

## Section IV. Emergency Response Disaster Templates

### 1. Emergency Management Codes

\_\_\_\_\_ (*facility name*) has designated the following codes to be utilized to notify the employees of the various crises or disaster situations that may impact the facility. “*Lessons learned from recent disasters shows that the resources and talent of our healthcare system may have to be shared, and could potentially be sent to other communities and regions of the Commonwealth or nation. On a more local basis, some facilities are already sharing staff from PRN agencies and physician groups. As these people move from facility to facility it appears logical that the codes which trigger emergency protective and response steps should be standardized to help insure quick action. From a Risk Management standpoint, this makes sense!*” (Kentucky Hospital Association: Frequently Asked Questions, 2007).

All employees, volunteers, the Kentucky Long Term Care Ombudsman, and others deemed appropriate by the facility, will be trained to the following color designations that have been adapted from the KY Hospital Association standardized codes for Kentucky hospitals:

- Code Black: Bomb Threat/ Suspicious Package
- Plain Speech/Text Earthquake: Severe Weather (Watch or Warning)
- Code Yellow: Epidemic/Pandemic Episode
- Code Red: Fire Emergency
- Plain Speech/Text Flood/Flash Flood/Dam Failure: Severe Weather
- Code Orange: Hazardous Material/ Spill/Release
- Plain Speech/ Text Landslide: Severe Weather
- Code Blue: Medical Emergencies
- Code Yellow: Missing Resident
- Code Orange: Nuclear Power: Hazardous material/Spill/Release
- Plain Speech/Text Severe Heat
- Plain Speech/Text Shelter-in-Place (With Instructions)
- Plain Speech/Text Snow Emergency Plan
- Code Yellow: Terrorist Attack
- Plain Speech/Text Tornado (Watch or Warning)
- Code Yellow: Utility Outage
- Code Yellow: Workplace Violence or Threat of Violence

Guideline/Plan Activation Any staff member of \_\_\_\_\_ (*facility name*) aware of a crisis or disaster situation should notify the Administrator and/or his or her immediate supervisor.

In the event of a crisis or disaster situation (or notification of the potential for one), the most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. \_\_\_\_\_ (*facility name*) will ensure staff members are trained to the Incident Command System and designate individuals throughout the facility.

The Incident Commander, in conjunction with the Administrator if the Administrator does not function as the Incident Commander, should have the responsibility to declare a situation a disaster and to activate the *All Hazards Emergency Plan*.

1. The proper Code will be paged to bring leadership staff to the pre-designated Incident Command Post and alert the facility of a disaster status. All other staff should remain in their assigned areas to begin implementation of related emergency procedures, and then report to the Incident Command Post as called. If staff members are called in from home to respond to the emergency, they should do so after rendering their families safe and reporting to the facility in a safe manner.

2. Activate the appropriate parts of the plan, based on the type of disaster that has occurred.
3. Notify the following as needed:
  - a. Emergency Management Services
    - i. Fire
    - ii. Police
    - iii. Ambulance
  - b. Executive Director, Administrator, Assistant Administrator, Director of Nursing  
\_\_\_\_\_
  - c. Director of Maintenance/Environmental Services  
\_\_\_\_\_
  - d. Other key individuals within the organization, Ownership, and Corporate  
\_\_\_\_\_
  - f. Insurance Agent, if applicable  
\_\_\_\_\_
4. Guidance provided in the plan for the specific crisis or disaster situation should be followed.

## 2. National Incident Management System (NIMS) & Incident Command System (ICS)

\_\_\_\_\_ (*facility name*) should utilize elements of the National Incident Management System (NIMS) and Incident Command System (ICS) in crisis and disaster situations to help manage the events in an organized and efficient manner.

While long term care facilities are not required to implement this approach, \_\_\_\_\_ (*facility name*) has made the decision to utilize elements of the Incident Command System to handle emergencies.

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|--|
| <i>National Incident Management System &amp; Incident Command System</i> |
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In Homeland Security Presidential Directive-5 (HSPD-5), the President of the United States ordered the Department of Homeland Security to institute a **national incident management system** to provide a comprehensive and nationwide approach for federal, state, tribal, and local governments “to align command, control, organization structure, terminology, communication protocols, resources, and resource-typing for synchronization of response efforts at all echelons of government.” This has been accomplished. While it is required for federal, state, tribal, and local governments to use the **Incident Command System (ICS)** in a nationally declared emergency, there is a great benefit of ensuring more rapid external response and consistency when all agencies, including healthcare facilities, incorporate and support this system.

**Incident Command System (ICS)** is:

- A proven management system based on successful business practices
- The result of decades of lessons learned in the organization and management of emergency incidents

This system represents organizational “best practices,” and as a component of the **National Incident Management System (NIMS)**, has become the standard for incident management across the country.

**NIMS Components:** Each facility should have a basic understanding of NIMS including the following key components:

**Command and Management:** NIMS standard incident command structures are based on three key organizational systems:

- The Incident Command System (ICS)
- Multi-Agency Coordination System (MACS)
- Public Information Systems

**Preparedness:** The range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

**Resource Management:** Efficient incident management requires a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the NIMS includes mutual-aid agreements; the use of special federal, state, local, and tribal teams; and resource mobilization protocols.

**Communications and Information Management:** NIMS requires incident management organizations to ensure that effective interoperable communications and information management processes, procedures, and systems exist to support a wide variety of incident management activities across agencies and jurisdictions.

**Incident:** An incident is an occurrence, either caused by humans or natural phenomena that require response actions to prevent or minimize loss of life or damage to property and/or the environment.

ICS is interdisciplinary and organizationally flexible to meet the following management challenges:

- Meet the needs of incidents of any kind or size
- Allow personnel from a variety of agencies to meld rapidly into a common management structure
- Provide logistical and administrative support to operational staff
- Be cost effective by avoiding duplication of efforts

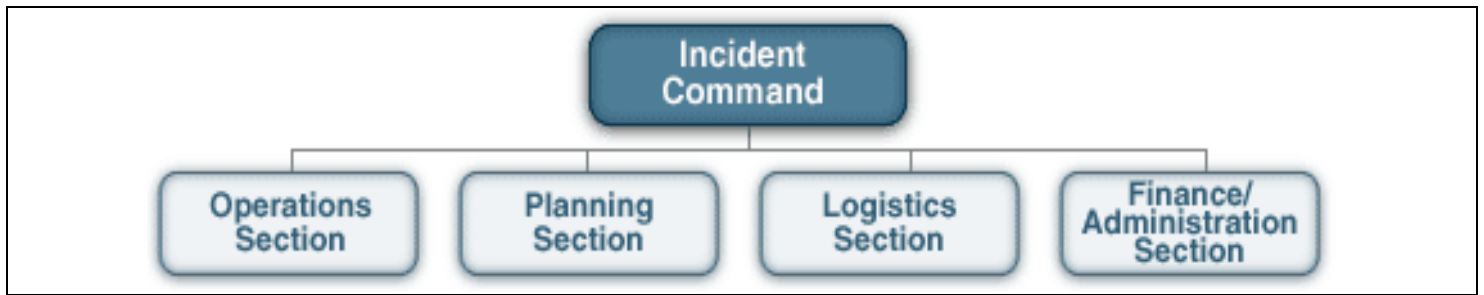
ICS consists of procedures for controlling personnel, facilities, equipment, and communications. It is a system designed to be used or applied from the time an incident occurs until the requirement for management and operations no longer exists.

The ICS structure is unique but easy to understand. There is no correlation between the ICS structure and the administrative structure of any single facility or organization. This is deliberate, because confusion over different position titles and organizational structures has been a significant stumbling block to effective incident management in the past. For example, someone who serves as a Department Head every day may not hold that level or area of responsibility when deployed under an ICS structure.

The ICS is a management system used to organize emergency response to a crisis or disaster situation within the facility as well as a system used by emergency responders across the county. ICS offers a scalable response to an emergency (incident) of any magnitude, and provides a common framework within which people can work together. These people (resources) may be drawn from multiple agencies that do not routinely work together. The system is designed to grow and shrink along with the incident, allowing more resources to be smoothly added into the system when needed and released when no longer needed. This is achieved because, in essence, ICS is a special case of “role playing.” Authorities and responsibilities are inherent in roles (positions); individuals are assigned more or less temporarily to those roles, and can be reassigned, replaced, or released as needed. This key aspect of ICS helps to reduce or eliminate the “who’s in charge” problem.

There are five major management functions that are the foundation upon which the ICS organization develops. These functions apply whether you are handling a routine emergency, organizing for a major non-emergency event, or managing a response to a major disaster.

- Incident Command
- Finance/Administration
- Logistics
- Operations
- Planning



The major management positions always apply and are always filled, no matter the size of the incident, and represent five sections of staff: Command, plus Finance/Administration, Logistics, Operations, and Planning. (These four are sometimes remembered as FLOP.) Three other Incident Command positions are Information Officer, Safety Officer, and Liaison Officer. The staff positions can be performed by the same person or by multiple people.

**Command** — The facility’s Incident Commander is the single person in charge of the incident at the facility and initially fills all five command staff positions. As the incident grows the tasks covered by other sections can be delegated, and those new positions take the title of Section Leader. The Incident Commander is responsible for all activity on the incident as well as creating the overall incident objectives.

**Finance/Administration** — The facility’s Finance Leader is tasked with tracking incident related costs, personnel records, requisitions, and administrating procurement contracts required by Logistics, including:

- Contract negotiation and monitoring
- Timekeeping
- Cost analysis
- Compensation for injury or damage to property

**Logistics** — The facility’s Logistics Leader is tasked with providing all resources, services, and support required by the incident, including:

- Ordering, obtaining, and maintaining essential personnel, equipment, and supplies
- Providing communication planning and resources
- Setting up food services
- Setting up and maintaining incident facilities
- Providing transportation
- Providing medical services to incident personnel

**Operations** — The facility’s Operations Leader is tasked with directing all actions to meet the incident objectives.

**Planning** — The facility’s Planning Leader is tasked with the collection and display of incident information, primarily consisting of the status of all resources and overall status of the incident, including:

- Collecting, evaluating, and displaying intelligence and information about the incident
- Preparing and documenting Incident Action Plans
- Conducting long-range and/or contingency planning
- Developing plans for demobilization
- Maintaining incident documentation
- Tracking resources assigned to the incident

**Public Information Officer** serves as the conduit for information to internal and external stakeholders, including the media or other organizations seeking information directly from the incident or event.

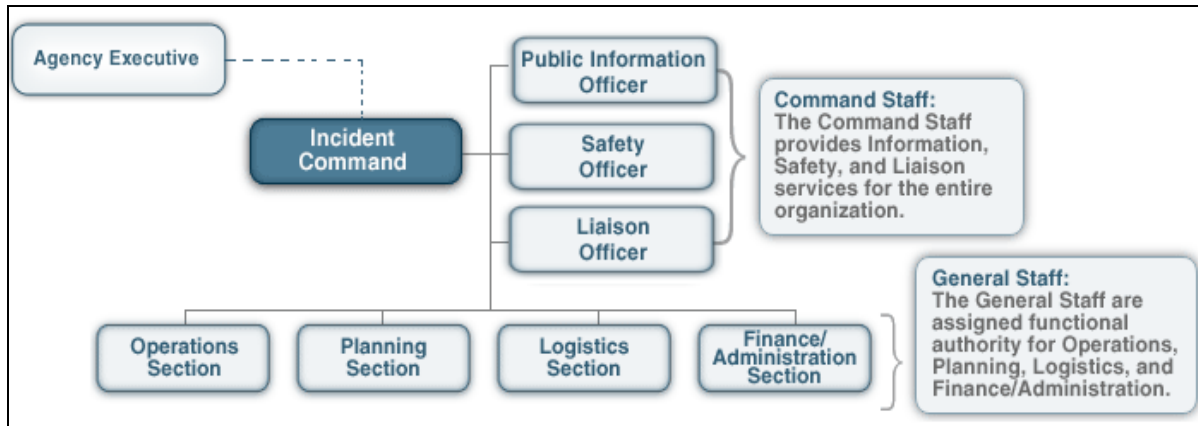
**Safety Officer** monitors safety conditions and develops measures for assuring the safety of all assigned personnel.

**Liaison Officer** serves as the primary contact for supporting agencies assisting at an incident.

In accordance with available staff at the time of the crisis or disaster situation, it is essential to establish an incident commander and designate tasks in accordance with this model or as specific needs dictate.

Expansion of an incident may require the delegation of authority for the performance of the other management functions.

As an incident grows, the Incident Commander may delegate authority for performance of certain activities to the Command Staff and the General Staff. The Incident Commander will add positions only as needed.



**Chain of Command:** The “Chain of Command” is an essential part of controlling incidents, regardless of size and magnitude. Every person participating in the incident has a designated supervisor. There is a clear line of authority within the incident command organization, and all lower levels connect to higher levels, eventually leading solely back to the Incident Commander.

The principles clarify reporting relationships and eliminate the confusion caused by multiple, conflicting directives. Incident managers at all levels must be able to control the actions of all personnel under their supervision. These principles do not apply to the exchange of information. Although orders must flow through the chain of command, members of the organization may directly communicate with each other to ask for or share information.

The command function may be carried out in two ways:

- As a Single Command in which the Incident Commander will have complete responsibility for incident management. A Single Command may be simple, involving an Incident Commander and single resources, or it may be a complex organizational structure with an Incident Management Team.
- As a Unified Command in which responding agencies and/or jurisdictions with responsibility for the incident share incident management.

A Unified Command may be needed for incidents involving:

- Multiple jurisdictions
- A single jurisdiction with multiple agencies sharing responsibility
- Multiple jurisdictions with multi-agency involvement

During a large-scale crisis or disaster situation, a representative of the facility would likely be involved in a Unified Command structure.

The Chain of Command follows an established organizational structure that adds layers of command as needed. The basic outline of command layers follows:

- Command
- Sections
- Branches
- Divisions/Groups
- Units
- Resources

A role of responsibility can be transferred during an incident for several reasons: As the incident grows, a more qualified person is required to take over as Incident Commander to handle the ever-growing needs of the incident, or in reverse when an incident reduces in size, command can be passed down to a less qualified person (but still qualified to run the now-smaller incident) to free up highly qualified resources for other tasks or incidents. Other reasons to transfer command include jurisdictional change if the incident moves locations or area of responsibility, or normal turnover of personnel due to extended incidents. The transfer of command process always includes a transfer of command briefing, which may be oral, written, or a combination of both.

**Flexibility:** The ICS is an extremely flexible organizational system that ideally reflects only what is required to fill the planned incident objectives. The efficient use of all resources on an incident is a high priority, reducing incident clutter and costs. A single person may be in charge of more than one unit if the span of control for that single person has not yet been exceeded, but in all cases an element of the incident must have a person in charge of that element. Elements of the system that have been expanded but are no longer needed are contracted and the resources released from the incident.

**ICS Key Management Concepts:** Many agencies and organizations modify ICS to fit their needs, yet it is absolutely critical to realize that without the application of the ICS management concepts, ICS becomes ineffective. While the picture of the response organizational tree may look like the ICS, without applying the management concept and principles, the organizational charts and models will resemble the original ICS model in title alone. Furthermore, problems and conflicts experienced during some incidents will indicate that fundamental ICS management concepts either are missing or are not functioning as designed. Therefore, to avoid such difficulties, agencies/organizations using an ICS design should incorporate the following basic management concepts:

**Span of Control:** Span-of-control is the most fundamentally important management principle of ICS. It applies to the management of individual responsibilities and response resources. The objective is to limit the number of responsibilities being handled by, and the number of resources reporting directly to, an individual. ICS considers that any single person's span of control should be between three and seven individuals, with five being ideal. In other words, one manager should have no more than seven people working under him/her at any given time.

When span-of-control problems arise around an individual's ability to address responsibilities, they can be addressed by expanding the organization in a modular fashion. This can be accomplished in a variety of ways. An Incident Commander can delegate responsibilities to a deputy and/or activate members of the Command Staff. Members of the Command Staff can delegate responsibilities to Assistants, etc.

There may be exceptions, usually in lower-risk assignments or where resources work in close proximity to each other.

**Incident Action Plans:** "Consolidated Incident Action Plans" means that for the specific event, the response is coordinated and managed through one plan of action. The consolidated Incident Action Plan (IAP) can be verbal or written (except for hazardous material incidents, where it has to be written), and is prepared by the Planning Section. The consolidated IAP means that everyone is working in concert toward the same goals set for that operational time period. The purpose of this plan is to provide all incident supervisory personnel with direction for actions to be implemented during the operational period identified in the plan. Incident Action Plans include the measurable strategic operations to be achieved and are prepared around a time frame called an Operational Period. Incident Action Plans provide a coherent means of communicating the overall incident objectives in the context of both operational and support activities. The consolidated IAP is a very important component of the ICS that reduces freelancing and ensures a coordinated response.

At the simplest level, all Incident Action Plans must have four elements:

- What do we want to do?
- Who is responsible for doing it?
- How do we communicate with each other?
- What is the procedure if someone is injured?

**Unity of Command:** Unity of Command means that each individual participating in the operation reports to only one supervisor. This eliminates the potential for individuals to receive conflicting orders from a variety of supervisors, thus increasing accountability, preventing freelancing, improving the flow of information, helping with the coordination of operational efforts, and enhancing operational safety. Unity of Command also means that that all personnel are managed and accounted for.

**Accountability:** Effective accountability during incident operations is required at all levels within the facility. The following guidelines are adhered to:

- Check-In: All employees and responders must report in to receive an assignment in accordance with the procedures established by the Incident Commander.
- Incident Action Plan: Response operations must be directed and coordinated as outlined in the IAP.
- Unity of Command: Each individual involved in incident operations will be assigned to only one supervisor.
- Span of Control: Supervisors must be able to adequately supervise and control their subordinates, as well as communicate with and manage all resources under their supervision.
- Resource Tracking: Supervisors must record and report resource status changes as they occur.

### *Incident Commander*

The most qualified staff member (in regard to the Incident Command System) on duty at the time of the emergency will assume the Incident Commander position until the Administrator or his/her designee arrives at the facility. The Administrator or his/her designee can then assume the role of Incident Commander, if he/she is more or equally qualified.

\_\_\_\_\_ (*facility name*) should educate leadership to the ICS, so that in the event of an emergency of significant magnitude, other Incident Command positions can be designated as needed. It may not be practical for all positions to be filled due to lack of positions at any given time, so some sections may be covered by the same individual. (Facility should consider purchasing an Incident Command Vest to wear during an emergency situation. Visit [www.safetygearonline.com](http://www.safetygearonline.com) for further information.)

\_\_\_\_\_ (*facility name*) should utilize an Incident Management Sheet to document the incident and pertinent details surrounding the disaster. The Incident Management Sheet also lists the employees who assume the ICS functions during the incident. See **Appendix 10** for Incident Management Sheet.

### *Transfer of Command*

**Transfer of Command** is the process of turning over responsibility from one Incident Commander to another.

There are five steps in effectively assuming command of an incident in progress:

- a. The incoming Incident Commander should, if at all possible, personally perform an assessment of the situation with the existing Incident Commander.
- b. The incoming Incident Commander must be adequately briefed by the existing Incident Commander face-to-face if at all possible. The briefing should include the following:
  - What has happened thus far
  - Priorities and objectives
  - Current plan
  - Resource assignments
  - Incident organization
  - Resources ordered/needed
  - Facilities established
  - Status of communications
  - Any constraints or limitations
  - Incident potential
  - Delegation of authority
- c. The incoming Incident Commander should determine a time for transfer of command after the incident briefing.
- d. At the appropriate time, notice of a change in Incident Commander should be made.
- e. The incoming Incident Commander may give the previous Incident Commander another assignment, as he/she retains first-hand knowledge of the incident, and would be able to observe the progress of the incident and to gain experience.

# THE FOLLOWING DETAILED PROCEDURES TEMPLATES ARE IN ALPHABETICAL ORDER BY EMERGENCY/DISASTER:

## Code Black: Bomb Threat/Suspicious Package

\_\_\_\_\_ (facility name)

### *Emergency Procedure* **BOMB THREAT**

Treat all bomb threats as serious dangers, even though many prove to be false. All staff should receive training on the Bomb Threat Procedure.

The following procedure should be utilized when \_\_\_\_\_ (facility name) receives a bomb threat.

- A. Staff members should utilize the **Bomb Threat Telephone Procedure (see attachment)**, if telephone threats or warnings about bombs in the facility are received. Individuals should try to keep the caller on the phone as long as possible by asking the questions outlined in the Telephone Procedure. Staff are responsible for immediately notifying:
  1. Administrator and/or the highest-ranking staff member on duty (incident commander), will activate the Recall Roster
  2. Police Department or local law enforcement (call 911)
- B. If staff member(s) receive written threats or warnings about bombs in the facility, they are responsible for immediately notifying:
  1. Administrator and/or the highest-ranking staff member on duty
  2. Police Department or local law enforcement (call 911)
- C. Facility management staff should report to the Incident Command Post for a briefing and instruction.
- D. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. If severity of incident warrants, then appoint other positions of ICS structure.
- E. Administrator or Incident Commander should instruct staff members to discreetly and quietly conduct a thorough search of their respective areas and departments.
  1. Staff members should look for any unusual or extraneous items, such as boxes, packages, bags, etc.
  2. If any unusual item is found, staff members are not to disturb it.
- F. Staff members should not approach or touch a suspicious package/device and should immediately evacuate everyone away from such discoveries and immediately report all findings to the Administrator or Incident Commander, so additional actions may be implemented, including consideration of complete facility evacuation.
- G. It will be essential to coordinate all actions with law enforcement officials.

### **WHEN POLICE ARRIVE:**

- Keys made available to inspect all rooms, employees lockers searched, padlocks cut.
  - Administrator or designee shall remain with Search Commander during the entire search to provide assistance and counsel during search
  - If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.
- H. If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

**Telephone Procedures:** All staff members who normally receive telephone calls from the general public should be instructed on the Bomb Threat Telephone Procedure, as well as the following:

- Keep the caller on the line as long as possible
- Ask the caller to repeat the message
- Record every word spoken by the person making the call
- Record time the call was received and terminated
- Ask the caller his/her name
- See following table for recording information
- If the caller does not indicate the location of the bomb or possible detonation time, the person receiving the call should ask the caller to provide this information
- It may be advisable to inform the caller that the building is occupied and that the detonation of a bomb could result in death or serious injury to many innocent people

# **Bomb Threat Telephone Procedure Form**

**\*LISTEN** - Keep on the phone for as long as possible

**\*DO NOT** interrupt caller except to ask questions below

**Call 911** - as soon as possible while person is on the line, or immediately after.

## **DO NOT CALL the BOMB SQUAD**

**Notification of Administrator/IC** - Time: \_\_\_\_\_ am/pm By: \_\_\_\_\_

**Notification of Police Dept.** - Time: \_\_\_\_\_ am/pm By: \_\_\_\_\_

**Person receiving call:** \_\_\_\_\_ Phone # call was received: (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_ Time Call Received: \_\_\_\_\_ am/pm End of Call: \_\_\_\_\_ am/pm

**EXACT WORDING OF THREAT:** \_\_\_\_\_

\_\_\_\_\_

Ask the caller to repeat the message: \_\_\_\_\_

1. When will the bomb go off? \_\_\_\_\_
2. Time remaining? \_\_\_\_\_
3. Where is the bomb located right now? \_\_\_\_\_
4. What kind of bomb is it? \_\_\_\_\_
5. What does the bomb look like? \_\_\_\_\_
6. What will cause it to explode? \_\_\_\_\_
7. Is there more than one bomb? How many? \_\_\_\_\_
8. Did you place the bomb? \_\_\_\_\_ Why? \_\_\_\_\_
9. Where are you calling from? \_\_\_\_\_
10. What is your name? \_\_\_\_\_
11. What is your address? \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_

**CALLER'S IDENTITY/CHARACTERISTICS**

Sex:  Male  Female

Approximate Age: \_\_\_\_\_

Is the voice familiar? \_\_\_\_\_

**Voice Characteristics**

- Loud
- High pitch
- Raspy
- Intoxicated
- Nasal
- Fast
- Slow
- Soft
- Deep
- Pleasant
- Distinct
- Foul
- Excellent
- Good

**Diction:**

- Stutter
- Slurred
- Good
- Lisp
- Fair
- Poor
- Nasal

**Origin of Call**

- Local
- Caller ID shown
- Internal (from within building)
- Long distance

**Accent**

- Local
- Regional
- Racial
- Not Local
- Foreign Country

- Angry
- Rational
- Coherent
- Emotional
- Deliberate
- Other (Please specify:)
- Calm
- Irrational
- Incoherent
- Laughing
- Righteous

**Background Sounds**

- Quiet
- Music
- Mixed
- Airplanes
- PA
- Office machines
- Street traffic
- Glassware
- Household appliances
- Weather: Rain/Thunder
- Other (Please specify:)
- Voices
- Animals
- Party
- Trains
- Radio/TV
- Factory machines
- Cafe
- Bedlam

▪ Does caller seem familiar with building by description of bomb location?  Much  Some  None

▪ Describe: \_\_\_\_\_

▪ Was the caller familiar with the general location/area?  Much  Some  None

▪ Describe: \_\_\_\_\_

▪ County Health Dept. notified Time: \_\_\_\_\_ am/pm By: \_\_\_\_\_

Time this form completed: \_\_\_\_\_ am/pm

By: \_\_\_\_\_

## *Emergency Job Tasks*

### *Bomb Threat*

Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Contact Law Enforcement.
  - b. Activate Recall Roster and alert management staff to report to the Incident Command Post.
  - c. Instruct all staff members to search respective areas/departments to look for any unusual or extraneous items, such as boxes, packages, bags, etc.
  - d. Upon arrival of Law Enforcement, establish contact with the officer in charge and relay all relevant information regarding the situation.
  - e. Should be responsible for making the decision regarding evacuation, which would be activated via Evacuation Emergency Procedures.
  - f. Ensure staff members and residents are accounted for and safe.
  - g. Visitors should be requested to leave the premises
  - h. Conduct your search efficiently but do not create any more activity than absolutely necessary
2. Management Staff of All Departments
  - a. Report to the Incident Command Post.
  - b. **DO NOT**
    - **Do NOT turn on/off lights or other electrical equipment** – use flashlights if necessary
    - **Do NOT use 2-way radios, cell phones, or other cellular/transmitting equipment.**
    - **Do NOT TOUCH OR MOVE anything unusual or suspicious.** If anything suspicious or unusual is discovered, staff are to contact the Incident Command Center and clear the area immediately of all residents, staff, and wait for instructions.
  - c. Instruct staff members to search respective areas discreetly and thoroughly looking for any unusual or extraneous items, such as boxes, packages, bags, etc.
    - Residents should NOT be involved in the search and staff should remain calm to not upset the residents.
    - **LOOK** for anything you **cannot IMMEDIATELY** identify or that appears to be unusual or out of place. The device may/may not be labeled “bomb” or “danger”.
  - d. If caller mentions a location for the device, staff will be instructed to search that location first.
    - i. If the bomb threat is for a specific area/floor, supervisor (*insert job/IC title*) will designate (*insert highest ranking personnel*) on that area/floor so that the search can begin immediately in that specific area/floor.
    - ii. If the bomb threat is not for a specific area or floor, the (*insert job/IC title*) in each area of the facility shall assign personnel to begin the search of the entire facility. Designated search personnel are to search their usual areas of work assignment, as they are more likely to identify anything out-of-place or unusual.
    - iii. If the bomb threat occurs during a time when personnel on duty are limited, the facility Incident Commander will assign which staff to search which areas.

### **Suspicious Packages**

Be wary of suspicious packages and letters. They can contain explosives or chemical or biological agents. Be particularly cautious in the mail handling area and refrain from eating or drinking in that area. Some typical characteristics postal inspectors have detected over the years, which ought to trigger suspicion, include parcels that:

- Are unexpected or from someone unfamiliar to you
- Have no return address, or have one that can't be verified as legitimate
- Have protruding wires or aluminum foil, strange odors, or stains
- Show a city or state in the postmark that doesn't match the return address
- Are of unusual weight given their size, or are lopsided or oddly shaped
- Are marked with threatening language

- Have inappropriate or unusual labeling
  - Have excessive postage or packaging material, such as masking tape and string
  - Have misspellings of common words
  - Are addressed to someone no longer with your organization or otherwise outdated
  - Have incorrect titles or titles without a name
  - Are not addressed to a specific person
  - Have hand-written or poorly typed addresses
- f. Assign a staff member to meet the responding agency at (location, example: front entrance) and direct/escort to facility Incident Command Center.
  - g. Be prepared to activate Evacuation Procedures.
3. Staff Members of All Departments
- a. Search respective areas discreetly and thoroughly looking for any unusual or extraneous items, such as boxes, packages, bags, etc.
  - b. Remain calm to not upset the residents.
  - c. Be prepared to activate Evacuation Procedures.

**All Clear:**

The responding agency will provide direction to the facility Incident Command Center Officer dependent upon the scenario:

- A bomb has been found.
- A bomb has not been found, but the threat remains credible.
- The threat is declared to be unfounded.

Only the responding agency can declare an “All Clear”.

Based on directives from the responding agency, the facility Incident Command Center will then communicate the appropriate message(s) to staff.

It is recommended that a report be made to OIG, local Emergency management, local Public Health Department, KCHFS Adult Services Division, KY Association of Health Care Facilities and/or KY Association of Homes and Services for the Aging and other agencies as directed by facility policy.

Although this template checklist and policy has been developed and reviewed by topic experts, this template is not intended to provide legal advice. The information contained in this checklist and policy is information only to assist the facility in developing emergency response policies and plans based on the uniqueness of each facility. It is recommended that the facility define specifically the time-frame for words such as “immediately,” “periodically,” etc. The time-frame for these words may differ with each policy. For example, in one policy instead of using “periodically,” the facility may use “quarterly;” in another policy, instead of using “periodically,” the facility may use “monthly.”

# Plain Speech/Text: Earthquake

\_\_\_\_\_ (facility name)  
*Emergency Procedure*  
**EARTHQUAKE**

## Preparing for an Earthquake

1. Evaluate the facility for potential dangers and fix the problems. Examples:
  - Remove potential fire hazards
  - Secure furniture or equipment/appliances to the wall (may fall and cause injuries)
  - Store large and/or heavy items low to the ground
  - Repair any deep cracks in walls, ceilings or foundation of building
  - Bolt and strap the water heater to the wall and ground
  - Affix pictures and/or mirrors securely
  - Brace overhead light fixtures
2. Train and exercise on “Drop, Cover and Hold”.

## During an Earthquake

1. Drop, Cover and Hold
2. Inspect the facility for safety. Evacuate if building is not safe using **RACE** system.
  - R: RESCUE** – Rescue residents in immediate danger.
  - A: ALARM** – Sound nearest alarm if not already activated.
  - C: CONFINE** – Close doors behind you to confine the fire.  
Crawl low if the exit route is blocked by smoke.
  - E: EXTINGUISH** – Utilize fire extinguisher as situation permits or  
**EVACUATE** – Follow evacuation procedures.
3. Put out small fires quickly. If not handled by one extinguisher, or it is larger than a wastepaper basket, evacuate the building.
4. Check on residents, staff and visitors. Check restrooms or vacant rooms for visitors or stranded residents.
5. Take care of injured or trapped persons. Provide medical treatment as appropriate. Call 9-1-1 only for life-threatening emergencies.
6. Turn off gas only if you smell gas or think it may be leaking. (Natural gas line cannot be turned on again except by the gas company.) Alert the local Fire Department.
7. Be prepared for after-shocks and re-evaluate building safety after additional seismic activities

## WHAT TO DO AFTER AN EARTHQUAKE

### • Expect aftershocks.

These secondary shockwaves are usually less violent than the main quake but can be strong enough to do additional damage to weakened structures and can occur in the first hours, days, weeks, or months after the quake.

### • Help injured or trapped persons until emergency assistance arrives.

Give first aid where appropriate. Do not move seriously injured persons unless they are in immediate danger of further injury. Call for help.

### • Listen to a battery-operated radio or television for latest emergency information.

### • Use the telephone only for emergency calls.

### • Stay away from damaged areas

Unless police, fire, or relief organizations have specifically requested your assistance, stay away from damaged areas. Return to the facility only when authorities say it is safe.

- **Open cabinets cautiously.** Beware of objects that can fall off shelves.
- **Clean up spilled medicines, bleaches, gasoline or other flammable liquids immediately.** Leave the area if you smell gas or fumes from other chemicals.
- **Inspect utilities**
  - o **Check for gas leaks.** If you smell gas or hear blowing or hissing noise, start evacuation procedures quickly. Turn off the gas at the outside main valve if you can.
  - o **Look for electrical system damage.** If you see sparks, broken or frayed wires, or smell hot insulation, turn off the electricity at the main fuse box or circuit breaker. Begin evaluation procedures.
  - o **Check for sewage and water lines damage.** If you suspect sewage lines are damaged, avoid using the toilets and call a plumber. If water pipes are damaged, contact the water company and avoid using water from the tap.
- **Inspect the entire length of chimneys for damage.**

## Code Yellow: Epidemic/Pandemic Episodes

\_\_\_\_\_ (facility name)  
*Emergency Procedure*  
**EPIDEMIC/PANDEMIC EPISODES**

The facility has established a multi-disciplinary planning committee/team named the \_\_\_\_\_ to plan for pandemic influenza. The pandemic influenza response coordinator's name and title are \_\_\_\_\_ and the members of the planning committee include the following:

| Name | Title | Contact Information |
|------|-------|---------------------|
|      |       |                     |
|      |       |                     |
|      |       |                     |
|      |       |                     |

Contacts have been made with others in the community who are planning for pandemic influenza and plans have been shared to assure that a community-wide approach is being implemented. See **Appendix 4** of this plan for contact information on emergency management responders at local and state health departments, Emergency Management, KY Long Term Care Associations, local/regional pandemic influenza planning groups, Ombudsman Program and local hospitals. The relevant sections of the HHS Pandemic Influenza Plan have been reviewed and additional references are available in **Appendix 18**.

The facility administrator or his/her designated other is authorized to implement the facility's Pandemic Influenza Plan and to determine the organizational structure that will be used.

In this facility, \_\_\_\_\_ (name, title and contact information) is responsible for monitoring federal and state public health advisories, and updating the facility's Pandemic Response Coordinator and members of the facility's pandemic influenza planning committee when pandemic influenza has been reported in the United States and is nearing the geographic area.

In this facility, \_\_\_\_\_ (name, title and contact information) is responsible for communicating with the public health authorities during a pandemic influenza episode.

In this facility, \_\_\_\_\_ (name, title and contact information) is responsible for communicating with the staff, residents, and their families regarding the status and impact of pandemic influenza in the facility.

A written protocol which is located \_\_\_\_\_ has been developed for weekly or daily monitoring of seasonal influenza-like illness in residents and staff that provides for the evaluation and diagnosis of residents and/or staff with symptoms of pandemic influenza. Assessment for seasonal influenza is included in the evaluation of incoming residents. There is an admission policy or protocol to determine the appropriate placement and isolation of patients with an influenza-like illness.

The following system is in place to monitor and internally review transmission of influenza among patients and staff in the facility in order to implement prevention interventions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The facility's Communication Plan is described in **Section II.4** and identifies the process for communications with the public, the residents and their families during an emergency. Communication strategies are further outlined in **Section III.5 and in Appendix 3**. Contact information for families and guardians of residents are regularly updated for the Resident Emergency Packets (see **Section III.11 and Appendix 7**). Agreements with other health care facilities are in Appendix 2 and Contacts are listed in **Appendix 4**.

In order to expand qualified staffing during a pandemic influenza, the facility will pre-certify its volunteers, and collaborate with organizations such as the Public Health Department's Medical Reserve Corps, the KY Community Crisis Response Board, the American Red Cross and local government Community Emergency Response Teams (CERT) to secure other trained non-facility staff for a pandemic emergency. See **Section III.13 and Appendix 4**.

In this facility, \_\_\_\_\_ (name, title and contact information) is responsible for coordinating training, identifying and publicizing training opportunities, tracking training on pandemic influenza, and securing/making available appropriate infection control and other educational materials to staff, residents and their families. Education and training to ensure that all personnel, residents, and family members of residents understand the implications and basic prevention and control measures for pandemic influenza are addressed in **Section III.17** for Training/Education and **Section III.18** for Exercises and Drills; **Appendix 13** for Mental Health/ Psychological First Aid; and **Appendix 17** for Training and Education. Health literacy training for staff is included (see **Section III.17 and Appendix 18: Resources**).

An Infection Control Plan is in place that includes managing residents and visitors with pandemic influenza. The plan includes provisions for direct care staff to use Standard and Droplet Precautions with symptomatic residents; use of Respiratory Hygiene/Cough Etiquette throughout the facility; and strategies for grouping symptomatic residents or groups by 1) confining symptomatic residents and their exposed roommates to their room, 2) placing symptomatic residents together in one area of the facility, or 3) closing units where symptomatic and asymptomatic residents reside; and recommendations that where possible, staff who are assigned to work on affected units will not work on other units. Criteria and protocols for closing units or the entire facility to new admissions and for enforcing visitor limitations are in place when pandemic influenza is in the facility.

**Section III.16 and Appendix 6** include provisions for continuity of operations. In addition, a sick leave policy is in place that addresses the needs of symptomatic personnel and facility staffing and considers such criteria as the handling of personnel developing symptoms while at work; returning to work after having pandemic influenza; working when symptomatic, but well enough to work; provisions for personnel who need to care for family members who become ill; and education for staff to self-assess and report symptoms of pandemic influenza before reporting for duty. Also in place are plans for accessing mental health and faith-based resources to provide counseling to personnel during a pandemic and strategies for managing personnel who are at increased risk for influenza complications.

A vaccine and antiviral use plan is in place for personnel and residents utilizing federal, state and local guidance that includes expediting delivery of influenza vaccine or antiviral prophylaxis to residents and staff as recommended by the state health department. A system for monitoring influenza vaccination of personnel is in place.

A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations. In this facility \_\_\_\_\_ (name, job title) has been assigned responsibility for conducting a daily assessment of staffing status and needs during an influenza pandemic.

The Facility Administrator or his/her designate is responsible for the decision to declare a facility “staffing crisis” and to initiate appropriate emergency staffing alternatives consistent with state law. The facility will collaborate with organizations such as the Public Health Department’s Medical Reserve Corps, the KY Community Crisis Response Board, the American Red Cross and local government Community Emergency Response Teams (CERT) to secure trained non-facility staff for a pandemic emergency (**Section III.11**) and will coordinate staffing needs with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.

Estimates have been made of the quantities of essential materials and personal protective equipment that would be needed during a six-week pandemic. Procedures are in place to address likely supply shortages, including strategies for using normal and alternative channels for procuring needed resources. See **Section II.1 and II.2** of this plan.

Agreements with alternative care sites are in place for facility residents who need acute care services when hospital beds become unavailable. Signed agreements have been established with area hospitals for admission to the long-term care facility of non-influenza patients to facilitate utilization of acute care resources for more seriously ill patients. See **Appendix 2** of this plan.

Surge facility space has been identified that could be adapted for use as expanded inpatient beds and information provided to local and regional planning contacts (**Section III.13**). A contingency plan is in place for managing an increased need for post mortem care and for deceased residents, and an area in the facility that could be used as a temporary morgue has been identified (See **Section III.15** for Capacity for Deceased Residents). Local plans for expanding morgue capacity have been discussed with local and regional planning contacts including the local health department and office of Emergency Management.

## Code Red: Fire Emergency

|          |                   |   |
|----------|-------------------|---|
| <b>R</b> | <b>Rescue</b>     | Rescue/Evacuate persons in immediate danger.  |
| <b>A</b> | <b>Alarm</b>      | Pull nearest “pull station.” Announce “CODE RED” and fire location over loud speaker. Repeat the announcement.                                    |
| <b>C</b> | <b>Confine</b>    | Confine the fire by closing doors to isolate the fire and smoke.  |
| <b>E</b> | <b>Extinguish</b> | Attempt to extinguish the fire only if the first three parts of the R.A.C.E. Procedure have been completed and the fire appears to be manageable. |

### *Fire/Explosion*

- A. \_\_\_\_\_ (*facility name*) employees should be trained to utilize the R.A.C.E. Procedure and notify the Fire Department of the exact circumstances of the situation.
- B. All staff should receive training in the proper use of fire extinguishers. Fire extinguishers are located in every corridor of the facility. The extinguishers, type A, B, or C, can be utilized in any type of fire.
- C. Responding to a Fire/Explosion, the following are essential tasks that must be completed during all emergency operations:

**DO NOT USE THE ELEVATORS ONCE THE FIRE ALARM HAS SOUNDED!**

- Stay calm and reassure residents—do not mention fire
- Evacuation in this plan means moving to a safe Area of Refuge in a fire emergency. This does not necessarily mean emptying the building unless each wing/section is expected to be evacuated beyond fire doors or to the nearest exit
- Keep all smoke/fire doors closed. Limit passage through smoke partitions as much as possible
- Keep all doors closed in resident rooms and functional rooms (storage, pantry, linen, etc.)
- Keep all stairwell doors closed
- Close all windows
- Understand that the sprinkler system (if present) will likely control the fire
- Shut off oxygen or other medical gasses that could contribute to the spread of the fire
- Connect O<sub>2</sub> concentrators to all residents requiring oxygen
- Assist the Fire Department in any way possible
- Understand that even though the alarms stop ringing, emergency procedures will not be stopped until an “All Clear” is called

\_\_\_\_\_ (*facility name*)  
**Emergency Procedure**  
**FIRE**

The following procedure should be utilized in the event of an actual fire, smoke condition, or smell of smoke in the facility.

NOTE: Floor plans with extinguishers, exits, smoke detectors, pull down alarms, sprinklers, etc.

A. The staff member who discovers a fire or potential fire situation within the building should immediately utilize the R.A.C.E. Procedure:

**DO NOT PANIC**

**RESCUE:** Everyone in immediate danger and move them to a safe location away from the fire.

**ALARM:** Activate the building’s fire alarm system by pulling the nearest manual pull station. Announce “CODE RED” and the fire location over the loudspeaker—repeat.

**CONFINE:** Make every attempt to confine the fire to its room of origin by closing all appropriate doors.

**EXTINGUISH:** Attempt to extinguish the fire ONLY if the above steps have been taken and the size of the fire has not exceeded the capacity of the fire extinguisher. *It is ALL staff members’ responsibility to know the locations of fire extinguishers.*

- B. “**CODE RED**” should be announced overhead with the location of the fire. The word “fire” should be avoided in order to maintain a calm environment for the residents.
- C. 911 should be notified to alert the emergency response system that an actual emergency situation is in progress. The caller should provide the 911 dispatcher with as much relevant information as possible.
- D. Administrator and Director of Nursing and \_\_\_\_\_ (*facility to fill in appropriate titles/positions*) will be notified if not on the premises. The Recall Roster should be activated.
- E. Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. If severity of fire warrants, then appoint other positions of the ICS structure.
- F. Staff will begin evacuation according to the size of the fire and the amount of smoke production. The Incident Commander will give guidance on evacuation type. See evacuation types below:

1. Phase I: Evacuate the rooms on either side and directly across from the room that is on fire. Move residents to an area away from the fire. This type of evacuation should be used during the initial stages of a small fire.
  2. Phase II: Evacuate all residents from the smoke compartment where the fire has occurred to the opposite smoke compartment (through the smoke doors). This type of evacuation should be used when moderate smoke conditions are present or the welfare of the residents is in jeopardy based on the situation.
  3. Phase III: FIRE DEPARTMENT ORDERED EVACUATION. Evacuate all residents from the building by whatever means possible. This type of evacuation should only be used during a major fire or severe smoke conditions within the building as ordered by the Fire Department.
- G. The order of evacuation is:
1. Ambulatory residents
  2. Residents with assistive devices
  3. Residents in wheelchairs
  4. Bedridden residents
- H. A staff member(s) should be assigned to stay with the group(s) to prevent panic and to begin re-entry to dangerous areas.
- I. It is essential that all internal emergency operations be coordinated with the Fire Department. The Fire Department will be able to quickly assist in controlling the situation provided that a good line of communication is established between the Incident Commander and the Fire Officer in charge.
- J. The situation should be deemed “under control” only after the Fire Department has concluded its emergency operations and the Incident Commander has declared the situation “safe.”
- K. An “All Clear” will be paged only after the situation is declared safe by the Fire Department.
- L. Account for all staff members and residents.

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| <p><i>Emergency Job Tasks</i></p> <p><i>Fire</i></p> |
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Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Report to the fire alarm panel and determine the location of the activation.
  - b. Report to the area of activation and assess the situation.
  - c. Supervise emergency operations (evacuation, fire control, chart removal, etc.).
  - d. Upon arrival of the Fire Department, establish contact with the officer in charge and relay all relevant information regarding the situation or designate someone to do so.
  - e. Coordinate all emergency operations with the Fire Department.
  - f. Ensure all staff members and residents are accounted for and safe.
2. Nursing Staff
  - a. Report to the area of fire alarm activation.
  - b. Quickly assess the magnitude of the situation.
  - c. Initiate Evacuation Procedures.
  - d. Close all doors and windows, as residents are evacuated.
  - e. Connect O<sub>2</sub> concentrators to all residents requiring oxygen.
  - f. Shut off oxygen or other medical gasses that could contribute to the spread of the fire.
  - g. Secure medical records.
  - h. Perform a complete head count to ensure that all residents are accounted for.
  - i. Be prepared to assist where needed at the direction of the Incident Commander and/or Fire Department.
3. Certified Nursing Assistants
  - a. Initiate Evacuation Procedures and close all doors and windows of resident rooms.
  - b. Be prepared to assist where needed at the direction of the Incident Commander.

4. Director of Nursing
  - a. Report to the fire alarm panel and determine the location of the activation.
  - b. Report to the area of activation and provide instruction to staff members regarding the location to remove residents, starting with the residents who are closest to the area of the fire.
  - c. Ensure that all windows and doors are closed.
  - d. Coordinate operations with the Incident Commander to determine the type of evacuation that will be necessary for the situation.
  - e. Instruct Certified Nursing Assistants to remain with residents in an attempt to keep them calm and prevent them from returning to the fire area. Perform a complete head count to ensure that all residents are accounted for.
5. Office Staff/Medical Records
  - a. Secure all records by storing them in the appropriate metal cabinets.
  - b. Close all doors and windows in your work area.
  - c. Be prepared to assist where needed at the direction of the Incident Commander.
6. Activity Staff
  - a. Report to the area of fire alarm activation, providing that staff are not in the middle of a supervised activity.
  - b. If conducting an activity during alarm activation, stay with residents and remain calm.
  - c. Relocate all residents from immediate danger.
  - d. If available, assist with other emergency operations at the direction of the Incident Commander.
7. Maintenance Personnel
  - a. Report to the fire alarm panel and determine the location of the activation.
  - b. Immediately respond to the area of activation.
  - c. While in route, retrieve a fire extinguisher that is in the path of response in order to provide additional fire extinguishing capacity at the fire scene.
  - d. Ensure that the appropriate Evacuation Procedures are in progress and attempt to control the fire if required.
  - e. Once the fire is under control, attempt to de-power the fire area by shutting down circuit breakers for the fire area.
  - f. Assist the Fire Department in whatever way required.
  - g. NEVER shut down the fire sprinkler system during a fire. The shutting down of the fire sprinkler system must be ordered by the Fire Department.
8. All Other Employees (housekeeping, laundry, dietary, etc.)
  - a. Report to the area of fire alarm activation after securing your individual work area and assist with emergency operations per the direction of the Incident Commander.
  - b. Secure your individual work area by quickly shutting down all machinery (kitchen equipment, laundry equipment, computers, etc.) and storing all vital papers or currency in a metal container (desk, cabinet, etc.).
  - c. When leaving your individual work area, ALWAYS close all doors and windows to help reduce the effects of potential smoke damage.
  - d. Do not return to your work area until the situation is under control.

\_\_\_\_\_ (facility name)

### *Emergency Procedure* **FIRE WATCH**

PURPOSE: A plan of action should the fire alarm/smoke detectors/sprinkler/power system fail to work properly to provide continuous facility-wide fire detection and alarm capabilities. A fire alarm system could include but is not limited to: fire alarm panel, smoke or heat detection system, sprinkler system, and fire department notification system. Fire alarm system outages can occur during construction, renovation, electrical storms, or other unplanned events that eliminate part or all of the fire alarm system.

1. Contact the Administrator, Director of Nursing, and Maintenance Director and \_\_\_\_\_ (facility to fill in appropriate titles/positions) when any problems are encountered with the fire alarm system.
2. Contact the fire alarm company if the Maintenance Director (\_\_\_\_\_ other responsible position) is unable to correct the problem.

3. Notify the \_\_\_\_\_ (*Fire Department*) at \_\_\_\_\_ (*phone number*) and Division of Health Service Regulation at \_\_\_\_\_ (*phone number*) that the fire alarm system is not working correctly, and that procedures are in place until the system is restored.
4. Facility management staff should report to the Incident Command Post for instruction. Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position.
5. Fire watch tours will be initiated throughout the facility. Fire watch tours should occur at one-half hour intervals, 24 hours a day.
6. A fire watch tour is a periodic walking tour of the entire facility by one or more assigned and trained staff. The tour monitors the facility through direct observation of all rooms, including resident rooms, mechanical and electrical rooms, kitchen, laundry, etc. for possible signs of fire.
7. Fire watch tours will be documented with findings noting date, time, and staff initials.
8. Fire watch tours should be performed by personnel solely dedicated to the fire watch with no other facility-related activities or events.
9. Maintenance staff should be available on site or on call for equipment emergency shutdown situations.
10. Additional fire extinguishers should be distributed facility-wide and staff should be informed of locations.
11. The Fire Watch should not be terminated until all fire protection equipment has been restored to normal operating condition and upon the authority of the Administrator or designee.

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| <p><i>Emergency Job Tasks</i></p> <p><i>Fire Watch</i></p> |
|--|

Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Determine the problem with the system.
  - b. Establish contact with the fire alarm company.
  - c. Contact Division of Health Service Regulation to notify of the situation and what actions are being taken to rectify.
  - d. Notify the Fire Department.
  - e. Determine personnel to conduct fire watch tours and supervise.
  - f. Ensure construction or renovation work areas are monitored.
  - g. Supervise emergency operations if necessary (evacuation, fire control, chart removal, etc.).
2. Nursing Staff
  - a. Remove smoking materials and extension cords from resident rooms.
  - b. Ensure ALL SMOKING IS TO OCCUR OUTSIDE with a staff member present.
  - c. Ensure all exits are unobstructed.
  - d. Ensure fire doors remain closed.
  - e. Ensure windows remain closed.
  - f. Be prepared to assist where needed at the direction of the Incident Commander.
3. Certified Nursing Assistants
  - a. Remove smoking materials and extension cords from resident rooms.
  - b. Ensure ALL SMOKING IS TO OCCUR OUTSIDE with a staff member present.
  - c. Ensure all exits are unobstructed.
  - d. Ensure fire doors remain closed.
  - e. Ensure all windows are closed.
  - f. Be prepared to assist where needed at the direction of the Incident Commander.

4. Office Staff/Medical Records
  - a. Secure all records by storing them in the appropriate metal cabinets.
  - b. Close all doors and windows in your work area.
  - c. Be prepared to assist where needed at the direction of the Incident Commander.
5. Activity Staff
  - a. Remove smoking materials and extension cords from resident rooms.
  - b. Ensure ALL SMOKING IS TO OCCUR OUTSIDE with a staff member present.
  - c. Ensure all exits are unobstructed.
  - d. Ensure fire doors remain closed.
  - e. Ensure all windows are closed.
  - f. Be prepared to assist where needed at the direction of the Incident Commander.
6. Director of Nursing
  - a. Ensure ALL SMOKING IS TO OCCUR OUTSIDE with a staff member present.
  - b. Ensure all exits are unobstructed.
  - c. Ensure fire doors remain closed.
  - d. Ensure all windows are closed.
  - e. Be prepared to assist where needed at the direction of the Incident Commander.
7. Maintenance Personnel
  - a. Ensure all combustible/flammable items are stored properly and removed from mechanical and electrical rooms.
  - b. Ensure dryer vents are clean.
  - c. Ensure Fire Department/EMS access to the facility is clear from snow, ice, etc.
  - d. Ensure Fire Department access to hydrants, sprinkler connections, standpipes, and fire extinguishers.
  - e. Ensure exits are unobstructed.
  - f. Ensure fire doors remain closed.
  - g. Ensure unnecessary machinery that runs continuously is turned off.
  - h. Ensure sprinkler valves are open and sealed, gauges indicate normal pressure, and sprinkler heads are unobstructed.
  - i. Monitor construction or renovation work areas.
  - j. Be prepared to shut down equipment as necessary.
  - k. Be prepared to assist where needed at the direction of the Incident Commander.
8. All Other Employees (housekeeping, laundry, dietary, etc.)
  - a. Laundry is to remove lint from dryers.
  - b. When leaving the individual work area, ALWAYS close all doors and windows.
  - c. Ensure exits are unobstructed.
  - d. Ensure fire doors remain closed.
  - e. Be prepared to assist where needed at the direction of the Incident Commander.

## Plain Speech/Text: Flooding

Floods are the most common and widespread of all natural disasters. Most communities in the United States can experience some degree of flooding after spring rains, heavy thunderstorms, or winter snow thaws.

Most floods develop slowly over a period of days. Flash floods, however, are like walls of water that develop in a matter of minutes. Flash floods can be caused by intense storms or dam failure.

- Consult with \_\_\_\_\_ (*county name*) Emergency Management officials if facility is located in a flood plain and to review the history of flooding in the area
- Purchase a National Oceanic and Atmospheric Administration (NOAA) Weather Radio with a warning alarm tone and battery backup. Listen for flood watches and warnings
- Review the community's emergency plan. Learn the community's evacuation routes. Know where to find higher ground in case of a flood
- Inspect areas that may be subject to flooding. Identify records and equipment that can be moved to a higher location. Make plans to move records and equipment in case of flood

Ensure insurance policy provides coverage for flooding. Evaluate the feasibility of flood proofing your facility.

\_\_\_\_\_ (*facility name*)  
*Emergency Procedure*  
**FLOODING**

The following procedure should be utilized in the event of flooding, flash floods, dam break near \_\_\_\_\_ (*facility name*).

The following procedure should be utilized when a **flood watch** or **warning** has been issued.

A **watch** indicates that flooding is likely.

A **warning** indicates flooding is occurring in the area.

- A. When a flood/flash flood **watch** or **warning** has been issued for this area effective until \_\_\_\_\_ (*time watch ends*). A **flood watch** means that current weather conditions may produce flooding. A **flood warning** indicates that flooding is occurring in the area. Please await further instructions.”
- B. Administrator and Director of Nursing \_\_\_\_\_ (*facility to fill in appropriate titles/positions*) will be notified if not on the premises. The Recall Roster should be activated if needed.
- C. Facility management staff should report to the Incident Command Post for a briefing and instruction.
- D. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position.
- E. Evaluate the need to shut off electricity/utilities/water main/collect fresh water
- F. Incident Commander must decide whether to flood proof (see attached flood proofing methods) or evacuate based on geographical location and history of flooding of the facility. If evacuation is necessary, Evacuation Emergency Procedures will be followed.
- G. It is essential that all internal emergency operations are coordinated with the local authorities. They will be able to quickly assist in controlling the situation provided that a good line of communication is established between them and the Incident Commander.
- H. The situation should only be deemed “under control” after the local authorities have concluded emergency operations and the Incident Commander has declared the situation “safe.”
- I. Account for all staff members and residents.

## *Emergency Job Tasks*

### *Flooding*

Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Activate Recall Roster and alert management staff to report to the Incident Command Post.
  - b. Should be responsible for deciding to flood proof the facility or evacuate.
    - a. If decision is to evacuate, Evacuation Emergency Procedures would be activated.
    - b. Ensure staff members and residents are accounted for and safe.
2. Management Staff of All Departments
  - a. Report to the Incident Command Post.
  - b. Assist with flood proofing the facility if necessary.
  - c. Collect water by filling clean bathtubs, large pans, buckets, etc. with fresh water and store in case water services are interrupted/contaminated
  - d. Fill and use sandbags
  - e. Pack refrigerators/lockers with dry ice
  - f. Remain calm to not upset the residents.
  - g. Be prepared to activate Evacuation Procedures.
3. Maintenance
  - a. Report to the Incident Command Post.
  - b. Turn off building electricity
  - c. Shut off water main to prevent contamination
  - d. Flood proof the facility if necessary.
  - e. Remain calm to not upset the residents.
  - f. Be prepared to activate Evacuation Procedures.
4. Staff Members of All Departments
  - a. Assist with flood proofing if necessary.
  - b. Remain calm to not upset the residents.
  - c. Be prepared to activate Evacuation Procedures.

Permanent flood proofing measures are to be taken before a flood occurs and require no human intervention when floodwaters rise. They include:

- Filling windows, doors, or other openings with water-resistant materials such as concrete blocks or bricks. This approach assumes the structure is strong enough to withstand floodwaters
- Installing check valves to prevent water from entering where utility and sewer lines enter the facility
- Have sand and sand bags on hand and train on sandbagging techniques
- Reinforcing walls to resist water pressure and sealing walls to prevent or reduce seepage
- Building watertight walls around equipment or work areas within the facility that are particularly susceptible to flood damage
- Constructing floodwalls or levees outside the facility to keep flood waters away
- Elevating the facility on walls, columns, or compacted fill. This approach is most applicable to new construction, though many types of buildings can be elevated

Emergency flood proofing measures are generally less expensive than those listed above, though they require substantial advance warning and do not satisfy the minimum requirements for watertight flood proofing as set forth by the National Flood Insurance Program (NFIP). They include:

- Building walls with sandbags
- Constructing a double row of walls with boards and posts to create a “crib,” then filling the crib with soil
- Constructing a single wall by stacking small beams or planks on top of each other

- Evaluate the need for backup systems, such as:
  - Portable pumps to remove flood water
  - Alternate power sources such as generators or gasoline-powered pumps
  - Battery-powered emergency lighting
  - Participation in community flood control projects

Contingent flood proofing measures are also taken before a flood but require some additional action when flooding occurs. These measures include:

- Installing watertight barriers, called flood shields, to prevent the passage of water through doors, windows, ventilation shafts, or other openings
- Installing permanent watertight doors
- Constructing movable floodwalls
- Installing permanent pumps to remove flood waters

### **Checklist for reopening healthcare facilities closed due to extensive water and wind damage**

Prior to opening a healthcare facility that has undergone extensive water and wind damage; inspections need to be conducted to determine if the building is salvageable. If the decision is made to proceed with recovery and remediation, building and life safety inspections must be completed before any restoration work is done to the facility. Section V provides guidance for infection control review of facilities to be performed before reopening.

Prior to opening any portion of a facility, adequate support services need to be available to provide quality care in a safe environment. Contracting with outside services could be considered.

Certification for occupancy must be obtained prior to reopening the facility. Regulations regarding healthcare facility certification and licensing differ from state to state. Refer to specific state and local government resources for more information.

#### **Before and while entering the facility**

Be cautious around electrical lines, downed lines, outlets and appliances. Do Not assume that the electricity has been turned off.

Avoid floodwaters – water may be contaminated by oil, gas, raw sewage. Water may also be electrically charged from underground or downed power lines.

Note where floodwaters have receded. Roads may have weakened and could collapse under the weight of a car. Boil drinking water before using. Wells should be pumped out and the water tested for purity before drinking. Call your local public health authority or listen for reports on community’s water supply safety.

Watch for animals. Small animals like rats and snakes that have been flooded out of their homes may seek shelter in yours. Use a pole or stick to poke and turn items over and scare away small animals.

Look before you step. After a flood, the ground and floors are covered with debris including broken bottles and nails. Floors and stairs that have been covered with mud can be very slippery.

Wear face mask and gloves.

#### **1. Safety Evaluation**

The following should be evaluated by facilities experts:

- Structural integrity and missing structural items
- Assessment of hidden moisture
- Electrical system damage, including high voltage, insulation, and power integrity
- Water distribution system damage
- Sewer system damage
- Fire emergency systems damage
- Air handling system damage
- Medical waste and sharps disposal system

## 2. Water Removal

Water should be removed as soon as possible once the safety of the structure has been verified.

- Pump out standing water
- Wet vacuum residual wetness from floors, carpets, and hard surfaces
- Clean wet vacuums after use and allow to dry

## 3. Water Damage Assessment and Mold Remediation

- Open the windows in the damaged areas of the building during remediation
- Remove porous items that have been submerged or have visible mold growth or damage
- Minimize dispersion of mold spores by covering the removed items and materials with plastic sheeting (dust-tight chutes leading to dumpsters outside the building may be helpful). Dispose these items as construction waste
- Seal off the ventilation ducts to and from the remediation area and isolate the work area from occupied spaces, if the building is partially occupied
- Scrub and clean hard surfaces with detergents to remove evidence of mold growth (if a biocide is used, follow manufacturer's instructions for use and ventilate the area. Do not mix chlorine-containing biocides with detergents or biocides containing ammonia)

### Cleaning

- Get rid of mud as soon as possible.
- Clean everything that got wet.
- Don't risk contamination. "If in doubt, throw it out."
- A solution of one part household bleach and four parts water will kill surface mildew and, if used as part of a regular maintenance program, will prevent mildew from returning.
- Dry the area and remaining items and surfaces
- Evaluate the success of drying and look for residual moisture in structural materials (Moisture-detection devices [e.g., moisture meters] or borescopes could be used in this evaluation.)
- Remove and replace structural materials if they cannot be dried out within 48 hours

## 4. Inspect, Repair, Disinfect where Appropriate, or Replace Facility Infrastructure. Include:

- HVAC system (motors, duct work, filters, insulation)
- Water system (cold and hot water, sewer drainage, steam delivery, chillers, boilers)
- Steam sources (if piped in from other places, e.g., utility companies, it will impact autoclaves)
- Electrical system (wiring, lighting, paging and patient call systems, emergency generators, fire alarms)
- Electronic communication systems (telephones, paging and resident call systems, computers)
- Medical gas system
- Hazardous chemicals/radioactive storage

## 5. General Inventory of Areas with Water and Wind Damage

- What furniture can be salvaged? Discard wet porous furniture that cannot be dried and disinfected (including particle board furniture). Disinfect furniture with non-porous surfaces and salvage. Discard upholstered furniture, drapery, and mattresses if they have been under water or have mold growth or odor. Discard all items with questionable integrity or mold damage
- What supplies can be salvaged? Salvage linens and curtains following adequate laundering. Salvage pre-packaged supplies in paper wraps that are not damaged or exposed to water or extreme moisture, or in a molded environment. Discard items if there is any question about integrity or mold exposure. Dry essential paper files and records (professional conservators may be contacted for assistance)
- Electrical medical equipment. Check motors, wiring, and insulation for damage. Inspect equipment for moisture damage. Clean and disinfect equipment following manufacturer's instructions. Do not connect wet electronic equipment to electricity
- Structures. Inspect, repair, or replace wallboard, ceiling tiles, and flooring. Repair, replace, and clean damaged structures

## 6. After the event:

- Dispose of all foods and canned goods that came in contact with flood waters.
- Do not dispose of hazardous chemicals and materials (those marked "danger, caution, poison, warning, flammable, toxic, keep out of reach of children and hazardous") in the trash, down the drain or into standing water as they can contaminate groundwater and sewer lines. Take these items to the hazardous materials waste site in Everett.

## 7. Review Issues for Reopening Facilities

- Requirements needed prior to opening a facility: potable water, adequate sewage disposal, adequate waste and medical waste management
- Have all areas to be opened been thoroughly dried out, repaired, and cleaned?
- Does the number of air exchanges in areas of the facility meet recommended standards?
- Are negative-pressure rooms functioning properly?

## 8. Post-Reoccupation Surveillance

- Focused microbial sampling may be indicated to determine if:
  - The water in the facility's water distribution system meets the microbial standards of the Safe Drinking Water Act (see: <http://www.epa.gov/safewater/sdwa/index.html>);
  - Mold remediation efforts were effective in reducing microbial contamination in the affected areas of the hospital (see: [http://www.epa.gov/mold/mold\\_remediation.html](http://www.epa.gov/mold/mold_remediation.html));
  - Residents who are receiving care in the reopened facility acquire infections that are potentially healthcare associated and that may be attributed to *Aspergillus* spp. or other fungi, non-tubercular mycobacterium, *Legionella*, or other waterborne microorganisms above expected levels

## Code Orange: Hazardous Materials Incident

Hazardous materials are substances that are flammable or combustible, explosive, toxic, noxious, corrosive, oxidizable, an irritant, or radioactive. A hazardous material spill or release can pose a risk to life, health, or property. “

A warning of a hazardous accident or incident is usually received from the Fire and/or Police Departments or from Emergency Management officials. An overturned tanker, truck, or train, a crashed airplane, a broken fuel line, or an accident in a chemical plant are all potential hazards.”

There are a number of federal laws that regulate hazardous materials, including: the Superfund Amendments and Reauthorization Act of 1986 (SARA), the Resource Conservation and Recovery Act of 1976 (RCRA), the Hazardous Materials Transportation Act (HMTA), the Occupational Safety and Health Act (OSHA), the Toxic Substances Control Act (TSCA), and the Clean Air Act.

Title III of SARA regulates the packaging, labeling, handling, storage, and transportation of hazardous materials. The law requires facilities to furnish information about the quantities and health effects of materials used at the facility, and to promptly notify local and state officials whenever a significant release of hazardous materials occurs.

**Insert list of materials located on facility property.**

### Planning considerations regarding hazardous materials:

1. Identify and label all hazardous materials stored, handled, produced, and disposed of by your facility. Follow government regulations that apply to your facility. Obtain material safety data sheets (MSDS) for all hazardous materials at your location.
2. Train employees to recognize and report hazardous material spills and releases. Train employees in proper handling and storage.
3. Identify any hazardous materials used in facility processes and in the construction of the physical plant.
  - a. Identify other facilities in your area that use hazardous materials. Determine whether an incident could affect your facility.
4. Identify potential for an off-site incident affecting operation.
  - a. Identify highways, railroads, and waterways near the facility used for the transportation of hazardous materials. Determine how a transportation accident near the facility could affect your operations.

Detailed definitions as well as lists of hazardous materials can be obtained from the Environmental Protection Agency (EPA) see <http://www.fema.gov/business/guide/section3b.shtm> and the Occupational Safety and Health Administration (OSHA) see <http://www.hrhero.com/topics/osha.html?ELP>.

\_\_\_\_\_ (*facility name*)  
*Emergency Procedure*  
**HAZARDOUS MATERIALS INCIDENT**

The following procedure should be utilized in the event of a hazardous materials incident in or near  
\_\_\_\_\_ (*facility name*).

- A. **“CODE ORANGE”** should be announced overhead with the location of the incident, if it occurs within the facility premises. 911 should be notified to alert the emergency response system that a hazardous materials incident is in progress. The caller should provide the 911 dispatcher with as much relevant information as possible.
- B. Local authorities and the Emergency Management Office will typically warn the facility of such an accident occurring within the community. Some communities may utilize a county siren or scanner to notify the community of a hazardous spill. Tune into Emergency broadcasts on the radio/TV or weather radio for additional information and guidance.
- C. Administrator and Director of Nursing, Safety Officers/Maintenance Director will be notified if not on the premises. The Recall Roster activated, if warranted.
- D. Facility management staff should report to the Incident Command Post for a briefing and instruction.
- E. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. If severity of incident warrants, then appoint other positions of ICS structure.
- F. Determine if a hazardous chemical or gas leak might endanger the residents.
- G. Based on the magnitude of the incident/accident, evacuation may be necessary. Fire Department, Police, and Emergency Management will assist in determining if evacuation is necessary.
- H. If evacuation is necessary, Evacuation Emergency Procedures will be followed.
- I. It is essential that all internal emergency operations are coordinated with the local authorities. They will be able to quickly assist in controlling the situation provided that a good line of communication is established with the Incident Commander.
- J. The situation should only be deemed “under control” after the local authorities have concluded emergency operations and the Incident Commander has declared the situation “safe.” At that point an “All Clear” can be announced.
- K. Account for all staff members and residents.

*Emergency Job Tasks:*  
*Hazardous Materials Incident*

Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Contact 911 and Emergency Management Director.
  - b. Activate Recall Roster and alert management staff to report to the Incident Command Post.
  - c. Instruct all staff members.
  - d. Upon arrival of authorities, establish contact with the officer in charge and relay all relevant information regarding the situation.
  - c. Should be responsible for making the decision regarding evacuation, which would be activated via Evacuation Emergency Procedures.
  - d. Ensure all staff members are accounted for and safe.
2. Management Staff of All Departments
  - a. Report to the Incident Command Post.
  - b. Instruct staff members to keep windows and doors closed.
  - c. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities. Again, keep doors CLOSED.
  - d. Remain calm to not upset the residents.
  - e. Be prepared to activate Evacuation Procedures.
3. Maintenance –
  - a. Report to the Incident Command Post.
  - b. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
  - c. Shut down outside intake ventilation/air conditioners.
  - d. Close all doors to the outside and close and lock all windows.
  - e. Maintenance staff should set all ventilation systems to 100% recirculation so that no outside air is drawn into the building. When this is not possible, ventilation systems should be turned off. This is accomplished by pulling the fire alarm.
  - f. Turn off all heating systems.
  - g. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.
  - h. Turn off all exhaust fans in kitchens and bathrooms.
  - i. Close as many internal doors as possible in the building.
  - j. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
  - k. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you. For a higher degree of protection, go into the bathroom, close the door and turn on the shower in a strong spray to wash the air.
  - l. If an explosion is possible outdoors, close drapes, curtains or shades over windows. Stay away from external windows to prevent injury from flying glass.
  - m. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.
  - n. Remain calm to not upset the residents.
  - o. Be prepared to evacuate - Emergency Management/law enforcement agencies will make a determination regarding evacuation of residents.
4. Staff Members of All Departments
  - a. Shut windows and doors.
  - b. Ensure residents and visitors remain in the facility until further notice from the local authorities. Again, keep doors CLOSED.
  - c. Remain calm to not upset the residents.
  - d. Be prepared to activate Evacuation Procedures.

## Plain Speech/Text: Landslide

\_\_\_\_\_ (facility name)  
*Emergency Procedure*  
**LANDSLIDE**

### ***Pre-event***

Steps to be completed ahead of time (in addition to All-Hazards Preparation):

1. Evaluate the facility for landslide hazard(s). Landslide may be triggered by earthquakes or floods.
2. Plant slopes with ground cover.
3. Learn to recognize landslide warning signs.
4. Landslide is often covered by flood insurance policies. Check on the status of your policy.

### ***During the event:***

1. If inside, take cover under desk, table, or other heavy piece of furniture.
2. If outdoors, get out of the path of the mudflow. Try to get to high ground. If escape is not possible, curl into a ball and protect your head.

### ***After a landslide or debris flow***

- **Stay away from the slide area.** There may be danger of additional slides.
- **Look for trapped persons near – but do not go into – the slide area.** Direct emergency response personnel to possible victims.
- **Listen to local radio or television stations** for the latest emergency information.
- **Watch for flooding**, which may occur after a landslide or debris flow. Floods sometimes follow landslides and debris flows because they may both be started by the same event.
- **Look for and report broken utility lines and damaged roadways and railways to appropriate authorities.** Reporting potential hazards will get the utilities turned off as quickly as possible, preventing further hazard and injury.
- **Check the building foundation, chimney, and surrounding land for damage.** Damage to foundations, chimneys, or surrounding land may help you assess the safety of the area.
- **Replant damaged ground as soon as possible** since erosion caused by loss of ground cover can lead to flash flooding and additional landslides in the near future.

## **Code Blue: Medical Emergencies**

*Place Copy of Your Facility Medical Emergency Procedures Here.*

## **Code Yellow: Missing Resident**

\_\_\_\_\_ (facility name) **Emergency Procedure**  
**MISSING RESIDENT**

### **Pre-admission Prevention**

1. Obtain info during pre-admission/ admission conferences with family regarding history of, or potential for, wandering.
2. Plan of care implemented with specific approaches and goals for wanderers.
3. Resident name, picture, physical description added to wander book located at nurses' station.
4. All staff responsible for knowing all residents on the list and are able to intervene as necessary. This info added to employee orientation for each new employee.
5. Routine checking of door alarms.

**The following procedure should be utilized when a resident is determined to be missing.**

- A. “**CODE YELLOW**” will be announced with the resident’s unit
- B. Note the time that the resident was discovered to be missing.
- C. The staff members assigned to the resident’s unit will report to nursing station to verify that resident not signed out.
- D. Administrator and Director of Nursing \_\_\_\_\_ (*facility to fill in appropriate titles/positions*) will be notified if not on the premises. Activate Recall Roster if necessary.
- E. Facility management staff should report to the Incident Command Post for a briefing and instruction.
- F. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position.
- G. A thorough search should be initiated by staff members to locate the resident. If the resident is not located, proceed with the following:
  1. Staff members will search the entire facility and grounds.
  2. All areas of the facility, grounds, and neighboring streets are to be systemically searched.
  3. The Administrator/Incident Commander will assign each staff member a section when searching to minimize overlapping or overlooking of an area.
  4. When conducting a search, it is important to look under beds and furniture, in walk-in refrigerators/freezers, in closets, under desks, behind doors, as well as in storage rooms, behind boxes, in boxes, and on shelves. A resident who has eloped may be frightened and may be hiding. **Being thorough is extremely important.**
  5. When finished searching a section, staff members should report back to the Administrator/Incident Commander.
- H. If the resident has not been found after a period of \_\_\_\_\_ minutes of the search, the Administrator/Incident Commander will call the police to report the resident missing.
- I. When the police arrive the Administrator/Incident Commander will provide the officer with a picture and provide pertinent information such as:
  1. What the resident was wearing.
  2. How the resident was ambulating, i.e., with a cane, walker, etc.
  3. The resident’s cognitive status, i.e., confused, alert.
  4. Information as to where the resident may be going, if known.
  5. Resident’s previous address and family’s address.
- J. The family/responsible party and attending physician will be notified if the resident is not found in the facility or the grounds.
- K. When the resident has been found:
  1. The Administrator/Incident Commander should notify all staff members that the resident has been found.
  2. The resident should be examined for injuries.
  3. The attending physician should be notified of the resident’s status.
  4. The family/responsible person will be contacted and informed of his/her status (ensure all the above steps are documented in the nursing notes).
  5. The care plan should be updated.
    - a. Consider implementing additional measures such as the addition of a wander bracelet if not in current use and 15-minute safety checks, and document in resident record.
- L. Complete an incident report and follow the facility’s incident reporting process.
- M. Ensure the incident and events are documented objectively in the resident record, including:
  - Circumstances and precipitating factors
  - Interventions utilized to return the resident to the unit
  - Resident’s response to the interventions
  - Results of reassessment upon the resident’s return and the condition of the resident
  - Care rendered

- Notification of police, family, and physician
  - Physician orders following notification
  - Additional prevention strategies implemented
- N. Administrator should report the incident to the KY Office of the Inspector General, see <http://chfs.ky.gov/oig/> local Ombudsman's Office, see <http://chfs.ky.gov/dail/ltcoDistricts/> local law enforcement office for a Golden Alert, see [http://www.m2c3.com/AARP/Advocacy\\_Temp/KY\\_Golden\\_Alert\\_2007GA.pdf](http://www.m2c3.com/AARP/Advocacy_Temp/KY_Golden_Alert_2007GA.pdf) KY CHFS Adult Protective Services Branch, see <http://chfs.ky.gov/dcbs/dpp/facs.htm>
- O. Report elopement in Quality Assurance/Risk/Safety committee.

|  |
|--|
| <p><i>Emergency Job Tasks</i></p> <p><i>Missing Resident</i></p> |
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Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Assign each staff member a section to search the facility to minimize overlapping or overlooking of an area.
  - b. Contact the police to report the resident missing.
  - c. Provide the police with a picture and provide pertinent information such as:
    - What the resident was wearing
    - How the resident was ambulating, i.e., with a cane, walker, etc.
    - The resident's cognitive status, i.e., confused, alert
    - Information as to where the resident may be going, if known
    - Resident's previous address and family's address
  - d. Ensure the attending physician is notified of the resident's status.
  - e. Ensure the family/responsible person is contacted and informed of his/her status (ensure all the above steps are documented in the nursing notes).
  - f. Ensure care plan is updated.
  - g. Report the incident to Division of Health Service Regulation.
  - h. Report elopement in Quality Assurance/Risk/Safety committee
2. Director of Nursing
  - a. Report to the named nursing station.
  - b. Assist with resident search and follow-up actions as directed by Incident Commander.
  - c. Ensure the resident is examined for injuries.
  - d. Ensure the attending physician is notified of the resident's status.
  - e. Ensure the family/responsible person is contacted and informed of his/her status (ensure all the above steps are documented in the nursing notes).
  - f. Ensure care plan is updated.
3. Nursing Staff
  - a. Report to the named nursing station.
  - b. Assist with resident search and follow-up actions as directed by Incident Commander.
  - c. Examine the resident for injuries.
  - d. Notify the attending physician of the resident's status.
  - e. Notify the family/responsible person and inform him of his/her status (ensure all the above steps are documented in the nursing notes).
  - f. Update the care plan.
  - g. Evaluate implementing additional measures such as the addition of a wander bracelet if not in current use and 15-minute safety checks, and document in resident record.
  - h. Complete an incident report and follow facility's incident reporting process.
  - i. Ensure the incident and events are documented objectively in the resident record, including:
    - Circumstances and precipitating factors
    - Interventions utilized to return resident to the unit
    - The resident's response to the interventions
    - Results of reassessment upon the resident's return and the condition of the resident

- Care rendered
- Notification of police, family, and physician
- Physician orders following notification
- Additional prevention strategies implemented

4. Staff Members of All Departments

- a. Report to the named nursing station.
- e. Assist with resident search and follow-up actions as directed by Incident Commander.

## Code Orange: Nuclear Power Plant Emergency

Nuclear power plants use the heat generated from nuclear fission in a contained environment to convert water to steam, which powers generators to produce electricity. Nuclear power plants operate in most states in the country and produce about 20 percent of the nation’s power. Nearly three million Americans live within ten miles of an operating nuclear power plant.

Although the construction and operation of these facilities are closely monitored and regulated by the Nuclear Regulatory Commission (NRC), accidents are possible. An accident could result in dangerous levels of radiation that could affect the health and safety of the public living near the nuclear power plant.

Local and state governments, federal agencies, and the electric utilities have emergency response plans in the event of a nuclear power plant incident. The plans define two “emergency planning zones.” One zone covers an area within a ten-mile radius of the plant, where it is possible that people could be harmed by direct radiation exposure. The second zone covers a broader area, usually up to a 50-mile radius from the plant, where radioactive materials could contaminate water supplies, food crops, and livestock.

The potential danger from an accident at a nuclear power plant is exposure to radiation. This exposure could come from the release of radioactive material from the plant into the environment, usually characterized by a plume (cloud-like formation) of radioactive gases and particles. The major hazards to people in the vicinity of the plume are radiation exposure to the body from the cloud and particles deposited on the ground, inhalation of radioactive materials, and ingestion of radioactive materials.

Radioactive materials are composed of atoms that are unstable. An unstable atom gives off its excess energy until it becomes stable. The energy emitted is radiation. Each of us is exposed to radiation daily from natural sources, including the Sun and the Earth. Small traces of radiation are present in food and water. Radiation is also released from man-made sources such as X-ray machines, television sets, and microwave ovens. Radiation has a cumulative effect. The longer a person is exposed to radiation, the greater the effect. A high exposure to radiation can cause serious illness or death.

Although the risk of a chemical accident is slight, knowing how to handle these products and how to react during an emergency can reduce the risk of injury.

Facility staff members should be familiar with these terms to help identify a nuclear power plant emergency:

**Notification of Unusual Event:** A small problem has occurred at the plant. No radiation leak is expected. No action at the facility will be necessary.

**Alert:** A small problem has occurred, and small amounts of radiation could leak inside the plant. This will not affect the facility and no action is required.

**Site Area Emergency:** Area sirens may be sounded. Listen to your radio or television for safety information.

**General Emergency:** Radiation could leak outside the plant and off the plant site. The sirens will sound. Tune to local radio or television station for reports. Be prepared to follow instructions promptly.

### Planning Considerations for a Nuclear Plant Emergency:

1. Obtain public emergency information materials from the power company that operates your local nuclear power plant or your local emergency services office. If you live within 10 miles of the power plant, you should receive these materials annually from the power company or your state or local government.

2. Minimize Exposure to Radiation by the following:
  - a. Distance—The more distance between you and the source of the radiation, the better. This could be evacuation or remaining indoors to minimize exposure.
  - b. Shielding—The more heavy, dense material between you and the source of the radiation, the better.
  - c. Time—Most radioactivity loses its strength fairly quickly.

\_\_\_\_\_ (*facility name*)

*Emergency Procedure*

**NUCLEAR POWER PLANT INCIDENT**

The following procedure should be utilized in the event of a Nuclear Power Plant Incident near \_\_\_\_\_ (*facility name*).

- A. “CODE ORANGE” should be announced overhead. Sirens will be sounding in the community. Radio announcements will give specific instructions regarding the need to evacuate.
- B. Administrator and Director of Nursing \_\_\_\_\_ (*facility to fill in appropriate titles/positions*) will be notified if not on the premises. The Recall Roster should be activated if warranted.
- C. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
- D. Facility management staff should report to the Incident Command Post for a briefing and instruction.
- E. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position.
- F. Turn off the air conditioner, ventilation fans, furnace, and other air intakes.
- G. Close and lock doors and windows.
- H. Listen to battery-operated radio for information regarding the incident and specific instructions.
- I. If evacuation is instructed, initiate Evacuation Procedures in conjunction with Emergency Management Services.
- J. During evacuation, ensure that windows and vents of the transportation are closed; utilize re-circulating air.
- K. If facility is instructed to remain indoors, institute Shelter in Place Procedures.
- L. Keep food in covered containers or in the refrigerator. Food not previously covered should be washed before being put into containers.
- M. Staff members and residents exposed to nuclear radiation should:
  1. Change clothes and shoes
  2. Put exposed clothing in a plastic bag
  3. Seal the bag and place it out of the way
  4. Take a thorough shower
- N. Continue to monitor radio announcements for further instruction. The situation should only be deemed “under control” and safe by local and state authorities. At that point, the Incident Commander can declare the situation “safe” for re-entry and/or normal operations.
- O. Account for all staff members and residents.

*Emergency Job Tasks*

*Nuclear Power Plant Incident*

Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Listen to battery-operated radio for information regarding the incident and for specific instructions.
  - b. Establish contact with Emergency Management Office if necessary.
  - c. Activate Recall Roster and alert management staff to report to the Incident Command Post.

- d. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
  - e. Should be responsible for activating the Evacuation Emergency Procedures, if evacuation is ordered by local and state officials.
  - f. Should be responsible for activating the Shelter-in-Place Procedures, if facility is instructed to remain indoors.
  - g. Account for all staff members and residents.
2. Management Staff of All Departments
    - a. Report to the Incident Command Post.
    - b. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
    - c. Instruct staff members to lock doors and windows.
    - d. Remain calm to not upset the residents.
    - e. Ensure food items are kept in covered containers or in the refrigerator. Uncovered food items should be washed before being put into containers.
    - f. Be prepared to activate Evacuation or Shelter-in-Place Procedures.
  3. Maintenance
    - a. Report to the Incident Command Post.
    - b. Turn off the air conditioner, ventilation fans, furnace, and other air intakes.
    - c. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
    - d. Remain calm to not upset the residents.
    - e. Be prepared to activate Evacuation Procedures or Shelter-in-Place Procedures.
    - f. During evacuation, ensure that windows and vents are closed; utilize re-circulating air.
  4. Staff Members of All Departments
    - a. Shut windows and doors.
    - b. Ensure residents and visitors remain in the facility until further notice from the local authorities. Again, KEEP DOORS CLOSED.
    - c. Remain calm to not upset the residents.
    - d. Ensure food items are kept in covered containers or in the refrigerator. Uncovered items should be washed before being put into containers.
    - e. Be prepared to activate Evacuation or Shelter-in-Place Procedures.
    - f. During Evacuation, ensure that windows and vents are closed; utilize re-circulating air.

## Plain Speech Text: Severe Heat

\_\_\_\_\_ (*facility name*)

### *Emergency Procedure*

### **SEVERE HEAT**

The following procedures will be followed if there is a loss of cooling functions during hot weather to prevent hyperpyrexia:

When the facility temperature reaches 85 degrees Fahrenheit and remains so for four hours:

- Move residents to another air conditioned part of the facility, if available
- Encourage residents to take in more fluids and keep the residents hydrated. Force fluids if necessary and record fluid intake
- Make sure an adequate supply of ice is available
- Provide cold wash cloths as needed
- Open windows to let cooler outside air in and utilize fans to move air – keep air circulating
- Draw all shades, blinds, curtains in rooms/areas exposed to direct sunlight
- Remove residents from areas of direct sunlight

- Keep outdoor activities to a minimum
- Check to see that residents are appropriately dressed
- Monitor body temperatures of the residents and notify attending physicians if necessary, edema, shortness of breath, skin hot or dry, etc.
- Notify 911 if a resident/staff member appears to be in danger of heat-related stress
- Evacuate residents if necessary
- Monitor environmental thermometers on 24 hour basis
- Notify Medical Director

### **Plain Speech/ Text: Shelter in Place**

Refer to section III.13 of the plan.

### **Plain Speech/ Text: Snow Emergency Plan**

\_\_\_\_\_ (*facility name*)  
*Emergency Procedure*  
**SNOW EMERGENCY**

The purpose of these winter storm safety precautions is to inform staff of measures that should be taken during severe winter weather. The following winter storm safety precautions have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, or sleet.

#### **In Advance:**

1. Purchase portable/weather radio with extra batteries.
2. See Shelter in Place procedures and supplies
3. Make sure emergency power supply is operable
4. Check emergency generator – Fueled? What does it run, what is not included?
5. Make sure all emergency
  - a. equipment and supplies are on hand, or can be readily obtained
  - b. food supplies and equipment are on hand.
  - c. supply of water is available.
  - d. Extra blankets
6. Plug critical equipment into surge protectors.
7. Evaluate facility for potential dangers & complete needed adjustments
8. Look for potential fire hazards
9. Remove dead trees/limbs
10. Equip vehicles with chains/snow tires

#### **Immediately prior and during storm:**

1. Keep posted on all area weather bulletins and relay to others.
2. Be prepared for isolation at the community.
3. Re-check heating system/emergency generator
4. Check emergency and alternate utility sources
5. Conserve utilities – maintain low temperatures consistent with health needs
6. Secure facility against frozen pipes
7. Retrieve extra blankets and keep residents as warm as possible.
8. Make sure adequate staff is available.
9. Keep flashlights handy, and extra batteries available.
10. Close drapes on cloudy days and at night.
11. Travel only when necessary, and only during daylight hours. Never travel alone. Travel only assigned routes.
12. Be prepared to evacuate residents if necessary.
13. Do not make any unnecessary trips outside. If you must venture outside, make sure you are properly dressed, and fully covered.
14. Avoid overexertion by doing only what is necessary. Cold weather strains the heart.
15. Do not panic; remain calm.

## Severe Cold Weather Procedures

The following procedures will be followed if there is a loss of heating function during cold weather to prevent hypothermia:

When the facility temperature reaches 65 degrees Fahrenheit and remains so for four hours:

- Ensure residents are dressed warmly and have enough blankets/coverings
- Cover the heads of the residents and protect other extremities
- Force fluids
- Monitor body temperatures
- Monitor environmental thermometers
- Evacuate residents if temperatures remain low and residents' safety and welfare is jeopardized
- Notify Medical Director

## Code Yellow: Terrorism

Throughout human history, there have been many threats to the security of nations. These threats have brought about large-scale losses of life, the destruction of property, widespread illness and injury, the displacement of large numbers of people, and devastating economic loss.

Recent technological advances and ongoing international political unrest are components of the increased risk to national security. The following are types of terrorist threats and procedures to take if they were to occur:

### Explosions

Terrorists have frequently used explosive devices as one of their most common weapons. Terrorists do not have to look far to find out how to make explosive devices; the information is readily available in books and other information sources. The materials needed for an explosive device can be found in many places including variety, hardware, and auto supply stores. Explosive devices are highly portable using vehicles and humans as a means of transport. They are easily detonated from remote locations or by suicide bombers.

Conventional bombs have been used to damage and destroy financial, political, social, and religious institutions. Attacks have occurred in public places and on city streets where thousands of people around the world have been injured and killed.

\_\_\_\_\_ (*facility name*)  
*Emergency Procedure*  
**TERRORISM–EXPLOSION**

The following procedure should be utilized when an explosion occurs in or near \_\_\_\_\_ (*facility name*).

- A. **“CODE YELLOW”** should be announced overhead. “Attention all staff members, there has been an explosion in the area. Please **Take Cover**. Please initiate the **Take Cover Procedure**.”
- B. Instruct staff and residents to get under or next to a sturdy table or desk if things are falling. When items stop falling, warn them to watch for weakened floors and stairways.
- C. Administrator and Director of Nursing \_\_\_\_\_ (*facility to fill in appropriate titles/positions*) will be notified if not on the premises. The Recall Roster should be activated if warranted.

**IMPORTANT NOTE:** If residents, visitors, and staff are directed to **Take Cover** in a hallway that has a door or window at the end of the corridor, all persons must be kept at a distance of at least thirty feet (30') away from the door or window and attempt to stay near the center of the building.

- D. Facility management staff should report to the Incident Command Post for a briefing and instruction.
- E. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. If severity of incident warrants, then appoint other positions of ICS structure.

- F. All staff members should avoid all areas where there are large ceiling spans. Small rooms or interior hallways away from windows and doors are suitable for “taking cover” in a situation where an immediate threat is present.
- G. Upon relocating all residents to a safe refuge, staff members should stay in close proximity of the residents while “taking cover” as well. Every attempt should be made to maintain calm and to reassure the residents during the emergency.
- H. Maintenance staff should be prepared to activate Shutdown Procedures if warranted by the situation
- I. All other staff members should immediately secure their work areas by securing records, closing drawers and cabinets, shutting down electronic appliances, etc., and reporting to the nearest Area of Refuge away from all windows and doors.
- J. Staff members working in an area near the residents should assist with relocating the residents and reassuring them about the situation.
- K. Stairwells must be recognized as safe areas and used to relocate residents and visitors whenever possible.
- L. If someone is trapped in debris, encourage them to:
  - Use a flashlight to signal location
  - Avoid unnecessary movement, so to not kick up dust
  - Cover nose and mouth with anything you have on hand and breathe through material. Dense-weave cotton material can act as a good filter
  - Tap on a pipe or wall so rescuers can hear location
  - If possible, use a whistle to signal rescuers
  - Shout only as a last resort. Shouting can cause a person to inhale dangerous amounts of dust
- M. All residents, staff, and visitors should remain in their refuge area until the danger has passed. This determination should be made by the Incident Commander.
- N. Upon issuance of the “All Clear” announcement, residents should be taken back to their rooms.
- O. Account for all staff members and residents.
- P. If the explosion occurs in or adjacent to the facility, the Incident Commander may decide to activate Emergency Activation Procedures.
- Q. If evacuation occurs, staff members, residents, and visitors must be mindful of falling debris and not utilize elevators. They must not stand in front of windows, glass doors, or other potentially hazardous areas.

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| <p><i>Emergency Job Tasks</i><br/><i>Terrorism–Explosion</i></p> |
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Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Initiate Take Cover Procedures.
  - b. Be prepared to activate the Incident Command System (ICS).
  - c. Direct staff as needed.
  - d. All visitors should be directed to **Take Cover** with the residents.
  - e. Be prepared to contact authorities if injuries and damages occur.
  - d. Be prepared to activate Evacuation Procedures if necessary.
  - e. Ensure staff members and residents are accounted for and safe.
2. Nursing Staff
  - a. Connect O<sub>2</sub> concentrators to all residents requiring oxygen.
  - b. Relocate the residents to safe refuge. All visitors should be directed to **Take Cover** with the residents.
  - c. Direct staff as needed.
  - d. Take first aid supplies/medical supplies to designated Area of Refuge, time permitting.
  - e. Remain calm to not upset the residents.
  - f. Be prepared to activate Evacuation Procedures.

3. Certified Nursing Assistants
  - a. Relocate the residents to safe refuge and stay in close proximity of the residents while **taking cover** as well.
  - b. Remain calm to not upset the residents.
4. Management Staff of All Departments
  - a. Secure work area by securing records, closing drawers, cabinets, shutting down electronic appliances, etc. and reporting to the nearest Area of Refuge away from all windows and doors.
  - b. Direct staff as needed.
  - c. Assist in relocating residents to safe refuge if possible.
  - d. All visitors should be directed to **Take Cover** with the residents.
  - e. Remain calm to not upset the residents.
  - f. Assist Incident Commander as needed.
  - g. Be prepared to activate Evacuation Procedures.
5. Maintenance
  - a. Be prepared to activate Shutdown Procedures if warranted by the situation.
  - b. Assist in relocating residents to safe refuge if possible.
  - c. Remain calm to not upset the residents.
  - d. Assist Incident Commander as needed.
  - e. Be prepared to activate Evacuation Procedures.
6. Other Staff Members
  - a. Secure work area by securing records, closing drawers, cabinets, shutting down electronic appliances, etc. and reporting to the nearest Area of Refuge away from all windows and doors.
  - b. Assist in relocating residents to safe refuge if possible.
  - c. Remain calm to not upset the residents.
  - d. Be prepared to activate Evacuation Procedures.

## **Nuclear Blasts**

A nuclear blast is an explosion with intense light and heat, a damaging pressure wave, and widespread radioactive material that can contaminate the air, water, and ground surfaces for miles around. A nuclear device can range from a weapon carried by an intercontinental missile launched by a hostile nation or terrorist organization, to a small portable nuclear device transported by an individual. All nuclear devices cause deadly effects when exploded, including blinding light, intense heat (thermal radiation), initial nuclear radiation, blast, fires started by the heat pulse, and secondary fires caused by the destruction.

## **Hazards of Nuclear Devices**

The extent, nature, and arrival time of these hazards are difficult to predict. The geographical dispersion of hazard effects will be defined by the following:

- **Size of the device** – A more powerful bomb will produce more distant effects
- **Height above the ground the device was detonated** – This will determine the extent of blast effects
- **Nature of the surface beneath the explosion** – Some materials are more likely to become radioactive and airborne than others. Flat areas are more susceptible to blast effects
- **Existing meteorological conditions** – Wind speed and direction will affect arrival time of fallout; precipitation may wash fallout from the atmosphere

## **Radioactive Fallout**

Even if individuals are not close enough to the nuclear blast to be affected by the direct impacts, they may be affected by radioactive fallout. Any nuclear blast results in some fallout. Blasts that occur near the earth's surface create much greater amounts of fallout than blasts that occur at higher altitudes. This is because the tremendous heat produced from a nuclear blast causes an updraft of air that forms the familiar mushroom cloud. When a blast occurs near the earth's surface, millions of vaporized dirt particles also are drawn into the cloud. As the heat diminishes, radioactive materials that have vaporized condense on the particles and fall back to Earth. The phenomenon is called radioactive fallout. This fallout material decays over a long period of time, and is the main source of residual nuclear radiation.

Fallout from a nuclear explosion may be carried by wind currents for hundreds of miles if the right conditions exist. Effects from even a small portable device exploded at ground level can be potentially deadly.

Nuclear radiation cannot be seen, smelled, or otherwise detected by normal senses. Radiation can only be detected by radiation monitoring devices. This makes radiological emergencies different from other types of emergencies, such as floods or hurricanes. Monitoring can project the fallout arrival times, which will be announced through official warning channels. However, any increase in surface build-up of gritty dust and dirt should be a warning for taking protective measures.

### **Electromagnetic Pulse (EMP)**

In addition to other effects, a nuclear weapon detonated in or above the earth's atmosphere can create an electromagnetic pulse (EMP), a high-density electrical field. An EMP acts like a stroke of lightning but is stronger, faster, and shorter. An EMP can seriously damage electronic devices connected to power sources or antennas. This includes communication systems, computers, electrical appliances, and automobile or aircraft ignition systems. The damage could range from a minor interruption to actual burnout of components. Most electronic equipment within 1,000 miles of a high-altitude nuclear detonation could be affected. Battery-powered radios with short antennas generally would not be affected. Although an EMP is unlikely to harm most people, it could harm those with pacemakers or other implanted electronic devices.

### **Protection from a Nuclear Blast**

The danger of a massive strategic nuclear attack on the United States is predicted by experts to be less likely today. However, terrorism, by nature, is unpredictable.

If there were threat of an attack, people living near potential targets could be advised to evacuate or they could decide on their own to evacuate to an area not considered a likely target. Protection from radioactive fallout would require taking shelter in an underground area or in the middle of a large building.

In general, potential targets include:

- Strategic missile sites and military bases
- Centers of government such as Washington, DC, and state capitals
- Important transportation and communication centers
- Manufacturing, industrial, technology, and financial centers
- Petroleum refineries, electrical power plants, and chemical plants
- Major ports and airfields

The three factors for protecting oneself from radiation and fallout are distance, shielding, and time.

**Distance** – The more distance between you and the fallout particles, the better. An underground area such as a home or office building basement offers more protection than the first floor of a building. A floor near the middle of a high-rise building may be better, depending on what is nearby at that level on which significant fallout particles would collect. Flat roofs collect fallout particles, so the top floor is not a good choice, nor is a floor adjacent to a neighboring flat roof

**Shielding** – The heavier and denser the materials—thick walls, concrete, bricks, books, and earth—between you and the fallout particles, the better.

**Time** – Fallout radiation loses its intensity fairly rapidly. In time, you will be able to leave the fallout shelter. Radioactive fallout poses the greatest threat to people during the first two weeks, by which time it has declined to about one percent of its initial radiation level.

Remember that any protection, however temporary, is better than none at all, and the more shielding, distance, and time you can take advantage of, the better.

## Before a Nuclear Blast

The following should be considered in advance of a nuclear blast:

- Find out from officials if any public buildings in your community have been designated as fallout shelters. If none have been designated, make your own list of potential shelters near your home, workplace, and school. These places would include basements or the windowless center area of middle floors in high-rise buildings, as well as subways and tunnels.
- During periods of increased threat, ensure disaster supplies are adequate.

### If you are caught outside and are unable to get inside immediately:

- Do not look at the flash or fireball—it can blind you.
- Take cover behind anything that might offer protection.
- Lie flat on the ground and cover your head. If the explosion is some distance away, it could take 30 seconds or more for the blast wave to hit.
- Take shelter as soon as you can—even if you are many miles from ground zero where the attack occurred, radioactive fallout can be carried by the winds for hundreds of miles. Remember the three protective factors: distance, shielding, and time.

## After a Nuclear Blast

Decay rates of the radioactive fallout are the same for any sized nuclear device. However, the amount of fallout will vary based on the size of the device and its proximity to the ground. Therefore, it might be necessary for those in the areas with highest radiation levels to shelter for up to a month.

The heaviest fallout would be limited to the area at or downwind from the explosion, and 80 percent of the fallout would occur during the first 24 hours.

People in most of the areas that would be affected could be allowed to come out of shelter within a few days and, if necessary, evacuate to unaffected areas.

Remember the following information:

- Keep listening to the radio and television for news about what to do, where to go, and places to avoid
- Stay away from damaged areas. Stay away from areas marked “Radiation Hazard” or “HAZMAT.” Remember that radiation cannot be seen, smelled, or otherwise detected by human senses.

\_\_\_\_\_ (facility name)  
*Emergency Procedure*  
**TERRORISM–NUCLEAR BLAST ATTACK**

The following procedure should be utilized in the event of a Nuclear Blast near \_\_\_\_\_ (facility name).

- A. “**CODE YELLOW**” a nuclear blast has occurred,” should be announced overhead. “Attention all staff members, residents, and visitors please remain in the facility until further notice.” Local radio announcements will give specific instructions whether an attack warning is issued or an incident has occurred.
- B. Administrator and Director of Nursing \_\_\_\_\_ (facility to fill in appropriate titles/positions) will be notified if not on the premises. The Recall Roster should be activated if warranted.
- C. Facility management staff should report to the Incident Command Post for a briefing and instruction.
- D. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. If severity of incident warrants, then appoint other positions of ICS structure.
- E. Residents, visitors, and staff should close blinds and drapes and move away from windows and doors. Close and lock doors and windows. Initiate Shelter-in-Place Procedures.
- F. If a threat warning is issued in advance, the facility should ensure disaster supplies are adequate for Sheltering in Place.
- G. Instruct staff, residents, and visitors to remain in the facility until further notice from the local authorities.

- H. Listen to battery-operated radio for information regarding the incident and specific instructions.
- I. If staff members, residents, and visitors are caught outside and are unable to get inside immediately, instruct them to the following:
  - Do not look at the flash or fireball—it can blind you
  - Take cover behind anything that might offer protection
  - Lie flat on the ground and cover your head. If the explosion is some distance away, it could take 30 seconds or more for the blast wave to hit
  - Take shelter as soon as you can—even if you are many miles from ground zero where the attack occurred, radioactive fallout can be carried by the winds for hundreds of miles. Remember the three protective factors: distance, shielding, and time
- J. Continue to monitor radio announcements for further instruction. The situation should only be deemed “under control” and safe by local and state authorities. At that point, the Incident Commander can declare the situation “safe” and back to normal operations.
- K. Account for all staff members and residents.

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| <p><i>Emergency Job Tasks</i><br/><i>Terrorism–Nuclear Blast</i></p> |
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Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Listen to battery-operated radio for information regarding the incident and for specific instructions.
  - b. Activate Recall Roster and alert management staff to report to the Incident Command Post.
  - c. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
  - b. Should be responsible for activating the Shelter-in-Place Procedures until further notice from local and state authorities.
  - c. Ensure staff members and residents are accounted for and safe.
2. Management Staff of All Departments
  - a. Report to the Incident Command Post.
  - b. Instruct staff members, residents, and visitors to remain in the facility.
  - c. Close blinds and drapes and move away from windows. Close and lock doors and windows.
  - d. Initiate Shelter-in-Place Procedures until further notice from the local authorities.
  - e. Remain calm to not upset the residents.
3. Maintenance
  - a. Report to the Incident Command Post.
  - b. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
  - c. Instruct staff members to close blinds and drapes and move away from windows. Close and lock doors and windows.
  - d. Initiate Shelter-in-Place Procedures until further notice from the local authorities.
  - e. Remain calm to not upset the residents.
4. Staff Members of All Departments
  - a. Close blinds and drapes and move residents away from windows. Close and lock doors and windows.
  - b. Initiate Shelter-in-Place Procedures.
  - c. Remain calm to not upset the residents.

## **Radiological Dispersion Device (RDD)**

Terrorist use of an RDD—often called “dirty nuke” or “dirty bomb”—is considered far more likely than use of a nuclear explosive device. An RDD combines a conventional explosive device—such as a bomb—with radioactive material. It is designed to scatter dangerous and sub-lethal amounts of radioactive material over a general area. RDDs appeal to terrorists because they require limited technical knowledge to build and deploy compared to a nuclear device. Also, the radioactive materials in RDDs are widely used in medicine, agriculture, industry, and research, and are easier to obtain than weapons grade uranium or plutonium.

The primary purpose of terrorist use of an RDD is to cause psychological fear and economic disruption. Some devices could cause fatalities from exposure to radioactive materials. Depending on the speed at which the area of the RDD detonation was evacuated or how successful people were at sheltering-in-place, the number of deaths and injuries from an RDD might not be substantially greater than from a conventional bomb explosion.

The size of the affected area and the level of destruction caused by an RDD would depend on the sophistication and size of the conventional bomb, the type of radioactive material used, the quality and quantity of the radioactive material, and the local meteorological conditions—primarily wind and precipitation. The area affected could be placed off-limits to the public for several months during cleanup efforts.

### **Before a Radiological Dispersion Device**

The following should be considered in advance of an RDD:

There is no way of knowing how much warning time there will be before an attack by terrorists using an RDD, so being prepared in advance and knowing what to do and when is important.

To prepare for an RDD event, you should do the following:

- Find out from officials if any public buildings in your community have been designated as fallout shelters. If none have been designated, make your own list of potential shelters near your home, workplace, and school. These places would include basements or the windowless center area of middle floors in high-rise buildings, as well as subways and tunnels.
- If you live in an apartment building or high-rise, talk to the manager about the safest place in the building for sheltering and about providing for building occupants until it is safe to go out.
- During periods of increased threat increase your disaster supplies to be adequate for up to two weeks.

Taking shelter during an RDD event is absolutely necessary. There are two kinds of shelters—blast and fallout. The following describes the two kinds of shelters:

- **Blast shelters** are specifically constructed to offer some protection against blast pressure, initial radiation, heat, and fire. But even a blast shelter cannot withstand a direct hit from a nuclear explosion.
- **Fallout shelters** do not need to be specially constructed for protecting against fallout. They can be any protected space, provided that the walls and roof are thick and dense enough to absorb the radiation given off by fallout particles.

### **During an RDD**

While the explosive blast will be immediately obvious, the presence of radiation will not be known until trained personnel with specialized equipment are on the scene. Whether you are indoors or outdoors, at home or at work, be extra cautious. It would be safer to assume radiological contamination has occurred—particularly in an urban setting or near other likely terrorist targets—and take the proper precautions. As with any radiation, you want to avoid or limit exposure. This is particularly true of inhaling radioactive dust that results from the explosion. As you seek shelter from any location (indoors or outdoors) and there is visual dust or other contaminants in the air, breathe through the cloth of your shirt or coat to limit your exposure. If you manage to avoid breathing radioactive dust, your proximity to the radioactive particles may still result in some radiation exposure.

If the explosion or radiological release occurs inside, get out immediately and seek safe shelter. Otherwise, if you are:

| Outdoors  | Indoors  |
|---|--|
| <ul style="list-style-type: none"> <li>• Seek shelter indoors immediately in the nearest undamaged building.</li> <li>• If appropriate shelter is not available, move as rapidly as is safe upwind and away from the location of the explosive blast. Then, seek appropriate shelter as soon as possible.</li> <li>• Listen for official instructions and follow directions.</li> </ul> | <ul style="list-style-type: none"> <li>• If you have time, turn off ventilation and heating systems, close windows, vents, fireplace dampers, exhaust fans, and clothes dryer vents. Retrieve your disaster supplies kit and a battery-powered radio and take them to your shelter room.</li> <li>• Seek shelter immediately, preferably underground or in an interior room of a building, placing as much distance and dense shielding as possible between you and the outdoors where the radioactive material may be.</li> <li>• Seal windows and external doors that do not fit snugly with duct tape to reduce infiltration of radioactive particles. Plastic sheeting will not provide shielding either from radioactivity or from blast effects of a nearby explosion.</li> <li>• Listen for official instructions and follow directions.</li> </ul> |

**After an RDD**

After finding safe shelter, those who may have been exposed to radioactive material should decontaminate themselves. To do this, remove and bag your clothing (isolating the bag away from you and others), and shower thoroughly with soap and water. Seek medical attention after officials indicate it is safe to leave shelter.

Contamination from an RDD event could affect a wide area, depending on the amount of conventional explosives used, the quantity and type of radioactive material released, and meteorological conditions. Thus, radiation dissipation rates vary, but radiation from an RDD will likely take longer to dissipate due to a potentially larger localized concentration of radioactive material.

**Follow these additional guidelines after an RDD event:**

- Continue listening to your radio or watch the television for instructions from local officials, whether you have evacuated or sheltered-in-place.
- Do not return to or visit an RDD incident location for any reason.

\_\_\_\_\_ (facility name)  
**Emergency Procedure**  
**TERRORISM–RADIOLOGICAL DISPERSION DEVICE (RDD)**

The following procedure should be utilized in the event of a RDD near \_\_\_\_\_ (facility name).

- “**CODE YELLOW**” should be announced overhead. “**Attention all staff members, residents, and visitors please remain in the facility until further notice.**” Sirens will be sounding in the community and/or local authorities will notify the facility. Radio announcements will give specific instructions regarding the need to evacuate.
- Administrator and Director of Nursing \_\_\_\_\_ (facility to fill in appropriate titles/positions) will be notified if not on the premises. The Recall Roster should be activated if warranted.
- Facility management staff should report to the Incident Command Post for a briefing and instruction.
- Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. If severity of fire warrants, then appoint other positions of the ICS structure.

- E. Residents, visitors, and staff members should close blinds and drapes and move away from windows and doors. Close and lock doors and windows.
- F. Initiate Shelter-in-Place Procedures.
- G. Turn off air conditioner, ventilation fans, furnace, and other air intakes as soon as possible.
- H. Seal windows and external doors that do not fit snugly with duct tape to reduce infiltration of radioactive particles.
- I. If a threat warning is issued in advance, facility should ensure disaster supplies are adequate for Sheltering-in-Place.
- J. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
- K. Facility management staff should report to the Incident Command Post for a briefing and instruction.
- L. Listen to battery-operated radio for information regarding the incident and specific instructions.
- M. If staff members, residents, and visitors are outside, they should be instructed to breathe through the cloth of their shirts or coats to limit exposure. They must then seek shelter. If they manage to avoid breathing radioactive dust, the proximity to the radioactive particles may still result in some radiation exposure.
- N. If staff members, residents, and visitors have been exposed to radioactive material, they must decontaminate themselves by:
  - Removing clothing and bagging it, isolating the bag away from others.
  - Showering thoroughly with soap and water.
  - Seeking medical attention after officials indicate it is safe to leave shelter.
- O. Continue to monitor radio announcements for further instruction. The situation should only be deemed “under control” and safe by local and state authorities. At that point, the Incident Commander can declare the situation “safe” for re-entry and/or normal operations.
- P. Account for all staff members and residents.

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| <p><i>Emergency Job Tasks</i></p> <p><i>Terrorism–Radiological Dispersion Device (RDD)</i></p> |
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Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Listen to radio and/or television for information regarding the incident and for specific instructions.
  - b. Establish contact with Emergency Management Office if necessary.
  - c. Activate Recall Roster and alert management staff to report to the Incident Command Post.
  - d. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
  - e. Instruct staff to close blinds and drapes and move residents away from windows and doors. Close and lock doors and windows.
  - d. Should be responsible for activating the Shelter-in-Place Procedures.
  - e. Ensure staff members and residents are accounted for and safe.
2. Management Staff of All Departments
  - a. Report to the Incident Command Post.
  - b. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
  - c. Close blinds and drapes and move residents away from windows and doors. Close and lock doors and windows.
  - d. Seal windows and external doors that do not fit snugly with duct tape to reduce infiltration of radioactive particles.
  - e. Remain calm to not upset the residents.
  - f. Activate Shelter-in-Place Procedures.
3. Maintenance
  - a. Report to the Incident Command Post.
  - b. Turn off the air conditioner, ventilation fans, furnace, and other air intakes.
  - c. Seal windows, external doors that do not fit snugly with duct tape to reduce infiltration of radioactive particles.
  - d. Instruct staff, residents, and visitors to remain in the facility until further notice from the local authorities.
  - e. Remain calm to not upset the residents.
  - f. Activate Shelter-in-Place Procedures.

#### 4. Staff Members of All Departments

- a. Close blinds and drapes and move residents away from windows and doors. Close and lock doors and windows.
- b. Ensure residents and visitors remain in the facility until further notice from the local authorities.
- c. Remain calm to not upset the residents.
- d. Activate Shelter-in-Place Procedures.

### **Biological Threat**

Biological agents are organisms or toxins that can kill or incapacitate people, livestock, and crops. The three basic groups of biological agents that would likely be used as weapons are bacteria, viruses, and toxins. Most biological agents are difficult to grow and maintain. Many break down quickly when exposed to sunlight and other environmental factors, while others, such as anthrax spores, are very long lived. Biological agents can be dispersed by spraying them into the air, by infecting animals that carry the disease to humans, and by contaminating food and water. Delivery methods include:

- Aerosols—Biological agents are dispersed into the air, forming a fine mist that may drift for miles. Inhaling the agent may cause disease in people or animals
- Animals—Some diseases are spread by insects and animals, such as fleas, mice, flies, mosquitoes, and livestock
- Food and water contamination—Some pathogenic organisms and toxins may persist in food and water supplies. Most microbes can be killed, and toxins deactivated, by cooking food and boiling water. Most microbes are killed by boiling water for one minute, but some require longer. Follow official instructions
- Person-to-person spread of a few infectious agents is also possible—Humans have been the source of infection for smallpox, plague, and the Lassa viruses

Children and older adults are particularly vulnerable to biological agents.

### **Before a Biological Attack**

Consider installing a high efficiency particulate air (HEPA) filter in your furnace return duct. These filters remove particles in the 0.3 to 10 micron range and will filter out most biological agents that may enter the facility. If you do not have a central heating or cooling system, a stand-alone portable HEPA filter can be used.

### **Filtration in Buildings**

Determine the type and level of filtration in the facility and the level of protection it provides against biological agents. The National Institute of Occupational Safety and Health (NIOSH) provides technical guidance on this topic in their publication *Guidance for Filtration and Air-Cleaning Systems to Protect Building Environments from Airborne Chemical, Biological, or Radiological Attacks*. To obtain a copy, call 1 (800) 35NIOSH or visit the National Institute for Occupational Safety and Health Web site and request or download NIOSH Publication 2003-136.

### **Using HEPA Filters**

HEPA filters are useful in biological attacks. If you have a central heating and cooling system with a HEPA filter, leave it on if it is running or turn the fan on if it is not running. Moving the air in the facility through the filter will help remove the agents from the air. If you have a portable HEPA filter, take it with you to the internal room where you are seeking shelter and turn it on.

If you are in a facility that has a modern, central heating and cooling system, the system's filtration should provide a relatively safe level of protection from outside biological contaminants.

HEPA filters will not filter chemical agents.

### **After a Biological Attack**

In some situations, such as the case of the anthrax letters sent in 2001, people may be alerted to potential exposure. If this is the case, pay close attention to all official warnings and instructions on how to proceed. The delivery of medical services for a biological event may be handled differently to respond to increased demand. The basic public health procedures and medical protocols for handling exposure to biological agents are the same as for any infectious disease. It is important for you to pay attention to official instructions via radio, television, and emergency alert systems.

\_\_\_\_\_ (facility name)  
*Emergency Procedure*  
**TERRORISM–BIOLOGICAL ATTACK**

The following procedure should be utilized in the event of a Biological Attack.

The basic public health procedures and medical protocols for handling exposure to biological agents are the same as for any infectious disease.

- A. **“CODE YELLOW”**, a Biological Attack has occurred,” should be announced overhead. “Attention all staff members, residents, and visitors please remain in the facility until further notice.”
- B. Administrator and Director of Nursing \_\_\_\_\_ (facility to fill in appropriate titles/positions) will be notified if a biological attack has occurred, if they are not aware or on the premises. The Recall Roster should be activated if warranted.
- C. Individuals who find or become aware of an unusual and suspicious substance or package (please see the following information on Suspicious Packages) should notify the Administrator or highest ranking individual in the facility.
- D. Facility management staff should report to the Incident Command Post for a briefing and instruction.
- E. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. If severity of incident warrants, then appoint other positions of ICS structure.
- F. In the event of a biological attack, public health officials may not immediately be able to provide information on what you should do. It will take time to determine what the illness is, how it should be treated, and who is in danger. Watch television, listen to the radio, or check the Internet for official news and information including signs and symptoms of the disease, areas in danger, if medications or vaccinations are being distributed, and where you should seek medical attention if needed.
- G. The first evidence of an attack may be when symptoms of the disease caused by exposure to an agent are noticed. Be suspicious of any symptoms you notice, but do not assume that any illness is a result of the attack. Use common sense and practice good hygiene.
- H. With suspicious envelopes and packages other than those that might contain explosives, take these additional steps against possible biological and chemical agents:
  1. Contact 911 and Emergency Services immediately. Do not disturb the package.
  2. Leave the room and close the door, or section off the area to prevent others from entering.
  3. Wash your hands with soap and water.
  4. List all people who were in the room or area when this suspicious letter or package was recognized. Give a copy of this list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.
- I. If exposure occurs with a biological agent:
  1. Remove and bag your clothes and personal items. Follow official instructions for disposal of contaminated items.
  2. Wash yourself with soap and water and put on clean clothes.
  3. Seek medical assistance as soon as possible when it is announced by the local authorities where to go to receive medical care. You may be advised to stay away from others or even be quarantined.
- J. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
- K. Continue to listen for official instructions via radio, television, and emergency alert systems for further instructions.
- L. Account for all staff members and residents.

### **Suspicious Packages**

Be wary of suspicious packages and letters. They can contain explosives or chemical or biological agents. Be particularly cautious in the mail handling area and refrain from eating or drinking in that area.

Some typical characteristics postal inspectors have detected over the years, which ought to trigger suspicion, include parcels that:

- Are unexpected or from someone unfamiliar to you
- Have no return address, or have one that can't be verified as legitimate
- Have protruding wires or aluminum foil, strange odors, or stains

- Show a city or state in the postmark that doesn't match the return address
- Are of unusual weight given their size, or are lopsided or oddly shaped
- Are marked with threatening language
- Have inappropriate or unusual labeling
- Have excessive postage or packaging material, such as masking tape and string
- Have misspellings of common words
- Are addressed to someone no longer with your organization or otherwise outdated
- Have incorrect titles or titles without a name
- Are not addressed to a specific person
- Have hand-written or poorly typed addresses

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| <p><i>Emergency Job Tasks</i><br/><i>Terrorism–Biological Attack</i></p> |
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Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Contact 911 and Emergency Management Services if necessary. Upon arrival of authorities, establish contact with the officer in charge and relay all relevant information regarding the situation.
  - b. Activate the Recall Roster and alert management staff to report to the Incident Command Post.
  - c. Instruct all staff members to remain in the facility.
  - d. Listen for official instructions via radio, television, and emergency alert systems for further instructions.
  - e. Ensure staff members and residents are accounted for and safe.
2. Management Staff of All Departments
  - a. Report to the Incident Command Post.
  - b. Instruct staff members to remain in the facility with windows and doors closed.
  - c. Follow instructions if exposure occurs.
  - d. Listen for official instructions via radio, television, and emergency alert systems for further instructions.
  - e. Remain calm to not upset the residents.
  - f. Assist Incident Commander as needed.
3. Maintenance
  - a. Report to the Incident Command Post.
  - b. Instruct staff members to keep windows and doors closed.
  - c. Follow instructions if exposure occurs.
  - d. Listen for official instructions via radio, television, and emergency alert systems for further instructions.
  - e. Remain calm to not upset the residents.
  - f. Assist Incident Commander as needed.
4. Staff Members of All Departments
  - a. Keep windows and doors shut.
  - b. Ensure residents and visitors remain in the facility until further notice from the local authorities.
  - c. Follow procedures if exposure occurs.
  - d. Remain calm to not upset the residents.
  - e. Assist Incident Commander as needed.

**Chemical Attack**

Chemical agents are poisonous vapors, aerosols, liquids, and solids that have toxic effects on people, animals, or plants. They can be released by bombs or sprayed from aircraft, boats, and vehicles. They can be used as a liquid to create a hazard to people and the environment. Some chemical agents may be odorless and tasteless. They can have an immediate effect (a few seconds to a few minutes) or a delayed effect (two to 48 hours). While potentially lethal, chemical agents are difficult to deliver in lethal concentrations. Outdoors, the agents often dissipate rapidly. Chemical agents also are difficult to produce.

A chemical attack could come without warning. Signs of a chemical release include people having difficulty breathing; experiencing eye irritation; losing coordination; becoming nauseated; or having a burning sensation in the nose, throat, and lungs. Also, the presence of many dead insects or birds may indicate a chemical agent release.

If staff members and residents are caught in or near a contaminated area, they should be instructed to:

- Move away immediately in a direction upwind of the source.
- Find shelter as quickly as possible.

### **After a Chemical Attack**

Decontamination is needed within minutes of exposure to minimize health consequences. Do not leave the safety of a shelter to go outdoors to help others until authorities announce it is safe to do so.

A person affected by a chemical agent requires immediate medical attention from a professional. If medical help is not immediately available, decontaminate yourself and assist in decontaminating others.

Decontamination guidelines are as follows:

- Use extreme caution when helping others who have been exposed to chemical agents
- Remove all clothing and other items in contact with the body. Contaminated clothing normally removed over the head should be cut off to avoid contact with the eyes, nose, and mouth. Put contaminated clothing and items into a plastic bag and seal it. Decontaminate hands using soap and water. Remove eyeglasses or contact lenses. Put glasses in a pan of household bleach to decontaminate them, and then rinse and dry
- Flush eyes with water
- Gently wash face and hair with soap and water before thoroughly rinsing with water
- Decontaminate other body areas likely to have been contaminated. Blot (do not swab or scrape) with a cloth soaked in soapy water and rinse with clear water
- Change into uncontaminated clothes. Clothing stored in drawers or closets is likely to be uncontaminated
- Proceed to a medical facility for screening and professional treatment

\_\_\_\_\_ (*facility name*)

## *Emergency Procedure* **TERRORISM–CHEMICAL ATTACK**

The following procedure should be utilized in the event of a Chemical Attack.

- A. “**CODE YELLOW**”, a Chemical Attack has occurred,” should be announced overhead. “Attention all staff members, residents, and visitors please remain in the facility until further notice.”
- B. Administrator and Director of Nursing \_\_\_\_\_ (*facility to fill in appropriate titles/positions*) will be notified if not on the premises. The Recall Roster should be activated if warranted.
- C. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
- D. Facility management staff should report to the Incident Command Post for a briefing and instruction.
- E. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. If severity of incident warrants, then appoint other positions of ICS structure.
- F. Residents, visitors, and staff members should close blinds and drapes and move away from windows and doors. Close doors and windows.
- G. Initiate Shelter-in-Place Procedures. Ensure disaster supplies are adequate.
- H. Turn off air conditioner, ventilation fans, furnace, and other air intakes.
- I. Seal windows and external doors that do not fit snugly with duct tape and plastic sheeting.
- J. Listen to radio for information regarding the incident and specific instructions.
- K. If staff members, residents, and visitors have been exposed to chemical agents, decontamination is needed within minutes of exposure to minimize health consequences. Decontamination guidelines are as follows:
  1. Use extreme caution when helping others who have been exposed to chemical agents.
  2. Remove all clothing and other items in contact with the body. Contaminated clothing normally removed over the head should be cut off to avoid contact with the eyes, nose, and mouth. Put contaminated clothing and items into a

- plastic bag and seal it. Decontaminate hands using soap and water. Remove eyeglasses or contact lenses. Put glasses in a pan of household bleach to decontaminate them, and then rinse and dry.
3. Flush eyes with water.
  4. Gently wash face and hair with soap and water before thoroughly rinsing with water.
  5. Decontaminate other body areas likely to have been contaminated. Blot (do not swab or scrape) with a cloth soaked in soapy water and rinse with clear water.
  6. Change into uncontaminated clothes. Clothing stored in drawers or closets is likely to be uncontaminated.
  7. Seek medical assistance as soon as possible for screening and professional treatment.
- L. Continue to monitor radio announcements for further instruction. The situation should only be deemed “under control” and safe by local and state authorities.
- M. Account for all staff members and residents.

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| <p><i>Emergency Job Tasks</i></p> <p><i>Terrorism–Chemical Attack</i></p> |
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Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Listen to radio and/or television for information regarding the incident and for specific instructions.
  - b. Establish contact with Emergency Management Office if necessary.
  - c. Activate the Recall Roster and alert management staff to report to the Incident Command Post.
  - d. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
  - e. Instruct staff to close blinds and drapes and move residents away from windows and doors. Close doors and windows. Activate Decontamination Procedures if necessary.
  - f. Should be responsible for activating the Shelter-in-Place Procedures.
  - g. Ensure staff members and residents are accounted for and safe.
2. Management Staff of All Departments
  - a. Report to the Incident Command Post.
  - b. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities.
  - c. Close blinds and drapes and move residents away from windows and doors. Close and lock doors and windows.
  - d. Seal windows and external doors that do not fit snugly with duct tape and plastic sheeting.
  - e. Activate Decontamination Procedures if necessary.
  - f. Remain calm to not upset the residents.
  - g. Activate Shelter-in-Place Procedures.
3. Maintenance
  - a. Report to the Incident Command Post.
  - b. Turn off the air conditioner, ventilation fans, furnace, and other air intakes.
  - c. Seal windows and external doors that do not fit snugly with duct tape to reduce infiltration of radioactive particles.
  - d. Instruct staff members, residents, and visitors to remain in the facility until further notice from the local authorities. Activate Decontamination Procedures if necessary.
  - e. Remain calm to not upset the residents.
  - f. Activate Shelter-in-Place Procedures.
4. Staff Members of All Departments
  - a. Close blinds and drapes and move residents away from windows and doors. Close and lock doors and windows.
  - b. Ensure residents and visitors remain in the facility until further notice from the local authorities.
  - c. Activate Decontamination Procedures if necessary.
  - d. Remain calm to not upset the residents.
  - e. Activate Shelter-in-Place Procedures.

## Plain Speech/Text: Tornado (Watch or Warning)

\_\_\_\_\_ (facility name)

### *Emergency Procedure* **TORNADO WATCH**

The following procedure should be utilized when a tornado **watch** has been issued.

A **watch** indicates that tornadoes may potentially develop as reported by the National Weather Service or through other reports (television, radio, community warning sirens, etc.).

This procedure should work in tandem with the **Take Cover** procedure during an emergency situation that requires the relocation of residents, staff, and visitors to a Safe Refuge.

- A. Announce that a **tornado watch** has been issued for this area effective until \_\_\_\_\_ (time watch ends). A **tornado watch** means that current weather conditions may produce a tornado. Please close all draperies and blinds throughout the facility and await further instructions. Please continue with your regular activities.”
- B. The above message should be repeated again after five (5) minutes and then hourly until the **watch** has terminated.
- C. Administrator and Director of Nursing \_\_\_\_\_ (facility to fill in appropriate titles/positions) will be notified if not on the premises. The Recall Roster should be activated if needed.
- D. Facility management staff should report to the Incident Command Post for instruction to be prepared for **Take Cover Procedures**.
- E. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position.
- F. Monitor weather alert radio and television for changing conditions.
- G. All window drapes and blinds are to be closed.
- H. Distribute flashlights, towels, and blankets to staff and residents.
- I. Ensure first aid and medical supplies are secured and taken to central area for refuge.
- J. Secure all outside furniture, trash cans, etc.
- K. Once the Tornado Watch has been cancelled and the Incident Commander has determined the dangerous situation has passed, “All Clear, Repeat, All Clear” should be paged.
- L. Account for all staff members and residents.

\_\_\_\_\_ (facility name)

### *Emergency Procedure* **TORNADO WARNING**

The following procedure should be utilized when a tornado “warning” has been issued.

A warning indicates that a tornado has been sighted in the immediate area as reported by the National Weather Service or through other reports (television, radio, community warning sirens, etc.).

This procedure should work in tandem with the Take Cover Procedure during an emergency situation that requires the relocation of residents, staff, and visitors to a Safe Refuge.

- A. A tornado warning has been issued for our area. Immediately implement the Take Cover Procedure. Repeating—a tornado warning has been issued for our area. Immediately implement the Take Cover Procedure.”
- B. The above message should be repeated again after five (5) minutes and then hourly until the watch has terminated.
- C. Administrator and Director of Nursing \_\_\_\_\_ (facility to fill in appropriate titles/positions) will be notified if not on the premises. The Recall Roster should be activated if needed.

- D. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position.
- E. Upon hearing this announcement, all personnel should refer to the Take Cover Procedure and follow it in its entirety to help ensure the safety of the residents, visitors, and themselves.
- F. Once the Tornado warning is over and the Incident Commander has determined the dangerous situation has passed, "All Clear, Repeat, All Clear" should be paged to signal the Take Cover situation has ended.
- G. Upon issuance of the All Clear announcement, residents should be taken back to their rooms.
- H. Account for all staff members and residents.

## Code Yellow: Utility Outage

### Electrical/Gas/Water/Phone/Technology

Technological emergencies include any interruption or loss of a utility service, power source, information system, or equipment needed to keep the residents and employees safe, as well as maintaining \_\_\_\_\_ (facility name) operations.

#### Advance Planning Considerations for Utility Outages:

See emergency utility blueprints, contact info and shutdown procedures in **Facility Operations Appendix 8**.

- Identify security and alarm systems, fire, elevators, lighting, life support systems, heating, ventilation and air conditioning systems, electrical distribution system, emergency generators, medical gas delivery systems, and other critical systems.
  - Breaker Panel Card copied and attached to emergency plan on (date) \_\_\_\_\_
- Determine need for backup systems
- Identify communication systems, both data and voice computer networks.
- Create/keep an accurate blueprint of all utility lines and pipes associated with the facility and grounds.
- Evaluate backup generator needs. Disseminate info to all facility staff regarding what can be run on backup generators, consider power needs for critical safety and medical equipment, refrigeration, temp control, etc.
- List all day and evening phone numbers of emergency reporting and repair services of all serving utility companies and maintenance personnel for day and evening notification.
- Arrange for private contract to serve as an added backup source for generator, gas and diesel.
- Ensure that key safety and maintenance personnel are thoroughly familiar with all building systems.
  - Master Keys Control: \_\_\_\_\_
  - Master Key Holders: \_\_\_\_\_
  - Location of Emergency Keys: \_\_\_\_\_
  - Procedure for Use: \_\_\_\_\_
- Establish procedures for restoring systems.
- Establish preventive maintenance schedules for all systems and equipment.
- Train Staff on course of action to follow on elevator safety and use when stuck between floors/power outage.
- Request that maintenance staff inspect all personal electrical appliances prior to use in the facility.
- Conduct a facility-wide drill whereby the main electric source is shut down for 6 hours and the generator system is used to help staff learn first-hand what works/does not work on generator power and practice dealing with the issues and concerns prior to the next electrical failure.
- Arrange for walk through of facility by Emergency Management, Fire, Police and emergency transport services

- Establish that the facility administrator/DON is the Incident Commander for the facility and is responsible for making the final decisions regarding the order of evacuation/relocation of residents, loading of residents into transport, etc.
- Determine location/s where each group will park/place their emergency equipment/assist residents
- Share facility design and plans for moving residents from one wing to another in facility in emergency
- Share evacuation route within the facility and determine which doors will be used for residents, Emergency management, Fire and Police to avoid evacuation over/around equipment and workers

For More Tips **Appendix 18:** Resources.

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| <p><i>Emergency Procedure</i><br/><b>UTILITY OUTAGE</b></p> |
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- A. **“CODE YELLOW”** should be announced overhead, unless electrical power source is out.
- B. Call Utility Company: \_\_\_\_\_ spoke to : \_\_\_\_\_  
Who called: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
Response: \_\_\_\_\_
- C. Administrator and Director of Nursing , Maintenance Director & Staff, and \_\_\_\_\_ will be notified if not on the premises. The Recall Roster should be activated if warranted.
- D. Immediately determine if the loss of a utility (electric, gas, propane, water, etc.) is due to an incident occurring at the facility like a rupture, leak, fire, collision (vehicle striking meter, etc.).
- E. Check Fire system for operational status
- F. Determine the impact of service disruption and projected duration.
- G. Notify appropriate utility company(s) of the outage and contact 911 if there is an emergency situation.
- H. Facility management staff should report to the Incident Command Post for a briefing and instruction.
- I. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. If severity of incident warrants, then appoint other positions of ICS structure.
- J. Ensure back-up systems (emergency generators, emergency lighting, additional blankets, flashlights, emergency water, emergency food supply, etc.) are available and operating as designed in accordance with requirements.
- K. Monitor residents to ensure they are safe. **See SEVERE COLD and HOT WEATHER PROCEDURES to prevent HYPOPYREXIA during loss of heating functions and procedures to prevent HYPERPYREXIA during loss of cooling functions.**
- L. Continuously monitor equipment that may be adversely impacted by the failure due to the failure itself (electrical grounding, failure of other systems, etc.) as well as negative circumstances that may occur upon sudden resumption of utility (over-pressurization, power surge, etc.).
- M. Initiate proactive and preventative measures to safeguard and isolate resources to help preserve said resources (keep doors to refrigerators and freezers closed, keep outside doors closed to maintain air conditioning, etc.).
- N. If outage is long-term and threatens resident safety and welfare, initiate Evacuation Emergency Procedures.
- O. Establish and maintain contact with local emergency responders to advise them of the situation and keep them informed of potential needs as the situation worsens.

- P. The situation should only be deemed “under control” after the outage has been restored and the Incident Commander has declared the situation “safe.” At that point an “All Clear” can be announced or “Re-Entry” if evacuation had occurred.
- Q. Account for staff members and residents.

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| <i>Emergency Job Tasks</i><br><i>Utility Outage</i> |
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Specific tasks should be assigned to staff members during an emergency based on the following criteria:

1. Administrator/Incident Commander
  - a. Immediately determine if the loss of a utility (electric, gas, propane, water, etc.) is due to an incident occurring at the facility like a rupture, leak, fire, collision (vehicle striking meter, etc.).
  - b. Determine the impact of service disruption and projected duration.
  - c. Notify appropriate utility company(s) of the outage and contact 911 if there is an emergency situation.  
Emergency Agency contacted: \_\_\_\_\_ Contact person: \_\_\_\_\_  
When: \_\_\_\_\_ am/pm
  - d. Consider activating the Incident Command System (ICS) to manage the situation.
  - e. Activate the ICS to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. If severity of fire warrants, then appoint other positions of the ICS structure.
  - f. If severity of incident warrants, then appoint other positions of ICS structure.
  - g. Initiate Severe Cold and Hot Weather Procedures if necessary.
  - h. Initiate Evacuation Emergency Procedures, if outage is long-term and threatens resident safety and welfare.
  - i. Ensure staff members and residents are accounted for and safe.
2. Director of Nursing
  - a. Ensure back-up systems (emergency generators, emergency lighting, additional blankets, flashlights, emergency water, etc.) are available and operating as designed in accordance with requirements.
  - b. Monitor safety of the residents and staff members during severe cold and hot weather during a power outage.
    - Activate Severe Weather Procedures.
    - Check and Monitor oxygen & other medical equipment – create policy as needed
  - c. Be prepared to activate Evacuation Procedures.
  - d. Be prepared to assist where needed at the direction of the Incident Commander.
3. Nursing Staff
  - a. Initiate proactive and preventative measures to safeguard and isolate resources to help preserve said resources (keep doors to refrigerators and freezers closed, keep outside doors closed to maintain air conditioning, etc.).
  - b. Monitor resident safety. Initiate Severe Weather Procedures if necessary.
  - c. Be prepared to activate Evacuation Procedures.
  - d. Be prepared to assist where needed at the direction of the Incident Commander.
4. Certified Nursing Assistants
  - a. Monitor resident safety. Initiate Severe Weather Procedures if necessary.
  - b. Be prepared to activate Evacuation Procedures.
  - c. Be prepared to assist where needed at the direction of the Incident Commander.
5. Office Staff/Medical Records
  - a. Initiate proactive and preventative measures to safeguard and isolate resources to help preserve said resources (keep doors to refrigerators and freezers closed, keep outside doors closed to maintain air conditioning, etc.).
  - b. Be prepared to activate Evacuation Procedures.
6. Activity Staff
  - a. Assist with Severe Weather Procedures if necessary
  - b. Be prepared to activate Evacuation Procedures.
  - c. If available, assist with other emergency operations at the direction of the Incident Commander.

7. Maintenance Personnel
  - a. Immediately determine if the loss of a utility (electric, gas, propane, water, etc.) is due to an incident occurring at the facility like a rupture, leak, fire, collision (vehicle striking meter, etc.).
  - b. Contact utility
  - c. Fire alarm & response system operational?
  - d. Determine the impact of service disruption and projected duration.
  - e. Turn off power at main control point if short is suspected
  - f. Ensure back-up systems (emergency generators, emergency lighting, additional blankets, flashlights, emergency water, etc.) are available and operating as designed in accordance with requirements.
  - g. Assist with Severe Weather Procedures if necessary
  - h. Be prepared to activate Evacuation Procedures
  - i. Be prepared to assist where needed at the direction of the Incident Commander.
8. All Other Employees (housekeeping, laundry, dietary, etc.)
  - a. Ensure back-up systems (emergency generators, emergency lighting, additional blankets, flashlights, emergency water, emergency food, etc.) are available and operating as designed in accordance with requirements.
  - b. Initiate Severe Weather Procedures if necessary.
  - c. Keep refrigerator storage units for food and medicines closed to retard spoilage
  - c. Be prepared to activate Evacuation Procedures.
  - d. Be prepared to assist where needed at the direction of the Incident Commander.

For generator information see **Appendix 8: Facility Operations.**

### **Gas Line Break**

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

### **Water**

1. If water main break – shut off valve at primary point
2. Notify the Administrator or Administrator’s designee and the Maintenance personnel.
3. Call Water Company, document who spoke with, time, response, employee calling
4. All attempts will be made to determine the cause for water disruption and the probable length of shutdown.
5. Elevate articles that may be damaged by water.
6. Dietary department will give out juices and other fluids that are on hand for consumption by residents.
7. Disposable dishes and utensils may be used during emergencies.
8. If necessary, water will be brought in and dispensed as needed. This will be initiated through emergency government.
9. If it becomes apparent that a water shortage will last for an undetermined length of time, the Administrator will order emergency measures taken to ensure proper care for ill residents and for those whose treatment has been disrupted by lack of water supply.

## **Code Yellow: Workplace Violence or Threat of Violence**

Workplace violence is defined as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.” (National Institute for Occupational Safety and Health (NIOSH))

Actions or words that endanger or harm employees or that result in others having a reasonable belief that they are in danger include:

- Verbal or physical harassment
- Verbal or physical threats
- Assaults or other violence made directly or indirectly by words, gestures, or symbols
- Any other behavior that causes others to feel unsafe (e.g. bullying, sexual harassment)
- Use or possession of a weapon on the company’s premises

Workplace violence incidents can be categorized by the relationship of the assailant and the worker/workplace. They are as follows:

- Violence by strangers—persons who have no connection to the workplace
- Violence by customers, clients, residents, etc.
- Violence by co-workers—former or current employment relationship. Incidents that occur outside the workplace, but which resulted or arose from the employment relationship are counted in this category.
- Violence by personal relations—incidents committed by someone who has a personal relationship with the worker, such as a current or former spouse or partner, relative or friend.