

#### **ALL HAZARDS**

#### **Purpose**

The purpose of this Incident Planning Guide (IPG) is to identify issues that should be considered when planning for emergencies and unforeseen situations that may impact your nursing home. This IPG identifies planning considerations to assist the nursing home in 4 important areas:

- Mitigation
- Preparedness
- Immediate and Intermediate Response
- Extended Response and System Recovery

This is an "all hazards" IPG and the issues presented will apply to many different types of emergencies. It is not uncommon for one emergency to lead to another, e.g., a fire may trigger evacuation procedures, or an extended utility failure may warrant a response to cold or heat exposure.

Nursing homes are encouraged to customize this IPG to meet their specific requirements which should take into account the vulnerabilities and risks identified in your nursing home's Hazard Vulnerability Analysis (HVA). It is also advised to consult with local emergency management officials to understand the hazards specific to the community.



	Does your nursing home		
	MITIGATION		
1.	Address local threats and the impact of those threats in the annual Hazard Vulnerability Analysis, including the identification of mitigation strategies and tactics?		
2.	Participate in pre-incident local response planning with public safety officials (e.g., emergency medical services, fire, and law enforcement), local emergency management officials, other area nursing homes, regional healthcare coalition coordinators, and other appropriate public and private organizations, including meetings and conference calls to plan and share status?		
3.	Have a cache of basic <u>emergency supplies</u> , including flashlights, headlamps, batteries, protective gear (work gloves, safety goggles, masks, and helmets), first aid supplies, sealing tape, food and water, and emergency lighting? Is this cache maintained in working condition and routinely inspected? Is the location of the cache known and is it easily deployable to assigned personnel?		
4.	Have a plan for reminding staff about personal and home emergency preparedness and the importance of exercising it annually?		
5.	Maintain a fire defensible space that includes all buildings on site?		
6.	Ensure all fire detection systems are routinely tested, reviewed by the local fire service, and procedures are in compliance with regulatory and accreditation standards?		
7.	Update and maintain accessible maps which note the location of all on-site fire hydrants, stand pipes, sprinkler systems, dry suppression systems, hose bibs, and other fire suppression systems? Are maps readily available in the Nursing Home Command Center?		
8.	Have systems to connect to <u>alternate water sources</u> to support fire suppression, wastewater, and cooling systems if needed?		
9.	Have a procedure for <u>rationing</u> water and other utilities, if necessary?		
10.	Have a plan to address flooding on the grounds and measures to prevent water from flowing into the facility (sandbags, pumps, etc.)?		
11.	Conduct utility inspections, testing, and maintenance for:  Generator (fixed, emergency, and deployable)? Power system? Water? Sewage? Natural gas? Medical gas?		
12.	Have a plan to initiate pre-incident nursing home hardening actions (e.g., test backup generators, protect high risk areas, top off fuel tanks, etc.)?		



	Does your nursing home
13.	Have utility contractors or service vendors for emergency repairs and immediate response?
14.	Agreements or contracts for provision of potable water, generator fuel, and repairs?
15.	Procedures to rapidly replace utility system components such as air filters (e.g., high-efficiency particulate absorption [HEPA]) within the heating, ventilation, and air conditioning systems?
16.	Clearly identified valve controls to the main and area supply valves and area shutoff valves for piped utilities such as medical gases and vacuum systems accessible?
17.	Maintain a cache of spare phones and a communication directory? Is the Communication plan updated annually?
18.	Maintain pre-incident standardized messages for communicating risks and recommendations to the public and media?
19.	Undergo building evaluations to identify mitigation activities that would prevent or reduce damage when an earthquake occurs?
20.	Utilize earthquake shelving or other means to prevent objects from falling during an earthquake? This may include securing of cabinets, bolting large storage carts and shelving, moving objects off of high shelves, etc.
21.	Routinely ensure that all entry and exit points in both clinical and nonclinical areas are kept free of obstruction? Are potential entry and exit points for the nursing home contained in a single document or file for rapid access?
22.	Have panic and automated door intrusion alarms installed in all buildings? Are the alarms routinely tested?
23.	Enforce a staff photo identification badge policy and procedure?
24.	Have a visitor policy that provides visible identification and tracking of all visitors, vendors, and others who may be on site?
25.	Maintain hazardous materials in a safe and secure area of the nursing home? Is the inventory routinely checked?
26.	Maintain potentially explosive and combustible materials (e.g., oxygen, propane, acetylene) in a safe and secure environment? Are the sites routinely observed? Is there a policy or procedure in place if materials are tampered with or missing?
27.	Have a security system to ensure residents with altered mental capacity (e.g., dementia) cannot wander from assigned areas or units?



	Does your nursing home	
28.	Have security technology (closed circuit television [CCT] or video cameras and surveillance recording capabilities [digital or tape] in the nursing home and campus) to assist law enforcement in collecting information and controlling building access?	
29.	Have deployable equipment to restrict access to pedestrian and vehicle traffic?	
30.	Provide information and education to staff on infection control precautions, personal protective equipment, and exposure prophylaxis?	
31.	Have a plan to limit access to the nursing home to prevent exposure of residents, staff, and facilities?	
32.	Use expert information sources (e.g., Infectious Disease Society, in-house infectious disease clinician, Centers for Disease Control and Prevention website, city or county health departments) when planning for infectious disease incidents, evaluation, and treatment?	
33.	Identify and train staff to continually monitor:  ☐ Pre-incident weather forecasts and projections? ☐ Directions from public safety officials? ☐ Other intelligence sources to maintain current situational awareness of an event?	
	PREPAREDNESS	
1.	Have an Emergency Operations Plan (EOP) that designates who has the authority to activate the:  □ EOP? □ Nursing Home Command Center? □ Emergency response procedures (i.e., Evacuation, Shelter-in-place, Fire, Missing Resident, Infectious Disease, etc.)? □ What are the criteria/triggers for activation?	
2.	Have on hand the supplies needed for daily operations as well as a surge in occupancy for up to 96 hours of self-sustainment?	
3.		
	Identify and train sufficient depth in personnel for staffing the Incident Management Team (IMT) positions if there are absences due to staff injury or illness?	
4.		
	positions if there are absences due to staff injury or illness?	



	Does your nursing home	
7.	Train staff on the evacuation policy and procedures, including the use of evacuation assist devices, safety considerations, primary and secondary evacuation routes, and prioritization of residents?	
8.	Participate in community evacuation exercises?	
9.	Have the technology (e.g., TV, internet, radio) and policies in place to monitor events?	
10.	Have established search procedures for a missing resident, including the following:  ☐ Tracking systems to ensure all areas have been searched?  ☐ Nursing home and campus floor plans, maps, and evacuation routes?  ☐ Search grids and restriction of movement?  ☐ Communication equipment to relay results to the Incident Management Team (IMT) and law enforcement?	
11.	Tailor training to specific units, resident populations, or job functions?	
12.	Maintain <u>shelter-in-place</u> and <u>evacuation procedures</u> with escape procedures and route assignments (e.g., floor plans, safe areas, reunification sites)?	
13.	Have evacuation procedures that detail:    Criteria to evacuate all or sections of the nursing home based on damage assessments?   Evacuation routes, tracking tools, necessary supplies and equipment, and a secondary site?   Protocols that define:   Planned versus immediate evacuation?   Immediate versus delayed evacuation?   Vertical versus lateral evacuation?   Partial versus complete evacuation?   Equipment for bariatric residents, residents with access and functional needs, and residents with disabilities?   The process to facilitate the transfer of individual resident information, medications, and valuables with the resident?   Personnel roles in the evacuation including training for nonclinical staff to assist?   The process to reassign staff to alternate sites and staging areas, and other nursing homes?   Identify routes of egress?   Coordination with ambulances and other transportation providers, including:   Additional out of area medical transportation?   Nonmedical transportation providers (school buses, other types of buses, etc.)?	
14.	Have Business Continuity Plans that include use of computerized resident and billing records from another adequately secured location?	



	Does your nursing home
	Have a plan to expand resident care capabilities in the face of a rapid outbreak of infectious residents that includes:
15.	<ul> <li>□ Rapid identification, triage, and isolation practices in the facility?</li> <li>□ Expanding isolation capability (cohorting, portable HEPA filtration, etc.)?</li> <li>□ Staff PPE and use of fit-tested personnel?</li> <li>□ Integration with other local nursing homes, clinics, public health, and emergency</li> </ul>
16.	management?  Have a plan for alternate care sites including set up, equipment, staffing, and signage?
10.	nave a plan for alternate care sites including set up, equipment, starting, and signage:
17.	Have a plan to manage dispensing prophylactic medications to staff and for administering vaccines when available?
18.	Have a process in place to determine appropriate amounts of personal protective equipment and hand hygiene supplies required for incident response? Is there a process in place to procure additional supplies?
19.	Have a plan to increase the capability to perform specific screening tests for designated pathogens and safely package, identify, and transfer laboratory specimens to external testing sites, including local, state, and federal labs? Relay laboratory results to internal clinical sites and external partners?
20.	Have a procedure to regularly inventory antiviral and medication supplies, personal protective equipment, and other required supplies?
21.	Have a plan to monitor the health status of staff who participate in triage and treatment activities and to provide appropriate medical follow-up?
22.	<ul> <li>Have a staffing plan that includes:</li> <li>□ Procedures to evaluate the need for additional staff including contingency staff utilization and support?</li> <li>□ An established list of backup or relief staff that need to be in the nursing home or relocation site before or after the incident to continue resident care, if applicable?</li> <li>□ A list of nonessential staff that may be used in alternate roles?</li> <li>□ A plan to modify staffing and work hours?</li> </ul>
23.	Have a plan for contacting personnel (i.e., staff call back lists) and a backup system if primary systems fail?
24.	Have a plan to send a representative to the local emergency operations center (EOC)?



	Does your nursing home
25.	Assess the need and plan for sheltering staff and families including:  Provisions for dependent elders, children, and pets?  Location of rest and hygiene facilities for staff, visitors, and families?  Sufficient supplies for hygiene, food and water, sleeping, and recreation?  Policy for pet sheltering that addresses identification, vaccines, medicines, bedding, and litter?  Orientation to the site including safety and security, hours of operations, and feeding options?
26.	<ul> <li>Maintain a communication plan that includes:</li> <li>Pre-incident standardized messages for communicating the risks associated with different types of incidents?</li> <li>Distribution of radios, auxiliary phones, and flashlights to appropriate people and areas?</li> <li>Rapid communication of weather status (watch, warning)?</li> <li>A protocol to notify local emergency management, the public health department, emergency medical services, ambulance providers, and other area nursing homes of the situation and possible need to evacuate?</li> <li>Procedures for establishing a media staging area and for providing regular media briefings regarding nursing home status?</li> <li>Procedures to communicate situations and safety information to residents, staff, and family/guardians, including relocation if evacuation ordered?</li> <li>Procedures for establishing redundant communications with public safety and local emergency management officials if normal communications are damaged?</li> </ul>
27.	<ul> <li>Maintain <u>utility failure procedures</u> which address:</li> <li>□ Damage to the nursing home structure and infrastructure, including damaged water and sewer lines, electrical and information systems, fuel sources, communications, medical gases, alarm systems, waste and hazardous materials?</li> <li>□ Loss of heating, ventilation, or air conditioning systems?</li> <li>□ Alternative sources and systems if any utility fails? (e.g., battery powered lights, flashlights, etc. for loss of lighting)?</li> <li>□ Communication to staff that only essential equipment is plugged into emergency power outlets throughout the nursing home and other utility conservation measures as needed?</li> <li>□ Communication with the utility company's operations center to ascertain scope and length of service interruption?</li> <li>□ Verification that emergency generators are assuming the power load as designed?</li> <li>□ Verification that exhaust fans and air handlers supplied by emergency power are operational?</li> <li>□ Acquisition of generator fuel and repairs to maintain emergency power?</li> <li>□ Evaluation of the power system for load shedding potential?</li> </ul>
28.	Have criteria to initiate, and the capability to, shut down air intakes to prevent smoke from entering the nursing home?



Does your nursing home	
29.	Identify, document, and test redundant contact information for vendors, suppliers, response partners, and key stakeholders?
30.	Have a protocol to assess resident conditions and prioritize those most at risk for exposure to heat and cold?
31.	Maintain <u>lockdown procedures</u> (full and zoned lockdown capabilities)? Have all staff been trained in the nursing home and campus lockdown procedures and the impact on operations?
32.	Have emergency call boxes within parking lots, garages, and other remote locations?
33.	Provide training and reporting procedures that differentiate between an armed suspect, a barricaded suspect, a hostage situation, and an active shooter?
34.	Have a process for staff or residents to alert the nursing home of any <u>restraining orders</u> or other restrictive court orders?
35.	Have procedures to maintain sanitation systems throughout the nursing home, including providing personal hygiene and sanitation supplies (e.g., hand wipes, portable toilets, potable water)?
36.	Have procedures and forms to track cost expenditures and provide reports?
37.	Have plans to protect or recover lost data or wet/damaged documents?
38.	Have mutual aid agreements with emergency medical services and with other nursing homes when your nursing home has to be evacuated or abandoned?
	IMMEDIATE AND INTERMEDIATE RESPONSE
1.	Have a plan to secure and <u>maintain security</u> at the nursing home including a policy to secure the immediate area and to restrict entrance or exit of non-essential personnel?
2.	Have sufficient staff to enforce perimeter security and safety? Can this staff be rapidly augmented?
3.	Maintain contact information for all potential daily vehicle traffic (e.g., vendors, deliveries, transport vans, etc.) in the Nursing Home Command Center/
4.	Have protocols to assess, treat and document resident, visitor, and staff <u>injuries</u> ?
5.	Have a plan to provide rest and sleep areas, nutrition, and hydration to staff?
6.	Have a procedure to quickly deploy equipment, supplies, and medications?
7.	Have a plan to maintain continuity of operations including trash, food, linen, laundry, etc.?



	Does your nursing home	
8.	Have procedures to monitor environmental issues and biohazardous waste disposal during and after the incident for an extended period?	
9.	Have criteria and a process to determine the need for complete or partial <u>evacuation</u> of the nursing home?	
10.	Have a plan to rapidly initiate shelter-in-place, including procedures to:  ☐ Shutdown heating, ventilation, and air-conditioning systems? ☐ Secure and limit access to the nursing home to designated secure screening points for staff and visitors entering the facility? ☐ Regularly re-evaluate shelter-in-place vs. evacuation and coordinate decision making with local officials? ☐ Establish priorities for the nursing home? ☐ Initiate assembly area and holding area operations, including the provision of adequate staff and equipment? ☐ Facilitate the transfer and tracking of individual resident information, medications, and valuables with the resident? ☐ Transport critical residents, coordinate with ambulances and other transportation providers, including: ☐ Additional out of area medical transportation? ☐ Nonmedical transportation providers (school buses, other types of buses, etc.)?	
11.	Have multiple methods and equipment for evacuating residents (e.g., chairs, stretchers, backboards, sled type devices, blanket drag, single person carry, multiple person carry)?	
12.	<ul> <li>Maintain a communication plan that includes procedures to:</li> <li>□ Obtain situation reports and utility status updates from the local emergency management agency and utility providers?</li> <li>□ Notify the family members of residents regarding the situation?</li> <li>□ Provide accurate and timely briefings to staff, residents, family members/guardians, and area nursing homes during extended operations?</li> <li>□ Collect and maintain current contact numbers for all external authorities in the Nursing Home Command Center and at the switchboard?</li> </ul>	
13.	Use social media to disseminate information during and after the event?  ☐ Are all messages approved through the incident's Liaison/Public Information Officer (Liaison/PIO) and the Incident Commander prior to release?  ☐ Is information coordinated within the Joint Information Center in cooperation with local, regional, and state emergency management partners?	



	Does your nursing home
14.	Have <u>fatality management procedures</u> that address:  Integration with local or state medical examiner or coroner?  Preservation of evidence and chain of custody?  Religious and cultural concerns?  Management of contaminated decedents?  Family/Guardian notification procedures?  Behavioral health support for family and staff?  Documentation?
15.	Have a process to:  ☐ Reassess the status of the nursing home, resident care, and staffing and adjust the Incident Action Plan and operations accordingly?  ☐ Assess current nursing home surge capacity and initiate discharge procedures?
16.	Have procedures to notify and engage appropriate internal and external experts including:  Security? Safety? Decontamination teams? Respiratory? Infection control? Engineering, facilities, and plant operations? Toxicologist or chemical expert
17.	Have a policy and procedure to access the status of the community to ensure the safety of discharged residents?
18.	Have a mechanism to regularly evaluate the performance of the following:  □ Electrical systems? □ Phones? □ Water? □ Natural gas? □ Medical gas? □ Alarms? □ Fire sprinkler systems?
19.	Have a plan for prioritizing emergency power allocation to critical infrastructure (e.g., heating, ventilation, and air conditioning units, morgue, elevators, ventilators, information technology, and other systems) during an extended activation?
20.	Have a process for safe <a href="mailto:shutdown">shutdown</a> of the nursing home, including:  Computers -and other electrical equipment?  Heating, ventilation, and air conditioning?



	Does your nursing home	
	<ul> <li>□ Power, water, gas, and medical gases?</li> <li>□ Methods to protect paper records not being evacuated?</li> <li>□ Maintaining nursing home security in all areas during and after closure?</li> <li>□ Securing or movement of hazardous materials?</li> </ul>	
21.	Maintain a plan to conduct regular media briefings, in collaboration with the local emergency management agency, local emergency operations center, and the Joint Information Center?	
22.	Have a plan to supplement staffing through call backs or requesting resources from local emergency management, local emergency operations center, emergency medical services, fire, law enforcement, and regional medical resources?	
23.	Have a process to provide accurate and continuous incident documentation, computerized or manual, including:  ☐ Resident care? ☐ Incident management (Incident Action Plan, NHICS forms, etc.)? ☐ Actions, decisions, and activities and to track response expenses	
24.	Maintain supplies and plans to address extreme heat, including:  ☐ Cooling measures (fans, ice, cold packs)? ☐ Cold water and fluids for hydration? ☐ Medications for sunburn, heat exhaustion, and heat stroke?	
25.	Maintain supplies and plans to address <u>extreme cold</u> , including:  ☐ Warm blankets? ☐ Warm IV fluids? ☐ Warm liquids for hydration? ☐ Medications for hypothermia and frostbite?	
26.	Identify criteria and procedures to modify the resident visitation policy during an incident?	
27.	Have a plan to protect or recover lost data or damaged documents?	
28.	Have procedures for decontamination and clean-up of the nursing home including bacteriological surveillance and potable water supply sanitation?	
29.	Have <a href="hazardous material response procedures">hazardous material response procedures</a> that include:  ☐ Initial actions: Recognize, Avoid, Isolate, Notify (RAIN)? ☐ Search procedures for personnel? ☐ Internal notification procedures for staff, residents and visitors? ☐ External notification procedures including addressing the use of the Liaison/PIO role to coordinate response and recovery with law enforcement ☐ Hazardous and explosive materials inventory?	



	Does your nursing home	
	<ul> <li>□ Search grids?</li> <li>□ Nursing home and campus floor plans, maps, and evacuation routes?</li> <li>□ Alternate communications technology?</li> <li>□ Procedures for immediate and planned evacuation or shelter-in-place of the nursing home?</li> <li>□ Restriction of movement?</li> <li>□ Restriction of pedestrian and vehicle movement on campus?</li> <li>□ Evidence preservation measures in cooperation with law enforcement?</li> </ul>	
	EXTENDED RESPONSE AND SYSTEM RECOVERY	
1.	Maintain a Business Continuity Plan for longer term events?	
2.	Have position depth to support extended operations of the Incident Management Team?	
3.	Have procedures for <u>repatriation</u> of residents and staff, including:  ☐ Managing resident repatriation? ☐ Resident transportation coordination with sending nursing homes? ☐ Medical records management? ☐ Room assignments?	
4.	Have a policy and procedure to assess damage post incident and initiate repairs and report this to the Nursing Home Command Center?	
5.	Have a process to:  □ Salvage equipment remaining onsite? □ Secure kitchen and laundry areas? □ Secure diagnostic areas and medications? □ Maintain traffic control on campus, as needed? □ Determine nursing home cleaning needs, including the use of contract service assistance? □ Ensure equipment, medications, and supplies are reordered to replace stock supplies? □ Ensure all necessary equipment is usable and safety checked, and equipment and supplies are reordered, repaired, and replaced as warranted? □ Prioritize service restoration activities? □ Monitor contractor services (work quality, costs, etc.)? □ Return borrowed equipment after proper cleaning and replenishment of supplies?	
6.	Maintain procedures for restoring normal nursing home visitation and non-essential service operations?	
7.	Have a policy and procedure to return non-traditional areas used in operational support (resident care, rest areas, pet shelters) to pre-incident status?	
8.	Have a plan to provide behavioral health support to residents, staff, and families, including obtaining services of local or regional resources?	



	Does your nursing home	
9.	Have a policy and the technology in place to notify all residents, staff, and stakeholders of the conclusion of the incident?	
10.	Have a dedicated space for long term operations of outside response agencies, including law enforcement?	
11.	Maintain demobilization procedures that include criteria for deactivation of positions, reactivation of services, and the return to normal operations?	
12.	Have a continuing process to capture all costs and expenditures related to operations? Does it include addressing insurance reporting requirements?	
13.	Have a process for documenting and submitting costs for disaster reimbursement from insurance carriers, as well as local, state, and Federal Emergency Management Agency (FEMA) disaster relief?	
15.	Have a policy and procedure to address line-of-duty death?	
16.	Have procedures to debrief residents, staff, and community partners on the activation?	
17.	Have procedures to collect and collate incident documentation and formulate an After Action Report and Corrective Action and Improvement Plan?	