

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 1 – SH/ILF**

## **1.0 STATEMENT OF APPROVAL AND AUTHORITY DELEGATION**

The purpose of this document is to provide an emergency preparedness and response plan that guides staff in this facility to respond to, mitigate the effects of, and recover from emergencies and disasters in the most timely manner possible.

The following attest they have read this document and approve the contents.

The approval includes the authority(s) delegated in the pre disaster period, at the initiation of the disaster event, during the disaster event and the post disaster period.

At a minimum, include the position title/name of person with a line(s) for each person to date and sign this document.

(Position Title/Name of person with signature and date of signing)

The following should be included:

The Governing Body

Chief Executive Officer/Executive Director/Manager

Maintenance director

Resident Services/Activities director

**1.1** The most recent effective date of this document is \_\_\_\_/\_\_\_\_/\_\_\_\_.

The next review of this document is a month after an event or 12 months from the effective date, which ever occurs first.

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 2–SH/ILF**

## **2.0 HEALTHCARE EMERGENCY CODES**

This facility has adopted the standard all facilities healthcare emergency codes. These are to be used by all persons for any emergency situation.

The purpose of these standard healthcare emergency codes is to provide a common language for communication among and between management and staff, with patients, visitors, vendors, community first response emergency personal and community support groups.

In all cases RED is the code to use for FIRE in this facility. This color is not to be used for anything else. Activation of FIRE ALARMS is to be done only in the case of a fire.

OPTION (This facility uses our own emergency code system which consist of \_\_\_)

- 1.1** Emergencies, as defined by this facility in Section 6, shall be identified by the event name. Within the event, the above healthcare emergency codes can be used to indicate a special situation.
- 1.2** This approved All Hazards Emergency Preparedness and Response Plan is located at the following place and/or in the custody of the following persons (include list here).

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 3–SH/ILF**

## **3.0 EMERGENCY CONTACT NUMBERS**

This facility's emergency plan is developed for All Hazards Emergency Preparedness and Response. Consequently, the emergency contact list contained in this Plan document is comprehensive. It includes first responders for any emergency regardless of scope, size and cause. It also includes certain facility staff, emergency repair vendors and community based agencies, groups and organizations.

## EMERGENCY CONTACT NUMBERS FORM

| EMERGENCY SERVICE PROVIDER<br>By title (name optional) | CONTACT NUMBER<br>AC-xxx-xxx-xxxx | DATE-LAST ENTRY<br>month-date-year |
|--|-----------------------------------|------------------------------------|
| Executive Director/Manager                             | AC-123-456-7890                   | Direct                             |
| “  | 1-----                            | Alternate                          |
| “  | 2-----                            | Cell                               |
| “  | 3-----                            | Pager                              |
| “  | 4-----                            | E-mail                             |
| “  | 5-----                            | Fax                                |
| “  | 6-----                            | 24 hr                              |
| Assistant  | AC-xxx-xxx-xxxx                   | Direct                             |
| “  |                                   | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| Maintenance Director                                   | AC-xxx-xxx-xxxx                   | Direct                             |
| “  |                                   | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| Resident Services Director                             | AC-xxx-xxx-xxxx                   | Direct                             |
| “  | (enter all that apply)            | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| Food Supplier  | AC-xxx-xxx-xxxx                   | Direct                             |
| “  | (enter all that apply)            | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| Medication Supplier                                    | AC-xxx-xxx-xxxx                   | Direct                             |
| “  | (enter all that apply)            | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| Linen/Diaper Service                                   | AC-xxx-xxx-xxxx                   | Direct                             |
| “  | (enter all that apply)            | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |

## EMERGENCY CONTACT NUMBERS FORM

| EMERGENCY SERVICE PROVIDER<br>By title (name optional) | CONTACT NUMBER<br>AC-xxx-xxx-xxxx | DATE-LAST ENTRY<br>month-date-year |
|--|-----------------------------------|------------------------------------|
| Police   | AC-123-456-7890                   | Direct                             |
| “  | 1-----                            | Alternate                          |
| “  | 2-----                            | Cell                               |
| “  | 3-----                            | Pager                              |
| “  | 4-----                            | E-mail                             |
| “  | 5-----                            | Fax                                |
| “  | 6-----                            | 24 hr                              |
| Fire Department  | AC-xxx-xxx-xxxx                   | Direct                             |
| “  |                                   | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| Ambulance  | AC-xxx-xxx-xxxx                   | Direct                             |
| “  |                                   | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| USDHUD   | AC-xxx-xxx-xxxx                   | Direct                             |
| “  | (enter all that apply)            | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| Hospital   | AC-xxx-xxx-xxxx                   | Direct                             |
| “  | (enter all that apply)            | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| OEM / Local  | AC-xxx-xxx-xxxx                   | Direct                             |
| “  | (enter all that apply)            | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| OEM / County   | AC-xxx-xxx-xxxx                   | Direct                             |
| “  | (enter all that apply)            | month-date-year                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |
| “  |                                   |                                    |

Many other contacts can be added, such as

Utility – Electric  
Utility – Gas  
Utility – Telephone  
Utility – Water  
Poison Control Center  
Building Owner  
Alarm Company  
Red Cross  
Computer System  
Disaster Restoration Contractor  
Electrician  
Elevator Operator Company  
Emergency Team Leader  
Engineering Firm  
Equipment Rental  
Glass Contractor  
Hotel/Motel for Remediation/Restoration Personnel  
HVAC Contractor  
Insurance Agent  
Insurance Company  
Janitorial Supplier  
Locksmith  
Media Relation Contact  
Movers/Storage Company  
Plumber  
Real Estate Agent  
Security Service for Key Personnel  
Sign Maker

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 4–SH/ILF**

## **4.0 RESPONSE AND MITIGATION GUIDES**

This facility uses the following guides to expedite facility management decision making and activation of our internal command system.

These guides are organized by primary cause:

- NATURAL EVENT
- ACCIDENTAL EVENT
- CBRNE EVENT: WMD (weapons of mass destruction) caused by Chemical, Biological, Radiological, or Nuclear Explosion

The guides we use at this facility are as follows: (include list)

### *NJANPHA EXAMPLE*

#### TORNADO

- Report revolving funnel-shaped clouds to administration.
- Listen to radio for weather alerts/emergency instructions.
- Open the windows on the side of the building away from the direction of the arriving storm.
- Move patients/residents to central hallways and protected areas without windows.
- Completely cover patients/residents who are unable to be moved quickly.
- Put all loose objects in drawers.
- Distribute flashlights.
- Provide to incident command a count of all persons.
- Staff protect yourself, especially the head area by clothing or other covering.

# **NJANPHA TEMPLATE FOR SECTION 4 – SH/ILF– NATURAL EVENT**

## **4.1 NATURAL EVENT RESPONSE AND MITIGATION TEMPLATES**

THIS FACILITY USES THE FOLLOWING GUIDES TO EXPEDITE FACILITY MANAGEMENT DECISION MAKING AND ACTIVATION OF OUR INCIDENT COMMAND SYSTEM.

NATURAL EVENT

SNOW STORM

HURRICANE

WILDFIRE

EARTHQUAKE

TORNADO (SEVERE WIND/RAIN STORM)

FLOOD

# **NJANPHA TEMPLATE FOR SECTION 4 – SH/ILF– ACCIDENTAL EVENT**

## **4.2 ACCIDENTAL EVENT RESPONSE AND MITIGATION TEMPLATES**

THIS FACILITY USES THE FOLLOWING GUIDES TO EXPEDITE FACILITY MANAGEMENT DECISION MAKING AND ACTIVATION OF OUR INCIDENT COMMAND SYSTEM.

ACCIDENTAL EVENT

FACILITY FIRE

INDUSTRIAL FIRE

VEHICLE ACCIDENT

TRAIN ACCIDENT

PLANE ACCIDENT

EXPLOSION

HAZARDOUS MATERIAL RELEASE

GAS LEAK

# **NJANPHA TEMPLATE FOR SECTION 4 – SH/ILF– WMD - CBRNE**

## **4.3 WMD/CBRNE RESPONSE AND MITIGATION TEMPLATES**

THIS FACILITY USES THE FOLLOWING GUIDES TO EXPEDITE FACILITY MANAGEMENT DECISION MAKING AND ACTIVATION OF OUR INCIDENT COMMAND SYSTEM.

CBRNE EVENT WMD (Weapons of Mass Destruction)

CHEMICAL (incl. liquid, vapor, gas)

BIOLOGICAL (i.e. including infectious and communicable disease)

RADIOLOGICAL (i.e. isotopes, radioactive materials)

NUCLEAR

EXPLOSION (with release of C/B/R)

# NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 5–SH/ILF

## 5.0 FACILITY AND SERVICES DESCRIPTION

The campus covers \_\_\_\_\_ acres. The location is at (describe street identification with or without landmarks). Include a plot plan that shows building foot print, key roads, open space, boundaries and distance relationship to all roads adjacent to the land on which the facility is located.

The facility consists of \_\_\_\_\_ (number of residential buildings). It is (they are) (connected at/by) (free standing). The construction is (materials) with a fire rating of \_\_\_\_\_. They are identified by (name) (number).

LIST EACH WITH YEAR OF CONSTRUCTION AND BUILDING GROSS SQUARE FEET (BGSF).

There are \_\_\_\_\_ (number of) other structures on the campus. They are used for (describe for each structure). Include, if existing, heat plants, boilers, generators, flammable liquid storage, hazardous material storage, fire fighting equipment location, garage, outdoor sheltered areas.

The population consists, on average, \_\_\_\_\_ residents.

Internal building floor plans and building elevations are shown as follows:

*(Use most accurate ready and available sketches; usually in fire plan)*

Parking for staff, visitors, and residents are designated by signs using names and/or symbols (i.e. Capital P in color, etc. and on the campus map by symbols/words). Parking for community first responder emergency vehicles is \_\_\_\_\_. Emergency equipment set up areas and staging areas for injury triage and ambulance pick up is \_\_\_\_\_.

The security to control and monitor access to the grounds consists of (i.e. gates, guards, cameras, movement sensors, automatic lights, other) (See Section 19).

The maximum staff at the facility is \_\_\_\_\_ on the weekday hours of \_\_\_\_\_.

The minimum staff at the facility is \_\_\_\_\_ on the \_\_\_\_\_ (day/hours) of \_\_\_\_\_.

# NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 6–SH/ILF

## 6.0 RISK ASSESSMENT FOR \_\_\_\_\_

**Note: A facility can use any method of their choice to assess the risk to their facility. In this document we suggest the following methods:**

A vulnerability analysis is used to make a preliminary identification of the risk(s) that this facility is most likely to face. The concept of vulnerability is one that is difficult to quantify, but can be easily recognized. For this plan, the probability level that one or more of the below listed events will occur and directly or indirectly impact this facility is determined by \_\_\_\_\_. In addition to natural events there are also internal and external accidental events that can cause emergencies during the normal operation of this facility. Given the nature of the times we live in we include intentional events, such as the use of Weapons of Mass Destruction that can impact this facility.

The following events are included in the vulnerability analysis process regardless of their perceived likelihood to occur.

### Natural Event

- Snow Storm
- Hurricane
- Wildfire
- Earthquake
- Tornado (severe wind/rain storm)
- Flooding

### Accidental Event (incurred within facility or 2 mile radius of this facility)

- Industrial fire
- Vehicle accident
- Train accident
- Plane accident
- Explosion
- Hazardous material release
- Gas leak
- Internal fire

### CBRNE Event WMD (Weapons of Mass Destruction) (See section 17.1)

- Chemical
- Biological
- Radiological
- Nuclear
- Explosion(s)

**The most probable events that can occur from the vulnerability analysis are placed in the left hand column of a chart matrix. The probability of occurrence is listed at the top.** The possibility with respect to the occurrence of each event in a given year will be based on management's judgment using appropriate data, information and advisories when available and useable. The occurrence is usually classified as high probability; medium probability, or low probability.

Next, in a second chart the impact of each high probability event on the patients, staff, visitors, vendors and the facility is included using the following high, med, low indicators. A second threat matrix chart is used for this task.

| <u>IMPACT FACTOR</u>                             | <u>POSSIBILITY</u> |
|--|--------------------|
| Immediate threat to human life in first 24 hours | HI/MED/LO          |
| Threat to permanent impairment of health status  | HI/MED/LO          |
| Time required to resume normal operations        | HI/MED/LO          |
| Less than 24 hours                               |                    |
| More than 24 hours                               |                    |
| More than 5 days                                 |                    |

When all the analysis is completed the administration/management of this facility will make a risk assessment statement that identifies the priorities for emergency preparedness and response planning. The priorities for this facility are: \_\_\_\_\_  
\_\_\_\_\_.

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 7–SH/ILF**

## **7.0 COMMUNICATIONS**

### **7.1 Emergency Alert: equipment; procedures; and alternatives**

The first priority of this facility is to maintain a trained workforce that can respond in the time of an emergency. The major need of this workforce is the ability to communicate within the organization, directly to community first responders and with the residents.

First Alert: Any one in the facility who learns of an emergency or pending emergency event shall contact \_\_\_\_\_. The event is to be verified, then that person is to contact \_\_\_\_\_ to activate the Command Center and the Incident Command System.

In this facility the primary means of communication is face to face. In the case of an emergency we will use normal telephone service and internal \_\_\_\_\_ to supplement the primary means of communications. In addition we have (number and location of):

- Walkie-talkie
- Cell Phones
- Pagers
- Public Address
- Fax lines
- E-mail

To maintain communications with community first responders and emergency resources we have (number and location of) self powered equipment.

- 800 MHz radio
- Radio(s) on same frequency as \_\_\_\_\_
- Scanner to monitor police, fire and EMS activity

To obtain alerts, maintain awareness of the situation and communicate with family, relatives, friends and staff not on site we use:

- Alerts from LINCS system
- Commercial/Public radio
- NOAA weather radio
- Commercial television
- Cable television
- Satellite dish
- Pay phone(s)
- Prepaid calling cards
- The GETS system

Short wave radio (HAM)  
NJANPHA Web Site Interactive MAP

The following staff is trained in the use of \_\_\_\_\_ 24/7  
communications equipment.

(Note: warnings for the hearing impaired and non-English speaking residents are determined by the facility. They should be included in the appendix.)

## **7.2 Risk/Crisis Communicator**

The following people are currently trained in risk/crisis communication with the residents and their families/caregivers, volunteers and the staff.

The following people are currently trained in risk/crisis communication with the community first responders, media and public.

The following people can communicate in the following languages:

Activation of any of the above persons will depend on the event, day and time of initiation, and the duration of the event. They will be activated in accord with the Incident Command System.

## **7.3 Crisis Counseling**

Their primary responsibility is to prevent and mitigate panic. We attempt to help people to cope with the following:

Individual Panic: Wild, disorganized behavior and blind flight

Depressed Reactions: Slowness, numbness, vacant gaze, does not move

Overly Active Responses: Tries to assist, but does little constructive, talks loudly

Bodily Reactions: Crying, trembling, nausea, muscle weakness

Conversion Hysteria: Belief that certain body parts have ceased functioning.

Combination: Can be two of the reactions, usually one after the other

Once the event has moved to the post event stage, to supplement our staff we use \_\_\_\_\_ for counseling as needed or requested.

# NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 8 -SH/ILF

## 8.0 FACILITY INCIDENT COMMAND SYSTEM (NIMS)

The incident command system is an organized efficient and effective means of controlling this facility's response to any emergency, including natural, accidental and CBRNE emergency events. It begins to function as soon as an alert occurs per Section 7. For this facility the organization and functions include the following:

The on site command post location is at \_\_\_\_\_

The alternate on site command post is at \_\_\_\_\_

The layout of each is contained in Section 20 of this document.

If the situation permits, and communications are workable, persons assigned to the Command Center may be located at other spaces in this facility. The following indicate the function and space to be used: (i.e. Risk Communicator at Reception area) \_\_\_\_\_

The Facility Incident Command System starts with the first staff person who identifies the event and its impact, or potential impact. This is the First Alert person. The persons to be alerted, in order of availability on site, include:

|   |        |
|---|--------|
| The Executive Director/Manager            | (name) |
| The Maintenance Director                  | (name) |
| The Resident Services/Activities Director | (name) |

The first one of the persons above that acknowledges the first alert becomes the Facility Incident Commander. That person immediately makes an assessment of the situation and, if appropriate, activates the Command Center. **From this point forward, until the All Clear is given, all command personnel are identified by the Incident Command System function.** These functions are:

- Facility Incident Commander (IC)
- IC Administrative Assistant
- Risk/Crisis Communicator
- Emergency logistics support
- Records and Reports Coordinator
- Nursing Service

The persons with the above functional titles are expected to report to and staff the Command Center.

Except for the Facility Incident Commander and IC Administrative Assistant any other person may be stationed away from the Command Center at the discretion of the Facility Incident Commander, provided working communications are in place and functioning.

The first person to respond to the Command Center will assume command from the first alert person who identified the event. They will remain in command until relieved by the person higher than them in the chain of command. The continuity of leadership is maintained by the Incident Command System chain of command. The rotation is in accord with on site availability of the command staff in the order noted above.

The community first responders will be notified by the Facility Incident Commander as he/she determines they are necessary to the event. The potential list of contacts is in Section 3 of this document. Only the Facility Incident Commander can deploy facility emergency equipment that has not been pre authorized in accord with this document.

The internal communications described in Section 3 will be used to notify and communicate with both internal staff and first responders. The Risk/Crisis Communicator will be responsible for all internal communications.

The Facility Incident Commander will be responsible for all communications with first responders and external resources during the emergency event. The Facility Incident Commander is the only one authorized to make any request. It is expected all requests will be verbal, but a record will be maintained in the Command Post. Written confirmation, where and when appropriate will be generated and transmitted by telephone, fax, or e-mail. If not functioning, then written notes will be hand delivered by \_\_\_\_\_. If necessary face to face verbal and hand signal communication methods will be used.

A staff person will be assigned to emergency logistical support depending on their availability on site. They will be responsible for maintenance of water, food, and supplies during the event. The primary person is (name). Pre event preparedness is assigned to the Plant Operations director (name).

The request for resources and information are submitted directly to the Command Center. The Facility Incident Commander and/or administrative support staff at the Command Center will acknowledge the request and who will respond to it.

A staff person, primarily the chief financial officer, will be responsible for records, reports and expenditures during the emergency event period (name).

The resource inventory of emergency items available on site is contained in Section 18 of this document.

The Facility Incident Commander, based on information and reports to the Command Center, will identify additional resources for staff, equipment and supplies, including the source and method for obtaining them. A list of potential resources is contained in

Section 3 of this document.

Internal, partial evacuations are ordered by the Facility Incident Commander, only after consultation with the Administrator, if available. Otherwise the Facility Incident Commander, only after consultation with the nursing staff, can order a partial evacuation.

External, partial or full evacuations are ordered in the same manner, but only after consultation with the community first responders at the site and confirming the availability of pre-designated shelters. In turn, it is expected the first responders will notify local government that an evacuation is necessary. If the predestinated shelters is not useable the community first responders will identify the nearest available shelter(s) and where it is located.

In case of an evacuation that results in close down of all or part of this facility, our plant operations personnel will secure all utilities, direct all internal damage control, and after the “all clear” complete the post event shut down. This task will be directed by (name). The administrator will provide an estimate of the amount of time (hours, days, weeks) the shutdown is expected to be in effect.

\*NIMS: National Incident Management System

# NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 9–SH/ILF

## 9.0 RESIDENT SERVICE CONTINUITY

The continuity of care and comfort for residents are the priority functions to maintain while protecting all persons pre event, during the event, and post event for all emergencies. In order to perform adequately it is necessary to know the special needs and conditions of each resident. The following resident profile reflects the population of this facility at the last day of (mo/day/year – usually the most recent quarter of the calendar year). This is updated quarterly. The most recent up date was \_\_\_\_\_.

### 9.1 Resident condition profile

Resident condition profile for \_\_\_\_\_ (name of facility).

Type of facility: Senior Housing for # \_\_\_\_\_ residents  
Independent Living for # \_\_\_\_\_ residents

Number of residents that routinely use incontinent supplies # \_\_\_\_\_

Number of residents with:

|   |             |
|---|-------------|
| Vision Impairment only  | # _____     |
| Hearing Impairment only   | # _____     |
| Verbal Impairment only  | # _____     |
| Two of the above  | # _____     |
| Three of the above  | # _____     |
| Number of persons, including<br>Those above who need assistance<br>With walking   | # _____     |
| Number of persons, including<br>Those above who need assistance<br>With toileting | # _____     |
| Number of persons with dementia   | # _____     |
| All other residents   | # _____     |
| <br>TOTAL   | <br># _____ |

The Executive Director/Manager shall establish resident service priorities at the first alert of an emergency event. The use of personal protective equipment for residents will be at the discretion of the Incident Commander.

### 9.2 Resident Records

The Executive Director/Manager will assign staff to collect and maintain appropriate resident records. The residents, who are able, will be responsible for their personal health care records and necessities to help keep them comfortable.

### 9.3 Medications

In the event a shortage occurs as the result of an emergency that interrupts the usual and customary resident source of supply, this facility will \_\_\_\_\_  
\_\_\_\_\_.

### 9.4 Personal Health Care

Resident health care visits and routine laboratory testing is done by our residents at outside facilities. For an emergency event, travel to all visits and testing shall be suspended for the first 24 hours. After that time the following procedures will be used \_\_\_\_\_ to assist residents.

### 9.5 Therapies

The following therapies are administered every day at our site by home health service providers \_\_\_\_\_. For an emergency event all therapies shall be suspended for at least 24 hours. After that time the following procedures will be used. \_\_\_\_\_  
\_\_\_\_\_.

### 9.6 Vendors

In the event of an emergency, all vendors will be notified to temporarily suspend services until further notice from the Facility Incident Commander. In turn, each vendor shall notify this facility of their availability, limited availability or discontinuance of services during and after a disaster event.

### 9.7 Staffing

Staff will remain in this facility once the Incident Command System is activated until further notice. It may be necessary to recall staff members who are off duty at the time of the emergency. The Facility Incident Commander is the only one who can authorize a recall of staff. The method for recall is \_\_\_\_\_.

All staff recalled are to be reminded to have the proper identification and advised who to call if a travel delay occurs. Identification for staff is in Section 19.

The following personal protective equipment is available at this facility for all staff:

Gloves  
Masks  
Eye Shields

In the event of an emergency travel ban and/or quarantine of the facility we plan to substitute for staff that is needed by \_\_\_\_\_. (Describe ways and means to accomplish this activity).

The provision for housing of staff that cannot leave once the emergency has been initiated or who arrive at the site during the event is found in Section 10.

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 10–SH/ILF**

## **10.0 DISRUPTION TO OPERATIONS**

### **10.1 Electrical Power Loss**

Any full or partial loss of electrical power is treated as an emergency. Any staff person can determine what the power loss affects (i.e. HVAC, telephone, computers, water supply, lighting, alarms, etc.). They are to notify maintenance staff immediately and then be ready to describe the situation, if asked. The Maintenance Director will determine, in conjunction with the Executive Director/Manager, the cause and expected duration of the power loss.

Repair capability is available 24/7 from our facility staff. When out of facility repairmen, equipment and supplies are required, the repairs will be done by \_\_\_\_\_.

In the event our normal external electrical supply source is disrupted due to an emergency event, the procedure for activation of our emergency generation system will be the responsibility of the Maintenance Director. Activation will be in accord with Facility Incident Commander’s direction as established per the Incident Command System. The priority for restoration of power is as follows: communications, alarm systems, egress illumination for all floors, resident areas, critical equipment, selected heating systems, refrigeration of food and medicines.

Temporary power in any situation can be obtained by (portable generator supplied by the following vendor \_\_\_\_\_). Our backup fuel supplier for emergencies is \_\_\_\_\_.

The activation switch (turn on) of the emergency generation system is located at the generator site. A remote activation switch is located at the \_\_\_\_\_.

OR

We do not have an emergency power generation system or provision for a quick hook up with a portable generator. The provisions for obtaining electrical power within \_\_\_\_\_ hours from loss of electrical power are (by arrangement with a source of portable electrical power generation; purchasing or otherwise acquiring a portable electrical power generation unit, establishing a temporary connection with an adjacent source of electrical power per prior agreement, etc.).

Battery powered emergency lighting is located at the following places in this facility \_\_\_\_\_.

During the power loss period the following actions and activities are to be implemented by staff. All staff will have access to portable flashlights to use as needed. These are stored at \_\_\_\_\_. (site and locations specific)

The Facility Incident Commander, with available staff and volunteers, will monitor all residents. All adverse reactions and deterioration are to be recorded. All treatment and care that does not depend directly on electrical power is to be maintained to the extent medications and medical supplies are available. Alternative treatment and care is to be provided to the best of our staff's knowledge and ability, by direct assistance and administration to the resident.

Upon resumption of normal electrical power, staff is advised to wait for the notice by the Facility Incident Commander that functions requiring electrical power are to resume. (Note: the fact that lights return does not mean all is clear and returned to normal at that time; see CBRNE section).

## **10.2 Elevator Failure**

All vertical movement that is not essential will be delayed until normal elevator operation is resumed and an announcement of such is made by the Facility Incident Commander. Essential vertical movement will be done via stairs and stairwells or via those operating elevators in the event only a portion of the elevators are not functioning. The designation of the operating elevators that can be used as alternatives is to be made by the Facility Incident Commander. As appropriate, signs may be put in to clearly identify out of service elevators and resident priority use elevators. Residents in need of assistance to move are given priority. Staff are to engage carry teams that can include volunteers to move residents and equipment between floors.

The following elevators are equipped with 24/7 \_\_\_\_\_ emergency lighting and emergency telephone or intercom.

For elevators, stopped with people in them, the usual procedure for keeping verbal contact with occupants in the elevator will be maintained until a solution can be implemented.

## **10.3 HVAC Failure**

In the instance when HVAC is reduced or ceases to function during an emergency the following person(s) \_\_\_\_\_ checks and reports to the Facility Incident Commander that there is no external chemical, biological or heavy rain/wind activity. The procedure under non disaster conditions is to open windows, check residents for dehydration or hypothermia, supply fans and/or blankets, and restrict use of odorous and hazardous materials. In the event of a CBRNE event, go to that section of this Plan.

## **10.4 Plumbing System Flooding**

The internal plumbing system could fail by breaking or failure to close faucets while the system is under pressure. This can cause flooding both during normal circumstance and an emergency event. During an emergency we will use our maintenance procedure to close faucets, employ flow diversion and blockage methods, and activate the main floor supply valve cut off procedure. The valve charts are located at \_\_\_\_\_. We (do) (do not) use a color code method to mark valve locations. These codes are located at \_\_\_\_\_.

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## **10.5 Water Supply**

A disruption in the water supply for any reason requires the same response. We will institute a fire watch per the Fire Plan, conserve any stored water, identify potable stored/containerized water; where possible and time permits advise residents to collect potable water in their sinks and containers. Clearly identify all non potable water and sources and use these only for flushing. In addition use “red bags” in toilets and store in plastic trash containers if disposal is not possible.

## **10.6 Boiler Failure**

This usually affects the ability to provide heat, hot water, renders sterilization equipment inoperative, and limits cooking and cleaning. We will maintain stock of sterile materials to sustain a disruption of \_\_\_\_ days of conservative use. Linens will be changed at the frequency of \_\_\_\_ days continuous use. Clothing will be laundered once every \_\_\_\_ days, unless contaminated or soiled to the point they pose harm to the resident. The alternative means of obtaining hot water are \_\_\_\_\_ (see food supplies). Should food stuffs be available, none that require hot water to prepare will be used; unless edible without such preparation.

## **10.7 Ground Floor Flooding**

In the event flooding is coming from surface run off, rising water or direct intrusion via roof and window/wall openings it is necessary to use the following methods: (list here, be aware of chemical and biological contaminated water and special preventive measures for a CBRNE event).

## **10.8 Sewage Reflux**

In the event drains from flush toilets, sinks, bathtubs and slop sinks used for cleaning back up during an emergency, even if there is no disruption to the water supply, we will still not flush toilets or pour water and/chemicals to reduce the stoppage until the event is over.

## **10.9 Heat Emergency**

A heat emergency condition is considered when outdoor temperatures exceed \_\_\_\_ degrees F. for more than \_\_\_\_\_ consecutive hours in outdoor areas used by residents. In the event of sustained temperatures above \_\_\_\_ degrees externally and temperatures indoors that pose a potential threat to residents, those persons are to be moved to areas that are maintaining acceptable temperatures. The residents at risk will be identified by the Executive Director/Manager in advance of any potentially harmful condition. The Maintenance Director will be notified. A list with names and locations shall be used in addition to verbal communication. The Maintenance Director will monitor the internal temperature levels. In the event the temperatures are determined by the Executive Director/Manager to pose a potential threat to residents, those residents will be moved by \_\_\_\_\_ (names or departments) to areas identified by the Maintenance Director as holding the necessary temperature. In the event the HVAC fails, the situation will be governed by the power loss sections of this Plan.

## **10.10 Cold Emergency**

When an emergency occurs or the weather brings the inside temperature below \_\_\_ degrees for a period of \_\_\_ continuous hours, we will immediately determine if heat can be restored in a reasonable time. In the meantime the use of heavy and layered clothing will be used by residents along with blankets and bed spreads/linens and towels. For longer intervals, we will cluster patients in common areas in a safe manner, use fireplaces, wood burning stoves, under supervision propane space heaters and similar devices.

## **10.11 Natural Gas**

The disruption of natural gas by an emergency, especially pipe line explosion, will cut off our supply for \_\_\_\_\_ days. The most used response is to temporarily evacuate the building until it can be checked by responding authorities. Once a gas leak is suspected we will issue instructions to cease use of any spark producing devices, electric motors or switches. The main valve is located \_\_\_\_\_. It will be shut off by community first responders and/or staff trained in cut off functions. They are \_\_\_\_\_. All gas using equipment is to be turned off by the user, including residents, maintenance, housekeeping and security under the supervision of the Facility Incident Commander. The Facility Incident Commander provides the notice in an emergency event. (If the disruption is related to a CBRNE event, see that section of this Plan). **In non disaster events, the order to evacuate is to come from the Executive Director/Manager.**

## **STAFF SHORTAGE**

At the initiation of an emergency we plan for the on site availability of \_\_\_\_\_ percent of staff in each of the following fields by day of week and shift.

Maintenance  
Dietary  
Activities  
Housekeeping  
Administration

In the case where they can not leave the site we will use (space) (blow up bedding) (vacant rooms) for sleeping. When necessary privacy will be maintained by erecting (screens) (using furniture) and \_\_\_\_\_. Bathrooms will be designated and personal items secure storage will be at \_\_\_\_\_.

## **FOOD SUPPLIES**

At the initiation of an emergency we plan for having \_\_\_\_\_ days of a daily food requirement on site, in our storage.

In the situation where the food is not useable our plan is to obtain food from \_\_\_\_\_.

## **GENERAL SUPPLIES**

At the initiation of an emergency we plan for having \_\_\_\_\_ days of general supplies on site, in our storage.

In the situation where the general supplies are destroyed or exhausted the following items will be obtained by/from \_\_\_\_\_.

## **LAUNDRY**

At the initiation of an emergency we plan continue laundry operations on a reduced scale by washing \_\_\_\_\_. Laundry will be suspended in the event that a shortage of water and hot water will exist. All attempts will be made to notify us at least 24 hours in advance of suspension.

## **NON STAFF PROVIDERS**

At the initiation of an emergency all non staff providers on site will be briefed on the situation. They will be allowed to leave on their own if a travel ban does not exist and the event permits safe exit from this facility. Should the event be caused by a CBRNE incident, no non staff providers will be authorized to leave until the extent of exposure and/or contamination is established by the appropriate person pursuant to the Incident Command System.

## **WASTE REMOVAL/DISPOSAL**

At the initiation of the event all routine waste removal and disposal functions will be adjusted according to the situation. It is expected all scheduled pick up of external waste sites will be cancelled. In that situation, this facility will employ the shelter in place policy and procedure applicable to the event. In essence waste will be stored in impervious containers such as \_\_\_\_\_, plastic bags and liquids absorbed by spill control materials and paper towels/napkins.

## **BUSINESS CONTINUITY HARD COPY AND COMPUTER RECORDS**

The essential business records, as designated by the Executive Director/Manager, include the following:

(list by title and physical location)

At the initiation of the event all hard copy records will be placed in fire proof files, or similar protective container such as \_\_\_\_\_. The containers will be identified, locked and sealed with plastic tape or covering.

To protect electronic personal health information (EPHI) our computer(s) have a non-interruptible power supply (UPS) unit. It has a battery that activates when ever it detects a loss of power and uses software that can initiate an orderly shutdown by properly closing files, databases, applications and then the operating system and hardware.

## **ESSENTIAL EQUIPMENT**

The following equipment list indicates the items designated as essential by the Executive Director/Manager of this facility \_\_\_\_\_.

Special pre event, event and post event protection is detailed for each item and included with the item as special instructions. The person(s) designated to effectuate the protection is listed with the equipment list above.

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 11-SH/ILF**

## **11.0 INTERNAL INCIDENT RESPONSE/MITIGATION/RECOVERY**

During an emergency there are likely to be accidental incidents and/or intentional actions which can cause further disruption and create localized emergency situations. In addition, they can occur during the “sheltering in place” period. Considering that the origin of the incident will most likely be different than generated by natural, accidental, or CBRNE events, the response is to be primarily by management, staff and volunteers of this facility.

The first action is to assess the incident. This will be done by the Maintenance Director. The assessment will be reported to the Executive Director. During an emergency the assessment will be reported to the Facility Incident Commander. The Maintenance Director will assign appropriate staff or initiate action to respond.

The following are considered the most likely to occur in this facility.

### **11.1 Minor non chemical and food spills**

For **minor non chemical and food spills** in common areas the \_\_\_\_\_ is the person is to be notified immediately. The area is to be blocked off by the first staff person on the scene, who in turn will, by some visible means limit use of the area by all persons. Maintenance and/or housekeeping staff is to be called for assistance. Containment of the spill is the first priority, followed by clean up and disposal.

### **11.2 Chemical spills**

**Chemical spills** are to be handled in accord with the Hazardous Materials and Waste Management Plan for this facility. That plan is located \_\_\_\_\_(person) (place)\_\_\_\_  
\_\_\_\_\_.

### **11.3 Infection control**

The following **precautions and protective actions** are to be taken by (person) to prevent the spread of infection and communicable disease: (refer to infection control policy and procedure).

### **11.4 Physical plant failure**

If there are **additional physical plant failures**, other than those resulting from the initial disaster event, the procedures located in Section 10 of this Plan will apply.

### **11.5 Relocation in facility**

**Relocation from resident rooms** to other rooms and spaces within the facility shall be determined by the Facility Incident Commander after assessment of viable options and capability to move.

## **11.6 Fire**

**In the case of fire**, the fire plan shall be the guide. If the physical plant is contaminated, the Fire Plan may be compromised. The Facility Incident Commander is to make the decision on how to proceed. In some instances this may mean evacuation, in whole or in part.

## **11.7 Evacuation of residents**

**Evacuation of residents** shall follow the Fire Plan routes and procedures to the extent the facility can provide shelter, manpower, supplies and equipment during an emergency event or post disaster. (see Section 12)

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 12–SH/ILF**

## **12.0 EVACUATION, SEARCH AND SHUT DOWN**

An evacuation can only be authorized by the Facility Incident Commander in consultation with the Executive Director/Manager and the community first responders. It is estimated that at the average census \_\_\_% of the residents can self evacuate. The remaining residents follow this plan.

### **12.1 Horizontal Evacuation**

If conditions allow horizontal evacuation shall be the first to be made. The Maintenance Director will prepare a mobility census and assistance with mobility requirements in the following groups, by name and location (room number/designation): Ambulatory; ambulatory with device; ambulatory with personnel assistance with walking; and wheel chair required. For fire/smoke move to the other side of the fire door, if existing, or to a safe area on the same floor. Locate the nearest exit in relation to the origin of the resident and the space you are moving to. Try to stay as close as possible to an exit. The following areas are noted on the evacuation route floor plans on the walls near entrances and exits and elevators. (e.g.. family waiting room, conference rooms, PT/OT areas, hallways, baths, lobby, cafeteria, recreation spaces, reception, business offices procedure rooms, solariums.). When notified by the Facility Incident Commander using one or more of the following commence evacuation via the designated exit or nearest exit.

### **12.2 Vertical Evacuation**

The preparation for vertical evacuation will be directed by the \_\_\_\_\_ on each floor. The first to move shall be ambulatory persons, followed by ambulatory persons with assistance, and wheel chair with carry down assistance if elevator is not functioning. The ground level will evacuate immediately upon authorization. The remaining floors will evacuate in accord with the directions of the Facility Incident Commander.

The estimated time to evacuate each floor is (list estimate by floor).

The estimated time to evacuate the entire facility is \_\_\_\_\_.

Tools and vital parts for mobility equipment repair are located \_\_\_\_\_.

### **12.3 Relocation**

The site of relocated residents should be, if safe, within the building. If relocation requires temporary holding in proximity to this facility or in anticipation of movement off campus, the first site out side of the facility is the \_\_\_\_\_ (parking lot, driveway, etc) (shelter from weather). In addition to holding, these areas become the staging areas where transportation can pick up residents. Security and traffic control will be directed by \_\_\_\_\_ in response to the Facility Incident Commander. Maintenance and housekeeping operations staff will provide the manpower to control entrance to the facility, assist with exiting the facility, parking of vehicle, escorting non essential visitors, identifying staff and sealing off the campus.

## **12.4 Relocation Coordinator**

A staff member shall be designated by the Facility Incident Commander to direct the relocation effort. This person shall be known as the emergency plan Relocation Coordinator. He/she shall have an assistant to maintain records. They will be stationed at \_\_\_\_\_ (these) areas prior to resident arrival. The Relocation Coordinator will confirm the resident's name, condition, method of transportation required and keep a record of destination to a community shelter, church, another facility, family/friends home, or volunteer's residence. This will be known as the evacuation log. Ambulatory residents will be responsible for gathering supplies, medications, equipment and records that are needed to maintain their treatment and care outside of our facility. Facility staff, as available, will assist those residents with limited mobility. When all residents are accounted for by the Facility Incident Commander, the remaining staff will relocate to where the majority of residents are located. At all times the Facility Incident Commander will be kept current on details and progress until the site is ready to be re entered or shut down.

## **12.5 Shut Down**

The full closing of this facility shall be authorized only by the Facility Incident Commander after consulting with the Executive Director/Manager, community first responders and OEM. Closing of the facility includes shut down of all utilities and locking all entrances and closing/securing window openings. This will be done by maintenance and housekeeping staff. Local police will escort all remaining staff, community first responders, and visitors off the campus. The facility will provide at least two persons, in conjunction with local police to remain on site for at least 24 hours after the time of facility shut down.

The person assigned to posting shutdown instructions on or near controls for each piece of major equipment is the Maintenance Director. (Name and title)

The person assigned for instructing personnel in emergency shutdown procedures is the Maintenance Director. (Name and title)

The person assigned for testing shutdown procedures per Section 15 pre event testing is the Maintenance Director. (Name and title)

The Maintenance Director and the Executive Director/Manager have a copy of the floor plan(s) with shutdown control locations and remote locations for activation of shutdown if technically possible. A set of duplicate floor plans are located in the Command Center in a secure binder. Also included with the floor plan(s) is a check list for shutdown of each piece of major equipment. The check list is developed by

\_\_\_\_\_.

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 13–SH/ILF**

## **13.0 SHELTERING IN PLACE**

Sheltering in place simply means staying in this facility until the emergency passes and the all clear is given.

Evacuation is not always the safest option in the event of an emergency. This is especially true with external events that involve hazardous materials and wide spread mass devastation caused by chemical releases, biological agents, radiological exposure, and nuclear/explosions.

(This section is a work in progress by NJANPHA. To the best of our knowledge there is no comprehensive plan for nursing facilities, assisted living facilities, RHCF, senior housing and independent living facilities that can be used as a template at this time.)

This section will include, but is not limited to:

- Bed/Space Capacity
- Utilities
- Food
- Supplies-Non Medical/Mail and Deliveries
- Essential Equipment
- Laundry/Cleaning/Trash Disposal
- Personal Medications/Medical Supplies
- Personal Belongings
- Pets
- In facility protection
- Security
- Staffing

# NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 14–SH/ILF

## 14.0 RE-ENTRY-REMEDIATION-RESTORATION

Re entry applies to situations where our facility, in whole or in part, was evacuated to the outside because of an emergency or residents relocated from resident rooms to selected space for temporary protection within our facility. In both situations, re-entry is only authorized by the Executive Director/Manager of this facility after the Executive Director/Manager completes a Risk Assessment and capacity and capability inventory.

Re-entry is a post event decision that requires assessment of the physical plant structures capability to provide shelter and basic utilities, the amount of remediation required to restore and/or replace essential resident support equipment, supplies and services, and the ability to decontaminate and/or restore existing space. HVAC systems are to function at post event weather conditions.

To accomplish re-entry, the following tasks and activities are required.

### 14.1 Transportation

**Transportation** must be provided for each returning resident. This will be done by using \_\_\_\_\_ (senior citizen transport, ambulance, rented bus, taxi) pre contracted to provide the service.

Local police are expected to determine the safety of the grounds, identify and clearly mark the access points for all vehicles, including resident transport, and vehicles driven by staff, vendors and visitors. They will be checked by administrative staff.

Proper ID, per security requirements, will be required of all persons, including residents, staff, vendors and visitors.

### 14.2 Decontamination

**Decontamination and clean up** will be provided by \_\_\_\_\_. The supervision will be by: \_\_\_\_\_.

### 14.3 Repairs and replacement

**Repairs and replacement expenditures** above \$ \_\_\_\_\_ per unit cost or above an aggregate cost of \$ \_\_\_\_\_ must be approved by the Executive Director/Manager.

Repairs/replacement will be completed by (staff; contractors, vendors, etc). The supervision will be by the Maintenance Director.

## **14.4 Communications**

All **communications equipment and systems**, will be (cleaned; decontaminated; etc) and tested prior to admitting residents. The testing and declaration that all is in proper working order will be done by (name) \_\_\_\_\_. Equipment that does not function properly will be replaced by the same or equivalent equipment. Acquisition will be accomplished via the pre event methods for purchasing. The cost incurred will be reported to the Executive Director/Manager who, in turn, will have the data entered in the Incident Command System.

All key persons, as identified by the residents, will be contacted directly at least \_\_\_\_\_ hours/days prior to the resident's readmission. This will be done by staff as designated by the Executive Director/Manager.

The Executive Director/Manager will provide on going status reports on at least a weekly basis. It will cover actions and activities related to readmission. This will be given to all residents and one designated relative or friend per resident.

The Executive Director/Manager will arrange to provide group crisis counseling prior to readmission and for up to \_\_\_x\_\_\_ months post event. It will be available to all in group format. The preferred vendor is \_\_\_\_\_.

## **14.5 Computers and Networks**

Resume operations, mail and deliveries at pre event activity levels is a business function conducted by the Executive Director/Manager and staff. All mail and deliveries held at places away from this facility are to be gathered. Any cost associated with such storage will be included in the Incident Command System.

Retrieve essential business records, payroll records and resident records and conducting an inventory of the documents, files and other materials is to be lead by the Executive Director/Manager. Confidentiality is to be preserved.

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 15–SH/ILF**

## **15.0 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING AND MANAGEMENT**

### **15.1 Work Group**

The group is composed of staff from this facility and appointed by the Executive Director/Manager. It is to meet at least every four months after initial publication and distribution of this Plan document. The purpose is to evaluate progress with implementation and make changes as deemed necessary by the review of reports, new information or as perceived by the group. It should continuously seek ways and means to integrate tasks and activities with such functions as Quality First, communications/IT, risk management, patient safety, security, and human resources. The work group maintains minutes. It reports findings and recommendations in writing to the Executive Director/Manager within 10 work days after each meeting.

The members are: \_\_\_\_\_.

The work group chairperson is \_\_\_\_\_.

The meeting dates for (year) are: \_\_\_\_\_.

### **15.2 All Hazards Surveillance**

Administrative staffs, maintenance and housekeeping personnel and residents are to report to the work group chairperson, as soon as possible, any malfunctions that occurred, major repairs needed, inspection and test results and other information that may affect this facility's capability to function per Section 10 during an emergency event.

### **15.3 Information Collection and Evaluation**

A summary of the above reports and incidents is to be prepared, reviewed and evaluated at each work group meeting. An on-going chronological record is to be maintained by the work group to track actions and activities.

### **15.4 Incident reports and OSHA reports**

Incident reports are to be filed with the Executive Director/Manager for appropriate action. They include accident, patient safety, lost valuables and security problems. OSHA reports and reports required by NJDHSS are filed in accord with their requirements for this facility. All significant findings and actions are included in the work group review.

## **15.5 Hazardous Materials and Waste Management**

A hazardous materials and Right to Know survey is completed at least one time per year. The most recent one that exists upon the effective date of this document is (DATE) and is located (PLACE/PERSON). The next survey is scheduled for (DATE). The Material Safety Data Sheets (MSDS) are located at (PLACE/PERSON). Hazardous waste disposal and all other waste disposal shall not be mixed. General waste disposal consists of (collection by) (movement to) (placed/stored for pick up in) (removed by vendor –name) (on a \_\_\_\_\_ daily/weekly/monthly/as need basis).

## **15.6 Physical Plant and Grounds**

This includes identification of problems with life safety code compliance, plans for improvement and construction, alarm status, fire suppression capability, user errors, and fire plan drills and exercises results. Resident room appliance equipment failures and safety hazards are recorded by the Maintenance Director. Outdoor safety needs and improvements are to be reported. Entry and exit problems, door malfunctions and security failures and improvements are included in these records.

## **15.7 Communicable Disease Control**

The quality of resident life can be affected by illness, especially if it is a communicable disease. While respecting privacy we attempt to provide a clean environment in common areas and urge residents to employ preventive techniques to limit contact with others. We monitor the status of infection and communicable diseases as voluntarily reported by residents and provide advice by educational programs and literature.

## **15.8 Utilities and related equipment**

This facility through the Maintenance Director maintains regular communications with all external utility providers to determine if changes are planned for the future and our requirements are recognized. The contact persons are:

Water Supply: \_\_\_\_\_

Power Supply: \_\_\_\_\_

Gas Supply: \_\_\_\_\_

Sewage Service: \_\_\_\_\_

Trash removal: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **15.9 Preventive Maintenance Schedule**

The following (departments) (units) (persons) shall perform preventive maintenance which meets the requirements of the manufacturer. All key equipment, as identified in this document, is to be included. The schedule is to be published and updated at least one time per year. A copy is to be filed with the Executive Director/Manager and the Work Group. The most current schedule on the effective date of this document is (DATE). The next annual review and update is (DATE). LIST FOLLOWS.

### **15.10 Testing and safety inspection**

The following (departments) (units) (person) shall provide a schedule for testing all key equipment and systems as identified in this document. In most cases the minimum will be once per month. The schedule is to be published and findings, action and results entered immediately upon conclusion of the test. A copy of the results is to be filed with the Executive Director/Manager each month. A summary report is to be presented by the Maintenance Director to the Work Group at each meeting.

### **15.11 Business equipment and records**

The Executive Director/Manager has identified the following equipment, supplies and records as essential items to be protected from destruction and/or damage by an All Hazard event:

Personnel files: \_\_\_\_\_

Computers: \_\_\_\_\_

Administrative Records \_\_\_\_\_

Contracts and Agreements \_\_\_\_\_

Corporate Records \_\_\_\_\_

Manuals \_\_\_\_\_

We use fire proof filing cabinets in this facility for \_\_\_\_\_

The following originals are secured off site at \_\_\_\_\_

The "back up" off site location for electronic records is \_\_\_\_\_

### **15.12 CBRNE Event**

(including infectious disease): This is a work in progress.

### **15.13 Community Coordination**

Our facility emergency management representatives meet at least annually with local first responders, OEM(s) and health department representatives to review the completeness and adequacy of this document in regard to coordination with municipal and county Offices of Emergency Management. The date of the most recent meeting as of the effective date of this document was (DATE). The next date is scheduled for (DATE).

The agencies involved are:

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

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

OEM Local \_\_\_\_\_

OEM County \_\_\_\_\_

Health Department \_\_\_\_\_

This is done at a scheduled meeting called by this facility (or by involvement in a LEPC or CERT program).

# NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 16–SH/ILF

## 16.0 TRAINING BY PRESENTATIONS, DRILLS, EXERCISES AND EVALUATION REPORTS

### 16.1 Program and schedule

The **first training** is by an overview of the All Hazards Emergency Preparedness and Response Plan during the incoming orientation of new employees. This includes as a minimum the location of the Plan document for future reference, identification of standard alert codes, instruction on the Incident Command System and Job Aids location, including the NJANPHA web site features.

During the year there will be at least one facility wide fire drill exercise, one small fire drill exercise and two emergency preparedness Table Top exercises. There shall be one of these exercises on each shift and one weekend. The type of drill/exercise, event to be simulated, time of day, duration, and location of each drill/exercise will be determined by the Executive Director/Manager in consultation with the work group.

Drill and exercise scope and scenarios will be obtained from \_\_\_\_\_ or developed by \_\_\_\_\_.

### 16.2 Annual Training

At least one time per year we provide training in the following:

First Aid: by \_\_\_\_\_  
Special resident personal assistance techniques to evacuate: by \_\_\_\_\_  
Medication administration during “Shelter in Place”: by \_\_\_\_\_  
Transport of residents for evacuation: by \_\_\_\_\_  
Urgent mobility equipment repairs: by \_\_\_\_\_  
Facility Incident Command System: by \_\_\_\_\_  
Alert and communications protocols and equipment use: by \_\_\_\_\_  
Security, including Travel Ban requirements: by \_\_\_\_\_  
CBRNE Special Training (see CBRNE Section 17): by \_\_\_\_\_

### 16.3 Job Aids and Training Aids

The following **Job Aids and Training Aids** are available. They can be obtained by contacting the Maintenance Director. Examples include:

Wallet card with Healthcare Emergency Color Codes  
Wall posters with emergency event action steps

A list of useful documents, books, and literature (including CD instructions and video tapes) can be found in section 20 and the NJANPHA web site.

The NJANPHA web site provides job aids, notices of low cost training opportunities, Domestic Preparedness Alerts, and an interactive road GIS-MAP of facilities.

## **16.4 Evaluation**

This includes written reports relative to all drills and exercises and real events, if they occur. The evaluation is done by persons appointed by the Executive Director/Manager. They can be staff, resident and/or community volunteers, local first responders, NJANPHA staff, CERT team members, health department staff, OEM staff, academic persons who educate and train in the field, insurance companies and all and all hazards preparedness consultants. The evaluator(s) shall use, at a minimum the form contained in this section.

The report of findings is to be presented to the Executive Director/Manager no later than   14   days from conclusion of the drill/exercise. No more than 14 days should pass prior to the Executive Director/Manager issuing the response. The final report of findings will be expected including recommendations. It will be shared at an exercise report briefing session or the next work group meeting, which ever is scheduled first.

The facility form to be used, at a minimum, starts on the next page.

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 17–SH/ILF CBRNE**

## **17.0 CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR/ EXPLOSION EVENTS**

All other sections of this emergency plan are applicable in the case of a CBRNE event. However, because of the wide spread mass devastation potential of such an event and the duration of time it takes to reach the “all clear” stage, special attention is given to CBRNE.

### **17.1 Risk Analysis**

After completion of the Risk Assessment in Section 6 a special risk analysis was done by \_\_\_\_\_ . The results are:

Exposure to: Probability: Low Medium High

Brucellosis

Cholera

Plague

Anthrax

Ricin

SARS

West Nile Virus

Tuberculosis

Malaria

Toxic virus

Botulism

Smallpox

Sarin

VX

Cyanide

Phosgene

CS

Nuclear Bomb

Nuclear dirty bomb

Nuclear release-gas

Nuclear fuel rods

Cobalt

Other (list)

The last date the Risk Analysis was completed is \_\_\_\_/\_\_\_\_/\_\_\_\_.

## 17.2 OSHA

We completed the most recent OSHA Hazards self assessment on \_\_\_/\_\_\_/\_\_\_\_. The report is located (person) (place). The chemicals with the most potential for explosion and/or toxicity are \_\_\_\_\_.

## 17.3 Facility Experts

The following is the roster of personnel, including staff, and agencies, that have expertise to respond to a CBRNE event.

(Include a list of facility staff first responders. For staff include name, position, exposure specialty, and emergency contact information if not in Section 3). For out of facility community first responders identify by agency name (i.e. Hazmat Unit and include emergency contact if not located in Section 3)

## 17.4 Laboratory services

We use the following laboratory(s) to assist in the investigation of an incident, or suspected incident:

(List name(s) and emergency contact, if not in Section 3)

The protocol we use to collect and handle samples and specimens is located (person) (place).

## 17.5 Surveillance

The surveillance methods we use to detect an event affecting residents/staff include one or more of the following. A record is maintained current by the Executive Director/Manager. The numerical value that indicates a potential problem is listed next to each indicator.

The person responsible for surveillance is the Executive Director/Manager or the following person is designated to monitor and record the incidents. \_\_\_\_\_

\_\_\_\_\_

The numerical value (threshold number to be determined by the Executive Director/Manager) that indicates a potential problem is listed next to each indicator.

- Unexplained illness (threshold number)
- Unexplained death (threshold number is one death)
- Type and frequency of hospital/ER admissions (threshold number)
- Tracking log of influenza like reported illness (threshold number)
- Absenteeism (threshold number)

## **17.6 Medical response and care continuity**

To address a potential outbreak this facility will use local public health services.

When we must move the resident to a health care facility the Facility Incident Commander will contact, confirm availability and use the following health care facility (name) (location) (transportation by).

## **17.7 Personal Protective Equipment**

At this facility we have the following PPE.

Gloves (located)  
Masks: (number) (location)  
Eye Shields (located)

## **17.8 Medications and Antidotes**

A “File for Life” type record is located in the resident’s unit or on the refrigerator. Non prescription medication packs, sufficient for \_\_\_\_x\_\_\_\_ hours/days are kept with our emergency supplies, for each resident.

We keep a supply of antibiotics at (location) sufficient for staff for \_\_\_\_x\_\_\_\_ hours

We keep a supply of antidotes at (location).

or

We rely upon community first responders to bring antidotes to this site (first response).

## **17.9 Isolation**

This facility uses (location) (method) to isolate individual residents if they are determined to be a communicable disease risk by the Facility Incident Commander. The space is sealed with (materials) and by (name).

## **17.10 Quarantine**

(This section may apply to the entire facility or portion thereof. It will impact daily operations, especially staffing, supplies of all types, and medications. The authority to quarantine and related policy and procedure, and tasks/activities are to be added when state public health emergency management issues guidelines.)

## 17.11 Staff Training

In recognition that special training is essential for staff to perform during the response to and post a CBRNE event we have trained (number) of staff in:

- Isolation methods
- Quarantine
- Clean up
- Preventing spread of biological agents
- Preventing spread of chemical agents
- Preventing spread of radiation
- Decontamination procedures

(Include names here if not in Section 3)

In this facility we use the following agencies and organizations for at least annual continuing education and training.

- Trained staff from this facility
- NHANPHA staff and conferences

Other Sources by Name:

- Hazmat Unit
- Local health department
- Hospital experts
- UMDNJ Center for Public Health Preparedness
- Private sector courses/conferences
- Special Consultants
- Remediation consultants
- State training from DEP
- OEM's training
- State training programs from NJDHSS
- Web Based training
- Other sources:

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 18–SH/ILF**

## **18.0 FACILITY DEPARTMENT/UNIT/FLOOR SPECIFIC POLICIES AND PROCEDURES**

The use of this section is optional except for Admissions related to surge of new residents coming from hospitals and other health care facilities and the Administrative policy and procedure for staff compensation for service during a disaster.

### **18.1 Departments and Services**

(options = include copy of each at this place in document)

- 18.1A Physical plant operations and maintenance
- 18.1B Dietary
- 18.1C Activities
- 18.1D Housekeeping
- 18.1E Laundry
- 18.1F Non staff providers on site
- 18.1G Special care units/floors for patients and residents
- 18.1H Deceased Residents

### **18.2 Surge Capacity**

These admissions are related to a surge of new patients coming from hospitals and other health care facilities during an emergency effect or post emergency. This section will depend upon the State Plan and capacity of this facility.

### **18.3 Administrative Policy for compensation of staff**

**Administrative Policy for compensation** of staff during an emergency period

(This section will depend upon the type of emergency event, sources of emergency funds from agencies such as FEMA and insurance coverage carried by this facility).

### **18.4 Emergency supplies inventory**

The following supplies and equipment must be provided to meet shelter in place requirements for up to \_\_\_\_\_ (5 days).

Include a list of items, shelf life, utilization expected and replacement policy. Include First Aid supplies and CBRNE protection with (person) when on duty. A floor plan indicates the location of fixed equipment such as the defibrillators, first aid packets, etc. \_\_\_\_\_.

# NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 19–SH/ILF

## 19.0 SECURITY AND EMERGENCY MEDICAL RESPONSE

### 19.1 Security Statement

This section is scheduled for completion after the State of New Jersey issues their security recommendations for LONG TERM CARE healthcare facilities. They are under development by the MED PREP Security Subcommittee. The NJANPHA is a member of that group.

In the meantime it is expected the following topics will be included

- Building access (key/locks/codes/cards/bio-metric controls)
- Intrusion
- Elopement
- Bomb threat
- CBRNE event special procedures
- Identification standards for staff (including bio-metrics)
- Mail and supplies acceptance
- Valuables protection
- Parking and general traffic control
- Grounds access control (travel ban)
- Crowd control and civil disturbance
- Evacuation protection
- Property protection

This facility's security staff consists of \_\_\_\_\_.

They have been educated/trained by \_\_\_\_\_ and hold certificates/licenses from \_\_\_\_\_.

The municipality of \_\_\_\_\_ supplements our security by \_\_\_\_\_.

## 19.2 Emergency medical response

In the event of a **personal medical emergency involving the residents** of this facility that occurs during an emergency event, first aid will be applied by \_\_\_\_\_. Staff is trained in support by keeping the area free of unnecessary persons, including visitors and providing assistance to move the ill or injured patient. This facility has the following emergency medical response equipment (FIRST AID KITS) (DEFIBRILLATOR(S)). It (is) (they are) located at \_\_\_\_\_ or it is with (person) when on duty. A floor plan indicates the location of fixed equipment such as the defibrillators, first aid packets.

During non disaster emergencies we rely upon community first responders for rescue, if our staff deems it not appropriate to attempt a rescue. This person in charge of the facility at the time of the non disaster emergency will be responsible for informing community first responders about dangers associated with any hazards, such as repairs, communicable disease, and fire status.

During an emergency event that requires moving residents outside of this facility for holding (i.e. gas leak) or full building evacuation, the Maintenance Director shall be responsible for setting up an emergency station in accord with the direction of the Facility Incident Commander. An outside set up requires a sheltered area or the adding of covering at least 8 feet high and 16 by 16 feet wide, in open space on a dry surface (see evacuation plan). We rely upon community first responders to supplement our first aid to treat injured residents.

The training of our medical emergency response staff in first aid is done by \_\_\_\_\_.

Our staff is re-certified annually by \_\_\_\_\_.

# **NJANPHA PLAN DEVELOPMENT GUIDE FOR SECTION 20-SH/ILF**

## **20.0 APPENDIX**

### **20.1 Emergency Contracts and Agreements**

(List with most recent effective date and expiration term of Agreement)

### **20.2 Facility Command Center floor plan**

### **20.3 Copy of approved Fire Plan accepted by local fire authority.**