(s) placed on alert stand-by. (ref. appendix)

Level III Activation: Full activation of the SEOC.

- When the Lead Agency (DOH) contact notifies the Agency's EMC, members of the EMT will be alerted through e-mail and phone and scheduled for duty in the SEOC at ESF-8. This duty will normally consist of 4 hour shifts from 8 A.M. to 8 P.M. through out the duration of the event. (ref. AHCA Duties and Responsibilities at ESF-8)

- Telephone and e-mail notification of this activation to all of the Field Offices will be initiated. (ref. appendix)

- The Field Office Mutual Aid Plan will be initiated by the Chief of Field Operations.

- The Field Office(s), which may be effected, will initiate the Field Office internal emergency plan.

Level IV Activation: Federal Involvement

- When the Lead Agency (DOH) contact notifies the Agency's EMC, members of the EMT will be alerted through e-mail and phone and scheduled for duty in the SEOC at ESF 8. This duty will normally consist of 4 hour shifts from 7:30 A.M. to 7:30 P.M. throughout the duration of the event. (ref. AHCA Duties and Responsibilities at ESF-8)

- Telephone and e-mail notification of this activation to all of the Field Offices will be initiated. (ref. appendix)

- The Field Office Mutual Aid Plan will be initiated by the Chief of Field Operations.

- The Field Office(s), which may be effected, will initiate the Field Office internal emergency plan.

- The Agency's EMC will coordinate with federal personnel as required.

AHCA DUTIES AND RESPONSIBILITIES AT ESF-8

The Department of Health (DOH) has lead responsibility for ESF-8. The Agency is responsible for providing ESF-8 information regarding health care facilities throughout the state, tracking the relocation of patients or residents, and establishing and maintaining communications between various health care entities. The Agency's role is to support the local county Emergency Management Offices and to assist the health care facilities in obtaining all necessary emergency needs.

- State Emergency Operations Center (SEOC) at the following address:

Florida Department of
Community Affairs
Division of Emergency Management
The Rudd Building, State Off. Complex
2555 Shumard Oak Blvd.
Tallahassee, FL 32399-2100

ESF 8 DESK
MAIN PHONE NUMBER
(850) 921-0214

SEOC MAIN FAX NUMBER
(850) 488-9054

The phone number for ESF-8 AHCA desk is: 850- 410-1822

The email address at ESF-8 is: AHCAEOC@FDHC.STATE.FL.US

NOTE: Once evacuations have occurred, the facilities cannot be reoccupied without the approval AHCA. Contact ESF-8 for further information and coordination of reentry during a disaster event.

HEALTH CARE PROVIDERS EMERGENCY INFORMATION PHONE LINE

AHCA maintains an Emergency Information phone line for all Health Care Providers. This is an outgoing message only. This information is regularly updated during an emergency event. This phone number is: **1-888-774-7609**.

During a statewide emergency and the activation of the Emergency Operations Center, this line will contain updated information concerning the Agency's Mutual Aid Field Offices, Facility Evacuations, Briefing updates, and other pertinent information.

FIELD OFFICES DUTIES AND RESPONSIBILITIES:

Field Offices must remain open for response to the emergency, as conditions permit. Although the Governor's Office may close state office buildings, all field office staff are subject to recall by the Deputy Director, Chief of Field Operations, Field Office Manager, or designee. Managed Care and co-located Medicaid staff should be prepared to assist the Field Office Manager as requested.

MUTUAL AID FIELD OFFICE (Interim Field Office) – DUTIES AND RESPONSIBILITIES:

If a disaster results in the temporary closure of a field office and the local staff cannot be immediately re-established at an alternative location, a designated "mutual aid" office will assume responsibilities of the affected field office during the interim. This will be for the purpose of information exchange and provider response. The mutual aid office may be required to provide any or all of the functions listed above, but at a minimum, they will do the following:

- Take all calls for the affected field office.
- Track and retain data until local field office resumes operations.
- Maintain contact with provider associations and central office.

For planning purposes, the following is a list of the Mutual Aid Office Assignments. These may be altered in response to actual emergency conditions.

- Field Office 5 and Field Office 9
- Field Office 6 and Field Office 7
- Field Office 8 and Field Office 4
- Field Office 9 and 10 and Field Office 1 and 2
- Field Office 11 and Field Office 3

OFFICE OF PLANS AND CONSTRUCTION DUTIES AND RESPONSIBILITIES:

Actions Pre Emergency Event

- In the event of an emergency closure of the Miami or Orlando Offices, the OPC staff will notify the OPC office Supervisor in Tallahassee to establish continued communications and to receive further instructions. The staff will then report to the Field Office Manager for any required assistance in the closure of the Field Office. The OPC staff will maintain communications with the OPC office in Tallahassee as conditions permit throughout the event.

Actions Post Emergency Event

- Immediately following an emergency disaster event, the OPC Health Care Assessment Teams (HCAT) must inspect all evacuated health care residential facilities which have sustained damage before these facilities can be reoccupied. These teams are composed of an Architect and an Electrical Engineer and will be dispatched by the OPC Tallahassee Office. (ref. appendix) The damaged facilities will be inspected in accordance with the Health Care Facility Damage Assessment Guidelines (ref. appendix) and will report their findings to the EMT duty personnel at the ESF-8 in the SEOC and to the OPC Central Office Duty Supervisor. OPC must approve the facility before it can be reoccupied. This approval may initially be verbal with a following letter to the facility.

APPENDIX E

Fire Incident Reporting and Systems Failure

Fire Incident Reporting
and
Systems Failure

Fire Incident Reporting

All fires shall be reported to the Agency for Health Care Administration, Office of Plans and Construction, 2727 Mahan Drive, Building 1, Suite 145, Tallahassee, Florida 32308, (850) 487-0713, **by the next working day after the occurrence.**

A "Fire Incident Report, AHCA #3500-0031, May 1998" must be completed and returned to the Office of Plans and Construction within 15 calendar days of the fire event. All reports shall be complete and thorough. This report can be accessed from the Agency's web site at www.fdhc.state.fl.us. Go to "Site Index", then find "Plans and Construction" and scroll to "Forms and Reports" and print the "Fire Incident Report" form. A "Fire Incident Report" form can also be obtained by calling the Office of Plans and Construction at (850) 487-0713.

Systems Failure

In the event of a system failure of the fire alarm system, smoke detection system, power systems, or sprinkler system, the following actions shall be taken immediately by the facility:

1. Notify the local fire department and document instructions.

2. Notify the Agency for Health Care Administration through the local Field Office and Office of Plans and Construction.

3. Assess the extent of the condition and effect corrective action, with a documented period. If the corrective action will take more than four (4) hours, the following items shall be completed:

    - Implement a contingency plan to the facility fire plan containing: a description of the problem, a specific description of the system failure, and the projected correction period. All staff on shifts involved shall have documented in-service training for the emergency contingency.

    - Begin a documented fire watch, until the system is restored. Persons used for fire watch must be trained in what to look for, what to do, and be able to expeditiously contact the fire department. To maintain a fire watch, the facility shall utilize only certified public fire safety personnel, a guard service, or facility staff. If facility staff personnel are utilized for this function, they shall meet the following:

- Be off duty from their regular facility position and be in compliance with current state staffing ratios and personnel policies;

- Be trained and competent in the duties and responsibilities of a fire watch;

- Have a provision for priority electronic communication

4. If the projected correction period changes or when the system is restored to normal operation, the facility shall notify the Agency for Health Care Administration and local fire authorities.

APPENDIX F

Federal, State, and County Contacts

Federal, State, and County Resources

FEDERAL

Centers for Medicaid & Medicaid Services www.cms.gov
- Preparing for Emergencies: A Guide for People on Dialysis http://www.medicare.gov/Publications/Pubs/pdf/10150.pdf

Federal Emergency Management Agency www.fema.gov

National Oceanic and Atmospheric Administration www.noaa.gov

National Hurricane Center www.nhc.noaa.gov

National Weather Service http://weather.gov/
- Storm Prediction Center (severe weather) http://www.spc.ncep.noaa.gov/

US Department of Homeland Security www.dhs.gov

STATE

Agency for Health Care Administration www.fdhc.state.fl.us

Florida Division of Emergency Management www.floridadisaster.org
- State Emergency Operation Center
- SERT Tracker
- Online Mapping
- Training Events & Calendar
- Threat Assessment
- Florida County Emergency Management Listing
- Citizen Emergency Information

Disaster Recovery for Public Records http://dlis.dos.state.fl.us/disasterrecovery/

OTHER

American Red Cross http://www.redcross.org/

Weather.com http://www.weather.com/

National Mental Health Association http://www.nmha.org/reassurance/naturalDisaster.cfm

Alachua County Emergency Management PO Box 548 Gainesville, FL 32602-0548	Phone: 352-264-6500 Fax: 352-264-6565
Baker County Emergency Management 1190 W MacClenny Avenue MacClenny, FL 32063	Phone: 904-259-6111
Bay County Emergency Management 644 Mulberry Avenue Panama City, FL 32401	Phone: 850-784-4000 Fax: 850-784-4010
Bradford County Emergency Management 945-B North Temple Avenue Starke, FL 32091	Phone: 904-966-6336 Fax: 904-966-6169
Brevard County Emergency Management 1746 Cedar Street Rockledge, FL 32955	Phone: 321-637-6670 Fax: 321-633-1738
Broward County Emergency Management 201 NW 84 Avenue Plantation, FL 33324	Phone: 954-831-3900 Fax: 954-382-5805
Calhoun County Emergency Management 20859 Central Avenue East, Room G-40 Blountstown, FL 32424	Phone: 850-674-8075
Charlotte County Emergency Management 7474 Utilities Road Punta Gorda, FL 33982	Phone: 941-505-4620 Fax: 941-505-4625
Citrus County Emergency Management 3425 West Southern Street Lecanto, FL 34461	Phone: 352-746-6555 Fax: 352-746-6696
Clay County Emergency Management 1 Doctors Drive Green Cove Springs, FL 32043	Phone: 904-269-1047 Fax: 904-284-7424
Collier County Emergency Management 3301 East Tamiami Trail, Building F Naples, FL 34112	Phone: 941-774-8000
Columbia County Emergency Management 263 NW Lake City Avenue Lake City, FL 32055	Phone: 386-758-1125 Fax: 386-752-9644
DeSoto County Emergency Management 115 East Oak Street, Room B-1 Arcadia, FL 34266	Phone: 863-993-4831 Fax: 863-993-4840
Dixie County Emergency Management 56 NE 210th Avenue Cross City, FL 32628-3200	Phone: 352-498-1240 Fax: 352-498-1244

Duval County Emergency Management 515 North Julia Street, Suite 400 Jacksonville, FL 32202	Phone: 904-630-2472
Escambia County Emergency Management 6575 North "W" Street Pensacola, FL 32505	Phone: 850-471-6400
Flagler County Emergency Management 1200 East Moody Boulevard, Box #8 Bunnell, FL 32110	Phone: 386-437-7381
Franklin County Emergency Management 33 Commerce Street Apalachicola, FL 32320	Phone: 850-653-8977 Fax: 850-653-3643
Gadsden County Emergency Management Post Office Box 1709 Quincy, FL 32351	Phone: 850-875-8642 Fax: 850-875-8643
Gilchrist County Emergency Management 209 SE First Street Trenton, FL 32693-3215	Phone: 352-463-3198 Fax: 352-463-3189
Glades County Emergency Management 500 Avenue J Moore Haven, FL 33471	Phone: 863-946-6020 Fax: 863-946-1091
Gulf County Emergency Management 1000 Cecil G. Costin, Sr. Boulevard, Building 500 Port St. Joe, FL 32456	Phone: 850-229-9110 Fax: 850-229-9115
Hamilton County Emergency Management 1133 US Highway 41 NW, Suite 1 Jasper, FL 32052	Phone: 386-792-6647 Fax: 386-792-6648
Hardee County Emergency Management 404 West Orange Street Wauchula, FL 33873-2831	Phone: 863-773-6373 Fax: 863-773-0107
Hendry County Emergency Management PO Box 358 LaBelle, FL 33975-0358	Phone: 863-675-5255 863-983-1594 Fax: 863-674-4040
Hernando County Emergency Management 20 North Main Street, Room 362 Brooksville, FL 34601	Phone: 352-754-4083 Fax: 352-754-4090
Highlands County Emergency Management 6850 West George Boulevard Sebring, FL 33875	Phone: 863-402-6741 Fax: 863-402-7400
Hillsborough County Emergency Management 2711 East Hanna Avenue Tampa, FL 33610	Phone: 813-272-6900 Fax: 813-272-6878

Holmes County Emergency Management 107 East Virginia Avenue Bonifay, FL 32425-2326	Phone: 850-547-1112 Fax: 850-547-7002
Indian River County Emergency Management 1840 25th Street Vero Beach, FL 32960	Phone: 772-567-8000
Jackson County Emergency Management 4447 Marion Street Marianna, FL 32448	Phone: 850-482-9678 Fax: 850-482-9683
Jefferson County Emergency Management PO Box 45 Monticello, FL 32345-0045	Phone: 850-342-0211 Fax: 850-342-0214
Lafayette County Emergency Management PO Box 344 Mayo, FL 32066-0344	Phone: 386-294-4178 Fax: 386-294-4225
Lake County Emergency Management 315 West Main Street, Suite 411 Tavares, FL 32778-3813	Phone: 352-343-9420 Fax: 352-343-9728
Lee County Emergency Management 14752 Ben C. Pratt/6 Mile Cypress Parkway Fort Myers, FL 33912-4406	Phone: 239-477-3600 Fax: 239-477-3636
Leon County Emergency Management 535 Appleyard Drive Tallahassee, FL 32304	Phone: 850-488-5921 Fax: 850-487-3770
Levy County Emergency Management PO Box 221 Bronson, FL 32621-0221	Phone: 352-486-5213 Fax: 352-486-5152
Liberty County Emergency Management PO Box 877 Bristol, FL 32321-0877	Phone: 850-643-2339 Fax: 850-643-3499
Madison County Emergency Management 112 E Pinckney Street #217 Madison, FL 32340	Phone: 850-973-3698 Fax: 850-973-6880
Manatee County Emergency Management 1112 Manatee Avenue West Bradenton, FL 34205	Phone: 941-749-3022 Fax: 941-741-3539
Marion County Emergency Management 692 NW 30 Avenue Ocala, FL 34478	Phone: (352) 622-3205 Fax: (352) 369-6762
Martin County Emergency Management 6000 Southeast Tower Drive Stuart, FL 34996	Phone: 561-288-5694 Fax: 561-286-7626

Miami-Dade County Emergency Management 9300 NW 41st Street Miami, FL 33178-2414	Phone: 305-468-5400 Fax: 305-468-5401
Monroe County Emergency Management 490 63rd Street Ocean E, Suite 150 Marathon, FL 33050-3961	Phone: 305-289-6065 Fax: 305-289-6333
Nassau County Emergency Management 96135 Nassau Place Yulee, FL 32097	Phone: 904-548-4980 Fax: 904-491-3628
Okaloosa County Emergency Management 1250 North Eglin Parkway Shalimar, FL 32579	Phone: 850-651-7150
Okeechobee County Emergency Management 499 NW Fifth Avenue Okeechobee, FL 34974	Phone: 863-763-3212 Fax: 863-763-1569
Orange County Emergency Management 6590 Amory Court Winter Park, FL 32792	Phone: (407) 836-9140
Osceola County Emergency Management 320 North Beaumont Avenue Kissimmee, FL 34741	Phone: 407-343-7000 Fax: 407-343-6873
Palm Beach County Emergency Management 20 South Military Trail West Palm Beach, FL 33415-3130	Phone: 561-712-6400
Pasco County Emergency Management 7530 Little Road New Port Richey, FL 34654	Phone: 727-847-8137 Fax: 727-847-8004
Pinellas County Emergency Management 400 South Fort Harrison Avenue Clearwater, FL 33756	Phone: 727-464-3800 Fax: 727-464-4024
Polk County Emergency Management PO Box 1458 Bartow, FL 33831-1458	Phone: 863-534-0350 Fax: 863-534-0355
Putnam County Emergency Management 120 Orie Griffin Boulevard Palatka, FL 32177-1416	Phone: 386-329-0379
Santa Rosa County Emergency Management 4499 Pine Forest Road Milton, FL 32583	Phone: 850-983-5360 or 850-494-7458
Sarasota County Emergency Management 1660 Ringling Boulevard Sarasota, FL 34236	Phone: 941-861-5000 Fax: 941-861-5501

Seminole County Emergency Management 150 North Bush Boulevard Sanford, FL 32773	Phone: 407-665-5131 or 407-665-5000
St. Johns County Emergency Management 4455 Avenue A, Suite 102 St. Augustine, FL 32095	Phone: 904-824-5550
St. Lucie County Emergency Management 101 North Rock Road Ft. Pierce, FL 34945	Phone: 772-461-5201 Fax: 772-462-1774
Sumter County Emergency Management 414 Lawrence Street Bushnell, FL 33513	Phone: 352-569-6000
Suwannee County Emergency Management 13530 80th Terrace Live Oak, FL 32060	Phone: 386-364-3405 Fax: 386-364-3488
Taylor County Emergency Management 108 North Jefferson Street Perry, FL 32347	Phone: 850-838-3575 Fax: 850-838-1642
Union County Emergency Management 58 NW 1st Street Lake Butler, FL 32054	Phone: 386-496-4330 Fax: 386-496-3226
Volusia County Emergency Management 49 Keyton Avenue Daytona Beach, FL 32124	Phone: 386-254-1500 (386) 258-4088 Daytona Beach (386) 736-5980 West Volusia (386) 423-3395 New Smyrna Beach
Wakulla County Emergency Management 15 Oak Street Crawfordville, FL 32327	Phone: 850-926-0860 Fax: 850-926-8027
Walton County Emergency Management 75 South Davis Lane DeFuniak Springs, FL 32435	Phone: 850-892-8065 Fax: 850-892-8382
Washington County Emergency Management 1331 South Boulevard Chipley, FL 32428	Phone: 850-638-6203 Fax: 850-638-6316

APPENDIX G

Agency for Health Care Administration Emergency Phone Numbers

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

JEB BUSH, GOVERNOR ALAN LEVINE, SECRETARY

Disaster or Emergency Contact Phone Numbers
June 2004

To get an outgoing message on the status of a disaster call **(888) 774-7609**. This message will be an update of the briefings given at the State Emergency Operations Center (SEOC).

When a disaster or emergency occurs, health care facility staff should:

- follow the approved Comprehensive Emergency Management Plan,
- notify the local AHCA field office staff of any actions taken such as evacuations.

Field Office Location	Counties	Phone Number
Tallahassee	Escambia, Okaloosa, Santa Rosa, Walton, Bay, Calhoun, Franklin, Gadsden, Gulf, Homes, Jackson, Jefferson, Liberty, Leon, Madison, Taylor, Wakulla, Washington	**(850) 922-8844**
Alachua	Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union	**(386) 418-5314**
Jacksonville	Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia	**(904) 359-6046**
St. Petersburg	Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, Polk	**(727) 552-1133**
Orlando	Brevard, Orange, Osceola, Seminole	**(407) 245-0850**
Ft. Myers	Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota	**(239) 338-2366**
West Palm	Indian River, Martin, Okeechobee, Palm Beach, St. Lucie, Broward	**(561) 840-0156**
Miami	Monroe, Dade	**(305) 499-2165**

- If the area office is closed due to the disaster or emergency, the Agency should be notified at the State Emergency Operations Center (SEOC) at **(800) 320-0519.** Ask for Emergency Support Function 8 (ESF-8). The direct phone for AHCA at the SEOC is **(850) 410-1822.**

Submitted by: Richard Ramsey

APPENDIX H

Administrator's Checklist

Administrator's Checklist

- ☐ Track tropical disturbances and other known disasters.
- ☐ Notify staff and residents about any impending disasters, such as storms, their strength, and their location.
- ☐ Keep key supervisors informed and have them brief their departmental staff continually.
- ☐ Establish a command post and assure it is manned 24/7.
- ☐ Assign a staff person to monitor local media.
- ☐ Have supervisors reviewed staffing needs every eight (8) hours.
- ☐ Provide 24 hour Switchboard operation.
- ☐ Provide rounds out of the facility when safe.
- ☐ Plan special purchases as required. Set up in advance with vendors.
- ☐ Dietary Department should prepare alternate menus (disaster menus – include staff and visitors).
- ☐ Nursing should review resident needs (update 672 and 802 in advance).
- ☐ Those residents that can be discharged to families should have left the facility with adequate medications.
- ☐ Medical Director should determine which residents need to be admitted to a hospital facility.
- ☐ Occupational Therapy, Physical Therapy, etc. should have cancelled visits and should assist with direct care.
- ☐ Maintenance should have secured the facility, taking care not to block egress.
- ☐ Establish Security Guard patrols and shifts, if needed.
- ☐ Steps should have been taken to save up drinking water.
- ☐ Ice and coolers should have been purchased. Freeze as much water as you can.
- ☐ An alternate receiving site should have been selected and alerted.
- ☐ Transportation should be available in order to evacuate residents if needed. Make sure drivers are available and know evacuation route.
- ☐ Have the vehicles fueled and keys available. Consider having additional stores of fuel.
- ☐ Transportation should be available to transport supplies.
- ☐ Assign someone to coordinate transportation of supplies, people, etc.
- ☐ Establish communications with Department of Health, Emergency Management, and AHCA.
- ☐ Establish communications with FHCA.
- ☐ Utilize volunteers.

- ☐ Check the status of the laundry service.
- ☐ Alert alternate sites. Establish hospital arrangements for the seriously ill. Alert the ambulance service. Alert the evacuation site.
- ☐ Notify the Medical Director and maintain communication.
- ☐ Establish communication with local hospital(s).
- ☐ Make sure extra back braces are available to those loading and unloading buses
- ☐ Check that buses are staffed, adequately supplied with money for tolls, destination maps and guidelines regarding what to do in an emergency, have cell phones.
- ☐ Establish communications with County Emergency Management and Public Safety Division.
- ☐ Oversee the notification of family/significant others.
- ☐ Administrator is in charge of the following steps in the Evacuation Process:
    - ☐ Facility Preparations and Decision Making.
    - ☐ Evacuation and Staging.
    - ☐ Offsite Evacuation Operations.
    - ☐ When busses arrive at receiving facility.
    - ☐ Operations after all residents arrive and locations established.
    - ☐ Reverse evacuation, re-entry, and post storm follow through.

APPENDIX I

Suggested Supply Checklist

Suggested List of Supplies

General Supplies

- ☐ Air mattresses
- ☐ Adaptive devices
- ☐ Supply of blankets, bath towels, washcloths, 2-3 day of supply of clothing
- ☐ Pillows, and sheets
- ☐ Water (include staff and volunteers)
- ☐ Tube feedings
- ☐ Supplements
- ☐ Juices and/or Gatorade
- ☐ Styrofoam collar and ice for medications
- ☐ Emergency medication kit
- ☐ Needing refrigeration
- ☐ Adequate food provisions
- ☐ Medications, treatment administrative records
- ☐ Flow records, census for staff and volunteers
- ☐ An additional 60 mattresses
- ☐ Personal hygiene items

Medical Supplies

- ☐ Sterile soaps
- ☐ Cath trays/kits
- ☐ Germicidal
- ☐ G-tubes
- ☐ Sterile 4x4's
- ☐ Alcohol
- ☐ Hypoallergenic tape
- ☐ Betadine
- ☐ Medications
- ☐ Insulin syringes
- ☐ Kling
- ☐ Catheters
- ☐ Ace bandages
- ☐ Irrigation tray
- ☐ Splints
- ☐ Drainage bags
- ☐ Slings
- ☐ NG Tubes
- ☐ Glycerine swabs
- ☐ Latex gloves
- ☐ 60 cc syringes
- ☐ Peroxide
- ☐ Sterile water
- ☐ Normal saline
- ☐ Lancets for blood sugar

Medical Equipment

- ☐ O_2 concentrators
- ☐ Posey vests
- ☐ IV poles
- ☐ Velcro safety devices
- ☐ Feeding pumps
- ☐ Suction machines
- ☐ Wheelchairs
- ☐ Bedside commodes
- ☐ Walkers and canes

***Have respiratory company deliver bottled oxygen and other necessary respiratory items.**

Maintenance Supplies

- ☐ Extension cords
- ☐ Mobile phones
- ☐ Flashlights
- ☐ Batteries
- ☐ Radio
- ☐ Fans

Disposable Items

- ☐ Diapers
- ☐ Plates and utensils
- ☐ Latex gloves
- ☐ Handwipes
- ☐ Chux
- ☐ Hand towels
- ☐ Plastic bags, red bags
- ☐ Biohazardous supplies
- ☐ Garbage bag
- ☐ Medication cups and straws

APPENDIX J

Sample Bomb Threat – Telephone Log

KEEP THIS NEAR YOUR TELEPHONE

Bomb Threat Call Log

When a bomb threat is received:	**Date:**
✓ Listen ✓ Be calm and courteous ✓ Do not interrupt the caller ✓ Obtain as much information as you can	**Time:** **Duration of Call:**

Questions to Ask:	**Identifying Characteristics:**
☐ Where is the bomb(s) right now?	☐ Sex: M F
☐ When is the bomb going to explode?	☐ Estimated Age:
☐ Is there more than one bomb?	☐ Accent:
☐ What does it look like?	☐ Voice (loud, soft, etc.)
☐ What kind of bomb is it?	☐ Speech (fast, slow, etc)
☐ What will cause it to explode?	☐ Diction (good, nasal, lisp, etc.)
☐ Did you place the bomb?	☐ Manner (calm, emotional, etc.)
☐ Why?	☐ Background noises?
☐ What is your address?	☐ Is the voice familiar? Y N
☐ What is your name?	☐ Is the caller familiar with the area? Y N

Important Names and Numbers:

Administrator or Designee: _____

POLICE: 911

__DO NOT__ call the bomb squad (police will notify bomb squad if a bomb is found).

AHCA Area Office: _____

County Department of Public Health: _____

APPENDIX K

Sample Protocol – Resident Identification

POLICY/PROTOCOL

SUBJECT: Patient/Resident Identification for Disaster Planning

SECTION: Disaster Evacuation

INTENT:

It is the policy of the facility to ensure that all patients/residents have appropriate identification in the event of a disaster that requires evacuation.

PROTOCOL:

1. All patients/residents will wear a clear or white identification wristband.

2. The clear/white identification wrist band will include the following general information:

    a. Patient/resident full name.
    b. No known allergies (NKA)– or list food/medication allergies (in red).
    c. Critical diagnosis (seizures, they wander, etc.).
    d. Facility initials.
    e. On back or inside of band add name of physician and name of responsible parties with contact numbers for each.
    f. Note if Patient/Resident is a “Do not resuscitate” (DNR) if DNR status applicable.

3. Select patients/residents will use a second additional identification wristband to be worn on same wrist as the one above.

4. This second identification wristband will be orange and will be used for critical medical information.

5. The orange critical medical information band will include (use indelible like marker):

    a. Note last name and first initial of patient/resident.
    b. Note Initials of the facility where the patient/resident resides.
    c. Note if patient/resident is either Insulin Dependant Diabetes Mellitus (IDDM) or Non Insulin Dependant Diabetes Mellitus (NIDDM) if diabetic.
    d. Note if patient/resident using a thickener product or mechanically altered diet (e.g., puree, mechanical, soft, etc.)

6. In the event that the patient/resident should have any food or medication allergies or have a designated DNR status this should be written in red or other color indelible marker for easy viewing.

7. Since the facility uses identification photographs or prints of each patient/resident on the medication/treatment administration records (M/TARs), for usual identification, these bands are not required to be worn on a daily basis unless an evacuation is in process.

8. The clear or white identification wristbands should be reviewed and confirmed available by the facility administrator on or before June 1st.

9. The orange critical medical information identification wrist ban should **not** be placed on patients/residents wrists until disaster preparations are officially in place for a specific event.

10. The admission director or designee should initiate both bands during routine admission process.

11. The admission director should place the initiated bands in the back of the patients/residents clinical record. The actual band should be hole punched to create a well defined hole and placed through one of the rings of the clinical record binder.

12. The medical records coordinator should assure that the bands are completed prior to or during the first 14 days after admission.

13. The resident assessment coordinator should review bands in conjunction with all plan of care meetings schedules to confirm completed and correct.

Point of Emphasis:

Hurricanes are not the only disaster that could ultimately require evacuation of the facility. The facility must be prepared on a daily basis with proper identification for each patient/resident.

APPENDIX L

Sample Protocol – Clinical Considerations and Scope of Service in a Disaster

Quality Credentialing Program Best Practices Tools		
Title: Protocol : Clinical Considerations and Scope of Service in a Disaster		
Original Date: 6-4-04	**Regulatory: Disaster**	
Latest Revision:		**# of Pages:** 2
Approved By: Quality Credentialing Foundation Board/Subcommittee		

Planning For Scope of Services

Courtesy of The FHCA Quality Credentialing Foundation

Purpose: To provide a framework to assist facilities to determine reasonable accommodation of resident needs, and project anticipated supplies and services that promote quality of life and care at the time of a Disaster (F246)

1) There are many considerations to be prioritized such as Identification of Resident Needs and Scope of Services. At any given time, facilities are challenged to address and accommodate changes in resident acuity and subsequent levels of care in the facility. Accommodation of needs and services is influenced by facility characteristics and demographics which include resident specific information such as diagnosis, age, gender, stability of the resident's condition, etc. Understanding the case mix and using data obtained from Quality Indicator reports will help assure comprehensive Disaster Preparation. Good Disaster Planning should include resident specific knowledge as well as a review of the volume of admissions, discharges, and acuity levels for the overall resident population.
2) The facility should consider internal care related programs such as Alzheimer's Care and related Dementias, Pain Management, Orthopedic Specialization, Neurological Rehabilitation, Wound Care, and any areas of specialization as they determine the needs of the resident population.
3) Proper Case Management and supply allocation should be coordinated to reflect the needs of the resident population. (The "Resident Sample Matrix CMS 802 and the Resident Census and Condition, CMS 672) are tools that could be used to categorize special needs with a focus on areas such as pain management, Behavior Management, Infection Control Management and use of antibiotics, Hospice and End of Life Care Management, Fall Management, etc.
4) Questions for consideration could be:
   a) How will we secure an area for residents at risk for wandering and elopement?

b) Is our emergency drug supply adequate to address the titration of pain medications or a change in the pain management plan?
c) Do we have a current list of Advance Directives?
d) Have we identified those residents that are Hospice or receiving hospice related services?
e) Have we identified an area to serve as a morgue if needed?
f) How will we manage residents with infections, at risk for falls, or with pressure ulcers?

5) Some examples a condition specific review might include but not be limited to:
   a) Bowel Bladder Status/Incontinence care and management, and clinical communication systems.
      i. Identify residents in high and low risk categories for incontinence.
      ii. Keep the clinical staff such as certified nursing assistants (C.N.A.s) and charge nurses informed regarding each residents individual plan of care (POC) through information systems such as daily report, Cardexes and the care plan.
      iii. Identify resident specific toileting plans and bowel & bladder (B&B) schedules especially when access to toilets and care areas could change in the event of external evacuation or internal change in location.
      iv. Review supply lists and assure an adequate supply of pads, briefs, topical barriers, catheters, catheter bags, ostomy products, barrier creams, walkers, canes, and items related to incontinence care and prevention of skin breakdown.
   b) Nutritional Needs, (Mechanically altered diets, special diets, supplements, unanticipated weight loss/gain and or Parenteral support and concern.
      i. It is important that a list be maintained to identify residents on special diets, those receiving enteral feedings (especially bolus), those at risk for weight loss or currently experiencing weight loss, and those at risk for aspiration.
         - Review the inventory of fluid thickener products and resident specific feeding approaches for dysphagia management
         - Assure adequate supplements.
         - Identify residents receiving intravenous medication

APPENDIX M

Request to Go Over Capacity for Submission to Agency

Florida Health Care Association

REQUEST TO GO OVER CAPACITY

<table>
<tr><td>Facility Name:</td><td>Date:</td></tr>
<tr><td>Address:</td><td>Name of Administrator:</td></tr>
<tr><td># of Licensed Beds:</td><td rowspan="3">Phone:
Fax:</td></tr>
<tr><td># of Current Residents:</td></tr>
<tr><td># of Residents Receiving</td></tr>
<tr><td>Placement of Residents (check all that apply):
☐ Dining room
☐ Activity room
☐ Therapy/Rehab room
☐ Classroom
☐ Other : _____(specify)</td><td>Are you planning to put residents on the corridors?
☐ Yes
☐ No
<u>If yes, make sure there is an ongoing fire watch.</u></td></tr>
<tr><td colspan="2">Staff and Supply Management:
☐ Evacuating facility will bring their food, supply, and medication
☐ Our facility has enough supply and medication for the new residents
☐ Other: _____ (explain).</td></tr>
<tr><td>Name of the Evacuating Facility:</td><td>Name of Administrator :</td></tr>
<tr><td>Address:</td><td>Phone:
Fax:</td></tr>
</table>

Please send us your permission to go overcapacity to receive the new residents from the evacuating facility due to the hurricane.

FAX TO THE AGENCY FOR HEALTH CARE ADMINISTRATION @ 850-410-1512 or AHCA AREA OFFICE.

APPENDIX N

Sample Letter to Families

SAMPLE letter to Families, Guardians or Responsible Parties

Date:

Dear Family Member, Guardian, or Responsible Party,

Hurricane season is upon us again, and we are sending out this letter to detail our facility disaster plan in the event of an imminent storm. We have worked closely with xxxx County officials and local Emergency Management to ensure the safety and comfort of our residents and staff.

If a hurricane Category One or Two is in our path, our plan calls for ***(identify specifics per facility plan)***. We have a safe building above flood level with shutters for all of the windows. We have emergency supplies, food, and water to last at least one week, and we have an emergency generator that will supply essential electrical power to the building in case of a power outage.

If forecasters are calling for a Category _____ hurricane, we will be directed by xxxx County officials to leave our building. Depending on the path of the hurricane, we may evacuate to xxxx or to a facility in xxxx County that we have an arrangement with. We have coordinated transportation arrangements for our residents and all supplies will be brought with us. We will plan on staying out of our facility for at least one week, though we may return to our facility sooner than this. Of course, there may be the possibility of an extended stay out of the facility depending on the aftermath of the storm. Prior to the evacuation, our staff will make all attempts to contact you and to inform you that we will be leaving our facility. If we are able to reach you, we will provide you with a phone number you can call for an update.

In the case of a facility evacuation, you may prefer to pick up your loved one. We will discharge the resident to your care with their prescribed medications, and we will readmit them upon our return to the facility. You will be given this option when our staff contacts you regarding the evacuation.

If you have any questions regarding our hurricane preparedness or evacuation plan, please call me at (xxx) xxx-xxxx ext. xx. Thank you for your consideration and cooperation in this matter.

Sincerely,

Xxx xxxx, NHA
Administrator

APPENDIX O

Employee Preparedness

Administrators, have your employees complete this form well in advance of any potential disasters. It will not only assist you with your facility's emergency preparedness plans, it will also help your employees formulate their own personal plans.

Employee Emergency Preparedness Information		
Name		Home Phone #
Address City State Zip		
Position	Name of Relative to contact in emergency:	Relative's Phone #
Do you live in a hurricane evacuation zone? Y/N		
Are you planning to stay in your home during a hurricane? Y/N		
If you evacuate, where do you plan to go? (Place, Name)		Phone #
Address City State Zip		
Will you report to work if called in during an emergency? Y/N		
Will you need assistance preparing personal property for an emergency situation? Y/N If yes, please explain:		
Do you have family members requiring special arrangements? Y/N How many? _____		
If yes, do you plan to bring family members when reporting? Y/N How many? _____		
Do you have special needs? Y/N Please explain:		
Will you accompany evacuating residents, if necessary? Y/N		
If yes, do you plan to bring family members? Y/N How many? _____		
Do you have any special needs? Y/N If yes please explain:		
Can you assist with resident care or other duties? Y/N		
Can we assist you with your personal emergency preparation? Y/N If yes, how?		
Please provide any other pertinent information (relating to disaster situations):		
Signature		Date

APPENDIX P

Evacuation Checklist

Resident Evacuation Checklist

Please complete the following checklist on every resident transferred to other facilities to ensure appropriate placement and follow-through in the event of an evacuation of _____.

Name of Resident _____ Room #_____

Discharged to (name of facility) _____

Name(s) of Physician(s) notified:

1. _____

2. _____

3. _____

Family Notified:

Name _____

Relationship _____

Name _____

Relationship _____

Medical Record Completed

- ☐ Copy Made
- ☐ All Physician Orders
- ☐ Current MAR's
- ☐ Lab Summaries
- ☐ Nurses' Notes (from that day)
- ☐ Admission Assessment
- ☐ Evacuation Checklist
- ☐ Completed Resident Transfer Form
- ☐ Original to Medical Records

Most Recent Ancillary Department Record:

- ☐ Dietary
- ☐ Respiratory Therapy
- ☐ Physical Therapy
- ☐ Social Services
- ☐ Activities
- ☐ Other Therapy

Personal Belongings Sent with Resident:

List Belongings	w/resident	w/family
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Equipment Sent with Resident:

Equipment labeled _____

Medication and Supplies Sent with Resident:

_____ _____

_____ _____

_____ _____

Additional Comments: _____

_____

_____

_____ _____

Signature of Person Completing Discharge Process Date

APPENDIX Q

Lessons Learned from the 2004 Storms

LESSONS LEARNED FROM THE 2004 STORMS

The 2004 hurricane season rocked Florida with four hurricanes within a six week period. Florida's long term care community, Florida Health Care Association, and the state entities were forced to learn very quickly how to work together to protect and serve our frail clients, our priceless staff, and families. We found the strengths and flaws in our systems and learned how to pull together, how to bend, and how to bounce back. We discovered that many state entities have no awareness that nursing homes are different from assisted living facilities which are in turn different from independent living facilities, and we found ourselves educating state interests on how to distinguish between these different settings and the clients they serve.

Power: We learned the hard way that the power companies/utilities/cooperatives did not assign any special priority to nursing homes when it came to getting power restored. The only priority groups were hospitals, police stations, and fire departments. Power company representatives did not understand the acuity levels of the clients residing in nursing homes, including our residents requiring special care, i.e. oxygen, tracheotomy, and dialyses services. By the third hurricane and some media attention, the power companies began to respond more quickly to the needs of nursing homes, placing them behind hospitals in terms of prioritization. During the onset of the fourth hurricane, power companies were again stating that, if every nursing home and assisted living facility were a priority, every grid in the state would be a priority, and they simply did not have the trucks to respond. Again, a distinction had to be made between nursing homes and assisted living facilities, resulting in nursing homes being given priority after hospitals in getting their power needs addressed in the aftermath of the fourth hurricane. We have already seen early proposed legislation that would formalize nursing homes being considered an "essential customer" by the power companies/utilities/cooperatives.

Reporting power off: In state emergencies where there are power outages, facilities should contact their local Emergency Operation Centers (EOC) to 1) report the facility's lack of power and 2) to find out the facility's status as it relates to having power restored. If the local EOC cannot be reached or refuses to take the information, contact the State EOC.

State EOC: The Health division of the State EOC is known as ESF-8. Their main number is (800) 320-0519, and the request the ESF-8 desk.

Local Power Company: It is recommended that each facility report their power outage to their respective power company and reference their account number. Use the term "essential customer" in referring to your nursing home's need for power restoration.

Obtaining emergency generators: Nursing homes are required through the Florida Building Code to have generators that service essential electrical services. Nursing home companies should be prepared to provide extra generators to their facilities in case of failure. Also, companies should be equipped to provide extra fuel as needed to support their facilities. However, extenuating circumstances may prevent or delay corporate support to a facility. If this happens, a facility can look to the state for assistance and will likely be invoiced at a later date for emergency services rendered.

To obtain an emergency generator:

1. Call your local county emergency operations center (EOC).

2. Give them the 24-hour point of contact for the facility with day and night telephone number(s).

3. Give the specific address for the facility.

4. Specify your facility's ability to unload the generator (equipment and manpower).

5. Tell them if you do or don't have an electrician to hook up the generator.

6. Give them the specific description of the generator needed (include size, voltage, and phase, trailer-mounted or skid unit.

7. Tell them if you need any special needs, such as power cords and refueling requirements.

8. Do not group your needs - be facility-specific.

9. Please let FHCA know of how quickly your request was honored and when your power was restored.

Agency for Health Care Administration (AHCA) generator approval: We inquired of AHCA whether a facility needs prior approval from AHCA before hooking up a generator to a facility's circuitry. AHCA Office of Plans and Construction Chief Skip Gregory told us for temporary generator sets supplied by FEMA or by private contract that are used to back-feed the normal branch circuits of a facility, AHCA has not required a pre-review during any of the hurricane events. However, facilities that would like to upgrade, replace or renovate their generator sets as a result of storm damage must have these projects completed by an electrical engineer and submitted to AHCA for review. These projects will receive an expedited review if it is determined that this work is a result of hurricane damage.

Portable generators: Max Hauth, a Florida fire-life safety expert, reports that many facilities are using smaller (3-5kw) gasoline-powered generators for supplemental tasks, or in some cases, to power computers, modems and TV sets. These gasoline engines typically run at a very high rpm and are air-cooled, so it is essential that the engine's oil level is maintained. Look for an electrical plug that is hot to the touch, which could be a sign that the extension cord you're using is not sufficient for the electrical load.

Staffing: In a state emergency, licensed nurses from other states must obtain a temporary Florida RN license, but that can be done in 48 hours. In a state emergency, CNAs actively certified in other states, employed and screened by the same company, can come to work right away for another facility owned by the company and work for up to four months. Consider training staff in non-nursing positions now to take on additional responsibilities in an emergency

Repairs/contractors: A useful Web site for matching contractors and home/business owners with needs is the Disaster Contractor's Network at www.dcnonline.org.

Air quality/mold: Remember, you are not required to contract with an indoor air quality professional to certify the safety of your building's indoor air if the building did not suffer flooding or water intrusion. AHCA's Office of Plans and Construction Bureau Chief Skip Gregory says if your facility lost power and was closed for several days with its doors/windows closed, look for possible mold or mildew forming or dampness of the walls or ceiling. Smell the air, and if you note no abnormal circumstances, put this information in a memo for your file for possible future use. Please note this is for your own future protection.

Keeping cool protocol: As soon as your facility loses power or if the air conditioning fails for some other reason, indoor temperatures should be monitored and logged every four hours by an assigned person. Readings should be taken at various locations in the building to determine the hotter spots. Once the indoor temperature reaches 85 degrees:

- Large fans are activated in patient care areas.
- Medical Director, AHCA and the Department of Health are notified.
- Fluids are encouraged with alert patients and forced with vegetative patients.
- Extra ice is made available to all patients.
- Portable window AC units are activated. Generator powered window AC units are activated on sun porches, which are used as emergency cooling centers for patients with fevers or other medical emergencies.
- Patients at risk (those already with fever, those with neuro-vegetative problems, others who are totally immobile, AIDS patients) shall have their body temperature monitored and recorded in the record every four hours. The nurse shall notify the physician/ARNP for increased fever and move the patient to an emergency-cooling area or transferred to the hospital if necessary.
- It is not necessary to report your indoor temperatures to AHCA. You are required to determine when health and safety are at risk and to notify AHCA if an evacuation is indicated.
- Closely monitor sanitation, particularly in the kitchen and patient areas. Heat speeds up food spoilage.
- If a patient's health is in doubt, get an order from the physician for a direct admit to the hospital in order to bypass the delay which occurs with ER admits.

- Cool patients with elevated temperatures by placing them near fans blowing over basins of ice.

Structural Damage and Building Re-entry

If no damage: Simply call your AHCA Area Office or the Central Office and let them know you are going back in and that all power is restored and that no damage or water intrusion has occurred to the interiors.

If damage exists: For damage, minor or otherwise, AHCA's Office of Plans and Construction wants a letter from the facility noting the extent of the damage and a description of the scope of work contemplated. It will work with the facility to correct all damages ASAP.

New work: If new work is contemplated, such as a new generator, then that may have to be reviewed by Plans and Construction. It will look at situations on a case-by-case basis.

Substantial rebuilding: Substantial rebuilding may have to involve engineering and architectural drawings and submissions. AHCA said it will consider this priority to repair hurricane damage. Plan review fees are generally waived unless the renovation gets beyond the damage to the facility, then it gets treated like any other renovation job.

Windows/water damage: If building is without power/air conditioning:

> No power with no water damage: Remove hurricane shutters/boards and keep the windows closed as long as possible to retain coolness. Make sure there is no water intrusion in the building. Open the windows when things heat up.
>
> No power with small water intrusion: Remove hurricane shutters/boards and keep the windows closed as long as possible to retain coolness. Towel-dry surface wetness. Don't open the windows to dry things out and open the windows only when things heat up.
>
> No power with water damage: Remove hurricane shutters/boards and dry out the building using dryers. Keep the windows closed as long as possible to retain coolness and open them only when things heat up.

Florida Department of Elder Affairs (DOEA) 'CARES' Review: If you are a receiving facility for evacuated nursing home patients, you can have your Medical Director or an attending physician complete a DOEA Form 3008 for persons coming into a nursing home without the form. As long as the physician certifies that the person being admitted meets the nursing home level of care, the facility has 12 days to get the CARES approval. In an emergency situation, the CARES review could be conducted by telephone. It is extremely important that the physician understand the Level of Care (LOC) criteria. At a later date, a CARES assessment will be completed and the official LOC sent to the nursing home. CARES can give a temporary LOC over the telephone, if the nursing home or physician is not sure of the criteria. The most important issue is to get the patient help; the paperwork can catch up later.

CMS policy: CMS has a policy that will allow a facility to continue to bill for a patient that is evacuated to another facility. CMS policy allows for a short term arrangement where the first facility bills Medicare as if the patient was in the facility. The first facility will reimburse the second facility for housing those patients. CMS will consider "short term" to be up to 30 days. If the patient remains at the facility for more than 30 days, the patient must be discharged from the first facility and admitted to the second facility. However, if a patient is evacuated from a facility and can not go back to that facility, the patient must be discharged from that facility as soon as you become aware that the patient can return.

Medicaid: During these emergency periods, Medicaid allows early refills on prescriptions (waiving the 30-day requirement) and no prescription is required for oxygen refills. Medicaid limits the number of days that a patient is allowed to go home to a maximum of 16 days per fiscal year, unless the nursing home is evacuating. If the nursing home is evacuating, Medicaid will work with facilities and residents on a case by case basis should the 16 day limit be surpassed.

APPENDIX R

Emergency Generators

EMERGENCY GENERATORS

In an emergency, electrical power is often interrupted. Generators are expensive, require space, and ongoing maintenance; but under emergency conditions, they might make the difference in being able to serve patients. The following steps will prepare you to make an informed decision.

Should You Purchase Or Rent A Generator or Do You Even Need One?

It depends on whether or not an alternate dialysis provider is available. Most centers conduct a cost-benefit analysis (how much money would you lose daily if not operational) versus the likely risk of needing a generator. If your risk is high (hurricane or earthquake country, instability of the electrical grid) and your revenue loss would be high, it is easier to justify the expense. Consider renting one or closing the facility during the emergency and referring patients to other dialysis centers. Before making a decision look at all costs.

Determine How Much Power You Need

- Determine power distribution: What is on separate breakers? Are the reverse osmosis machines, the treatment equipment, and/or treatment lights on separate breakers?
- Whole facility or just critical loads: Determine if you need to power your whole facility or just critical loads, and determine the aggregate electrical load. Consult a qualified electrician to perform an ammeter reading of your electrical distribution box when your facility is running at peak load. Your utility bill may provide peak electrical usage.
- Power for critical loads: Prioritize individual loads (lights, pumps, machines, etc). Decide which require power immediately during an emergency. If you have a separate distribution box to feed critical loads, you may only need enough temporary power for the loads served by that set of circuit breakers. Another method is to take an ammeter reading with just the critical loads running. To determine amperage or voltage for a piece of equipment, check the nameplate.

Develop a Generator Plan

- Generator Location: Generators range in size from the petite to the gigantic! Once you know how much power you need, be sure you have the space to accommodate the generator. You might need to get two smaller ones rather than a large one. It is helpful if the dealer comes to your facility to do an inspection. They can often provide tips and ideas on location, installation and other important concerns. Also check with the local building permit department and air quality board to determine if there are any regulations that govern generator use. Lastly, check with your neighbors. A loud, smoking diesel generator could be a problem to a neighbor who could complain to local authorities.
- Getting the Generator to your Location: Most are towed on semi-trailers or pull trailers. Others are skid mounted and require a forklift. If you are picking up your own generator, make sure you have the right size truck or get a contract with a trucking firm for delivery.
- Getting the Cable Routed from the Generator Outside your Building to the Electrical Distribution Boxes Inside: An open door or window will work, but not in extreme weather. Consider installing a weather head or cable access door that can be closed when

not in use.

- Adequate Fuel: You must have extra fuel if you need to run for an extended period of time. Ideally, have enough fuel for two or three days. An auxiliary tank of fuel is important. If you are in a very cold climate, you will need special winter fuel. Always have at least two vendors on contract, in case one runs out or has difficulty delivering to your area.
- Hooking Up and Maintaining the Generator: If you don't have trained people on site, you will need an electrical contractor. Or have someone train and certify your staff. A survey of your facility and your electrical needs by a licensed electrician is essential. You may need to consider an exterior outlet on your building to be able to connect a generator.
- Automatic Bus Transfer Switch (ABT): The ABT switch has power coming into the switch from the normal power source and from the emergency power source. The wires leading to the building are usually connected to the normal power source. In the event the normal power is lost, the ABT immediately transfers the building to the emergency power source. When normal power is restored, the ABT shifts the building back to normal power. The switch that automatically starts the emergency generator is often built into the ABT. This switch automatically starts the emergency generator when normal power is lost, and shuts down the generator when normal power is restored.
- Document the Plan: Write the generator plan documenting the entire process from obtaining the equipment, installation and maintenance.

Generators—How to Determine the Size You Need

- Contact a qualified electrician to determine actual load, and then determine the critical and secondary loads. As an example, the following questions and methods can be used to determine your needs.
- If you have the electrical line diagrams, you can add the circuits together that you intend to power from the generator.
- Do you have an existing transfer switch that is rated to accommodate the capacity size of the generator?
- Do you want to provide a full or partial backup of current building?
- Is the business growing? Shrinking?
- Do you want full load on generator or partial load?
  The electrician must determine the amount of current you need and at what voltage. Then a generator company can tell you the size. If you base it on current load, you will get a minimum size to support those needs. Your other needs will determine the cost to increase your capacity. The installation cost is basically the same in size ranges.

How to Calculate Critical Electrical Loads

Use the following formula to express the number of kilowatts needed:
Amps X Volts = Watts,
Watts / 1000 = Kilowatts

Number of Machines X (Kilowatts per machine) = Minimum Electrical Load

Example:
A Fresenius 2008E draws 15 amps maximum and runs on 110 volts,
15 amps X 110 volts = 1650 watts
1,650 watts divided by 1,000 = 1.65 kilowatts per machine

Generator Rentals

Check the Yellow Pages under "Generators" or web sites on the Internet.

Glossary of Electrical and Generator Terms

Sound Attenuation	You may need a quiet generator set if you are close to other buildings or residences. Ask for a set with sound attenuation below 92db (A) at fuel load or better.
Auto-Start/Stop Connections	This automatically starts or stops a generator if the standby unit goes down.
Radiator Exhaust Discharge	Some sets come with vertical radiator and exhaust systems designed to direct heat and exhaust away from people and buildings.
Electronic Governors	Maintains a steady electrical frequency, which is necessary for critical loads that cannot handle frequency fluctuations.
Output Bus Bars	Lets you run several pieces of equipment off one generator set by spacing multiple cable hookups.
Fuel Capacity	Generators should run for at least eight hours without the need to refuel. Determine how many tanks of fuel per day you will need. Ideally arrange to have a two to three day supply of fuel delivered with the generator.
Fuel Priming Pump	Assures easier start-up after refueling.
Charging Alternator	Ensures batteries are charging when the units are operating. If the unit is equipped with battery chargers and/or space heaters, an outside power source is required for standby generator sets.
Sight Gauges	Allow for easy checking of fuel and other fluids.
Security	Generators should be tamper-proof. Lockable doors, oil/water drains mounted inside the enclosure, and hidden exterior fuel drains help ensure security.

Source: Center for Medicare and Medicaid Services "Emergency Preparedness for Dialysis Facilities" Publication Number CMS-11025 www.cms.hhs.gov/esrd/9a.pdf

APPENDIX S

Indoor Air Quality in Health Care Facilities

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

JEB BUSH, GOVERNOR ALAN LEVINE, SECRETARY

To: All Licensed Health Care Facilities in the State of Florida

From: Elizabeth Dudek, Deputy Secretary, Division of Health Quality Assurance

Date: September 15, 2004

Re: Indoor Air Quality in Health Care Facilities (Replaces Memo dated August 27, 2004)

As a result of the hurricanes and severe weather the state has been experiencing, many health care facilities have had extended power outages and water damage to the interior floor, wall, and ceiling surfaces from flooding or building envelope leakage. Undesired water intrusion for extended periods of time, with or without air conditioning, generates conditions inside the facility that may erode indoor air quality and produce an environment that may be detrimental to patients, residents, and health care providers from exposure to mold. Water intrusion may be caused by problems such as leakage through the roof, exterior walls, and windows, clogged HVAC drain pans, clogged sewage lines, or improperly functioning HVAC equipment that does not maintain proper humidity control within the building envelope. Regardless of the cause, once water has entered the facility and wetted building materials, mold growth is likely to occur within 48 to 72 hours if the water is not immediately removed and building materials properly dried.

To assist facilities in taking the proper corrective action, and to ensure facilities and/or portions of facilities are safe for patient/resident occupancy, the Agency for Health Care Administration requests all licensed healthcare facilities that have had water intrusion, to enact the following basic procedures to ensure indoor air quality will not adversely affect the environment of care:

1. Retain an indoor air quality consultant/contractor. The consultant/contractor should be: (1) a degreed microbiologist or mycologist, (2) a certified industrial hygienist trained in Indoor Air Quality assessment principals, or (3) a microbial remediation specialist with recognized expertise and knowledge in Indoor Air Quality and mold remediation. Such professionals shall have expertise in designing mold sampling protocols, sampling methods, and interpretations of laboratory results.

2. The facility should be surveyed by this qualified person. This survey and evaluation should include visual observations and moisture testing, as appropriate, of all ceiling, wall, and floor finishes and HVAC ducts and filters that may have been contaminated. If material or air sampling is indicated in the professional judgment of the surveyor, sampling should be conducted in accordance with industry accepted written protocols. All samples should be sent to a laboratory accredited by the American Industrial Hygienist Association for analysis.

3. The retained professional shall prepare a report containing the survey data, method(s) of survey, instrumentation utilized to obtain data, written protocols for each sampling method used, results of laboratory analysis, interpretations, conclusions, and recommendations for remedial actions.

4. If drying of the facility is undertaken, desiccant air dryers should be used to thoroughly dry all parts of the building that have had water intrusion.

5. Any building materials that have been wetted and determined to exhibit mold growth should be abated in accordance with industry recognized mold remediation guidelines such as those issued by the U.S. Environmental Protection Agency or by the Institute of Inspection, Cleaning, and Restoration Certification. If materials with mold contamination are removed from the facility, appropriate containment techniques and personal protective equipment should be used.

6. For occupied facilities where a portion or wing of the facility is undergoing remediation, an Infection Control Risk Assessment (ICRA) shall be prepared. That portion or wing of the facility under remediation shall be separated from the occupied areas of the facility and shall have a temporary relative negative air pressure.

7. Once the facility has completed all recommendations for remedial actions, the qualified consultant/contractor shall provide a final post remediation clearance report indicating, in the professional judgment of the surveyor, the facility or portion of the facility is safe for occupancy. The facility shall retain all data and test results for submittal to and review by the Agency.

If there are any questions regarding the information contained in this memo, please contact Mr. Skip Gregory, Bureau Chief of the Agency's Office of Plans and Construction, by phone at 850-487-0713 or via e-mail at: gregorys@fdhc.state.fl.us.

APPENDIX T

Internal and External Drill Instructions

Employee and Patient Emergency Preparedness

Employee Training: Emergency Response Team (ERT) Training

All personnel should have emergency response team training. ERT members may assume additional responsibilities. These responsibilities may include knowledge of:

- The physical layout of the facility.
- The location of the nearest stair exit, alternate stair exit and the direct route to each exit.
- The location of and how to use fire extinguishers.
- The location of emergency equipment such as E tanks, concentrators, ambu bags, suctioning equipment, and supplies used in a medical emergency
- The patient evacuation priorities of the facility, e.g. ambulatory, wheelchair, bedfast.
- How to evacuate patients based on levels of assistance.
- Emergency telephone numbers and procedures.
- How to assume control, maintain calm and prevent panic.
- The emergency evacuation area location.
- The utility and water shut offs.
- The written plan for protection of all residents and for their evacuation in the event of an emergency (K48).

ERT training may include the following topics:

- Disaster preparedness for home and work (Red Cross, www.redcross.org).
- First Aid/CPR training (Red Cross, American Heart Association or local National Safety Council affiliate).
- Search and rescue (local fire department).
- Fire extinguisher use (Some fire extinguisher companies will give your staff a free in- service and allow them to shoot off extinguishers when they come for their regular annual servicing).
- AC/Heat Failure and response during a power failure.
- Your center's emergency plan including roles and responsibilities of all staff members.
- Handling injuries or mortalities after a disaster.
- Hazardous chemical training (worker-right-to-know).
- Life support response plan (K106).

Drills and Evaluations

- Fire Drills are held at unexpected times under varying conditions at least quarterly, on each shift (K50).
- Perform timed disaster drills annually, specific to the type of disaster category.
- Be sure every shift has a drill. Disaster drills should be a part of every new staff orientation. Not all drills should be announced; a surprise drill will help reinforce

learning. Drills are serious and should not be taken lightly. Regular practice can help to instill an awareness, calmness and preparedness in the minds of all.

- All drills require planning to ensure the most benefit. The three essential requirements for conducting a successful drill include:
    - Pre-drill education for all staff and patients. This should be an on-going effort.
    - Step-by-step plan for executing the drill.
    - Post-drill critique and recommendations.

The purpose of a "drill" is to practice skills necessary to ensure the safety of all. Both patients and staff should be included in the drill exercise. The drills should focus on specific tasks that are not routinely performed, but critical to the safe management and evacuation of patients and staff in the event of a real disaster. When designing a drill, pick a hazard that is applicable for your area. Vary the drill by using the "worse-case" and "ideal" scenarios.

Worse Case Scenario will require staff to respond quickly and assist or verbally instruct patients, and evacuate themselves and patients. This will include management of resident support equipment. This could be roof damage during a hurricane or significant damage to the structure of the building.

Ideal Scenario allows staff to have time to ensure patients are safely terminated from support equipment and are evacuated from the building when safe. This could be a planned evacuation related to an impending hurricane.

DRILL SCENARIO IDEAS

- Major formaldehyde or renalin spill
- Fire
- Sudden power outage
- Sudden water loss
- Sudden flooding
- Contaminated water supply/Chloramine break through
- Hurricane
- Tornado
- Significant structure damage to the facility
- Violent patient, family or staff member

DRILL BASICS

Designated personnel will be strategically stationed throughout the floor to observe the actions of personnel when the drill begins or the alarm sounds.

1. The Discovery of a Disaster

- Pick someone at random and present him or her with the disaster scenario. The person will be asked to handle it as if it were a real problem.
- Fire example, with a Fire Drill, observations will be made for:
- Checking the area and removing anyone in immediate danger.
- Closing the door to the room on fire to confine the fire.
- Sounding the alarm by use of one or all of the following:
  - Verbally reporting to an ERT member or other personnel.
  - Manual use of fire alarm pull box.
  - Telephone call.

2. ERT Response to the Disaster

- ERT members perform all duties which include:
- Bring fire extinguisher to scene of emergency if applicable. Do not actually use.
- Communication- All communications instructions should be carried out except for calling the Fire Department.
- Remove patients and emergency equipment from the building.
- Search all areas of the building.
- Complete evacuation of the building.
- Head count made at evacuation/safe refuge area.
- Verification given to management.

STEP-BY-STEP PLAN

Pre-plan each drill. Focus on a key activity each time. For example: Manage the evacuation of residents that are on oxygen

1. Call the drill. A designated person does this. “Our drill will now begin.” (The timing process begins now.)

2. Give the designee a cue card that describes the situation and what the drill will accomplish. For example, “This is a power failure drill, we will cover AC Loss and hyperthermia and will internally manage the situation” or this is a fire drill, we will practice evacuation of bedfast residents, or this is a hurricane evacuation, we will deal with generator failure”. The drill should be planned in advance by the Emergency Response Team, (ERT).

3. This begins a chain reaction where all staff and patients are alerted to the status and the situation.

4. Assign staff to assist or instruct patients in procedures relevant to the drill.

- If the drill is an evacuation drill, be sure that emergency documents are removed during the drill.
- The emergency box noted in the record management section of this manual should be taken outside.

5. The person in charge directs the staff including what actions they should be taking.

6. Do a quick critique immediately after the drill:

- Have all staff sign in.
- Review key procedures from checklist.
- Review life safety procedures.

7. Document drill. The timing of specific portions of the drill is important. Times to note are:

- From discovery to staff duties beginning
- From time alarm is first heard to last patient relocated
- From floor evacuate/relocate order to last arrival at safe refuge area

Accurate assessment of time passage will assist in evaluating problem areas in regard to the movement of people. Any equipment used must be returned to a state of readiness!

POST-DRILL CRITIQUE AND RECOMMENDATIONS

- The Nurse-in-Charge completes a verbal and written evaluation following each drill.
- Group discussions with employees/occupants will also be held.
- Points which should be covered are: not hearing the alarm, fire equipment blocked or unusable, exits and/or hallways blocked, operations hindered, duties not understood or carried out, etc.
- The Nurse-in-Charge or designee completes a Drill Report.

Note the following:

- Circulate the sign-in-sheet to record staff attendance.
- File critique form and attendance record in quality assurance/improvement report log and staff training log.
- Ensure all facility staff attends drills or demonstrates essential skills to personnel if absent.
- Provide deadline for performance skills/drill make up for absentee staff.

APPENDIX U

Corporate Strategies for Mobilizing Resources

Corporate Strategies for Mobilizing Resources

Evacuation Plan	
Most acute residents	Facilities will base evacuation decision on ability to meet critical needs of patients – based on availability of power/generator fuel.
General facility population	Majority of nursing homes will remain and will continue to house the families of staff in order to ensure good rotation of staff.
Provision of Clinical Needs	
Dialysis Services	Skilled nursing facilities have agreements with ESRDs. If ESRD is out, back up plan with local hospital for dialysis. No SNF facilities offer in house dialysis.
Oxygen, continuous and prn	All SNFs contacted reported 3 to 7 day supply of oxygen with contractors to bring in renewal oxygen IF roads are clear and supplies may be brought. Also need to provide list of oxygen and transportation providers by geographic area.
Ventilator dependent patients	SNFs with ventilator patients have back up plans with local hospitals.
Staffing	SNFs reported good staffing plans with many staff families brought into the centers to ensure good staff rotation. FHCA will encourage corporate exchange of staff rotations. Need flexibility in state's regulatory oversight and in securing any staffing from out of state to assist in terms of education/screening requirements.
Provision of Facility Needs	
Generator(s)	Concern is with generator break downs and need to get electricians on the roads to the facilities. Work with state EOC on passes for the drivers. Need to develop list of generator suppliers for back up generators. Exhaust private resources first before going to the local/state EOC.
Fuel	Fuel will be needed for generators within three days in the affected areas. Identify local and statewide fuel resources and availability of transport.
Food	SNFs report a seven day supply of food. FMIS, Sysco and other suppliers will be contacted on plan to ensure timely food deliveries.
Drinkable Water	Facilities have 7 day supply of water. Delivery dependent on access via roads with passes.
Ice	Ice will be at a shortage within 3 days. Work with FMIS and Associate Support members on plan for the staging centers to get/deliver ice on a priority basis.
Transportation	Develop and work through a decision tree of corporate members to identify transportation needs and responses over the next three days.

Linen	Joyce Karoleski offered her corporate laundry to facilities in the evening and night shifts – if they bring their laundry and staff to do it – in Pinellas County.
Comments Other areas of concern include: 1) Garbage: Suggestion - Rent a truck and store the garbage on the facility grounds rather than in the building. 2) Request Agency authority for transportation passes into the disaster areas for deliveries. 3) Members Helping Members – Corporations are helping one another, could we have a buddy system to assist nursing homes without a corporate link?	

APPENDIX V

Time Line for Long Term Care Facilities' Disaster Preparedness Activities

Time Line for Long Term Care Facilities' Disaster Preparedness Activities

January: At Quarterly QA/QI, RM Meeting, establish a disaster preparedness timeline for the facility for the year. Critique previous hurricane season's experiences. Plan revisions for facility's emergency management plan, and establish a deadline to submit the revised emergency management plan to the local EOC. Procedures and timelines for consistently backing up facility records on and off site should be reviewed, and any necessary changes implemented.

February: Conduct a strict review of the Physical Plant (inventory equipment) and make replacements and/or upgrades if necessary. Perform all required and necessary maintenance/repair service on the facility's generator(s); order any essential spare parts to stockpile to ensure availability in the event of an emergency. Ensure that records are being consistently backed up.

March: Certify contracts with outside vendors, adjusting contracts to meet expected needs and to ensure adequate supplies. Contact dialysis providers and plan for emergency services. Continue evaluation and review of Physical Plant and equipment. Ensure that records are being consistently backed up.

April: The revised disaster/emergency management plan should be submitted to local (county) emergency management department/office by now. Conduct annual facility staff education. Continue to certify and adjust contracts with outside vendors. Key facility staff should be in communication with and kept up-to-date by the local EOC. Ensure that records are being consistently backed up.

May: Implement education for residents, resident's family/relatives/caregivers, and the community. Involve local media. Continue to certify and adjust contracts with outside vendors. Ensure that records are being consistently backed up.

June: Conduct internal and external drills, involving community members and local emergency services. Ensure that records are being consistently backed up.

July: Send notification to resident's family/relatives/caregivers about disaster plan and evacuation procedures.* Ensure that records are being consistently backed up.

August: Update patient information (resident identification information), including advance directives, face sheets, mental health, and patient ID bracelets. Update emergency staffing schedule (key staff listing), and get employee commitments.* Ensure that records are being consistently backed up.

September: Conduct ongoing reviews of disaster preparedness. Educate new staff and new residents and their families/relatives/caregivers on emergency protocol.* Ensure that records are being consistently backed up.

October: Conduct ongoing reviews of disaster preparedness. Educate new staff and new residents and their families/relatives/caregivers on emergency protocol. Ensure that records are being consistently backed up.

November: Conduct ongoing reviews of disaster preparedness. Educate new staff and new residents and their families/relatives/caregivers on emergency protocol. Ensure that records are being consistently backed up.

December: Begin review of disaster preparedness plan. Review responsible parties checklists.* Ensure that records are being consistently backed up.

*See FHCA Disaster Planning Manual for suggested forms and checklists.