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# Emergency Action Plan (EAP)

# Guide & Template 2024

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# Assisted Living Facilities

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# **Overview**

1. **Introduction**

In recent decades, our ability to predict, analyze, interpret, and manage complex institutions has been exacerbated by the catastrophic effects of natural or man-made threats. Assisted living facilities have been severely impacted by these unconventional circumstances and continue to struggle with implementing emergency preparedness standards. Due to the recent increase of disaster-related incidents, the need for a comprehensive emergency action plan has been authorized to reduce potential vulnerabilities to at-risk populations and enhance disaster response efforts in an efficient manner. The term “Assisted Living Facility” refers to licensed care facilities, such as hospitals or nursing homes that provide medical services to citizens who are aged or have disabilities. These exceptionally unique facilities provide essential services to those who require additional assistance in their day-to-day activities. This guide will explain the reasoning behind developing an assisted living facilities plan and discuss how to translate it into effective action.

1. Objective

It is crucial that extended care facilities establish an effective all-hazards emergency action plan to ensure the safety and protection of at-risk populations. This template is a guide for assisting functional institutions in recognizing the importance of emergency preparedness procedures. A typical emergency action plan should be reviewed and updated annually in conjunction with pre-established requirements set forth by Center for Medicare and Medicaid Services (CMS). These plans must also be in compliance with a facilities licensing regulation standard for it to be considered viable or legitimate. The information contained in this document reflects established doctrines, principles, and standards that promptly correlate with the development of an assisted living facilities plan template. This guide represents an effort on behalf of the emergency management industry to consolidate efforts between various organizations and jurisdictional entities.

1. Purpose

The purpose of this document is to aid policymakers in establishing emergency policies and procedures. It is also used to save lives and maintain situational awareness through effective information sharing guidelines. It may also be used to help extended health-care professionals enhance their knowledge of emergency preparedness.

1. **Situation and Assumptions**
2. Situation
3. Cumberland County, North Carolina is vulnerable to technological, natural, or man-made threats that can directly undermine the social, political, and financial stability of the United States.
4. At risk populations are especially vulnerable under these circumstances because they require special services that are only offered by certain health care facilities.
5. An assisted living facilities plan is crucial for ensuring the safety and protection of disabled or at-risk populations. A facility should have a plan in place for when a disaster occurs to meet all its primary responsibilities and tasks.
6. Preparations and plans are established to produce favorable results in the aftermath of a specific disaster or emergency.
7. Assumptions
8. The possibility of an incident or disaster occurring is very high
9. Assisted living facilities are primarily responsible for ensuring the safety of their patients and staff members in times of extreme duress or uncertainty.
10. If an emergency overwhelms the resources of a facility’s ability to function, external resources may be requested if a memorandum of agreement has been established
11. Local, state, and federal agencies may provide logistical support in the event of an ongoing emergency.
12. Routine inspections should be conducted to assess and evaluate the quality of the facility’s operational integrity, meaning the ability for certain functions to be performed and sustained in the workplace.
13. The county emergency management agency may be able to assist inpatient facilities, intellectual disability facilities, assisted living facilities, hospice facilities, intermediate facilities, etc.
14. Emergency action plans should be reviewed annually for effective use
15. **CMS Emergency Preparedness Final Rule**

The Center for Medicare and Medicaid Services (CMS) has established national emergency preparedness requirements to ensure sufficient planning for disaster-related situations. These exceptionally unique requirements are specifically designed to adequately prepare facilities for either natural or manmade occurrences. The CMS final rule provides clear instructions for all 17 Medicare and Medicaid supplier or provider types to adequately plan for disaster-related incidents. The CMS final rule utilizes an all-hazards approach to guide or develop measures for a full spectrum of emergencies or disasters. An all-hazards approach can be characterized as a grouping classification encompassing all conditions or hazards in a specific location.

The CMS final rule requires facilities, specifically assisted living facilities, to incorporate four key elements into their emergency action plan which include:

* Risk Assessment and Planning
* Policies and Procedures
* Communications Plan
* Training and Testing

Compliance with these standards is necessary to ensure the operational effectiveness of emergency evacuation efforts. If facilities are non-compliant, general enforcement procedures will be authorized. However, it is important to mention that requirements vary by provider type. For example, outpatient providers are not obligated to have policies and procedures for the provision of subsistence needs. There are also requirements concerning temperature controls and other material services. In short, long-term care facilities, hospice centers, hospitals, and assisted living facilities are more likely to focus on providing subsistence needs and temperature control instructions. This is mainly because long-term care facilities typically house at-risk patients who require certain medical services. These patients may be disabled, aged, or mentally incapacitated. This document is designed to provide guidance and awareness for assisted living facilities for carrying out their emergency action plan. The steps issued in this document are subject to change and may be revised in future publications.

1. **Concept of Operations**

Inpatient facilities, hospice facilities, and assisted living facilities are required to develop an emergency action plan to ensure the safety of patients and staff members during an ongoing crisis or emergency. This plan should be applicable during both internal and external emergency situations. This plan is designed to effectively utilize an all-hazards approach for ongoing emergencies.

A concept of operations presents a clear picture of the sequence and scope of the planned emergency response, what should happen, when, and at whose direction.

It is imperative to review the various disaster-agents that can render our key resources or critical infrastructure assets inoperable. These hazards tend to provide majors concerns for both elected officials and local citizens due to their unpredictable effects. The effects of a disaster can drastically change depending on the size, complexity, and magnitude of the incident. Facility managers should be aware of the hazards that present the most risk to their communities. Examples of hazards include:

* Severe Thunderstorms
* Tornadoes
* Hurricanes
* Blizzards
* Earthquakes
* Wildfires
* Tsunamis
* Oil Spills
* Volcanic Eruptions
* Cyber-Attacks
* Global Pandemics
* Foreign Animal Disease (FAD)
* Chemical, Biological, Radiological, Nuclear, and Explosive Incidents (CBRNE)
* Terrorist Attacks
* Electromagnetic Pulse (EMP)
* Radiological Dispersion Device (RDD)

1. Mitigation

Mitigation involves deciding what to do where a risk to health, safety, and the welfare of society has been determined to exist. As a result, risk reduction programs are implemented to reduce the effects of a disaster. Mitigation is a sustained action that seeks to reduce or eliminate the effects of hazards on both people and property. In summary, mitigation planning involves identifying potential risks and vulnerabilities that are common in a specific area. As a result, long term strategies are developed to reduce the impacts of these hazards. Examples of hazard mitigation planning include the following:

* Constructing Resilient Infrastructure Communities
* Mapping Potential Flood Zones
* Remodeling dilapidated structures
* Raising Levee Embankments

1. Preparedness

Preparedness simply refers to developing an effective response plan for operational components involved in responding to unconventional emergencies. Preparedness efforts seek to strengthen our Nation’s response capabilities through training and exercising. These exercises are crucial for ensuring the success of prevention and relief efforts. National preparedness operations are utilized for sustaining the capabilities needed to prepare for unpredictable events. Preparedness efforts encompass a wide range of activities, including:

* Developing an Effective Response Plan
* Training First Responders to Save Lives and Reduce Disaster Damage
* Identifying Critical Resources
* Establishing Necessary Agreements among Responding Agencies both Within and Outside your Jurisdiction (MOUs, Mutual Aid Agreements)
* Designate Pre-Determined Shelter Locations
* Track/Monitor Logistical Resources

1. Response

Response operations are tasked with providing emergency aid and assistance to those who have been directly impacted by the effects of disaster. Response operations are vital for ensuring the safety of the environment, property, and human life. Disaster response activities include the following:

* Reducing the Probability of Secondary Damage
* Minimizing Problems for Recovery Efforts
* Search and Rescue (SAR) Operations
* Preserving Human Life
* Conducting/Overseeing Data Collection
* Mass Care Operations
* Temporary Sheltering
* Emergency Medical Care
* Communicating with Government Officials about the Public Health Effects of Potential Disasters

1. Recovery

Recovery involves providing immediate support during the early post-disaster period to return vital life support systems to minimum operating levels and continue providing support until the community returns to normal. However, there is a clear distinction between short-term recovery efforts and long-term recovery efforts. Short-term recovery efforts restore vital life support assets, such as water systems and electrical facilities, back to minimum operating conditions. Long-term recovery efforts may extend for months or years until the disaster-stricken region returns to its previous condition. Recovery efforts typically include:

* Reconstruction of Dilapidated Structures
* Restitution of Damaged Facilities
* Rehabilitation of Local Residents
* Debris Removal
* Restoration of Electric Power and other Utility Services
* Replacement of Damaged Infrastructure

Emergency Action Plan (EAP)

# **GUIDE**

For Assisted Living Facilities



***The following is a guide used in conjunction with the template provided to assist you in completing a comprehensive emergency action plan for your facility. The guide will assist you in filling out the template; review this guide, and use all available questionnaires, tables, and forms. As you complete sections, record your products directly to the provided template to create a customized preparedness plan for your facility.***

## **Emergency Contact Information**

The purpose of this section is to provide emergency contact information for staff members, employees, civil authorities, utility vendors, and patient family members. Emergency contact information should be acquired prior to incidents to ensure success in protecting at-risk populations that are vulnerable to specific hazards. Up-to-date information should be provided to the head of an organization in case a disaster strikes unexpectedly.

1. Internal Staff- To ensure adequate communication during an event, contact information for all current staff is vital. Record all pertinent data onto the template. Update as needed once the plan is established. (*See p.32 for Internal Contact List*)
2. Contact Information for Utility Vendors – A utility vendor is classified as an entity or person that provides specialized commodities/utilities to specific communities, municipalities, and organizations. Utility supplies include water, electricity, natural gas, or heating and air conditioning systems within a certain facility. It is critical to understand the importance of this information. Having up-to-date contact information on utility vendors allows staff members to call and ask routine questions about utility operations. Utility vendors may also provide guidance on issues pertaining to essential utilities. It is imperative that up-to-date contact information is available in your emergency action plan, as it can provide a source of contact for ensuring the continuation of essential functions. *(See p.34 for External Contact List)*
3. Police/EMS/Fire Rescue Non-Emergency Contact Information – In the event of an emergency, local first-responders may be able to provide support and guidance for assisted living facilities. However, local authorities are often overwhelmed during a large-scale incident, and it may be some time before help arrives. Staff members of your facility are expected to calmly evacuate patients from that facility using a pre-established evacuation plan to vacate the premises. The staff and facility administrator should have phone numbers for their local police departments, fire departments, mutual aid partners, and emergency management institutions to obtain status updates and situational awareness and seek recommendations during a disaster event. Using non-emergency numbers helps to keep the 911 communication system free of high-volume telephone traffic. *(See p.34 for External Contact List)*

## **Essential Utilities and Back-Up Systems**

This information should provide staff members and employee personnel with a basic understanding of essential utilities and electrical back-up systems at your facility. It is imperative that staff members recognize the importance of resolving issues pertaining to essential utilities and have a clear contact and method for finding help with all associated utilities.

1. Describe the utilities that are currently present in your facility. Examples of essential utilities include septic tanks, water heaters, boilers, sprinkler systems, smoke alarms, electrical generators, etc. Make sure to include the model, year, number, power supply, and location of these utilities. It is crucial to understand the relevance of these matters as it pertains to the well-being of housed patients.
2. Determine if these utilities are fully operational. Prior to an emergency, it is imperative for staff members to determine if their essential utilities are functioning properly. If your facility’s utility services are inadequate or severely dysfunctional, contact your utility vendor to obtain a clear course of action. Regular service and preventative maintenance of these systems and services ensures that they are operational and is an effective preparedness strategy before an emergency unfolds.
3. Determine if electrical generators are currently available in your facility. If a disaster or emergency causes significant disruptions in the power grid, it could leave information and other assets vulnerable to exposure. Electrical disruptions can also harm individuals who are on life-support or require certain medical needs. Having access to pre-installed generators could mean the difference between life and death in an emergency.
4. Employees should have a basic understanding of how to operate essential utilities, specifically back-up generators for electrical power. This will guarantee that preparedness efforts are being sustained through physical interaction with essential utilities. You are not required to be an expert on managing essential utilities, but having a basic knowledge of operating essential utilities will greatly benefit your organization’s ability to perform certain functions during an emergency.
5. Knowing your service provider is critical for maintaining situational awareness and operational efficiency. Service providers can provide a wide variety of services including communications, processing services, storage, and access to internet applications. All of which are intended to provide up-to-date information on ongoing events. Service providers can also prescribe informational updates to applicants and subscribers.

## **Emergency Food and Water Supplies**

Emergency food supplies are critical for disaster-related incidents. Assisted living facilities should have enough food and water for emergency situations. Preparedness planning is ideal because certain disasters may require extensive supplies for in-place sheltering events. These events may overwhelm local emergency responders in distributing food, clothing, and other necessary commodities.

1. Assisted living facilities should secure rations and other material resources to prepare for potential emergencies or immediate disaster situations. Staff members should understand the importance of securing rations for unexpected incidents. Identifying critical resources would tremendously increase a facility’s ability to mobilize supplies more efficiently.
2. Establish agreements with a domestic food provider to efficiently acquire emergency resources. Staff members should establish necessary agreements with private, non-profit, or faith-based organizations to establish mutual aid partnerships in the event of an emergency or disaster. However, it is important to note that certain patients may require dietary supplements to satisfy their hunger. Nurses should be aware of dietary restrictions and ways to satisfy those restrictions. A good recommendation would be for patients to carry an emergency information bracelet or fill out a vial of life form, both of which contain information about patients and their current medical status.
3. Assisted living facilities should have a tested distribution plan for allocating essential resources. A distribution plan should involve methods for allocating resources to patients, personnel, and other staff members. Dietary supplements should be separated from normal food supplies to ensure proper distribution standards.
4. Assisted living facilities should monitor and evaluate the status of their food rations periodically. Evaluating your facility’s critical resources will ensure the quality of your provisions and services. Food rations should have an adequate shelf-life and are expected to be replaced if necessary. For example, facility managers and employees should routinely check the expiration date on emergency food supplies to ensure their quality of consumption.

## **Emergency Evacuation**

An emergency evacuation plan is crucial for the success of saving lives and preserving critical resources. CMS has established a final rule that provides assisted living facilities access to emergency-related services and benefits. CMS will also monitor the experiences of beneficiaries during an ongoing crisis or situation.

1. Staff members should have a clear understanding of their facility’s emergency evacuation procedures set forth by CMS and other affiliated organizations. Evacuation procedures should be executed in a prompt and efficient manner. For example, evacuation procedures should include pre-determined transportation routes, location of designated sheltering facilities, accessible transportation systems, and contingency options for unexpected events.
2. Staff members and patients should conduct emergency drills periodically to ensure operational success. Emergency drills are intended to manage expectations, observe activities, evaluate performances, recommend solutions, and discuss potential shortfalls in an emergency evacuation plan or response. Training staff members on how to respond to emergency situations is a critical aspect of ensuring a smooth evacuation process.
3. Determine if your facility has an adequate contingency plan for emergency evacuation efforts. It is imperative that assisted living facilities have contingency options for unknown circumstances. A disaster can occur at any time, which illustrates the importance of having a back-up plan for unexpected situations.
4. Determine if your facility’s emergency evacuation plan is effective. Your facility’s emergency evacuation plan should be reviewed periodically to ensure the safety and security of patients and staff members. Hiring a contractor to review your current evacuation plan is an ideal suggestion for assisted living facilities.

## **Emergency Transportation**

Accessible transportation systems are vital for ensuring the success of effective evacuation efforts. Assisted living facilities should have access to vehicles for patient transport. If your facility does not own or have access to vehicles, it is vital that you establish contact with a company or organization that can lend vehicles for use in case of an emergency. These vehicles should be equipped to provide unique services to at-risk populations or those with access and functional-based needs. The emergency transportation plan must address how patients will be transported to pre-designated sheltering locations. The emergency transportation plan must:

* Identify the precise number and type of vehicles currently available
* Determine if these vehicles are routinely inspected
* Provide situational updates about transportation issues
* Explain how the vehicles will be acquired/obtained
* Address how medical support will be provided to patients while they are being transported.
* Ensure that all patients are safe and accounted for
* Provide an adequate description of required items such as medical records, special diets, medications, food supplies, water, and other material goods.
* Describe shortfalls in transportation strategies and explain how these issues can be resolved
* Issue out statements to ensure logistical support and operational integrity
* Explain how certain patients will be transported from off-site locations
* Determine how many patients are being transported to these alternate facilities
* Emphasize the importance of patient/employee safety
* Provide accommodative services to those with access and functional-based needs
* Determine the estimation of your facility to prepare for an evacuation
* Provide accurate coordinates for emergency evacuation routes
* Ensure these routes are safe and provide adequate leeway for emergency situations
* Determine how many patients are being evacuated
* Ensure that medical records are being maintained by the proper authorities
* Establish pre-determined actions to save lives and reduce injuries
* Specify risks and unnecessary consequences
* Thoroughly assess potential hazards/threats.

## **Disaster Communication**

In the event of an actual emergency, you will need to communicate effectively. A good communication plan should provide clear and concise instructions on sharing information. Effective communication addresses the information, the audience and the delivery method (medium).

### **Communication Questionnaire**

Use the following questions to create a plan for internal and external communication. Once the answers are complete, place the answers into the template in a logical order to guide staff to perform necessary actions during a disaster event.

1. List in order, from lowest level to highest level, the chain of command in the facility. How should information be passed up and down the chain of command? Who reports to whom in normal operations, and in emergency operations?
2. Who is authorized to give internal facility information to external partners? What about to the media?
3. What types of non-standard and/or emergency events do facility leaders need to be notified of? Who and how should they be notified?
4. If a disaster or an emergency happens at the facility, who contacts the appropriate authorities? Which authorities will they contact, and by which communication method?
5. Do staff members have access to all available internal and external contacts (yes! See the Emergency Contact Information section. This can be referenced in your Disaster Communications section of the plan as well).
6. How can emergency officials contact the facility?
7. What are the primary, secondary and tertiary communication mediums (i.e., telephone, email, text, radio, handwritten notes, etc.) that will be used?
8. During emergency events, how often should facility leaders get situation updates? How will situation updates be provided to public emergency personnel?

## **Emergency Medical Care**

During an ongoing emergency, individuals with chronic illnesses must receive continued access to medical services. This will not only ensure their safety but prevent their conditions from worsening. Emergency medical services play an extremely crucial role in emergency situations. Patients who are on life support or are unable to operate independently must be always monitored. These individuals are especially vulnerable to potential hazards or unexpected events. Certain patients have specific needs. Pre-determined strategies should be established to address those needs. Staff members should be cautious about these services, especially during ongoing situations. At-risk patients are entitled to receive necessary treatment during an emergency or disaster.

Emergency medical needs include services for:

* Seizures
* Dialysis Treatment
* Compound Fractures
* Terminal Life Support
* Convulsions
* Cancer Treatment
* Dietary Supplements

### **Emergency Medical Care Questionnaire**

Use the following questions to create a plan for emergency medical care of the facility’s special needs patients. Once the answers are complete, place the answers into the template in a logical order to guide staff to perform necessary actions during a disaster event.

1. What backup systems are in place for patients on critical life support machines that need electricity to operate, if the facility were to lose power?
2. If no backup systems are available, what is the contingency plan for supporting these patients?
3. How does the facility plan to support those that use routine services, such as dialysis or cancer treatments, in the event of a multi-day hazard or disaster?
4. In an event lasting more than 24 hours, access to additional patient medications may be hindered. How does the facility plan to obtain vital medication for its patients?
5. Has the facility maintained a list of all current patients with specific needs (i.e. critical data sheets\*)? If so, where is this list kept? What facility employees have access to this list? How will this list be maintained (monthly review, quarterly review, etc.)?
6. What other items are needed to care for patients in a non-routine, disaster situation? Use the Checklist below to create a list of supplies needed for emergency medical care.

|  |  |  |
| --- | --- | --- |
| **Emergency Medical Care Checklist** | | |
| Quantity | Item | Location |
| *3* | *I.V. Poles* | *Located in the west wing storage room* |
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*\* Critical Data Sheets are specifically used to be more proactive in emergency planning efforts. A critical data sheet is a document that holds sensitive information about a facility and its resources. Critical data sheets contain information about individual patients and their needs, services, medical status, etc.*

## **Security Measures and Security Risk Assessment**

Ensuring the safety and security of your facility is a critical aspect of maintaining calmness and stability. Assisted living facilities must determine potential risks or hazards that are present in their facilities. Assessing potential risks will reduce uncertainty and satisfy critical security measures. A security risk assessment is used to identify potential threats or hazards and deliberately utilizes an all-hazards approach to mitigate those risks. Security officers will use these assessments to safely engage in the following activities:

* Patrol restricted areas vulnerable to exploitation
* Monitor video surveillance
* Utilize up-to-date screening processes for incoming visitors
* Secure facility ingress and egress
* Provide physical security for patients
* Escort potential trespassers away from the premises

### **Security Risk Assessment Questionnaire**

Use the following questionnaire to satisfy mitigating risks to the security of facility staff and patients. Once the questionnaire is complete, record the answers in the template in a logical order to ensure staff are adequately prepared to ensure the security of staff and patients.

1. How will the facility be secured in the event of a disaster?
2. Who is responsible for making sure all areas of the facility are secured?
3. How often will security check be performed at the facility?
4. What aspects of security must be visually or physically checked during these periodic checks (i.e. making sure doors are locked, visual identification of patrons in the facility, etc.)?
5. What are the reporting procedures for a security (or possible) breach? Who will be notified immediately? (i.e. call police via 911, notify immediate supervisor, notify chain of command, etc.)
6. In the event of an immediate security breach, what immediate actions should be taken by staff? What about secondary and tertiary actions?

## **Training and Testing Programs**

Effective training programs should be developed to resolve potential issues concerning the following Criteria:

* Documentation of functional activities based on established training requirements
* Participate in table-top, functional, or full-scale exercises
* Determine if corrective action for operational enhancement is necessary
* Evaluation of emergency equipment such as flashlights, radios, telephone systems, food rations, and electrical generators for sustained power are fully operational.
* Re-evaluation of current plans and strategies
* Ensure that individual tasks and responsibilities are being properly executed
* Identify inadequate methods and procedures
* Test fire alarms
* Test sprinkler systems
* Schedule emergency training seminars for staff members
* Annually revise emergency action plans for safe and efficient use
* Ensure that training procedures are CMS compliant

Emergency Action Plan (EAP)

**TEMPLATE**

For Assisted Living Facilities

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***The following is a template provided to assist you in completing a comprehensive emergency action plan for your facility. It is designed to be used in conjunction with the questionnaires, tables, and forms included in the guide. This template serves as a tool or aide and does not hold Cumberland County government or their agents responsible for the survivability of your staff, residents, visitors, or the facility during an emergency event. It is important to ensure that this document is tailored to meet the specific needs of your facility. Your final plan must comply with your facility’s specific licensing regulations and standards to be considered viable and legitimate.***

**Emergency Action Plan**

**For**

[insert facility name]

[insert facility address]

**Prepared:** [Date] **by** [Name]

## **Background**

***This is a sample of what your background can consist of. Ensure that this page includes the type and level of care your facility provides and an occupancy range.***

[Insert facility name] is a [insert]-bed facility for elderly adults who, because of a temporary or chronic physical condition or mental disability, need a substitute home. All admitted patients must be ambulatory. Admissions of patients is based on the opinion of the resident, physician, family or social worker, and the administrator. A collaboration of these evaluations determines that the services and accommodations of the home will meet the individual’s particular needs.

[Insert facility name] provides 24-hour care and coverage for individuals who meet the admission assessment requirements.

Exceptions: Individuals are not to be admitted:

(1)           for treatment of mental illness, or alcohol or drug abuse.

(2)           for maternity care.

(3)           for professional nursing care under continuous medical supervision.

(4)           for lodging, when the personal assistance and supervision offered for the aged and disabled are not needed; or

(5)           who pose a direct threat to the health or safety of others.

**Purpose:**

[Insert facility name] Emergency Plan is established to protect the Family Care Home facility, its residents and staff by coordinating and integrating all activities necessary to build, sustain, and improve the capability to mitigate against, prepare for, respond to, and recover from threatened or actual natural disasters, acts of terrorism, or other man-made disasters. [Insert designated responsible official] is responsible for updating this plan and maintaining training records.

**Direction and Control:**

[Insert designated responsible official] has overall authority and ultimate responsibility for coordinating and directing actions during a disaster. Other Key Emergency Contacts are [insert] listed on pg. [insert].

**Notification/Warning:**

Initial communication is determined by the nature of the incident (e.g. a fire discovered by staff versus a weather condition reported by local media) and procedures for receiving and giving notification are detailed for each incident.

[Insert facility name] is staffed 24 hours a day seven days a week. All staff are fully trained on all policies and procedures related to Emergency planning and response. An alternate paging system is in place and available should other, standard means of communication fail.

**Record of Changes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Version | Name | Description | Signature |
| *June 2021* | *V.1* | *John Doe* | *Adoption* |  |
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**Overview**

1. **Introduction**

In recent decades, our ability to predict, analyze, interpret, and manage complex institutions has been exacerbated by the catastrophic effects of natural or man-made threats. Assisted living facilities have been severely impacted by these unconventional circumstances and continue to struggle with implementing emergency preparedness standards. Due to the recent increase of disaster-related incidents, the need for a comprehensive emergency action plan has been authorized to reduce potential vulnerabilities to at-risk populations and enhance disaster response efforts in an efficient manner. The term “Assisted Living Facility” refers to licensed care facilities that provide medical/living services to citizens who are aged or have disabilities. These exceptionally unique facilities provide essential services to those who require additional assistance in their day-to-day activities.

1. Objective

It is crucial that extended care facilities establish an effective all-hazards emergency action plan to ensure the safety and protection of at-risk populations. This plan is used to assist [insert facility name] in recognizing the importance of emergency preparedness procedures, identifying needs during a disaster, and identifying immediate, secondary, and tertiary procedures for disaster response. This emergency action plan shall be reviewed and updated *annually* in conjunction with pre-established requirements set forth by CMS. These plans must also be in compliance with a facility’s licensing regulation standards for it to be considered viable or legitimate. The information contained in this document reflects established doctrines, principles, and standards that promptly correlate with the development of an assisted living facilities plan template provided by Cumberland County Emergency Management.

1. Purpose

The purpose of this emergency action plan for [insert facility name] is to establish emergency disaster policies and procedures. It shall be used to help save lives and maintain situational awareness through the phases of the disaster life cycle. It may also be used to help extended health-care professionals enhance their knowledge of emergency preparedness.

1. **Situation and Assumptions**
2. Situation
3. Cumberland County, North Carolina is vulnerable to technological, natural, or man-made threats that can directly undermine the social, political, and financial stability of the United States.
4. At risk populations are especially vulnerable under these circumstances because they require special services that are only offered by certain health care facilities.
5. An assisted living facility emergency action plan is crucial for ensuring the safety and protection of disabled or at-risk populations. A facility should have a plan in place for when a disaster occurs to meet all its primary responsibilities and tasks.
6. Preparations and plans are established to produce favorable results in the aftermath of a specific disaster or emergency.
7. Assumptions
8. The possibility of an incident or disaster occurring at any given time is high.
9. Assisted living facilities are primarily responsible for ensuring the safety of their patients and staff members in times of extreme duress or uncertainty.
10. If an emergency overwhelms the facility’s ability to function and taxes its resources, external resources may be requested if a memorandum of agreement (MOA) has been established.
11. Public emergency services do not require an MOA but should not be considered a *primary* means of support during the *initial* phases of a disaster due to the overwhelming nature of the incident on the public emergency response system.
12. Local, state, and federal agencies may provide logistical support in the event of an ongoing emergency.
13. Routine inspections should be conducted to assess and evaluate the quality of the facility’s operational integrity, meaning the ability for certain functions to be performed and sustained in the workplace.
14. The county emergency management agency may be able to assist in preparedness planning of assisted living facilities, hospice facilities, intermediate facilities, etc.
15. **CMS Emergency Preparedness Final Rule**

The Center for Medicare and Medicaid Services (CMS) has established national emergency preparedness requirements to ensure sufficient planning for disaster-related situations. These exceptionally unique requirements are specifically designed to adequately prepare facilities for either natural or manmade occurrences. The CMS final rule provides clear instructions for all 17 Medicare and Medicaid supplier or provider types to adequately plan for disaster-related incidents. The CMS final rule utilizes an all-hazards approach to guide or develop measures for a full spectrum of emergencies or disasters. An all-hazards approach can be characterized as a grouping classification encompassing all conditions or hazards in a specific location.

The CMS final rule requires facilities, specifically assisted living facilities, to incorporate four key elements into their emergency action plan which include:

* Risk Assessment and Planning
* Policies and Procedures
* Communications Plan
* Training and Testing

Compliance with these standards is necessary to ensure the operational effectiveness of emergency evacuation efforts. If facilities are non-compliant, general enforcement procedures will be authorized. However, it is important to mention that requirements vary by provider type. For example, outpatient providers are not obligated to have policies and procedures for the provision of subsistence needs. There are also requirements concerning temperature controls and other material services. In short, long-term care facilities, hospice centers, hospitals, and assisted living facilities are more likely to focus on providing subsistence needs and temperature control instructions. This is mainly because long-term care facilities typically house at-risk patients who require certain medical services. These patients may be disabled, aged, or mentally incapacitated.

1. **Concept of Operations**

Inpatient facilities, hospice facilities, and assisted living facilities are required to develop an emergency action plan to ensure the safety of patients and staff members during an ongoing crisis or emergency. This emergency action plan is applicable and shall be used during both internal and external emergency situations and is designed to effectively utilize an all-hazards approach for ongoing emergencies.

This emergency action plan was developed by [insert facility name] using risk assessments from the Cumberland Hoke Regional Hazard Mitigation Plan and utilized an emergency action plan Guide and Template for Assisted Living Facilities created by Cumberland County Emergency Management.

1. **Emergency Contact Information**

*The purpose of this section is to provide emergency contact information for staff members, employees, civil authorities, utility vendors, and patient family members. Emergency contact information should be acquired prior to incidents to ensure success in protecting at-risk populations that are vulnerable to specific hazards.*

**In the event of an Emergency Dial – 911**

1. **Emergency Contact Information for Internal Staff**

|  |  |
| --- | --- |
| ***Title*** | ***Contact Information*** |
| Designated Responsible  Official: *The highest-ranking member at facility i.e. manager, executive director, or owner.* | Name: |
| Cell: |
| Work: |
| Home: |
| Email: |
| Facility Administrator in Charge or Supervisor | Name: |
| Cell: |
| Work: |
| Home: |
| Email: |
| Medical Director/Supervisor | Name: |
| Cell: |
| Work: |
| Home: |
| Email: |
| Housekeeping Director | Name: |
| Work: |
| Home: |
| Email: |
| Director of Nursing | Name: |
| Cell: |
| Work: |
| Home: |
| Email: |
| Security Director | Name: |
| Cell: |
| Work: |
| Home: |
| Email: |
| Public Info Officer | Name: |
| Cell: |
| Work: |
| Home: |
| Email: |
| Safety Director | Name: |
| Cell: |
| Work: |
| Home: |
| Email: |
| Food Services Director | Name: |
| Cell: |
| Work: |
| Home: |
| Email: |
| Behavioral Health | Name: |
| Cell: |
| Work: |
| Home: |
| Email: |

1. **External Contact Information (Non-Emergency Phone Numbers)**

|  |  |
| --- | --- |
| ***Contact Name*** | ***Telephone Number*** |
| [Insert Local Law Enforcement Office] Non-emergency |  |
| Cumberland County Emergency Management | Phone 910-438-4069  Fax 910-677-5552 |
| [Insert Local Fire Department] Non-emergency |  |
| Emergency Medical Services Non-emergency |  |
| [Insert Electric utility provider] |  |
| Fire Alarm/Security Monitoring Agency |  |
| [Insert Water utility provider] |  |
| [Insert Sewer/Septic utility provider] |  |
| [Insert Gas utility provider] |  |
| [Insert Telephone/ISP provider] |  |
| Poison Control Center | 1-800-222-1222 |
| American Red Cross of Eastern North Carolina | 919-231-1602 |
| [Insert Closest Hospital] Non-emergency |  |

1. **Essential Utilities and Backup Systems**

*This information should provide staff members and employee personnel with a basic understanding of essential utilities and electrical back-up systems at your facility. It is imperative that staff members recognize the importance of resolving issues pertaining to essential utilities and have a clear contact and method for finding help with all associated utilities.*

Breaker Panel location(s): [Insert answer here.]

Water shutoff location(s): [Insert answer here.]

Internet routers/modems/server location(s): [Insert answer here.]

HVAC system location(s): [Insert answer here.]

Water heater/boiler location(s): [Insert answer here.]

Generator location(s): [Insert answer here.]

*In case of a system failure of any of these utilities, a backup plan shall be initiated to ensure continuity of services:*

**If the power goes out**: [List steps for staff to follow to have power restored or backup systems started]

**If there is no access to water:** [List steps for staff to follow to ensure fresh water is accessible for drinking, cooking and bathing]

**If landline/cellular telephone systems are disrupted:** [List steps for staff to follow for backup communications (i.e. cell phone use, portable radio communication, etc.).]

**If the air conditioning or heat fails:** [List steps for staff to follow to restore HVAC services.]

### **Utility List**

|  |  |  |  |
| --- | --- | --- | --- |
| Utility | Functional/Inoperable | Service Provider Name | Back-Up |
| *ISP* | *Functional* | *Spectrum* | *Cellular data via facility Wi-Fi* |
|  |  |  |  |
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1. **Emergency Food and Water**

*Emergency food and water supplies are critical for disaster-related incidents. Assisted living facilities should have enough food and water for emergency situations lasting up to 72 hours. Preparedness planning is ideal because certain disasters may require extensive supplies for in-place sheltering events.*

### **Ration Plan**

In the event of a disaster and the need for rationing food and water is imminent, the [insert facility authority] shall make the determination to ration food and/or water. The facility food services director will coordinate with the [insert facility authority] to provide a timely ration plan for current food levels at the facility. Any food and/or water needed above what has been stored shall be procured through [food services vendor]. Emergency food and water shall be requested from the [insert facility authority] to Cumberland County Emergency Services. *See Annex A for the food services contract MOA.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Quantity of Food/Water Supplies # | Item | Pre-Established Allocation Strategies | Name of Food Service Providers | Phone Numbers for Food Service Providers |
| *100* | *Canned Yams* | *Limit 2 cans/day during rationing* | *Foods, Inc.* | *555-555-5555* |
|  |  |  |  |  |
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*(Emergency food and water spreadsheet continued)*

1. **Emergency Evacuation**

*An evacuation plan is crucial for the success of saving lives and preserving critical resources. In the event of an imminent emergency or disaster and an evacuation has been prompted by [insert facility authority] or local, state or federal authorities, the following guidelines shall be implemented:*

1. The authority having jurisdiction will notify the facility of an evacuation request.
2. The [insert facility authority] shall notify on duty staff of the impending evacuation and being readying patients for transport.
3. The [insert facility authority] shall contact the transportation vendor and arrange patient and staff transport. *See Annex B for the Transportation MOA.*
4. The [insert facility authority] shall contact the receiving facility and provide them with patient information, staff information, and other associated needs. *See Annex C for the Sheltering MOA.*
5. Staff and patient accountability before, during and after transport to an alternate facility is paramount. The [insert facility authority] shall maintain accountability at all times of both patients and staff. The [insert facility authority] may elect to delegate a record keeper during the evacuation process to help maintain accountability.

## **Primary Shelter Site**

|  |  |
| --- | --- |
| Name of Designated Facility | [Insert information here] |
| Primary Contact/Title | [Insert information here] |
| Primary Phone: | [Insert information here] |
| Cell Phone | [Insert information here] |
| Email | [Insert information here] |
| Directions to the facility | [Insert information here] |
| ETA to the facility | [Insert information here] |

## **Backup Shelter Site**

|  |  |
| --- | --- |
| Name of Designated Facility | [Insert information here] |
| Primary Contact/Title | [Insert information here] |
| Primary Phone: | [Insert information here] |
| Cell Phone | [Insert information here] |
| Email | [Insert information here] |
| Directions to the facility | [Insert information here] |
| ETA to the facility | [Insert information here] |

***\*\*SEE ANNEX E for Evacuation Maps\*\****

1. **Transportation**

*Accessible transportation systems are vital for ensuring the success of effective evacuation efforts. Assisted living facilities should have access to vehicles for patient transport. If your facility does not own or have access to vehicles, it is vital that you establish contact with a company or organization that can lend vehicles for use in case of an emergency. Public emergency vehicles should be used as a last resort for patient transport, due to the high demand placed on the public emergency services system during a disaster. Refer to Annex B for the Emergency Transportation MOA.*

Staff and patient accountability before, during and after transport to an alternate facility is paramount. The [insert facility authority] shall maintain accountability at all times of both patients and staff. The [insert facility authority] may elect to delegate a record keeper during the evacuation process to help maintain accountability.

### **Primary Transportation/Vehicle Information Sheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year, Make, Model | Number of Vehicles | Vehicle Capacity | Vehicle Status | Location |
| *2020 Ford Transit Van* | *2* | *6* | *Operational* | *On site* |
|  |  |  |  |  |
|  |  |  |  |  |
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### **Backup Transportation Contact Information**

|  |  |
| --- | --- |
| Company: | [Insert Company Name] |
| Contact Name: | [Insert the name of the primary contact] |
| Phone Number: | [Insert primary contact phone number] |
| Emergency Phone Number: | [Insert after hours / emergency phone number] |
| Quantity of Vehicles Provided: | [Insert quantity of vehicles that will be provided] |
| Type of Transportation Provided: | [Insert ambulatory, wheelchair, stretcher service] |
| Estimated Time of Arrival upon initial activation: | [Insert pre-determined ETA from activation to on-site in minutes] |

### **Contingency Transport**

|  |  |
| --- | --- |
| Company: | [Insert Company Name] |
| Contact Name: | [Insert the name of the primary contact] |
| Phone Number: | [Insert primary contact phone number] |
| Emergency Phone Number: | [Insert after hours / emergency phone number] |
| Quantity of Vehicles Provided: | [Insert quantity of vehicles that will be provided] |
| Type of Transportation Provided: | [Insert ambulatory, wheelchair, stretcher services] |
| Estimated Time of Arrival upon initial activation: | [Insert pre-determined ETA from activation to on-site in minutes] |

*Ensure that all backup and contingent transportation MOA’s and contracts are added to Annex B.*

1. **Emergency Communication**

*In the event of an actual emergency, you will need to communicate effectively. A good communication plan should provide clear and concise instructions on sharing information. Effective communication addresses the information, the audience and the delivery method (medium). The following emergency communication plan shall be followed during an emergency or disaster event.*

[Insert answers from the Emergency Communication questionnaire here. Make sure all actions are logical and in order.]

1. **Emergency Medical Care**

*Certain patients have specific needs. Pre-determined strategies should be established to address those needs during an emergency or disaster. Staff members should remain conscientious about these services, especially during ongoing situations. At-risk patients are entitled to receive necessary treatment during an emergency or disaster. The following actions shall be taken to ensure medical care is continued throughout an emergency or disaster event.*

[Insert answers from the EMC questionnaire here. Make sure all actions are logical and in order.]

1. **Security Measures**

*Ensuring the safety and security of your facility is a critical aspect of maintaining safety and stability. The following actions shall be used to maintain the highest level of security and safety for facility staff and patients during emergency and disaster events.*

[Insert answers from the Security Measures questionnaire here. Make sure all actions are logical and in order.]

# **DISASTER TEMPLATES**

|  |  |
| --- | --- |
| **CODE RED - TECHNICAL EVENTS** | * **FIRE** |
| **CODE BLACK - HUMAN EVENTS** | * **BOMB THREAT** * **HAZMAT EXPOSURE - EXTERNAL** |
| **CODE YELLOW - INTERNAL DISASTER –** | * **ELECTRIC FAILURE** * **INTERNAL STRUCTURE DAMAGE** * **WATER FAILURE** * **INFORMATION SYSTEM FAILURE** * **HAZMAT INTERNAL** * **FLOOD-INTERNAL** |
| **CODE PURPLE - ACTIVE SHOOTER** | * **ACTIVE SHOOTER** * **HOSTAGE SITUATION** |
| **CODE GREEN - NATURAL EVENTS** | * **EARTHQUAKE** * **EPIDEMIC** * **FLOOD-EXTERNAL** * **HURRICANE** * **SEVERE COLD WEATHER** * **SEVERE HOT WEATHER** * **SEVERE THUNDERSTORM** * **TORNADO** * **WILDFIRE** |
| **CODE ORANGE - TERRORIST ATTACK** | * **CIVIL DISTURBANCE** * **TERRORISM, CHEMICAL/BIOLOGICAL** |
| **CODE WHITE - MEDICAL EMERGENCY** | * **BURNS** * **CHEMICAL INGESTION** * **CODE ARREST** * **SEIZURES** |

*This template is a guide for assisting functional institutions in recognizing the importance of emergency preparedness procedures. This guide does not hold Cumberland County government or their agents responsible for the survivability of your staff, residents, visitors, or the facility during an emergency event. Your final plan must comply with your facility’s specific licensing regulations and standards for it to be considered viable or legitimate.*

**Disasters are categorized into seven areas using a color-coded system for ready audio announcements on walkie talkies to mobilize staff responders as follows.**

# **Code Red – Technical Events**

## **Fire**

All staff will be guided by the Emergency Fire Procedure and the Evacuation Plan posted in each work area.

1. The Supervisor or designee and Shift Supervisor will assign staff to check all rooms to evacuate those present, staff checking these rooms will close the door upon completion.
2. Supervisor or designee and Shift Supervisor may bring the emergency phone list and the cellular phone.
3. The Supervisor or designee and Shift Supervisor will conduct a count of guest/s and visitors to ensure all have evacuated safely.
4. Supervisor or designee and Shift Supervisor will notify staff when it is safe to return to the building.
5. Supervisor or designee and Shift Supervisor will complete a Fire Drill report and an Incident Report.

**In the event of a fire, staff will respond in accordance with the recommendations of the National Fire Protection Association. The acronym R.A.C.E. will be followed as outlined below.**

**R Rescue** Remove people from immediate danger:

A. Protect guest/s, visitors and personnel from smoke and flames, and

B. Notify nurses or other medical staff for triage of any respiratory distress or direct burns.

**A Activate** Alarm system

A. Proceed through building verbally notifying all occupants to proceed to the nearest exit and assemble at the designated area, and

B. Call 9-1-1.

**C Confine** Fire

A. Close all room doors,

B. Place a blanket or similar item in front of the door, and

C. Turn on all lights.

**E Extinguish** Fire, if safe:

A. Use portable extinguishers,

B. Smother by use of blanket, and

C. Always leave an avenue for your escape.

**Fire Extinguishers: Use P-A-S-S Method**

**P**ULL → THE PIN ON THE FIRE EXTINGUISHER

**A**IM → THE NOZZLE AT THE BASE OF THE FIRE

**S**QUEEZE → THE HANDLE TO DISCHARGE THE CONTENTS

**S**WEEP → THE BASE OF THE FIRE

**If a fire is generalized and cannot safely be contained by staff, any staff member present will perform the following or coordinate with other staff members to perform the following:**

**S** Search For people in immediate danger

1. Protect Guest/s and personnel from smoke and flames, and
2. Contact medical assistance for any respiratory distress or direct burns.

**A** Activate Alarm system

1. Proceed through building verbally notifying all occupants to proceed to the nearest exit and assemble at the designated area, and
2. Call 9-1-1.

**V** Verify All people are accounted for

1. Close all interior room doors,
2. List all individuals present for on-going tracking and documentation, and
3. Identify by name all individuals who cannot be located for informing emergency responders.

**E** Evacuate Building if safe

1. Assemble evacuees at the designated location indicated on the Evacuation Plan

# **Code Black – Human Events**

## **Bomb Threat**

**If an employee receives a bomb threat, REMAIN CALM. Follow these instructions:**

1. Try to retrieve a bomb threat form *(see* ***Bomb Threat Call Checklist*** *form below*), but if unable, do the following:
2. Ask where? When? What type of bomb?
3. Ask caller to speak louder, repeat message; encourage caller to keep talking and to stay on the line.
4. Advise caller that the building is occupied, and an explosion might result in injury or death.

2. Signal a co-worker to:

1. Notify police 911 - USE CELL PHONE.
2. Retrieve a bomb threat form.
3. Alert Supervisor or Designee.
4. Upon orders from SUPERVISOR or Designee, announce “Code Black” to alert employees of a bomb threat. If order to evacuate is given, follow **Evacuation Plan**.
5. Call **Public Health Department at 910-433-3600**

3. Do not discuss the threat in public.

4. Police may request assistance from staff familiar with the area.

5. If a suspicious object is discovered:

1. Do not touch or disturb the object.
2. Clear the immediate area.
3. Wait for further instructions from the police.
4. Do not hang up phone – even if caller hangs up.

### Graphical user interface, text, application, email Description automatically generated**Bomb Threat Checklist**

## **Civil Disturbance**

In the event of civil disturbance, all employees are to follow these directions:

1. Direct all guest/s, visitors, and other staff to remain inside.
2. Call **911.**
3. Lock all external doors.
4. Reassure guest/s and visitors.
5. Use telephones for emergency only.
6. Await instructions from Management staff.

## **Hazmat Exposure - External**

In the event of a spill or a leak of hazardous chemicals in your area, you should:

1. Contact SUPERVISOR or on-call administrator.
2. **IDENTIFY** the hazardous chemical or substance and then refer to the **SDS binder** [insert binder location].
3. If there is a danger then, **ISOLATE** the exposed area. Close doors and windows and leave the area.
4. **EVACUATE THE EXPOSED AREA AS INDICATED**. Remove guest/s, visitors and employees from the area as quickly as possible. Once you have left the area, do not go back in.
5. **DENY ENTRY TO THE EXPOSED AREA**. Do not let guest/s, visitors or other employees in the area.
6. **CALL FOR HELP**. If it is a small containable spill/leak incident, the individual responsible for the incident should perform the cleanup with the assistance of team members.
7. If the spill/leak is unable to be contained, the SUPERVISOR or designee will call 911, who will notify their Hazardous Material Spill Response Team.

# **Code Yellow – Internal Disasters**

## **Electrical Failure**

Supervisor or designated person will:

1. Instruct staff to turn off any computers not being used. *(You may have to reboot your computer when power is restored.)*
2. Turn off any unnecessary lights, and any electrical systems not being used.
3. Call Facilities Coordinator.
4. Call the Executive Team to report the problem.
5. ***If applicable***- Ensure backup generator has turned on. If facility has a generator that must be manually started, begin Generator start up protocol.

[Insert facility name] has a generator maintained and operated by [insert generator company name] to provide alternative power sources in the event of a power outage to maintain temperatures, emergency lighting, alarm systems, fire detection, and suppression. If the generator does not provide power, staff must call [insert company name].

1. Downtime Medication operations:
   1. All essential equipment is plugged into a continuous operation outlet that is provided electricity via generator. If power outage occurs, the generator will operate, and all facility operations continue as normal.
   2. In the event of catastrophic failure of the generator, the facility would go on diversion. If medication administration is necessary while a disposition is being determined, the medicine box will be opened emergently for access to medications, and all downtime paper procedures will be implemented.

## **Water Failure**

Supervisor or designated person will:

1. Call Facilities Coordinator and [insert company name].
   1. [Insert number] (during normal business hours)
   2. [Insert number] (emergency after hours number)
   3. [Insert backup company contact name and number, if primary does not answer or is unavailable.]
2. Contact Public Works to inquire if the failure is a widespread event or isolated to just the facility.

If necessary:

1. Immediately restrict use of available water in the facility.
2. Locate Emergency Water for Immediate Use at [insert location].
3. Purchase additional bottled water when needed.

## **Flood – Internal**

If we encounter an internal flood, due to toilets being plugged, etc., shut off the water valve located [insert location].

1. Mop up the area and put the “wet floor” signs around the flooded area for safety.
2. Do not let anyone into the flooded area.
3. Call Facilities Coordinator and [insert company name].
   1. [Insert number] (during normal business hours)
   2. [Insert number] (emergency after hours number)
   3. [Insert backup company contact name and number, if primary does not answer or is unavailable.]
4. Notify on-call administrator.

## **Structural Damage**

* 1. If structural damage occurs to a portion of the building, immediately evacuate the area and assess staff and guest/s for any medical needs.
  2. Section off the area of the building where the damage has occurred and do not let anyone into the area.

1. Call Facilities Coordinator and [insert company name].
   1. [Insert number] (during normal business hours)
   2. [Insert number] (emergency after hours number)
   3. [Insert backup company contact name and number, if primary does not answer or is unavailable.]
2. Call the on-call administrator
3. If safe to do so, turn off Electric/Fuse Panels [insert location].

## **Information System Failure**

In the event of an information system failure, implement hard copy assessments and documentation.

1. Notify your on-call administrator.
2. Notify Helpdesk of difficulty.

## **Hazmat Exposure - Internal**

In the event of a spill or a leak of hazardous chemicals in your area, you should:

1. Contact SUPERVISOR or on-call administrator.
2. **IDENTIFY** the hazardous chemical or substance and then refer to the **SDS binder** [insert binder location].
3. If there is a danger then, **ISOLATE** the exposed area. Close doors and windows and leave the area.
4. **EVACUATE THE EXPOSED AREA AS INDICATED**. Remove guest/s, visitors and employees from the area as quickly as possible. Once you have left the area, do not go back in.
5. **DENY ENTRY TO THE EXPOSED AREA**. Do not let guest/s, visitors or other employees in the area.
6. **CALL FOR HELP**. If it is a small containable spill/leak incident, the individual responsible for the incident should perform the cleanup with the assistance of team members.
7. If the spill/leak is unable to be contained, the SUPERVISOR or designee will call 911, who will notify their Hazardous Material Spill Response Team.

# **Code Green – Natural Events**

## **Earthquake**

**Earthquakes strike unexpectedly and quickly. In the unlikely event of an earthquake, staff will comply with the following guidelines for earthquakes, when it is safe to do so:**

1. Assist people with disabilities in finding a safe place.
2. During shaking, verbally direct people to stay away from overhead fixtures, windows, filing cabinets, and electrical power.

**If outdoors, verbally direct people to:**

1. Find a clear spot away from the building and all trees,
2. Stay clear and out from under all power lines, and
3. Drop to the ground.

**After shaking stops:**

1. Physically check for injuries,
2. Locate a fire extinguisher and extinguish localized fires to eliminate fire hazards,
3. Contact [insert appropriate title] to report occurrence and status of facility, residents, and staff. [Insert appropriate title] will provide further guidance.

## **Epidemic**

**These procedures apply to all potential infectious diseases as outlined by the CDC-including but not limited to pneumonia, influenza, Ebola, hepatitis, whooping cough, etc. Staff will take guidance from the North Carolina Department of Public Health.**

*Personal Protective Equipment (PPE) is provided to all staff. This includes gloves, facemasks, hand sanitizer, disposable gowns, and face shields. Staff must wear disposable gowns, facemasks, face shield and gloves always when a resident tests positive for any infectious disease*

1. Virtual visits are conducted by making an appointment with staff
2. All approved visitors and staff must have their temperature checked prior to entry. Persons with a temperature equal to or greater than 100 degrees F or exhibiting symptoms of respiratory illness cannot enter the home.
3. Residents with any respiratory illness symptoms must remain quarantined in a separate room for a minimum of 14 days or until symptoms subside. The resident’s PCP must be called if symptoms worsen, and an appointment should be scheduled with PCP if recommended for follow-up treatment.
   1. Staff must provide services outside of the infected resident’s room to the greatest extent possible; if there is any close contact with a resident in providing care, staff must take precaution to practice proper handwashing techniques after providing direct care; patient should wear a face mask
   2. Staff must use available disinfectant and wipe down surfaces the resident encountered prior to starting or ending shift
4. Should a resident experience respiratory distress, assess the resident’s condition. **Remain Calm, Do Not Panic!**
   1. If the resident appears to be in crisis, **CALL 911** immediately.
   2. Stay with the resident and provide care to the level of your training.
   3. When additional staff arrive, assign the following duties:
      1. Gathering the resident’s emergency information:
      2. Face Sheet
      3. DNR status
      4. Current MAR
      5. Medicaid/Medicare/Insurance cards
   4. Notify [insert appropriate title].
   5. Reassure other residents.
   6. Upon the arrival of emergency medical personnel, present any DNR orders.
   7. Provide the emergency medical personnel with a concise, factual account of events and all treatment efforts.

## **Flood**

**If it has been raining hard for several hours, or steadily raining for several days, be alert to the possibility of flood.**

Listen to local radio or TV stations for flood information. The emergency broadcasting system will give direction regarding an area flood watch and/or flood warning.

**If flooding affects the building, its grounds and/or the ability to safely get to the building:**

1. [Insert appropriate title] will determine if facility should evacuate following evacuation procedures and emergency escape route assignments,
   1. [Insert appropriate title] will account for all personnel before and after evacuation.
2. If outdoors:
   1. Climb to high ground and stay there.
   2. Avoid walking or driving through flood water.
   3. If vehicle stalls, abandon it immediately and climb to higher ground.

## **Hurricane**

**The nature of a hurricane provides for more warning than other natural and weather disasters. A hurricane watch is issued when tropical storm and/or hurricane conditions are POSSIBLE in the watch area. A hurricane warning is issued when tropical storm and/or hurricane conditions are EXPECTED in warning area.**

Once a hurricane watch has been issued:

1. Stay calm and await instructions from the [insert appropriate title] and/or the designated official.
2. Continue to monitor local TV and radio stations for instructions.
3. Determine whether it is safe to shelter in place or if there is a need to evacuate.
   1. If evacuating - Evacuate early out of low-lying areas, at the request of officials.
   2. If sheltering in place – Secure the building, move all loose items indoors and board up windows and openings. Collect drinking water in appropriate containers. Ensure facility is adequately supplied.

Once a hurricane warning has been issued:

1. Be ready to evacuate as directed by the [insert appropriate title] and/or the designated official.
2. Following evacuation procedures and emergency escape route assignments leave areas that might be affected by storm surge or flooding.
   1. [Insert appropriate title] will account for all personnel before and after evacuation.

During a hurricane:

* Remain indoors and consider sheltering in the following areas:
  + Small interior rooms on the lowest floor and without windows,
  + Hallways on the lowest floor away from doors and windows, and
  + Rooms constructed with reinforced concrete, brick, or block with no windows.

## **Severe Cold Weather**

**Use the following procedures to prevent hypothermia (abnormally low body temperature) if there is a loss of heating function during cold weather.**

* Keep informed of all area weather bulletins. Monitor local radio and television stations for updates.
* Have a portable NOAA Weather Radio available and make sure extra batteries are available. Batteries deplete quickly when being used in cold environments
  + **WINTER STORM WATCH** - means that severe winter weather conditions MAY affect the area. This could mean freezing rain, sleet, snow or blizzard conditions could occur.
  + **WINTER STORM WARNING** - means that severe winter weather conditions ARE affecting the area. This means freezing rain, sleet, snow or blizzard conditions are currently occurring.
* If a loss of power occurs, contact the power company to determine the projected duration.

**Be prepared for an extended shelter-in-place period.**

1. Notify [insert appropriate title].
2. Make sure the emergency power supply (if available) is operable and plans are in place to arrange for fuel deliveries should the need arise to run the equipment for an extended period.
3. Ensure all emergency supplies and equipment are on hand or can be readily obtained.
4. Make sure emergency food and water supplies are on hand or can be delivered before severe weather begins.
5. Monitor staffing levels. Consider recalling additional staff before severe weather begins.
6. Establish at least one entrance as a safe entry to the facility. Use deicing salts, rock salt, sand, kitty litter, etc. Ensure entry floors are kept as dry as possible to minimize the potential for falls. Place "wet floor" signs in appropriate locations.
7. Consider withdrawing cash from the bank/ATM before severe weather begins. Loss of power may prevent access to needed cash.

**Monitor the facility's internal temperature. If the temperature declines to 65 degrees Fahrenheit and remains so for 4 hours, or if the temperature falls dramatically lower, implement the below measures:**

1. Establish and maintain contact with [insert appropriate title] and local Emergency Management to advise them of the situation and keep them informed of potential needs if the situation deteriorates.
2. Ensure residents are dressed warmly and have enough blankets/covering.
3. Cover the resident's heads and protect their extremities.
4. Encourage fluid intake.
5. Monitor environmental temperatures and body temperatures.
6. Ensure back-up systems (emergency generators, emergency lighting, additional blankets, emergency water, emergency food supply, etc.) are available and operating as designed in accordance with requirements.
   1. If your facility does not have a back-up generator, contact your County Emergency Manager for possible assistance.
7. Continuously evaluate residents to ensure their safety and welfare are not being jeopardized.
   1. **CALL 911** if a resident or staff member appears to be in danger of heat-related stress.
8. If conditions warrant, or the situation is expected to deteriorate to the point where resident safety and welfare are threatened [insert appropriate title] will determine if facility should evacuate following evacuation procedures.
   1. [Insert appropriate title] will account for all personnel before and after evacuation.

## **Severe Hot Weather**

**Utilize the following procedures to prevent hyperpyrexia (abnormally high body temperature) if there is a loss of cooling function during hot weather:**

* Keep informed of all area weather bulletins. Monitor local radio and television stations for updates.
* Have a portable NOAA Weather Radio available and make sure extra batteries are available.
* If a loss of power occurs, contact the power company to determine the projected duration.

**When the facility's temperature reaches 85 degrees Fahrenheit and remains so for four (4) hours:**

1. Notify [insert appropriate title].
2. Move residents to another air-conditioned part of the facility, if available.
3. Encourage residents to take in more fluids and keep hydrated.
4. Provide cold wash cloths as needed.
5. Conduct an in-service training for staff on the signs and symptoms of heat related illness and proper responses.
6. Be prepared for an extended shelter-in-place period.
7. Open windows to let cooler outside air in and use fans to move air.
8. Monitor environmental temperatures and body temperatures.
9. Establish and maintain contact with local County Emergency Manager and [insert appropriate title] to advise them of the situation and keep them informed of potential needs if the situation deteriorates.
10. Continuously evaluate residents to ensure their safety and welfare are not being jeopardized.
    1. **CALL 911** if a resident or staff member appears to be in danger of heat-related stress.
11. If conditions warrant, or the situation is expected to deteriorate to the point where resident safety and welfare are threatened [insert appropriate title] will determine if facility should evacuate following evacuation procedures.
    1. [Insert appropriate title] will account for all personnel before and after evacuation.

## **Severe Thunderstorms**

**Severe thunderstorms can occur at any time. If flooding occurs, follow the procedure for FLOODS in this manual.**

[Insert appropriate title] or designee will require staff and guest/s to:

* + Stay inside and away from windows.
  + Shut down computers and refrain from using electrical appliances.
  + Monitor radio or TV channels for updates.

## **Tornado**

**Tornadoes happen very suddenly and are often unpredictable. They will bring high winds and possible property damage. In the event of a tornado, SUPERVISOR or designee will require staff and guest/s to:**

1. Stay inside and away from windows.
2. Shut down computers and refrain from using electrical appliances.
3. Monitor radio or TV channels for updates.

Once a tornado warning has been issued by sirens or other means:

1. Seek inside shelter. Consider sheltering in the following areas:
   * Small interior rooms on the lowest floor and without windows,
   * Hallways on the lowest floor away from doors and windows, and
   * Rooms constructed with reinforced concrete, brick, or block with no windows.
2. Stay away from outside walls and windows.
3. Use arms to protect head and neck.
4. Remain sheltered until the tornado threat is announced to be over. When the All Clear is sounded, staff will determine that the building is safe for occupants to move into other areas of the building.

## **Wildfire**

Wildfires can result from natural or man-made occurrences.

If wildfire damage is imminent, staff is to listen to local radio or TV channels to monitor the whereabouts of the fire. If it appears that the fire will directly affect the building, its grounds and/or the ability to safely get to the building:

1. [Insert appropriate title] will determine if facility should evacuate following evacuation procedures and emergency escape route assignments,
   1. [Insert appropriate title] will account for all personnel before and after evacuation.
2. [Insert appropriate title] or designee will notify staff of progression of fire, proximity, and when it is all clear to return to the facility.

# **Code Orange – Terrorist Attack**

## **Terrorist Attack**

**In the event of a terrorist attack at the local level, all staff will follow the following steps:**

1. Staff will direct all residents and visitors to remain inside.
2. Tune in the national or local Emergency Broadcast System on a television, radio, or computer.
3. Await and follow all instructions. [Insert appropriate title] will provide further instruction.

**In the absence of specific instructions from the national or local Emergency Broadcast System:**

1. Gather all residents and visitors into a single interior room; lock all external doors.
2. Staff will try to reassure all residents and visitors.
3. Contact [insert appropriate title] to provide BRIEF update on facility, staff, and residents.
4. Limit telephone use.
   1. Telephones will be used for communicating with external people or entities regarding emergent situations and medical emergencies.
5. If a suspected terrorist as identified or described by valid news sources is within eyesight of the facility, a member of staff will call **911**.

# **Code Purple – Active Shooter**

## **Active Shooter**

In the event of a threat of violence, employees who believe that a situation exists that may jeopardize the safety or security of a resident, staff member, or visitor should immediately call 911 or contact [insert appropriate title]. The employee should give a description of the person(s), and if possible, describe the nature of the threat or give a description of any weapons if known (verbal abuse, knife or gun).

If an active shooter is believed to be near your area and you believe you can exit safely, you should follow these procedures to preserve life and property.

1. Make an announcement to the entire affected area by some means of mass communication, such as a code announcement via an overhead public address system, email broadcast, telephone system, or intranet panic button.
2. If possible, contact the local Police Department via 911 or other emergency number.
3. Give as much information as you can to the dispatcher, including the following information to relay to the local Police Department.
   1. Number of shooters, if known
   2. Location of the shooter(s), if known
   3. Type of weapon(s) being used, if known

If an active shooter is in your area, remember to follow these steps to safely exit - **RUN, HIDE, FIGHT**.

1. If you **RUN**, commit to getting away from the area as quickly and quietly as possible so as not to attract the attention of the shooter.
   1. Get away from the area completely. Don’t stop to look back!
2. If it is possible, help others while you are escaping, but do not allow it to slow you down.
3. If you cannot escape, find a place to **HIDE** or barricade. Follow facility lockdown procedures, as applicable.
4. If you **HIDE**, turn off the lights, close the blinds, and silence cell phones, radios or other noise emitting devices so that you do not attract the attention of the shooter.
5. If you must **FIGHT**, then commit to fighting for your life. Use anything that you can to disable, disarm or disorient the shooter, including chairs, books, fire extinguishers, phones, or improvised weapons.

Know what to expect from law enforcement officers when they arrive on the scene. Officers will be carrying weapons, and their primary task is to stop the shooter. They will likely be traveling in teams and will not be stopping to assist victims. The officers may not know the location or identity of the shooter, so do not let them mistake you for the shooter.

1. If you encounter law enforcement officers, do exactly as you are told and remain as calm as possible under the circumstances.
2. Empty and raise your hands and avoid rushing towards the officers.
3. If an officer orders you to lay down on the ground, comply without objection, as they are trying to eliminate all suspects.
4. Remain quiet and calm. Avoid shouting, pointing, screaming, or yelling.
5. Don’t stop and ask the officers for directions or evacuation points.
6. If the officers keep moving, proceed in the direction from which they came until you are safely out of harm’s way.

## **Hostage Situation**

**In the event of a hostage situation, staff will follow the outlined steps below:**

The following is the role of Key Personnel in a hostage situation.

1. Employee Taken Hostage
   1. Do everything the captor says to do.
   2. Speak *only* when spoken to. *Never* make wisecracks.
   3. Keep eye contact with the captor(s) but don't stare. *Don't* turn away from the captor unless so ordered. Captors are less likely to harm hostages at whom they are looking.
   4. Try not to show your emotions. Captors play on emotional weaknesses.
   5. Act relaxed. This may relax the captor(s).
   6. Sit, if possible, to avoid appearing aggressive.
   7. Tell the captor(s) your first name. This will make you a person, not an object. Try to learn the name(s) of the captor(s).
   8. Try to become "friendly" to your captor(s). Psychologically, it is much harder for a captor to harm a hostage they know or like.
   9. Get rid of personal effects-photos of your spouse, and keys if possible.
   10. Don't make suggestions to the captor(s). If your suggestions go wrong, the captor may think that you tried to create problems.
   11. Be especially careful during the first four or five minutes. These are the most critical minutes because captors are as desperate and jumpy as hostages.
   12. Be patient. Have faith in fellow workers and trained hostage negotiators.
   13. Carefully weigh any chance to escape. Be sure escape is certain and won't endanger anyone else.
2. The First Employee to Identify a Hostage Situation
   1. Secure the immediate area. If possible, evacuate all non-participants.
   2. Secure the door, if appropriate, to isolate the incident.
   3. Immediately report the hostage situation by calling **911.**
   4. Carefully observe the situation so you can report fully on the:
      1. Number of hostages.
      2. Type of disturbance.
      3. Number of Captors.
      4. Type and number of weapons possibly in the possession of the captor(s).
   5. Make specific notes of any threats or demands. Use the words of the captor(s). Don't paraphrase.
   6. Don't speak to media. Note: [Insert appropriate title] or designee will handle all media communications in coordination with law enforcement.
3. The First Staff Person on the Scene
   1. Assess the situation.
   2. Contact 911 and [insert appropriate title].
   3. Take control of the scene until a more senior staff member arrives.
   4. Supplement and reinforce personnel on the scene as the situation dictates to prevent death and injury to the hostage(s).
   5. Complete a Hostage Crisis Information Form (Attached).
   6. When law enforcement and [insert appropriate title] arrive, provide the following information:
      1. Number of Hostages.
      2. Threats and demands of captor(s). Relate the exact words used by the captor(s).
      3. Type and number of weapons believed to be in the possession of the captor(s).
      4. Number, name and location of any patients and staff still in the area.
      5. Precise area controlled by the captor(s).
      6. Floor plan of the area.
      7. Identity and description of the hostages and the captors. Provide photographs, if possible, of any participants.
      8. Location and extensions of all telephones in the area.
4. Trained hostage negotiators or other law enforcement agencies should handle all negotiations with the captors. If staff must begin negotiations before the trained negotiators arrive, adhere to the following:
   1. Use a staff member--not an administrator or supervisor--to conduct the negotiations. This will allow the use of delaying tactics such as, "I'll ask, "or "I'll seek clarification."
   2. Answer all demands with, "I'll do the best I can."
   3. Never answer a demand with "No."
   4. Never give drugs to any participant in a hostage situation.
   5. Make every effort to resolve the situation peacefully. As a primary strategy, assaults do not work. Negotiation does. Be cautious. Time is on your side. More hostages die because of assaults than as a direct result of killing by captors.
   6. If law enforcement officers do stage an assault, get on the floor quickly and stay down.

### **Hostage Crisis Information Form**

# **Code White – Medical Emergencies**

Addressing Medical Emergencies

For severe or life-threatening emergencies, **call 911** immediately. It is the responsibility of the [insert appropriate title] or designee to coordinate support during any emergency until Emergency Medical Services arrives.

1. In any acute medical or psychiatric intervention, the [insert appropriate title] will oversee the situation.
2. At least one staff person, trained in the following, shall be present during hours of operation:
   1. CPR,
   2. Basic first aid,
   3. Heimlich maneuver aid, and
   4. Seizure management.
3. A first aid kit will be available and will be kept in areas known and accessible to all staff.
   1. The first aid kits will contain at least the following items:
      1. A manual giving general guidance on first aid.
      2. Individually wrapped moist wipes or saline solution.
      3. Wrapped sterile adhesive dressings of varying sizes.
      4. Sterile eye pads.
      5. Clasps or safety pins to secure bandages.
      6. Disposable gloves.
      7. Resuscitation mask.
      8. Scissors.
      9. Plastic bag for disposal.
      10. Hand sanitizer.

## **Burns**

1. First-degree burns will be treated with appropriate first aid procedures and referred to a Provider, as needed.
2. For second- or third-degree burns, call paramedics and administer first aid until they arrive.

## **Chemical Ingestion**

1. Poison Control Center (800) 222-1222, will be called for instructions in appropriate treatment.
2. For life threatening situations, **call 911** immediately and close observation should be instituted until they arrive.

## **Code Arrest**

1. **Call 911**
2. CPR must be instituted immediately, when an individual has no pulse, respiration, or both.
   1. If applicable - As a qualified staff is instituting CPR, another staff member will retrieve the AED. The qualified staff member will follow directions for the AED for proper pad placement. Based on the directions that are given by the machine, qualified staff member will follow the directions of the AED or continue with CPR until the paramedics arrive on site.
3. If on-site, [insert appropriate title] has the responsibility for leading the intervention, assigning duties so the various staff can carry out their assignments in a calm and efficient manner.
4. While awaiting the paramedics, another staff member should record the events of the intervention in a concise and timely manner keeping chronological sequence as the intervention progresses.
   1. When the paramedics arrive, a copy of this record should be given to them, keeping one for our records.
5. If on-site, [insert appropriate title] must document the process in the participant record.
6. The [insert appropriate title] will be notified of the emergency as soon as the participant has been attended to by a medical professional (i.e., EMS).

## **Seizures**

1. **Call 911** and follow the instructions the dispatcher provides.
   1. Provide protective care as needed until paramedics arrive.
   2. Do not put anything in their mouth.
2. While awaiting the paramedics, another staff member should record the events in a concise and timely manner keeping chronological sequence as the intervention progresses.
   1. When the paramedics arrive, a copy of this record should be given to them, keeping one for our records.
3. If on-site, [insert appropriate title] must document the process in the participant record.
4. The [insert appropriate title] will be notified of the emergency as soon as the participant has been attended to by a medical professional (i.e., EMS).

# **Appendix**

**[Add applicable appendices here if needed. All memorandums of agreement, memorandums of understanding, additional maps, critical data sheets, etc. should be added for easy access by the user of this plan.]**

## **Emergency Plan – Evaluation Form**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  am  pm SHIFT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Type of Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) in charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) preparing report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Synopsis:**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_ A.M. | \_\_\_\_\_ P.M. | Time Alarm Sounded |
| YES | NO | Proper Code Announced |
| YES | NO | Internal Communications Clear |
| YES | NO | All Clear Announced |

**Staff Response:**

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO | N/A | 911 Called |
| YES | NO | N/A | Staff Reported to Assigned Area According to Plan |
| YES | NO | N/A | Public Areas Cleared |
| YES | NO | N/A | Clients/Visitors Protected |
| YES | NO | N/A | Medical Records & Cell Phone Removed |

**Equipment Used:**

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO | N/A | First Aid Kit |
| YES | NO | N/A | Fire Extinguisher |
| YES | NO | N/A | AED |

**Evacuation:**

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO | N/A | Evacuation Plan Used |

**Problem Areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Plan of Correction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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## **Training**

*Training is an important aspect of any preparedness plan. Training staff in policies and procedures listed in this emergency action plan promote successful navigation through any emergency or disaster.*

**Facility Training Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Exercise | Type of Exercise | Duration | Objective(s) | After Action Review? |
| *09/01/2019* | *Tabletop exercise* | *4 hrs.* | *To test communication plan* | *Yes* |
|  |  |  |  |  |
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## **Annex A. Food Services Contract**

**[Insert contract here]**

## **Annex B. Emergency Transportation Memorandum of Agreement**

**[Insert contract here]**

## **Annex C: Emergency Shelter Memorandum of Agreement**

**[Insert contract here]**

## **Annex D: Facility Map(s)**

**[Insert map(s) of the facility here. Include emergency exits, shelter-in-place locations, and utilities.]**

## **Annex E: Evacuation Map(s)**

**Evacuation route maps have been posted in each work area. The following information is marked on evacuation maps:**

1. **Emergency exits**
2. **Primary and secondary evacuation routes**
3. **Locations of fire extinguishers**
4. **Fire alarm pull stations’ location**

**a. Assembly points**

**• Site personnel should know at least two evacuation routes.**

**[Insert evacuation map here. Be sure to include the originating facility, destination facility, primary route, alternate route, and possible hazards along the way.]**