

**ILLINOIS
EMERGENCY
PREPAREDNESS**

PART II

HAZARD ANNEX

Emergency Operations Plan

Title:	Emergency Operations Plan- Bomb Threat	Plan Component #:	SOG-01
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of this policy is to inform staff of precautions to be taken in the event of a bomb threat. The current national situation of increased bombings, bomb threats, and bomb scares must be given immediate consideration. In the past, the vast majority of bomb threats were hoaxes. However, the current trend nationally is that more of the threats are materializing. Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions need to be taken for the safety of residents and employees.

Procedure: If you receive a bomb threat over the phone, follow these procedures:

- Keep the caller on the line as long as possible.
- Ask the caller to repeat the message.
- Ask the caller his name.
- Ask the caller where the bomb is located.
- Record every word spoken by the person making the call.
- Record time call was received and terminated.
- Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.
- Complete the bomb threat form, attached, to record the caller's characteristics.

If possible, during the call, try to notify the charge nurse immediately. The charge nurse shall:

- Activate Incident Management System
- Call the Police Department at 911.
- Call the Administrator if not present.
- Organize staff to evacuate residents upon police or administrative order.

Once the Police have arrived:

- Keys shall be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.
- The Administrator or designee shall remain with the Police during the entire search to provide assistance and counsel during the search.
- If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

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BOMB THREAT – TELEPHONE PROCEDURE

Use the following template in the situation of a potential bomb threat.

PROCEDURE: Listen - Do Not Interrupt Caller Except to Ask:			
When will it go off?		Certain House	
Where is it planted?		Time Remaining	
What does it look like?		Area	
Did caller seem familiar with building by the description of bomb location?			
Your Name		Time of Call	Date
CALLER'S IDENTITY:	Male	Female	Approximate Age
VOICE CHARACTERISTICS	Loud	Soft	
High Pitch	Deep	Fast	Excellent
Raspy	Pleasant	Slow	Good
Intoxicated	Distinct	Stutter	Fair
Nasal	Foul	Slurred	Poor
Other			
ORIGIN OF CALL:	Local	Long Distance	Booth
Internal (from within the building)			
ACCENT:	Local	Not Local	Foreign
Regional	Race	Calm	Angry
Rational	Irrational	Coherent	Incoherent
Emotional	Laughing	Deliberate	Righteous
Other			
BACKGROUND NOISES:	Quiet		Voices
Music	Animals	Mixed	Party
Airplanes	Bedlam	Office Machines	Factory Machines
Street Traffic	Other		

Emergency Operations Plan

Title:	Emergency Operations Plan- Fire Safety and Evacuation Plan	Plan Component#:	SOG-02
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose:

To ensure the safety of the residents, staff, and visitors during a fire emergency.

Guidelines:

- One employee on duty shall be in charge. The order of authority shall follow the established facility chain of command.

If a fire alarm station is activated and or visible smoke or fire is present:

- The nearest staff member shall evacuate the resident from immediate danger and close the door to the room. If the door is closed, the employee shall place a hand on the door and doorknob to feel for any heat. If no heat is felt employee will carefully open the door, evacuate the room and close the door.
- The nearest staff shall pull the fire alarm if not already activated and call 911. The staff that calls 911 will let the operator know the exact location of the fire. Example: lower level, west wing
- The nearest staff shall evacuate all residents from the wing in which the fire is contained
- Employee in charge or designee shall notify adjacent unit(s) of impending risk.
- The employee in charge will meet the emergency personnel at the front door and direct them to the fire. He/she will give the incident commander any important information.
- The employee in charge shall work with the emergency personnel to determine the necessity and scope of required evacuation.
- All staff shall assist to evacuate all residents to the nearest exit or safe zone.s
 - Examples of a safe zone may include: adjacent building or wing, exterior of the building, another part of the building separated by fire doors.
- The employee in charge shall make sure that all fire doors are closed.

Emergency Operations Plan

Title:	Emergency Operations Plan- Chemical Emergencies	Plan Component #:	SOG-03
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose

To provide for the safety and security of the residents in the event of a chemical emergency.

Guidelines

One employee on duty shall be in charge. The order of authority shall follow the established facility chain of command.

In the event of a major chemical emergency, you will be notified by the authorities. To get your attention, a siren could sound, you may receive a phone call, or emergency personnel may drive by and give directions over loud speaker. Officials even could come to alert you.

Listen for directions from radio or television via an emergency alert station, and follow instructions.

The following information will be shared

- The type of health hazard
- The area affected
- How to protect yourself
- Evacuation routes (if Necessary)
- Shelter locations
- Type and location of medical facilities
- Phone numbers to call for extra help

Shelter In Place

One of the basic instructions may be given in a chemical emergency is to “shelter in place”. This is a precaution aimed to keep the residents safe while remaining in facility. If you are told to shelter in place stay indoors effectively immediately.

The following procedures should be maintained to keep a safe environment in the facility

- Close all windows
- Turn off all fans, heat and air conditioning
- Close the fireplace damper
- Go to an above ground room (not the basement) with the fewest windows and doors.
- Bring disaster supply kits with you

Emergency Operations Plan

- Wet some towels and jam them in the crack under the doors
- If there is a danger of explosion, close the window shades, blinds, or curtains.
Stay away from the windows
- Stay in the room and listen to the radio until it is safe or there is an evacuation order.

Chemical Poisoning

There are several symptoms of chemical poisoning whether by swallowing, touching, or breathing;

- Difficulty breathing
- Headache or blurred vision
- Irritated eyes, skin, throat
- Changes in skin color
- Dizziness
- Unusual behavior
- Clumsiness or lack of coordination
- Stomach cramps or diarrhea

When evaluating residents if any have been exposed to a toxic chemical call 9-1-1. If you smell or think you may be exposed to some dangerous or find a resident or someone overcome by toxic vapors, your first job is to make sure you don't become a victim. If you remain in a dangerous area and become injured or unconscious, you cannot help yourself or any victims.

Chemical Poisoning can be a life-threatening emergency:

- Send someone to call EMS, immediately
- Tell the operator the location, and phone number of the facility or a cell phone of Incident Command Post
- Describe the event, number of residents and staff involved, and what has been done to protect them thus far.
- Stay on the phone until the operator advises you to hang up

If you are trained in CPR or first aid, and feel confident you are not in danger, check the person for life-threatening injuries, Administer appropriate treatment and deal with the chemical injuries

First Aid for Chemical Burns

- Remove affected clothing and jewelry from injury. Use lots of cool running water to flush the chemical from the skin until emergency aid arrives. The running water will dilute the chemical fast enough to prevent the injury from getting worse. Use the same treatment for eye burns and remove any contact lenses. Be careful to flush the eye from nose outward.

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- If no large amount of clean water is available gently brush the chemical off the skin and away from the victim and you. If chemical is on the face, neck, or shoulders, ask the victim to close his or her eyes before brushing off the chemical. Cover the wound very loosely with dry, sterile or clean cloth so that the cloth will not stick to the wound. Do not put any medication on the wound/ Seek medical attention immediately.

- If contaminated with a chemical, call 9-1-1. If medical help is not immediately available, remove you clothing starting from the top and working your way down to your socks. Take care not to touch your contaminated clothing to your bare skin, Place clothing in a plastic bag so it cannot contaminate other people or things. Take a through shower to wash any chemical way. Re-dress in clean clothing and go for medical help at your first opportunity.

Emergency Contacts

- Poison Control Center – All States: 800-222-1222

Emergency Operations Plan

Title:	Emergency Operations Plan- Heat Emergencies	Plan Component #:	SOG-4
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of this guideline is to provide precautionary and preventative measures for our residents during the hot and humid summer months. Older adults are extremely vulnerable to heat related disorders.

Definitions:

Heat Exhaustion: A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting. There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, pulse and breathing are rapid. Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air. The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.

Guidelines:

- Activate Incident Command System
- Keep the air circulating.
- Draw all shades, blinds and curtains in rooms when exposed to direct sunlight.
- Remove residents from areas that are exposed to direct sunlight.
- Keep outdoor activities to a minimum.
- Check to see that residents are appropriately dressed.
- Provide ample fluids, and provide as many fluids as the resident will take.
- Increase the number of baths given for skilled care nursing residents. Encourage independent residents to take showers/baths.
- Place fans in hallways to increase circulation.
- Monitor individual resident temperatures and intervene accordingly (ex: damp sheet or water mist).
- Report any changes in the resident's condition such as edema, shortness of breath, and the skin being hot or dry.

*** Refer to state specific cold/head temperature reporting and recording guidelines

Emergency Operations Plan

Title:	Emergency Operations Plan- Missing Resident	Plan Component #:	SOG-5
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of this guideline is to identify, search, report and locate a missing resident.

Guidelines:

- Activate Incident Command System
- Communicate internal notification of missing resident.
- A manager in charge of the search should direct staff's activities until the resident is located.
- Search every SPACE in facility.
- Search immediate grounds - supply flashlights.
- Call 911 or local Police Department.
- Supply resident's picture from medical records to search team members.
- Notify responsible family member:
 - Inform family that resident is missing.
 - State that local Police Department has been notified.
 - Ask family members to remain at home near phone.
 - Discourage family members from coming to the facility until notified to do so.

Emergency Operations Plan

Title:	Emergency Operations Plan- Power Outage	Plan Component #:	SOG-06
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of this guideline is to provide procedures to implement in the event of an immediate or prolonged power outage.

Procedure: In the event of a power outage, the following steps should be followed:

- Activate Incident Command System
- Immediately identify any residents that require oxygen concentrators or other life support equipment. Move the resident to areas supplied with emergency power.
- Utilize available cell phones for communication.
- Notify the property manager of the situation.
- Shut down non-essential equipment and lighting
- Gather all flashlights and other needed supplies.
- Check on all residents to ensure their safety. Calm any residents experiencing distress.
- Consider cold or heat related concerns if prolonged power outage during inclement weather. Refer to appropriate policy.
- Monitor NOAA if weather related
- Place out-of-service notification on elevators
- Consider relocating residents if prolonged power outage

Areas supplied by Emergency Generator: Emergency lighting and red plugs.

Areas Equipped with Emergency Lighting: Nurses stations and hallways.
Additional areas may be equipped by emergency lighting (ex: dialysis stations & etc).

Emergency Operations Plan

Title:	Emergency Operations Plan- Severe Weather	Plan Component #:	SOG-07
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of a Severe Weather Guideline is to educate and inform staff of weather conditions that warrant their attention.

Definitions:

Watch -- Means that conditions are favorable for a thunderstorm or tornado to develop.

Warning -- Means that a thunderstorm or tornado has been sighted. If a siren sounds, stay inside and take cover.

Procedure:

- Account for all residents and staff. Make sure everyone is inside.
- Close all windows and pull all curtains.
- Keep all residents away from windows.

If there is a tornado warning, further precautions need to be taken:

- Gather residents in hallways behind fire doors, or in the bathroom. If residents are in bed, pull the beds into the hallway. If this is not possible, make sure all curtains in room are pulled, including cubicle curtains.
- Cover the resident with extra blankets and pillows, especially near the head.
- Gather flashlights and radio. Be sure to listen to weather reports for updates. Do not leave the area until the storm has passed and the warning has lifted.
- Stay calm and provide reassurance to the residents. Keep them as comfortable as possible.

Receptionist/Charge Nurse:

- Announce: "Attention all staff, we are now in a severe weather/ tornado warning, begin severe weather procedures at once."
- If phone does not work, send runners to all areas.

Receptionist:

- Repeat announcement.
- Stay at the desk as long as is safe to supervise the front door.
- Send people to the assembly area and close fire doors in the area.

All Staff:

- See also specific department, if listed. If on the nursing floor, help move residents to assembly area. Reassure and comfort residents.
- Advise visitors and residents not to leave the building.

Nursing Staff:

- Move residents to assembly area. Reassure and make residents comfortable.
- Account for all residents

Emergency Operations Plan

*** Refer to state specific cold/head temperature reporting and recording guidelines

Emergency Operations Plan

Title:	Emergency Operations Plan- Winter Emergencies	Plan Component #:	SOG-08
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of these winter storm safety precautions is to inform staff of measures that should be taken during severe winter weather.

The following winter storm safety precautions have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, or sleet.

Precautions:

- Keep posted on all area weather bulletins and relay to others.
- Have portable radio available. Make sure extra batteries are available.
- Be prepared for isolation from the community.
- Maintain all entrances and exits free from snow and/or ice.
- Make sure all emergency equipment and supplies are on hand, or can be readily obtained.
- Make sure emergency food supplies and equipment are on hand.
- Make sure emergency supply of water is available.
- Make sure emergency power supply is operable.
- Make sure heating system is operable.
- Have extra blankets available and keep residents as warm as possible.
- Make sure adequate staff is available.
- Keep flashlights handy, and extra batteries available.
- Close drapes on cloudy days and at night.
- Travel only when necessary, and only during daylight hours. Never travel alone. Travel only assigned routes.
- Be prepared to evacuate residents if necessary.
- Do not make any unnecessary trips outside. If you must venture outside, make sure you are properly dressed, and fully covered.
- Do not panic; remain calm.
- Keep Fire Exits free of obstruction
- Monitor Temperature in the Building;*** Refer to state specific cold/head temperature reporting and recording guidelines

Emergency Operations Plan

Title:	Emergency Operations Plan- Flooding	Plan Component #:	SOG-09
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of these precautions is to inform staff of measures that should be taken prior to, during and after a flood.

If flooding is imminent:

Activate Incident Command System.

- Monitor weather and flood conditions via NOAA weather radio and/or TV
- Insure adequate water supply on hand.
- Contact Local Emergency Management to request sand bags if needed.
- Call in additional staffing.
- Determine evacuation options both internal and external.
- Identify Power and Gas shutoff procedures.

During active flooding:

- Relocate patients and residents to higher floors if needed.
- Look before you step. During and after a flood, the ground and floors are covered with debris including broken bottles and nails. Floors and stairs that have been covered with mud can be very slippery.
- Do not step in standing water until electrical power is CONFIRMED OFF! YOU MAY BE ELECTRICUTED!
- Be cautious around electrical lines, outlets and appliances. Do not assume that the power is off.

After the flood:

- Clean.
 - o Wear mask and gloves.
 - o Get rid of mud as soon as possible.
 - o Clean everything that got wet.
 - o Don't risk contamination. "If in doubt, throw it out."
 - o (A solution of one part household bleach and four parts water will kill surface mildew and, if used as part of a regular maintenance program, will prevent mildew from returning.)
- Dispose of all foods and canned goods that came in contact with floodwaters.
- Boil drinking water before using, as directed by your local public health authority.
- Do not dispose of hazardous chemicals and materials (those marked "danger, caution, poison, warning, flammable, toxic, keep out of reach of children and hazardous") in the trash, down the drain or into standing water as they can contaminate groundwater and sewer lines. Take these items to the hazardous materials waste site.
- Watch for animals. Small animals like rats and snakes that have been flooded out of their homes may seek shelter in yours. Use a pole or stick to poke and turn items over and scare away small animals.

Emergency Operations Plan

Title:	Emergency Operations Plan- Critical Incident Stress	Plan Component #:	SOG-10
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose:

The purpose of the Critical Incident Stress procedure is to mitigate the impact of a critical incident and to accelerate normal recovery in people with normal reactions to **ABNORMAL** events.

Definition:

A Critical Incident is any situation faced by individuals, which causes unusually strong emotional reactions that have the potential to interfere with their ability to function. Specifically, almost any incident in which the circumstances presented or witnessed are so distressing as to produce a high level of immediate or delayed emotional reaction that surpasses the —normal” coping mechanisms of the individual.

Consequences:

The two kinds of typical consequences to trauma are:

- Re-experiencing the event, as if the incident is happening again, including constant intrusive thoughts, or anxiety about the event reoccurring.
- Withdrawal or denial of the event. An attempt is made to avoid feeling or thinking about the event, to escape or cover up by using addictions, busying oneself, or not fulfilling work or personal obligations.

Signs and Symptoms:

- Marked personality change
- Inability to cope with problems and daily activities
- Strange or grandiose ideas
- Excessive anxiety
- Prolonged depression or apathy
- Marked changes in eating or sleeping patterns
- Thinking or talking about suicide
- Extreme highs or lows
- Abuse of alcohol or drugs
- Excessive anger, hostility, or violent behavior
- Severe mood swings
- Lack of personal hygiene
- Extreme weight loss or gain
- Forgetfulness/inability to concentrate

Potentially Traumatizing Events-Individual

- Automobile accident
- Sexual assault/abuse
- Any life threatening experience
- Robbery
- Serious physical injury/abuse
- Perception of serious threat to self or significant other
- Psychological abuse
- Severe injury/death of one’s own child
- Suicide of family member or co-worker
- Homicide

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- Line of duty injury or death among law enforcement or other first responders
- Multiple homicides within a community
- Injury or death to a child
- Observing any of the individual or community trauma listed above.

Potentially Traumatizing Events-Community

- Earthquake
- Hurricane
- Fires
- Flood
- Large scale environmental pollution
- Multiple injury/fatality accidents
- Terrorism
- Child related traumatic events
- Homicides in the community
- High publicity crimes of violence or sex
- Community wide disasters

Organizational Guidelines

- Identify At-Risk Staff And Residents
- Take Charge And Direct An Effective, Immediate Response.
- Create A Healthy Work Environment.
- Refer Staff and Residents to Employee Assistance Programs (EAP) or other support organizations

Individual

- Within the first 24 - 48 hours periods of appropriate physical exercise, alternated with Relaxation will alleviate some of the physical reactions.
- Structure your time; keep busy.
- Know that you're normal having normal reactions; don't label yourself crazy.
- Talk to people; talk is the most healing medicine.
- Be aware of *numbing* the pain with overuse of drugs or alcohol, you don't need to complicate life with a substance abuse problem.
- Reach out; people do care.
- Maintain as normal a schedule as possible, i.e. sleeping, eating.
- Spend time with others.
- Help your co-workers as much as possible by sharing feelings and checking out how they are doing.
- Give yourself permission to feel rotten and share your feelings with others.
- Keep a journal; write your way through those sleepless hours.
- Do things that feel good to you.
- Realize those around you are under stress
- Don't make any big life changes.
- Do make as many daily decisions as possible that will give you a feeling of control over your life, i.e., if someone asks you what you want to eat, answer them even if you're not sure.
- Get plenty of rest.
- Don't try to fight reoccurring thoughts, dreams or flashbacks--these are normal and will decrease over time and become less painful.
- Eat well-balanced and regular meals (even if you don't feel like it).

For Family Members & Friends

- Listen carefully.

Emergency Operations Plan

- Spend time with the traumatized person.
- Offer your assistance and a listening ear if they have not asked for help.
- Reassure them that they are safe.
- Help them with everyday tasks like cleaning, cooking, caring for the family, minding children.
- Give them some private time.
- Don't take their anger or other feelings personally.
- Don't tell them that he is "lucky it wasn't worse;" a traumatized person is not consoled by those statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.

Emergency Operations Plan

Title:	Emergency Operations Plan- Earthquake	Plan Component #:	SOG-11
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of these Earthquake precautions is to inform staff of measures that should be taken prior to, during and after an earthquake.

The following safety precautions should be conducted annually and as needed to reduce or eliminate the risks and hazards that may accompany an earthquake:

Evaluate the facility for potential dangers and fix the problems. Examples:

- Remove potential fire hazards
- Secure furniture or equipment/appliances to the wall (may fall and cause injuries)
- Store large and/or heavy items low to the ground
- Repair any deep cracks in walls, ceilings or foundation of building
- Bolt and strap the water heater to the wall and ground
- Affix pictures and/or mirrors securely
- Brace overhead light fixtures

The following safety precautions have been established for all personnel to follow during an Earthquake.

- Drop, Cover and Hold**
 - **Drop to the ground**
 - **Cover your head**
 - **Hold on to something secure**
- Activate Incident Command System
- Account for all staff, residents and visitors
- Inspect the facility for safety hazards and risks.
- Evacuate the facility if not safe using the **RACE** system.
 - **R**escue
 - **A**larm
 - **C**onfine
 - **E**vacuate
- Put out small fires quickly. If not handled by one extinguisher, or it is larger than a wastepaper basket, evacuate the wing or unit. Call 911!
- Check on residents, staff and visitors. Check restrooms or vacant rooms for visitors or stranded residents.
- Take care of injured or trapped persons. Provide medical treatment as appropriate. Call 9-1-1 only for life-threatening emergencies
- Turn off gas and electrical power if structural damage to facility
- Be prepared for after-shocks and re-evaluate building safety after additional seismic activities.

Emergency Operations Plan

Title:	Emergency Operations Plan- Medical Emergencies	Plan Component #:	SOG-12
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of this guideline is to provide preparation and response measures for medical emergencies in the workplace.

Preparation

- Provide CPR and First Aid training to staff members
- Make sure you know which staff members in your workplace are trained in first aid and CPR.
- Create a "Medical Emergency Activation" Plan
 - o Identify who calls 911
 - o Identify who renders care
 - o Identify who assists responding EMS Personnel with Information and patient location
 - o Identify who contacts family members
- Purchase and/or assemble First Aid Kits for the facility. Identify and post locations of First Aid Kits.

Response Guidelines

- Call 911
 - o Provide description of patient
 - Male or female
 - Approximate age
 - Medical history if known
 - Describe symptoms
 - o Identify location of patient
 - o Identify Facility Access Point for EMS Personnel
- Protect yourself
 - o Prior to providing first aid or medical care wear appropriate levels of personnel protective equipment
- Initiate First Aid or Medical care
 - o Provide appropriate level of First Aid or medical care until help arrives
- Assist Emergency Medical Responders
 - o Post a staff member at the front entrance to guide EMS personnel to location of patient
 - o Provide Medical History, Medications, DNR orders and other appropriate information

Emergency Operations Plan

Title:	Emergency Operations Plan- Suspicious Mail	Plan Component #:	SOG-13
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of this guideline is to provide precautionary and preventative measures for handling suspicious mail.

Characteristics of Suspicious Mail or Package.

- Rigid or bulky
- Lopsided or uneven
- Wrapped in String
- Badly written or misspelled labels
- Generic or incorrect titles
- Excessive postage
- No postage
- Foreign writing, postage or unknown return address
- Missing, nonsensical or unknown return address
- Leaks, stains powders or protruding materials
- Ticking, vibration or other sounds
- Unusual odors

Guidelines:

- Call 911
- Leave the mail piece where it was found. DO NOT DISTURB. DO NOT CLEAN UP.
- Clear the immediate area of all persons and keep others away.
- Instruct staff and residents in the immediate area to wash hands and other exposed skin areas with soap and water.
- Direct and ISOLATE staff to a designated area away from the substance to await further instructions
- Document the names and staff in the immediate area of the substance.
- Cordon off the immediate area.
- Shut down any local vents and if possible, shutdown central air handling systems.
- If possible without disturbing the mail document:
 - Location of substance
 - Description of substance
 - Description of mail piece
 - Addressee's name and address
 - Mailer's name and address

Emergency Operations Plan

Title:	Emergency Operations Plan- Homeland Security Advisory System	Plan Component #:	SOG-14
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

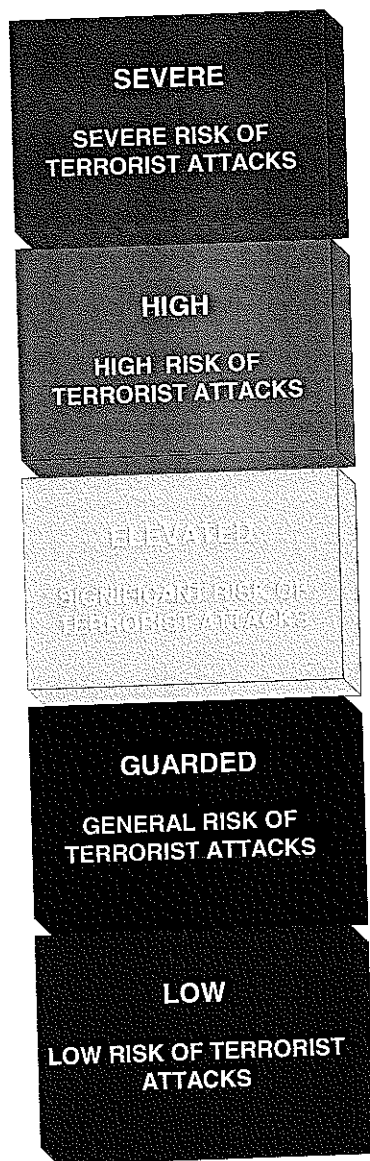
Purpose: The purpose of this guideline is to provide a system to advise employees and residents of the Homeland Security Threat Levels and to implement appropriate security and response measures.

About the Homeland Security Advisory System

The Homeland Security Advisory System is designed to guide our protective measures when specific information to a particular sector or geographic region is received. It combines threat information with vulnerability assessments and provides communications to public safety officials and the public.

- Homeland Security Threat Advisories** contain actionable information about an incident involving, or a threat targeting, critical national networks or infrastructures or key assets. They could, for example, relay newly developed procedures that, when implemented, would significantly improve security or protection. They could also suggest a change in readiness posture, protective actions, or response. This category includes products formerly named alerts, advisories, and sector notifications. Advisories are targeted to Federal, state, and local governments, private sector organizations, and international partners.
- Homeland Security Information Bulletins** communicate information of interest to the nation's critical infrastructures that do not meet the timeliness, specificity, or significance thresholds of warning messages. Such information may include statistical reports, periodic summaries, incident response or reporting guidelines, common vulnerabilities and patches, and configuration standards or tools. It also may include preliminary requests for information. Bulletins are targeted to Federal, state, and local governments, private sector organizations, and international partners.
- Color-coded Threat Level System** is used to communicate with public safety officials and the public at-large through a threat-based, color-coded system so that protective measures can be implemented to reduce the likelihood or impact of an attack. Raising the threat condition has economic, physical, and psychological effects on the nation; so, the Homeland Security Advisory System can place specific geographic regions or industry sectors on a higher alert status than other regions or industries, based on specific threat information.

Emergency Operations Plan



Emergency Operations Plan

Title:	Emergency Operations Plan- Pet Preparedness	Plan Component #:	SOG-15
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of this policy is to inform staff of precautions and preparations to be taken on behalf of pets and service animals. This policy will guide in the promotion for the safety of animals who may be affected by a disaster, provide guidance for the support and care to animals, and provide information to resources and organizations that encourage the protection, disaster relief for animals in the event of a disaster.

Procedure: Prior to an event the following information and procedures should be followed for all pets and service animals:

- Pets should have some form of up-to-date identification which includes
 - Pet tag
 - Current cell phone
 - Emergency contact
- All pets and service animals must have an emergency supply kit which includes the following:
 - Food, Water and medicine for five days
 - Pet carrier, toys, blanket, and bed
 - Pet Identification
 - Recent photo and description of pet
 - Leash and or carrier
 - Container to carry everything
 - Cat Litter box and Cat litter
- Identify a safe evacuation place ahead of time and a safe room within the facility.
- Identify Pets Owners for friends or family members who may be able to take care of animals during a disaster. This information should be kept on file with patient/resident emergency contact information.

If you need to evacuate, follow these procedures for animals:

- If you need to evacuate; take pets with when you leave.
- Leave early; do not wait for a mandatory evacuation order. If you wait for an emergency evacuation emergency officials may request you to leave animals behind.
- Bring evacuation supply kits for pets. See Pet's Kit
- Take animals to pre-designated shelter.
- Service animals will be allowed in evacuation shelters.

If you shelter in place, follow these procedures for animals:

Emergency Operations Plan

- Activate Incident Management System.
- Keep pets indoors.
- Call the Administrator if not present.
- Organize staff to bring animals to a “safe room” within facility.
 - Emergency supplies and supply kits for pets should be brought to the “safe room”.
 - Pet crates should be utilized for all pets.
 - Label all pet crates and supplies
 - Have any medications, food and water for pets in the safe room.
 - Listen to radio periodically for updates on disaster.

After the disaster, follow these procedures for animals:

- Do not allow pets to roam loosely, keep in crates in the safe room.
 - Pets may be disoriented
 - Staff should be assigned to keep a watchful eye on pets, they can easily be lost in a disaster
 - Keep dogs on leashes and pets in crates
 - try to get pets back to routine after disaster
 - be prepared for behavioral problems due to stress of disaster
 - If behavioral problems persist or if health issues arise call the veterinarian

Listing of organizations or support agencies that may be supportive or provide information in the event of a disaster for animals

- Humane Society of the United States (HSUS)
- Disaster Animal Response Team (DART)
- American Red Cross (ARC)
- Department of Homeland Security (DHS)
- Federal Emergency Management Agency (FEMA)
- American Veterinarian Medical Association (AVMA)

Emergency Operations Plan

Title:	Emergency Operations Plan- Workplace Violence	Plan Component #:	SOG-16
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

Purpose: The purpose of this guideline is to provide precautionary and response measures for identifying and reporting workplace violence

If direct threat to harm persons or property

- Call 911 immediately
- Give the dispatcher detailed information as to the direct threat
- Give a description of the subject making the threat
- Give the location or last known location of the subject making the threat
- Isolate or evacuate other people if there is fear.

Examples of a direct threat:

- Fighting
- Destruction of property
- Person makes a statement that they are suicidal or homicidal
- Person makes a statement that they will harm someone
- Person displays a gun, knife, or other instrument that could cause harm
- Person makes a statement that they will go get a weapon
- Person is out of control by yelling, screaming, flailing arms, or throwing dangerous objects

Warning Signs

- Threatening statements to kill/harm self or others, direct or veiled
- References to or preoccupation with other incidents of workplace violence
- Intimidating, belligerent, insubordinate, defiant or challenging
- Confrontational, angry, easily provoked, unpredictable, restless, or agitated
- History of violent, reckless, or antisocial behavior
- Alleged fondness or fascination with firearms
- Blames others for anything that goes wrong, with no sense of own responsibility.
- Shows recent marked performance decline
- Changes in personality, mood or behavior.
- Excessive crying
- Decline in personal grooming.
- Crosses behavioral boundaries, such as:
 - Excessive phone calls
 - Personal emails
 - Visits
- Substance Abuse
- Cultural issues – disgrace for failing
- Failing in school
- Serious stress in their personal life
 - Financial
 - Family
 - Marital problems

Emergency Operations Plan

Title:	Emergency Operations Plan- Pandemic Influenza	Plan Component #:	SOG-17
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

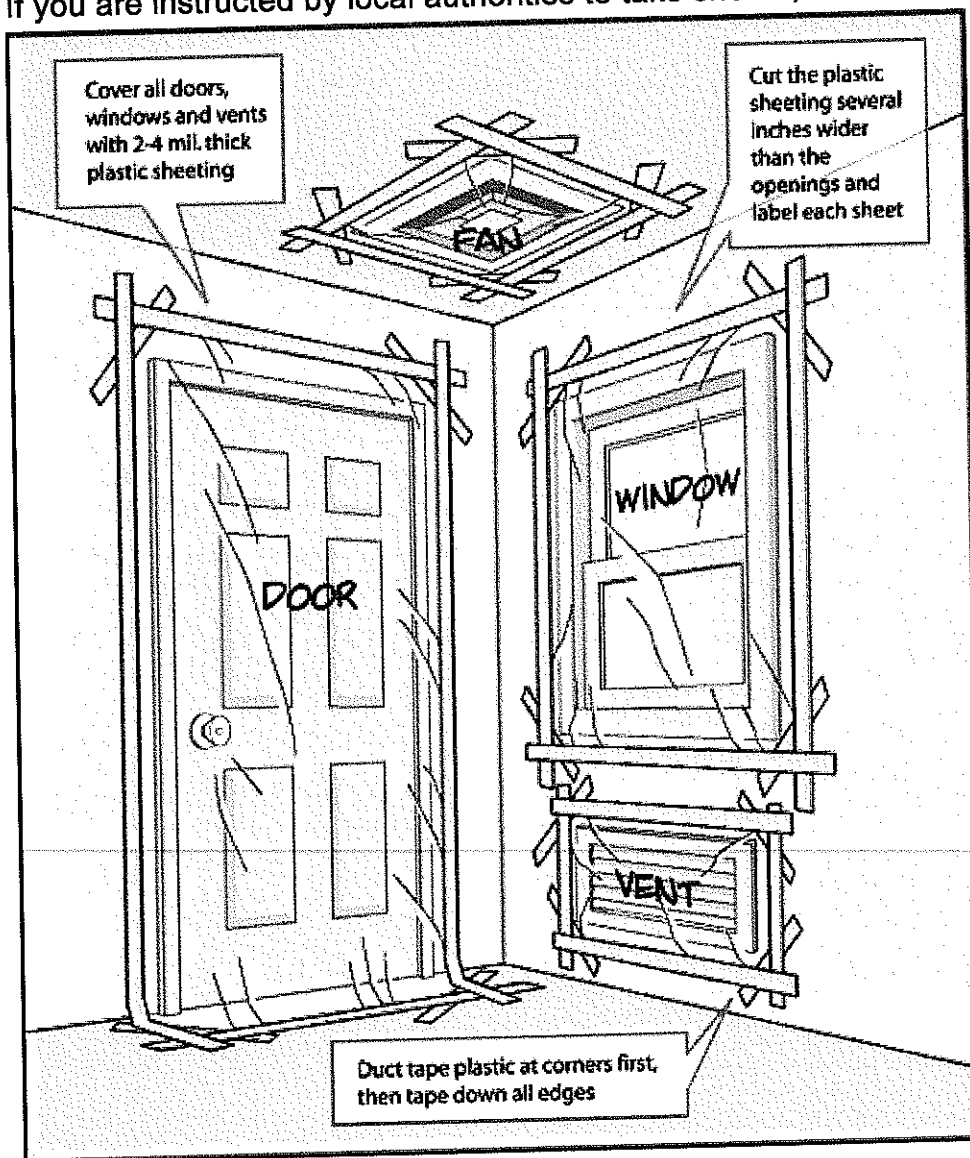
Purpose: The purpose of this guideline is to recommend the implementation of the Center of Disease Control (CDC) "Long Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist" as a working Document to provide guidance and resources for an organization to develop a Pandemic Influenza Plan. This will insure that the plan is consistent with local, state and federal guidelines. The Checklist provides key areas for pandemic planning as well as links to websites and other resources.

Emergency Operations Plan

Title:	Emergency Operations: Shelter in Place	Plan Component #:	SOG
Author:		Effective:	
Supersedes:		Revised:	
Authorized By:		Date:	

There may be situations when it's best to stay where you are to avoid any uncertainty outside. There are other circumstances, such as during a tornado or a chemical incident when specifically *how* and *where* you take shelter is a matter of survival. You should understand the different threats and plan for all possibilities.

If you are instructed by local authorities to take shelter, do so immediately.



Emergency Operations Plan

- Cover all doors, windows and vents with 2-4 mil. thick plastic sheeting.
- Cut the plastic sheeting several inches wider than the openings and label each sheet.
- Duct tape plastic at corners first, then tape down all edges.

Seal The Room diagram

[Click here](#) to view, download or print with graphics.

1. If feasible, develop a system for knowing **who is in your building** in case there is an emergency.
2. Establish a **warning system**.
 - **Test systems** frequently.
 - Plan to communicate with **people with hearing impairments or other disabilities** or who do **not speak English**.
3. **Account for all workers, visitors and customers** as people arrive in the shelter.
 - Take a head count.
 - Use a prepared roster or checklist.
 - In general, **employees cannot be forced to shelter**, however there are circumstances when local officials will order that everyone stay put. It is important to **speak with your co-workers** in advance about sheltering to avoid confusion and **allow for cooperation** in the event you need to shelter-in-place.
4. **Assign specific duties** to employees in advance; **create checklists** for each specific responsibility. Designate and train employee alternates in case the assigned person is not there or is injured.
5. Get emergency supply kits and keep them in your shelter locations.
6. **Practice** your shelter-in-place plan on a regular basis.

"Seal the Room". If local authorities believe the air is badly contaminated with a chemical, you may be instructed to take shelter and "seal the room."

The process used to seal the room is considered a temporary protective measure to create a barrier between your people and potentially contaminated air outside. It is a type of sheltering that requires preplanning.

1. **Identify a location to "seal the room" in advance.**
 - If feasible, **choose an interior room**, such as a break room or conference room, with as **few windows and doors** as possible.
 - If your business is located on more than one floor or in more than one building, **identify multiple shelter locations**.

Emergency Operations Plan

2. To "seal the room" effectively:

- **Close** the business and bring **everyone inside**.
- **Lock** doors, **close** windows, air vents and fireplace dampers.
- **Turn off** fans, air conditioning and forced air heating systems.
- **Take your emergency supply kit** unless you have reason to believe it has been contaminated.
- **Go into an interior room**, such as a break room or conference room, with few windows, if possible.
- **Seal** all windows, doors and air vents with plastic sheeting and duct tape. Measure and cut the sheeting in advance to save time.
- Be prepared to **improvise** and use what you have on hand to **seal gaps** so that you create a barrier between yourself and any contamination.
- Local authorities may not immediately be able to provide information on what is happening and what you should do. However, you should **watch TV, listen to the radio or check the Internet often for official news** and instructions as they become available.

Emergency Security

Any facility, which is involved in a disaster or circumstance requiring evacuation will maintain facility staff at the property and will work with local and state authorities until such time as additional security can be contracted. Security will be continued until such time as the facility returns to normal operations.

Emergency Business Plan

As a facility, which is part of a large regional organization, will have access to all available resources required to return the facility to its operational status

This includes but is not limited to human capital, financial resources, supplies, equipment and consultation

As part of a large regional organization all efforts will be made to transfer residents to related facilities where issues of billing and continuity can more easily be addressed

ADDITIONAL RESOURCES

Regulations (Standards - 29 CFR)
Employee alarm systems. - 1910.165

☛ Regulations (Standards - 29 CFR) - Table of Contents

- **Part Number:** 1910
 - **Part Title:** Occupational Safety and Health Standards
 - **Subpart:** L
 - **Subpart Title:** Fire Protection
 - **Standard Number:** 1910.165
 - **Title:** Employee alarm systems.
-

1910.165(a)

Scope and application.

1910.165(a)(1)

This section applies to all emergency employee alarms installed to meet a particular OSHA standard. This section does not apply to those discharge or supervisory alarms required on various fixed extinguishing systems or to supervisory alarms on fire suppression, alarm or detection systems unless they are intended to be employee alarm systems.

1910.165(a)(2)

The requirements in this section that pertain to maintenance, testing and inspection shall apply to all local fire alarm signaling systems used for alerting employees regardless of the other functions of the system

1910.165(a)(3)

All pre-discharge employee alarms installed to meet a particular OSHA standard shall meet the requirements of paragraphs (b)(1) through (4), (c), and (d)(1) of this section.

1910.165(b)

General requirements.

1910.165(b)(1)

The employee alarm system shall provide warning for necessary emergency action as called for in the emergency action plan, or for reaction time for safe escape of employees from the workplace or the immediate work area, or both.

..1910.165(b)(2)

1910.165(b)(2)

The employee alarm shall be capable of being perceived above ambient noise or light levels by all employees in the affected portions of the workplace. Tactile devices may be used to alert those employees who would not otherwise be able to recognize the audible or visual alarm.

1910.165(b)(3)

The employee alarm shall be distinctive and recognizable as a signal to evacuate the work area or to perform actions designated under the emergency action plan.

1910.165(b)(4)

The employer shall explain to each employee the preferred means of reporting emergencies, such as manual pull box alarms, public address systems, radio or telephones. The employer shall post emergency telephone numbers near telephones, or employee notice boards, and other conspicuous locations when telephones serve as a means of reporting emergencies. Where a communication system also serves as the employee alarm system, all emergency messages shall have priority over all non-emergency messages.

1910.165(b)(5)

The employer shall establish procedures for sounding emergency alarms in the workplace. For those employers with 10 or fewer employees in a particular workplace, direct voice communication is an acceptable procedure for sounding the alarm provided all employees can hear the alarm. Such workplaces need not have a back-up system.

1910.165(c)

Installation and restoration.

1910.165(c)(1)

The employer shall assure that all devices, components, combinations of devices or systems constructed and installed to comply with this standard are approved. Steam whistles, air horns, strobe lights or similar lighting devices, or tactile devices meeting the requirements of this section are considered to meet this requirement for approval.

1910.165(c)(2)

The employer shall assure that all employee alarm systems are restored to normal operating condition as promptly as possible after each test or alarm. Spare alarm devices and components subject to wear or destruction shall be available in sufficient quantities and locations for prompt restoration of the system.

1910.165(d)

Maintenance and testing.

..1910.165(d)(1)

1910.165(d)(1)

The employer shall assure that all employee alarm systems are maintained in operating condition except when undergoing repairs or maintenance.

1910.165(d)(2)

The employer shall assure that a test of the reliability and adequacy of non-supervised employee alarm systems is made every two months. A different actuation device shall be used in each test of a multi-actuation device system so that no individual device is used for two consecutive tests

1910.165(d)(3)

The employer shall maintain or replace power supplies as often as is necessary to assure a fully operational condition. Back-up means of alarm, such as employee runners or telephones, shall be provided when systems are out of service.

1910.165(d)(4)

The employer shall assure that employee alarm circuitry installed after January 1, 1981, which is capable of being supervised is supervised and that it will provide positive notification to assigned personnel whenever a deficiency exists in the system. The employer shall assure that all supervised employee alarm systems are tested at least annually for reliability and adequacy.

1910.165(d)(5)

The employer shall assure that the servicing, maintenance and testing of employee alarms are done by persons trained in the designed operation and functions necessary for reliable and safe operation of the system.

1910.165(e)

Manual operation. The employer shall assure that manually operated actuation devices for use in conjunction with employee alarms are unobstructed, conspicuous and readily accessible.

[45 FR 60713, Sept. 12, 1980]

Appendix E- Web Based Resources

Center for Disease Control has extensive information on emergency preparedness.
<http://www.bt.cdc.gov/>

Florida Department of Public Health Nursing
<http://www.doh.state.fl.us/phnursing/sns/disasterguide.html>

Testimony to the Senate Committee on Aging by C. Wilkens, *Meeting the Needs of Older Americans During a Disaster*. http://aging.senate.gov/public_files/hr149cw.pdf

The State of Wisconsin
http://dhfs.wisconsin.gov/rl_DSL/NHs/NH2distrPlng.htm

The U.S. Department of Agriculture (USDA) (<http://www.usda.gov>)
The USDA provides food and logistical assistance through an interagency agreement with the Federal Emergency Management Agency (FEMA)

National Organization on Disability (NOD) (<http://www.nod.org/>)
NOD has developed an emergency preparedness initiative that focuses on the needs of individuals with disabilities who live independently in community settings.
www.pandemicflu.gov
The official U.S. government web site for information on pandemic flu and avian influenza.

www.bt.cdc.gov
CDC Emergency Preparedness and Response (biological and chemical agents; medical information; state/local preparedness links; model emergency communication plan)

www.cdc.gov/mmwr
CDC MMWR Weekly Alerts (latest news and alerts related to biological or chemical agents used in terrorist events)

www.apic.org
BT Readiness Plan: A Template for Healthcare Facilities

www.hopkins-biodefense.org
Johns Hopkins University Center for Civilian Biodefense Studies (thorough fact sheets on anthrax, smallpox, botulism, and other agents)

Texas Statewide Bioterrorism Continuing Education Project
www.son.utmb.edu/bioterrorism

The Centers for Disease Control website includes detailed information about chemical agents that could be used in an attack.
www.bt.cdc.gov/agent/agentlist.asp

Surviving Disasters: A citizen's emergency handbook
Illinois Department of Health
<http://www.idph.state.il.us/pdf/SurvivingDisasters.pdf>

EPI Guide for Emergency Managers, Planners & Responders: PDF Version
<http://nod.org/resources/PDFs/epiguide2005.pdf>

FEMA Course: National Incident Management System (NIMS)
<http://www.fema.gov/nims/>

FEMA Course (IS – 700): National Incident Management System (NIMS)
<http://www.training.fema.gov/EMIWeb/IS/is700.asp>

FEMA Course (IS – 240): Leadership & Influence
<http://www.training.fema.gov/EMIWeb/IS/is240.asp>

FEMA Course (IS – 241): Decision-making & Problem-solving
<http://www.training.fema.gov/EMIWeb/IS/is241.asp>

FEMA Professional Development Series, “Principles of Emergency Management”
<http://training.fema.gov/EMIWeb/IS>

Coping With An Attack
<http://www.nde.edu/ctnsp/index.html>

FEMA Course: Effective Communication
<http://www.fema.gov/emi/ishome.htm>

CDC – Infection Control Measures for Preventing and Controlling Influenza
Transmission in

Transmission in LTC Facilities

<http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm>

The Public Health Response To Biological and Chemical Terrorism – Interim Planning
Guidance for State Public Health Officials

www.bt.cdc.gov/Documents/Planning/PlanningGuidance.PDF

FEMA Course: Emergency Planning
<http://www.fema.gov/EMIWeb/IS>

Homeland Security and Public Health Question and Answer Sheet Information Sheet
from National Association of County and City Health Officials

<http://www.naccho.org/topics/emergency/PrepPolicyIssues/DHS-Factsheet.pdf>

Emergency Preparedness Manual for the Aging Network
http://www.aoa.gov/prof/aoaprogram/disaster_assist/Disaster_Asst_Manual_Full.pdf

Homeland Security Exercise and Evaluation Program
<http://www.ojp.usdoj.gov/odp/docs/hseep.htm>

Bioterrorism Preparedness Training and Assessment Exercises for Local Public Health
Agencies

http://www.rand.org/pubs/technical_reports/2005/RAND_TR261.pdf

BTEPA web course: Disaster Preparedness: Developing an Action Plan
Includes information on developing an emergency Action Plan, community outreach,
conducting a vulnerability analysis, and special limitations of elders.
<https://www.train.org>

Appendix C- Fire Extinguisher Usage

The proper choice of extinguisher is especially important. The National Fire Protection Association (NFPA) divides fires into four classes according to the fuel involved: wood and paper, flammable liquids, electrical equipment, and combustible metals. Various extinguishing agents are suitable to each fuel. Table 1 shows approved applications for all of the kinds of extinguishers used at the facility.

- **Solvent Fires** - Solvent fires can usually be extinguished by the proper use of dry chemical or carbon dioxide extinguishers.

Fires in small containers of solvents can often be snuffed out by placing the lid on the container tightly enough to exclude air. If a lid is not available, a piece of sheet metal, or other similar non-combustible material will suffice.

- **Gas Fires** - The most effective means of extinguishing a gas fire is by closing a valve in the gas supply line, thereby shutting off the fuel supply. Building gas valves should be identified by sign and arrow. Serious consideration should be given to allowing gas fires to burn until the source of gas can be stopped to prevent possible explosions.
- **Chemical Fires** - Chemical fires can be of many different sorts, and often special methods of fire fighting must be used. For example, a metal fire (sodium, titanium, magnesium, potassium, lithium) should be smothered with dry sand, graphite, salt or inert gas in confined areas, never with water. All employees must be taught the particular methods of handling these unusual kinds of fire hazards located in their work area.
- **Electrical Fires** - If possible, first turn off the power to the motor or other electrical equipment. Use carbon dioxide or dry chemical on electrical equipment, never water. Electrical equipment involved in fires should not be returned to operation until inspected or repaired.

PROPER FOOD HANDLING DURING DISASTERS

A boil water advisory of interrupted water service is issued when some type of event has created the potential for contamination to enter the water supply and no direct sample evidence of contamination is present. A boil water order or notice is issued when there is direct sample evidence that the system is contaminated. To continue operating under an advisory or notice, all food establishments must secure and use potable water from an approved source. Disinfection of water from suspect sources may be an alternative.

The following points of use should be considered in an emergency:

- ✓ All water used in beverages such as coffee, tea, or fountain drink dispensers
- ✓ All water used as an ingredient in any food products (i.e.: condiments, sauces, dressings, desserts, etc.)
- ✓ All water used to make consumable ice
- ✓ All water used for handwashing
- ✓ All water used for washing and sanitizing of food contact surfaces
- ✓ All water used for washing of produce
- ✓ All water used for sanitizing solution for wiping cloths
- ✓ All water used in 3-compartment sinks (unless sanitized with heat booster or chemical)

The following equipment is plumbed directly into the municipal water supply; therefore, it should not be used during a boil advisory or notice:

- ✓ Carbonated fountain drink machines
- ✓ Beverage "gun" dispensers
- ✓ Ice machines that manufacture ice
- ✓ Produce misters in grocery stores and markets
- ✓ Low-temperature/chemical sanitizing dishmachines
- ✓ Self-serve bulk water dispensers

ACCEPTABLE METHODS OF DISINFECTION:

CHLORINATION: Add six (6) drops of liquid chlorine household bleach to one (1) gallon of water and mix. Chlorine bleaches are inexpensive and can be secured from most grocery, discount, or drug stores. However, check the label to ensure that the active ingredient, sodium hypochlorite, is 5.25 percent.

- 1 Wait thirty (30) minutes after adding chlorine before using the water for drinking or cooking purposes
- 2 If this treatment does not give the water a taste of chlorine, the above instructions should be repeated. Continue adding chlorine until a slight taste of chlorine is present and use this amount for future treatments

- 3 The taste of chlorine is not particularly unpleasant and it will be evidence that the water is safe to drink

BOILING: The water may also be purified by boiling. In this method, bring the water to a full boil for at least one (1) minute (at altitudes above one (1) mile, boil for three (3) minutes). Cool and aerate the boiled water by pouring it through the air from one (1) clean container to another, or mixing rapidly with a clean utensil. Aeration will reduce the flat taste caused by boiling.

NOTE: water filtering or treatment units may not remove all of the contaminants that the advisory or notice is targeting. Do not use an in-place unit unless it has been approved by the local health department or the Indiana State Department of Health.

ACCEPTABLE EQUIPMENT/ALTERNATIVES TO USE:

- Hot water sanitizing dishmachines can be used once checked to ensure 180° F. minimum final rinse temperature
- Direct plumbed coffee makers are allowable, once checked to ensure brewing temperatures of 180°F. or above.
- Instead of using low-temperature/chemical dishmachines, use 3-bay sink with a heat booster set at 170° F. or a chemical sanitizer at 100 ppm of chlorine

Food establishments may consider the following alternative procedures to minimize water usage:

- Commercially packaged ice may be substituted for ice made on-site
- Single-serve items or disposable utensils may be substituted for reusable dishes and utensils
- Prepared foods from approved sources may be used in place of foods requiring complex preparation
- Restrict menu choices or hours of operation
- Portable toilets may be utilized for sanitary purposes (units should include handsinks with own water source)

Monitor news reports to determine the status of the water supply and to determine if the advisory or notice has been lifted. Once the notice is rescinded, these precautionary measures **must** be followed:

- Flush the building water lines and clean faucet screens, water line strainers on mechanical dishwashing machines and similar equipment.
- Flush and sanitize all water-using fixtures and appliances of standing water such as icemachines, beverage dispensers, hot water heaters, etc.
- Run one batch of ice from machines that manufacture ice and discard
- Clean and sanitize all fixtures, sinks, and equipment connected to water lines

NOTES:

In case of **chemical** contamination of the municipal water supply for a food establishment, the establishment shall immediately cease use of the water supply and contact the local health department. There must be water pressure before resuming operations in a food establishment and the water should be sampled for bacteriological quality. The safety of water cannot be judged by color, odor or taste.

Should there be any questions during water emergency orders regarding appropriate operations at a food establishment, contact your local health department or the Indiana State Department of Health Food Program at (317) 233-7360

A HEALTH DEPARTMENT REPRESENTATIVE DOES NOT NEED TO BE PRESENT AT THE ESTABLISHMENT FOR THESE GUIDELINES TO BE IMPLEMENTED. IT IS MANAGEMENT'S RESPONSIBILITY TO ENSURE THE ESTABLISHMENT IS OPERATING IN A SAFE MANNER SO AS TO PROTECT THE HEALTH OF THE PUBLIC.

BOIL WATER ADVISORY

Dear Water Customer:

In consultation with the Indiana Department of Environmental Management, it has been determined that the water customers should boil their drinking water. This precautionary measure is recommended because we are experiencing a drinking water problem within your service area.

It is recommended that all cooking and drinking water be brought to a complete boil for five (5) minutes before using. Please continue to boil all cooking and drinking water until we notify you that it is no longer necessary.

Until we resolve this drinking water problem, we are also asking that you conserve water and only use what is necessary for household and personal needs.

We appreciate your cooperation during this time and will update you as necessary until the drinking water problem has been solved. If you have any questions concerning the drinking water problem, please contact your water department at _____

Phone No

Water Works Official

PWSID: _____

REFRIGERATORS

Food in refrigerators should be safe as long as the power is out no more than about four (4) to six (6) hours. Leave the door closed because every time you open it, needed cold air escapes, allowing the foods inside to reach unsafe temperatures. Discard any potentially hazardous food that has been above 41° F for (4) four hours or more, any non-potentially hazardous food that has an unusual color, odor, or texture.

WHEN IN DOUBT, THROW IT OUT!

If it appears the power will be off for more than six (6) hours, ice, dry ice, or frozen gel packs may be used to keep potentially hazardous foods at 41° F or below. Moving refrigerated food to a walk-in freezer or obtaining a refrigerated truck are other options to keep food safe. Food should not be transferred to private homes.

THE DECISION TO DISCARD OR SAVE

The following are examples of foods that can be discarded or saved once power is restored.

DISCARD

The following foods in refrigerators and freezers should be discarded if kept over four (4) hours at above 41° F.

- Meat, poultry, fish, eggs and egg substitutes – raw or cooked
- Milk, cream, soft and semi soft cheese
- Casseroles, stews or soups
- Lunch meats and hot dogs
- Creamy based foods made on-site
- Custard, pumpkin or cheese pies
- Cream-filled pastries
- Cookie dough made with eggs
- Whipped butter
- Cut melons
- Cooked vegetables

SAVE

The following foods may be kept at room temperature a few days although food quality may be affected.

- Butter or margarine
- Hard and processed cheeses

- Fresh uncut fruits and vegetables
- Dried fruits and coconut
- Opened jars of vinegar-based salad dressings, jelly, relish, taco sauce, barbeque sauce, mustard, ketchup, olives and peanut butter
- Fruit juices
- Fresh herbs and spices
- Fruit pies, breads, rolls, and muffins
- Cakes, except cream cheese frosted or cream-filled
- Flour and nuts

WHEN POWER IS RESTORED

Identify and discard potentially hazardous foods that may have been above 41 degrees F or below 135° F. for four (4) hours

Check the internal food temperatures using a food thermometer and record the temperature. If practical, separate packages of food in refrigeration units and freezers to allow for faster re-cooling

The re-freezing of food may affect the quality and should be used within a short period of time

CONTACT INFORMATION:

Indiana State Department of Health
317 233-1325

Indiana Board of Animal Health
317 227-0300

Indiana State Excise Police division of Alcohol and Tobacco Commission
317 232-2430

State Emergency Management Agency
1 800 669-7362

Ask for the agency duty officer on call

FDA WARNS CONSUMERS OF POTENTIAL FOOD SAFETY RISKS DURING STORM-RELATED POWER OUTAGES AND FLOODING.

The Food and Drug Administration (FDA) is warning consumers to be alert to food safety risks that could result from possible power outages and flooding due to storms that currently threaten both coasts of the United States

“Foods that are inadequately refrigerated during storm-related power outages, and foods or bottled water contaminated by flood waters, present a potential health risk to consumers.” Said Robert E. Brackett, Ph D, Director of FDA’s Center for Food Safety and Applied Nutrition “Consumers may want to look up FDA’s advice on how to confront such risks, which is available on the FDA website ”

Some of the safety steps recommended by the FDA and posted at: <http://www.cfsan.fda.gov/-dms/fsdisas.html> include:

In advance of storm-related power outages and flooding:

- Make or purchase ice to keep food cold in refrigerators and freezers in case of a power outage
- Freeze refrigerated items such as leftovers, milk, fresh meat and poultry that you may not need immediately
- Have coolers on hand to keep refrigerated food cold if the power will be out for more than 4 hours Have ice or gel packs ready for use in coolers.
- Keep a supply of bottled water stored where it will be safe from flooding
- Purchase an appliance thermometer to monitor refrigerator and freezer temperatures. Make sure your freezer is at or below 0° F and the refrigerator is at or below 40° F

IN THE EVENT OF A POWER OUTAGE

- Keep refrigerator and freezer doors closed as much as possible to maintain the cold temperature. The refrigerator will keep food cold for about 4 hours if it is unopened. A full freezer will keep the temperature for approximately 48 hours, and a half-full freezer will keep the temperature for approximately 24 hours, if the door remains closed

- Buy dry or block ice to keep refrigerators as cold as possible during prolonged power outages. Fifty pounds of dry ice will keep an 18 cubic foot, fully-stocked freezer cold for two days, or a half-stocked freezer of the same size cold for one day.
- Throw out meat, poultry, seafood, milk and eggs that are at room temperature for more than two hours.

IF FLOODING OCCURS

- Do not eat any food that may have come in contact with flood water.
- Use bottled drinking water that has not come in contact with flood water.
- Boil tap water to kill most types of disease-causing organisms that may be present. Filter cloudy tap water through clean cloths, or allow it to settle and draw off the clear water for boiling. Boil the water for one minute, let it cool, and store it in clean containers with covers.
- If you cannot boil water, disinfect it by adding 1/8 teaspoon (8 drops) of bleach per gallon of water, stir, and let stand for 30 minutes before use. Use only regular, unscented liquid household bleach. Store disinfected water in clean containers with covers.
- Discard food that is not in a waterproof container if there is any chance that it has come in contact with flood water. Food containers that are not waterproof include those with screwcaps, snap-lids, pull-tops and crimped caps.
- For powdered or concentrated infant formula, use bottled water or tap water boiled as directed above in areas where local water supplies have been contaminated by flood waters.

EVACUATION

PROTOCOL

Introduction

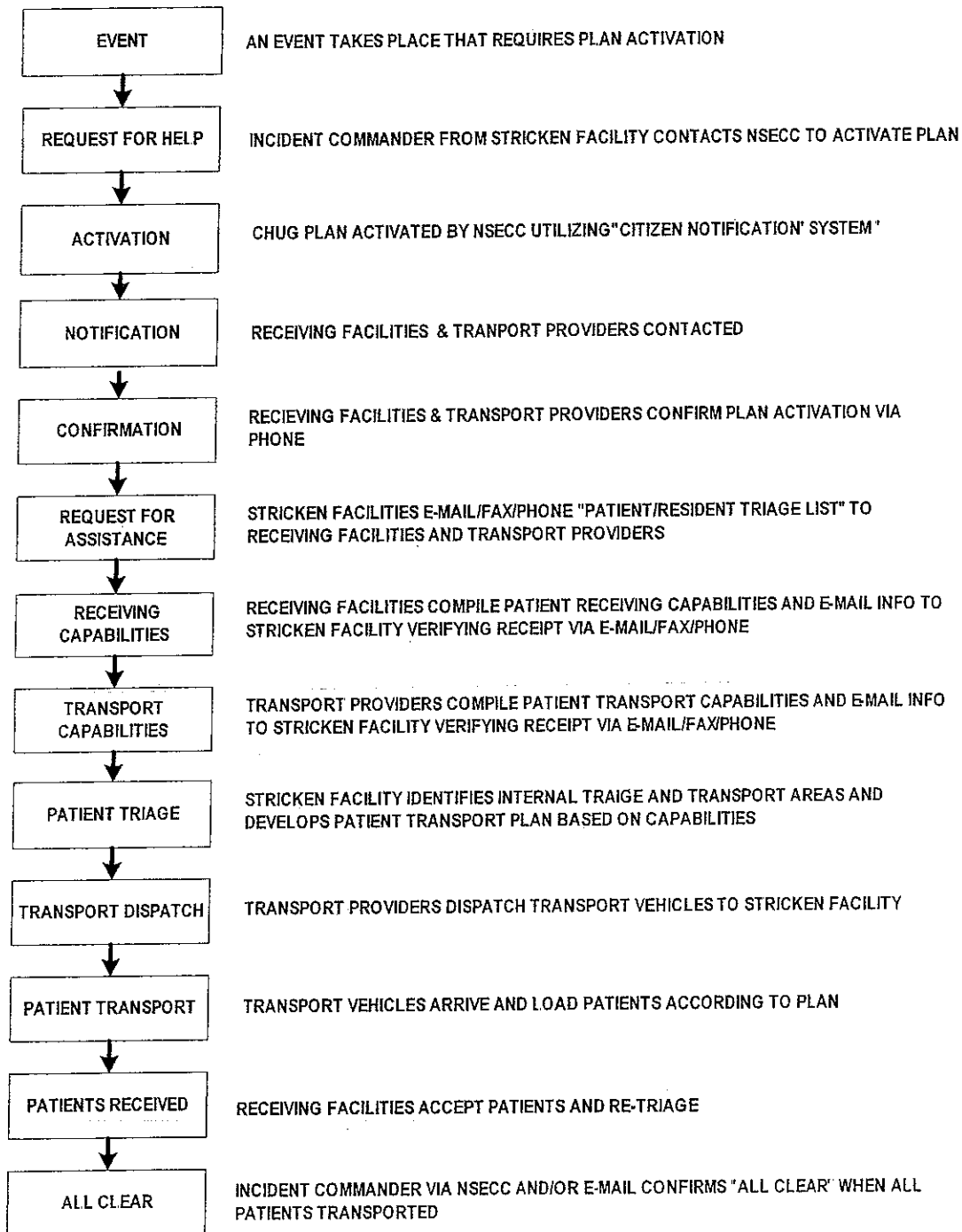
After the horrific tragedy of 9/11 as well as hurricane Katrina, a group of healthcare agencies asked themselves such questions as; how can we help our community in the event that such a disaster would happen here? Where would hospitals and extended care facilities move stable patients when there is a need to admit patients from the area hit by such devastation? With such questions in mind, representatives from local health care, public safety and transport providers embarked upon a mission to come up with the answers to those questions as well as many others. A community-wide urgent action plan (CHUG) was developed through an integrated and coordinated effort within the healthcare continuum of care. The plan is centered on a system that provides guidelines for the safe and effective evacuation, transportation and relocation of patients from a stricken facility to other patient appropriate healthcare facilities.

Mission Statement

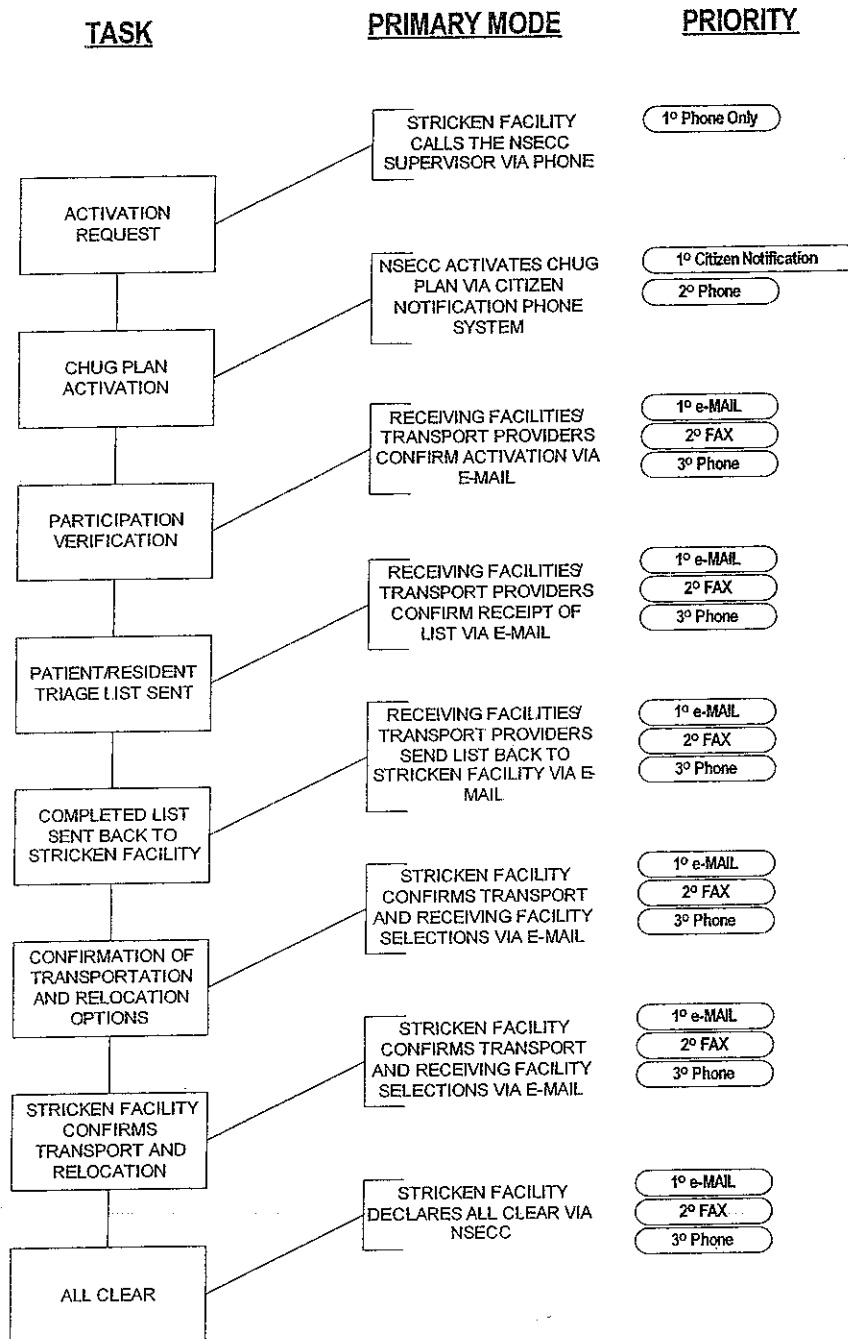
Our mission is to create a community-wide urgent action plan that is a coordinated effort within the healthcare continuum of care. Our plan is integrated within community, state, and federal plans. The CHUG plan was developed to provide access to disaster planning, response and recovery information/resources, and enables our communities to move efficiently through various levels of healthcare should there be an emergency, disaster, or other urgent event.

CHUG Plan

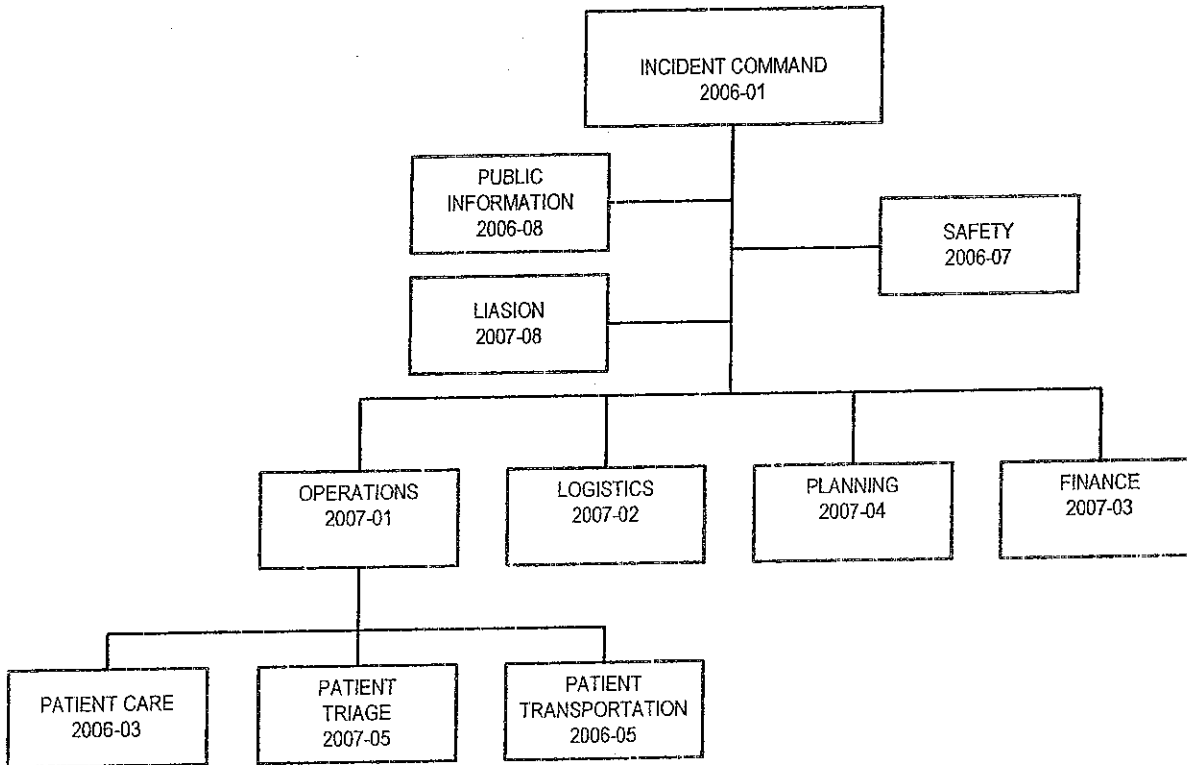
Protocol Flow Chart



CHUG COMMUNICATION PROTOCOL



CHUG Plan Incident Management Organizational Chart Stricken Facility ICS 203

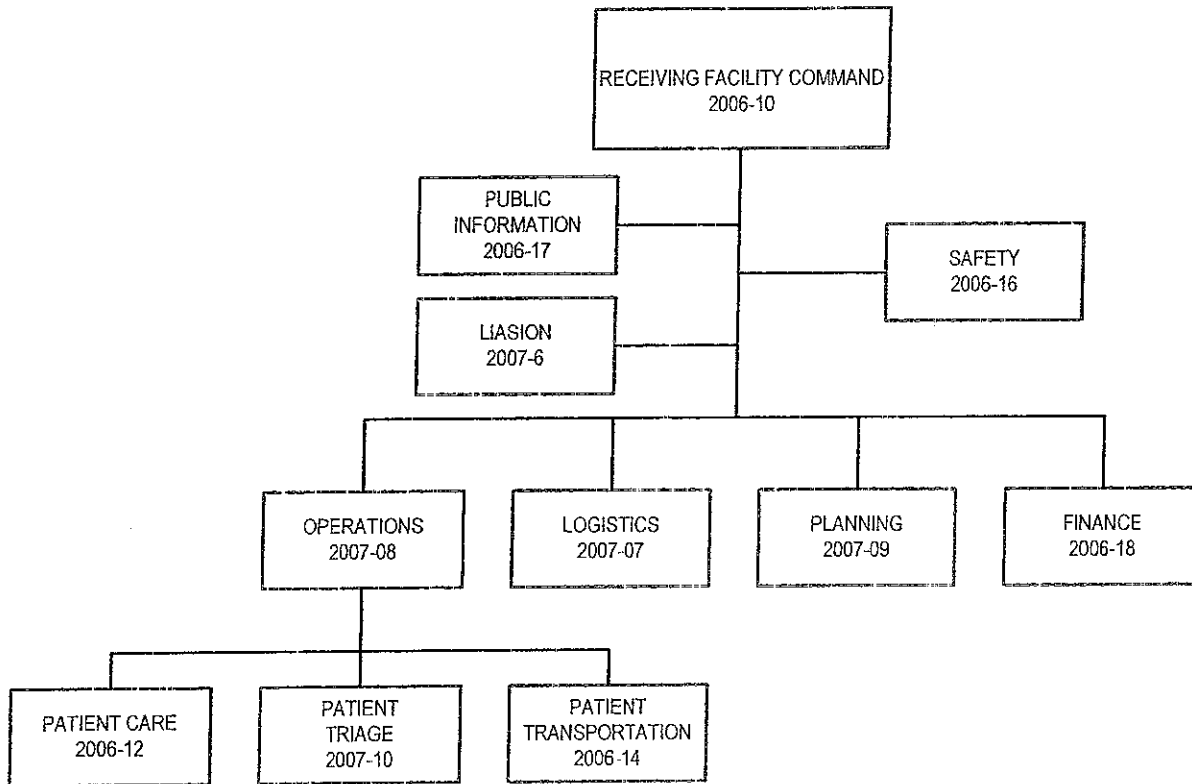


CHUG Plan

Incident Management Organizational Chart

Receiving Facility

ICS 203



STANDARD OPERATING GUIDELINES

CHUG Plan *Standard Operating Guideline*

SOG Title:	Stricken Facility	SOG#:	SOG100.01
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

Purpose:

To provide urgent evacuation, transport and relocation guidelines for **Stricken** facilities.

Intent:

The intent of this Standard Operating Guideline is to:

1. Provide an expandable Incident Command System for facilities that are faced with an urgent evacuation.
2. Provide recommendations for specific roles and responsibilities for stricken facilities during an urgent evacuation.
3. Describes the recommended tasks that will assist a stricken facility in a safe and efficient urgent evacuation.

Guidelines

Incident Commander (I/C)

Each facility activating the plan shall designate an Incident Commander. The I/C shall:

- Institute an Incident Command System and designate a Command Post
- Determine the nature, conditions and severity of the Incident to develop an Incident Action Plan.
- Activate the Plan via the NSECC Notification protocol
- Assign appropriate responsibilities
- Establish internal and external communication system and plan.
- Monitor plan implementation.
- Evaluate the effectiveness of the plan.
- Monitor and request additional resources, including staffing, equipment and supplies.
- Contact NSECC to send "All Clear" to all CHUG participating organizations when all patients have been transported and received.

Safety Officer

- Monitor all areas of the Incident Action Plan for hazards and risks
- Intercede as necessary
- Update I/C of any hazards, risks and subsequent intervention.

Public Information Officer

- Obtain briefing from I/C.
- Manage external requests for information from the press. Create press release as needed.
- Establish on-site family and visitor information and communications plan for patients not transported.
- Establish patient tracking and family notification plan for transported patients
- Update I/C as needed.

CHUG Plan *Standard Operating Guideline*

Liaison Officer

- Obtain briefing from I/C.
- Establish communication with Support Agencies
 - Local Emergency Services
 - Red Cross
 - MESS
 - Health Department
 - IDPH
- Update I/C as needed.

Planning Section Chief

- Obtain briefing from the Incident Commander
- Facilitate and conduct Incident Action Plan
- Forecast incident duration and scope
- Identify resource requirements
- Monitor resource deployment
- Update I/C and Logistics as needed

Logistics Section Chief

- Take census of existing staffing levels and resources.
- Establish staffing relief and nutrition rotation schedule
- Request additional staffing as required
- Obtain additional equipment and supplies as required

Finance Section Chief

- Obtain briefing from the Incident Commander
- Monitor and document utilization of assets relevant to the incident including but not limited to:
 - Staffing levels and hours
 - Disposable equipment and supplies
 - Patient transport costs
 - Food, water, emergency supplies
- Monitor and document all other expenditures relevant to the incident.

Operations Section Chief

- Establish Operations Section
- Assign Patient Triage, Patient Care and Patient Transport functions
- Monitor Triage, Patient Care and Transport Activities
- Report directly to Incident Commander
- Request additional staffing, transportation and equipment resources

Patient Triage

- Determine the number and type of patients to be transported.
- Compile **Patient / Resident Triage List and Patient Tracking Form**
- Receive and evaluate Receiving Facility patient capabilities.
- Receive and evaluate Transport capabilities

CHUG Plan *Standard Operating Guideline*

- Identify special needs, transport requirements and precautions required for each patient.
Assign Receiving Facility location and Transport for each patient.
- Insure transfer of medical records and medications for each patient
- Monitor and request additional resources, including additional facilities, transport, staffing, equipment and supplies from the Operations Section.

Patient Care

- Establish Patient Care area
- Determine the number and type of patients requiring patient care.
- Identify Patient Care resource requirements including staffing, equipment and supplies.

Patient Transport

- Determine the number and type of patients to be moved, staged and prepared for external transport.
- Establish internal and external patient Staging Area(s).
- Identify staffing requirements
- Update Operations Section when all patients are ready for external transport
- Identify and establish transport vehicle Staging Area(s).
- Coordinate movement and loading of patients with Transport companies.

CHUG Plan *Standard Operating Guideline*

SOG Title:	Receiving Facility	SOG #:	SOG100.02
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

Purpose:

To provide urgent evacuation, transport and relocation guidelines for **Receiving** facilities.

Intent:

The intent of this Standard Operating Guideline is to:

1. Provide an expandable Incident Command System for facilities that are faced with an urgent evacuation.
2. Provide recommendations for specific roles and responsibilities for receiving facilities during an urgent relocation.
3. Describes the recommended tasks that will assist a receiving facility in a safe and efficient urgent relocation.

Guidelines

Receiving Facility Command (RFC)

Each facility that will receive patients and/or are committing to participate in the Stricken Facility's Incident Action Plan shall designate a Receiving Facility Coordinator

The RFC shall:

- Notify administration that the CHUG plan has been activated.
- Implement a Receiving Facility Incident Command System and develop an Incident Action Plan.
- Acknowledge NSECC initial notification via communication plan protocol.
- Receive and acknowledge Stricken Facility's e-mail of CHUG Plan Patient/Resident Triage List.
- Assign appropriate responsibilities
- Establish internal communication system and plan.
- Monitor plan implementation.
- Evaluate the effectiveness of the plan.
- Monitor and request additional resources, including staffing, equipment and supplies.
- Notify Stricken Facility I/C when all patients received.

Safety Officer

- Monitor all areas of the Incident Action Plan for hazards and risks
- Intercede as necessary
- Update RFC of any hazards, risks and subsequent intervention

Public Information Officer

- Obtain briefing from RFC
- Manage external requests for information from the press. Create press release as needed
- Establish on-site family and visitor information and communications plan for patients not transported.

CHUG Plan *Standard Operating Guideline*

- Establish patient tracking and family notification plan for transported patients.
- Update RFC as needed.

Liaison Officer

- Obtain briefing from RFC.
- Establish communication with Support Agencies
 - Local Emergency Services
 - Red Cross
 - MESS
 - Health Department
 - IDPH
- Update RFC as needed.

Planning Section Chief

- Obtain briefing from the RFC
- Facilitate and conduct Incident Action Plan
- Forecast incident duration and scope
- Identify resource requirements
- Monitor resource deployment
- Update RFC and Logistics as needed

Logistics Section Chief

- Obtain briefing from the RFC
- Take census of existing staffing levels and resources.
- Establish staffing relief and nutrition rotation schedule
- Request additional staffing as required
- Obtain additional equipment and supplies as required

Finance Section Chief

- Obtain briefing from the RFC
- Monitor and document utilization of assets relevant to the incident including but not limited to:
 - Staffing levels and hours
 - Disposable equipment and supplies
 - Patient transport costs
 - Food, water, emergency supplies
- Monitor and document all other expenditures relevant to the incident.

Operations Section Chief

- Obtain briefing from the RFC
- Establish Operations Section
- Assign Triage, Patient Care and Transport functions
- Monitor Triage, Patient Care and Transport Activities
- Report directly to Incident Commander
- Request additional staffing, transportation and equipment resources

Patient Triage

- Obtain Stricken Facility's E-mail of CHUG Patient/Resident Triage List from RFC

CHUG Plan *Standard Operating Guideline*

- Determine the number and type of patients to be received.
- Evaluate the Receiving Facility patient capabilities.
- Identify and Establish Triage area
- Identify the Receiving Facility capabilities for special needs and precautions required for each patient.
- Compile Patient/Resident Triage List and e-mail to Stricken Facility. Verify transmission and reception of e-mail via communication plan.
- Upon confirmation of the number and type of patients to be received, forward information to the Operations Section Chief.
- As patients arrive, verify and record information on the "Patient Tracking Log". Insure that any medical records are with the patient. Notify Logistics and the RFC when patients have been triaged and are ready to be internally transported to the appropriate location or unit.
- Monitor and request additional resources, including staffing, equipment and supplies from the Operations Section Chief.

Patient Care

- Establish Patient Care area
- Determine the number and type of patients requiring patient care.
- Identify Patient Care resource requirements including staffing, equipment and supplies.

Patient Transport

- Determine the number and type of patients to be moved, staged and prepared for internal transport.
- Establish internal and external patient Staging Area(s).
- Identify staffing requirements
- Identify and establish transport vehicle Staging Area(s).
- Coordinate movement and unloading of patients with Transport companies.

CHUG Plan Standard Operating Guideline

SOG Title:	Transport Providers	SOG #:	SOG100.03
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

Purpose:

To provide urgent evacuation, transport and relocation guidelines for Transport Providers.

Intent:

The intent of this Standard Operating Guideline is to:

1. Provide an expandable Incident Command System for patient transport providers
2. Provide recommendations for specific roles and responsibilities for patient transport providers during an urgent evacuation from a stricken facility to a receiving facility.
3. Describes the recommended tasks that will assist patient transport providers with the safe and efficient transportation of patients during an urgent evacuation from a stricken facility to a receiving facility.

Guidelines

- Acknowledge NSECC initial notification via e-mail or phone.
- Receive and acknowledge Stricken Facility's e-mail of CHUG Plan Patient/Resident Triage List
- Evaluate Stricken Facilities Transportation needs and e-mail transport vehicle availability back to the Stricken Facility.
- Dispatch the required transport vehicles to the Stricken Facility
- Vehicles respond to and report to the Stricken Facility's Staging Area
- If necessary based on the size of the incident a Transport Liaison from the transport company will be sent to stricken facility along with necessary equipment
- Vehicles will be staged in the staging area and dispatched to the Stricken Facility's Transport Area to receive the designated patients.
- Crews will load the designated patients and transport patient and chart to destination, Documenting Patient Transport on the Patient Tracking Log
- Transport Vehicles will report back to Stricken Facility for further transports until all clear is given.
- ***Transport Providers may be requested to assist with the internal movement of patients at both the Stricken and Receiving Facilities.***

CHUG Plan Standard Operating Guideline

SOG Title:	CHUG Plan Activation	SOG #:	SOG100.04
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/08
Authorized By:	Polke	Date:	08/01/06

Purpose:

To provide initial and secondary notification guidelines for the urgent evacuation, transport and relocation of patients utilizing the CHUG Plan.

Definitions:

1. **Selective Activation**-Utilized when a small number of patients or residents require evacuation and when a total system wide activation is not needed. Selected Receiving Facilities are contacted individually by the Stricken Facility based on the type of facility and location.
2. **Total Activation**- Utilized when a large number of patients or residents require evacuation. All CHUG members are notified of the plan activation.
3. **CHUG Management Team Notification**- During a Selective Activation, the Executive Director and Director of Operations shall be notified via phone of the event. The CHUG Management Team will determine its response options and participation level.

Guidelines

Total Activation

The North Suburban Emergency Communications Center (NSECC) is responsible for providing initial and secondary notification in the event that the CHUG plan is activated.

1. To activate the CHUG plan, the Stricken Facility will notify the **NSECC** at:

847-391-5660

And request that the notification be put into effect.

2. Provide the NSECC Supervisor with the following information:
 - Incident Commanders Name
 - The Name of your Facility
 - Your Address
 - Your Primary Phone #
 - Your E-mail Address
 - Your Fax #
 - The Nature of the Incident
 - Approx Total # of Patients/resident requiring relocation

3. The NSECC supervisor will start a phone notification with the following statement:
 - a. "Name of Stricken Facility" is requesting activation of the CHUG Plan. Please prepare to receive an e-mail of the CHUG Plan Patient/Resident Triage List from the Stricken Facility. Confirm receipt of this notification by contacting the Incident Commander via phone. Again, "Name of Stricken Facility" is requesting activation of the CHUG plan. Please prepare to receive an e-mail of the CHUG Plan Patient/Resident Triage List

Selective Activation:

1. Notify CHUG Management Team
(Executive Director 847-812-1629 and Director of Operations 847-812-0733)
2. Contact Individual Facilities and Transport Providers via phone
3. Provide the following information
 - Your Name
 - The Name of your Facility
 - Your Address
 - Your Primary Phone #
 - Your E-Mail Address
 - Your Fax #
 - The Nature of the Incident
 - Approx Total # of Patients/resident requiring relocation

CHUG Plan *Standard Operating Guideline*

SOG Title:	CHUG Incident Command Kit	SOG #:	SOG100.06
Author:	Pretzer	Effective:	
Supersedes:	N/A	Revised:	02/08/08
Authorized By:	Polke	Date:	

Purpose:

The purpose of the **CHUG Incident Command Kit** is to provide the Stricken, Receiving, Transport and other Facilities the supplies they will need in the event of evacuating, transporting and relocating patients.

CHUG Incident Command Kit Inventory List and Guidelines:

1. Each participating organization shall obtain, maintain and update the CHUG Incident Command Kit.
2. The CHUG Incident Command Kit Inventory Checklist describes the incident command equipment, supplies and forms that are required.
3. The CHUG Incident Command Kit should be checked monthly. The batteries should be exchanged annually

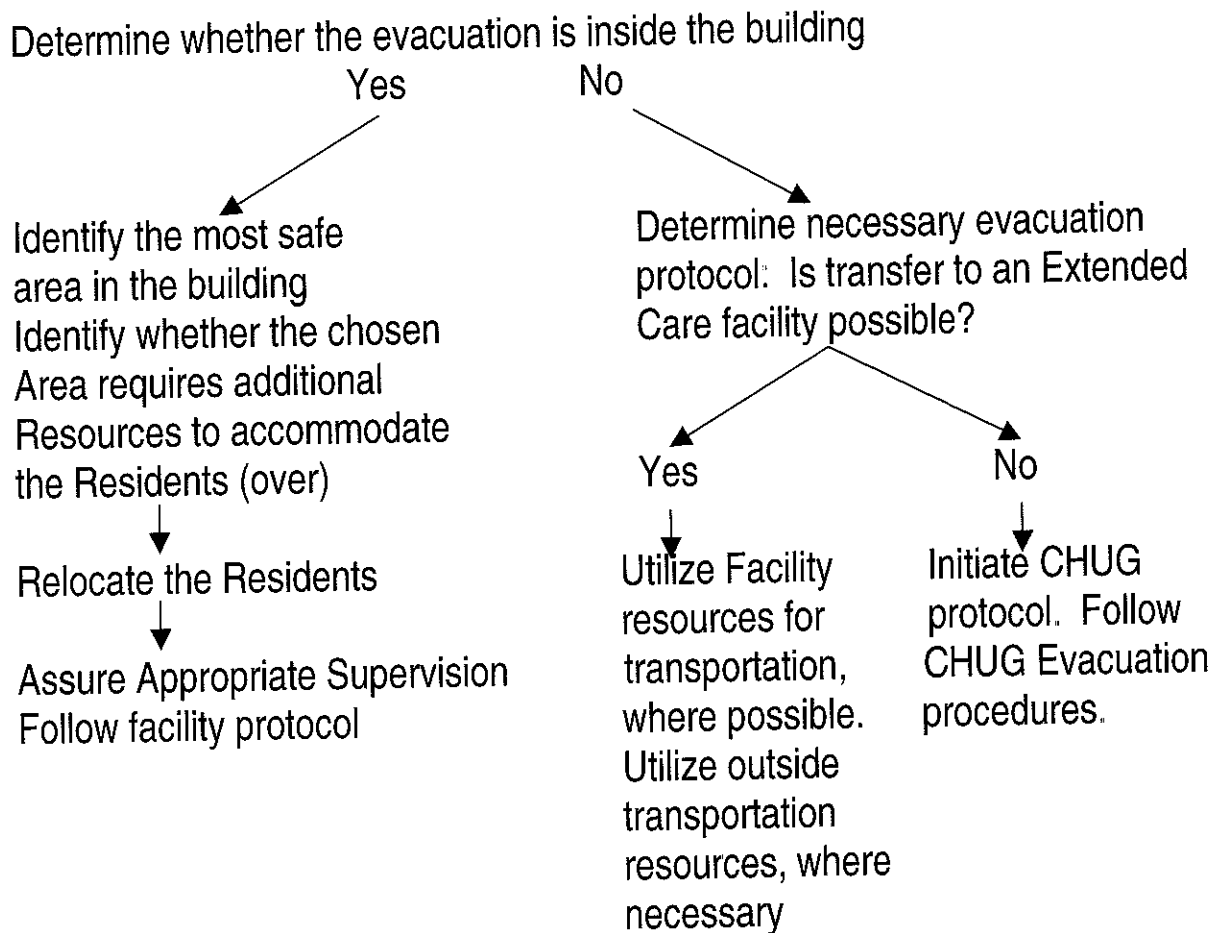
JOB ACTION SHEETS

CHUG Plan *Job Action Sheet*

Job Action Sheet Title	Stricken Facility- INCIDENT COMMANDER	JAS #:	2006-01
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

- Establish Incident Command System and designate a Command Post
- Determine the nature, conditions and severity of the incident to develop an Incident Action Plan.
- Activate the Plan via the NSECC Notification protocol
- Assign appropriate responsibilities
 - Planning
 - Operations
 - Logistics
 - Finance
 - Patient Care
 - Staffing
 - Transportation
 - Safety
 - Public Information
- Establish internal and external communication system and plan.
- Monitor plan implementation.
- Evaluate the effectiveness of the plan
- Determine whether evacuation of residents is necessary. If yes, follow the following guidelines: (over)

CHUG Plan *Job Action Sheet*



- Monitor and request additional resources, including staffing, equipment and supplies.
- Contact NSECC to send "All Clear" to all CHUG participating organizations when all patients have been transported and received. E-mail and/or Fax should also be sent by Stricken Facility to Receiving Facilities and Transport Providers.

CHUG Plan *Job Action Sheet*

<i>Job Action Sheet Title</i>	Stricken Facility- SAFETY OFFICER	<i>JAS #:</i>	2006-07
<i>Author:</i>	Pretzer	<i>Effective:</i>	08/01/06
<i>Supersedes:</i>	N/A	<i>Revised:</i>	11/01/07
<i>Authorized By:</i>	Polke	<i>Date:</i>	08/01/06

- Monitor all areas of the Incident Action Plan for hazards and risks
- Intercede as necessary
- Update I/C of any hazards, risks and subsequent intervention.

CHUG Plan Job Action Sheet

Job Action Sheet Title	Stricken Facility- LIASION OFFICER	JAS #:	2007-00
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

- Obtain briefing from I/C.
- Establish communication with Support Agencies
 - Local Emergency Services
 - Red Cross
 - MESS
 - Health Department
 - IDPH
- Update I/C as needed.

CHUG Plan Job Action Sheet

Job Action Sheet Title	Stricken Facility- FINANCE SECTION CHIEF	JAS #:	2007-03
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

- Obtain briefing from the Incident Commander
- Monitor and document utilization of assets relevant to the incident including but not limited to:
 - Staffing levels and hours
 - Disposable equipment and supplies
 - Patient transport costs
 - Food, water, emergency supplies
- Monitor and document all other expenditures relevant to the incident.

CHUG Plan *Job Action Sheet*

Job Action Sheet Title	Stricken Facility- LOGISTICS SECTION CHIEF	JAS #:	2007-02
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

- Take census of existing staffing levels and resources.
- Establish staffing relief and nutrition rotation schedule
- Request additional staffing as required
- Obtain additional equipment and supplies as required

CHUG Plan Job Action Sheet

Job Action Sheet Title	Stricken Facility- PLANNING SECTION CHIEF	JAS#:	2007-04
Author:	Pretzer	Effective:	11/01/07
Supersedes:	N/A	Revised:	
Authorized By:	Polke	Date:	11/01/07

- Obtain briefing from the Incident Commander
- Facilitate and conduct Incident Action Plan
- Forecast incident duration and scope
- Identify resource requirements
- Monitor resource deployment
- Update I/C and Logistics as needed

CHUG Plan *Job Action Sheet*

Job Action Sheet Title	Stricken Facility- OPERATIONS SECTION CHIEF	JAS #:	2007-01
Author:	Pretzer	Effective:	11/01/07
Supersedes:	N/A	Revised:	
Authorized By:	Polke	Date:	11/01/07

- Obtain Briefing from I/C
- Establish Operations Section
- Assign Patient Triage, Patient Care and Patient Transport functions
- Monitor Triage, Patient Care and Transport Activities
- Report directly to Incident Commander
- Request additional staffing, transportation and equipment resources

CHUG Plan *Job Action Sheet*

<i>Job Action Sheet Title</i>	Stricken Facility- PATIENT TRIAGE	<i>JAS #:</i>	2007-05
<i>Author:</i>	Pretzer	<i>Effective:</i>	08/01/06
<i>Supersedes:</i>	2006-02	<i>Revised:</i>	11/01/07
<i>Authorized By:</i>	Polke	<i>Date:</i>	08/01/06

- Determine the number and type of patients to be transported.
- Compile **Patient / Resident Triage List and Patient Tracking Form**
-
- Receive and evaluate Receiving Facility patient capabilities.
- Receive and evaluate Transport capabilities.
- Identify special needs, transport requirements and precautions required for each patient. Assign Receiving Facility location and Transport for each patient.
- Insure transfer of medical records for each patient
- After all destinations and transport designations have been made, fill out "Patient Tracking Log" to monitor and track patient relocation. Monitor and request additional resources, including additional facilities, transport, staffing, equipment and supplies from the Operations Section Chief

CHUG Plan *Job Action Sheet*

Job Action Sheet Title	Stricken Facility- PATIENT TRANSPORT	JAS #:	2006-05
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

- Determine the number and type of patients to be moved, staged and prepared for external transport.
- Establish internal and external patient Staging Area(s).
- Identify staffing requirements
- Update Operations Section when all patients are ready for external transport
- Identify and establish transport vehicle Staging Area(s).
- Coordinate movement and loading of patients with Transport Providers.

CHUG Plan *Job Action Sheet*

Job Action Sheet Title	Stricken Facility- PATIENT CARE	JAS #:	2006-03
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

- Establish Patient Care area
- Determine the number and type of patients requiring patient care.
- Identify Patient Care resource requirements including staffing, equipment and supplies.

CHUG Plan *Job Action Sheet*

<i>Job Action Sheet Title</i>	Receiving Facility- RECEIVING FACILITY COMMAND	<i>JAS #:</i>	2006-10
<i>Author:</i>	Pretzer	<i>Effective:</i>	08/01/06
<i>Supersedes:</i>	N/A	<i>Revised:</i>	11/01/07
<i>Authorized By:</i>	Polke	<i>Date:</i>	08/01/06

- Notify administration that the CHUG plan has been activated.
- Implement a Receiving Facility Incident Command System and develop an Incident Action Plan.
- Acknowledge NSECC initial notification via communication plan protocol.
- Receive and acknowledge Stricken Facility's e-mail of CHUG Plan Patient/Resident Triage List.
- Assign appropriate responsibilities
- Establish internal communication system and plan.
- Monitor plan implementation.
- Evaluate the effectiveness of the plan.
- Monitor and request additional resources, including staffing, equipment and supplies.

CHUG Plan *Job Action Sheet*

Job Action Sheet Title	Receiving Facility- OPERATIONS SECTION CHIEF	JAS #:	2007-08
Author:	Pretzer	Effective:	11/01/07
Supersedes:	N/A	Revised:	
Authorized By:	Polke	Date:	11/01/07

- Obtain Briefing from RFC
- Establish Operations Section
- Assign Triage, Patient Care and Transport functions
- Monitor Triage, Patient Care and Transport Activities
- Report directly to the Incident Commander
- Request additional staffing, transportation and equipment resources

CHUG Plan *Job Action Sheet*

<i>Job Action Sheet Title</i>	Receiving Facility- PLANNING SECTION CHIEF	<i>JAS #:</i>	2007-09
<i>Author:</i>	Pretzer	<i>Effective:</i>	11/01/07
<i>Supersedes:</i>	N/A	<i>Revised:</i>	
<i>Authorized By:</i>	Polke	<i>Date:</i>	11/01/07

- Obtain briefing from the RFC
- Facilitate and conduct Incident Action Plan
- Forecast incident duration and scope
- Identify resource requirements
- Monitor resource deployment
- Update RFC and Logistics as needed

CHUG Plan *Job Action Sheet*

<i>Job Action Sheet Title</i>	Receiving Facility- LOGISTICS SECTION CHIEF	<i>JAS #:</i>	2007-07
<i>Author:</i>	Pretzer	<i>Effective:</i>	08/01/06
<i>Supersedes:</i>	N/A	<i>Revised:</i>	11/01/07
<i>Authorized By:</i>	Polke	<i>Date:</i>	08/01/06

- Obtain briefing from RFC.
- Take census of existing staffing levels and
- Establish staffing relief and nutrition rotation schedule
- Request additional staffing as required
- Obtain additional equipment and supplies as required

CHUG Plan *Job Action Sheet*

Job Action Sheet Title	Receiving Facility- FINANCE SECTION CHIEF	JAS #:	2006-18
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

- Obtain briefing from the receiving facility and transferring facility
- Monitor and document utilization of assets relevant to the incident including but not limited to:
 - Staffing levels and hours
 - Disposable equipment and supplies
 - Patient transport costs
 - Food, water, emergency supplies
- Monitor and document all other expenditures relevant to the incident.

CHUG Plan *Job Action Sheet*

Job Action Sheet Title	Receiving Facility- SAFETY OFFICER	JAS #:	2006-16
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

- Obtain Briefing from RFC
- Monitor all areas of the Incident Action Plan for hazards and risks
- Intercede as necessary
- Update RFC of any hazards, risks and subsequent intervention.

CHUG Plan *Job Action Sheet*

<i>Job Action Sheet Title</i>	Receiving Facility- LIASION OFFICER	<i>JAS #:</i>	2007-06
<i>Author:</i>	Pretzer	<i>Effective:</i>	08/01/06
<i>Supersedes:</i>	N/A	<i>Revised:</i>	11/01/07
<i>Authorized By:</i>	Polke	<i>Date:</i>	08/01/06

- Obtain briefing from RFC.
- Establish communication with Support Agencies
 - Local Emergency Services
 - Red Cross
 - MESS
 - Health Department
 - State Department of Health
- Update Incident Commander as needed.

CHUG Plan *Job Action Sheet*

<i>Job Action Sheet Title</i>	Receiving Facility- PUBLIC INFORMATION OFFICER	<i>JAS #:</i>	2006-17
<i>Author:</i>	Pretzer	<i>Effective:</i>	08/01/06
<i>Supersedes:</i>	N/A	<i>Revised:</i>	11/01/07
<i>Authorized By:</i>	Polke	<i>Date:</i>	08/01/06

- Obtain briefing from RFC.
- Manage external requests for information from the press. Create press release as needed.
- Establish on-site family and visitor information and communications plan for patients not transported.
- Establish patient tracking and family notification plan for transported patients.
- Update RFC as needed.

CHUG Plan Job Action Sheet

Job Action Sheet Title	Receiving Facility- PATIENT TRIAGE	JAS#:	2007-10
Author:	Pretzer	Effective:	08/01/06
Supersedes:	2006-02	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

- Obtain Stricken Facility's e-mail of CHUG Patient/Resident Triage List from RFC
- Determine the number and type of patients to be received.
- Evaluate the Receiving Facility patient capabilities.
- Identify and Establish Triage area
- Identify the Receiving Facility capabilities for special needs and precautions required for each patient.
- Compile Patient/Resident Triage List and e-mail to Stricken Facility. Verify transmission and reception of e-mail via communication plan.
- Upon confirmation of the number and type of patients to be received, forward information to the Operations Section Chief.
- As patients arrive, verify and record information on the "Patient Tracking Log". Insure that any medical records are with the patient. Notify Logistics and the RFC when patients have been triaged and are ready to be internally transported to the appropriate location or unit.
- Monitor and request additional resources, including staffing, equipment and supplies from the Operations Section Chief.

CHUG Plan *Job Action Sheet*

Job Action Sheet Title	Receiving Facility- PATIENT CARE	JAS #:	2006-12
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	11/01/07
Authorized By:	Polke	Date:	08/01/06

- Establish Patient Care area
- Determine the number and type of patients requiring patient care.
- Identify Patient Care resource requirements including staffing, equipment and supplies.

CHUG Plan *Job Action Sheet*

Job Action Sheet Title	Receiving Facility- PATIENT TRANSPORTATION	JAS #:	2006-14
Author:	Pretzer	Effective:	08/01/06
Supersedes:	N/A	Revised:	
Authorized By:	Polke	Date:	08/01/06

- Determine the number and type of patients to be moved, staged and prepared for internal transport.
- Establish internal and external patient Staging Area(s).
- Identify staffing requirements
- Identify and establish transport vehicle Staging Area(s).
- Coordinate movement and unloading of patients with Transport companies.