

# **CHATHAM COUNTY EMERGENCY OPERATIONS PLAN**

## **ESF-8 ANNEX APPENDIX 8-7 NURSING HOME COORDINATION**

**AUGUST 2009**

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## **ACRONYMS**

ALF	Assisted Living Facility
CAT	Chatham Area Transit
CEMA	Chatham Emergency Management Agency
CPG	Command Policy Group
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
EVAC	Evacuation
HSPD	Homeland Security Presidential Directive
GDOT	Georgia Department of Transportation
GEMA	Georgia Emergency Management Agency
GEOP	Georgia Emergency Operations Plan
GSP	Georgia State Patrol
IC	Incident Command/Incident Commander
LEO	Law Enforcement Officer
NH	Nursing Home
POC	Point(s) of Contact
SCMPD	Savannah Chatham Metropolitan Police Department
SFES	Savannah Fire and Emergency Services
CCSO	Chatham County Sheriff's Office
SOC	State Operations Center

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## **I. INTRODUCTION**

- A. The evacuation of a nursing home is an extremely serious undertaking with inherent risks to the residents the facility it seeks to protect. The mass movement of persons during an emergency event who are often extremely frail, bed-ridden, comatose, cognitively impaired, and/or dependent upon ventilators or intravenous feeding or hydration equipment has considerable health implications. Nursing home residents have higher disaster-associated risks than other populations. Moving them out of harm's way may well become a community imperative. As practitioners providing care for the frail elderly and persons with disabilities, nursing homes have a moral, legal, and professional responsibility to plan and prepare for emergency operations, including the decision to evacuate or shelter-in-place.
- B. In addition to moving residents to safety, the evacuation of a nursing home also includes moving medical records, medications, medical equipment, disposable products, and food and water. Further, staff must also be available to move with the residents to the destination location. Evacuation of a nursing home is time-consuming, complex, and expensive and must be thoughtfully addressed in the facility's emergency management plan.
- C. Because of the unexpected nature of emergencies, there is no single evacuation formula on which nursing home leaders may rely. Evacuation decision-making is rarely a straightforward, linear process; but rather, simultaneously involves a myriad of factors.

## **II. PURPOSE**

- A. The purpose of this Appendix is to provide guidance in the development of an evacuation plan containing detailed information, instructions, and procedures that can be engaged in any emergency situation necessitating either a full or partial evacuation of the nursing home or assisted care facility. A facility's evacuation plan must incorporate staff roles and responsibilities essential to this process. Staff must be educated in their role(s). Drills and reviews must be conducted to ensure that the plan is workable. The plan must include back up measures for all components.
- B. This Appendix will define an organized process for guiding Nursing Homes and like facilities through the emergency planning process to ensure the facility is adequately prepared to initiate and manage an evacuation of their clients.

### III. SCOPE

- A. Nursing homes and assisted living facilities caring for vulnerable elders and persons with disabilities are responsible for comprehensive plans for their care and protection and, when conditions warrant, facilities must take quick, decisive action to follow through on those plans. Emergencies can be relatively localized events like tornadoes, or may encompass large geographic regions as in the case of earthquakes, hurricanes, and wildfires. The speed at which events unfold can vary greatly.
- B. While planning for every scenario is impossible, the disaster mitigation and response plans developed and maintained by nursing homes and assisted living facilities are comprehensive by design, incorporating extensive protocols and agreements to facilitate sheltering-in-place, or if necessary, complete evacuation. Laws and regulations require comprehensive planning to ensure the protection of long term care facility residents; their proper nutrition and hydration; adequate staffing before, during, and after an event; and maintenance of essential communications with both families and government officials. There are also requirements for the safe transportation of our most frail, least ambulatory residents in the event conditions warrant swift relocation.
- C. Redundancy in disaster planning is strongly encouraged as it is certain that resources will be stretched thin by constantly changing conditions. Facilities are encouraged to implement a *three-deep* philosophy, entering into contracts with multiple vendors for the provision of food, water, emergency power, transportation, and emergency destinations. Most importantly, a facility's Incident Command must be prepared to consider and act on a facility's evacuation decision-making criteria.

### IV. AUTHORITIES

- A. This Appendix is developed in accordance with the legal references listed below, and under the authority of the Chairman of the Board of the County Commission, Chatham County, Georgia; and the Director of the Chatham Emergency Management Agency, Chatham County, Georgia. This Appendix supersedes all similar and previous versions to date.
  - 1. FEDERAL:
    - a. National Response Framework, October 2007
    - b. Homeland Security Presidential Directive #5 (HSPD) – Management of Domestic Incidents.
    - c. Robert T. Stafford Disaster Relief and Emergency Assistance Act

2. STATE:
  - a. Georgia Emergency Management Act of 1981, as amended
  - b. Georgia Emergency Operations Plan (GEOP)
3. COUNTY:
  - a. Chatham County Emergency Operations Plan (EOP)
  - b. Chapter 4, Article III, of the Chatham County Code, Emergency Management, March 24, 2006

**B. Assignment and Responsibility**

1. CEMA has primary responsibility for compliance with provisions of the Chatham County Emergency Operations Plan (EOP); therefore will have primary responsibility for ensuring execution of activities outlined in the supporting documents.
2. Partners responsible for providing supporting actions will coordinate internal resources and personnel suitable to carrying the tasking defined in this document.
3. The Nursing Home and Assisted Living Facility evacuation coordination is managed through the EOC and executed in the field with coordination handled through ESF8 Health and Medical.

**V. ASSUMPTIONS**

- A. Nursing Home and Assisted Living Facility evacuation operations are initiated by the appropriate command authority using all available resources to assure an effective response.
- B. This Appendix is designed to provide the guidelines and procedures that allow for the coordinated evacuation of a Nursing Home or Assisted Living Facility's clients. Operational actions and decisions made prior to the evacuation operation will be based to a large degree on the specific situation at hand and not on any one factor to be outlined in this plan.
- C. Re-entry is a priority after an event and begins as soon as practical.
- D. Guidance provided in this Appendix may also be used to protect lives and property in the event of an ordered partial evacuation. The Incident Commander (IC) will be in command of a single significant event, and the Command Policy Group (CPG) [sic. Mayors, County Commission

Chairman, and CEMA Director] is responsible for policy decisions following a large-scale disaster, both go through the same decision making process regarding evacuation from the County in whole or in part.

## **VI. IMPLEMENTATION**

- A. This plan is implemented upon the recommendation of the Director of CEMA with the approval of the Chairman, Chatham County Board of Commissioners and concurrence of the Mayors of the Municipalities as appropriate (referred within this document as the CPG). Prior to the start of evacuation operations, CEMA will advise the State Operations Center (SOC) of the anticipated schedule of events.
- B. Management of this plan will be coordinated through the primary coordinators of established County ESF Groups. These primary coordinators jointly make determinations necessary for the required response level to implement the plan.

## **VII. CONCEPT OF OPERATIONS**

- A. Evacuation Plan
  - 1. A Nursing Home or Assisted Living Facility must develop a workable emergency evacuation plan. The information in this Appendix provides guidance in the development of an evacuation plan containing detailed information, instructions, and procedures that can be engaged in any emergency situation necessitating either a full or partial evacuation of the nursing home or assisted care facility.
  - 2. This plan must incorporate staff roles and responsibilities essential to this process. Staff must be educated in their role(s). Drills and reviews must be conducted to ensure that the plan is workable. The plan must include back up measures for all components and should include at a minimum the following components:
    - a. Activation Criteria
      - 1) Identify the title, not name of the person that makes the decision to activate the plan.
      - 2) Identify the title, not name of the alternate person that activates the plan if the primary person is not available.
      - 3) Define how the plan is activated.

- 4) Define the phases of implementation and the activation requirements for each (staff notification, accessing available resources and equipment, preparation of residents and essential resident supplies).
- b. Identification of the Alternate Site(s)
- 1) Identify alternate/receiving facilities.
  - 2) Identify and have on-hand, written documentation that confirms the commitment of these facilities such as a Memorandum of Understanding or Contract
  - 3) Explain the process for ensuring these facilities remain available at the time of the evacuation.
  - 4) Explain the process of notifying identified facilities that a decision has been made to evacuate residents to their facilities.
- c. Resources/Evacuation
- 1) Identify the resources and equipment that are available to move residents from rooms/floors, which include elevators that are not in operation.
  - 2) Identify where this equipment is stored and ensure that the area is clearly marked for staff access during an evacuation.
  - 3) Explain how the staff can access this equipment 24/7.
  - 4) Explain the protocols for staff training on equipment use.
  - 5) Define the inventory protocol in place for this equipment.
- d. External Transportation Resources
- 1) Indicate the transportation resources that have been identified.
  - 2) Provide written documentation that confirms the commitment of the transportation resources to the facility when needed such as a Memorandum of Understanding or Contract.

- 3) Provide a means to keep these agreements current.
  - 4) List the secondary/alternate transportation resources identified and available if needed.
  - 5) Ensure transportation resources meet the resident's needs (supine, wheelchair, ambulatory, life support, etc.).
  - 6) Define the protocols that ensure the recurrent assessment of residents for specific transportation needs.
  - 7) Identify the means by which resident' transportation needs are identified (Interdisciplinary Care Plan) and explain how this information kept current.
- e. Resident Evacuation Destination
- 1) List any resident's pre-determined destination (other nursing home, hospital, home with family).
  - 2) Explain the protocols used to determine if the destinations are specific to individual resident care needs.
  - 3) Explain where this information is maintained (Interdisciplinary Care Plan) and
  - 4) How it is kept current.
- f. Tracking Destination/Arrival of Residents
- 1) Explain the process that is in place to track the pre-determined destination of each resident.
  - 2) List who (title[s], not names[s]) is responsible for tracking resident arrival at their destination.
  - 3) Provide instructions explaining the protocol for informing the resident and/or their emergency contact of this predetermined destination.
  - 4) Provide a written process to ensure the residents a well-organized return to the original facility at the conclusion of the situation requiring the evacuation.

- g. Family/Responsible Party Notification
  - 1) Define the procedure for notification of the resident's emergency contact of an evacuation.
  - 2) Explain the protocol that identifies those residents who are unable to speak for themselves. Provide instructions for the process for assigning staff members in this situation.
  - 3) Identify the person(s) (title, not name) responsible for this notification.
  - 4) Explain the process for creating the script that is to be used for the notification process (where, why, how, when, etc.).
  - 5) Identify the person(s) (title, not name) responsible for composing the script.
  - 6) Explain the process for tracking completion of family/emergency contact notifications.
- h. Governmental Agency Notification
  - 1) Define the procedure for notifying regulatory authorities of an evacuation.
  - 2) Identify other governmental (local) agencies that will be notified of an evacuation (Chatham Emergency Management Agency, Ombudsman, etc.; what are their phone numbers).
  - 3) Identify the person(s) (title, not name) responsible for these notifications.
- i. Room Evacuation Confirmation
  - 1) Explain the protocol to verify that rooms have been evacuated (orange tags, chalk on door).
  - 2) Explain the protocol for staff training and conducting drills on room evacuation.
  - 3) Identify the means to ensure that all facility staff is aware of this protocol.

- 4) Ensure that this protocol is included in annual and orientation education.
- 5) Define the means used to ensure the fire department and other facility first responders been made aware of the protocol.

j. Transport of Records and Supplies

- 1) Explain the procedure for transport of Medication Administration Records and medical records.
- 2) Explain how confidentiality will be maintained during transport.
- 3) Explain how resident-specific specialized treatment supplies will be identified for transport.
- 4) Define the protocol for transport of resident-specific medications (a minimum three day supply) to the receiving facility.
- 5) Identify the protocol for transport of resident-specific controlled substances (a minimum three day supply) to the receiving facility.
- 6) List the procedures are in place for controlled substances to record receipt, full count, and signatures of both transferring and receiving personnel.
- 7) Identify how the elements outlined above will be kept current and how this information will be maintained (Interdisciplinary Care Plan).

B. Transportation Guidelines

1. To provide guidance in the development of transportation needs for residents and staff. These needs must be addressed prior to the onset of conditions warranting an evacuation. Hurricanes are not the only conditions requiring evacuation; fire, chemical spills and a myriad of other more localized events could initiate a requirement for evacuation. Every facility needs transportation agreements that include certificates of insurance and that identify potential travel restrictions such as distance, county or state lines.
2. The transportation plan must incorporate staff roles and responsibilities essential to this process. Staff must be educated in

their role(s). Drills and reviews must be conducted to ensure that the plan is workable. The transportation component must include back up measures for all components and should include at a minimum the following components:

a. General

- 1) Ensure that the facility has approved emergency and evacuation plans.
- 2) Include Disaster Readiness as an ongoing topic at monthly training sessions.
- 3) The facility transportation plan should be aligned with the evacuation status of the facility. If the facility has to evacuate, plan to be out of the facility for at least three days; this means that transportation has to be planned for the relocation of staff in order to continue to care for the residents at the receiving facility.
- 4) Where possible evacuate during a Hurricane Watch but consider moving residents after the sun goes down when environmental temperatures have dropped. This makes it more comfortable for both the residents and the staff and reduces the risk of hypothermia.

b. Contracts

- 1) Determine if there is adequate bus and emergency vehicle transportation available through contractual agreements and include the contracts as a part of the facility plan.
- 2) If there is inadequate availability of transportation vehicles in case of a disaster, work through the CEMA to plan accordingly.
- 3) Renew contracts annually with companies that spell out the means of transportation.
- 4) If there is the potential for distance travel, plan for different venues such as private bus companies.

c. Supplies

- 1) Supply transport is the method by which the supplies will be taken to an out-of-town host facility. Determine

- if the vendors will assist with this requirement. A signed and current contract is required or an addendum saying that the resident and supply transportation are the same.
- 2) Have a complete list of the supplies being transported to a host site, supplies to be delivered to a host site, and as applicable, supplies the host facility will provide.
  - 3) Check vendor agreements to ensure the delivery of emergency supplies, food provisions, nursing equipment, and laundry needs to host site. These agreements must be current and must include all supplies that might be needed.
  - 4) Include in the facility plan the means to transport supplies/beds/staff to the receiving facilities. A facility must not wait to get a rental van on the day of the evacuation.
  - 5) Reserve truck(s) well before the beginning of hurricane season. Anticipate going outside the area to access transportation.
  - 6) Move the emergency supplies with the residents or contact the food supplier for adequate food.
  - 7) Take all emergency medical and resident related supplies with the residents to the receiving facility. (Including documentation, assignment sheets, etc.).
  - 8) Coordinate transporting medication carts by unit. Try to send the medication/treatment carts on the same bus as residents from that unit. If that is not feasible, have the vehicle transporting the medication/treatment supplies for designated units follow the bus with the residents. This helps ensure that supplies arrive at the correct location.
  - 9) Use rental trucks to transport mattresses and wheel chairs. Make sure all equipment (walkers, chairs, etc.) are labeled with the resident's name and the facility name. Restorative aides should check this on a weekly basis during hurricane season.
  - 10) Keep an updated list of rented equipment, as well as durable medical equipment provided through

cooperative facilities. Decide if rental equipment should be transported.

d. Residents

- 1) Send resident-specific supplies on the buses with the residents. Include an emergency drug kit, hydration, and snacks for the residents and staff.
- 2) Facility vehicles are fully fueled and extra fuel available in an approved container.
- 3) Bus staffing should include at a minimum one nurse and 2-3 assistants for every 25 residents.
- 4) Keep an updated copy of the Resident Roster; this will help in the management of resident specific needs.
- 5) Identify and plan for special needs residents such as residents on dialysis and oxygen, residents in need of special lifting equipment, etc.
- 6) Keep a running list of residents (updated weekly) for their evacuation status. List the following:
  - a) Type of transportation required, recommended transferring and lifting techniques, and aligned staffing. Include a list of who may need oxygen during transport.
  - b) Involve the therapy department in the ongoing provision of lift, transfer, and transport training for staff. Involve therapy with the coordination of resident specific transportation guidelines, and reviews for transferring residents onto buses and other vehicles.
  - c) Identification of special needs, e.g. insulin for diabetics.
  - d) Have a binder with resident data that is updated daily of all current residents. Fax the data sheets to the receiving facility if possible. Also, ambulances will need this information for transport.

- e) Have identification bands for all residents with name, specific requirements such as thickened liquids, etc. Put the family contact name and number on both the face sheet and the identification bands.
  - f) Have nametags for all staff.
- e. Communications
- 1) Notify regulatory authorities of the impending evacuation; these telephone numbers should be posted for easy access.
  - 2) Notify families of relocation plans for their loved ones.
  - 3) Provide families or resident representatives with the name and address of the receiving facility.
  - 4) Provide the contact person's name and telephone number from the sending facility so they can be updated with the latest information on their family member.
  - 5) Consider that families/resident representatives may need to also evacuate. Obtain current information on where families/resident representatives will be located and their contact numbers.
  - 6) Buy or rent satellite phones (\$10 a day estimated rental - they only work outside), for use during evacuation; have at least one cell phone with battery charger.
  - 7) It is possible for the phone company to reroute a facility's telephone number to another number. Note that the receiving facility will not want to have their phone calls doubled with calls from sending facility family members. Consider an alternative number for this purpose.
- f. Re-entry
- 1) Reverse the process for returning the residents, medication carts, supplies, etc.

- 2) Emphasize the need for patience and stress management by staff and residents; everyone will be tired.
- 3) Confirm that regulatory authorities have approved the facility for a return.
- 4) Ensure that food products, power restoration, supplies, and medications are available at the sending facility.
- 5) Ensure adequate replacement staff is available in all departments for return to the facility.
- 6) Make sure the transportation contracts spell out the return expectations.

**C. Training and Exercises.**

1. Training and exercise help to ensure effective operations. A properly trained staff provides the framework for functionality and expedites operational tactics during the evacuation process. Minimum training requirements for each person supporting this Appendix are defined under the National Incident Management System (NIMS).
2. NIMS training are absolute minimums for anyone who plans to work in a post disaster environment. Those minimum requirements are outlined in FEMA's NIMS Five Year Training Plan.
3. Evacuation and re-entry operations and activities must be exercised in accordance with the County Emergency Operations Plan, Annex E – Training and Exercise. Modifications to this Appendix, or any part within, require exercise to practice/test those modifications. The exercise may only test the specific modified section of the Appendix, or it may test the entire operational plan. The magnitude of an exercise will be dictated by the significance in revision of the existing plan.
4. Furthermore, exercises should be performed whenever significant changes in Appendix structure or field support. The exercise scenario should determine the operational readiness of the staff and their equipment, and provide a record of activities for improvement planning. After Action Reviews/Reports should outline the needs for the Improvement Plan. The Improvement Plan should then be implemented and tracked to ensure any changes are incorporated and exercised to meet the intent of the Appendix.

Identified improvements, after being exercised and validated, will be incorporated into the existing Appendix as required.

## **VIII. RESPONSIBILITIES**

- A. CEMA Director: The CEMA Director serves as the primary advisor to the County Commissioners and the County Manager regarding emergency management. His role is to collect incident-related forecasts and/or information and relay information, along with his professional recommendations, to the local policy group for decisions and declarations. The Director also has signature authority and responsibility to issues and/or requests through the County and GEMA. Annually, the CEMA Director will schedule a coordination meeting with local Nursing Home and Assisted Living Facilities to discuss emergency management planning and emergency evacuation practices.
- B. CEMA Assistant Director: The CEMA Assistant Director (AD) provides the leadership role in CEMA Operations. He takes recommendations from the CEMA Duty Officer (DO) and determines the need for response actions, Emergency Operations Center (EOC) activations, and other CEMA functions through consultation with the CEMA Director. In the event activation of the EOC is ordered, the AD will make notifications to CEMA Staff and the GEMA Area V Field Coordinator. He will take the responsibilities of the CEMA Director when required. The CEMA AD serves as the primary point of contact as the Nursing Homes and Assisted Living Facilities are preparing for and executing their emergency evacuation plans.
- C. CEMA Duty Officer: The DO serves as the Agency's 24-hour crisis monitor for the County. The DO reports incident-related information to the AD and makes recommendations regarding action, response, and activation of the EOC. Under direction of the AD, the DO may respond to an incident and assist with incident management. The DO also serves as the initial point of contact for any field request from Nursing Homes or Assisted Living Facilities. In the event activation of the EOC is ordered, the DO will have primary responsibility to initiate notification to EOC Support Staff and the EOC Partial Activation Team. Once notifications are made, the DO is responsible for preparing the EOC for activation. The DO will serve as the initial EOC Manager until directed otherwise.
- D. ESF-8 Primary Coordinator: The ESF-8 Health and Medical Primary Coordinator serves as the community coordinator for ensuring the actions defined by the ESF are coordinated throughout the County and to coordinate input and planning with a multitude of ESF-8 Support Agencies. This position has the responsibility to manage this planning effort and export information to emergency response partners. The ESF-8

Primary Coordinator also serves as CEMA's Subject Matter Expert (SME) for Health and Medical events and coordinates the staffing of the ESF-8 Health and Medical Group Supervisor position in the EOC. The ESF-8 Primary Coordinator is managed through the Chatham County Department of Public Health.

- E. Nursing Homes and Assisted Living Facilities: These facilities have the responsibility to plan for the evacuation of their clients from an actual or perceived threat. Nursing Homes and Assisted Living Facilities shall communicate their emergency plans to CEMA and shall also participate in an annual survey to collect and compile information regarding client capacities, types and emergency transportation arrangements and destination locations.

## **IX. APPENDIX MANAGEMENT AND MAINTENANCE**

- A. CEMA is the executive agent for Appendix management and maintenance. This Appendix and supporting documents will be updated periodically as required to incorporate new directives and changes based on lessons learned from exercises and actual events. This section establishes procedures for interim changes and full updates of the Appendix.
- B. Types and Changes: Changes include additions of new or supplementary material and deletions. No proposed change should contradict or override authorities or other plans contained in statute, order, or regulation.
- C. Coordination and Approval: Any department or agency with assigned responsibilities within the Appendix may propose a change to the plan. CEMA is responsible for coordinating all proposed modifications to the Appendices with primary agencies, support agencies and other stakeholders. CEMA will coordinate review and approval for proposed modifications as required.
- D. Notice of Change: After coordination has been accomplished, including receipt of the necessary signed approval supporting the final change language, CEMA will issue an official Notice of Change. The notice will specify the date, number, subject, purpose, background, and action required, and provide the change language on one or more numbered and dated insert pages that will replace the modified pages in the EOP, Annex, or supporting documents. Once published, the modifications will be considered part of the EOP for operational purposes pending a formal revision and re-issuance of the entire document. Interim changes can be further modified or updated using the above process.

- E. Distribution: CEMA will distribute the Notice of Change to all participating agencies. Notice of Change to other organizations will be provided upon request. Re-issuance of the individual Appendix or the entire EOP will take place as required. Working toward continuous improvement, CEMA is responsible for an annual review and update of the EOP to include related annexes, and a complete revision every four years (or more frequently if the County Commission of GEMA deems necessary). The review and update will consider lessons learned and best practices identified during exercises and responses to actual events, and incorporate new information technologies. CEMA will distribute revised EOC Annex and Appendix documents for the purpose of interagency review and concurrence.

**TAB A  
NURSING HOME COORDINATION  
EMERGENCY PLAN CHECKLIST**

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**CHATHAM COUNTY EOP / ESF 8 ANNEX / APPENDIX 8-7 / TAB A  
NURSING HOME COORDINATION EMERGENCY PLAN CHECKLIST**

The purpose of this checklist is to provide guidance in the development of an evacuation plan containing detailed information, instructions, and procedures that can be engaged in any emergency situation threatening or occurring at a nursing home or assisted care facility. This plan must incorporate staff roles and responsibilities essential to this process. Staff must be educated in their role(s). Drills and reviews must be conducted to ensure that the plan is workable. The plan must include back up measures for all components.

ITEM	ITEM COMPLETE		REVIEW DATE	REVISION DATE
	YES	NO		
<b>PROGRAM MANAGEMENT</b>	<b>YES</b>	<b>NO</b>		
• Facility Chain of Command established & current				
• Emergency Management Committee established/current				
• Incident Command System structure established/current				
• Local partnerships established & renewed				
o Chatham Emergency Management Agency (CEMA)				
o Emergency Responders (Police, Fire & EMS)				
o Health Care Network/Providers				
• Other public/private responders & resources				
• Plan activation triggers defined & understood				
• Responsible parties assigned for implementation of Emergency management program				
• Emergency Plan & Procedures reviewed, revisions complete minimum of twice each year)				
• Transfer agreements established & current				
<b>COMMUNICATIONS</b>	<b>YES</b>	<b>NO</b>		
• 24/7 Communication capability with redundancy				
• Emergency power				
• Protocols for rapid notification of staff				
o Staff				
o Chatham Emergency Management Agency				
o Oversight agencies				
o Public & private resources				
o Facility Ombudsman Program				
• System & staff in place for communication with resident & staff families, media, etc.				
• 24-hour contact info for above current & verified				
<b>HAZARD VULNERABILITY ANALYSIS</b>	<b>YES</b>	<b>NO</b>		
• Facility internal hazard analysis completed				
• Facility external hazard analysis completed				
• Communication & facility hazard analysis integrated				
<b>RISK REDUCTION FACTORS (Mitigation)</b>	<b>YES</b>	<b>NO</b>		
• Identification				
• Implementation plan established				
<b>CAPABILITY ASSESSMENT</b>	<b>YES</b>	<b>NO</b>		
• Able to respond to threats based on plans & resources				
• Consistent with hazard analysis & risk reduction actions				
<b>EMERGENCY PLANNING AND RESPONSE</b>	<b>YES</b>	<b>NO</b>		
• Procedures to respond to the following hazards:				
o Hurricane & Tropical Storm				
o Disruption of essential services				

**CHATHAM COUNTY EOP / ESF 8 ANNEX / APPENDIX 8-7 / TAB A  
NURSING HOME COORDINATION EMERGENCY PLAN CHECKLIST**

○ Biological				
○ Chemical/Hazardous Materials				
○ Nuclear/Radiological				
○ Catastrophic				
• Shutdown of air handling equipment and implementation of smoke, gas, dust dissipation facilities				
• Implementation of protocols for use of staff, public & private resources				
• Plan for ID of responding staff & emergency workers				
• Shelter in place plan & protocols				
<b>RECOVERY</b>	<b>YES</b>	<b>NO</b>		
• Plan to restore services				
• Plan to restore/repair infrastructure				
• Plan to restore programs				
• Plan for continuity of staff & operations				
<b>EVACUATION PLAN</b>	<b>YES</b>	<b>NO</b>		
• Activation criteria established				
• Identification and mutual agreement of alternate site(s)				
• Resources to move residents identified & on-hand				
• External transportation arrangements & written contract				
• Resident (specific to care needs) evacuation destination predetermined & current				
• System to identify & track destination/arrival of residents				
• Family/responsible party notification protocol				
• Government agency notification protocol				
• Confirmation of room evacuation				
• Transport of medical records, meds & specialized treatment supplies with residents				
<b>DRILLS AND EXERCISES</b>	<b>YES</b>	<b>NO</b>		
• Emergency preparedness drills (min 2 times each year)				
• Written critique & responsible party review of each exercise critique				
• Written critique & responsible party review of real world incidents or responses				
• Revisions initiated & completed immediately				
• Participation in community wide exercise program				
<b>EDUCATION</b>	<b>YES</b>	<b>NO</b>		
• All staff educated within four weeks of plan revisions				
• Staff familiar with their roles in the facility's Emergency Management Program				

**Note:** Any checklist has shortcomings in that it cannot measure the reality of a given event, or actual capabilities of facility staff.

**TAB B - FOUO  
NURSING HOME COORDINATION  
FACILITY SUMMARIES**

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**TAB C - FOUO  
NURSING HOME COORDINATION  
COLLECTED SURVEYS**

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