



Because Getting It Right Matters

Emergency Preparedness Quick Reference Tool

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Instructions to Purchase, Customize, Print and Build

Overview

Long-term care facilities must comply with emergency preparedness requirements as a condition of participation in Medicare and Medicaid programs. There are four core elements central to an effective and comprehensive emergency preparedness plan: (1) risk assessment and emergency planning, (2) policies and procedures, (3) communication plan, and (4) testing and training.

The Compliance Store has developed an Emergency Quick Reference Tool for various Healthcare related disasters (see the example below). This is a great tool for training or quick reference in an emergency. We recommend that you locate these at each nurse's station, safety areas, designated offices and any other strategic areas for employee reference.



Purchase

Call The Compliance Store's customer service number at 877-582-7347 to order the 12-tab, clear pocket poly binders.

Customize

You may use the Quick Reference Tool as is or customize it to your specifications. Care was taken to make the content as universal as possible, but we recommend that you read it thoroughly to ensure the content coincides with your policies and procedures before putting into use.

The content is organized as follows. The first few inserts provide an overview of an emergency preparedness plan, emergency contact information, and information on procedures for evacuation versus shelter in place. Inserts 5-11 include procedural information on various hazards, which can be modified to address hazards most likely to occur in your geographic area. The last insert includes information on initiating the Incident Command System in the event of an emergency.

Each insert page, 1-12, coincides with a tab/pocket of the flipchart. Page one has a front and back; all others are front side only. To edit the content for the insert, simply highlight the existing text, picture, or tab and edit. You may use all of the normal PowerPoint formatting options including changing fonts, colors, pictures, bullets, or tables.

Updates are included in your *The Compliance Store* subscription and will be communicated through our newsletter. You will need to update your Quick Reference Tool inserts as they are updated.

Printing

We recommend a brochure or photo 24lb paper, but copy paper will work. After each insert is printed, use the dashed line as a guide for trimming.

Inserting/Hanging

Insert each page into your flip chart in the correct insert pocket.

Locate an accessible location and attach, nail, or screw to wall and hang.

Emergency Preparedness



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Core Elements of an Emergency Preparedness Plan

The Emergency Preparedness final rule requires Medicare and Medicaid participating providers to meet the following four common and well-known industry best practice standards:

- **Risk Assessment & Emergency Planning:** Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier.
 - **Policies & Procedures:** Develop and implement policies and procedures based on the plan and risk assessment.
 - **Communication Plan:** Develop and maintain a plan that complies with both federal and state law. Patient care must be well-coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency systems.
 - **Training & Testing Program:** Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan.
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EMERGENCY CONTACT	NAME	CONTACT NUMBER
Police / Fire	Local Fire / Police	911
Administrator		
Director of Nursing		
Maintenance Director		
Medical Director		
Safety Officer		
Ambulance		
Hospital		
Gas Company		
Power Company		
Water Company		
Emergency Mgt. Agency		



EMERGENCY CONTACTS

Shelter In Place (SIP)

“Shelter In Place” when the external environment would pose a greater danger to the life of residents, staff, and visitors, or when safe and timely evacuation is not feasible at the time.

- Incident Commander — Make the decision to shelter in place.
- If all of the facility is safe, account for all residents, staff, and visitors.
- If parts of the building are unsafe, identify safe areas within the building:
 - Horizontal – same floor, preferably closer to an exit.
 - Vertical – different floor, consider the safety in using elevators.
- Relocate residents, staff, and visitors to the determined safe place.
- Confirm all residents, staff, and visitors have been relocated.
- Move essential supplies to the safe area, such as forms and documentation, food and water, medication and crash carts, and communication devices.
- Notify 911 or Emergency Management Agency of decision to shelter in place.



SHELTER IN PLACE

Evacuation



If a local or region-wide disaster occurs and the facility requires partial or full evacuation, the following outline shall be followed:

- Move any resident or visitor from immediate danger. Do not wait for instruction.
- Only the Administrator/designee or local/state authorities may order an evacuation.
- Evacuation priority will be:
 1. Ambulatory Residents
 2. Non-Ambulatory Residents
 3. Visitors
 4. Faculty and Staff
- Staff are responsible for clearing all rooms and directing residents and visitors to the nearest staging area using the safest exit route.
- Gather residents' medical and personal information in an "Evacuation Pack."
- Develop a list of all residents' evacuation data (i.e., name, gender, date/time, transportation, transfer facility, evacuation pack contents and condition of resident).
- Transport residents to pre-designated transfer facilities.



EVACUATION

Active Shooter

Violent incidents can include, but are not limited to, acts of terrorism, an active shooter, and assault.

Call 911

- Report the important details to the dispatcher:
 - the type of emergency;
 - your location, the number of people, and injuries;
 - if there is an attacker on the premises, give location and description.



Secure the Immediate Area

- Close blinds and windows.
- Barricade/lock a door or area. (In residents' rooms, lock the beds and barricade the entries.)

Protective Actions

- Silence cell phones.
- Hide under objects or in closets.
- If you must flee from gunfire, run in a zigzag pattern utilizing obstructions.
- Stay calm and quiet and do not provoke the assailant.
- If there is no possibility of escape, only as a last resort when your life is in imminent danger should you make a choice to attempt to negotiate with or overpower the assailant. (Spraying a fire extinguisher is useful and can aid in overpowering the assailant.)

Treat the Injured



ACTIVE SHOOTER

Cyber Attack

A cyber attack is an unauthorized access to a computer system infrastructure or network.

- When unauthorized access to a facility computer system or network is suspected:
 - Initiate emergency shutdown procedures for IT systems.
 - Conduct a systems check to ensure integrity of data.
 - Examine facility network security devices.
 - Conduct electronic device inventory.
 - Review log history on each device for recent unauthorized configuration changes.
 - Verify computer configurations against facility records.
 - Reinstall operating system and software, if necessary.
 - Reformat, delete, or recreate hard drives, if necessary, prior to a clean installation.
- Preserve compromised systems for investigation.
- Ensure proper functionality and network connectivity.
- Review damage assessment with the Administrator.
- Report cyber attack to proper local and government authorities.

LOOK FOR:

- Unauthorized Media Devices
- Hidden Files/Directories
- Newly-Installed Software
- Tampered System Files
- Operating System Changes
- New User Accounts
- Unauthorized Network Connections
- Missing Electronic Devices



CYBER ATTACK

Earthquake

Pre-Earthquake

- Secure your space by identifying hazards and securing moveable items.
- Create a disaster and communication plan and conduct scheduled drills.
- Organize disaster supplies in convenient locations.

Active Earthquake

- Drop, Cover, and Hold On when the earth shakes.
- If a resident is in a wheelchair or bed, lock equipment and have them protect their head and neck with their arms, pillows, and/or blankets.

Post-Earthquake

- Utilities – Assess your utilities for damage and shut off if absolutely necessary.
- Stay out of severely damaged areas as aftershocks can cause building collapse.
- Know tsunami routes.
- Monitor media for hazard updates (i.e., tsunamis or aftershocks).



EARTHQUAKE

Elopement

- Should an employee observe a wandering resident leaving the facility, he/she should:
 - Attempt to prevent the departure.
 - Obtain assistance from other staff members in the vicinity.
 - Be courteous in returning the resident to the facility.
- Should an employee hear the security alarm sounding, he/she should:
 - Proceed to the security annunciator panel to locate the exit opened.
 - Immediately proceed through the same exit to determine who went through the exit.
 - If no resident is found, immediately notify the House Supervisor to conduct a head count.
- Should an employee discover that a resident is missing from the facility, he/she should:
 - Determine if the resident is out on leave or pass.
 - If not,
 - ~ Employee will notify the House Supervisor who will announce to each nursing unit that there has been an elopement and the resident's name.
 - ~ Units shall search their area and ground:
 - If not found,
 - ~ Notify the resident's sponsor, attending physician, police and administration immediately.



ELOPEMENT

Inclement Weather

Prior to inclement weather:

- Relocate to inner areas of the building, if possible.
- Check restrooms and/or vacant rooms for visitors or stranded residents.
- Keep away from glass windows, doors, skylights, and appliances.
- Turn off and unplug computers, televisions and all non-critical appliances.
- Evaluate emergency supplies (food, medications, water, flashlights, batteries, etc.).
- Listen to battery-operated radio for information.
- Have a form of communication with emergency management.



Flood

- If warned of flooding, fill clean bathtubs, large pans, buckets, etc. with fresh water.
- Fill and use sandbags to ward off floodwaters.
- Evacuate according to local emergency management orders and/or recommendations.
- Turn off electricity if the building is flooded.



Hurricane

- Shelter in place except for extreme emergencies.
- Secure the outside area.
- Close all windows and doors. Board up if time permits.
- Turn refrigerator and freezer to coldest setting and keep closed.



Snow/Ice

- Use rock salt, sand, shovels, etc. to remove snow/ice.
- Layer clothing and/or use blankets for warmth.
- Move residents to large area together to minimize area of heating.
- Call all staff to ensure they are reporting for work. Have transportation available to transport staff if needed.



INCLEMENT WEATHER

Tornado

Prior to Tornado:

- Know the terms: tornado watch and tornado warning.
- Know designated safe areas: small interior rooms with windows or hallways away from doors and windows on the lowest floor.
- Keep weather radio on and listen for alerts.

WATCH

- A tornado is possible in and near the watch area.
- Take early precautions and stay tuned for more information.

WARNING

- A tornado has been sighted or indicated by weather radar.
- Implement take-cover procedures immediately.

TORNADO

Tornado Watch:



- Account for all residents and staff.
- Close all draperies and blinds throughout facility.
- Ensure availability of crash cart, emergency supplies, and flashlights.
- Notify Administrator and Director of Nursing, if not on premises.
- Consider staffing needs. Anticipate resident needs and plan tasks in preparation for possible disruptions to utilities.
- Stay tuned to weather radios and television stations for more information.

Tornado Warning:



- Implement take cover procedures immediately: relocate residents to designated safe areas, close doors, and provide pillows and blankets for protection.
- Staff take cover in designated safe areas. Perform emergency tasks only.
- Remain in safe areas until tornado warning is lifted by weather service or Incident Commander.
- Account for all residents.

Following the Storm:



- In the event of damage, search for and provide care to injured persons.
- Determine need for evacuation.
- Implement emergency procedures related to the type of any utility loss.
- Resume routine procedures when Incident Commander announces "all clear".



TORNADO

Foodborne Illnesses

Steps to Prevent Foodborne Illness Outbreaks:



Cook It Well

- Measure internal temperatures and maintain temperatures.



Keep It Clean

- Wash before you eat or handle food, utensils, fruit and veggies.



Watch the Clock

- Follow recommended cooking and standing times.



Keep It Safe

- Maintain hot foods at 140° F and cold foods at 40° F.



Keep It Protected

- Discard food after it's on the line over 2 hours / refrigerate immediately.



Keep It Separate

- Separate raw meats from ready-to-eat foods.

Treatment for Foodborne Illness Outbreaks:

- Replace fluid loss.
- Rest.
- Notify physician if symptoms worsen or if resident does not improve within 48hrs.



FOODBORNE ILLNESSES

Influenza Outbreak

Steps to Prevent and Control Exposure to Influenza (Flu):



Vaccinate

- Offer current season's flu vaccine to residents and staff.
- Maintain contact with suppliers in case of vaccine shortage.



Prevent

- Maintain standard precautions.
- Post signs regarding handwashing and cough etiquette.



Screen

- Screen employees for influenza-like illness. Implement work restrictions accordingly.
- Test for influenza when any resident has signs and symptoms of influenza: fever, cough, sore throat, muscle or body aches, headaches, fatigue.



Treat

- Administer antiviral medications as ordered.
- Implement droplet precautions for residents with suspected or confirmed influenza.



Control

- Have symptomatic residents stay in their own rooms as much as possible.
- Limit large group activities, visitation, and staff movement from areas of the facility having illness to areas not affected.



Collaborate





- Maintain contact with public health department for information, guidance, and access to vaccines and antiviral medications.
- Implement Incident Command.



INFLUENZA OUTBREAK

Fire Safety






R.A.C.E. Method for Fire Response

R  Rescue resident(s) from origin of fire and adjacent rooms	A  Alarm pull the alarm and call 911	C  Contain by closing all doors in the area of the fire	E  Extinguish small fires using P.A.S.S. and evacuate, if necessary
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How to Properly Operate a Fire Extinguisher

P  Pull the pin	A  Aim at the base of the fire	S  Squeeze the lever	S  Sweep from side to side
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Types of Fire Extinguishers

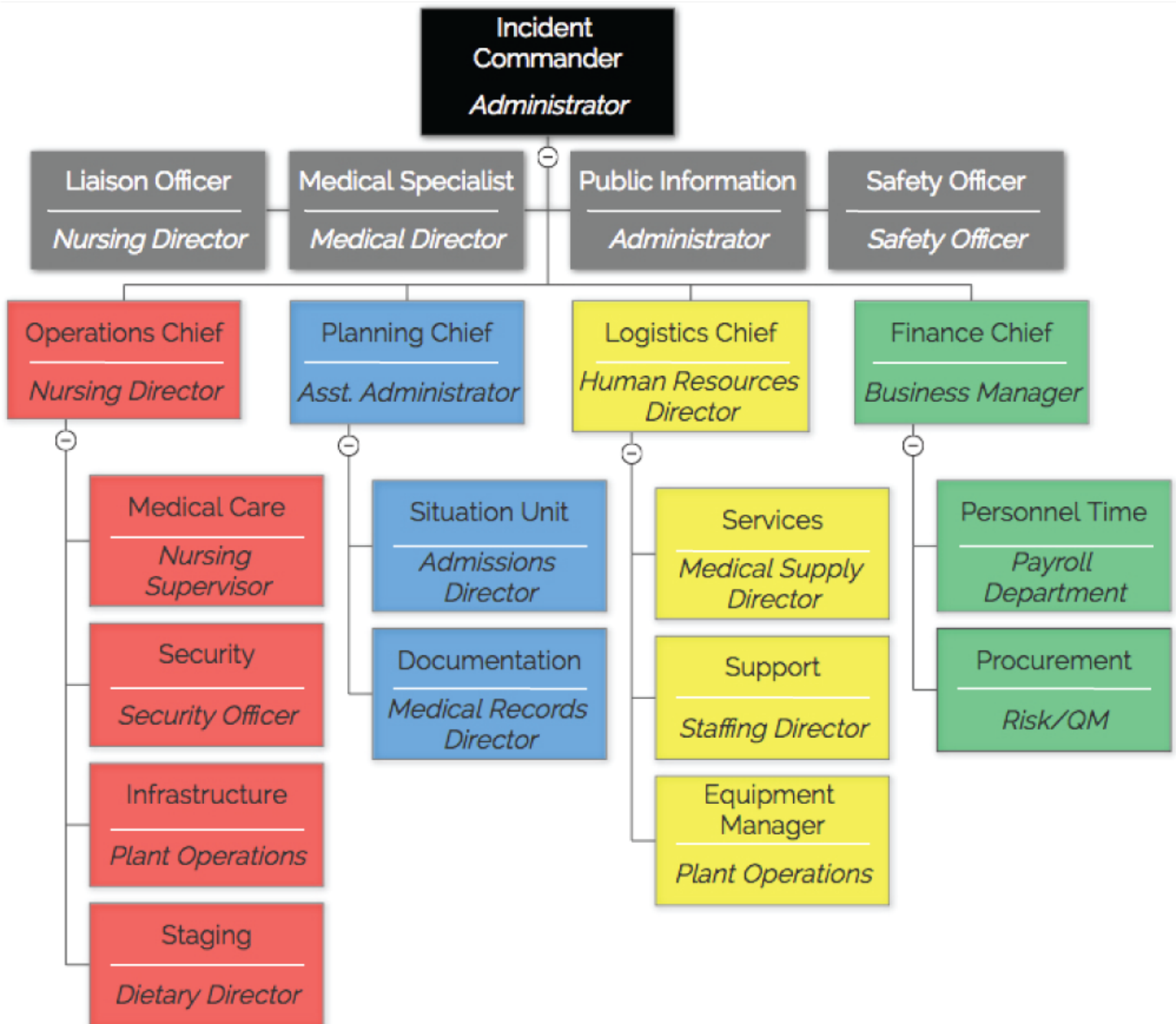
A  Wood, Paper, Cloth, Trash & Other Ordinary Materials	B  Gasoline, Oil, Paint & Other Flammable Liquids	C  Live Electrical Equipment & Hotspot Fires	D  Combustible Metals & Combustible Metal Alloys	K  Cooking Media (Vegetable or Animal Oils & Fats)
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FIRE

Incident Command System (ICS)

ICS is used in this facility to organize on-scene operations in the event of an emergency.



- Activate ICS when an incident occurs.
 - General staff respond immediately to the needs of residents and staff.
 - Key staff report to the Incident Command Post for briefing and development of action plans.
- Relay action plan to relevant staff.
- Maintain communication between general and key staff for needs.
- Re-evaluate action plan at designated times and revise as needed.



INCIDENT COMMAND