

Emergency Management Planning Criteria for Residential Health Care Facilities

FACILITY INFORMATION:

FACILITY NAME: _____
FAC. TYPE: _____
CONTACT PERSON: _____ PHONENUMBER: _____
STREET ADDRESS: _____
CITY / ST. / ZIP: _____
DATE RECEIVED: _____ REVIEWED: NO / YES (CIRCLE ONE)
DATE REVIEWED: _____

The following minimum criteria are to be used when developing Comprehensive Emergency Management Plans (CEMP) for all Residential Health Care Facilities, including but not limited to Assisted Living Facilities (ALFs), Nursing Homes, Hospitals, and other residential health care providers. The criteria will serve as the recommended plan format for the CEMP, and will also serve as the CEMP review document for Harnett County Emergency Management.

We do not intend for these criteria to *limit* or *exclude additional information* that facilities may decide to include in their plans to satisfy other requirements, or to address other arrangements that they have made for emergency preparedness.

This form must be attached to your facility's Comprehensive Emergency Management Plan (CEMP) upon submission for review to Harnett County Emergency Management Division.

Any questions or comments about this planning criteria can be directed to the Harnett County Emergency Management Division @ 910-893-7580 or <http://www.harnett.org/emergencyservices/>.

Any questions or comments regarding the Fire Plan can be directed to the Harnett County Fire Marshal's Office @ 910-893-7580 or <http://www.harnett.org/emergencyservices/>.

Email your completed emergency plans and this workbook to: HCEM@harnett.org for review.

NOTICE: Please use this criteria form as a cross reference to your plan by listing the page number(s) and paragraph(s) in the left column where our plan reviewer can easily find each item in your plan. This will help ensure an expedited and accurate review of your facility's CEMP. We will no longer accept plans without this information being provided with this plan. Before a plan will be reviewed by our office, a Fire Safety Plan must be reviewed and approved by the Harnett County Fire Marshal's Division in accordance with Chapter 4 of the NC Fire Code, and must be attached to your CEMP before submittal to Harnett County Emergency Management.

**EMERGENCY MANAGEMENT PLANNING REVIEW CRITERIA
FOR RESIDENTIAL HEALTH CARE FACILITIES.**

Notice: Facilities must submit their plans with the appropriate page numbers shown in the left column. We will return plans received without this information to the facility for completion. This information will help expedite the review process. The reviewer will show whether the minimum criteria by checking the OK column or placing X in the Revise column. The reviewer may provide additional comments at the end of this review to help the facility in any revisions.

List Page Nos. Here	CRITERIA ITEM	OK	Revise
	I. INTRODUCTION Provide basic information concerning the facility to include:		
	1. Name of the facility, address, telephone number, emergency contact telephone, number, pager and/or fax numbers <u>if available</u> , type of facility (i.e., ALF), and state license number: [_____]		
	2. Owner of facility, address, telephone number.		
	3. Year facility was built, type of construction, and date(s) of any subsequent construction.		
	4. Name of Administrator, address, work/home telephone numbers, and the same information of his/her alternate in command.		
	5. Name, address, work/home telephone number of the person implementing the provisions of this plan, <u>*if different from the administrator.</u>		
	6. Name and work/home telephone number(s) of person(s) who developed this plan.		
	7. Provide an organizational chart, including phone numbers, with key management positions identified.		
	8. Provide an “ <u>Introduction</u> ” to the Plan that describes its purpose, time of implementation, and the desired outcome that will be achieved through the planning process. Also, provide any other information concerning the facility that has bearing on the implementation of this Plan.		

PAGE(S)	CRITERIA ITEM:	OK	Revise
	II. AUTHORITIES AND REFERENCES		
	1. Identify the <u>legal basis</u> for the plan development and implementation to include statutes, rules and local ordinances.		
	2. Identify the reference materials used in the development of this Plan, (i.e., Red Cross, NC Fire Code, FEMA resources, etc).		
	3. Identify the hierarchy of authority in place during emergencies. Please provide an organizational chart (if different from the previous chart required).		
	III. HAZARD ANALYSIS		
	1. Describe the potential hazards that your facility is vulnerable to, such as, hurricanes, tornadoes, flooding, fires, hazardous materials incidents from fixed facilities or transportation accidents, power outages during severe cold or hot weather, etc. Indicate past history and lessons learned.		
	2. Provide a site specific information concerning the facility to include: a. # of facility beds [____], maximum licensed # of clients on site [____], average # of clients on site [____], average # of medical staff on site [____], average # of support staff on site [____].		
	b. Type of residents/patients served by the facility to include, but not limited to: <ul style="list-style-type: none"> • Patients with Alzheimer’s Disease. [____] • Patients requiring special equipment or other special care, such as oxygen or renal dialysis. [____] • Number of residents who are self-sufficient. [____] * [If your facility has patients with special needs, please make sure to work out agreements of understanding with each provider for these special services]		

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	3. Identification of any hurricane storm surge areas the facility may be in that may require evacuation depending on the category of the hurricane (i.e., Categories 1, 2, 3, 4, & 5).		
	4. Identification of which flood zone (i.e., A, C, or V) the facility is in as identified on FEMA’s Flood Insurance Rate Map. <ul style="list-style-type: none"> • https://fris.nc.gov/fris/Index.aspx?FIPS=085&ST=NC&user=General%20Public. 		
	5. Proximity of facility to a railroad or major transportation arteries (i.e., Interstate, or major highway) where hazardous materials incidents may occur.		
	a. Identify if your facility is within 10 miles or 50 miles of an emergency planning zone of a nuclear power plant. <ul style="list-style-type: none"> • https://www.duke-energy.com/safety-and-preparedness/nuclear-safety/harris 		
	<p>IV. DIRECTION AND CONTROL</p> <p>Define the management function for emergency operations. Direction and control provides a basis for decision-making and identifies who has the authority to decide for your facility.</p> <p>*This section of the plan should define the policies, procedures, responsibilities and actions that the facility will take before, during and after any emergency situation. At a minimum, the facility plan needs to address: direction and control, notification, sheltering- in-place and evacuation to host shelters.</p>		
	1. Identify, by name and title, who is in charge during an emergency, and one alternative, should that person be unable to serve in that capacity.		
	2. Identify the “Chain of Command” to ensure continuous leadership and authority in key positions.		

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	<p>3. State the procedures to ensure timely activation and staffing of the facility in emergency functions.</p> <p>Are there provisions for emergency workers' families?</p>		
	<p>4. State the operational and support roles for all of facility staff. (This will be accomplished through the development of Standard Operating Procedures (SOP) which must be attached to this Plan.)</p>		
	<p>5. State the procedures to ensure the following needs are supplied:</p> <ul style="list-style-type: none"> a. Food, water and sleeping arrangements. b. Emergency power (i.e., generator), please indicate type: natural gas, gasoline, or diesel. <ul style="list-style-type: none"> • If natural gas, identify alternate means should loss of power occur which would affect the natural gas system. • What is the capacity of emergency fuel systems? c. Transportation arrangements for evacuation transport of <u>residents</u>. Additionally, include arrangements for transport of <u>logistical supplies</u> (i.e., food, records, medicines, medical equipment, etc). <ul style="list-style-type: none"> • Transportation may be covered in the Evacuation Section. d. 72 hours supply of all essential supplies (i.e., food, water, medicines, extra fuel, etc). 		
	<p>6. Provision for 24-hour staffing on a continuous basis until the emergency has abated.</p>		

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	V. NOTIFICATION Procedures must be in place for the facility to receive timely information on impending threats and alerting of facility decision-makers, staff and residents of potential emergency conditions.		
	1. Define how the facility will receive warnings, to include off hours and weekend/holidays.		
	2. Identify the facility's 24-HOUR contact number, <u>*if different from</u> telephone number listed in the introduction.		
	3. Define how the key staff will be alerted.		
	4. Define the procedures and policies for reporting to work for key workers involved in implementation of this plan.		
	5. Define how residents/patients will be alerted and the precautionary measures that the staff will take not to frighten your residents/patients.		
	6. Identify alternative means of notification should your primary alert system fail (i.e., backup).		
	7. Identify procedures for notifying host facilities to which residents will be evacuated.		
	8. Identify procedures for notifying families of residents that facility is being evacuated.		
	VI. EVACUATION Describe the policies, roles, responsibilities, and procedures for the evacuation of residents from the facility. EM should be made aware of any evacuations and should be specified in your plan.		
	1. Identify the individual responsible (i.e., administrator) for carrying out facility evacuation procedures.		

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	2. Identify transportation arrangements made through <u>mutual aid agreements or understandings</u> that will be used to evacuate residents. *Copies of the agreements must be attached as annexes.		
	3. Describe transportation arrangements for logistical support to include moving of vital records, medications, food, water, and other necessities (i.e., facility vehicles or rental vehicle) *Copies of the agreements must be attached as annexes.		
	4. Identify the predetermined locations where you will evacuate your residents. *Copies of the agreements must be attached as annexes		
	5. Provide a copy of the mutual aid agreements that have been prearranged with each host facility to receive your residents/patients. Agreements must be current and signed each year. *Copies of the agreements must be attached as annexes.		
	6. On a map or maps, identify evacuation routes that will be used and secondary routes should the primary route become impassable. Additionally, provide written driving directions with each map.		
	7. Approximate how much time it will take successfully to evacuate all patients/residents to the receiving facility.		
	8. What are the procedures to ensure facility staff will accompany evacuating patients/residents to the host facility?		
	9. Identify procedures that will be used to keep track of residents once they have been evacuated (to include a log system). *Please include a copy of LOG SYSTEM FORM for reviewer.		
	10. Determine what and how much should each resident take. Provide for a minimum of 72 hour stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude (i.e., Hurricanes Fran, Matthew or Florence).		

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	11. Establish procedures for responding to family inquiries about residents whom you have evacuated.		
	12. Establish procedures for ensuring all residents are accounted for and are out of the facility.		
	13. Determine at what point to begin the pre-positioning of necessary medical supplies and other logistical provisions.		
	14. Specify at what point the mutual aid agreements for transportation and the notification of alternative host facilities will begin.		
	<p>VII. REENTRY</p> <p>Once you have evacuated a facility, procedures need to be in place for allowing residents or patients to reenter the facility. Harnett EM should be made aware of reentry and specified in your plan.</p>		
	1. Identify who is the responsible person(s) for authorizing reentry to occur (i.e., administrator, maintenance sup.).		
	2. Identify procedures for inspecting the facility to ensure it is structurally sound (i.e., maintenance supervisor, certified building contractor, licensed engineer or architect).		
	3. Identify how your facility will transport residents from the host facility back to their home facility and identify how you will receive accurate and timely date on reentry.		
	<p>VIII. SHELTERING</p> <p>If your facility is to be used as a shelter for an evacuating facility, your Plan must describe the sheltering/hosting procedures that will be used once the evacuating facility residents arrive.</p> <p>*Note: (If your facility will not be used as a host facility, please specify in your plan.)</p>		

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	1. Describe the receiving procedures for arriving residents/patients from an evacuating facility.		
	2. Identify where additional patients/residents will be housed. <u>PROVIDE A FLOOR PLAN</u> which identifies the space allocated for additional residents or patients.		
	3. Please identify provisions of additional food, water, medical needs of those residents/patients being hosted at receiving facility for a minimum of 72 hours.		
	4. Describe the procedure(s) for ensuring 24 hour operations.		
	5. Describe procedures for providing sheltering for family members of critical workers.		
	6. Identify when the facility will seek a waiver from the <i>appropriate approval authority</i> to allow for the sheltering evacuees if this creates a situation that exceeds the operating capacity of the host facility. *Identification of the approving authority should be written in the plan, stating name, title and contact information.		
	7. Describe procedures for tracking additional residents or patients sheltered within the facility. *Suggestion: Use LOG SYSTEM		
	<p>VIX. INFORMATION, TRAINING, AND EXERCISE</p> <p>This section will identify the procedures for increasing employee and patient/residents awareness of possible emergency situations and provide training on their emergency roles before, during, and after a disaster.</p>		
	1. Identify how key workers will be instructed in their emergency roles during non-emergency times.		
	2. Identify a training schedule for all employees and identify the provider of the training.		
	3. Identify the provisions for training new employees regarding their disaster related role(s).		

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	4. Identify a schedule for exercising all or portions of the disaster plan on an annual basis. *Note: This is in addition to FIRE DRILLS conducted in compliance with NC Fire Code.		
	5. Establish procedures for correcting deficiencies noted during training exercises.		
	<p style="text-align: center;"><u>ANNEXES</u></p> <p>The following information is <u>required</u>, yet placement in an annex is <u>optional</u>, if the material is included in the body of the plan.</p>		
	I. Roster of employees and companies with KEY disaster related roles: <ul style="list-style-type: none"> a. List the names, addresses, telephone numbers of all key staff members with disaster related roles. 		
	<ul style="list-style-type: none"> b. List the name of the company, contact person, telephone number and address of emergency service providers such as transportation, emergency power, fuel, food, water, law enforcement (City/County), fire department, Red Cross, etc. 		
	II. Agreements and Understandings: Provide annually updated copies of any “Mutual Aid Agreement” entered into pursuant to the fulfillment of this plan. This is to include reciprocal host facility agreements, transportation agreements for transporting residents and logistical supplies, current vendor agreements (i.e., food, water, pharmacy, other vital medical supplies, renal dialysis, linen, generator, fuel, or any other agreement) needed to ensure the operational integrity of this plan.		
	III. Evacuation Route Map(s); Map(s) of the evacuation routes (i.e., primary and secondary routes) to each host facility and a written description of how to get to a receiving host facility for drivers.		

	IV. Support Material: Any additional material needed to support the information provided in your Plan.		
PAGE(S)	CRITERIA ITEM:	OK	Revise
	Copy of your facility’s Fire Safety Plan that is approved by Harnett County Fire Marshal's Division. *Harnett County Fire Marshal's Division 1005 Edwards Brothers Drive PO Box 370 Lillington, NC 27546 PH: 910-893-7580		

<u>SUGGESTIONS AND COMMENTS FROM PLAN REVIEWER</u>