

Sample Plan Facility 2009

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¹ It is **no longer acceptable** to list one *In County location*. You must also provide an *Out of County location*.

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I. Introduction

a. Basic Facility Information

i. **Sample Plan Facility**

12345 Main Street

Gainesville, FL 32602

Phone: 352.384.5555

24-hour Emergency Phone: 352.372.5555

Fax: 352.384.5555

Skilled Nursing Facility

AHCA # 119465378

ii. **Owner Info:**

Mars Healthcare, Inc.

98765 City Street

Minneapolis, MN 55402

Phone: 612.973.5555

iii. **Facility was built in 2000 and is concrete block construction; facility was expanded in 2004**

iv. **Administrator:**

Ms. Elizabeth Green

4567 Country Lane

Gainesville, FL 32607

Work Phone: 352.264.5555

Home Phone: 352.334.5555

Alternate:

Mr. Jonathan Red

Work Phone: 352.264.5555

Home Phone: 352.384.5555

v. **Person Implementing Plan:**

Ms. Elizabeth Green, Administrator

See contact information above

vi. **Person Who Developed Plan:**

Mr. Jonathan Red

See contact information above

vii. **Organization Chart (see Annex, page x)**

b. Plan Introduction

The purpose of this plan is to provide guidance and direction in the case of an emergency or crisis has been identified. The desired outcome of having this plan is to ensure the safety of the facility residents and employees, as well as mitigate the potential damages to the facility, protecting the assets of the ownership.

II. Authorities and References

- a. Legal Basis for this plan:
 - i. F.S. 400, Part II
 - ii. F.S. 408, Part II
 - iii. 59A-4 FAC
 - iv. 400.23(2)(g)
 - v. F.S. 252
- b. Reference materials used
 - i. CEMP planning criteria, Alachua County Emergency Management
 - ii. Phone book
 - iii. Alachua County Property Appraiser Web site, <http://acpafl.org/>
 - iv. Internal memos, documentation, and policies; see SOP manual
- c. Hierarchy of authority in place during emergencies;
 - i. Elizabeth Green
 - ii. Jonathan Red
 - iii. David Blue
 - iv. Sally Orange
 - v. Hubert Yellow

III. Hazard Analysis (Annex 2, page x)

- a. Potential Hazards and Vulnerabilities
 - i. Natural Events**
 - 1. Hurricane
 - 2. Wildland Fire
 - 3. Epidemic
 - 4. Lightening
 - 5. Tornado
 - 6. Severe Thunderstorm
 - 7. Flood, External
 - 8. Extreme Heat
 - ii. Technological Events**
 - 1. Water Failure
 - 2. Sewer Failure
 - 3. Communications Failure
 - 4. HVAC Failure
 - 5. IS/IT Failure
 - 6. Fire, Internal
 - 7. Flood, Internal
 - 8. Structural Damage
 - 9. Electrical Failure
 - 10. Medical Gas Failure
 - 11. HAZMAT Exposure, Internal

- 12. Unavailability of Supplies
- iii. **Human Events**
 - 1. Mass Casualty Incident, medical
 - 2. Mass Casualty Incident, trauma
 - 3. Mass Casualty Incident, HAZMAT
- iv. **Terrorism, Biological**
 - 1. Hostage Situation
 - 2. Bomb Threat
- v. **Terrorism, Chemical**
- vi. **Lessons Learned (Annex 3, pages xx – xx)**
 - 1. Previous Disasters (i.e. storms, hurricanes, fires, etc.)
- b. Site Specific Information
 - i. **Location Map (Annex 4, page x)**
 - ii. **Licensed beds – 125; facility beds – 175; maximum number of patients/residents – 125; average number of patients/residents – 100.**
 - iii. **Max number of staff on site 375.**
 - iv. **Types of patients/residents:**
 - 1. Dementia or Alzheimer’s Disease – 50
 - 2. Requiring special equipment or care, Oxygen or Dialysis – 75
 - 3. Patients who are non-ambulatory – 50
 - 4. Patients who require assistance – 85
 - 5. Patients who do not require assistance – 45
- c. Flood zone, per Flood Insurance Rate Map
- d. Number of miles to railroad – 5; number of miles to major transportation artery – 3 mi. to US 41; 5 mi. to I-75; 2 mi. to Daniels Parkway.
- e. Facility is not currently located within the 10 or 50 mile emergency planning zone of a nuclear power plant.

IV. Concept of Operations

- a. Direction and Control
 - i. **The Administrator is in charge during an emergency, the Director of Nursing is the alternate should the Administrator be unable to serve in that capacity.**
 - ii. **Chain of Command (Hierarchy of Authority, page 6)**
 - iii. **Staff on site will report to department director immediately for information and instruction. The Personnel Manager, along with their staff will begin contacting employees not on site, as needed, providing them with information and instructions regarding their immediate return to work**
 - iv. **Employees may bring children and spouse/partner to the facility. Children under the age of 16 must be accompanied by other parent/guardian.**
 - v. **Standard Operating Procedures (Annex 5, pages xx – xx)**

- vi. **Procedures ensuring the following needs are met: *(If applicable)***
 - 1. Emergency power and fuel – Two 500 kw generators on site with 1200 gallons of diesel fuel. Generators run kitchen, main cafeteria, life safety/red outlets, emergency lighting, service elevator, and A/C in the main cafeteria/activity room for 96-hours (4 days) before refueling is necessary.
 - 2. Minimum 3-5 days food supply is maintained in the kitchen pantry. 1125 gallons of water are stored and rotated out each quarter. Arrangements have been made with our pharmacy supplier to provide a minimum of 3-5 days of necessary medications prior to, or after, an event.
 - 3. Sleeping accommodations will be in the main cafeteria/activity room as it will have power and A/C.
 - 4. Oxygen concentrators will be used to supplement the oxygen supply provided by the medical supplies contractor.
 - 5. Transportation (see Evacuation section, page 9)
 - vii. **Provisions for 24-hour staffing are as follows: all staff will be split into A Shift and B Shift, with rotating 12-hour shifts (7 a.m.-7 p.m. and 7 p.m.-7 a.m.) during the first 72 hours. After that all employees will be split into three shifts until the emergency has abated.**
- b. Notification
- i. **The facility will receive notification during or after normal work hours, and on the weekends or holidays, of impending emergencies, or disasters, via NOAA Weather Radio, and/or TV.**
 - ii. **Staff On-Site – The Administrator will notify the Executive Committee, which in turn will notify the personnel in their departments. Staff Not On-Site will be notified by the Personnel Department as necessary.**
 - iii. **Personnel are required as part of their employment to report to work. For emergencies that have a lead time, i.e. hurricanes, personnel will be given time prior to landfall to secure their families and homes.**
 - iv. **Depending on the emergency, the first method of alert will either be an alarm or announcement via the paging system. It will be followed by face to face contact with a staff member with specific directions for action or sheltering.**
 - v. **Should the primary methods of communication fail, (e.g. telephones, internet, fax, paging system, etc.) face to face communication via designated personnel will become the alternative method of communication internally and externally.**
 - vi. **Once an emergency situation has been identified that may require evacuation, the Business Office Manager will keep them updated as to the status of our need for assistance.**

- vii. **The Admissions Coordinator will begin notifying patient/resident families of the emergency situation and the current actions being taken by the facility.**

c. Evacuation

The policies, roles, responsibilities and procedures for evacuating patients/residents are found in Annex 5, pages xx – xx.

- i. **The Administrator is responsible for implementing facility evacuation.**
- ii. **Sample Plan Facility will use facility buses and vans to transport patients/residents to one of the three facilities with which we have evacuation agreements. Sample Plan Facility also maintains transportation agreements with U-Haul for transport of supplies/equipment and with AAA Transport for additional patient/resident transportation support.**
- iii. **Supplies, equipment, medications, essential records, etc. will be transported in a U-Haul truck, per our agreement.**
- iv. **Pre-determined locations to which to evacuate:**
 - 1. Keebler Tree House – in county
 - 2. The Toll House – in county
 - 3. Cadbury Facility – out of county
- v. **Mutual aid agreements for the evacuation facilities are attached in Annex 6, pages xx – xx.**
- vi. **Once an emergency situation that would be possibly required evacuation has been identified, receiving facilities and transportation companies will be notified and continually updated throughout the evacuation process.**
- vii. **Primary and Secondary evacuation routes can be found in Annex 6, pages xx – xx.**
- viii. **Evacuation Times:**
 - 1. Floor evacuation – 15 minutes
 - 2. Partial building evacuation – 30 minutes
 - 3. Entire building evacuation – 75 minutes
 - 4. Transportation in county – 30 to 45 minutes
 - 5. Transportation out of county – 3 hours
 - 6. Total time for full evacuation and transportation – 1 hour 45 minutes to 4 hours 15 minutes.
- ix. **Each patient/resident has a 3-5 days pre-packed bag in their room containing 3 outer garments, 3 sets of undergarments, 3-5 days of personal hygiene products (soap, shampoo, deodorant, toothpaste, toothbrush, denture products, etc.), a coat or sweater, 3 pairs of socks, a pair of slippers/slide on shoes, a pillow, and an extra blanket. They will be allowed to add one other personal item prior to evacuation.**
- x. **Each patient/resident will be verified against the patient/resident log as they are evacuated from their rooms and placed in the given arm bands, the**

patient log will be verified again, and 2 to 4 members of the nursing staff will be present in each vehicle (depending on vehicle size).

- xi. Upon arrival at the host facility a copy of the patient/resident roster will be provided to the host facility. Evacuating staff will conduct census checks every 4-hours against the roster.**
- xii. The Admissions Coordinator will begin notifying families upon arrival at host facility, and will notify media outlets as to how families can contact the host facility for information/updates.**
- xiii. Prior to the last transport vehicle leaving the facility, the Director of Maintenance, Director of Security and the Director of Nursing will conduct a room by room check to make sure that all patients/residents have evacuated.**
- xiv. Depending on the type of emergency, the pre-positioning of supplies will begin once an emergency is identified, time permitting.**

d. Re-Entry

- i. The Administrator and the Director of Maintenance are responsible for authorizing re-entry.**
- ii. The Administrator will consult with Alachua County Code Enforcement and Tic-Tac Engineering as to the structural soundness of the facility.**
- iii. Each patient/resident will be verified against the patient/resident log as they are escorted from their rooms and placed in the transportation vehicles. Before each vehicle leaves, the patient log will be verified again, and 2 to 4 members of the nursing staff will be present in each vehicle (depending on vehicle size).**

e. Sheltering

- i. The evacuating facility will supply a patient/resident log, and each patient/resident will receive an armband that is a different color than our residents' armbands.**
- ii. Additional patients/residents will be housed in empty rooms on each floor, and in the main cafeteria/activity room. See the facility floor plan in Annex 7, page xx.**
- iii. The evacuating facility is responsible for supplying 3-5 days of food, water and medical supplies for their patients. After such point we will assist them with re-supplying their essential needs.**
- iv. Upon notification by evacuating facility, we will notify AHCA that we will be receiving evacuating patients/residents, and how far over our license capacity it will put us. We will see a waiver at that time.**
- v. Additional patients/residents will have armbands identifying them as guests, and we will verify them against the copy of the patient/resident log supplied upon arrival at least once each shift.**

- vi. We will continue with our normal 24-hour operations of three shifts, and will integrate the guest staff into those shifts to cover their patients/residents.**
- vii. The family members of critical workers will be sheltered in the staff lounge and the reading room.**

V. Information, Training and Exercises

- a. Staff will be trained during non-emergency times by quarterly in-services, monthly drills and semi-annual exercises.
- b. Quarterly in-services will be held to focus on specific types of emergencies, monthly fire drills and semi-annual exercises in May and November will also be incorporated. All training will be conducted by the Risk Manager and their staff.
- c. New employees will be trained in their disaster related roles during orientation, and again within 90-days of their hiring.
- d. Two exercises will be conducted each year, one of which will be a table top exercise, and the other will be a modified full scale exercise. The exercises will be held in May and November.
- e. After each exercise, focus groups with random staff will be conducted within 48-hours, and the results of which will be communicated with the Executive Committee, who will then modify the CEMP in accordance with the recommendations.

Attach copies of all vendor agreements

Annexes

Annex 1

Roster (Include Emergency Contact #'s)