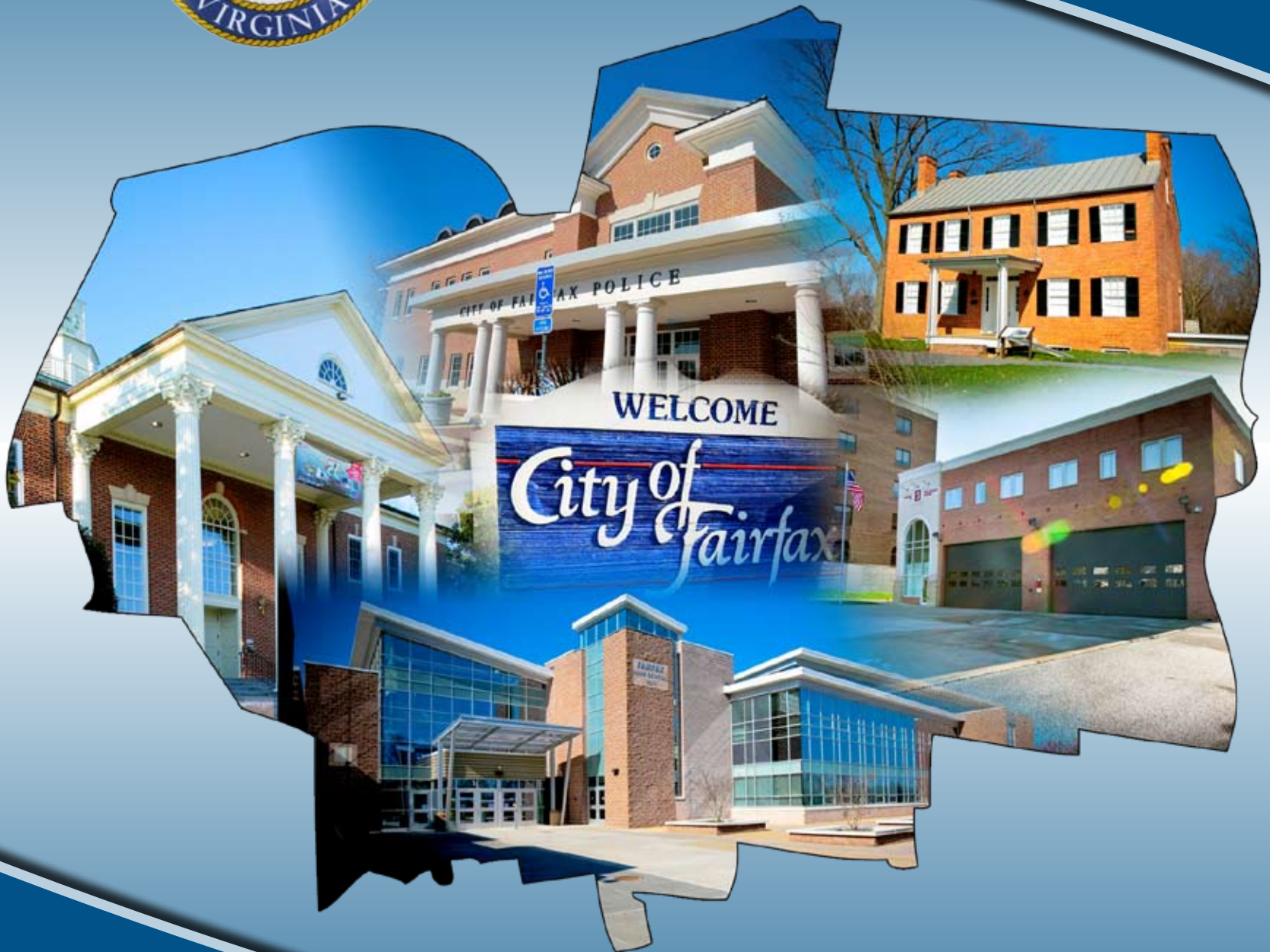




City of Fairfax *Emergency Management*



Model Care Facility Plan

The information found in this model plan provides minimum criteria to be used when developing a Comprehensive Emergency Operations Plan (CEOP) for all types of care facilities (Facilities) in the Commonwealth of Virginia. Care facilities include, but are not limited to assisted living facilities, childcare facilities, nursing home facilities and health care facilities. This plan shall be developed and reviewed for adequacy and can be implemented when needed. It shall address response to natural disasters as well as fire or other emergencies which disrupt the normal course of operations.

These criteria are not intended to limit or exclude additional information that facilities may decide to include in their plans in order to satisfy other requirements, or to address other arrangements that have been made for emergency preparedness. In such cases a facility should include additional information as they see necessary.

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Introduction

Purpose

Provide an introduction to the Plan which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process.

Facility Information

In this section provide basic information concerning the facility to include:

1. Name of facility, address, telephone number, emergency contact telephone number and pager number if available, fax number, type of facility, and license.
2. Owner of facility, address, telephone.
3. Year facility was built, type of construction and date of any subsequent construction.
4. Name of Administrator, address, work/home telephone number of his/her alternate, emergency after hours contact information.
5. Name, address, work and home telephone number of person implementing the provisions of this plan, if different from the administrator.
6. Name and work and home telephone number of person(s) who develop this plan.
7. Provide an organizational chart, including phone numbers, with key management positions identified.
8. Provide an introduction to the Plan which describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also provide any other information concerning the facility that has bearing on the implementation of this plan.

Include any other information concerning the facility that has bearing on the implementation of this plan.

Assumptions

An **Assumption** is a pre-identified statement of fact or hypothesis that may impact how a plan is implemented and/or activated. Under this header include situations or conditions that are assumed to be true in the absence of positive proof, necessary to enable the commander in the process of planning to complete an estimate of the situation and make a decision on the course of action.

The following assumptions with regard to disaster emergency situations may be made:
(These examples that may be used and are not listed in priority order.)

1. An emergency or disaster (natural, man-made or national security) can affect the Facility NAME at any time.
2. A hurricane, tornado, wind storm, electrical storm, severe ice and/or snow storm, blizzard, etc. affecting the Facility NAME can cause the loss of power, telephone service, and other utilities and result in a major threat to facility operations and the health and safety of people within the Facility NAME.
3. The resources normally available within the Facility NAME may not be sufficient to respond to a major emergency and/or disaster. Therefore, outside assistance may be necessary.
4. Some advanced warning may be received in natural and man-made disasters. Thunderstorms that might produce dangerous winds and tornadoes might appear with little advance warning.
5. In an emergency and/or disaster simultaneously affecting other communities and/or the State, outside assistance may not be available. Therefore, local government will have to do the best it can with available resources to maximize the survival of people, prevent and/or minimize injuries, and preserve property and resources within the Facility NAME.

Authorities and References

Authorities and References presents the laws and regulations that support the facility's emergency operations plan and the authority of the lead agency/department to develop the plan and implement it. The list below are examples of authorities commonly found in the City of Fairfax and the Commonwealth of Virginia emergency plans, however additional authorities may apply.

1. Public Law 93-288, as amended, Robert T. Stafford Disaster Relief and Emergency Assistance Act
2. "Commonwealth of Virginia Emergency Services and Disaster Law of 2000," Sections 44-146.13 to 44-146.28:1 Code of Virginia, as amended

3. Commonwealth of Virginia Emergency Operations Plan, Volume I, Basic Plan, March 2008
4. Commonwealth of Virginia Emergency Operations Plan, Volume 2, Support Annex 2 – Recovery Programs, September 2007
5. Commonwealth of Virginia Administration Plan for the Public Assistance Grant Program (2007)
6. Commonwealth of Virginia Emergency Relief for Localities Guidance
7. City of Fairfax Comprehensive Emergency Management Plan (2008)
8. City of Fairfax Debris Management Plan (2009)
9. City of Fairfax Continuity of Operations Plan

Hazard Analysis

Under this header describe the potential hazards that the facility is vulnerable to such as hurricanes, tornadoes, flooding, fires, hazardous materials incidents from fixed facilities or transportation accidents, proximity to a nuclear power plant, power outages during severe cold or hot weather, etc. Indicate past history and lessons learned.

Provide site specific information concerning the facility to include:

1. Number of facility beds, maximum number of clients on site, average number of clients on site.
2. Type of residents/patients served by the facility to include but not limited to:
 - a. Patients with Alzheimer's Disease.
 - b. Patients requiring special equipment or other special care, such as oxygen or dialysis.
 - c. Number of patients who are self sufficient.
3. Identification of hurricane evacuation zone facility is in
4. Identification of which flood zone facility is in as identified on a Flood Insurance Rate Map.
5. Proximity of facility to a railroad or major transportation artery (per hazardous materials incidents).
6. Identify if facility is located within 10 mile or 50 mile emergency planning zone of a nuclear power plant.

Concept of Operations

This section of the plan defines the policies, procedures, responsibilities and actions that the facility will take before, during and after any emergency situation. At a minimum the facility plan needs to address: direction and control; notification; evacuation and sheltering.

Direction and Control

Define the management function for emergency operations. Direction and control provides a basis for decision making and identify who has the authority to make decisions for the facility.

1. Identify, by name and title, who is in charge during an emergency, and one alternate, should that person be unable to serve in that capacity.
2. Identify the chain of command to ensure continuous leadership and authority in key positions.
3. State the procedures to ensure timely activation and staffing of the facility in emergency functions. Are there provisions for emergency workers' families?
4. State the operational and support roles for all facility staff. This will be accomplished through the development of Standard Operating Procedures, which must be attached to this plan.
5. State the procedures to ensure the following needs are supplied.
 - a. Food, water and sleeping arrangements for clients and emergency staff.
 - b. Emergency power, natural gas or diesel. If natural gas, identify alternate means should loss of power occur which would effect the natural gas system. What is the capacity of emergency fuel system?
 - c. Transportation (may be covered in the evacuation section).
 - d. 4 day supply of all essential supplies.
 - e. Provisions for 24 hour staffing on a continuous basis until the emergency has abated.

Notification

Procedures must be in place for the facility to receive timely information on impending threats and the alerting of facility decision makers, staff and residents of potential emergency conditions.

1. Define how the facility will receive warnings to include off hours and weekends/holidays.

2. Identify the facility 24 hour contact number, if different than number listed in introduction.
3. Define how key staff will be alerted.
4. Define the procedures and policy for reporting to work for key workers.
5. Define how residents/patients will be alerted and the precautionary measures that will be taken.
6. Identify alternative means of notification should the primary system fail.
7. Identify procedures for notifying those facilities to which facility residents will be evacuated.
8. Identify procedures for notifying families of residents that facility is being evacuated.
9. Prepare procedures for the notification/alerting of appropriate governmental agencies for the decision to evacuate, lock-down, shelter-in-place or close. The licensing office must be notified of any disaster/emergency by the next working day.
10. Identify and list contact points for the local Office of Emergency Management, including the Emergency Operations Center, the Fire and Rescue Department, Police Department, Health Department, Office of Licensure and Certification and local ombudsman.
11. The plan describes the utilization of community support services when needed due to an emergency.
12. Identify provisions in the event that external normal systems (e.g., telephone, facsimile, cellular phones, and paging) may be overloaded and rendered unserviceable during disasters.
13. Identify provision for alternative internal communication arrangements in circumstances where the facility communication system fails/overloads (e.g., unlisted numbers, pay phones, walkie-talkie sets).
14. Identify an organized runner, messenger system as back-up for communication system and power failures.
15. Establish communication networks with the local Health Department, Fire and Rescue Department and/or the Office of Emergency Management.
16. Describe the facility lock down process so entry and exit to all parts of the facility can be controlled. List when and how this process was tested.

17. Describe the process to minimize and control points of access and egress in buildings and areas without utilization of lock down procedures.
18. Describe how the facility will control vehicular traffic and pedestrians?
19. Describe arrangements made to meet and escort responding emergency service personnel to provide emergency access to secure areas or into locked doors.
20. Describe how the facility will communicate with individuals immediately outside the facility in the event of a lock down.
21. Designate how people will be identified within the facility (e.g., staff, outside supporting medical personnel, news media, clergy, visitors).
22. Describe how staff will gain access to the facility when called back on duty.
23. Designate assembly points to which all personnel report in the event of an emergency and describe provisions for staff involved in patient care or with administrative responsibilities.
24. Identify and recognize the extent of the security problems for the individual facility. These considerations may include the uniqueness of the physical plant, geographic location, entrances, etc.
25. Establish a process to credential workers from outside the individual network in order to facilitate safe and qualified patient care.
26. Describe the process for the shut-off of utilities and describe examples of situations this could be used. Identify the responsible party for this action if needed.

Evacuation

Describe the policies, roles, responsibilities and procedures for the evacuation of residents from the facility.

For evacuation on-site:

1. Identify individual responsible for implementing facility evacuation procedures.
2. Identify assembly points outside of the building and primary and secondary means of egress to those points from all portions of the building to complete an evacuation of the building.
3. Develop procedures that will be used to track clients before, during and after the evacuation.

4. Identify those essential documents (sign-in and family contact information) and special healthcare supplies to be carried off-site on immediate notice and develop procedures to insure that this occurs.
5. Describe availability and primary use of communication tools that will occur after the evacuation to include on-site communications (personnel and clients), communication with family members, and communication with media.
6. Emergency evacuation procedures/maps shall be posted in a location conspicuous to staff and children on each floor of each building.

For evacuation off-site:

1. Provisions exist for relocating clients/residents.
2. The plan describes the staff's responsibilities for using, maintaining and operating emergency equipment.
3. Identify transportation arrangements that will be used to evacuate clients (copies of any mutual aid agreements, memorandums of understanding or emergency contracts, if any, should be attached).
 - Ambulance
 - Ambulance Service Provider
 - Ambulance Trigger Point (In Hours)
 - Written agreement with ambulance company?
 - Routine Transportation
 - Routine Service Provider
 - Routine Trigger Point (In Hours)
 - Written agreement with routine company in place
 - Wheelchair accessible vehicle (WAV) transportation
 - WAV Service Provider
 - WAV Trigger Point (In Hours)
 - Written agreement with WAV company in place
4. Describe transportation arrangements for logistical support to include moving records, medications, food, water and other necessities.
5. Identify the pre-determined nearby and out-of-area locations where clients would be evacuated.
6. Provide a copy of the mutual aid agreement that has been entered into with a facility to receive clients (copies should be current, signed each year).
7. Provide evidence that the receiving facility can handle the acuity of your patients.

8. List any other facilities that rely on this institution to serve their evacuation needs.
9. Identify evacuation routes that will be used and secondary routes that would be used should the primary route be impassable.
10. Specify the amount of time it will take to successfully evacuate all clients to the receiving facility.
11. Prepare procedures to ensure facility staff will accompany evacuating clients.
12. Identify procedures that will be used to keep track of clients once they have been evacuated (to include a log system).
13. Determine what belongings and how much should each client take.
14. Establish procedures for responding to family member/legal representative inquiries about clients who have been evacuated.
15. The plan describes methods for accessing client/resident medical information in an emergency.
16. Establish procedures for ensuring all clients are accounted for and are out of the facility.
17. Determine at what point to begin the pre-positioning of necessary medical supplies and provisions.
18. Specify at what point the mutual aid agreements for transportation and the notification of alternate facilities will begin.
19. Emergency evacuation procedures/maps shall be posted in a location conspicuous to staff and children on each floor of each building.

Sheltering

If the facility is to be used as a shelter for an evacuating facility the plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.

1. Prepare staffing plan to insure availability to accommodate needs and support of 24/7 operations?
2. Prepare arrangements for personnel/critical workers and their families, e.g., allocating space for their sheltering, sleeping and care at your facility.

3. Prepare arrangements for logistics and humanitarian needs (e.g., food, water, shelter, medical supplies). It is recommended that plans be made to support a minimum 4 day duration. Review EXAMPLE EMERGENCY SUPPLY LIST and initiate efforts to obtain needed supplies.
4. Identify safe locations identified on the premises where residents can be sheltered in-place during different types of emergency response and primary and secondary means of access and egress to those locations. For example, ensure people are placed away from areas that could become hazardous in a severe weather event. If the residents must be positioned along a wall and there is an exterior window in a room/corridor on the other side of that wall, they should be placed facing away from it, towards the interior of the building, because a projectile can penetrate that dividing wall and potentially injure the individual. Ideally, individuals should face towards the interior of the facility to afford them the best protection from airborne debris.
5. Develop procedures to facilitate containment (intruders, fire, chemical spills, tornado).
6. Established a system to monitor/track/continuously account for client whereabouts?
7. Identify those essential documents (sign-in and family contact information) and special healthcare supplies to be carried into the assembly points on immediate notice and develop procedure to insure that this occurs.
8. Insure provisions have been made for immediate refuge, care, and comfort for the clients and staff on the facility grounds during inclement and winter weather?
9. Describe how the facility is prepared for problems commonly associated with storms including:
 - Failure of water pressure
 - Failure of flushing
 - Failure of air conditioning (AC)
 - Failure of security system
 - Flooding on lower levels
 - Failure of elevators
 - Damage to roof
 - Loss of windows, doors and frames
 - Obstructions from debris
 - Lack of potable water
10. In the event the facility is completely out of communication or cut off from resources, incorporate processes for the continued provision of services through:
 - Auxiliary power (including testing of generators to ensure operational capability)
 - Rationing of food and water
 - Waste and garbage disposal
 - Rest and rotation of staff

- Rationing of medication and supplies
- Laundry
- Staff and resident patient morale

11. Has consideration been given to utilization of patients and visitors to assist staff with duties?
12. Describe availability and primary use of communication tools that will occur after the shelter in-place to include on-site communications (personnel and clients), communication with family members, and communication with media.
13. Indicate and provide location of emergency equipment that shall be available for use in the event of a loss of utilities including, but not limited to, a working flashlight, extra batteries, a portable radio, and a land-line telephone.
14. Shelter-in-place procedures/maps shall be posted in a location conspicuous to staff and children on each floor of each building.

If your facility is to be used as a shelter for patients coming from another facility:

15. Discuss how patients will be transported to your facility, offloaded, special assistance and equipment required, additional staff, etc. and make provisions accordingly.
16. If a waiver is needed due to the anticipated overflow of operating capacity, describe process to contact the regulating agency and submit requests.
17. Prepare staffing plan to provide adequate staff to accommodate needs and support 24/7 operations. Have staff prepare to receive incoming patients. Assist personnel/critical workers in making arrangements for their own families, e.g., allocating space for their sheltering, sleeping and care at your facility.
18. Insure arrangements for logistics and humanitarian services (e.g., food, water, shelter, medical supplies). It is recommended that plans be made to support a minimum 4 day duration. Review EXAMPLE EMERGENCY SUPPLY LIST and initiate efforts to obtain needed supplies.
19. Identify where the incoming residents will be housed. Ensure people are placed away from areas that could become hazardous in a severe weather event.
20. Establish provisions to monitor/track/continuously account for incoming residents being sheltered.

Re-Entry

Once a facility has been evacuated, procedures need to be in place for allowing residents or patients to re-enter the facility.

1. Identify who is the responsible person(s) for authorizing re-entry to occur.
2. Identify procedures for inspection of the facility to ensure it is structurally sound.

Singular emergency response

1. Develop procedures to immediately notify a parent/responsible party any time an in-care client is lost, requires emergency medical/mental treatment or sustains a serious injury; develop procedures to notify family or personal representative by the end of the day of any known minor injuries to an in-care client.
2. Develop procedures for handling medical emergencies to include phoning appropriate response service (911, ambulance, physician) and how to provide appropriate first aid and/or CPR. Pertinent medical information and history shall be made available to the responding emergency party and/or sent with the client if hospitalized. This should include any advance directive information.
3. Develop procedures for handling mental health emergencies such as, but not limited to, catastrophic reaction or the need for a temporary detention order. Pertinent medical information and history shall be made available to the responding emergency party and/or sent with the client if hospitalized. This should include any advance directive information.
4. Develop the process to maintain a written record of in-care client injuries. The record shall include:
 - Date and time of injury;
 - Name of injured;
 - Type and circumstance of the injury;
 - Staff present and treatment;
 - Date and time family or personal representative notified;
 - Future action to prevent recurrence of the injury;
 - Signatures of staff and family or personal representative or two staff members; and
 - Documentation of how family or personal representative was notified.
5. Develop procedures to be followed in the event that a client's scheduled transportation does not arrive or that client is stranded at the facility.
6. Documentation that research was completed to indicate that, under normal ambulance operation, that an ambulance can be on-site within 10 to 15 minutes. If documentation

indicates that it will not, indicate a secondary method of transportation to be used in the case of an emergency.

7. Develop the process to be followed in the event of a missing client to include:
 - Installation of an alarm to alert staff of wandering clients if center serves those who have this tendency;
 - Notification of internal staff;
 - Areas to be searched;
 - Notification of emergency personnel;
 - Notification of family or personal representative; and
 - Expectations upon locating the client, such as medical attention and documentation requirements.

Information, Training and Exercises

This Section shall identify the procedures for increasing employee and resident awareness of possible emergency situations and providing timing on their emergency roles before, during and after a disaster.

1. Identify how key workers/volunteers will be instructed in their emergency roles during non-emergency times.
2. Identify a training schedule for all employees/volunteers and identify the provider of the training.
3. Identify the provisions for training new employees/volunteers regarding their disaster related role(s).
4. Identify a schedule for exercising all or portions of the disaster plan on an annual basis.
5. Establish procedures for correcting deficiencies noted during training exercises.
6. Identify a member or position who will ensure all requirements (EOP/exercise/trainings) are met.

The following information is required, yet placement in an annex is optional, if the material is included in the body of the plan.

1. Roster of employees/volunteers and companies with key disaster related roles.
 - List the names, addresses, telephone numbers of all staff with disaster related roles.
 - List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, Red Cross¹ etc.
2. Agreements and Understandings
 - Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.
3. Evacuation Route Map
 - A map of the evacuation routes and description of how to get to a receiving facility for drivers.
4. Support Material
 - Any additional material needed to support the information provided in the plan.
 - Copy of the facility's fire safety plan that is approved by the local fire department

Annexes

Annexes are an important part of any emergency operations plan. The annex section should include any supporting documents or information that would have bearing on the implementation of this plan. Annexes could include, but are not limited to:

1. Roster of employees and companies with key disaster related roles.
2. List the names, addresses, and 24-hour contact numbers of all staff with disaster related roles.
3. List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, water, police, fire, emergency medical services, etc.
4. Provide copy of and indicate location of printed telephone list of 911, police, fire, EMS and poison control.
5. Provide copies of any mutual aid agreement entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements, current vendor agreements or any other agreement needed to ensure the operational integrity of this plan.
6. Provide copies of each emergency preparedness plan and warning system.
7. Provide a copy of a document to include local emergency contact information, potential shelters, hospitals, evacuation routes, etc. that pertain to each facility, each site frequently visited or routes frequently driven by staff for center business. Indicate location of document inside on each vehicle used for center transport.
8. For facilities that provide transportation (whether owned or contracted), prepare and locate on each vehicle:
 - A method of communication with the facility;
 - Telephone numbers for vehicle repair and towing;
 - Options for alternate transportation; and
 - For each trip, a list of each participant on the trip
 - Area maps
9. Any additional material needed to support the information provided in the plan.
10. Copy of the facility's fire safety plan that is approved by the local Fire Marshal.
11. Facility Site Plan including location of utilities (see attached example)

12. Facility Floor Plan indicating primary and secondary means of egress for each floor, telephones, plan copy locations, fire extinguishers and fire alarm boxes.
13. Hazardous Materials List
14. Emergency Supplies List
15. Contact List/Directory (see attached example)
16. Generator Survey