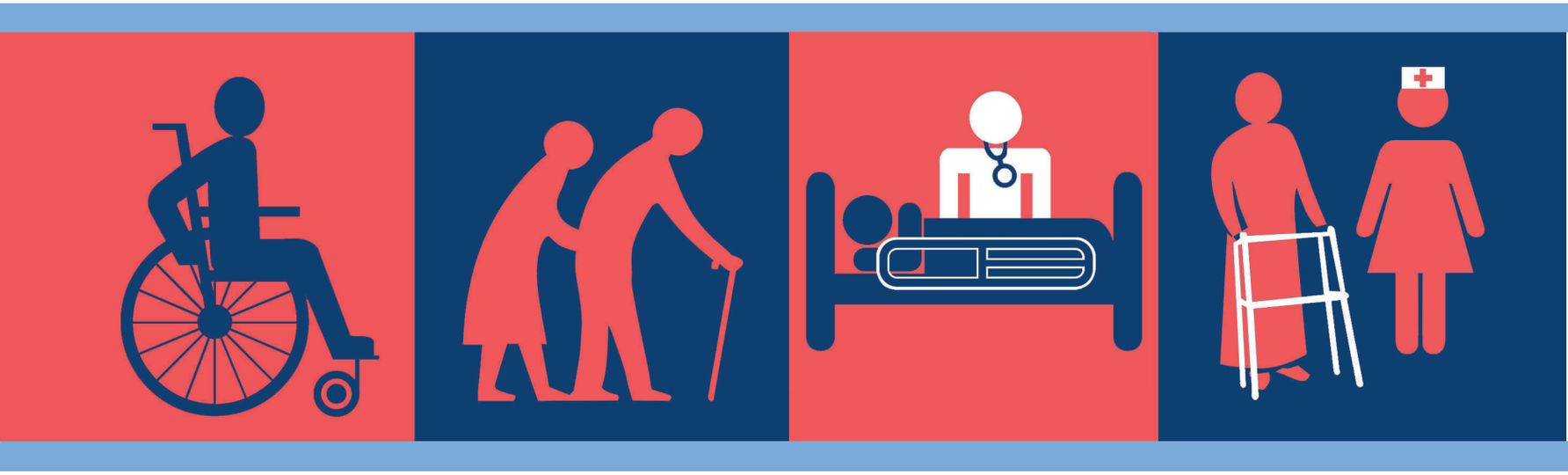
EMERGENCY PREPAREDNESS PLANNING



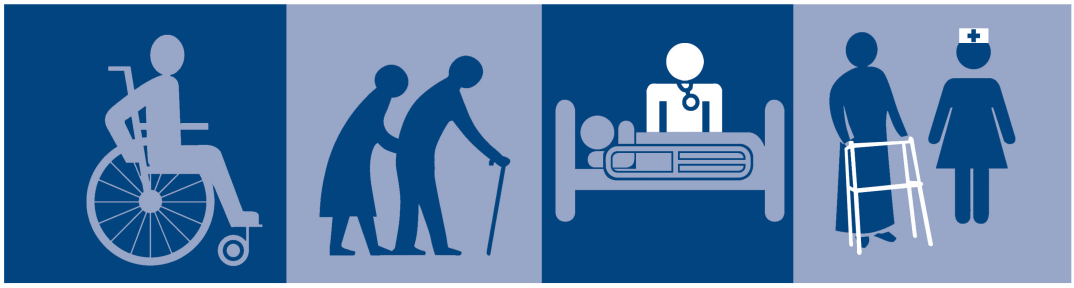
for Nursing Homes and Residential Care Settings in Vermont

VERMONT
AGENCY OF HUMAN SERVICES
DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING

EMERGENCY PREPAREDNESS PLANNING

for Nursing Homes and Residential Care Settings in Vermont

Produced for the Department of Disabilities, Aging and Independent Living
by JSI Research & Training Institute, Inc.



VERMONT
AGENCY OF HUMAN SERVICES
DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING

2010

To print a copy of this document, go to: *http://dail.vermont.gov*

TABLE OF CONTENTS

I Introduction

CONSIDER THESE EMERGENCY SCENARIOS…….

Extended Power Outage Following a Severe Ice Storm

A devastating ice storm has left more than 400,000 homes and businesses in six states without power for three days. Emergency declarations are in effect and public schools and many businesses are closed. Conditions in many areas make it too dangerous to travel due to downed power lines and fallen trees blocking the roads. Electric customers in Vermont have been hit particularly badly with 350,000 people without power. It is anticipated that power may not be restored for several more days.

Wildfires Force Evacuation in Some Communities

Thousands of acres are being consumed by scores of fires, their flames fueled by drought, high winds and hot summer temperatures. The wildfires are quickly spreading through area farms and communities as firefighters struggle to pen in the flames. A mandatory evacuation order has been issued for a twenty square mile area which encompasses numerous private residences and two long term care facilities.

Small Rural Community Hit Hard by Flu

As seasonal flu spreads quickly throughout the state, a small rural community has been especially hard hit. The local hospital is treating nearly 100 patients per week with flu-like symptoms. Local schools have been closed placing additional stress on the community's workforce as parents are forced to stay home to care for their children. To protect the health of its residents the community's long term care facility has asked staff with flu like symptoms to stay home. About half the staff have called in sick.

- ***What types of challenges would these emergencies pose for your facility?***
- ***How prepared is your facility prepare to deal with a lack of power, water, heat, food or medical supplies, and/or severe staffing shortages?***
- ***Would your facility be ready to move residents to a safe haven, if evacuation orders were given?***

PURPOSE AND ORGANIZATION OF THE MANUAL

This emergency preparedness planning manual, written for nursing homes, assisted living residences, residential care homes and therapeutic community care homes, is intended to assist your facility in developing effective plans for coping with emergency scenarios such as these. The residents with whom you work are very vulnerable and rely upon you and your staff to be adequately prepared to care for them and keep them safe during an emergency. With appropriate planning you will be able to minimize the loss of life, property and revenue, ensure that you are able to continue essential functions during and after an emergency and speed resumption of normal operations.

The manual is organized into three sections:

Section I provides an overview of the manual and offers an introduction to basic emergency management concepts.

Section II enable your facility's emergency planners to take a "birds eye view" of your facility, that helps to set the context for developing an emergency preparedness plan tailored to your facility's specific needs.

Section III contains five planning modules which focus on priority aspects of emergency preparedness, including: *establishing a chain of command, setting up redundant communications systems, planning for staffing shortages, planning to shelter in place and planning for evacuation.* For those facilities which are new to emergency planning, these modules will help you get started quickly. For facilities which already have emergency preparedness plans in place, by working through the worksheets and checklists provided in Section III, you may be able to identify gaps and to strengthen your plans.

OVERVIEW OF EMERGENCY MANAGEMENT CONCEPTS

Emergency Management Phases

There are four basic phases of emergency/disaster management*:

1) **Mitigation** – Activities and actions which aim to avoid or lessen the impact of a disaster, for example not building nursing homes facilities in flood zones. Risk management—the process for measuring or assessing risk and developing strategies to manage it—is an essential aspect of mitigation.
2) **Preparedness** – Actions taken in advance of an emergency to prepare the organization to be ready for a disaster. Preparedness includes activities such as plan development and exercise, acquisition of resources and training.

*Adapted from Federal Emergency Management Agency, *www.fema.gov*

3) **Response** – Action to address the immediate and short-term effects of an emergency or disaster in progress. Response includes immediate actions to save lives, protect property and meet basic human needs. Long term care facilities may also be interested in mounting a response outward in an emergency to support other organizations and the community, for example, by serving as a host facility to accommodate new patients or residents when other facilities are overloaded.
4) **Recovery** – Activities that occur after the disaster has subsided, that are designed to help an organization and community return to a pre-disaster level of function.

The primary focus of this manual is on the preparedness phase. The manual will provide important guidance as you develop your facility's emergency preparedness plans; recognizing that every facility is different, however, it is not meant to dictate a prescriptive approach to this work. Each facility's plan should be based upon its specific needs, vulnerabilities, size and location.

All Hazards Planning

This emergency preparedness planning manual recommends taking an "***all hazards***" approach. This approach focuses on being prepared and able to respond regardless of the cause or source of the emergency. While there are a variety of hazards or disasters that may occur, e.g. flood, ice storm, pandemic flu, the range of possible consequences is limited–you have to evacuate the facility in a hurry, OR you and your residents cannot leave the facility, OR some critical resource is inaccessible--such as personnel, medications, food, water, electricity, etc.

Collaborative Plan Development

Emergency management professionals stress the importance of having a written plan that provides specific and detailed guidance for how to proceed in a crisis. The plan should describe at minimum: who is in charge of the various aspects of emergency response, how internal and external communications will be handled, how the facility is equipped to shelter in place if necessary, and specific procedures for evacuation and relocation. The plan as it is developed and revised should be shared with all staff. The most effective plans are those that are developed collaboratively with input from all key units in the facility, as well as consultation with local and state level emergency management professionals. This manual is intended to help your facility to develop such a plan.

Continuity of Operations

An important concept in emergency preparedness planning is ***"continuity of operations"***. It is primarily concerned with continuation of day-to-day activities and focuses inward on assuring that the organization's core mission and activities are able to be fulfilled in a variety of hazard scenarios. During an emergency, long term care and residential care facilities will be focused primarily on maintaining the ability—i.e. continuing the operations necessary—to keep their residents safe and well cared for. To lay the foundation for emergency preparedness planning, it is critical to consider what will be needed to maintain continuity of operations during a disaster, by identifying an organization's essential functions and the resources needed to carry them out. The next section of the manual will help you to lay this foundation for developing detailed and effective emergency preparedness plans.

Action Step:

Establish an *Emergency Preparedness Planning Team* for your facility, if you do not already have one. The team should be chaired by the facility's director or chief executive, and include leaders or managers of resident care, physical plant operations and business operations in the facility.

II Setting the Context for Emergency Preparedness Planning

The purpose of this section is to give you a starting point by allowing you to take a "bird's eye view" of your facility, its vulnerabilities and strengths, and to envision the types of hazards it is most likely to face. By looking first at this big picture, your facility's emergency planning team will be better able to focus their planning on the facility's specific needs, and to utilize its specific resources most effectively.

Guided by the worksheets in this section, your facility's planners will:

1) describe the major functions and activities which help your organization to operate and serve its mission and clients;
2) conduct a hazard vulnerability analysis;
3) complete a facility profile, and
4) make a list of other agencies to be in contact with as you develop your emergency preparedness plan.

IDENTIFYING ESSENTIAL FUNCTIONS

Essential functions are those organizational functions and activities that must be continued under any and all circumstances. The Federal Emergency Management Agency defines *essential functions as "those functions that cannot be interrupted for more than 12 hours/must be resumed within 30 days"*; however, given the health status of residents in long term care facilities, many of your essential services may have a lower threshold. In considering your most essential and time sensitive functions take into account what is required to care for your residents and to run your facility. The essential functions you list should encompass the key activities which your organization fulfills on a day-to-day basis. These essential functions may include, for example, medical care of residents, psychosocial care of residents, feeding of residents, bathing and hygienic care of residents, purchasing essential supplies, assuring adequate staffing, maintaining the physical plant, and the various functions necessary to fulfill legal, regulatory and financial obligations.

In addition to these day-to-day essential functions, you should also identify the additional activities you may need to fulfill during an emergency (emergency essential functions). These might include such functions as safety assessment of residents, staff and structure; communication with emergency responders, families and media; and stepped-up infection control and surveillance.

Listing your facility's essential functions highlights clearly and specifically just what operations and activities your facility must try to maintain under emergency/disaster conditions. This in turn helps you to identify the critical resources you need to carry out these functions. Together these lists, which you can record on the next two worksheets, form the basis and framework for your emergency preparedness plan.

Action Step:

List your facility's essential functions in the *Essential Functions Worksheet*. This is good step to get your facility's Emergency Preparedness Planning Team started on their work, and lays the groundwork for the next step, identifying critical resources.

ESSENTIAL FUNCTIONS	
CLIENT CARE	Example: **Preparing all meals for residents**
FACILITY OPERATIONS	Example: **Resident Room Cleaning and Disinfection**
ADMINISTRATIVE OPERATIONS	Example: **Purchasing essential supplies and equipment**
EMERGENCY RESPONSE	Example: **Internal communications—communications with staff**

Based on FEMA Continuity of Operations (COOP) Plan Template available from: *www.fema.gov/doc/government/coop/coop_plan_blank_template.doc*

IDENTIFYING CRITICAL RESOURCES

Critical resources are the inputs needed so that your facility can carry out its essential functions. There are two main categories of critical resources with which long term and residential care facilities should be the most concerned when developing emergency preparedness plans:

1) Human Resources, including prepared, safe, trained employees, and facility and unit leaders.
2) Physical Resources, including vital records, essential equipment, and supply chains (sources and delivery of food, medicine and medical supplies).

A common aspect of virtually all emergency situations is that they restrict access to vital resources. By taking the step of identifying your facility's critical resources, your planning team will have a detailed listing of critical supplies that should be stockpiled, or that need to have alternative sources identified.

Action Step:

Using the *Critical Resources Worksheet*, first fill in the essential functions you listed in the previous worksheet. Then briefly note the critical resources necessary to assure that your facility can continue to perform each essential function in the event of an emergency.

	ESSENTIAL FUNCTIONS	CRITICAL RESOURCES				
		HUMAN RESOURCES		VITAL RECORDS	EQUIPMENT	SUPPLIES
		Number of staff who could perform function	Cross training of staff needed (√)	Vital records necessary for this function Circle those that would not be accessible in an emergency	Equipment necessary for this function Circle equipment that may not be useable in an emergency and equipment that you need and do not have	Supplies necessary for this function Circle those most difficult to obtain in an emergency
CLIENT CARE	***Example: Preparing resident meals***	***2***	√	***Dietary orders for each resident***	***Kitchen facilities: Fridge, stove, oven, sink***	***Fresh foods, canned and dried foods, water***
CLIENT CARE						
CLIENT CARE						
CLIENT CARE						
CLIENT CARE						
FACILITY OPERATIONS						
FACILITY OPERATIONS						
FACILITY OPERATIONS						
FACILITY OPERATIONS						
FACILITY OPERATIONS						

(Continued from pg. 9)

		CRITICAL RESOURCES				
		HUMAN RESOURCES		VITAL RECORDS	EQUIPMENT	SUPPLIES
ESSENTIAL FUNCTIONS		Number of staff who could perform function	Cross training of staff needed (√)	Vital records necessary for this function Circle those that would not be accessible in an emergency	Equipment necessary for this function Circle equipment that may not be useable in an emergency and equipment that you need and do not have	Supplies necessary for this function Circle those most difficult to obtain in an emergency
ADMINISTRATIVE OPERATIONS						
EMERGENCY RESPONSE						

Based on FEMA Continuity of Operations (COOP) Plan Template available from: *www.fema.gov/doc/government/coop/coop_plan_blank_template.doc*

HAZARD VULNERABILITY ASSESSMENT

Although your emergency preparedness/continuity of operations planning should be based on an all-hazards approach, it is useful to conduct a hazard vulnerability analysis, basically a risk assessment, to identify the probability of different types of hazards that could strike your facility or the surrounding community. A hazard vulnerability analysis is an exercise that will help your planning team to consider possible hazards and the potential magnitude of direct and indirect effects these hazards might have on your facility.

Action Steps:

Complete the *Hazard Vulnerability Assessment Form*.

Take the top-ranked hazard (the one with the highest score) and have the emergency preparedness planning team brainstorm how a disaster of this type might affect your facility. Don't hesitate to consider extreme scenarios featuring the hazard. Next brainstorm possible strategies to cope with the potential impacts of the hazard. Repeat this process with lower ranked hazards; this is useful for revealing contingencies that need to be planned for.

HAZARD VULNERABILITY ASSESSMENT

For each hazard listed in column 1, rate the probability of the event occurring, and the severity of the possible impact. Sum the scores from columns 2 – 5 and list the result in column 6. This will help you consider which hazards to use as "most likely scenarios" during the planning process to help you flesh out strategies and details.

EVENT 1	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK 6
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Natural Hazards:					
Severe Thunderstorm					
Snow Fall					
Blizzard					
Ice Storm					
Temperature Extremes					
Flood					
Other (specify)					
Technological Hazards:					
Electrical Failure					
Heating/Cooling Failure					
Other (specify)					

(Continued from pg. 12)

EVENT 1	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK 6
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Human Hazards:					
Bomb Threat					
Hazardous Materials					
Other (specify)					
Biological Hazards:					
Epidemic (such as flu)					
Other (specify)					

Adapted from: *Hazard Vulnerability Assessment Tool*, Kaiser Foundation Health Plan, Inc. 2001.

FACILITY PROFILE

The *Facility Profile* provides in one place a brief description of your organization, the residents you serve and their specific vulnerabilities, and your facility's current level of readiness. The *Facility Profile* will also assist the Department of Disabilities, Aging and Independent Living (DAIL) and other state and local agencies in mounting an emergency response on your behalf. The information contained in the profile will facilitate more rapid communication between these agencies and your facility, as well as assist emergency responders in understanding the impact events may have on your facility.

Action Steps:

The facility's director/chief executive should complete the *Facility Profile* and give a copy of it to the facility's Emergency Preparedness Planning Team.

Please also include this facility profile as the cover sheet to future submissions of your emergency preparedness plans to DAIL.

Long Term Care and Residential Care Facilities in Vermont

FACILITY PROFILE FOR EMERGENCY PREPAREDNESS PLANNING

Facility Name: _____

Facility Type: _____

Mailing Address: _____

E911 Address (if different from above): _____

Phone: _____

Fax: _____

Primary contact person able to discuss emergency plans:

Name: _____

Phone: _____

Email: _____

Back up contact person #1 able to discuss emergency plans:

Name: _____

Phone: _____

Email: _____

Back up contact person #2 able to discuss emergency plans:

Name: _____

Phone: _____

Email: _____

Does the facility care for or have the ability to care for special populations, for example, residents on ventilators, dialysis, with dementia, mobility impairments, etc? If YES, please list the special populations.

☐ Yes ☐ No

Special Populations this facility has capacity to care for: _____

_____

Average number of residents in the facility at any one time: _____

Capacity: Please indicate the capacity of your facility based upon licensing. _____

Surge Capacity: Please indicate the maximum number of residents which could be accommodated regardless of licensing requirements. _____

Approximate number of staff (full time equivalents**):** _____

Does your facility have a back up generator? ☐ Yes ☐ No

If NO, is your facility wired to receive a back up generator? ☐ Yes ☐ No

Facility's Food Supplies Vendor/Contractor(s):

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Facility's Pharmacy/Medical Supplies Vendor/Contractor(s):

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Facility's Transportation Contractor(s):

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Brief Description of Vehicles Owned by the Facility: Please indicate which vehicles are equipped to transport residents.

Please indicate the types of emergency planning your facility has completed (check all that apply**):**

- ☐ Establishing Chain of Command and Roles for Emergencies
- ☐ Setting Up Redundant Communications Systems
- ☐ Back-up Staffing Plan for Emergencies
- ☐ Planning for Sheltering in Place
- ☐ Planning for Evacuation

COORDINATION WITH LOCAL AND STATE LEVEL EMERGENCY MANAGEMENT PARTNERS

Before a disaster occurs, it is important to know whom your facility will contact to find out what is happening, request specific help or rescue, and keep updated as the situation unfolds. Knowing who to call and how to reach them will greatly increase the speed of response and help to minimize the effect of the incident on your facility and its residents. The agencies with whom you can collaborate in your emergency preparedness and response efforts include local police, fire and EMS services, local and state health departments, nearby hospitals, local emergency planning councils, and state agencies including Vermont Emergency Management (VEM) and DAIL's Division of Licensing and Protection (DLP). In addition to simply knowing who to call in an emergency, it is important to establish a relationship with these agencies. Make an effort to consult with these agencies as you develop and refine your facility's emergency preparedness plans and share with them any concerns you may have regarding your facility and its residents.

Action Steps:

Complete the *Local and State Partners Contact Sheet.*

Schedule meetings with the partners listed on your contact sheet, to draw upon their expertise and experience before you firm up your emergency preparedness plans, and/or to have them review the plans you have already developed.

Contact Sheet

LOCAL AND STATE PARTNERS FOR EMERGENCY PLANNING AND RESPONSE

Facility Name and Town: _____

Police Liaison

Police Dept.: _____

Liaison Name: _____ Phone Number: _____

Fire Department Liaison

Fire Dept.: _____

Liaison Name: _____ Phone Number: _____

Local Health Department Emergency Preparedness Coordinator:

Health Dept. (which town or region): _____

Contact Name: _____ Phone Number: _____

Local Emergency Planning Council

Planning Council (which town or region): _____

Contact Name: _____ Phone Number: _____

Department of Disabilities Aging and Independent Living, Division of Licensing and Protection

Phone Number: 802-241-2345

Vermont Department of Health Epidemiology Unit

Phone Number: 802-863-7240

Local Hospital(s) Safety Officer

Hospital: _____

Safety Officer Name: _____ Phone Number: _____

Other Partner

Name of Agency: _____

Contact Name: _____ Phone Number: _____

III Critical Emergency Planning Areas

"Stay, Leave, Connect" is a phrase sometimes used by emergency management professionals to describe the essence of emergency preparedness planning. If your facility is prepared to "stay" (shelter in place), "leave" if necessary (evacuate) and "connect" (communicate) both internally and with outside emergency responders, you will be ready to respond effectively to almost any type of emergency (all hazards planning). In order to carry out your plans to "stay, leave, connect", you must have in place a chain of command and the human resources to direct and implement your emergency response. This section of the manual focuses on all of these critical areas of emergency preparedness planning:

- Establishing Chain of Command and Roles for Emergencies
- Setting Up Redundant Communications Systems
- Human Resources: Staffing During Emergencies
- Planning for Sheltering in Place
- Planning for Evacuation

For each critical planning area, we begin with a brief overview of the key issues for your facility's Emergency Preparedness Planning Team to consider as you develop your emergency preparedness plans. These overviews are based on both the recommendations of emergency management experts and lessons learned by long term care facilities that have survived disaster situations.

Immediately following the overview of issues to consider for each planning area, you will find detailed checklists and worksheets to guide you through the specific steps to take to prepare your facility to respond effectively to all manner of emergencies and hazards.

ESTABLISHING CHAIN OF COMMAND AND ROLES FOR AN EMERGENCY

During an emergency all staff must know who is in charge overall and who reports to whom. Each individual must understand his or her role and what specific tasks s/he is responsible for doing. The *Incident Command Structure* is a term that emergency management specialists use to describe the chain of command and the essential roles to be carried out in response to a disaster/crisis.

Critical Roles in the Chain of Command (*Incident Command Structure*)

For residential care facilities there are at least five critical areas of responsibility to be carried out during an emergency: 1) overall management of emergency response (also called "incident command"); 2) communications, both internal and external; 3) resident care, both clinical care and psychosocial care; 4) facility operations, which encompasses physical plant operations and food services, and: 5) business operations, covering finances and expenditures during the emergency, payroll, insurance claims, etc.

During an emergency each of these areas of responsibility must have a leader or "chief" who directs activities within it. In smaller facilities it may be necessary for individuals to take on more than one of these leadership roles. In large facilities, there may be a number of "unit leaders" who report to each "chief" during the emergency (*See Appendix II for a detailed Incident Command Structure for large nursing homes*). The roles of each "chief' during an emergency are briefly described below.

Incident Commander: Organizes and directs the facility's emergency operations. Gives overall direction for facility operations and makes evacuation and sheltering in place decisions. All "chiefs" report directly to the *Incident Commander* during the emergency.

Communications Chief: Functions as the incident contact person in the facility for representatives from other agencies, such as Vermont Emergency Management (VEM), police, hospitals and the licensing agency, and serves as the conduit for information to staff, families, and the news media. Please note that this area of responsibility is often divided and covered by two leaders: *the Liaison Officer* who handles communications with agencies and emergency responders, and the *Public Information Officer* who keeps staff, families and the media informed, and handles their inquiries.

Resident Care Chief: Coordinates and supervises all aspects of resident care and services, and movement of residents into and out of the facility.

Facility Operations Chief: Organizes and manages the services required to sustain and repair the facility's infrastructure operations, including: power/lighting, water/sewer, heating and cooling, structural integrity, environmental services, and food services.

Business Operations Chief: Monitors the utilization of financial assets and the accounting for financial expenditures. Supervises the documentation of expenditures and cost reimbursement activities.

As part of your facility's emergency preparedness plan, your planning team should determine who is to fulfill each of these essential roles in the *Incident Command Structure*.

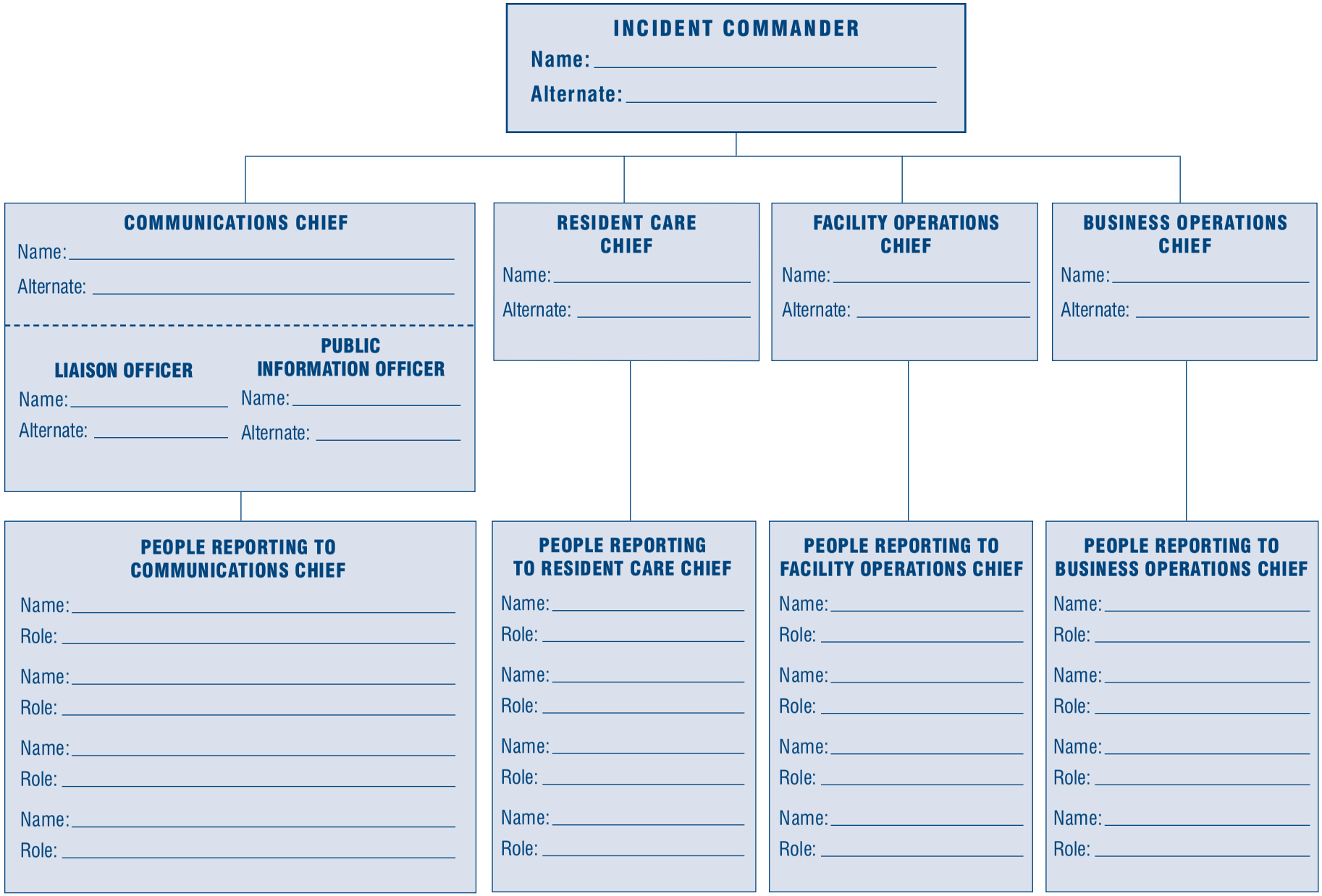
Who Steps In? Alternates for Critical Roles

Your emergency preparedness plans should also acknowledge that under emergency conditions individuals, for a variety of reasons, may not be able to fulfill their roles. Emergency plans should specify alternates for each role, and there should be, in writing, the orders of succession for the key leadership positions in the *Incident Command Structure*.

Action Step:

Work with your facility's emergency planning team to fill out the *Chain of Command Chart* by inserting the names of the people assigned to each role. In each box, include the name of an alternate person to fill the role in case the first person is not available.

Chain of Command (Incident Command Structure) for an Emergency



SETTING UP REDUNDANT COMMUNICATIONS SYSTEMS

A strong communications system is the backbone of emergency response and disaster management. The ability to send and receive vital information and to coordinate actions with partners and emergency responders is critical during an emergency.

Long term care facilities' emergency plans must include strategies for communicating with:

- emergency management authorities, on both the local and state levels
- local emergency responders (police, fire, EMTs)
- facility staff
- patients' families
- other local health care facilities
- regulatory agencies
- suppliers
- others (parent company, media, etc.)

There are four key components of planning for emergency communications:

1. Understand your facility's communications equipment/technology

Inventory all the methods your facility has available to communicate both internally and with the outside world, including: telephone system, email, voicemail, computer networks and internet connection, fax, automated dialing programs, cell phones, wireless messaging, pagers, internal two-way radios,and more. Work with your IT team or vendor to understand the strengths and limitations of each technology for communicating under emergency conditions. AM/FM radios and TVs are also critical for receiving emergency alerts, evacuation orders and news.

2. Build relationships and partnerships

As discussed in Section II, it is important to think ahead of time about who will be contacting you, and who you will need information and assistance from during an emergency (see the list above). Before a disaster strikes, you should know who, specifically, to call and different ways to reach them. By building relationships with your Local Emergency Planning Council and other partners ahead of time, these partners will better understand your facility's needs as well as how and when to contact you with emergency information.

3. Establish clear roles, and methods for systematically receiving, fielding and sending information.

Facility leaders should decide ahead of time who will be the voice of the facility to the outside world (families, media), who will be in charge of communications with staff, and who will be the point person for communicating with emergency management authorities, DAIL and other agencies. These roles should be assigned within the Incident Command Structure (*see Chain of Command Chart*).

4. Devise back-up plans for communications.

A communications system with back-up communications channels built into it is known as a "redundant communications system". In a widespread disaster, cell phone and landline circuits may be overloaded. Phones, fax and Internet may go down. Think about your fallback options for these situations. Long-term care facilities that have survived real disasters recommend:

- two-way radios for internal communications
- a satellite phone for the facility
- connecting with a local amateur radio (ham radio) operator. Ham radio operators are licensed by the FCC and volunteer to provide back-up communications in emergency and disaster situations. (*See Appendix I for links to ham radio operator groups in Vermont*).

Action Step:

Review the *Emergency Communications Planning Checklist* with your Emergency Preparedness Planning Team, to assess your level of emergency readiness in the area of communications. For all tasks identified as 'not started' or 'in progress', assign responsibility and specify a deadline for completion of the task.

Emergency Communications Planning Checklist

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Establish and maintain contact lists				
Contact list established for all staff	☐ not started ☐ in progress ☐ done			
Contact list established for families of patients/ residents	☐ not started ☐ in progress ☐ done			
Contact list established for local emergency responders, e.g local emergency management, police, fire, EMTs, local hospital	☐ not started ☐ in progress ☐ done			
Contact list established for state agencies, e.g. VEM, DOH, DAIL, DLP	☐ not started ☐ in progress ☐ done			
Contact list established for health care provider partners, e.g. sister facilities, VHCA	☐ not started ☐ in progress ☐ done			
Contact list established for critical vendors and suppliers, e.g. transportation, pharmacy, food, lab	☐ not started ☐ in progress ☐ done			
Staff call tree established for use in emergencies	☐ not started ☐ in progress ☐ done			

(Continued from pg. 25)

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Plan for Situational Awareness				
Have weather radio	☐ not started ☐ in progress ☐ done			
Have battery powered radio(s) or TV(s) and batteries	☐ not started ☐ in progress ☐ done			
Facility is part of VT Emergency Alert Network	☐ not started ☐ in progress ☐ done			
Protocol established for communicating with local emergency management	☐ not started ☐ in progress ☐ done			
Protocol established for communicating with VEM	☐ not started ☐ in progress ☐ done			
Protocol established for communicating with VDH and DLP	☐ not started ☐ in progress ☐ done			
Plan for back-up communications (if landlines and cell phones are out)				
Facility's back-up communications methods/equipment are inventoried	☐ not started ☐ in progress ☐ done			
Additional back-up communications system or equipment obtained/established if necessary	☐ not started ☐ in progress ☐ done			
Facility's back-up communication methods have been tested	☐ not started ☐ in progress ☐ done			

(Continued from pg. 26)

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Plan for managing communications during an emergency				
Liaison Officer* designated	☐ not started ☐ in progress ☐ done			
Public Information Officer* designated	☐ not started ☐ in progress ☐ done			
Set up a dedicated number for key contacts to call to access recorded status messages in an emergency.	☐ not started ☐ in progress ☐ done			
Discussion exercises held to test emergency communications.	☐ not started ☐ in progress ☐ done			

* See page 20 for duties of Liaison Officer and Public Information Officer.

HUMAN RESOURCES: STAFFING IN AN EMERGENCY

During a disaster, your facility may face staffing shortages for a variety of reasons—staff may not be able to get in to work, may be ill, or may need to take care of their own families during the emergency.

In planning to have adequate staffing during an emergency, the first step is to have a mechanism for notifying staff about the emergency and for calling in off-duty staff.

Another important step is to have a policy in place regarding families of staff. Your facility needs to decide whether, in a community wide emergency, family members of staff can shelter in place at your facility, or even evacuate with your facility. Provision for family members may be a key factor in keeping staff on the job during a widespread emergency.

To be most prepared for an emergency, staff should be cross-trained to fulfill different roles in case the primary person responsible for a given function is not available. This requires a significant investment of time and resources on the part of the facility, but can be built in as part of ongoing inservice training and professional education. Ideally, the facility would also hold training exercises/emergency response drills, to prepare staff for a real disaster, and to expose the "holes" in the facility's emergency plans.

Finally you may want to consider whether volunteers would be able to fulfill some staff functions in the event of a severe staffing shortage, and develop guidelines specifying which tasks volunteers can and cannot do.

Action Steps:

Work with your Emergency Preparedness Planning Team to complete the *Staffing Back-Up Plan Worksheet*. Have a mechanism for updating this sheet as staff turn over.

Work with your facility's Emergency Preparedness Planning Team to develop a policy on immediate family of staff sheltering at the facility, and/or evacuating with the facility.

Consider how cross-training of staff might be provided in your facility.

Clarify your policy on the role of volunteers during an Emergency.

Staffing Back-Up Plan

List staff responsible for performing essential functions, and back up staff who are cross trained to perform the function in an emergency. It may be helpful to refer back to the *Essential Functions Worksheet* you filled out in Section II.

	ESSENTIAL FUNCTION	LEAD STAFF PERSON	BACK-UP STAFF PERSON #1	BACK-UP STAFF PERSON #2	BACK-UP STAFF PERSON #3
CLINICAL CARE					
FOOD SERVICES					
BUILDING OPERATIONS					

(Continued from pg. 29)

	ESSENTIAL FUNCTION	LEAD STAFF PERSON	BACK-UP STAFF PERSON #1	BACK-UP STAFF PERSON #2	BACK-UP STAFF PERSON #3
HOUSEKEEPING					
ADMINISTRATIVE OPERATIONS					
OTHER					

Based on FEMA Continuity of Operations (COOP) Plan Template available from: *www.fema.gov/doc/government/coop/coop_plan_blank_template.doc*

PLANNING FOR SHELTERING IN PLACE

In an emergency such as a blizzard, ice storm or flood, your facility may be cut off from the outside world for a period of several days. It may be unsafe for anyone to leave the facility, and emergency responders, power companies and suppliers may be unable to reach you. External communications may or may not be disrupted. To prepare for such a situation, you must build your facility's capacity to function self-sufficiently for several days—to "shelter in place" providing your own power, food and water, medications and supplies.

Emergency Power

Power outages are not an uncommon occurrence in Vermont and your facility likely has some plans in place for dealing with short-term loss of electricity. In a disaster situation power may be cut off for days, so it is important to assess whether your current plans are sufficient should power be out for a longer time.

If your facility has a generator, it is essential to: 1) check it regularly, 2) have more than one person trained to operate and maintain it, 3) have a fuel supply always in place, and 4) periodically assess whether the generator's capacity remains sufficient to cover your current power needs (for example, beds, space or equipment may have been added to your facility recently, increasing your needs for power).

If your facility does not have a generator, you can take steps to become "quick connect" ready whereby your power company brings in and starts a portable generator for you in the event of an extended power outage. Becoming "quick connect" ready requires permits, an installation portal and agreements with your power company, so it is not something that can be arranged at the last minute—it must be planned ahead for.

Another important aspect of emergency planning for loss of power is to meet with and educate your local emergency management authorities and your power company about the needs of your residents. Make it understood that your residents are similar to hospital patients (i.e. high acuity, vulnerable, equipment dependent)—this may push your power company to place your facility on a priority list for power restoration.

Food and Water

Facilities should have an emergency stockpile of food and water adequate to cover everyone in the facility for at least 72 hours and ideally, up to a week. When planning quantities, remember to count staff who will be sheltering in place as well as residents. Stockpile food that requires no refrigeration and little or no cooking, and remember to account for special dietary needs when assembling emergency food supplies. As for water supplies, discuss quantities needed and storage of water with your local emergency planning council, or health department

Medication and Medical Supplies

Facilities should have an emergency stockpile of medications and medical supplies adequate to cover all residents in the facility for at least 72 hours and ideally, up to a week. In the case of both food and medications/supplies, facility leaders should give some thought to supply chains during an emergency, and have purchasing agreements with more than one vendor. Be aware that in a widespread emergency however, all vendors will be serving multiple facilities, delivery may be difficult or impossible, and supplies may be scarce—this is another reason to have adequate stockpiles.

Security

In a disaster, residential care facilities like nursing or group homes may be some of the few local buildings with power, food, water and medicine. Security measures may needed to protect patients, staff, supplies and property. As a first step, facility leaders should talk with local law enforcement officials about ways to meet security needs during an emergency. Facility leaders should also consider providing all staff with basic security training.

Action Step:

Review the *Shelter-in-Place Planning Checklist* with your Emergency Preparedness Planning Team, to assess your level of emergency readiness to shelter in place. For all tasks identified as 'not started' or 'in progress', assign responsibility and specify a deadline for completion of the task.

Shelter In Place Planning Checklist

SHELTER IN PLACE PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Shelter In Place Decision				
Criteria for making shelter-in-place vs. evacuation decision established	☐ not started ☐ in progress ☐ done			
Procedure established for consulting with local emergency management re: shelter-in-place decision	☐ not started ☐ in progress ☐ done			
Policy established re: whether staff families can shelter at facility	☐ not started ☐ in progress ☐ done			
Emergency Power Plan				
Facility has generator adequate to its specific power needs	☐ not started ☐ in progress ☐ done			
If no generator, facility is "quick connect" ready	☐ not started ☐ in progress ☐ done			
Facility has 4-5 day fuel supply for generator	☐ not started ☐ in progress ☐ done			
Procedures established for regular checking and maintenance of generator	☐ not started ☐ in progress ☐ done			
Facility has back-up manual versions of important medical equipment	☐ not started ☐ in progress ☐ done			
Facility leaders have met with local emergency management to discuss power needs of the facility	☐ not started ☐ in progress ☐ done			
Facility leaders have met with power company to discuss power needs of the facility	☐ not started ☐ in progress ☐ done			

(Continued from pg. 33)

SHELTER IN PLACE PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Emergency Food & Water Supplies				
Facility has 5-7 day food stockpile for max number of residents and staff	☐ not started ☐ in progress ☐ done			
Facility has adequate supply of potable water	☐ not started ☐ in progress ☐ done			
Emergency food supplies are inspected and rotated as needed	☐ not started ☐ in progress ☐ done			
Facility has active contracts with multiple food suppliers, incl. one located out of area	☐ not started ☐ in progress ☐ done			
Medications and Medical Supplies Stockpile				
Facility has 5-7 day stockpile of common medications	☐ not started ☐ in progress ☐ done			
Facility has 5-7 day supply of medications for each resident	☐ not started ☐ in progress ☐ done			
Facility has 5-7 day stockpile of medical supplies needed to care for residents	☐ not started ☐ in progress ☐ done			
Facility has extra supplies of IV fluids	☐ not started ☐ in progress ☐ done			
Facility has active contracts with multiple pharmacy suppliers, incl. one located out of area	☐ not started ☐ in progress ☐ done			
Facility has active contracts with multiple vendors of medical supplies, incl. one located out of area	☐ not started ☐ in progress ☐ done			

(Continued from pg. 34)

SHELTER IN PLACE PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Security Plan				
Facility leaders have discussed emergency security	☐ not started ☐ in progress ☐ done			
Discussions held with local law enforcement re: facility security	☐ not started ☐ in progress ☐ done			
Lockdown procedure established	☐ not started ☐ in progress ☐ done			
Facility has access to cash in event of money supply disruption	☐ not started ☐ in progress ☐ done			
Facility has on hand basic tools and materials to make emergency repairs/shore up structure	☐ not started ☐ in progress ☐ done			

PLANNING FOR EVACUATION

Evacuation and relocation of the residents of a facility for elderly or disabled persons, many of whom are ill or frail, have special needs, mobility limitations or cognitive deficits, is an arduous process to manage, and potentially unsafe for high acuity residents. Long term care administrators who have experienced facility evacuations and many emergency management experts agree that it is highly preferable to shelter in place if at all possible. However, in the case of some disasters, for example a flood, evacuation may be the best or only option.

Factors to consider in making the decision to stay or go include:

- Recommendations or orders of local and state emergency management authorities
- Location of facility in a storm surge or flood zone
- Resident acuity levels
- Availability of a "like" facility to relocate to
- Evacuation transport time

Alternate Facility

The most important aspect of planning for evacuation is to have an alternate facility to relocate to. Very few emergency shelters can accommodate people with chronic medical problems or special needs. It is best for your facility to have a specific, written agreement with a "like" facility, another health care or residential facility that provides the same level of care or higher. Depending on the number of residents you have and potential host sites' capacities, you may need to make agreements with more than one alternate facility. It is recommended that one of your alternate facilities be located at least 50 miles away.

Transportation

Transportation has been called the "Achilles heel" of evacuation. In a widespread disaster, transportation resources will be stressed to the max. Experience in hurricane zones has shown that many transportation companies make contracts with multiple facilities for emergency transportation and are unable to honor them all. So, while your facility should have such a transportation contract in place, it is essential to explore a wide range of other transportation options when making your emergency preparedness plans. Consider partnership with local churches to use their vans. Establish relationships with motor charter services in your area. Network with other long term care facilities in the state to see whether you can borrow their transport (in the event that only your facility needs to evacuate). A last resort transportation plan would be to use staff's personal vehicles. Finally, when making your plans, remember that all evacuation vehicles will need fuel, maps and a means of communication.

Resident Specific Information

It is essential that identifying information and critical medical information accompany each resident being evacuated. This vital information must be somehow secured so that it stays with the resident—possibilities include bracelets (print or electronic), a waterproof wrist tag, or a waterproof envelope with documents carried by the resident. Information that should accompany each resident includes: name, date of birth, social security number, diagnoses, primary care provider, current drug regimen, health insurance provider, family contact information, and a photograph.

Training and Practice

Evacuation of residents and staff is a complex and difficult process. Facilities will be much better prepared in the event of a real emergency if staff have been given opportunities to practice evacuation procedures. Evacuation drills also help to expose weaknesses and gaps in the facility's evacuation plans.

Action Step:

Review the *Evacuation Planning Checklist* with your Emergency Preparedness Planning Team, to assess your level of emergency readiness to evacuate. For all tasks identified as 'not started' or 'in progress' assign responsibility and specify a deadline for completion of the task.

Evacuation Planning Checklist

EVACUATION PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Evacuation Decision				
Criteria for making shelter in place vs. evacuation decision established	☐ not started ☐ in progress ☐ done			
Procedures established for consulting with local emergency management re: evacuation decision	☐ not started ☐ in progress ☐ done			
Reliable channels established for receipt of evacuation orders	☐ not started ☐ in progress ☐ done			
Plan specifies whether and how staff families can evacuate with facility	☐ not started ☐ in progress ☐ done			
Alternate Facility				
An alternate "like" facility(s) to which residents can relocate has been identified	☐ not started ☐ in progress ☐ done			
Memorandum of Understanding signed with alternate facility(s)	☐ not started ☐ in progress ☐ done			
Procedures established for discharging some (lower acuity) patients to their families if feasible	☐ not started ☐ in progress ☐ done			
Transportation				
Multiple transportation resources have been identified, considered and listed with contact information	☐ not started ☐ in progress ☐ done			

(Continued from pg. 38)

EVACUATION PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Transportation contracts have been signed with more than one transportation vendor	☐ not started ☐ in progress ☐ done			
Fallback transportation plans made, e.g. staff vehicles, church vans	☐ not started ☐ in progress ☐ done			
Evacuation route (and secondary route) to alternate facility has been identified.	☐ not started ☐ in progress ☐ done			
Maps and mobile communi-cation devices are available to go with each vehicle	☐ not started ☐ in progress ☐ done			
Evacuation Procedures				
Staging and loading areas identified	☐ not started ☐ in progress ☐ done			
Procedures established for readying residents for journey—informing, attaching ID info, packing	☐ not started ☐ in progress ☐ done			
Patients identified who will need most assistance, or are most complicated to move	☐ not started ☐ in progress ☐ done			
Procedures established for orderly, systematic loading of residents onto vehicles	☐ not started ☐ in progress ☐ done			
Number and types of staff to accompany residents in evacuation vehicles specified	☐ not started ☐ in progress ☐ done			
Procedures established to account for all residents and staff (no one left behind)	☐ not started ☐ in progress ☐ done			
Procedures established to communicate with residents' families re: the evacuation	☐ not started ☐ in progress ☐ done			

(Continued from pg. 39)

EVACUATION PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Resident Specific Information				
Method for transferring identifying info and essential health info with each patient is specified (e.g. bracelet, triage tag)	☐ not started ☐ in progress ☐ done			
Plan describes procedures for transporting/transferring patient medical records	☐ not started ☐ in progress ☐ done			
Evacuation Supplies				
Plan describes types and amount of food to take for the journey	☐ not started ☐ in progress ☐ done			
Plan describes procedures for packing food and distributing it among transport vehicles	☐ not started ☐ in progress ☐ done			
Plan describes amount of drinking water to bring on journey	☐ not started ☐ in progress ☐ done			
Plan describes logistics for carrying water and distributing it among transport vehicles	☐ not started ☐ in progress ☐ done			
Plan describes amounts and types of medications to bring along with procedures for transporting them	☐ not started ☐ in progress ☐ done			
Plan describes other critical supplies (e.g. oxygen, incontinent supplies)and equipment to bring	☐ not started ☐ in progress ☐ done			
Plan considers provisions to be brought or ordered and delivered to the host facility	☐ not started ☐ in progress ☐ done			
Facility has adequate equipment to move people (e.g. stretchers, portable ramps)	☐ not started ☐ in progress ☐ done			

(Continued from pg. 40)

EVACUATION PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Training and Practice				
Staff have been trained in evacuation procedures	☐ not started ☐ in progress ☐ done			
Drills/exercises have been held with staff to practice evacuation procedures	☐ not started ☐ in progress ☐ done			

APPENDICES

APPENDIX I:
Web-based Resources

Emergency Preparedness Planning for Organizations

Vermont Emergency Management (VEM)
State of Vermont Dept. of Public Safety
www.dps.state.vt.us/vem

Florida Health Care Association
Emergency Preparedness for Nursing Homes
www.fhca.org/emerprep/index.php

American Red Cross
Preparing Your Business for the Unthinkable
http://www.redcross.org/www-files/Documents/pdf/Preparedness/PrepYourBusfortheUnthinkable.pdf

Federal Emergency Management Agency (FEMA)
Continuity of Operations Programs (COOP)
www.fema.gov/government/coop/index.shtm#0

Disability.gov
www.disability.gov/emergency_preparedness/organizational_preparedness

Agency for Healthcare Research and Quality (AHRQ)
Emergency Preparedness
www.ahrq.gov/prep

Center for Medicare and Medicaid Services (CMS)
Emergency Preparedness
www.cms.hhs.gov/surveycertemergprep

Centers for Disease Control and Prevention (CDC)
Emergency Preparedness
www.bt.cdc.gov

Pandemic Flu

Vermont Dept of Health
www.healthvermont.gov/prevent/flu

Centers for Disease Control and Prevention
www.cdc.gov/H1N1FLU
www.cdc.gov/flu/pandemic

Flu.gov
pandemicflu.gov/professional/

Reports

Caring for Vulnerable Elders during a Disaster: National Findings of the 2007 Nursing Home Hurricane Summit
Convened by The Florida Health Care Association
www.fhca.org/news/summitfinal.pdf

Nursing Homes in Public Health Emergencies: Special Needs and Potential Roles
Prepared for AHRQ, USDHHS 2007
www.ahrq.gov/prep/nursinghomes/nhomerep.pdf

Primer on Redundant Communications
Wisconsin Division of Public Health, Hospital Emergency Preparedness 2007
http://dhs.wi.gov/rl_DSL/EmergencyPreparedness/PrimeRedundanComm.pdf

HAM Radio Operators in VT

www.hamdepot.com/states/vt.asp

www.qsl.net/wb1grb/vtclubs.htm

APPENDIX II:

Example Incident Command Structure for Large Long Term Care Facilities

INCIDENT COMMANDER

Mission: *Organize and direct the facility's emergency operations. Give overall direction for facility operations and make evacuation and sheltering in place decisions.*

LIAISON OFFICER (reports to Incident Commander)

Mission: *Function as the incident contact person in the facility for representatives from other agencies, such as the local emergency management office, police, hospitals and the licensing agency.*

PUBLIC INFORMATION OFFICER (reports to Incident Commander)

Mission: *Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media.*

SAFETY OFFICER (reports to Incident Commander)

Mission: *Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions. Have authority to halt any operation that poses immediate threat to life and health.*

OPERATIONS CHIEF (reports to Incident Commander)

Mission: *Oversee the direct implementation of resident care and services, dietary services, and environmental services.*

RESIDENT SERVICES BRANCH DIRECTOR (reports to Operations Chief)

Mission: *Coordinate and supervise all aspects of resident care, services, and movement into and out of the facility. Coordinate Unit Leaders under Resident Services Branch.*

NURSING SERVICES UNIT LEADER (reports to Resident Services Branch Director)

Mission: *Organize and direct nursing services, including management of high acuity and special needs residents as well as routine nursing services including medication passes. Organize and direct activities of daily living for residents. Coordinate and supervise direct care staff. Evaluate supplies, equipment, and medication levels to support resident care needs.*

TRANSFER & DISCHARGE UNIT LEADER (reports to Resident Services Branch Director)

Mission: *Organize and direct resident transfer and discharge according to facility policies and procedures. Implement and monitor the facility's resident identification and tracking system for either incoming residents who are sheltering in place or for facility residents evacuating to an offsite destination.*

PSYCHOSOCIAL UNIT LEADER (reports to Resident Services Branch Director)

Mission: *Organize, direct, and supervise those services associated with the social and psychological needs of the residents, staff, and dependents.*

SOCIAL SERVICES MANAGER (reports to Psychosocial Unit Leader)

Mission: *Assure the medically related emotional and social needs of residents are maintained. Communicate transfer and discharge actions with residents' family members.*

ACTIVITIES MANAGER (reports to Psychosocial Unit Leader)

Mission: *Within the limitations and scope of the incident, involve residents in a program of activities that are designed to appeal to their interests, promote self-esteem, and are pleasurable. Obtain from Psychosocial Unit Leader updated messages to communicate to residents to ensure they are given the best information possible about the incident.*

INFRASTRUCTURE BRANCH DIRECTOR (reports to Operations Chief)

Mission: Organize and manage the services required to sustain and repair the nursing home's infrastructure operations, including: power/lighting, water/sewer, HVAC, buildings and grounds, medical gases, medical devices, structural integrity, environmental services, and food services.

DIETARY SERVICES UNIT LEADER (reports to Infrastructure Branch Director)

Mission: *Organize, provide, and safeguard food and water stores to allow for the facility's self-sufficiency for at least one week. Implement the facility's emergency menu. Provide Incident Command with inventory levels and projected needs.*

ENVIRONMENTAL SERVICES UNIT LEADER (reports to Infrastructure Branch Director)

Mission: *Ensure proper cleaning and disinfection of nursing home environment. Supervise housekeeping activities and laundry department.*

MAINTENANCE UNIT LEADER (reports to Infrastructure Branch Director)

Mission: *Maintain power and lighting to the nursing home facilities. Ensure adequate generator fuel. Evaluate and monitor the integrity of existing water, sewage, and sanitation systems. Enact pre-established alternate methods of waste disposal if necessary. Organize and manage the services required to sustain and repair the facility's buildings and grounds.*

SECURITY UNIT LEADER (reports to Infrastructure Branch Director)

Mission: *Coordinate all of the activities related to personnel and facility security, such as access control, crowd and traffic control, and law enforcement interface.*

OTHER POSSIBLE UNIT LEADERS (report to Service Branch Director)

Communication Hardware Unit Leader

Mission: *Organize and coordinate internal and external communications connectivity.*

IT/IS Unit Leader

Mission: *Provide computer hardware, software and infrastructure support to staff.*

Staffing/Scheduling Unit Leader

Mission: *Organize and inventory available staff. Make contact with off-duty staff as appropriate for scheduling. Receive requests and assign available staff as needed. Maintain adequate numbers of both medical and non-medical personnel. Assist in the maintenance of staff morale and well-being.*

Central Supply Unit Leader

Mission: *Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies, and pharmaceuticals.*

Dependent Care Unit Leader

Mission: *Initiate and direct the sheltering and feeding of staff dependents. Contribute to overall staff morale and efficacy by providing a safe, engaging environment for their dependents.*

TRANSPORTATION UNIT LEADER

Mission: *Organize and coordinate the transportation of all ambulatory and non-ambulatory residents within or without the facility. Arrange for the transportation of human and material resources within or without the facility.*

FINANCE/ADMINISTRATION CHIEF (reports to Incident Commander)

Mission: *Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities. Coordinate and supervise the units within the Finance/Admin Section.*

BUSINESS CONTINUITY UNIT LEADER (reports to Finance/Administration Chief)

Mission: *Ensure business functions are maintained, restored or augmented to meet recovery objectives. Limit interruptions to continuity of essential business operations to the extent possible.*

PROCUREMENT UNIT LEADER (reports to Finance/Administration Chief)

Mission: *Responsible for administering accounts receivable and payable to contract and non-contract vendors.*

COST UNIT LEADER (reports to Finance/Administration Chief)

Mission: *Responsible for providing cost analysis data for the declared emergency incident and maintenance of accurate records of incident cost.*

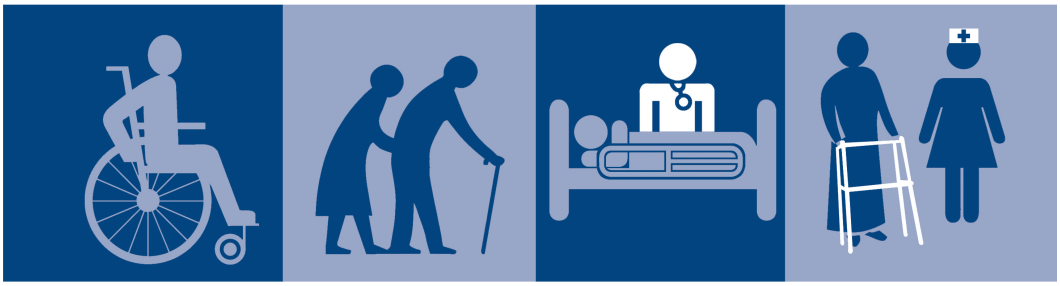
EMPLOYEE TIME UNIT LEADER (reports to Finance/Administration Chief)

Mission: *Responsible for the documentation of personnel time records. Monitor and report on regular and overtime hours worked/volunteered.*

COMPENSATION/CLAIMS UNIT LEADER (reports to Finance/Administration Chief)

Mission: *Responsible for receiving, investigating and documenting all claims reported to the nursing home during the emergency incident, which are alleged to be the result of an accident or action on nursing home property.*

Adapted from: Florida Health Care Association Nursing Home Incident Command System Job Action Sheets *http://www.fhca.org/emerprep/ics.php*



This project has been generously supported through Grant #03420-4883 awarded to the Vermont Department of Health from the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR). Grantees undertaking this project under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore,necessarily represent official VDH, AHS or ASPR policy.

2010

To print a copy of this document, go to: *http://dail.vermont.gov*