HealthCap

RISK MANAGEMENT & INSURANCE

DISASTER PREPAREDNESS MANUAL
Second Edition - 2018

HealthCap
RISK MANAGEMENT SERVICES

DISASTER PREPAREDNESS MANUAL - TABLE of CONTENTS

Section IV – Weather Related Emergencies

Section V – Man Made Threats

Section VI – Evacuation

Section VII – Elopement

Section VIII - Active Shooter

DISASTER PREPAREDNESS MANUAL
SECTION I - GENERAL

DISASTER PREPAREDNESS MANUAL

Policy and Procedure

Policy:
This Disaster Preparedness Manual was developed to assist facilities in their efforts to provide a safe environment for residents, employees and visitors. The emphasis of this manual is to provide ongoing training to foster appropriate response to unexpected or emergent events, provide for the orderly operation of the facility, and coordinate the use of resources and personnel in an effective and timely manner.

Procedure:
The management team will institute the appropriate disaster plan located in this manual to address emergent situations as they arise. The responsibilities of the management team include initiating a calm, effective approach to addressing the emergency and avoiding panic among residents and employees.

Important reminders for managers to reinforce with employees include:

- Do not panic or startle residents unnecessarily

- Do not run through the building but walk with purpose

- Do not use elevators in the event of fire

- All employees to return to their designated units immediately

- Do not use telephones or other wired communication devices in the event of fire

- Reassure residents with a calm approach; do not rush residents

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ ____

HealthCapRMS/DPM.0001.18

HealthCap
RISK MANAGEMENT SERVICES

EMERGENCY/DISASTER CONTACT INFORMATION'

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for residents, employees and visitors.

Procedure:
1. Emergency and Disaster Contact Information will be located in Disaster Preparedness Manuals at each nursing station and in a central location with other policies and procedures.

2. The management team will provide appropriate training to all staff on where contact information is located to expedite making related reports and request for assistance.

3. Updating the Emergency and Disaster information on the Contact Information List will be the responsibility of the Administrator or designee.

4. The Contact Information List will be reviewed annually and with any change in management personnel for accuracy by the Administrator or designee.

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____   _____   _____   _____   _____

HealthCapRMS/DPM.0002.18

EMERGENCY/DISASTER CONTACT INFORMATION

Name	Department	Home Phone	Cell Phone
	Administrator		
	Assistant Administrator		
	Administrative Secretary		
	Director of Nursing		
	Medical Director		
	Physiatrist		
	Controller		
	Asst. Director of Nursing		
	Corporate Compliance		
	Infection Control Nurse		
	Staff Dev./In-service		
	MDS Nurse leader		
	Assisted Living Director		
	Maintenance Director		
	Safety Committee		
	Admissions		
	Social Service Lead		
	Human Resources Lead		
	Laundry/Housekeeping Lead		
	Activities Director		
	Dietary Manager/Dietician		
	Rehabilitation Director		
	Activity Director		
	Nurse Managers		
	Office Manager		
	Financial Specialists		
	Medical Records		
	Scheduling Coordinator		
	Medical Records		

(Remember to include business, cellular, home, pager, and off hours/emergency numbers)
HealthCapRMS/DPM.0002.18

Physicians
(Include Cell Phone Number, Home Phone Number and Office Phone Number)

Name	Title/Position	Cell Phone	Home #	Office #
	Medical Director			
	Staff physicians			
	Podiatrist			
	Psychiatrist			
	Dentist			
	Ophthalmologist			
	Optometrist			

Fire/Police/Emergency	Telephone Number
Fire Department	
Local Police Department	
State Police Department	
Sheriff Department	
Ambulance Company (companies) & Name	
Local Civil Defense	
Local American Red Cross	
Poison Control	
Hospice	
Local Hospitals	
Hospital #1	
Hospital #2	
X-Ray Services	
Laboratory	
Pharmacy (Pharmacies)	
State Abuse Hotline	
State Reporting Hotline	
Licensing Officer	
Evacuation Locations:	

HealthCapRMS/DPM.0002.18

Suppliers/Support

Type	Name	Telephone Number
Corporate Contact		
Liability Insurance Support Hotline		**877-473-7773**
Attorney/Corporate Counsel		
Electric Service		
Gas Service		
Water Supplier		
Transportation		
Information Technology/Computers		
Telephone Service		
Hospitals		
Alarm Company/Door and Fire		
Boiler Company		
Elevator Company		
Locksmith		
Plumbing		
Air Handlers		
Telephone		
Sewer/Drain Service		
Cable Company/Satellite		
Food Service		
Dairy Service		
Oxygen Supplier		
Waste Removal		
Vending Machines		

Media Source	Name	Telephone Number
Television	**CBS**	
	ABC	
	NBC	
	FOX	
Radio		
Weather Bulletins		
Newspapers		

HealthCapRMS/DPM.0002.18

Related Policies:
    Emergency Supply Box HealthCapRMS/DPM.0005.18
    Fire/Explosion: Safety Plan HealthCapRMS/DPM.0009.18
    Loss of Call Light System HealthCapRMS/DPM.0018.18
    Natural Gas Leak HealthCapRMS/DPM.0019.18
    Interruption of Natural Gas Service HealthCapRMS/DPM.0020.18
    Telephone Service Failure HealthCapRMS/DPM.0021.18
    Water Line Break/Flooding HealthCapRMS/DPM.0022.18
    Interruption in Water Supply HealthCapRMS/DPM.0023.18
    Emergency Water Purification HealthCapRMS/DPM.0024.18
    Unscheduled Emergency Power Outage HealthCapRMS/DPM.0025.18
    Unscheduled/Emergency Power Outage – No Generator HealthCapRMS/DPM.0026.18
    Cold Weather Emergency HealthCapRMS/DPM.0027.18
    Heat Wave Advisory HealthCapRMS/DPM.0028.18
    Heavy Snow/Blizzard/Ice Conditions HealthCapRMS/DPM.0029.18
    Tornado Warning HealthCapRMS/DPM.0030.18
    Hurricane Safety HealthCapRMS/DPM.0032.18
    Earthquake Preparedness HealthCapRMS/DPM.0033.18
    Earthquake – Actual Event HealthCapRMS/DPM.0034.18
    Post-Earthquake Event HealthCapRMS/DPM.0035.18
    Biological Event: Suspected Terrorism HealthCapRMS/DPM.0036.18
    Bomb Threat HealthCapRMS/DPM.0037.18
    Work Place Weapons HealthCapRMS/DPM.0038.18
    Threat of Violence Checklist HealthCapRMS/DPM.0039.18
    Bomb Threat Checklist HealthCapRMS/DPM.0040.18
    Chemical Spill HealthCapRMS/DPM.0041.18
    Hazardous Accidents or Incidents HealthCapRMS/DPM.0042.18
    Emergency Evacuation – Unit/Floor HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____   _____   _____   _____

DESCRIPTION OF EMERGENCY CODES

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees and visitors.

Procedure:
Emergency Codes will be established to identify different types of disasters for employee notification; i.e., Fire, Elopement, Tornado, etc. The management team will provide appropriate training to all employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible during emergency events.

1. A list of all Descriptive Codes will posted in the Disaster Plan Manuals that are located at each nursing station, in the Administrator's office, and in any other location determined by the facility.

2. The Codes are (*Use the space below to identify Emergency Codes specific to your facility*).

    a.

    b.

    c.

    d.

    e.

HealthCapRMS/DPM.0003.18

Related Policies:

    Fire/Explosion: Safety Plan HealthCapRMS/DPM.0009.18
    Natural Gas Leak HealthCapRMS/DPM.0019.18
    Interruption of Natural Gas Service HealthCapRMS/DPM.0020.18
    Telephone Service Failure HealthCapRMS/DPM.0021.18
    Water Line Break/Flooding HealthCapRMS/DPM.0022.18
    Interruption in Water Supply HealthCapRMS/DPM.0023.18
    Emergency Water Purification HealthCapRMS/DPM.0024.18
    Unscheduled Emergency Power Outage HealthCapRMS/DPM.0025.18
    Unscheduled/Emergency Power Outage – No Generator HealthCapRMS/DPM.0026.18
    Cold Weather Emergency HealthCapRMS/DPM.0027.18
    Heat Wave Advisory HealthCapRMS/DPM.0028.18
    Heavy Snow/Blizzard/Ice Conditions HealthCapRMS/DPM.0029.18
    Tornado Warning HealthCapRMS/DPM.0030.18
    Hurricane Safety HealthCapRMS/DPM.0032.18
    Earthquake Preparedness HealthCapRMS/DPM.0033.18
    Earthquake – Actual Event HealthCapRMS/DPM.0034.18
    Post Earthquake Event HealthCapRMS/DPM.0035.18
    Biological Event: Suspected Terrorism HealthCapRMS/DPM.0036.18
    Bomb Threat HealthCapRMS/DPM.0037.18
    Work Place Weapons HealthCapRMS/DPM.0038.18
    Threat of Violence Checklist HealthCapRMS/DPM.0039.18
    Bomb Threat Checklist HealthCapRMS/DPM.0040.18
    Chemical Spill HealthCapRMS/DPM.0041.18
    Hazardous Accidents or Incidents HealthCapRMS/DPM.0042.18
    Emergency Evacuation: Building HealthCapRMS/DPM.0044.18
    Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____

DISASTER PREPAREDNESS: FACILITY AUDIT TOOL

Policy and Procedure

Policy:
It is the policy of this facility that appropriate emergency supplies, equipment and resources be available for our residents, employees and visitors in the event of an emergency.

Procedure:
The designated Safety Officer will perform a comprehensive audit of emergency supplies, equipment and resources on a monthly basis. Areas identified as not meeting facility expectations will be corrected immediately and the Administrator will be notified of the corrective action.

A summary report of each audit will be provided to the Quality Assurance Committee on a quarterly basis. Areas requiring corrective interventions will be reviewed to determine the cause and effect of the deviance. The Facility Audit Checklist has been identified as the designated documentation tool for the results of each audit. The checklist is to be completed per facility policy, signed and dated by the designated Safety Officer and maintained with the Quality Assurance documents.

Related Policies:
      Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
      Description of Emergency Codes HealthCapRMS/DPM.0003.18
      Emergency Supply Box HealthCapRMS/DPM.0006.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Review Dates: _____   _____   _____   _____   _____

HealthCapRMS/DPM.0004.18

Disaster Preparedness: Facility Audit Checklist

The following supplies shall be maintained and accessible to members of the facility staff 24 hours a day. It is the responsibility of the Administrator and designated Safety Officer to perform regular audits to ensure compliance is maintained.

_____ Non-electric radio or weather monitor station on each floor

_____ Batteries for non-electric radio or weather monitor station available to staff 24 hours a day (batteries to be replaced quarterly and dated)

_____ Flashlights for each nurse's station and each manager (at a minimum)

_____ Flashlight batteries (batteries to be replaced quarterly & dated)

_____ Additional supply of each battery type maintained at each nurse's station and replenished by the Safety Officer

_____ Fully charged cell phone (at each nurse's station if multi-level facility)

_____ Hand bells or whistles for residents to notify staff in case of emergency

_____ Current resident roster identifying resident specific evacuation abilities, priority location for evacuation (hospital or other non-medical location, depending upon agreements and contracts)

_____ Visitor sign-in log

_____ Resident sign-out log

_____ Employee sign-in log (in event evacuation is necessary)

_____ Disaster manuals in each manager's office and at each nurse's station

_____ Disposable plates and silverware for one month (large Styrofoam "take out" boxes especially useful in multi-level facilities that require food be transported in stairwells)

_____ Adequate supply of bottled water (per state requirements)

_____ Current contract for emergency food and water delivery

_____ Emergency menu for three days of food service

_____ Emergency food supplies kept separate from daily supplies and rotated every six months

HealthCapRMS/DPM.0004.18

_____ One week of food supply for each resident

_____ Emergency back-up box containing critical medications

_____ Emergency electrical outlets for life-sustaining medical equipment easily identifiable per regulation, checked monthly for appropriate operation and documented

_____ Current MSDS manual at each nurse's station

_____ Non-electric generator for emergency outlets, nurse's station, night lights, exit & corridor lights, boiler room, fire alarm system, stairwells, heat and smoke detectors, dietary department; full load test performed per regulation

_____ Fire alarm connected directly to the local fire department

_____ Up-to-date, accurate evacuation plans posted at nurse's stations

_____ Evacuation drills and in-service provided as appropriate and required by regulation, minimum of 85% employee participation, documentation of training materials and sign in sheets maintained

Date of Audit: _____ Time of Audit: _____

Signature of Auditor: _____

Any corrective actions taken: _____

_____

Administrator Signature: _____

Date Submitted to QA: _____

![HealthCap Risk Management Services]

EMERGENCY SUPPLY BOX

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees and visitors.

Procedure:
The management team will provide appropriate training to employees emphasizing the importance of having necessary emergency equipment available at all times.

1. Provide a water proof container (such as a plastic tote) at each nursing station containing the following supplies:

   - Replacement batteries for emergency equipment used at specific nursing stations, which may include:
     - Portable telephones
     - Door alarms
     - Flash lights
     - Emergency radio
     - Any other battery powered devices used for resident care

   - Three-pronged extension cords – the number to be established based on the number of beds served by the nursing unit and the capacity of the generator.

   - Duct tape to secure extension cords to reduce the risk of trip and falls.

   - Hand bells or whistles for individual resident use in the event the call light system is inoperable.

   - Flashlights for each staff member.

   - Emergency contact information for management team including Administrator, Director of Nursing, Director of Environmental Maintenance, etc.

HealthCapRMS/DPM.0005.18

Related Policies:

Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Fire/Explosion: Safety Plan HealthCapRMS/DPM.0009.18
Fire Drill HealthCapRMS/DPM.0013.18
Loss of Call Light System HealthCapRMS/DPM.0018.18
Natural Gas Leak HealthCapRMS/DPM.0019.18
Interruption of Natural Gas Service HealthCapRMS/DPM.0020.18
Telephone Service Failure HealthCapRMS/DPM.0021.18
Water Line Break/Flooding HealthCapRMS/DPM.0022.18
Interruption in Water Supply HealthCapRMS/DPM.0023.18
Unscheduled Emergency Power Outage HealthCapRMS/DPM.0025.18
Unscheduled Emergency Power Outage/No Generator HealthCapRMS/DPM.0026.18
Cold Weather Emergency HealthCapRMS/DPM.0027.18
Heavy Snow/Blizzard/Ice Conditions HealthCapRMS/DPM.0029.18
Tornado Warning HealthCapRMS/DPM.0030.18
Tornado Watch HealthCapRMS/DPM.0031.18
Hurricane Safety HealthCapRMS/DPM.0032.18
Earthquake Preparedness HealthCapRMS/DPM.0033.18
Earthquake – Actual Event HealthCapRMS/DPM.0034.18
Post Earthquake Event HealthCapRMS/DPM.0035.18
Biological Event: Suspected Terrorism HealthCapRMS/DPM.0036.18
Chemical Spill HealthCapRMS/DPM.0041.18
Hazardous Accidents or Incidents HealthCapRMS/DPM.0042.18
Emergency Evacuation: Building HealthCapRMS/DPM.0044.18
Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____   _____   _____   _____   _____

HealthCap
RISK MANAGEMENT SERVICES

TRAFFIC CONTROL AND PARKING

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees, and visitors.

Procedure:
Anxious relatives and friends may cause traffic congestion at the scene of an emergency that could hinder or delay assistance from emergency agencies, equipment and/or facility personnel. The management team will provide appropriate training to employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible during emergency events.

1. The new employee orientation program will include a review of the Traffic Control and Parking policy and procedure.

2. Road blocks may be set up by the local law enforcement agencies once a disaster is reported to them.

3. It is the responsibility of the individual employee who has been summoned to respond to the facility during an emergency to determine which route to use in order to reach the facility in an expeditious manner.

4. Car pooling from the road block area to the designated employee parking area has been a successful practice in other emergency situations. A designated parking area should be identified and highlighted in the Emergency Disaster Manual prior to an emergency event occurring.

5. Depending upon the nature and location of the emergency, the location for employee parking is_____.

6. Depending upon the nature and location of the emergency, the location for visitor and family parking is_____.

7. After arrival at the facility, report to the Administrator or designated manager for further instruction.

HealthCapRMS/DPM.0006.18

Related Policies:

      Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
      Fire/Explosion: Safety Plan HealthCapRMS/DPM.0009.18
      Natural Gas Leak HealthCapRMS/DPM.0019.18
      Interruption of Natural Gas Service HealthCapRMS/DPM.0020.18
      Water Line Break/Flooding HealthCapRMS/DPM.0022.18
      Interruption in Water Supply HealthCapRMS/DPM.0023.18
      Unscheduled/Emergency Power Outage HealthCapRMS/DPM.0025.18
      Unscheduled/Emergency Power Outage – No Generator HealthCapRMS/DPM.0026.18
      Hurricane Safety HealthCapRMS/DPM.0032.18
      Earthquake Preparedness HealthCapRMS/DPM.0033.18
      Earthquake – Actual Event HealthCapRMS/DPM.0034.18
      Biological Event: Suspected Terrorism HealthCapRMS/DPM.0036.18
      Bomb Threat HealthCapRMS/DPM.0037.18
      Chemical Spill HealthCapRMS/DPM.0041.18
      Hazardous Accidents or Incidents HealthCapRMS/DPM.0042.18
      Post-Evacuation of Residents HealthCapRMS/DPM.0045.18
      Plan for Return of Evacuees HealthCapRMS/DPM.0046.18
      Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ _____

SUMMONS/RECALL OF OFF-DUTY PERSONNEL

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees and visitors.

Procedure:
Off-duty employees may be recalled for support at times of immediate and restorative stages of a disaster. The management team will provide appropriate training to all employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible during emergency events.

1. The general orientation process for new employees will include a review of this policy and procedure regarding the Summons/Recall of Off-Duty Personnel.

2. A list of all facility employees will be maintained and updated at least annually, with their telephone numbers and traveling distances to the facility. Department Heads and other key staff will be clearly identified.

3. The first person to be called back will be the Administrator. If the Administrator is not available, an alternate will be called back according to the Line of Authority.

4. Employees will be called back as directed by the Administrator, or designee, with regard to the need for their job description and traveling distance and/or without travel restrictions caused by the disaster.

5. Employees will be reminded to bring their facility identification with them for identification purposes with the local authorities.

6. After arrival at the facility recalled employees will report to the person in charge for assignment.

Related Policies:
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Fire/Explosion: Safety Plan HealthCapRMS/DPM.0009.18
Natural Gas Leak HealthCapRMS/DPM.0019.18
Interruption of Natural Gas Service HealthCapRMS/DPM.0020.18
Water Line Break/Flooding HealthCapRMS/DPM.0022.18
Interruption in Water Supply HealthCapRMS/DPM.0023.18
Unscheduled/Emergency Power Outage HealthCapRMS/DPM.0025.18

HealthCapRMS/DPM.0007.18

Related Policies (Continued):

Unscheduled/Emergency Power Outage – No Generator HealthCapRMS/DPM.0026.18
Hurricane Safety HealthCapRMS/DPM.0032.18
Earthquake Preparedness HealthCapRMS/DPM.0033.18
Earthquake – Actual Event HealthCapRMS/DPM.0034.18
Biological Event: Suspected Terrorism HealthCapRMS/DPM.0036.18
Bomb Threat HealthCapRMS/DPM.0037.18
Chemical Spill HealthCapRMS/DPM.0041.18
Hazardous Accidents or Incidents HealthCapRMS/DPM.0042.18
Post-Evacuation of Residents HealthCapRMS/DPM.0045.18
Plan for Return of Evacuees HealthCapRMS/DPM.0046.18
Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0047.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Review Dates: _____   _____   _____   _____   _____

HealthCap
RISK MANAGEMENT SERVICES

DISASTER PREPAREDNESS MANUAL

SECTION II – FIRE SAFETY

HealthCap
RISK MANAGEMENT SERVICES

FIRE/EXPLOSION: SAFETY PLAN

Policy and Procedure

Policy:
It is the policy of this facility that regular safety inspections be performed and mandatory employee emergency preparedness training be provided to assist in ensuring a comfortable environment for residents, employees, and visitors.

Procedure:
In the event a fire/explosion should occur, the following procedure is to be initiated:

1. If the fire alarm does not automatically activate, pull the nearest fire alarm station, and contact the local fire department.

2. Close all fire doors if they are not automatically closed.

3. Move residents from affected area to a safe zone within the facility. It may not be necessary to evacuate residents from the building depending on the structure, amount of smoke, toxicity of smoke, and fire barriers.

4. Determine if anyone has been injured, stabilize the injured and call 911 for emergency assistance in assessing residents for smoke inhalation and transportation.

5. Notify the Executive Director/Administrator and Director of Nursing Services.

6. Make a general assessment of damage and determine if fire is present. Do not open doors where there is an active fire or immediate danger.

7. If more information becomes available prior to the arrival of emergency response personnel, contact 911 and inform them of pertinent information.

8. Refer to facility floor plan for evacuation if an evacuation procedure is determined to be necessary.

9. If possible, obtain visitor sign in logs, resident rosters and staffing sheets to determine the number of people potentially in the facility at the time of the event.

10. Perform a visual head count of residents, employees, and known visitors to determine their safety and document their presence.

11. Ensure all necessary, life sustaining equipment is connected to emergency outlets.

12. Maintain resident comfort and safety as allowable by performing regular, continuous rounds.

13. Assign employees to monitor residents with behaviors and acute medical conditions until evacuation is completed or facility is deemed safe to return residents to their rooms.

HealthCapRMS/DPM.0008.18

14. If injuries are evident, contact local emergency rooms to inform of emergency transport.

15. Laundry personnel will secure their area by shutting down all equipment and reporting to their designated emergency position.

16. Dietary personnel will secure their area by shutting down all equipment and reporting to their designated emergency position.

17. Maintenance personnel will secure their area by shutting down all equipment and reporting to their designated emergency position.

18. The receptionist shall lock the elevators on the main floor to prevent inadvertent use.

19. Residents, employees and visitors shall remain in designated safe zones until the facility is deemed safe by the fire department and/or construction engineers.

Related Policies:

Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.18
Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
Resetting the Fire Alarm HealthCapRMS/DPM.0011.18
Fire Drill HealthCapRMS/DPM.0012.18
Fire Drill Report H8ealthCapRMS/DPM.0013.18
Recap and Analysis of Fire Drills HealthCapRMS/DPM.0014.18
Fire Safety: Weekly HealthCapRMS/DPM.0015.18
Fire Safety: Monthly HealthCapRMS/DPM.0016.18
Loss of Call Light System HealthCapRMS/DPM.0018.18
Natural Gas Leak HealthCapRMS/DPM.0019.18
Interruption of Natural Gas Service HealthCapRMS/DPM.0020.18
Telephone Service Failure HealthCapRMS/DPM.0021.18
Water Line Break/Flooding HealthCapRMS/DPM.0022.18
Interruption in Water Supply HealthCapRMS/DPM.0023.18
Emergency Water Purification HealthCapRMS/DPM.0024.18

HealthCapRMS/DPM.0008.18

Related Policies (Continued):
>Unscheduled Power Outage HealthCapRMS/DPM.0025.18
>Unscheduled Power Outage – No Generator HealthCapRMS/DPM.0026.18
>Evacuation Plans/Floor Plans HealthCapRMS/DPM.0043.18
>Tornado Warning HealthCapRMS/DPM.0030.18
>Hurricane Safety HealthCapRMS/DPM.0032.18
>Earthquake – Actual Event HealthCapRMS/DPM.0033.18
>Post Earthquake Event HealthCapRMS/DPM.0034.18
>Biological Event: Suspected Terrorism HealthCapRMS/DPM.0036.18
>Bomb Threat HealthCapRMS/DPM.0037.18
>Threat of Violence Checklist HealthCapRMS/DPM.0039.18
>Bomb Threat Checklist HealthCapRMS/DPM.0040.18
>Chemical Spill HealthCapRMS/DPM.0041.18
>Hazardous Accidents or Incidents HealthCapRMS.DPM.0042.18
>Emergency Evacuation: Building HealthCapRMS/DPM.0044.18
>Post Evacuation of Residents HealthCapRMS/DPM.0045.18
>Plan for Return of Evacuees HealthCapRMS/DPM.0046.18
>Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0047.18
>Plan for Accepting Evacuees HealthCapRMS/DPM.0048.18

Administrator Signature: _____

Medical Director Signature: _____

Date of Review: _____   _____   _____   _____   _____

HealthCap
RISK MANAGEMENT SERVICES

ALERTING AND EXTINGUISHING SYSTEMS

Policy and Procedure

Policy:

It is the policy of this facility that employees be familiar with and competent in the operation of each alerting and extinguishing system within the center.

Procedure:

1. The new employee orientation process will include education on the facility emergency alert systems and fire extinguishing systems. Each new employee will be required to return demonstrate their individual ability to perform the appropriate steps in identifying and/or activating an alert system or extinguishing device.

2. Mandatory in-services to reinforce alerting and extinguishing systems operation will be provided on an annual basis and will require return demonstration of each skill by each employee.

3. Mandatory fire/evacuation drills will be conducted quarterly or as defined in state and federal regulations. Employees who are not in attendance for mandatory drills will be provided with appropriate individual training opportunities to reinforce the facility's policy and procedure for emergency response.

4. Fire, tornado (seasonal), hurricane (seasonal), and/or other natural disaster drills will be conducted quarterly (geographically appropriate) on each shift to ensure that all employees have appropriate practice hours to successfully respond to an actual emergency.

HealthCapRMS/DPM.0009.18

Related Policies:

Emergency/Disaster Contact Information HealthCapRMSDPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Fire/Explosion: Safety Plan HealthCapRMS/DPM.0009.18
Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0011.18
Resetting the Fire Alarm HealthCapRMS/DPM.0012.18
Fire Drill HealthCapRMS/DPM.0013.18
Recap and Analysis of Fire Drills HealthCapRMS.DPM.0015.18
Fire Safety: Weekly HealthCapRMS/DPM.0016.18
Fire Safety: Monthly HealthCapRMS/DPM.0017.18
Natural Gas Leak HealthCapRMS/DPM.0019.18
Water Line Break/Flooding HealthCapRMS/DPM.0022.18
Tornado Warning HealthCapRMS/DPM.0030.18
Tornado Watch HealthCapRMS/DPM.0031.18
Hurricane Safety HealthCapRMS/DPM.0032.18
Earthquake – Actual Event HealthCapRMS/DPM.0033.18
Biological Event: Suspected Terrorism HealthCapRMS/DPM.0036.18
Bomb Threat HealthCapRMS/DPM.0037.18
Work Place Weapons HealthCapRMS/DPM.0038.18
Threat of Violence Checklist HealthCapRMS/DPM.0039.18
Bomb Threat Checklist HealthCapRMS/DPM.0040.18
Chemical Spill HealthCapRMS/DPM.0041.18
Hazardous Accidents or Incidents HealthCapRMS/DPM.0042.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date:_____

Review Dates: _____   _____   _____   _____

FIRE ALERTING SYSTEMS – TYPES OF SYSTEMS AND OPERATION

Policy and Procedure

Policy:
It is the policy of this facility that employees be familiar with and competent in the operation of each fire alerting and extinguishing system within the center. Employees will successfully demonstrate the ability to engage fire alarms, fire extinguishers, call alert systems, etc. as appropriate.

Procedure:
Sprinkler Systems:
Selected areas within the center are protected by sprinkler systems which are heat activated and release water over and around an area of intense heat. Once this system is activated, an alarm will sound and all fire doors will close automatically.

Pull Systems:
To use any pull station, simply pull down on the handle as instructed. This automatically trips the toggle switch, which in turn activates the system. Once this system is activated, an alarm will sound and all fire doors will close automatically.

Smoke Detectors - Electrical:
Smoke detectors are located throughout the facility. These systems are activated when sensors detect a build-up of smoke in the area. Once the smoke detector system is activated, an alarm will sound and all fire doors will close automatically.

Resident Room Smoke Detectors – Battery Powered:
Smoke detectors located in resident rooms will sound an alarm when a build-up of smoke is detected. These alarms are *NOT* connected to the electrical system; therefore, the fire alerting pull system must be utilized to activate an alarm and automatically close all fire doors.

Note: Fire doors automatically close when any of the above electrical systems are activated. Fire doors are designed to contain the fire. Do not open them once they are closed until and unless directed to do so by Fire Department authorities.

Related Policies:
Fire/Explosion Safety Plan HealthCapRMS/DPM.0008.07.18
Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.07.18
Resetting the Fire Alarm HealthCapRMS/DPM.0011.07.18
Fire Drill HealthCapRMS/DPM.0012.07.18
Fire Drill Report HealthCapRMS/DPM.0013.07.18
Recap and Analysis of Fire Drills HealthCapRMS/DPM.0014.07.18
Fire Safety: Weekly HealthCapRMS/DPM.0015.07.18
Fire Safety: Monthly HealthCapRMS/DPM.0016.07.18

HealthCapRMS/DPM.0010.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ _____

RESETTING THE FIRE ALARM

Policy and Procedure

Policy:
The Administrator of this facility shall ensure that department managers and shift supervisors have been provided with the necessary training to enable them to reset the fire alarm system. The fire alarm system shall not be reset until the building has met the "all clear" criteria, a pull station has been identified as engaged, and there are no maintenance personnel in the building.

Procedure:
1. Each department manager and shift supervisor shall attend mandatory training on the process of resetting the fire alarm system on an annual basis.

2. The department manager or shift supervisor will check the enunciator panel located _____; a red indicator light will identify the area where the fire alarm was triggered.

3. The department manager or shift supervisor will proceed to the area indicated on the enunciator panel as being engaged.

4. The department manager or shift supervisor will determine which pull station was used to trigger the system by performing a visual inspection of all pull stations in the area.

*5. Use a screwdriver to turn the screw (counter-clockwise) at the top of the pull station box.

*6. Open the pull station to expose the toggle switch.

*7. Reset the pull station by returning the toggle switch to the "normal" position.

*8. Reset the handle to the pull station by returning it to the upright position.

 *9. Close the door to the pull station.

*10. Return to the enunciator panel located _____.

*11. Use the key to open the door to the enunciator panel.

*12. Press the "reset" button.

*13. Close and lock the door on the enunciator panel.

*14. Call the maintenance supervisor at _____ to inform of the event.

*15. Return the key and screwdriver to the identified storage location.

NOTE: If unable to reset the system after following these instructions, notify the maintenance director.

*Steps 4 through 14 are facility specific and used here as an example of the step-by-step process only. Please adjust the information in each step to reflect specific facility alerting systems.

Related Policies:

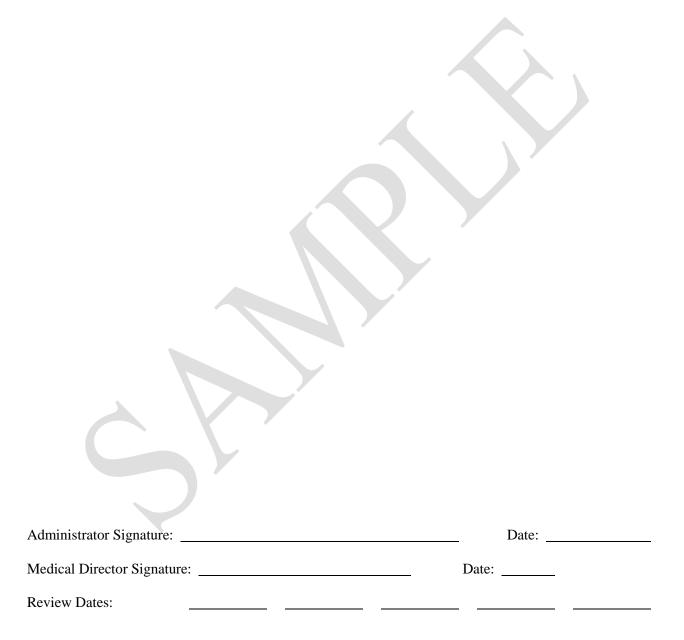|	
Fire/Explosion: Safety Plan	HealthCapRMS/DPM.0008.18
Alerting and Extinguishing Systems	HealthCapRMS/DPM.0009.18
Fire Alerting Systems: Types of Systems and Operation	HealthCapRMS/DPM.0010.18
Fire Drill	HealthCapRMS/DPM.0012.18
Fire Drill Report	HealthCapRMS/DPM.0013.18
Recap and Analysis of Fire Drills	HealthCapRMS/DPM.0014.18
Fire Safety: Weekly	HealthCapRMS/DPM.0015.18
Fire Safety: Monthly	HealthCapRMS/DPM.0016.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Review Dates: _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

FIRE DRILL

Policy and Procedure

Policy:
It is the policy of this facility that all employees be familiar with the Fire Drill procedure and be able to successfully demonstrate the ability to engage fire alarms, fire extinguishers, call alert systems, etc. as appropriate.

Procedure:
The management team will provide appropriate training to employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible during emergency event.

1. Fire drills will be conducted at least quarterly on each shift to assure employees are aware of their duties and responsibilities.

2. Records will be maintained for each drill by the Maintenance Director that includes:
   a. Date of the drill
   b. Time of the drill
   c. Location of the fire
   d. Name of the person in charge of the drill
   e. Analysis of the performance of the staff
   f. Any identified additional training that is needed or other pertinent comments
   g. A sign-in list of all staff participants

Fill in the facility specific procedure for a fire emergency and drill. Reinforce any acronyms if the facility uses them, such as:

> **R – Race**
> **A – Alarm Alert**
> **C – Close and Clear**
> **E – Extinguish and Evacuate**

If the facility exit door alarms and locks are deactivated when the fire alarm is activated, assure the policy includes assigning a staff member to observe each door to prevent an elopement from occurring.

HealthCapRMS/DPM.0012.18

Related Policies:
  Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
  Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.18
  Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
  Resetting the Fire Alarm HealthCapRMS/DPM.0011.18
  Fire Drill Report HealthCapRMS/DPM.0013.18
  Recap and Analysis of Fire Drills HealthCapRMS/DPM.0014.18
  Fire Safety: Weekly HealthCapRMS/DPM.0015.18
  Fire Safety: Monthly HealthCapRMS/DPM.0016.18

Date of Policy: _____

Administrator Signature: _____

Medical Director Signature: _____

Date of Review: _____ _____ _____ _____ _____

Fire Drill Report

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in its efforts to provide a comfortable environment for our residents, employees, and visitors in the event of a fire.

Procedure:
The management team will provide appropriate training to all staff emphasizing the importance of continuing to provide care to our residents and maintaining safety in the event of a fire.

1. Fire drills will be conducted per state and federal regulations and documentation of fire drill outcomes will be maintained on the Recap and Analysis of Fire Drills tool. A summary of fire drill outcomes will be provided to the Quality Assurance Committee quarterly.

2. The general orientation process for new employees will include a review of this policy and procedure regarding mandatory fire drills.

3. The manager in charge of performing a scheduled fire drill will monitor the response of staff, residents and visitors throughout the drill process.

4. Documentation of the drill outcomes will be completed by the manager on the Recap and Analysis of Fire Drills tool including:

   a. Staff who were present during the fire drill and responded to the alert
   b. Positive outcomes identified during the drill and post-drill recap
   c. Negative outcomes which require discussion and a plan of action to correct
   d. Recommendations for improvement in the overall fire drill process specifically addressing the negative outcomes identified

5. The Director of Maintenance will provide a summary of outcomes from each fire drill to the Quality Assurance Committee on a quarterly basis. The Quality Assurance Committee will discuss corrective actions, make recommendations to improve outcomes, and initiate a timeframe for implementation of the corrective action plan.

HealthCapRMS/DPM.0013.18

HealthCap
RISK MANAGEMENT SERVICES

Related Policies:

Alerting and Extinguishing Systems	HealthCapRMS/DPM.0008.18
Fire Alerting Systems: Types of Systems and Operation	HealthCapRMS/DPM.0009.18
Resetting the Fire Alarm	HealthCapRMS/DPM.0010.18
Fire Drill	HealthCapRMS/DPM.0011.18
Fire Drill Report	HealthCapRMS/DPM.0012.18
Fire Safety: Weekly	HealthCapRMS/DPM.0014.18
Fire Safety: Monthly	HealthCapRMS/DPM.0015.18
Fire/Explosion: Safety Plan	HealthCapRMS/DPM.0016.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Review Dates: _____   _____   _____   _____   _____

HealthCap
RISK MANAGEMENT SERVICES

RECAP & ANALYSIS OF FIRE DRILLS

Date: _____   **Time:** _____

Observers

Positive Outcomes

Negative Outcomes

Recommendations/Plan

HealthCap
RISK MANAGEMENT SERVICES

FIRE SAFETY: WEEKLY

Policy and Procedure

Policy:
It is the policy of this facility to perform regular safety inspections within the center to assist in ensuring a comfortable environment for our residents, employees, and visitors.

Procedure:

1. Fire inspection audits will be performed weekly by a member of the Environmental Maintenance department and documentation will be maintained on the Fire Safety Weekly Log.

2. The Director of the Environmental Maintenance department will implement a monitoring process to ensure weekly checks are performed per this policy.

3. Fire/smoke doors will be checked weekly to ensure proper closure properties are maintained.

4. Enunciator panel will be checked weekly to ensure proper operation and audio/visual signaling systems are working.

5. Ensure that the procedure for re-setting of the Fire Alarm System is posted for employees to initiate.

6. Exit signs will be checked to ensure they are lit and unobstructed from view.

7. Lint filters on clothes dryers in the laundry area and grease filters/traps in the dietary department will be checked weekly to ensure they are free of debris/grease/etc.

8. Smoke detector batteries will be checked on a rotation basis to ensure proper operation. Each battery will be dated when placed in the smoke detector and with each inspection.

9. The Fire Safety Weekly inspection log will be completed, initialed, dated, and filed in the Environmental Maintenance department.

10. A summary of weekly audit findings will be provided to the Quality Assurance and Safety Committees on a monthly basis.

HealthCapRMS/DPM.0015.18

Related Policies:
>Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
>Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.18
>Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
>Resetting the Fire Alarm HealthCapRMS/DPM.0011.18
>Fire Drill HealthCapRMS/DPM.0012.18
>Fire Drill Report HealthCapRMS/DPM.0013.18
>Recap and Analysis of Fire Drills HealthCapRMS/DPM.0014.18
>Fire Safety: Monthly HealthCapRMS/DPM.0016.18

Date of Policy: _____

Administrator Signature: _____

Medical Director Signature: _____

Date of Review: _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

FIRE SAFETY: WEEKLY LOG

Date	Fire/Smoke Door Check	Enunciator Check	Filters (Kitchen/ Laundry) Check	Battery Smoke Detectors Check	Exit Sign Checks	Initials	Comments, Repairs or Replacement

FIRE SAFETY – MONTHLY

Policy and Procedure

Policy:
It is the policy of this facility to perform regular safety inspections within the center to assist in ensuring a comfortable environment for our residents, employees, and visitors.

Procedure:
1. Fire inspection audits will be performed each month by a member of the Environmental Maintenance department and documentation will be maintained on the Fire Safety: Monthly Log.

2. The Director of the Environmental Maintenance department will implement a monitoring process to ensure monthly checks are performed per this policy.

3. The Fire Safety Monthly Log will be initiated, documented and maintained by the Director of Environmental Maintenance or designee.

4. Fire drills will be conducted monthly to ensure that each of the three (3) shifts has performed a drill on a quarterly basis. The date and time of each drill will be documented on the Fire Safety Monthly Log.

5. Each fire drill will be observed by a member of the Environmental Maintenance department or a designee to ensure that the process is timely and appropriate.

6. The observer will monitor that the process includes the following:

    a. The station pulled will be identified by a staff member as soon as possible
    b. Fire extinguishers will be brought to the location and be available for use
    c. Employees will respond appropriately to the fire alert and provide a safe environment for the residents
    d. Exit doors will be monitored by a designated employee if door alarms are deactivated by the fire alarm system

7. A summary of findings from the Fire Safety Monthly Log will be provided to the Quality Assurance and Safety Committees on a quarterly basis and will include corrective actions as necessary.

HealthCapRMS/DPM.0016.18

Related Policies:
      Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
      Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.18
      Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
      Resetting the Fire Alarm HealthCapRMS/DPM.0011.18
      Fire Drill HealthCapRMS/DPM.0012.18
      Fire Drill Report HealthCapRMS/DPM.0013.18
      Recap and Analysis of Fire Drills HealthCapRMS/DPM.0014.18
      Fire Safety: Weekly HealthCapRMS/DPM.0015.18

Administrator Signature: _____

Medical Director Signature: _____

Date of Review: _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

FIRE SAFETY – MONTHLY LOG

Drill Date	Station Pulled	Shift/ Time	Extinguishers Present	Date	Extinguisher Check	Initials	Comments/Repairs

APARTMENT DWELLING FIRE – TENANT

Policy and Procedure

Policy:

This facility is constructed and maintained with tenant, visitor and employee safety in mind. This policy is intended to assist the facility in its efforts to provide a safe environment for each community member in the event of fire.

Procedure for Fire in Your Apartment:
1. Evacuate yourself and all others from the apartment immediately Do not take time to get any personal belongings.
2. Close the door. This is the single-most effective way to contain the smoke and fire. Do not lock the door as staff and the Fire Department must have easy access to each apartment.
3. If fire alarm is not sounding and fire or smoke is evident, go to the nearest red fire alarm pull station and activate the alarm. All tenants should be familiar with the location of the fire alarm pull station nearest their apartment.
4. Upon activation of the fire alarm, all corridor fire doors within the building will magnetically release and close. The tenants should evacuate beyond the first set of corridor fire doors.
5. When the first staff member arrives, tell them the location of the fire/smoke and the cause of the fire if known.
6. Follow the instructions given by the staff member. Removing tenants from the fire area is of utmost importance and the staff is trained to assist in performing a safe evacuation.

Procedure for Fires Outside of Your Apartment:

1. Stay in your apartment until staff or the Fire Department arrive to assist your
2. Keep your apartment door closed tightly but do not lock the door.
3. If the windows in your apartment are open, close them immediately. This will prevent smoke from entering your apartment from the fire area.
4. If the wall heater or air conditioning unit is in the "on" position, turn the unit off to prevent smoke from entering through the ventilation system of the building.
5. If you have telephone access in your apartment, dial 911 immediately.
6. If the fire alarms are sounding but there is no smoke or fire within your personal apartment remain calm and stay in your apartment behind the closed, unlocked door. Staff has been trained to go to each apartment and assist each tenant to safety.
7. If evacuation of your building is necessary the staff and/or the Fire Department will advise you.

HealthCapRMS/DPM.0009.18

Fire In Common Areas:

1. If smoke or fire is identified in a common area, leave the area immediately, activate the nearest red fire alarm pull station and evacuate to the other side of the double fire doors.
2. If a fire alarm should sound in a common area of the community and no smoke or fire is obvious, remain in the area behind a closed door until you receive further instructions from the staff or Fire Department.
3. If a fire alarm activates during dining hours and the fire spot is not in the immediate area, tenants are to remain in the dining room.
4. Staff will remain with the tenants in the dining room behind closed doors until further instructions are received from management or the Fire Department.

Remember:

1. Review the floor plan located on the back of your apartment entrance door. This floor plan identifies the nearest emergency exit, the nearest red fire pull station and the location of fire doors.
2. Remain calm and cooperate with staff responding to the alarm/fire as they are trained to assist in maintaining your safety.

Tenant Signature: _____ Date: _____

Signature Facility Representative: _____ Date: _____

Review Dates: _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

DISASTER PREPAREDNESS MANUAL

SECTION III – UTILITY EMERGENCIES

LOSS OF CALL LIGHT SYSTEM

Policy and Procedure

Policy:
This emergency policy is developed to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees and visitors.

Procedure:
The management team will provide appropriate training to employees emphasizing the importance of maintaining a process where residents are able to notify staff when assistance is needed and/or in an emergency.

1. The general orientation process includes training on the Call Light policy and the procedure for addressing a failure in the call light system.

2. Training will include identifying how to maintain a safe environment in the event the call light system should malfunction.

3. If the call light system is identified as being inoperable, the Executive Director/Administrator, Director of Nursing Services and the Director of Maintenance shall be notified immediately.

4. Employees shall provide residents with a means of alerting caregivers when assistance is needed (i.e., hand bells, whistles, etc.), demonstrate how to use the particular device and inform them that they are to be used when assistance is needed until further notice.

5. Emergency supplies including hand bells/whistles, etc. are available 24 hours a day, 7 days per week and are located _____.

6. Employees shall be assigned to perform ongoing rounds and document findings every fifteen (15) minutes.

7. Residents may be grouped together in activity areas to assist in identifying and meeting their needs timely.

8. The Administrator or designee shall determine the report-ability of the call light system failure and report to the appropriate licensing agency as outlined in the state regulations.

HealthCapRMS/DPM.0017.18

Related Policies:

       Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
       Description of Emergency Codes HealthCapRMS/DPM.0003.18
       Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
       Emergency Supply Box HealthCapRMS/DPM.0005.18
       Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
       Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____ _____ _____

NATURAL GAS LEAK

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees, and visitors.

Procedure:
The management team will provide appropriate training to all employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible during emergency events.

1. The general orientation process for new employees will include a review of this policy and procedure regarding Natural Gas Leak.

2. If a natural gas leak is identified, the shift supervisor with the assistance of available staff members will attempt to determine the source of the leak.

3. Smoking or open flames are not permitted on the facility property until the source of the leak is identified.

4. All electrical equipment located in the area of the gas leak is to be shut off or disconnected.

5. All windows in the area of the gas leak shall be opened immediately and monitored to prevent residents from attempting to close the windows or to exit through opened windows.

6. The facility manager or shift supervisor shall call 911 immediately and alert the fire department that there may be a natural gas leak.

7. Residents in the general area of the identified leak shall be relocated immediately.

8. The Dietary and Laundry departments shall extinguish all pilot lights and turn off or disconnect all electrical equipment.

9. The Administrator and Maintenance Director shall be notified and be present in the center if necessary.

10. Additional precautions and instructions will be initiated by the Administrator or designee, as deemed necessary to ensure the safety of the residents, employees and visitors up to and including evacuation of the building.

11. The Administrator or designee will notify the appropriate State regulatory agencies as outlined in state specific regulations.

HealthCapRMS/DPM.0018.18

Related Policies:

Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
Fire Extinguishing and Alerting Systems HealthCapRMS/DPM.0009.18
Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
Resetting the Fire Alarm HealthCapRMS/DPM.0011.18
Fire Drill HealthCapRMS/DPM.0012.18
Fire Drill Report HealthCapRMS/DPM.0013.18
Recap and Analysis of Fire Drills HealthCapRMS/DPM.0014.18
Fire Safety: Weekly HealthCapRMS/DPM.0015.18
Fire Safety: Monthly HealthCapRMS/DPM.0016.18
Interruption of Natural Gas Service HealthCapRMS/DPM.0019.18
Tornado Warning HealthCapRMS/DPM.0029.18
Hurricane Safety HealthCapRMS/DPM.0031.18
Earthquake – Actual Event HealthCapRMS/DPM.0033.18
Post Earthquake Event HealthCapRMS/DPM.0034.18
Hazardous Accidents or Incidents HealthCapRMS/DPM.0041.18
Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
Post Evacuation of Residents HealthCapRMS/DPM.0044.18
Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Revision: _____ _____ _____ _____ _____ _____

INTERRUPTION OF NATURAL GAS SERVICE

Policy and Procedure

Policy:
This emergency policy is developed to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees and visitors.

Procedure:
The management team will provide appropriate training to employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible during an interruption of natural gas service.

1. The general orientation process for new employees will include a review of this policy and procedure regarding Interruption of Gas Service.

2. The shift supervisor or manager shall notify the supplier of natural gas and Administrator upon identifying that the gas service has been interrupted.

3. Health care facilities are placed on a priority basis during emergency events and as such should be identified as a health care facility when notifying the gas provider.

4. In inclement weather, such as winter months when temperatures are below 60 degrees outdoors, implement the Cold Weather Emergency protocol (HCRMS/DPM.0021.06).

5. Meals will be prepared using the dietary steam table and the emergency menu plan of canned foods.

6. The laundry department will assess the backup supply of linen and use emergency disposable incontinent products and bed liners.

7. Nursing will not perform routine linen changes but rather, only soiled linen will be changed as needed.

8. Additional precautions and instructions may be initiated by the Administrator or designee as needed up to and including evacuation of the building.

9. The Administrator or designee will notify the appropriate State regulatory agencies as outlined in state specific regulations.

HealthCapRMS/DPM.0019.18

Related Policies:

Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.18
Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
Resetting the Fire Alarm HealthCapRMS/DPM.0011.18
Fire Drill HealthCapRMS/DPM.0012.18
Fire Drill Report HealthCapRMS/DPM.0013.18
Recap and Analysis of Fire Drills HealthCapRMS/DPM.0014.18
Fire Safety: Weekly HealthCapRMS/DPM.0015.18
Fire Safety: Monthly HealthCapRMS/DPM.0016.18
Natural Gas Leak HealthCapRMS/DPM.0018.18
Tornado Warning HealthCapRMS/DPM.0029.18
Hurricane Safety HealthCapRMS/DPM.0031.18
Earthquake – Actual Event HealthCapRMS/DPM.0033.18
Post Earthquake Event HealthCapRMS/DPM.0034.18
Hazardous Accidents or Incidents HealthCapRMS/DPM.0041.18
Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
Post Evacuation of Residents HealthCapRMS/DPM.0044.18
Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Dates of Revision: _____ _____ _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

TELEPHONE SERVICE FAILURE

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees, and visitors.

Procedure:
1. The management team will provide appropriate training to employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible during a Telephone Service Failure.

2. The general orientation process for new employees will include a review of the policy and procedure regarding Telephone Service Failure.

In the event of a Telephone Service Failure the following procedure will be initiated:

1. **For 911 Emergencies:** locate a cell phone or go to a telephone off site, dial 911 and give location, address, type of emergency, etc.

2. Notify the Administrator and Director of Nursing of service issues and initiate plan as directed.

3. Notify the telephone service company and identify the facility as a priority health care facility.

4. Notify other services that would rely on the telephone system to alert them that the telephone service is not operational.

5. Additional precautions and instructions may be initiated by the Administrator or designee as needed to maintain a safe environment for residents, employees and visitors.

6. The Administrator or designee will notify the appropriate State regulatory agencies as outlined in state specific regulations if necessary.

HealthCapRMS/DPM.0020.18

Related Policies:
>   Emergency/Disaster Contract Information HealthCapRMS/DPM.0002.18
>   Description of Emergency Codes HealthCapRMS/DPM.0003.18
>   Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
>   Emergency Supply Box HealthCapRMS/DPM.0005.18
>   Loss of Call Light System HealthCapRMS/DPM.0017.18
>   Water Line Break/Flooding HealthCapRMS/DPM.0021.18
>   Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
>   Unscheduled Emergency Power Outage/No Generator HealthCapRMS/DPM.0025.18
>   Heavy Snow/Blizzard/Ice Conditions HealthCapRMS/DPM.0028.18
>   Tornado Warning HealthCapRMS/DPM.0029.18
>   Hurricane Safety HealthCapRMS/DPM.0031.18
>   Earthquake – Actual Event HealthCapRMS/DPM.0033.18
>   Post Earthquake Event HealthCapRMS/DPM.0034.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Date of Revision: _____ _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

WATER LINE BREAK/FLOODING

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees and visitors.

Procedure:
The management team will provide appropriate training for employees emphasizing the importance of ensuring that residents are maintained in a safe environment.

1. The general orientation process includes training on the Water Line Break/Flooding policy.

2. Training will include identifying the risks posed to residents in the event a water line should break and flooding occur.

3. Residents who may be in the affected area will be relocated.

4. Residents will be assessed for injuries, especially if hot water is involved. If injuries are identified that require immediate medical attention, the charge nurse or manager will call 911 for assistance.

5. If possible, shut water valve that feeds the affected area.

6. Notify the Director of Maintenance if there are no other maintenance personnel on the premises.

7. Notify the Administrator and contact the local emergency response team if directed to do so by the Administrator in their absence.

8. Prepare employees for the possibility of no water access for an undetermined amount of time.

9. Access emergency water supplies and stock units with the water necessary to meet each resident's hydration and hygiene needs.

10. Supply each unit with waterless hand sanitizer, pre-moistened towelettes, etc. for hand cleaning.

11. The Administrator shall report the water line break to the appropriate state regulatory agency as outlined in the state specific regulations.

HealthCapRMS/DPM.0021.18

Related Policies:
    Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
    Description of Emergency Codes HealthCapRMS/DPM.0003.18
    Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
    Emergency Supply Box HealthCapRMS/DPM.0005.18
    Traffic Control and Parking HealthCapRMS/DPM.0006.18
    Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
    Loss of Call Light System HealthCapRMS/DPM.0017.18
    Interruption of Natural Gas Service HealthCapRMS/DPM.0019.18
    Telephone Service Failure HealthCapRMS/DPM.0020.18
    Interruption in Water Supply HealthCapRMS/DPM.0022.18
    Emergency Water Purification HealthCapRMS/DPM.0023.18
    Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
    Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
    Cold Weather Emergency HealthCapRMS/DPM.0026.18
    Heat Wave Advisory HealthCapRMS/DPM.0027.18
    Heavy Snow/Blizzard/Ice Conditions HealthCapRMS/DPM.0028.18
    Tornado Warning HealthCapRMS/DPM.0029.18
    Hurricane Safety HealthCapRMS/DPM.0031.18
    Earthquake – Actual Event HealthCapRMS/DPM.0033.18
    Post Earthquake Event HealthCapRMS/DPM.0034.18
    Hazardous Accidents or Incidents HealthCapRMS/DPM.0041.18
    Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
    Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
    Post Evacuation of Residents HealthCapRMS/DPM.0044.18
    Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
    Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
    Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Dates of Revision: _____ _____ _____ _____ _____ _____

INTERRUPTION IN WATER SUPPLY

Policy and Procedure

Policy:
This emergency policy is developed to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees and visitors.

Procedure:
The management team will provide appropriate training to employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible during an Interruption in Water Supply.

1. The general orientation process for new employees will include a review of this policy and procedure regarding Interruption in Water Supply.

2. When an interruption in water supply is identified, the shift supervisor or building manager will notify the local water department and Administrator immediately.

3. Immediately contact the service provider contracted to supply emergency water service in the event of an interruption in water supply (contact information for Emergency Water Supplies is located in the Disaster Manual index of telephone numbers at the front of the manual).

4. If service provider is unable to provide a minimum of 200 gallons per day of drinking water, contact the local Health Department (contact information in the Disaster Manual index of telephone numbers at the front of the manual).

5. Assess whether the available water is usable for dishwashing, clothes washing or showering; if not:
    a. Utilize backup linen supply and disposable incontinent products
    b. Utilize disposable dishware and flatware to eliminate the need to sanitize dishes and utensils
    c. Use prepackaged beverages for meal service and serve in container with straws
    d. Use disposable, pre-moistened wipes to provide hygiene to residents

6. Additional precautions and instructions may be initiated by the Administrator or designee as needed up to and including evacuation of the building.

7. The Administrator or designee will notify the appropriate State regulatory agencies as outlined in state specific regulations.

HealthCapRMS/DPM.0022.18

Related Policies:
Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Water Line Break/Flooding HealthCapRMS/DPM.0021.18
Emergency Water Purification HealthCapRMS/DPM.0023.18
Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
Cold Weather Emergency HealthCapRMS/DPM.0026.18
Heat Wave Advisory HealthCapRMS/DPM.0027.18
Heavy Snow/Blizzard/Ice Conditions HealthCapRMS/DPM.0028.18
Tornado Warning HealthCapRMS/DPM.0029.18
Hurricane Safety HealthCapRMS/DPM.0031.18
Earthquake Preparedness HealthCapRMS/DPM.0032.18
Earthquake – Actual Event HealthCapRMS/DPM.0033.18
Post Earthquake Event HealthCapRMS/DPM.0034.18
Hazardous Accidents or Incidents HealthCapRMS/DPM.0041.18
Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
Post Evacuation of Residents HealthCapRMS/DPM.0044.18
Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Dates of Revision: _____ _____ _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

EMERGENCY WATER PURIFICATION

Policy and Procedure

Policy: This policy is intended to assist the facility in meeting its responsibility of providing a comfortable environment for residents, employees and visitors and to emphasize the importance of training in preparing for unanticipated natural disturbances.

Procedure:
In the event there is a disturbance in the water supply that interferes with the facility's ability to provide safe drinking water for residents, employees and visitors, the following procedure will be initiated under the direction of the Administrator and Director of Environmental Services:

Water may be purified using 5% household bleach such as Clorox, etc. using the following calculations:

o   If available water is visually clear (no sediment, cloudiness, turbidity, etc.) use the following calculations:

Gallons of Clear Water	Amount of Bleach
¼	2 drops
½	4 drops
1	8 drops
2	1 teaspoon
5	2 teaspoons
100	1 ounce
1000	1 cup

o   If available water contains sediment, cloudiness, mud (turbid) etc., use the following calculations:

Gallons of Turbid Water	Amount of Bleach
¼	3 drops
½	5 drops
1	1 teaspoon
2	2 teaspoons
5	1 tablespoon
100	1 ½ ounces
1000	1 pint

All water treated using the above calculations should be relatively clear, add the appropriate amount of household bleach, cover, shake well and allow to stand 30 minutes before use.

HealthCapRMS/DPM.0023.18

In the event that gas or electric service is available, water that is relatively clear may be purified by *boiling the water briskly for 10 minutes* and allowing the water to stand while cooling.

*Boiled and chlorinated water must be stored in clean covered containers.
Water should be stored in refrigerator if available.

Related Policies:
Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
　　　　Description of Emergency Codes HealthCapRMS/DPM.0003.18
　　　　Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
　　　　Emergency Supply Box HealthCapRMS/DPM.0005.18
　　　　Traffic Control and Parking HealthCapRMS/DPM.0006.18
　　　　Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
　　　　Water Line Break/Flooding HealthCapRMS/DPM.0021.18
　　　　Emergency Water Purification HealthCapRMS/DPM.0023.18
　　　　Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
　　　　Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
　　　　Cold Weather Emergency HealthCapRMS/DPM.0026.18
　　　　Heat Wave Advisory HealthCapRMS/DPM.0027.18
　　　　Heavy Snow/Blizzard/Ice Conditions HealthCapRMS/DPM.0028.18
　　　　Tornado Warning HealthCapRMS/DPM.0029.18
　　　　Hurricane Safety HealthCapRMS/DPM.0031.18
　　　　Earthquake Preparedness HealthCapRMS/DPM.0032.18
　　　　Earthquake – Actual Event HealthCapRMS/DPM.0033.18
　　　　Post Earthquake Event HealthCapRMS/DPM.0034.18
　　　　Hazardous Accidents or Incidents HealthCapRMS/DPM.0041.18
　　　　Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
　　　　Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
　　　　Post Evacuation of Residents HealthCapRMS/DPM.0044.18
　　　　Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
　　　　Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
　　　　Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____

Medical Director Signature: _____

Date of Review: _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

UNSCHEDULED/EMERGENCY POWER OUTAGE

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees, and visitors.

Procedure:
1. The management team will provide appropriate training to employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible in the event of an Unscheduled/Emergency Power Outage.

2. The general orientation process for new employees will include a review of this policy and procedure regarding Unscheduled/Emergency Power Outage.

In the event an unscheduled electrical power interruption should occur, the following procedure will be initiated:

1. Assess each resident and determine their immediate medical needs to ensure resident care is provided as needed.

2. Ensure all necessary life sustaining electrical equipment is connected to emergency power sources.

3. Notify the Administrator and the Director of Nursing Services.

4. The designated charge nurse will follow the direction of the Administrator in his or her absence regarding notifying the appropriate emergency response team.

5. If immediate response is needed, contact the local police department by dialing 911, inform them of the problem and request their immediate assistance.

6. Provide each resident care area with portable lanterns to illuminate resident rooms, halls and bathrooms. Each resident must be supplied with a means of calling for assistance (i.e., hand bells, whistles, etc.); plug in telephone (cordless telephones will not work without electricity); and/or cell phone for emergency contact.

7. Assign employees to perform continuous rounds to monitor resident safety and document findings and time of rounds.

8. The Administrator or designee will maintain continuous monitoring and intervention to ensure resident safety up to and including evacuation of the building if necessary.

HealthCapRMS/DPM.0024.18

Related Policies:

Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.18
Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
Resetting the Fire Alarm HealthCapRMS.DPM.0011.18
Fire Drill HealthCapRMS/DPM.0012.18
Fire Drill Report HealthCapRMS/DPM.0013.18
Recap & Analysis of Fire Drills HealthCapRMS/DPM.0014.18
Fire Safety: Weekly HealthCapRMS/DPM.0015.18
Fire Safety: Monthly HealthCapRMS/DPM.0016.18
Loss of Call Light System HealthCapRMS/DPM.0017.18
Telephone Service Failure HealthCapRMS/DPM.0020.18
Interruption in Water Supply HealthCapRMS/DPM.0022.18
Unscheduled Emergency Power Outage/No Generator HealthCapRMS/DPM.0025.18
Cold Weather Emergency HealthCapRMS/DPM.0026.18
Heat Wave Advisory HealthCapRMS/DPM.0027.18
Heavy Snow/Blizzard/Ice Conditions HealthCapRMS/DPM.0028.18
Tornado Warning HealthCapRMS/DPM.0029.18
Hurricane Safety HealthCapRMS/DPM.0031.18
Earthquake – Actual Event HealthCapRMS/DPM.0033.18
Post Earthquake Event HealthCapRMS/DPM.0034.18
Fire Extinguishing and Alerting Systems HealthCapRMS/DPM.0039.18
Fire/Explosion: Safety Plan HealthCapRMS/DPM.0040.18
Hazardous Accidents or Incidents HealthCapRMS/DPM.0041.18
Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
Post Evacuation of Residents HealthCapRMS/DPM.0044.18
Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
Plan for Accepting Evacuees HealthCapRMS.DPM.0047.18

Administrator Signature: _____

Medical Director Signature: _____

Date of Review: _____   _____   _____   _____   _____

HealthCap
RISK MANAGEMENT SERVICES

UNSCHEDULED/EMERGENCY POWER OUTAGE – NO GENERATOR

Policy and Procedure

Policy:
Facilities with no access to emergency power generators are still required to maintain resident comfort in the event of a power outage.

Procedure:
1. The general orientation process for new employees will include a review of this policy and procedure regarding Unscheduled/Emergency Power Outage – No Generator.

2. *If power is out for greater than two continuous hours and the outside temperature is below 60 degrees F, pre-evacuation procedures should be initiated to include:*

3. Initiate the procedure outlined in Unscheduled/Emergency Power Outage Policy and Procedure.

    a. Ensuring each resident has a current armband and/or picture ID

    b. Emergency contact information is available for each resident

    c. Battery powered lanterns and flashlights are operable and have replacement batteries available

    d. Emergency medication box is available

    e. Additional employees have been contacted to assist in evacuating residents if it is determined that safety cannot be maintained without electricity

8. *If battery powered emergency lighting fails or indoor temperature drops below 65 degrees F, evacuation procedures must be initiated.*

9. *Refer to facility specific evacuation procedures in the Disaster Manual including mandatory state specific reporting requirements.*

Related Policies:
Emergency/disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Evacuation Plans/Floor Plans HealthCapRMS/DPM.0008.18

HealthCapRMS/DPM.0025.18

Related Policies (Continued):

      Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
      Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.18
      Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
      Resetting the Fire Alarm HealthCapRMS/DPM.0011.18
      Fire Drill HealthCapRMS/DPM.0012.18
      Fire Drill Report HealthCapRMS/DPM.0013.18
      Recap & Analysis of Fire Drills HealthCapRMS.DPM.0014.18
      Fire Safety: Weekly HealthCapRMS/DPM.0015.18
      Fire Safety: Monthly HealthCapRMS/DPM.0016.18
      Loss of Call Light System HealthCapRMS/DPM.0017.18
      Telephone Service Failure HealthCapRMS/DPM.0020.18
      Interruption in Water Supply HealthCapRMS/DPM.0022.18
      Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
      Cold Weather Emergency HealthCapRMS/DPM.0026.18
      Heat Wave Advisory HealthCapRMS/DPM.0027.18
      Heavy Snow/Blizzard/Ice Conditions HealthCapRMS/DPM.0028.18
      Tornado Warning HealthCapRMS/DPM.0029.18
      Hurricane Safety HealthCapRMS/DPM.0031.18
      Earthquake Actual Event HealthCapRMS/DPM.0033.18
      Post Earthquake Event HealthCapRMS/DPM.0034.18
      Biological Event: suspected Terrorism HealthCapRMS.PDM.0035.18
      Hazardous Accidents or Incidents HealthCapRMS/DPM.0041.18
      Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
      Post Evacuation of Residents HealthCapRMS/DPM.0044.18
      Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
      Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
      Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____

Medical Director Signature: _____

Date of Review: _____   _____   _____   _____   _____

HealthCap
RISK MANAGEMENT SERVICES

DISASTER PREPAREDNESS MANUAL SECTION IV – WEATHER RELATED EMERGENCIES

HealthCap
RISK MANAGEMENT SERVICES

COLD WEATHER EMERGENCY

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees, and visitors.

Procedure:
The management team will provide appropriate training to employees emphasizing the impact extreme cold may have on the frail elderly and the importance of preventing weather related illness/death.

1. During severe cold weather, window coverings will be kept closed in an effort to contain heat within the building.

2. Residents will be provided with additional blankets and bedspreads.

3. Room temperatures will be monitored on a scheduled basis by the Maintenance department designee and documented.

4. Residents will be moved from rooms where the room air is found to be below acceptable standards and placed in warmer areas (refer to state and Federal regulations).

5. Electric heaters will be authorized for use only in designated areas under direct supervision while in use (i.e., common dining areas, day rooms, etc.).

6. Residents will be dressed in layers of clothing and socks that are easily added and removed for comfort.

7. Warm or hot snacks and beverages will be offered to residents, employees, and visitors on a regular basis.

8. Additional precautions may be initiated by the Administrator or designee as deemed necessary to ensure ongoing warmth and safety up to and including evacuation of the building.

HealthCapRMS/DPM.0026.18

Related Policies:

Emergency/Disaster contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
Heavy Snow/Blizzard/Ice Conditions HealthCapRMS/DPM.0028.18
Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
Post Evacuation of Residents HealthCapRMS/DPM.0044.18
Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

HEAT WAVE ADVISORY

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees and visitors.

Procedure:
The management team will provide appropriate training for employees emphasizing the impact extreme heat has on the frail elderly and the importance of preventing heat related illness/death.

1. The general orientation process includes training on the Heat Wave Advisory policy.

2. Training will include identifying the signs and symptoms of heat exhaustion.

3. During a heat wave advisory, all window coverings will be closed during daylight hours.

4. Fans will be placed strategically in the corridors and resident rooms to assist in circulating air.

5. All available air conditioning units will be used and relocated as necessary to provide optimal cooling effects for the largest number of residents.

6. Residents will be encouraged and assisted in dressing in light weight, short sleeved or sleeveless clothing.

7. Hydration rounds will be increased to every hour and each resident will be provided with a form of fluid orally, enterally or parenterally unless contraindicated by the resident's condition.

8. Showers and/or sponge baths will be given to residents exhibiting signs and symptoms of heat exhaustion.

9. Residents will be encouraged to remain out of direct sunlight, preferably indoors.

10. Residents will be encouraged to engage in frequent rest breaks.

11. Employees will be provided with cool, refreshing beverages and snacks and will be encouraged to take frequent rest periods when relief is available.

12. Additional precautions may be initiated by the Administrator or designee as deemed necessary to ensure ongoing safety up to and including evacuation of the building.

HealthCapRMS/DPM.0027.18

Related Policies:
> Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
> Description of Emergency Codes HealthCapRMS/DPM.0003.18
> Emergency Supply Box HealthCapRMS/DPM.0005.18
> Traffic Control and Parking HealthCapRMS/DPM.0006.18
> Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
> Unscheduled Emergency Power Outage HealthCapRMS/DPM.24.18
> Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
> Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
> Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
> Post Evacuation of Residents HealthCapRMS/DPM.0044.18
> Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
> Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
> Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

HEAVY SNOW/BLIZZARD/ICE CONDITIONS

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees, and visitors.

Procedure:
The management team will provide appropriate training to employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible during weather related events.

1. The general orientation process for new employees will include a review of this policy and procedure regarding Heavy Snow/Blizzard/Ice Conditions.

2. A battery powered weather band radio will be available to monitor for condition changes and announcements from the National Weather Service.

3. Employees will be notified of the National Weather Service broadcast and be periodically updated on this information as it is available.

4. Arrangements will be made for emergency service with snow removal, ice removal and/or for salting for ice with the contracted vendor.

5. The shift supervisor or department manager will monitor staffing levels and ratios to ensure that adequate staffing is available for each shift.

6. The Administrator will authorize the use of transportation services as necessary to ensure adequate staff are in the center to provide care.

7. Lodging and meals will be offered to employees and volunteers as needed to ensure that adequate staff is in the center to provide care.

8. Department managers and supervisors are required to remain in the center for the duration of the weather related event to ensure continuity of care and safety for residents, employees, and visitors.

9. The Dietary Department will be responsible to maintain an adequate food supply to satisfy the needs of the facility during the crisis.

10. Additional precautions, instruction and intervention will be instituted by the Administrator, Director of Nursing or their designee as necessary.

HealthCapRMS/DPM.0028.18

Related Policies:
   Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
   Description of Emergency Codes HealthCapRMS/DPM.0003.18
   Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
   Emergency Supply Box HealthCapRMS/DPM.0005.18
   Traffic Control and Parking HealthCapRMS/DPM.0006.18
   Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
   Loss of Call Light System HealthCapRMS/DPM.0017.18
   Telephone Service Failure HealthCapRMS/DPM.0020.18
   Water Line Break/Flooding HealthCapRMS/DPM.0021.18
   Interruption in Water Supply HealthCapRMS/DPM.0022.18
   Emergency Water Purification HealthCapRMS/DPM.0023.18
   Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
   Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
   Cold Weather Emergency HealthCapRMS/DPM.0026.18
   Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
   Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
   Post Evacuation of Residents HealthCapRMS/DPM.0044.18
   Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
   Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
   Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Date of Review: _____ _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

TORNADO WARNING

Policy and Procedure

*A **Tornado Warning** means that a tornado has been sited in the vicinity and
safety action should be taken immediately*

Policy:
This facility is located in a geographical area where the risk of seasonal tornado activity is a possibility. This policy is intended to assist the facility in meeting its responsibility of providing a comfortable environment for residents, employees, and visitors while emphasizing the importance of training in preparing for impending anticipated weather disturbances.

Procedure:
1. The general orientation process will include having each employee instructed on and given a copy of the facility policy and procedure regarding Tornado Warning.

2. When a tornado warning has been issued by the National Weather Service, "Severe Weather Alert" will be announced on the overhead paging system three (3) times by the shift supervisor or charge nurse.

3. The shift supervisor or charge nurse will bring emergency equipment to the designated emergency location on each nursing unit including flashlights, first aid kits, blankets, pillows, cell phone, etc.

4. The shift supervisor or charge nurse will assign all available employees to bring or escort non-bed bound residents into the designated corridors and ensure they are seated safely and comfortably in chairs, wheelchairs, etc.

5. Bed bound residents will be secured in their rooms and provided with pillows to protect each resident's head area.

6. All available employees will perform rounds on the unit and ensure all windows, blinds, window and cubicle curtains, and room doors remain closed.

7. The shift supervisor or designee will continuously monitor the weather band radio for updates on weather conditions and maintain contact with local emergency response teams.

8. Residents will be maintained comfortably in the corridors where they can be attended to and easily located in the event an evacuation becomes necessary.

9. Staff members will remain on their assigned units until the weather alert has been discontinued by the National Weather Service.

HealthCapRMS/DPM.0029.18

Related Policies:

      Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
      Description of Emergency Codes HealthCapRMS/DPM.0003.18
      Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
      Emergency Supply Box HealthCapRMS/DPM.0005.18
      Traffic Control and Parking HealthCapRMS/DPM.0006.18
      Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
      Loss of Call Light System HealthCapRMS/DPM.0017.18
      Natural Gas Leak HealthCapRMS/DPM.0018.18
      Interruption of Natural Gas Service HealthCapRMS/DPM.0019.18
      Telephone Service Failure HealthCapRMS/DPM.0020.18
      Water Line Break/Flooding HealthCapRMS/DPM.0021.18
      Interruption in Water Supply HealthCapRMS/DPM.0022.18
      Emergency Water Purification HealthCapRMS/DPM.0023.18
      Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
      Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
      Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
      Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
      Post Evacuation of Residents HealthCapRMS/DPM.0044.18
      Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
      Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
      Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Date of Review: _____   _____   _____   _____   _____   _____

HealthCap
RISK MANAGEMENT SERVICES

TORNADO WATCH

Policy and Procedure

*A **tornado watch** means that conditions are right for a tornado to develop however
no active tornado has been sited*

Policy:
This facility is in a geographical area where the risk of seasonal tornado activity is a possibility. This policy is intended to assist the facility in meeting its responsibility of providing a comfortable environment for residents, employees, and visitors while emphasizing the importance of training in preparation for impending anticipated weather disturbances.

Procedure:
1. The general orientation process will require each employee be instructed on and given a copy of the Tornado Watch policy.

2. The Director of Environmental Maintenance or shift supervisor will assign employees to assess the area around the exterior of the building and secure any objects which may become airborne in high winds.

3. The shift supervisor or charge nurse will ensure emergency equipment is functional and available, i.e., flashlights, first aid kits, blankets, pillows, cell phones, etc.

4. The shift supervisor or charge nurse will assign all available employees to bring chairs into the corridor to provide seating for residents and staff in the event an upgrade to "Tornado Warning" is issued by the National Weather Service.

5. The shift supervisor or designee will monitor the weather band radio for updates on weather conditions.

6. All available employees will perform rounds on the unit and close all windows, blinds, window and cubicle curtains.

7. Residents will be maintained comfortably in their rooms where they can be quickly located and moved to corridors if necessary.

8. Employees will remain on their assigned units until the weather alert has been discontinued by the National Weather Service.

HealthCapRMS/DPM.0030.18

Related Policies:

      Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
      Description of Emergency Codes HealthCapRMS/DPM.0003.18
      Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
      Emergency Supply Box HealthCapRMS/DPM.0005.18
      Traffic Control and Parking HealthCapRMS/DPM.0006.18
      Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
      Loss of Call Light System HealthCapRMS/DPM.0017.18
      Natural Gas Leak HealthCapRMS/DPM.0018.18
      Interruption of Natural Gas Service HealthCapRMS/DPM.0019.18
      Telephone Service Failure HealthCapRMS/DPM.0020.18
      Water Line Break/Flooding HealthCapRMS/DPM.0021.18
      Interruption in Water Supply HealthCapRMS/DPM.0022.18
      Emergency Water Purification HealthCapRMS/DPM.0023.18
      Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
      Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
      Tornado Warning HealthCapRMS/DPM.0029.18
      Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
      Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
      Post Evacuation of Residents HealthCapRMS/DPM.0044.18
      Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
      Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
      Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Date of Review: _____ _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

EARTHQUAKE ACTUAL EVENT

Policy and Procedure

Policy:
This policy is intended to assist the facility in meeting its responsibility of providing a comfortable environment for residents, employees and visitors while emphasizing the importance of training in preparation for unanticipated natural disturbances.

Procedure:

1. Mandatory training on preparing for an actual earthquake event will include:
   - DROP to the ground
   - COVER by getting under a sturdy table or other piece of furniture
   - HOLD ON until the quaking stops to assist in maintaining safety for residents, visitors, and employees

2. If there is no heavy object to provide cover, sit on the floor against an interior wall away from windows.

3. Stay away from windows, heavy mirrors, and heavy furniture that may fall or tip.

4. If an earthquake occurs at night, instruct staff to assist residents to stay in bed and cover their heads with a pillow.

5. Seeking protection in doorways is not recommended as:

   - Many doorways are not built into the structural integrity of a building and may not offer protection
   - Doorway openings are generally not designed for more than one (1) person

6. Do not run for exits. Many injuries are caused by falling, so if you get down or brace yourself, you can avoid falling.

7. Do not be alarmed as sprinklers and fire alarms engage, stay calm.

8. If outdoors when an earthquake occurs, stay away from trees, buildings and overhead power lines.

HealthCapRMS/DPM.0033.18

Related Policies:

    Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
    Description of Emergency Codes HealthCapRMS/DPM.0003.18
    Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
    Emergency Supply Box HealthCapRMS/DPM.0005.18
    Traffic Control and Parking HealthCapRMS/DPM.0006.18
    Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
    Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
    Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.18
    Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
    Loss of Call Light System HealthCapRMS/DPM.0017.18
    Natural Gas Leak HealthCapRMS/DPM.0018.18
    Interruption of Natural Gas Service HealthCapRMS/DPM.0019.18
    Telephone Service Failure HealthCapRMS/DPM.0020.18
    Water Line Break/Flooding HealthCapRMS/DPM.0021.18
    Interruption in Water Supply HealthCapRMS/DPM.0022.18
    Emergency Water Purification HealthCapRMS/DPM.0023.18
    Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
    Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
    Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
    Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
    Post Evacuation of Residents HealthCapRMS/DPM.0044.18
    Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
    Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
    Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

EARTHQUAKE PREPAREDNESS

Policy and Procedure

Policy:
This facility is located in a geographical area conducive to earthquakes. This policy is intended to assist the facility in meeting its responsibility of providing appropriate care for residents and visitors in the event of an earthquake while emphasizing the importance of training in preparation for unanticipated natural disturbances.

Procedure:
Preparedness before an Earthquake: Assess, Plan, Train, and Secure

1. The Director of Environmental Maintenance or Safety Officer shall assess the facility as it pertains to safety in the event of an earthquake. The assessment process shall include:
   - Monitoring for items hanging over the heads of beds, removing such items and educating residents and families on the risks of such items.
   - Securing water heaters to the floor or studs using strapping or other devices.
   - Securing heavy items such as televisions on high stands or moving heavy items to lower secure locations.
   - Securing large, heavy pieces of furniture such as bookcases and armoires to walls or wall studs.
   - Installing latches on cupboard doors which may open during an event, increasing risk of injury from falling items.

2. The Director of Environmental Maintenance or the designated Safety Officer shall periodically audit to assure safe conditions are maintained, that emergency equipment and safety kits are functional and available, i.e. flashlights, first aid kits, blankets, pillows, cell phones, extra batteries, emergency radios, etc.

3. The Director of Environmental Maintenance or the designated Safety Officer shall periodically conduct earthquake drills to assure staff is aware of safety procedure expectations in the event of an earthquake. Documentation of these drills should be maintained with other emergency drill documentation.

4. When annually reviewing the Earthquake protocol refer to the State specific website for additional and updated information such as the Office of Homeland Security and the Emergency Management Agency. Revise the protocol as needed to comply with State Agency recommendations.

5. Provide mandatory educational opportunities for all employees on facility expectations regarding maintaining a safe environment in the event of an earthquake.

HealthCapRMS/DPM.0032.18

Related Policies:

    Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
    Description of Emergency Codes HealthCapRMS/DPM.0003.18
    Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
    Emergency Supply Box HealthCapRMS/DPM.0005.18
    Traffic Control and Parking HealthCapRMS/DPM.0006.18
    Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
    Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
    Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.18
    Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
    Loss of Call Light System HealthCapRMS/DPM.0017.18
    Natural Gas Leak HealthCapRMS/DPM.0018.18
    Interruption of Natural Gas Service HealthCapRMS/DPM.0019.18
    Telephone Service Failure HealthCapRMS/DPM.0020.18
    Water Line Break/Flooding HealthCapRMS/DPM.0021.18
    Interruption in Water Supply HealthCapRMS/DPM.0022.18
    Emergency Water Purification HealthCapRMS/DPM.0023.18
    Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
    Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
    Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
    Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
    Post Evacuation of Residents HealthCapRMS/DPM.0044.18
    Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
    Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
    Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

POST EARTHQUAKE EVENT

Policy and Procedure

Policy:
This policy is intended to assist the facility in meeting its responsibility of providing a comfortable environment for residents, employees and visitors while emphasizing the importance of training in preparation for unanticipated natural disturbances.

Procedure:
1. The new employee orientation process will include disaster preparedness training including Post Earthquake Event training.

2. Staff members, visitors, and residents are to remain on their assigned units or in a safe place until the all clear has been called by the person in charge.

3. Each resident shall be assessed for injury.

4. Designated individuals shall inspect the building for damage. Evacuation shall only occur if major structural damage is identified or if a fire occurs.

5. Do not ignite matches, lighters, or candles as there is a risk that gas lines may be interrupted causing gas leaks.

6. A designated individual shall inspect gas, water, and electric lines. If the integrity of these lines is in question, turn off the main valves. If a gas leak is suspected (rotten egg smell) open windows, evacuate and report it to the local gas company or fire department.

7. A designated individual shall monitor the emergency radio for updates on community conditions.

8. Check all telephones to ensure they have not been dislodged and that they are in working order.

9. Telephones shall remain open for emergency responder use and other calls shall only be made for life threatening emergencies.

10. Residents, employees and visitors should be prepared for aftershocks that may occur from hours to days post-earthquake. If an aftershock should occur, DROP, COVER, AND HOLD ON! Post-aftershock assessment should include steps 1 through 8.

HealthCapRMS/DPM.0034.18

Related Policies:

Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.18
Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
Resetting the Fire Alarms HealthCapRMS/DPM.0011.18
Fire Drill HealthCapRMS/DPM.0012.18
Fire Drill Report HealthCapRMS/DPM.0013.18
Recap and Analysis of Fire Drills HealthCapRMS/DPM.0014.18
Fire Safety: Weekly HealthCapRMS/DPM.0015.18
Fire Safety: Monthly HealthCapRMS/DPM.0016.18
Loss of Call Light System HealthCapRMS/DPM.0017.18
Natural Gas Leak HealthCapRMS/DPM.0018.18
Interruption of Natural Gas Service HealthCapRMS/DPM.0019.18
Telephone Service Failure HealthCapRMS/DPM.0020.18
Water Line Break/Flooding HealthCapRMS/DPM.0021.18
Interruption in Water Supply HealthCapRMS/DPM.0022.18
Emergency Water Purification HealthCapRMS/DPM.0023.18
Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
Post Evacuation of Residents HealthCapRMS/DPM.0044.18
Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

DISASTER PREPAREDNESS MANUAL SECTION V – MAN MADE THREATS

HealthCap

RISK MANAGEMENT SERVICES

BIOLOGICAL EVENT: SUSPECTED TERRORISM

Policy and Procedure

Policy
It is the policy of this facility that necessary care and precautions will be taken to assist in maintaining a comfortable environment for our residents, employees, and visitors.

Purpose
The Administrator or designee is responsible for overseeing safety within the center and addressing identified concerns immediately. All events involving safety related issues and corrective actions shall be reported to the Quality Assurance Committee on a quarterly basis.

In the event a biological act or threat occurs at the facility (suspicious letter, package, or other device), the following steps will be initiated:

1. Place the letter or package on a flat surface; do not smell, touch, taste, or look closely at the item.

2. Quietly alert others in the area about the suspicious package or letter.

3. Evacuate the room where the package is located and close the door.

4. Prevent others from entering the general area and secure the closed door.

5. Wash hands thoroughly with soap and water.

6. Notify the Administrator/Executive Director and the Director of Nursing Services.

7. Notify the Director of Maintenance and if possible, close/shut off the ventilation system.

8. Secure the facility doors and prohibit visitors from entering until the facility has been deemed free of hazards.

9. Notify the local and/or state police clearly explaining the situation and the safeguards instituted.

10. Remain in the area and prevent others from moving freely throughout the building.

11. Create a list of persons who were in the general area of the suspicious item and a list of who may have handled the item; give lists to authorities.

12. Follow the direction of the authorities for decontamination and treatment of exposed individuals.

13. Prepare the facility staff and residents for possible evacuation.

14. If evacuation is deemed necessary, initiate the facility specific evacuation plan as outlined in the disaster manual.

15. No one returns to the building until such time as clearance is obtained from the authorities and the substance is no longer a threat to safety.

HealthCapRMS/DPM.0035.18

Related Policies:
Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCap/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
Post Evacuation of Residents HealthCapRMS/DPM.0044.18
Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date Reviewed: _____ _____ _____ _____ _____

BOMB THREAT

Policy and Procedure

Policy:
It is the policy of this facility to provide a comfortable environment for our residents, employees and visitors. This emergency policy is developed to assist the facility in meeting its responsibility to emphasize the importance of training employees on appropriate response to a bomb threat.

Procedure:
While bomb threats or warnings may be received at any time by mail or message, the most common method is by telephone.

1. As part of the new employee orientation program, each employee will be instructed on the Threat of Violence Checklist and the importance of obtaining this information in the event of a bomb threat.

2. The Threat of Violence policy will be included on the annual in-service calendar as a mandatory training for all employees.

3. If a bomb threat is received it is critical that the management team proceed with safety steps in a calm manner.

4. The manager shall use the Threat of Violence Checklist which is located in the Disaster Manual to obtain and document as much information as possible.

5. The manager shall notify the Administrator and the person in charge will notify the local law enforcement agency immediately.

6. The Administrator may elect to turn off all radio and paging systems using runners to carry messages.

7. The Administrator in cooperation with the police department, will evaluate the potential danger and evacuation need.

8. A bomb search will be initiated by the police/bomb experts.

9. Personnel should report any suspicious or foreign object to the Administrator. DO NOT TOUCH THE OBJECT

10. If evacuation is necessary, it shall be conducted according to the facility's evacuation plan.

11. Should detonation occur, the situation shall be handled as a disaster emergency.

HealthCapRMS/DPM.0036.18

Related Policies:
> Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
> Description of Emergency Codes HealthCapRMS/DPM.0003.18
> Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
> Emergency Supply Box HealthCapRMS/DPM.0005.18
> Traffic Control and Parking HealthCapRMS/DPM.0006.18
> Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
> Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
> Alerting and Extinguishing Systems HealthCapRMS/DPM.0009.18
> Fire Alerting Systems: Types of Systems and Operation HealthCapRMS/DPM.0010.18
> Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
> Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
> Post Evacuation of Residents HealthCapRMS/DPM.0044.18
> Emergency Evacuation: Floor/Unit HealthCapRMS/DPM.0046.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____

BOMB THREAT CHECKLIST

Policy and Procedure

Policy:
It is the policy of this facility to provide a comfortable environment for our residents, employees and visitors. This emergency policy is intended to assist the facility in meeting its responsibility and emphasize the importance of employee training to respond appropriately in the event of a bomb threat.

Procedure:
It is the responsibility of the manager within the facility to notify the Administrator immediately and complete the Bomb Threat Checklist if a bomb threat occurs. It is critical that the information provided is clear, accurate and timely. The tool should be completed immediately to ensure that facts are remembered accurately and articulated appropriately.

<u>**Section II**</u>

If a bomb threat is received it is important that the facility manager or person receiving the call attempt to get the caller to reveal the following details:

Exact location of the alleged bomb: _____

_____

Time of anticipated detonation: _____

_____

Description of what the bomb looks like: _____

_____

_____

Identify what explosives were used to create the bomb: _____

_____

_____

Obtain as much information as you can from the caller. (Legitimate callers usually wish to avoid injury or death.) Request more data by expressing a desire to save lives.
Additional information obtained: _____

_____

Name of person receiving the call: _____

Date and Time of Call: _____

HealthCapRMS/DPM.0037.18

Related Policies:
> Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
> Description of Emergency Codes HealthCapRMS/DPM.003.18
> Emergency Supply Box HealthCapRMS/DPM.0005.18
> Traffic Control and Parking HealthCapRMS/DPM.0006.18
> Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
> Bomb Threat HealthCapRMS/DPM.0036.18
> Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
> Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
> Post Evacuation of Residents HealthCapRMS/DPM.0044.18
> Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
> Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____   _____   _____   _____   _____

WORK PLACE WEAPONS

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees and visitors.

Procedure:
The management team will provide appropriate training to employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible during emergency events.

1. The general orientation process for new employees will include a review of this policy and procedure regarding Work Place Weapons.

2. Any employee, resident, or guardian of a resident who has obtained a restraining order or personal protection order should immediately provide a copy of the order to the Administrator.

3. The Administrator will notify those in need of the information to protect the residents, visitors, families, and facility.

4. Any person observing, or hearing of, weapons in the work place shall immediately inform their supervisor. If possible, leave one person in the area while a runner reports the weapon.

5. The supervisor shall immediately notify the local police department if immediate danger is perceived, and then immediately notify the Administrator, DON, or designee.

6. The designated responsible person in cooperation with the police will evaluate the situation and determine if an evacuation is needed.

7. Use the facility investigation form to record occurrences.

Related Policies:
Emergency/Disaster Contact Information HealthCapRMS/DDPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Threat of Violence Checklist HealthCapRMS/DPM.0039.18
Evacuation Plans/Floor Plans HealthCapRMS/DPM.0043.18
Emergency Evacuation: Building HealthCapRMS/DPM.0044.18
Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0047.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Date of Review: _____   _____   _____   _____   _____
HealthCapRMS/DPM.0038.18

THREAT OF VIOLENCE CHECKLIST

Policy and Procedure

Policy:
It is the policy of this facility to provide a comfortable environment for our residents, employees and visitors. This emergency policy is intended to assist the facility in meeting its responsibility and emphasize the importance of providing training for employees in the event of a threat of violence.

Procedure:
It is the responsibility of the manager within the facility to notify the Administrator immediately if a threat of violence is received and to complete the Threat of Violence Checklist. It is critical that the information provided is clear, accurate and timely. The tool should be completed immediately to ensure that facts are remembered accurately and articulated appropriately.

<u>Section I</u>   **Date:** _____   **Time:** _____

What did the caller say? Document the exact wording used: _____

_____

_____

_____

Male: _____   Female: _____   Adult: _____   Child: _____   Estimated Age: _____

Speech:

Slow: _____ Excited: _____ Disguised: _____ Rapid: _____ Loud: _____

Broken: _____ Normal: _____ Sincere: _____ Angry: _____

Did the person have an accent? If so, describe (i.e., Southern, European, etc): _____

_____

_____

Was there any background noise heard (i.e., traffic, machinery, etc.)? _____

_____

_____

Did the caller indicate why the threat was being made? If so, explain: _____

_____

HealthCapRMS/DPM.0039.18

If this is a bomb threat refer to Bomb Threat Checklist HealthCapRMS/DPM.0015.18

Related Policies:
 Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
 Description of Emergency Codes HealthCapRMS/DPM.003.18
 Emergency Supply Box HealthCapRMS/DPM.0005.18
 Traffic Control and Parking HealthCapRMS/DPM.0006.18
 Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
 Work Place Weapons HealthCapRMS/DPM.0038.18
 Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
 Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
 Post Evacuation of Residents HealthCapRMS/DPM.0044.18
 Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
 Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Date of Review: _____   _____   _____   _____   _____

HealthCap
RISK MANAGEMENT SERVICES

CHEMICAL SPILL

Policy and Procedure

Policy:
It is the policy of this facility that all necessary care and precautions will be taken to maintain a comfortable environment for our residents, employees, and visitors.

Procedure:
The Administrator or designee is responsible for overseeing safety within the center and addressing identified concerns immediately. All events involving safety related issues and corrective actions shall be reported to the Quality Assurance Committee on a quarterly basis.

In the event that a chemical spill occurs at or near the facility please initiate the following actions:

1. Immediately notify a supervisor, manager, or Administrator of the spill.

2. Secure the affected area and consult the MSDS (Material Safety Data Sheet) for appropriate action and/or health risks.

3. If the spill/release is determined to be immediately hazardous to the health of residents, employees, and visitors contact the local emergency response team.

4. Close doors and turn off air conditioners/heating units if possible to minimize the spread of fumes throughout the building.

5. Clean spill in accordance with the MSDS guidelines and/or manufacturers instructions.

6. Notify the Administrator of the steps initiated, the response team recommendations and the status of the spill/release.

7. If evacuation becomes necessary, please refer to the Evacuation Policy in the Disaster Manual.

HealthCapRMS/DPM.0040.18

Related Policies:
      Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
      Description of Emergency Codes HealthCapRMS/DPM.0003.18
      Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
      Emergency Supply Box HealthCapRMS/DPM.0005.18
      Traffic Control and Parking HealthCapRMS/DPM.0006.18
      Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
      Hazardous Accidents or Incidents HealthCapRMS/DPM.0041.18
      Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
      Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
      Post Evacuation of Residents HealthCapRMS/DPM.0044.18
      Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
      Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____

HAZARDOUS ACCIDENTS OR INCIDENTS

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees and visitors.

Procedure:
The management team will provide appropriate training to employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible in the event of a hazardous accident or incident.

An overturned tanker, broken water main or fuel line, a chemical or oil spill, biochemical attack and even a plane crash are potential hazards which could affect the facility. There can be no standardized plan for a sudden hazard or threat. The incident can be so varied that the information and severity of the situation may be difficult to assess immediately.

Warnings of a hazardous accident or incident are usually received from the police or fire department and often over the news media. For some disasters, it may be found that public information messages will be the only actual "warning" the facility receives.

1. The facility will be evacuated if necessary following the facility specific evacuation procedure and only as directed by the Administrator and Emergency Response personnel.

2. The Administrator or designee will notify the appropriate State regulatory agencies as outlined in state specific regulations.

Related Policies:
　　　　Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
　　　　Description of Emergency Codes HealthCapRMS/DPM.0003.18
　　　　Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
　　　　Emergency Supply Box HealthCapRMS/DPM.0005.18
　　　　Traffic Control and Parking HealthCapRMS/DPM.0006.18
　　　　Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
　　　　Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
　　　　Loss of Call Light System HealthCapRMS/DPM.0017.18
　　　　Natural Gas Leak HealthCapRMS/DPM.0018.18
　　　　Interruption of Natural Gas Service HealthCapRMS/DPM.0019.18
　　　　Telephone Service Failure HealthCapRMS/DPM.0020.18
　　　　Water Line Break/Flooding HealthCapRMS/DPM.0021.18
　　　　Interruption in Water Supply HealthCapRMS/DPM.0022.18

HealthCapRMS/DPM.0041.18

Related Policies (Continued):
>   Emergency Water Purification HealthCapRMS/DPM.0023.18
>   Unscheduled Emergency Power Outage HealthCapRMS/DPM.0024.18
>   Unscheduled Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
>   Biological Event: Suspected Terrorism HealthCapRMS/DPM.0035.18
>   Bomb Threat HealthCapRMS/DPM.0036.18
>   Bomb Threat Checklist HealthCapRMS/DPM.0037.18
>   Threat of Violence Checklist HealthCapRMS/DPM.0039.18
>   Evacuation Plans/Floor Plans HealthCapRMS/DPM.0042.18
>   Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
>   Post Evacuation of Residents HealthCapRMS/DPM.0044.18
>   Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
>   Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
>   Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

DISASTER PREAPREDNESS MANUAL SECTION VI – POST-EVACUATION

HealthCap
RISK MANAGEMENT SERVICES

EVACUATION PLANS/FLOOR PLANS

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for residents, employees and visitors.

Procedure:
The management team will provide appropriate training to employees emphasizing the importance of continuing to provide care to our residents with as little disruption as possible during emergency events.

1. The Evacuation Plans/Floor Plans will be posted minimally:

    a. At, or near emergency exit doors
    b. Elevator access door will have postings that elevators are not to be used in case of fires
    c. Stairway doors that lead to an exit from the building

2. Evacuation Plans/Floor Plans will include:

    a. Location of person when viewing map ("you are here")
    b. Emergency exit door locations
    c. Fire Extinguisher locations
    d. Fire Alarm call station locations
    e. Directional signs to nearest emergency exit from each location
    f. MSDS locations
    g. Tornado shelter locations, if identified by facility

3. Evacuation Plans/Floor Plans will be updated by the Administrator or designee when locations or floor plans change due to renovation, etc.

4. Evacuation Plans/Floor Plans will be reviewed annually for accuracy by the Administrator or designee.

HealthCapRMS/DPM.0042.18

Related Policies:
    Emergency Evacuation: Building HealthCapRMS/DPM.0043.18
    Post Evacuation of Residents HealthCapRMS/DPM.0044.18
    Plan for Returning Evacuees HealthCapRMS/DPM.0045.18
    Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____ _____

EMERGENCY EVACUATION: BUILDING

Policy and Procedure

Policy:

This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees, and visitors.

Procedure:

The management team will provide appropriate training to employees emphasizing the importance of continuing to provide a safe environment in the event an emergency evacuation is deemed necessary.

1. In the event of an emergency situation, the ***Community Service, i.e., police or fire departments or the Administrator/designee will make the determination*** if an evacuation of residents is necessary.

2. Residents, visitors and employees will be relocated to the designated safe area.

3. Personnel except one nurse and one CNA designated from each unit will report to the Nursing Station on the units being evacuated.

4. Each unit will be systematically evacuated.

5. Nursing personnel will be partnered with ancillary personnel to work as teams during the evacuation process.

6. Ambulatory and mobile residents will be evacuated first.

7. Clinically complex residents will be transported to the nearest hospital via ambulance to ensure appropriate monitoring and care is provided.

8. Other residents will be transported by facility van, personal vehicles, taxi, transport vans, etc.

9. The unit charge nurse is responsible for securing the medication and treatment records for each resident and maintaining a current headcount during the evacuation process.

10. When the evacuation process has been completed the unit charge nurse is responsible for performing a final resident headcount.

11. The Administrator/designee will contact facilities accepting the evacuated residents to ensure they have arrived safely and to provide additional caregiver support.

12. Family members will be notified as to where their resident has been re-located.

13. The Administrator will notify the appropriate State agency as required by regulation.

HealthCapRMS/DPM.0043.18

Related Policies:

        Traffic Control and Parking HealthCapRMS/DPM.0006.18
        Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
        Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
        Natural Gas Leak HealthCapRMS/DPM.0018.18
        Interruption of Natural Gas Service HealthCapRMS/DPM.0019.18
        Water Line Break/Flooding HealthCapRMS/DPM.0021.18
        Interruption in Water Supply HealthCapRMS/DPM.0022.18
        Unscheduled/Emergency Power Outage HealthCapRMS/DPM.0024.18
        Unscheduled/Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
        Hurricane Safety HealthCapRMS/DPM.0031.18
        Earthquake Preparedness HealthCapRMS/DPM.0032.18
        Earthquake – Actual Event HealthCapRMS/DPM.0033.18
        Biological Event: Suspected Terrorism HealthCapRMS/DPM.0035.18
        Bomb Threat HealthCapRMS/DPM.0036.18
        Chemical Spill HealthCapRMS/DPM.0040.18
        Hazardous Accidents or Incidents HealthCapRMS/DPM.0041.18
        Post-Evacuation of Residents HealthCapRMS/DPM.0044.18
        Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
        Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

POST-EVACUATION OF RESIDENTS

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees, and visitors.

Procedure:
The management team will provide appropriate training to employees on maintaining a calm, safe environment for the residents upon return to the building post-evacuation.

1. The general orientation process includes training on the Post-Evacuation of Residents policy.

2. Training will include identifying the negative impact of evacuation on residents' overall well being and interventions to be utilized in the process of returning the residents to their home.

3. Residents will be returned to their rooms and each resident will be accounted for and documented on the resident roster.

4. If a resident cannot return to his or her room for any reason, arrangements will be made through the resident's family, Administrator, and physician to transfer the resident to an alternate room or health care facility.

5. A full report of the emergency events which required the emergency evacuation will be sent to the State regulatory agency as required by individual state regulations.

6. A summary report of the evacuation process and post-evacuation return of residents will be compiled by the Administrator and presented to the Quarterly Quality Assurance Committee at their next scheduled meeting. The report shall include corrective actions that were taken to address any issues that hindered the evacuation/post-evacuation process.

Related Policies:
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____
HealthCapRMS/DPM.0044.18

PLAN FOR RETURN OF EVACUEES
Points of Emphasis Checklist

Category	Task	Monitor
Returning Evacuees	• Head to toe skin assessments and pain assessments with vital signs completed on date of departure and resident treated/medicated as indicated. • Residents are toileted prior to departure; a disposable protective pad is available for each resident. • An airsick bag or comparable product is available to each resident during transportation.	Regional Staff Administrator Director of Nursing
Medical Records	• An identifying pre-arranged sticker is placed on the medical record of each evacuee by the receiving facility and the records are stored securely at the receiving nurse's station. • A new chart is created for each evacuee. Documentation generated during the stay (all assessments, evaluations, reports, test results, etc.) is maintained in the new chart. • On day of departure a copy of this chart is placed in the original medical record and returned with the evacuee. The original "new chart" is then closed and maintained by the medical records department.	Regional Staff Director of Nursing Charge Nurse Medical Records Unit Secretary
Personal Property and Equipment	• On arrival at the receiving facility all personal property/equipment is inventoried by the evacuating facility and the receiving facility, tagged for identification and an Inventory Sheet is completed and signed by both parties. • On day of return all equipment is inventoried for return and validated with the inventory sheet. The sheet is then signed by both parties and a copy placed in the medical chart of the evacuee. The original is kept by the receiving facility.	Regional Staff Administrator Director of Nursing
Personal Supplies	• An airway, ambu-bag and 02 supplies, disposable incontinent briefs, disposable sanitary wipes, disposable incontinent pads, disposable gloves, hand sanitizing gel, treatment supplies, pillows and blankets are available on each transportation vehicle.	Regional Staff
Medications	• Medications are inventoried upon receipt by the receiving facility. All medications are checked against physician orders to ensure availability and accuracy. • A new count sheet is initiated for each controlled substance by the receiving facility. The medications are counted by a licensed nurse from the evacuating facility and validated by a licensed nurse from the receiving facility and signatures documented appropriately. • On day of return medications for administration during the trip are preset, labeled and bagged. • On day of return Controlled Drugs are counted by licensed nurses from the receiving and evacuating facility, appropriate signatures are documented on the count sheet and a copy of the sheet is kept by the receiving facility in medical records. **Controlled drugs will be signed out ONLY to a licensed nurse for transportation.**	Regional Staff Director of Nursing
Hydration And Nutrition	• Return transportation times should be coordinated with regular meal times when possible to ensure that evacuees receive adequate hydration and nutrition and that any diet restrictions can be adhered to. • One to two brown bag meals should be prepared and packaged for each evacuee for the return trip. An adequate supply of pureed foods and thickened beverages should be available on each transportation vehicle as indicated by diet restrictions. • A minimum of three eight-ounce bottles of water should be available for each evacuee on each transportation vehicle.	Regional Staff Director of Nursing Registered Dietitian

HealthCapRMS/DPM.0045.18

Related Policies:
      Traffic Control and Parking HealthCapRMS/DPM.0006.18
      Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
      Post-Evacuation of Residents HealthCapRMS/DPM.0044.18
      Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18
      Plan for Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____ _____

EMERGENCY EVACUATION: UNIT/FLOOR

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees and visitors.

Procedure:
The management team will provide appropriate training to employees emphasizing the importance of continuing to provide a safe environment for our residents in the event an emergency evacuation is deemed necessary.

1. Evacuation maps/floor plans will be posted at or near:
    - Emergency exit doors
    - Elevator access doors with a notation that the elevators are not to be used in the event of fire
    - Stairway doors, and
    - Nurse's stations

2. Evacuation maps/floor plans will include:
    a. Location of the person when viewing the map "you are here"
    b. Emergency exit door locations
    c. Fire extinguisher locations
    d. Fire alarm call station location
    e. Directional signs to nearest emergency exit from each location
    f. MSDS locations
    g. Tornado shelter locations

3. In the event of an emergency situation, the Community Service, i.e., police or fire departments or the Administrator/designee will make the determination if an evacuation of residents is necessary.

4. Determine the need to evacuate a specific unit/floor and the evacuation destination.

5. The person in charge or his/her designee will announce on the overhead paging system "all evacuation personnel report to the designated area" which is determined at the time of the emergency.

6. Residents, visitors and employees will be relocated to the safe area, as designated.

7. Personnel, except one nurse and one CNA from each unit will report to the Nursing Station on the unit/floor requiring evacuation.

8. Nursing personnel will be partnered with ancillary personnel to work as teams during the evacuation effort.

HealthCapRMS/DPM.0046.18

9. Evacuation of residents will be systematic and begin with ambulatory and mobile residents first followed by bed/chair bound residents.

10. Evacuation will take place through passable stairwells; NEVER USE ELEVATORS!

11. Residents requiring lifting and/or carrying (bed-bound or non-ambulatory) will be evacuated using bed linen or slings.

12. Employees will remain with their assigned residents until further instructions are given.

13. Evacuation Map/Floor Plans will be updated by the Administrator or designee whenever locations or floor plans are changed.

14. Evacuation Map/Floor Plans will be reviewed annually for accuracy by the Administrator or designee.

Related Policies:
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Fire/Explosion: Safety Plan HealthCapRMS/DPM.0008.18
Natural Gas Leak HealthCapRMS/DPM.0018.18
Interruption of Natural Gas Service HealthCapRMS/DPM.0019.18
Water Line Break/Flooding HealthCapRMS/DPM.0021.18
Interruption in Water Supply HealthCapRMS/DPM.0022.18
Unscheduled/Emergency Power Outage HealthCapRMS/DPM.0024.18
Unscheduled/Emergency Power Outage – No Generator HealthCapRMS/DPM.0025.18
Hurricane Safety HealthCapRMS/DPM.0031.18
Earthquake Preparedness HealthCapRMS/DPM.0032.18
Earthquake – Actual Event HealthCapRMS/DPM.0033.18
Biological Event: Suspected Terrorism HealthCapRMS/DPM.0035.18
Bomb Threat HealthCapRMS/DPM.0036.18
Chemical Spill HealthCapRMS/DPM.0040.18
Hazardous Accidents or Incidents HealthCapRMS/DPM.0041.18
Post-Evacuation of Residents HealthCapRMS/DPM.0044.18
Plan for Return of Evacuees HealthCapRMS/DPM.0045.18
Plan For Accepting Evacuees HealthCapRMS/DPM.0047.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____ _____ _____ _____ _____

PLAN FOR ACCEPTING EVACUEES

Policy and Procedure

Policy:
This emergency policy is intended to assist the facility in meeting its responsibility to provide a comfortable environment for our residents, employees, and visitors.

Procedure:
The management team will provide appropriate training to employees emphasizing the importance of continuing to provide a safe environment in the event an emergency evacuation is deemed necessary.

1. The general orientation process for new employees will include a review of this policy and procedure regarding Emergency Evacuation.

2. The administrator shall initiate the "Points of Emphasis Checklist," Appendix to policy and procedure HCRMS/DPM.0011/2006.

3. The Administrator and/or Director of Nursing are required to be on the transportation vehicles.

4. The receiving facility shall set up several stations to accommodate residents arriving.

5. Food and hydration stations will be set up and provided with dietary checklists to ensure appropriate resident specific dietary restrictions are followed.

6. Physicians or nurse practitioners shall assess each resident for medical conditions.

7. Vital signs and blood glucose monitoring will be performed at the triage area.

8. Skin assessments will be performed during the process of providing toileting and personal care to the returning residents.

9. Medication Administration Records will be available and residents will be provided with medication as ordered by their attending physician.

10. Rest areas will be set up that allow residents to lie down for rest periods as necessary during the admission process.

11. Controlled drugs will be accounted for by the receiving licensed nurse and the Director of Nursing Services or designee.

12. Residents' personal property will be inventoried and left with the resident or placed in a secure location until room assignment has been completed.

HealthCapRMS/DPM.0047.18

13. An additional supply of wheelchairs, geri-chairs are brought to the receiving area to accommodate arriving residents.

14. Supplies such as oxygen, gloves, treatment supplies, pillows, blankets, and any additional items are to be at the receiving area for use in providing care to the residents as they are admitted.

Related Policies:
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Post-Evacuation of Residents HealthCapRMS/DPM.0044.18
Plan for Return of Evacuees – Point of Emphasis Checklist HealthCapRMS/DPM.0045.18
Emergency Evacuation: Unit/Floor HealthCapRMS/DPM.0046.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Date of Review: _____   _____   _____   _____   _____

DISASTER PREPAREDNESS MANUAL SECTION VII – ELOPEMENT

WANDER MANAGEMENT PROGRAM

Policy and Procedure

Policy:
It is the policy of this facility to provide a comfortable, structured environment for residents who have been identified by the interdisciplinary team as at risk for elopement due to cognitive impairment and/or exit seeking behaviors. For the purposes of this policy, elopement is defined as leaving the facility premises without following the facility's policies and procedures for leave of absence.

Procedure:
1. An interdisciplinary care plan addressing elopement risks will be developed within 24 hours of admission. Realistic, goal-oriented approaches and interventions will be developed using resident history, current status, family interviews, etc. The care plan will specifically address:

   a. Triggering events that trigger "exit seeking" behaviors
   b. Trends as to who, what, where, when, and why the wandering behaviors escalate
   c. Behavior interventions to manage behaviors associated with elopement

2. Residents identified as at risk for elopement will wear a wanderguard/code alert ankle bracelet following the wanderguard/code alert protocol.
3. Staff in-servicing on dementia diagnoses and elopement precautions will occur quarterly and with each orientation class.
4. Residents identified as at risk for elopement will have daily activity programming in a structured environment, focusing on their individual interests and needs.
5. Residents identified as at risk for elopement will be provided with meals in the supervised dining area.
6. The Administrator will delegate assignment of elopement prevention auditing on a monthly basis.
7. The oncoming and off-going charge nurses will make walking rounds at shift change, identifying the location of residents at risk.
8. Residents identified as actively exit seeking will have their location verified every 15 minutes and documented.
9. Nursing Assistant assignment sheets, closet care plans and IDT care plans will identify elopement risks.
10. Documentation will be performed every shift for residents identified with new wandering/elopement attempts for two (2) consecutive weeks, then daily unless behaviors warrant more frequency.

HealthCapRMS/DPM.0048.18

Related Policies:

       Elopement Management Program………………………………....HealthCapRMS/DPM.0049.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Review Dates: _____   _____   _____   _____

ELOPEMENT MANAGEMENT PROGRAM

Policy and Procedure

Policy:
It is the policy of this facility to provide a comfortable environment for residents by identifying and managing exit seeking behaviors.

Procedure:

Resident Criteria:
A resident meets the criteria for the Elopement Management Program if they are cognitively impaired or unable to follow the facility's leave of absence policy and procedures or if they exhibit any of the following examples of behavior:

- A history of exit seeking behaviors
- Expressing a verbal desire and is functionally able to leave the building
- Currently exhibiting exit seeking behaviors

Review of center practices should include:

- Identification system for all wanderers even if they have not demonstrated exit seeking behaviors
- Checking response time to all alarms on a scheduled basis and document
- Identifying who, when and why an alarm may be silenced
- Frequent testing of alarms
- Use of cueing devices/monitors
- An alert methodology for high-risk residents
- Pre-planned development procedures

The type and frequency of interventions will be determined by the resident's exit seeking risk, wandering pattern and specific characteristics of the resident's dementia. Interventions can be drawn from the following list but are not limited to the list. Consistent implementation is the key to successful prevention of exit seeking and reduction of harm to the resident from wandering.

- Identify if there is a reason for the resident's behavior
- Determine the patterns of the exit seeking behavior: time of day, location, environmental triggers, physical needs, etc.
- Review the techniques that have produced a positive response in the past and incorporate them into the care routine
- Identify the other possible interventions

HealthCapRMS/DPM.0049.18

- Incorporate frequent personal contact by the staff
- Avoid leaving resident unattended or unobserved for long-periods of time
- Consult with the resident's representative and family in developing and maintaining effective interventions and diversions to promote safe wandering, non-exit seeking behavior
- Activities for residents include a structured program over all waking hours
- Document the resident's behavior and the interventions and diversion techniques that are useful
- Place familiar objects, furniture, and pictures in safe surrounding

Related Policies:
Wander Management Program………………………………HealthCapRMS/DPM.0048.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Review Dates: _____   _____   _____   _____   _____

HealthCap
RISK MANAGEMENT SERVICES

ADMISSION ELOPEMENT ASSESSMENT

Policy and Procedure

Policy:
It is the responsibility of the interdisciplinary team to provide a comfortable environment for our residents, staff and visitors. The following guidelines will be followed for residents upon admission. For the purposes of this policy, elopement is defined as leaving the facility premises without following the facility's policies and procedures for leave of absence.

Procedure:
1. A thorough history of diagnoses, behaviors, and wandering activity will be obtained from the resident, significant others, medical records, and social services.
2. A medication review shall be performed by the physician to identify medications that may impact the resident's cognitive level and safety awareness.
3. An assessment of the resident's overall mobility status and use of assistive devices to be performed.
4. Each resident shall receive a name band with their name and facility name identified on it.
5. The name band will be checked for placement on a daily basis during the provision of care and medication administration.
6. Two photographs of newly admitted residents will be taken after consent has been obtained by the resident or responsible party.
7. Photographs will be maintained in the resident's medical record and on the Medication Administration Record.
8. Photographs will be updated as required to reflect changes in resident appearance.
9. A thorough Elopement Risk Assessment will be performed during the admission process to identify those residents at high-risk for elopement using the *"Resident Elopement Assessment Form" and algorithm.*
10. Residents identified as high-risk for elopement will have preventive interventions initiated on the resident care plan.
11. Direct care staff will be informed of the resident's risk and the appropriate interventions to address the risk of elopement.
12. Resident's actively exhibiting exit seeking behaviors will be placed on 15-minute checks to assist in ensuring their safety until appropriate placement/discharge.
13. Staff will utilize the *"Wander Management Program"* policy and procedure to assist in identifying preventive techniques and interventions.
14. Resident and/or responsible party will receive instruction on the facility's leave of absence policy.

HealthCapRMS/DPM.0050.18

Related Policies:
  Wander Management Program……………………………….HealthCapRMS/DPM.0048.18
  Elopement Management Program……………………………HealthCapRMS/DPM.0049.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____

ELOPEMENT

Policy and Procedure

Policy:
It is the policy of this facility that interventions will be implemented to provide a comfortable environment for our residents while assisting in preventing elopement. If a suspected elopement does occur, a search for the missing resident shall be conducted in a systematic manner using all available staff. For the purposes of this policy, elopement is defined as leaving the facility premises or failing to return within the designated time and/or failing to follow the facility's policies and procedures for leave of absence.

Procedure:
When an elopement is suspected the following steps will be initiated simultaneously:
1. Notify the nursing supervisor and staff via overhead page (using facility selected code, i.e., Dr. Wander to room _____).
2. The charge nurse shall immediately check sign out books to determine if the resident has been taken out of the building by the responsible party.
3. The charge nurse shall assign one employee to physically check each alarmed exit to determine if all alarms are in working order (this may identify the exit the resident used to elope).
4. The charge nurse shall initiate a search of the facility and grounds by assigning staff to specific areas of the facility.
5. If department heads are on duty, they shall be responsible for the search in their respective areas. If department heads are not on duty, the charge nurse shall oversee the search of all areas of the facility and grounds where it is believed the resident might be found.
6. When the resident is located, the charge nurse shall page facility all clear code overhead three times (i.e., "Dr. Wander all clear").
7. *If a thorough search of the facility and grounds does not locate the resident, the charge nurse shall* ***immediately notify the Administrator and Director of Nursing Services.***

When a resident cannot be located after a thorough search of the facility and grounds, the following steps shall be taken:
1. A written description of the resident and a recent photograph of the resident shall be obtained by the charge nurse.
2. The nursing supervisor shall notify law enforcement officials
3. The nursing supervisor shall notify the resident's legal representative and/or family.
4. Notification of the resident's attending physician.

HealthCapRMS/DPM.0051.18

5. Document in the medical record in real time as the situation progresses. Documentation shall include the date and time resident was last seen, steps taken to locate the resident and the parties notified of situation. *NO BLOCK CHARTING!*
6. If a resident cannot be located for greater than two (2) hours or other conditions exist that place the resident at risk for harm (inclement weather, etc.), the state licensing and regulatory agency shall be notified using the designated 800 hot line telephone number. *(Please refer to regulations specific to your state).*

Related Policies:
Wander Management Program……………………………..HealthCapRMS/DPM.0048.18
Elopement Management Program……………………………HealthCapRMS/DPM.0049.18
Admission Elopement Assessment…………………………HealthCapRMS/DPM.0050.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Review Dates: _____   _____   _____   _____

HealthCap
RISK MANAGEMENT SERVICES

RESIDENT ELOPEMENT ASSESSMENT FORM

RESIDENT NAME: _____

RESIDENT ROOM: _____

CLINICAL CONDITION	RESIDENT STATUS	POTENTIAL POINTS	ASSESSMENT DATE/POINTS SCORED					
Predisposing Disease – Dementia, Organic Brain Syndrome, Alzheimer's Disease	None Present One or more present	0 2						
Ambulation	Confined to bed or chair Ambulatory with device Ambulatory	0 1 2						
Mental Status	Alert Disoriented at all times Intermittent Confusion	1 2 3						
Medications (Including psychoactives)	None Takes 1-2/day Takes 2 or more/day	1 2 3						
Days of Residence	Over 120 days without elopement incident 30-120 days since admission New Admission (<30 days)	0 1 2						
History of Elopements (In previous six months)	No History One to Two Episodes Two or More Episodes	0 3 4						
Total Score	*A total score of 10 or higher is "at risk"*							

HealthCapRMS/DPM.0052.18

ELOPEMENT ASSESSMENT

---

1. **Within the last two (2) care plan cycles (six (6) months).**
   - o **Documented** episodes of elopement or elopement attempts.
   - o **Reported** episodes of elopement or elopement attempts.

   If yes to either or both questions, place resident on elopement protocol.
   If no to both questions, proceed to next section.

---

2. **Resident:**
   - o Has legal representative that desires resident be on elopement protocol.

   If yes, document family preference in chart and place resident on elopement protocol.

---

3. **Resident:**
   - o Spends time on the first floor of the facility or is permitted to travel between floors without supervision.
   - o Is identified as frequenting the area near or around the facility exits or stairways.
   - o Verbalizes serious intent to leave the facility if and when the opportunity arises.
   - o Responds negatively to staff redirection when wandering into restricted areas.
   - o Has the physical ability to leave the facility at will.
   - o Becomes easily agitated, confused, disoriented, or shows consistently poor safety judgment (i.e., would not be able to safely care for self outside of facility).
   - o Has an existing care plan targeting elopement.

   If yes to any of the above questions, place resident on elopement protocol.
   If no to all questions above, proceed to next section.

---

4. **The interdisciplinary team finds that the resident is:**

   - o **AT RISK** to elope and should be placed on elopement protocols. A care plan for wandering/elopement risk will be initiated identifying appropriate preventive interventions.

   - o **NOT AT RISK** to elope at this time and should not be on elopement protocols.

   Comments: _____

   _____

Resident Name: **Date:**

HealthCapRMS/DPM.0053.18

HealthCap
RISK MANAGEMENT SERVICES

Elopement Risk Assessment (HealthCapRMS/DPM.0054.18)

Resident Name: _____ Room Number: _____ Assessment Date: _____

Admission Date: _____ Signature: _____

Is the resident mobile with or without an assistive device?

NO

YES

HISTORY	Y	N
Previous elopement attempts at home		
One or more attempts of elopement at facility		
Resident wanders		

RISK FACTORS	Y	N
Alzheimer's/Dementia DX		
Active mental illness		
Unacceptance of situation or placement		
Recent mental changes		
Psychotropic medication changes in past 3 months		
Resident states they are leaving facility		
Resident has the appearance of a visitor		

Total more than 0?

NO   YES

Total more than 3?

YES   NO

RESIDENT IS AN ELOPEMENT RISK

HealthCap
RISK MANAGEMENT SERVICES

Elopement Prevention Audit

Policy and Procedure

Policy:
It is the policy of this facility that the Elopement Prevention Audit will be performed by the designated member of the Quality Assurance Committee on a monthly basis. Documentation and a summary of findings will be presented to the Quality Assurance Committee on a quarterly basis. For the purposes of this policy, elopement is defined as leaving the facility premises without following the facility's policies and procedures for leave of absence.

Procedure:
    Facility Systems:
    1. Is the facility door alarm system functioning appropriately?   Yes ___ No ___
    2. Is each personal alarm checked for placement every shift?   Yes ___ No ___
    3. Is the operation of each personal alarm checked weekly?   Yes ___ No ___
    4. Is there a system for visual monitoring of all exits?   Yes ___ No ___

If "no", document a measurable improvement plan to include anticipated date of completion and person responsible for implementing corrective actions.

Resident Identification and Care Plan Documentation – Audit for all residents identified at risk for elopement:
    1. Do all residents have a recent photograph on the MAR?   Yes ___ No ___
    2. Is resident clothing labeled with identification on inside?   Yes ___ No ___
    3. Do residents have identification bracelets on wrist or ankle?   Yes ___ No ___
    4. Do residents have care plan for risk and is it implemented?   Yes ___ No ___

If "no", document a measurable improvement plan to include anticipated date of completion and person responsible for implementing corrective actions.

Monitoring and Education:
The facility is to review and hold inservices on all shifts regarding elopement procedures and preventative practices on a quarterly basis. All data collected regarding elopement precautions and events will be reported to the Quality Assurance Committee on a quarterly basis.

    1. Date of scheduled elopement inservices: #1___ #2___ #3___ #4___
    2. Inservice sign in sheets on file?   Yes _____ No _____
    3. Provide one-on-one inservice for those not in attendance and document training.

Forward data collected to the Quality Assurance Committee for tracking of elopement and preventative systems on a monthly basis. This will enable the committee to identify patterns, trends, and causal factors. The committee shall identify and implement interventions to prevent elopement as necessary.

Signature of Person Completing Report: _____ Date: _____

HealthCapRMS/DPM.0055.18

Related Policies:

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

ELOPEMENT RESPONSE GUIDELINES

Policy and Procedure

Policy:
It is the responsibility of all staff to provide a safe environment for each of our residents. The following guidelines will be followed in the event that a resident is identified as missing. For the purposes of this policy, elopement is defined as leaving the facility premises without following the facility's policies and procedures for leave of absence.

Procedure:
1. Upon admission, each resident shall receive a name band with their name and facility name identified on it. It is the responsibility of each nursing assistant to ensure that each of their assigned residents is wearing an identification bracelet and that it is legible. Replacement bands are available from the charge nurse.

2. During medication pass, nurses shall check that a name band is present, particularly for residents at risk for wandering or who are cognitively impaired.

3. After receiving permission to photograph two photographs of newly admitted residents will be taken. The photographs will be used for identification purposes only and one will be maintained in the resident's medical record, the other in the Medication Administration Record. Photographs will be updated as required to reflect changes in resident appearance.

4. Resident and/or responsible party will receive instruction on the facility's leave of absence policy.

Responding to a suspected elopement:

1. It is the responsibility of all staff within the center to respond to activated door alarms and to return residents to their unit when found leaving the facility premises without following the facility's leave of absence policy.

2. Any resident who is at imminent risk for elopement should be approached according to accepted guidelines as follows:
   a. Approach the resident in a calm and reassuring manner.
   b. Approach the resident one on one. Discourage large numbers of staff around the resident.
   c. Avoid arguing with the resident. DO NOT say, "You can't," or "You have to."
   d. Avoid touching the resident if possible, use redirection as the first choice.
   e. Restraints are not to be used as the primary solution; rather, diversionary activities should be encouraged to prevent recurrences.

HealthCapRMS/DPM.0056.18

3.   When a suspected elopement has occurred:
   a. Note the time the elopement is first suspected and the time that the resident was last seen.
   b. The staff members assigned to the unit where the resident resides will verify that the resident has not followed the facility's leave of absence policy.
   c. Staff members will do a thorough search to locate the resident. If the resident is not located, proceed with the following:
      i. Notify the nursing supervisor and staff via overhead page (using facility selected code, i.e., Dr. Wander to room ___).
      ii. The charge nurse shall immediately check sign out books to determine if the resident has left without following the facility's leave of absence policy.
      iii. The charge nurse shall assign one employee to physically check each alarmed exit to determine if all alarms are in working order (this may identify the exit the resident used to elope).
      iv. The charge nurse shall initiate a search of the facility and grounds by assigning staff to specific areas of the facility.
      v. If department heads are on duty, they shall be responsible for the search in their respective areas. If department heads are not on duty, the charge nurse shall oversee the search of all areas of the facility and grounds where it is believed the resident might be found.
      vi. After the resident is located, the charge nurse shall page facility all clear code overhead three times (i.e., "Dr. Wander all clear").
      vii. If a thorough search of the facility and grounds does not locate the resident, the charge nurse shall ***immediately notify the Administrator and Director of Nursing Services.***

Related Policies:

Wander Management Program……………………………HealthCapRMS/DPM.0048.18
Elopement Management Program…………………………HealthCapRMS/DPM.0049.18
Admission Elopement Assessment………………………..HealthCapRMS/DPM.0050.18
Elopement………………………………………………….HealthCapRMS/DPM.0051.18
Elopement Assessment Form……………………………...HealthCapRMS/DPM.0052.18
Elopement Tool……………………………………………HealthCapRMS/DPM.0053.18
Elopement Risk Algorithm………………………………..HealthCapRMS/DPM.0054.18
Elopement Prevention Audit……………………………....HealthCapRMS/DPM.0055.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

ELOPEMENT INSERVICE

Post-Test

Employee Name: _____

Department: _____ **Date:** _____

1. What code is used at the facility when there is a suspected elopement?
    a. Code Pink – announced three consecutive times
    b. Dr. Wander return to room 911 – announced three consecutive times
    c. Mr. Eloper please return to your room – announced three consecutive times

2. Who initially calls the suspected elopement code?
    a. Safety Officer
    b. Director of Nurses
    c. Administrator
    d. Charge nurse identifying missing resident

3. The person "in charge" of the drill will:
    a. Obtain a picture of the resident
    b. Obtain a missing resident drill summary
    c. Go to the command center
    d. Go home

4. One nursing assistant from each unit will search the outside perimeter of the building in pairs.
    True   False

5. If the resident is **NOT** located in the areas that are searched, it is to be announced that the area is all clear.
    True   False

6. If the resident is **NOT** located in one hour, the police are to be called.

    True   False

HealthCapRMS/DPM.0057.18

Related Policies:

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Review Dates: _____ _____ _____ _____

HealthCap
RISK MANAGEMENT SERVICES

ELOPEMENT MUSTS

Every facility has (or should have) a policy on "elopement," or something related. There are several key things that must be included in such a policy and must be implemented when a resident is suspected to have eloped. These areas include:

- An immediate, simultaneous search is conducted on all nursing units for the resident who is suspected to have eloped. This search should include common areas such as dining and activity rooms.

- Check all hazardous areas inside including EVERY room, closets, bathrooms, storage closets, walk-ins, stairwell, and under/behind furniture EVEN "locked rooms".

- An exact head count should be conducted. Each resident should be observed face to face with a staff member and documented as present.

- A current resident roster is an excellent tool for use during a head count and should be checked of as each resident is located.

- A map of the surrounding area should be located in the facility in a central location accessible to staff. The map should be divided into search zones, which are areas immediately surrounding the center.

- Outside check of all possible exits from the center to driveways or paths.

- Notify the police department, responsible party, family and attending physician if resident is not located immediately.

- Notify the state regulatory agency if the resident is not located within two (2) hours or if there are environmental issues that place the resident at risk. ***CONFIRM STATE SPECIFIC REGULATIONS DICTATING REPORTING TIMEFRAMES.***

HealthCapRMS/DPM.0058.18

Related Policies:

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Review Dates: _____   _____   _____   _____

HealthCap
RISK MANAGEMENT SERVICES

ELOPEMENT RESPONSE REPORT
(This report is also used for an elopement drill)

Resident Name: _____   **Resident Room #:** _____

Resident Missing Time: _____   **Resident Found Time:** _____

Circle the following as YES or NO as appropriate.

1.	Did staff verify resident was not signed out before calling an alert?	Yes	No
2.	Did staff check the unit the resident resides on?	Yes	No
3.	Did staff notify the charge nurse immediately?	Yes	No
4.	Was the Director of Nursing and Administrator Notified?	Yes	No
5.	Was a full search of the facility and grounds initiated?	Yes	No
6.	Were the police notified?	Yes	No
7.	Was search called off when the resident was located?	Yes	No
8.	Was the resident examined when located?	Yes	No
9.	Was the resident's physician notified when the resident was suspected to have eloped?	Yes	No
10.	Was the resident's physician notified when the resident was located?	Yes	No
11.	Was the family and/or responsible party notified when the resident was suspected to have eloped?	Yes	No
12.	Was the family and/or responsible party notified when the resident was located?	Yes	No
13.	Was an incident report completed and signed?	Yes	No
14.	Was a comprehensive notation made in the medical record?	Yes	No
15.	Did the alarm system function (if an egress system was in place)?	Yes	No

Name and Title of Person Completing Report: _____

Date: _____   Time: _____

HealthCapRMS/DPM.0059.18

Related Policies:

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____

DISASTER PERPAREDNESS MANUAL SECTION VIII: ACTIVE SHOOTER

ACTIVE SHOOTER EVENT POLICY

Policy and Procedure

Policy:
It is the policy of this community to attempt to mitigate risk of death and injury for residents, visitors and staff members related to an Active Shooter Event. This center has adopted an Active Shooter Event Preparedness Program to meet the goal of mitigating risk for death and injury.
An Active Shooter is defined as: An individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

Procedure:
1. Prepare for and reduce risk of an active shooter event through implementation of a Threat Assessment Team with duties described in the Active Shooter Event Preparedness Program.

2. Train and educate staff members and residents on actual or suspected Active Shooter Response.

3. Train and educate team members and residents to cooperate with First Responders and law enforcement.

4. The new employee orientation process will include education on the facility Active Shooter Event Policy.

5. Develop and implement a Response After Active Shooter Event including components of infection control and psychological first aid.

Related Policies:
Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Work Place Weapons HealthCapRMS/DPM.0038.18
Threat of Violence Checklist HealthCapRMS/DPM.0039.18
Active Shooter Preparedness Program Introduction HealhtCapRMS/DPM.61.18
Phase I: Preparing for and Reducing Risk HealthCapRMS/DPM.0062.18

Date of Policy: _____

Administrator Signature: _____

Medical Director Signature: _____

Date of Review and/or Revision: _____ _____ _____ _____
HealthCapRMS/DPM.0060.18

ACTIVE SHOOTER PREPAREDNESS PROGRAM

Staff members of this community will be trained and educated using a comprehensive Active Shooter Event Preparedness Program. This program is based on FEMA's 2014 booklet "Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans" and the Department of Homeland Security's Active Shooter booklet. The home's Active Shooter Event Preparedness Program consists of four phases.

An Active Shooter is defined as: An individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

Survival and preservation of life is the goal of Active Shooter training. The team members are provided with training and information but are not expected to risk their own lives to save other lives.

- Phase I: efforts to prepare for and reduce the risk of an active shooter event;
- Phase II: train and educate staff members on plans to respond to an active shooter; including attempts to protect the residents and other people in the home from harm during an Active Shooter Event;
- Phase III: interacting with First Responders and;
- Phase IV: implement a response and recovery plan after an active shooter event.

Related Policies:

Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Work Place Weapons HealthCapRMS/DPM.0038.18
Threat of Violence Checklist HealthCapRMS/DPM.0039.18
Active Shooter Event Policy HealthCapRMS/DPM.0060.18
Phase I: Preparing for and Reducing Risk HealthCapRMS/DPM.0062.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date:_____

Review Dates: _____ _____ _____ _____

HealthCapRMS/DPM.0061.18

PHASE I: PREPARING FOR AND REDUCING RISK OF AN ACTIVE SHOOTER EVENT

Preventing violent acts cannot be guaranteed by the community but attempts to protect the residents and mitigate risks related to an Active Shooter are in place. Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined area.

The Interdisciplinary Team (IDT) will be provided the FEMA and Homeland Security booklets and will be educated on the standards established in those documents. Members of the IDT will form the Threat Assessment Team (TAT) and the IDT will also recruit TAT involvement from other team members.

The TAT will establish the home's position and policies regarding the home's weapon environment (i.e., weapons permitted or weapons free).

Threat Assessment Team

1. The community's Threat Assessment Team (TAT) is under the direction of the QAPI Committee and have developed and implemented Emergency Action Plan (EAP) policies and procedures to address emergency actions including Active Shooter Event Response that are reviewed at least annually during TAT's threat assessment evaluation.

2. The TAT will meet regularly and provide recommendations to the QAPI Committee regarding risk assessments, policies, communication and training and testing. The QAPI Committee will be responsible for operationalizing the recommendations.

3. TAT will complete threat assessment and planning evaluations at least annually, or as directed by the QAPI Committee, with a report of findings to the QAPI Committee.

4. The EAP includes the following:
    a. An emergency notification system to alert the facility and police/fire of the emergency; communication system includes an overhead page in plain language to alert all people in the facility of the event and calling 9-1-1 as soon as possible while maintaining personal safety.
    b. System to alert other parties of an emergency including:
        i. Individuals at remote locations within premises
        ii. Local area hospitals
    c. An evacuation policy and procedure; evacuation routes prominently posted throughout the facility
    d. Emergency escape procedures and route assignments (i.e., floor plans, safe areas); first aid kits are located in identified safe areas
    e. Contact information for, and responsibilities of individuals to be contacted under the EAP.
    f. Local area hospitals and transportation services contacts and understanding of EAP (i.e., name, telephone number, and distance from your location).

HealthCapRMS/DPM.0062.18

5. The TAT will direct Human Resources to complete the following and will review the process during the annual threat assessment:
    a. Complete employee screening and background checks
    b. Create a system for reporting signs of potentially violent behavior
    c. Have counseling service references and referrals available to employees.
6. Drills, training and testing are in place and will occur upon hire and at least annually during TAT's threat assessment evaluation. Components of training may include:
    a. Information will be provided verbally and in print form to notify employees, residents, families and vendors that Active Shooter drills may occur without prior notice. Residents may participate in the drills, as a component of disaster preparedness, but will most likely not be formally trained in the response protocols.
    b. Recognizing the sound of gunshots
    c. Reacting quickly when gunshots are heard and/or when a shooting is witnessed: - Evacuating the area - Hiding out - Acting against the shooter as a last resort
    d. Calling 9-1-1
    e. Reacting when law enforcement arrives
    f. Adopting the survival mind set during times of crisis
    g. Stabilization and response
7. Recovery procedures have been developed and are reviewed at least annually to restore the facility's operations as soon as possible. These include:
    a. Following law enforcement directive to preserve the identified crime scene
    b. Coordinating care to victims
    c. Staffing agency contracts to address personnel shortages
    d. Pharmacy emergency action plan to obtain medications if medication administration records, medications, medication carts and/or medication rooms are designated part of a crime scene
    e. Crime Scene Clean Up Contract and Infection Control procedures for bodily fluids and crime scene clean up.

Related Policies:
        Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
        Description of Emergency Codes HealthCapRMS/DPM.0003.18
        Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
        Emergency Supply Box HealthCapRMS/DPM.0005.18
HealthCapRMS/DPM.0062.18

Related Policies (Continued):
       Traffic Control and Parking HealthCapRMS/DPM.0006.18
       Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
       Work Place Weapons HealthCapRMS/DPM.0038.18
       Threat of Violence Checklist HealthCapRMS/DPM.0039.18
       Active Shooter Event Policy HealthCapRMS/DPM.0060.18
       Active Shooter Preparedness Program Introduction HealthCapRMS/DPM.0061.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____

IDENTIFICATION OF INDIVIDUALS ON A TRAJECTORY TO COMMIT A VIOLENT ACT

No profile exists for an Active Shooter; few offenders had previous arrests for violent crimes. The facility will attempt to mitigate risks of an Active Shooter event by identifying and communicating signs of a potentially volatile person and develop responses to this risk. The person may be a staff member, vendor, visitor or family member.

1. Pre-attack behaviors can include:
   a. Personal grievances against the facility, staff members, residents or others affiliated with the building and operations (might talk about getting even or how much person or facility will regret actions);
   b. Recent acquisitions of multiple weapons (may talk or brag about weapons);
   c. Recent interest in explosives, fire and destruction;
   d. Intense interest or fascination with previous attacks and mass attacks;
   e. Experiences that are real, or perceived to be real, including personal issues such as - death, divorce, break up, or loss of job;
   f. Other behaviors, comments or actions that have hostile or threatening implications;
   g. Increased use of alcohol and/or illicit drugs;
   h. Noticeable decreased attention to appearance and hygiene;
   i. Depression/withdrawal/suicidal statements; "putting things in order";
   j. Paranoia and/or statements such as "everybody's against me";
2. Report concerns to the Administrator or designee.
3. The Administrator or designee will assemble the Threat Assessment Team to determine response to potential threat. Response may include:
   a. Meeting with person in a public area and when the person does not appear to be armed to discuss person's behavior and affect.
   b. Alerting law enforcement.
   c. Offering Employee Assistance Programs.
   d. Termination/separation of person; banning person from community.
   e. Placing the facility in a lockdown mode; educating staff members on level of threat concerns.
   f. Other responses based on level of threat and resources.
4. If a person presenting signs of a trajectory to commit a violent act displays escalating behaviors call 9-1-1 and text "Potential Shooter" to the group text; include the shooter's location and name if possible; begin moving residents away from this location if possible. Be prepared to run, hide or fight.

HealthCapRMS/DPM.0063.18

Related Policies:
     Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
     Description of Emergency Codes HealthCapRMS/DPM.0003.18
     Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
     Emergency Supply Box HealthCapRMS/DPM.0005.18
     Traffic Control and Parking HealthCapRMS/DPM.0006.18
     Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
     Work Place Weapons HealthCapRMS/DPM.0038.18
     Threat of Violence Checklist HealthCapRMS/DPM.0039.18
     Active Shooter Event Policy HealthCapRMS/DPM.0060.18
     Active Shooter Preparedness Program Introduction HealthCapRMS/DPM.0061.18
     Phase I: Preparing for and Reducing Risk HealthCapRMS/DPM.0062.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____

PHASE II: TRAINING AND EDUCATION ON ACTIVE SHOOTER EVENT RESPONSE

Active Shooter or Suspected Active Shooter Response

The facility will attempt to reduce harm related to an active shooter event. An active shooter(s) is a person(s) actively engaged in killing or attempting to kill people generally using firearms. During an Active Shooter event, Law Enforcement may be onsite – follow their directions at all times.

During an Active Shooter Event, RUN, HIDE, FIGHT

1. Call 9-1-1 as soon as it is safe - if staff members see someone with a firearm, or suspects a person has a firearm, or hears gunshots on the premises call 9-1-1 as soon as possible while maintaining personal safety to provide information about shooter.
2. Use overhead paging system to alert staff and visitors of active shooter if possible; use plain language "Active Shooter; run, hide, fight; Active Shooter; run, hide, fight". Call 9-1-1 as soon as it is safe.
3. If the Active Shooter is in vicinity and there is an accessible path, attempt to run/evacuate and assist others to run/evacuate if possible:
    1. Have an escape route and plan in mind;
    2. Help others escape, if possible
    3. Evacuate regardless of whether others agree to follow
    4. Leave belongings behind
    5. Try to prevent individuals from entering an area where the active shooter may be
    6. Keep your hands visible
    7. Follow the instructions of any police officers
    8. Do not attempt to move wounded people
    9. Call 9-1-1 when safe
4. Hide out if evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:
    1. Be out of the active shooter's view
    2. Provide protection if shots are fired in your direction (i.e., behind closed door and barricade)
    3. Not trap you or restrict your options for movement (i.e., room with a window)
    4. Be locked and/or barricade to reduce likelihood of an active shooter entering your hiding place.

HealthCapRMS/DPM.0064.18

5. If the active shooter is nearby:
    1. Lock and/or barricade the door
    2. Silence your cell phone and/or pager
    3. Turn off any source of noise (i.e., radios, televisions)
    4. Hide behind large items (i.e., cabinets, desks)
6. Remain quiet if evacuation and hiding out are not possible.
    1. Remain calm.
    2. Dial 9-1-1 if possible, to alert police to the active shooter's location
    3. If you cannot speak, leave the line open and allow the dispatcher to listen.
7. Homeland Security directs as a last resort: Take action against the active shooter only when your life is in imminent danger, attempts to disrupt and/or incapacitate the active shooter by:
    1. Acting as aggressively as possible against him/her
    2. Throwing items and improvising weapons
    3. Yelling
    4. Committing to the actions

Related Policies:
> Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
> Description of Emergency Codes HealthCapRMS/DPM.0003.18
> Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
> Emergency Supply Box HealthCapRMS/DPM.0005.18
> Traffic Control and Parking HealthCapRMS/DPM.0006.18
> Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
> Work Place Weapons HealthCapRMS/DPM.0038.18
> Threat of Violence Checklist HealthCapRMS/DPM.0039.18
> Active Shooter Event Policy HealthCapRMS/DPM.0060.18
> Active Shooter Preparedness Program Introduction HealthCapRMS/DPM.0061.18
> Phase I: Preparing for and Reducing Risk HealthCapRMS/DPM.0062.18
> Identification of Individuals HealthCap RMS/DPM.0063.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Review Dates: _____ _____ _____ _____

HealthCapRMS/DPM.0064.18

HealthCap
RISK MANAGEMENT SERVICES

PHASE III: INTERACTING WITH FIRST RESPONDERS

Law enforcement will arrive with the intent of stopping an active shooter as soon as possible. They generally proceed to the area where the last shots were reported and they do not stop to assist the wounded. It is critical to not interfere with their work.

Law enforcement will secure the scene. During this time first responders work with facility staff and victims to treat and transport the injured. Law enforcement/designees interview witnesses and initiate the investigation.

They may arrive in a group wearing protective gear and carrying weapons; they may use pepper spray or tear gas as they shout commands and push people down. When law enforcement arrives:

Follow their directions, avoid quick movements, raise empty hands in the air until told otherwise; do not ask questions; try to remain calm and avoid yelling, crying and screaming.

Remain in the area designated by law enforcement until instructed to do otherwise; witness statements and interviews by law enforcement may occur.

Law enforcement may request assistance; provide the assistance.

Related Policies:
    Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
    Description of Emergency Codes HealthCapRMS/DPM.0003.18
    Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
    Emergency Supply Box HealthCapRMS/DPM.0005.18
    Traffic Control and Parking HealthCapRMS/DPM.0006.18
    Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
    Work Place Weapons HealthCapRMS/DPM.0038.18
    Threat of Violence Checklist HealthCapRMS/DPM.0039.18
    Active Shooter Event Policy HealthCapRMS/DPM.0060.18
    Active Shooter Preparedness Program Introduction HealthCapRMS/DPM.0061.18
    Phase I: Preparing for and Reducing Risk HealthCapRMS/DPM.0062.18
    Identification of Individuals HealthCapRMS/DPM.0063.18
    Phase II: Training and Education HealthCapRMS/DPM.0064.18

Administrator Signature: _____   Date: _____

Medical Director Signature: _____   Date: _____

Review Dates: _____ _____ _____ _____

HealthCapRMS/DPM.0065.18

PHASE IV: RESPONSE AND RECOVERY PLAN AFTER AN ACTIVE SHOOTER EVENT

After scene is secured and working with law enforcement and first responders the home will communicate the following:

Required employee facility return point: designated employees may be requested or directed to return to the facility.

Coordinate care and services for victims with the first responders.

Crash carts/boxes with hemorrhage control equipment are available.

Designated team leaders will account for residents, on-duty employees and vendors or visitors signed into the building at the time of the event.

The physicians and families will be notified by designated team members including notification of casualties; law enforcement will be involved in this process and may provide direction.

Implement family unification plan for employees and residents. Determine which facility spokesperson is to provide "real tie" updates to families when immediate threat has ended to reduce frustration and de-escalate emotions. This includes the following:

> Identified spokesperson will provide "real time" updates and information on location and status of those present during the event.

> Immediate family members and guardians/responsible parties for residents will be allowed in the facility as soon as law enforcement permits.

> Staff members will be provided a quiet area away from the general public and press to be unified with their immediate families and/or as directed by law enforcement.

> As needed, orders will be obtained for residents remaining on site; pharmacy emergency action plan will be initiated to obtain medications that may be in designated crime scene area.

> Preserve the Crime Scene; do not begin clean up or move items unless directed by law enforcement.

> Call of-duty employees as needed; contracts are in place with staffing agencies to assist in caring for the residents and relieve on-duty team members involved in the event.

HealthCapRMS/DPM.66.18

Recovery Plan after an Active Shooter Event

After the facility has been cleared by law enforcement and is no longer a crime scene the leadership team will implement the Recovery Plan.

A crime scene clean-up service contract is in place; the service will be used to clean the crime scene(s).

Under the direction of the leadership team, critical personnel and/or operational gaps will be evaluated to identify and fill as needed.

The leadership team will coordinate a physical plant inspection to determine structural and physical environment needs.

Determination of time frame and strategic plan to resume full operations.

Contracts are in place for services related to Psychological First Aid (PFA) to offer assistance to those involved in the Active Shooter Event. Members of the TAT have attended PFA training sessions. Core actions of the facility to coordinate PFA using internal and/or external resources are:

> Contact and engagement
> Safety and comfort stabilization
> Information gathering; current needs and concerns
> Practical assistance
> Connection with social supports
> Information on coping
> Linkage with collaborative services

When coordinating Psychological First Aid, the leadership team will be aware of special circumstances that make residents more susceptible to developing emotional distress after a disaster, including but not limited to:

> Memory and cognitive loss or various forms of dementia
> Serious mental illness (i.e., schizophrenia, bipolar disorder)
> Multiple evacuations and displacements, sometimes resulting in "transfer trauma"
> Low literacy level or non-English speaking; other communication deficit
> Significant loss of possessions (e.g., memorabilia and photos) due to the disaster
> Those who have been previously exposed first hand to grotesque scenes or extreme life threat
> Residents having specialized needs such as ventilator and dialysis care to address their fears associated with the threat of interrupted services as a result of the disaster

HealthCapRMS/DPM.0066.18

The TAT, under direction of the QAPI Committee, will coordinate an evaluation of Emergency Action Plan including analysis of the effectiveness of the existing plan and a plan for improving the Emergency Action Plan if needed. This evaluation may be coordinated with the assistance of law enforcement.

Related Policies:

Emergency/Disaster Contact Information HealthCapRMS/DPM.0002.18
Description of Emergency Codes HealthCapRMS/DPM.0003.18
Disaster Preparedness: Facility Audit Tool HealthCapRMS/DPM.0004.18
Emergency Supply Box HealthCapRMS/DPM.0005.18
Traffic Control and Parking HealthCapRMS/DPM.0006.18
Summons/Recall of Off-Duty Personnel HealthCapRMS/DPM.0007.18
Work Place Weapons HealthCapRMS/DPM.0038.18
Threat of Violence Checklist HealthCapRMS/DPM.0039.18
Active Shooter Event Policy HealthCapRMS/DPM.0060.18
Active Shooter Preparedness Program Introduction HealthCapRMS/DPM.0061.18
Phase I: Preparing for and Reducing Risk HealthCapRMS/DPM.0062.18
Identification of Individuals HealthCapRMS/DPM.0063.18
Phase II: Training and Education HealthCapRMS/DPM.0064.18
Phase III: Interacting with First Responders HealthCapRMS/DPM.0065.18

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____ _____ _____ _____

Resources:

Active Shooter: How to Respond. U.S. Department of Homeland Security. 2013.

Active Shooter Planning and Response: Learn How to Survive a Shooting

Event https://www.fbi.gov/filerepository/active_shooter_planning_and_response_in_a_healthcare_setting.pdf/view (2017).

Incorporating Active Shooter Incident into Health Care Facility Emergency Operation Plans. FEMA. 2014.

Psychological First Aid: Field Operations Guide for Nursing Homes. https://www.ahcancal.org/facility_operations/disaster_planning/documents/psychologicalfirstaid.pdf 2014.