



South Carolina Department of Social Services  
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# All Hazards Disaster Emergency Operations Plan Development Guide and Template for DSS Foster Family Child Care Foster Group Homes Children in Intensive Foster Care & Clinical Services

**DRAFT**

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Management Division

## **Glossary and Acronyms**

NOAA National Oceanic and Atmospheric Administration

CDC Centers for Disease Control and Prevention

DHEC Department of Health and Environmental Control

EMD Emergency Management Division

MAR Medication Administration Records

DSS Department of Social Services

GH Group Home

CPA Child Placing Agency

SCEMD South Carolina Emergency Management Division

SMNS Special Medical Needs Shelter

DRS Disaster Response Services (DSS)

GHCPALRS Group Home and Child Placing Agency Licensing and Regulatory Services

# EMERGENCY OPERATIONS PLAN TEMPLATE AND ATTACHMENTS

As a courtesy, the Department of Health and Environmental Control provided their template, Emergency Operations Plan Development Guide and Template for Extended Care FacilitiesII to use in the creation of this document.

This document is not all inclusive and should be used only as a guide. It is not intended to supersede or substitute for compliance with SC DSS Division of Human Services Group Home and Child Placing Agency Licensing and Regulatory Services.

Each facility/home may adopt the template to their unique needs and customize it accordingly. The checklists should also be incorporated as a component of the plan. The Department does not guarantee that a facility/home using this template will be in compliance with Federal or State regulations or that all issues are addressed.

Furthermore, staff must be trained in the use of the plan, yearly continuing education must be conducted, and the plan must be retested and refined.

Following is a template describing items to be included in a comprehensive all-hazards disaster plan. Planning, response and recovery should be components addressed in the plan. The checklists needed to be attached to your plan and/or posted as indicated. Job action sheets are also included to assist your staff in knowing their roles during an emergency.

Your plan should include the following:

## A. General Information

1. Purpose – Indicate plan purpose, i.e. – The purpose of this plan is to describe the actions to be taken by the facility/home operator and facility/home staff in the event of an emergency or disaster that occurs at or otherwise threatens the lives or safety of the occupants or staff. II
2. Organizational chart – attach to the plan
3. Personnel call down list – See Attachment 1: Emergency Contact Roster
4. Communications Center- DSS Communications Center when activated, staff from the group homes and CPA unit will staff the center- See Attachment 1: Emergency Contact Roster
5. Emergency telephone numbers to include sheltering facilities, transportation, emergency medical services, County Emergency Management Offices, staff, etc. – See Attachment 2: External Emergency Contact Information
6. Notification information- See Attachment 1: Emergency Contact Roster
7. Procedures for activating Emergency Operation Plan
8. Resource Lists (personnel, equipment, vehicles, etc.)
9. Command Structure and Responsibilities- Your plan should indicate use of some type of incident command system- identify who is in charge during an emergency (Incident Commander), that is, who has the authority to make decisions for the facility/home. An alternate should be selected for this person. The Director of the internal staff should be in charge of an incident. Describe Departmental responsibilities and emergency tasks and designated individuals to handle these tasks. (See Section VII. Facility Departmental Responsibilities: Job Action Sheets)
10. Security. Indicate procedures for securing buildings/homes during emergencies (lockdown)

## B. Facility/Home- Specific Information

This information is made up of the location and characteristics of the facility/home and the occupants associated with it. Include the facility/home location, the number of children, including volunteers and staffing, operational constraints, and any hazards that may be present:

1. Describe number of buildings/homes, year they were built, type of construction, number of floors, type of construction, water source (city or well), sewer or septic tank, location of smoke alarm/sprinkler system, location of alternative power supply, if available, etc.
2. Attach a floor plan of the facility/home showing offices, spaces, utility spaces, location of hazardous materials, emergency exits/doors, and evacuation routes.
3. Hazard analysis. Describe potential hazards the facility/home is vulnerable to, such as: Fire, both internal and external; severe thunderstorms and lightning; tornadoes; hurricanes and tropical storms; ice storms, flooding; hazardous materials, including hazardous materials stored at fixed facilities/nearby homes and hazardous

materials transported by rail or road near the facility/home; winter storms; nuclear power plant incidents; earthquakes.

4. Indicate proximity of facility/home to a railroad or major transportation artery.

5. Identify if facility/home is located within 10 or 50 mile emergency planning zone of a nuclear power plant.

6. Number of facility beds / beds per home/number of bedrooms, maximum number of children on site, average number of children on site.

7. Medically fragile children requiring special equipment or other special care, such as oxygen or dialysis; number of Medically fragile children who are self-sufficient.

## C. Evacuation Plan

See Attachment 5: Evacuation Checklists

Note: The Evacuation Plan includes the Transportation Plan, the Sheltering Plan, and the Staffing Plan along with the required attachments and documents. The plans should be coordinated with GHCPALRS, DRS and EMD.

Copies of the plans should be filed with your county emergency preparedness division. (Listing available)

1. Transportation Plan – The transportation plan should describe how the children will be transported to the sheltering facilities or alternate group/foster care homes. It should include as an attachment any contracts or Memorandums of Agreement with transportation companies, churches or other transportation modality.

The transportation plan should include:

- a. The number and type of vehicles required.
- b. How the vehicles will be obtained.
- c. Who will provide the drivers.
- d. Medical support to be provided for the medically fragile children during transportation.
- e. Estimation of the time to prepare the children for transportation.
- f. Estimation of the time for the facility/home to prepare for evacuation.
- g. Estimation of time for the children to reach the sheltering facilities or alternate group/foster care homes.
- h. Detailed route to be taken to each sheltering facilities or alternate group/foster care homes.
- i. Description of what items must be sent with the medically fragile children such as (1) the child's medical record, which contains medications being taken, dosage, frequency of medication administration, special diets, special care, etc. (2) a 3 day supply of medications, (3) special medical supplies the child may need, (4) other items such as clothing, toys, books, etc.
- j. The medical records should be provided to the receiving facility/home and remain with the receiving facility/home until the child(ren) is further transferred back to the sending facility/home or to another alternate group/foster care home.
- k. Records should be maintained of which children are transported to which facilities/homes.

2. Sheltering Plan – The Sheltering Plan should describe where the children will be transported. The receiving facility/home should be appropriate for the level of care required, especially for the medically fragile children, being evacuated. It should include as an attachment any contract, memorandum of agreement, or transfer agreement the facility/home has with a receiving sheltering facilities or alternate group/foster care homes.

The Sheltering Plan should include:

- a. Sleeping plan
- b. Feeding plan
- c. Medication plan
- d. Accommodations for relocated staff/volunteers
- e. Number of relocated children that can be accommodated at each receiving facility

3. Staffing Plan – The Staffing Plan should include how the relocated children/ medically fragile children will be cared for at the sheltering facility as well as the number and type of staff that is needed at the evacuating facility to help evacuate the children/ medically fragile children.

The Staffing Plan should include:

- a. Description of how care will be provided to relocated patients or residents
  - b. Identification of number and type of staff needed to evacuate the facility and to accompany children/ medically fragile children to the sheltering facility
  - c. Plan for relocating facility staff/volunteers.
4. Attachments and Documents (where applicable)
- a. Sheltering agreements between the facility and the receiving facility (must be updated annually)
  - b. Transportation agreements between the facility, bus services, churches, etc. (must be updated annually)
  - c. Documentation of any coordination between law enforcement, fire departments, Emergency Management Agencies, etc.

## D. Sheltering in Place

In certain situations, such as a tornado or chemical incident, your facility may be ordered by local, emergency management, state or federal authorities to stay and shelter in place. During a hurricane the facility may be allowed to shelter in place by being exempt from a Governor's mandatory evacuation order. Regardless, the facility needs to plan for sheltering in place. In an emergency, your facility may be without telephone or other communications, electric power, or water and sewer service for several days. The facility must be able to exist on its own for at least 72 hours without outside assistance. Your plan should include provisions for care of children/ medically fragile children (monitoring of medical conditions), facility safety and security, food, water, medications, contact with first responders (fire, police, EMS, etc.) and public health (SC DHEC), transportation, staff, lighting, temperature control, waste disposal, and medical supplies.

See Attachment 7: Shelter-In-Place Preparedness and Supply Checklist for more detailed information.

## E. Recovery Plan

Recovery planning should include a person designated to be in charge of recovery operations. The plan should also make provision for the following during recovery: documentation, financial matters, inventory and re-supply, and records preservation.

Planning should include steps to resume operations immediately after an emergency. It is important to assess remaining hazards, ensure personnel safety, and protect undamaged property, equipment and supplies. It is also critical to keep detailed records of damaged-related costs. Take photographs or videotape the damage.

*See Attachment 8: Recovery Checklists for a listing of recovery actions that should be performed after a disaster.*

## F. Policies and Procedures for Specific Disaster Situations

Different policies and procedures should be developed for specific disaster situations. Checklists have been provided as indicated for inclusion into the plan and/or posted.

**Note:** The checklists provided must be customized in accordance with specific requirements for your facility, if applicable. Please consult the regulation to ensure the checklists reflect all regulatory requirements.

Preparedness and Response plans for the following disasters should be included in your plan, as applicable:

### Natural Disasters

1. Hurricanes Preparedness and Evacuation- See Attachment 9
2. Severe Thunderstorms – See Attachment 10 A
3. Tornado- See Attachment 10 B
4. Flooding- See Checklist 10 C
5. Winter storms- See Checklist 10 D
6. Earthquakes

### Technological Disasters

1. Fire Safety- See Checklist 11 A
2. Bomb threats- See Checklist 11 B
3. Utility Outages- See Checklist 11 C
4. Electric Power Failure- See Checklist 11 C
5. Gas Line Break- See Checklist - See Checklist 11 C

6. Water Main Break- See Checklist- See Checklist 11 C
  7. Hazardous Materials, including both fixed facilities and transportation
  8. Terrorism
  9. Nuclear power plant incidents
  10. Civil disturbances
  11. Transportation Accidents
- (#7 through #11 should follow Attachment 4 through 8 as applicable)

#### Other Disasters

1. Missing children/ medically fragile children - See Attachment 12A
2. Pandemic Influenza- See Attachment 12B

## G. Training and Revision

A training plan should be developed and implemented, and address the following:

1. Exercising and re-evaluation of existing plans- at least annually.
2. Conducting unannounced drills of all aspects of the Emergency Operations Plan at least annually.
3. Scheduling employee orientation training and in-service training on the content of the Emergency Operations Plan and the Evacuation Plan. The Emergency Operations Plan, to include the Evacuation Plan, should be discussed at least annually with staff.
4. Ensuring employees know their individual responsibilities and their department responsibilities during an event.
5. Fire drills- conduct unannounced fire drills during the year
6. Monthly testing of emergency generators, phone systems, and other emergency equipment such as flashlights and emergency radios.
7. Documentation of all training and testing.
8. Procedures for correcting deficiencies noted during exercises.

Procedures need to be developed and implemented for revising the plan. The following needs to be addressed:

1. Annual review of the existing Emergency Operations Plan. Include a policy for review and making necessary changes to this plan.
2. Annual review of telephone numbers of staff, emergency agencies, and contracted services such as sheltering facilities, transportation services, and EMS.
3. At least an annual update or renew transfer agreements and transportation agreements.
4. Coordination of revisions to the plan with GHCPALRS, DRS and SCEMD, your local Emergency Management Agency and other entities.
5. Distribution of the plan such as to staff and your facility's admission packet.

Note the plan should be reviewed and updated in accordance with an established schedule. It is advised to update your plan prior to hurricane season.

# Attachments

## Attachment 1: EMERGENCY CONTACT ROSTER - INTERNAL STAFF

Command Center Location:

Alternate Command Center Location:

|  |
|--|
| <b>Command Center Telephone Number(s):</b> |
|--|

Note: In the left hand margin, indicate numerical order in which these persons would be called during an emergency.

| Title  | Contact Information |
|--|---------------------|
| <b>Administrator</b>                                     | Name:               |
|  | Work                |
|  | Cell                |
|  | Home                |
|  | E-mail              |
| <b>Medical Director</b>                                  | Name:               |
|  | Work                |
|  | Cell                |
|  | Home                |
|  | E-mail              |
| <b>Director of Nursing</b>                               | Name:               |
|  | Work                |
|  | Cell                |
|  | Home                |
|  | E-mail              |
| <b>Director of Environmental Services (Housekeeping)</b> | Name:               |
|  | Work                |
|  | Cell                |
|  | Home                |
|  | E-mail              |
| <b>Maintenance Supervisor</b>                            | Name:               |
|  | Work                |
|  | Cell                |
|  | Home                |
|  | E-mail              |

|                                       |        |
|---------------------------------------|--------|
| <b>Dietary/Food Services Director</b> | Name:  |
|                                       | Work   |
|                                       | Cell   |
|                                       | Home   |
|                                       | E-mail |
| <b>Security Director</b>              | Name:  |
|                                       | Work   |
|                                       | Cell   |
|                                       | Home   |
|                                       | E-mail |
| <b>Safety Director</b>                | Name:  |
|                                       | Work   |
|                                       | Cell   |
|                                       | Home   |
|                                       | E-mail |
| <b>Director of Plant Maintenance</b>  | Name:  |
|                                       | Work   |
|                                       | Cell   |
|                                       | Home   |
|                                       | E-mail |
| <b>Public Information Officer</b>     | Name:  |
|                                       | Work   |
|                                       | Cell   |
|                                       | Home   |
|                                       | E-mail |
| <b>Behavioral Health Counseling</b>   | Name:  |
|                                       | Work   |
|                                       | Cell   |
|                                       | Home   |
|                                       | E-mail |

Pre-Designated Command Center Staff:

|        |        |
|--------|--------|
| Name:  | Name:  |
| Work   | Work   |
| Cell   | Cell   |
| Home   | Home   |
| E-mail | E-mail |
|        |        |
| Name:  | Name:  |
| Work   | Work   |



|        |        |
|--------|--------|
| Cell   | Cell   |
| Home   | Home   |
| E-mail | E-mail |
|        |        |
| Name:  | Name:  |
| Work   | Work   |
| Cell   | Cell   |
| Home   | Home   |
| E-mail | E-mail |

Chain of Command - The following persons are pre-delegated, in the following order, to be in charge (Incident Commander) of an incident:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



### Transportation Agreement/Contract Contacts

|                        |  |
|------------------------|--|
|                        |  |
| Company Name           |  |
| Contact Person         |  |
| Office #               |  |
| Cell                   |  |
| Pager                  |  |
| Type and # of vehicles |  |

|                        |  |
|------------------------|--|
| Company Name           |  |
| Contact Person         |  |
| Office #               |  |
| Cell                   |  |
| Pager                  |  |
| Type and # of vehicles |  |

Regarding transportation of oxygen, see US Department of Transportation Pipeline and Hazardous Materials Safety Administration "Guidance for the Safe Transportation of Medical Oxygen" dated September 25, 2005, <http://www.phmsa.dot.gov/news/gstomo.pdf>

### Sheltering Facility Agreement/Contract Contacts

|   |  |
|---|--|
|   |  |
| Company Name                            |  |
| Contact Person                          |  |
| Office #                                |  |
| Cell                                    |  |
| Pager                                   |  |
| Will accept this # and type of patients |  |

|   |  |
|---|--|
| Company Name                            |  |
| Contact Person                          |  |
| Office #                                |  |
| Cell                                    |  |
| Pager                                   |  |
| Will accept this # and type of patients |  |

|  |
|--|
|  |
|--|

|   |  |
|---|--|
| Company Name                            |  |
| Contact Person                          |  |
| Office #                                |  |
| Cell                                    |  |
| Pager                                   |  |
| Will accept this # and type of patients |  |

**Attachment 3: DISASTER FAMILY CARE PLAN**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Location/Shift: \_\_\_\_\_

In the event of a major emergency in which I will not be able to go home and care for my family or pets, please call the individual(s) listed below and provide them with the instructions regarding the emergency.

**Alternate Caregiver #1:**

Name: \_\_\_\_\_

Address: Daytime \_\_\_\_\_

Phone: Evening \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Alternate Caregiver #2:**

Name: \_\_\_\_\_

Address: Daytime \_\_\_\_\_

Phone: Evening \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Location of children or other dependents:

| Name | School/Daycare Facility | Telephone/Cell Phone Numbers | Medications | Allergies |
|------|-------------------------|------------------------------|-------------|-----------|
|      |                         |                              |             |           |
|      |                         |                              |             |           |
|      |                         |                              |             |           |
|      |                         |                              |             |           |
|      |                         |                              |             |           |

Other pertinent information:

\_\_\_\_\_  
Signature and Date

See also [www.scdhec.net](http://www.scdhec.net) (Hurricane Preparedness; Terrorism & Disaster Preparedness), [www.scemd.org](http://www.scemd.org) (Prepare for a Disaster), [www.redcross.org](http://www.redcross.org) (Get Prepared) for guidance.

#### Attachment 4: NOTIFICATION PROCEDURES CHECKLISTS

Procedures must be developed in order for your facility to receive timely information on impending disasters or potential disasters, and notification of key staff and patients of emergency conditions.

#### PREPAREDNESS: Notification Plan

| Date/Time Completed | Initials | Item   |
|---------------------|----------|--|
|                     |          | Indicate person(s) at your facility responsible for disseminating internal warnings.   |
|                     |          | Indicate modes of internal warning (intercom, alarm system, group page)                |
|                     |          | Describe alternate warning system(s) in the event primary mode fails.                  |
|                     |          | Describe modes for receiving external warnings (NOAA weather radio, TV, etc.)          |
|                     |          | Explain how key staff will be alerted.   |
|                     |          | Explain how patients/residents will be alerted and precautionary measures to be taken. |

|  |  |   |
|--|--|---|
|  |  | Identify procedures for notifying those areas or facilities to which patients will be moved or relocated. |
|  |  | Identify procedures for notifying families that patients have been moved or relocated.                    |

**RESPONSE: Communications Procedures**

Note: All calls should be routed through the Command Center.

| Date/Time Completed | Initials | Item   |
|---------------------|----------|--|
|                     |          | Alert staff, patients/residents and visitors of emergency.   |
|                     |          | Call off-duty staff from emergency call-down roster.   |
|                     |          | County emergency management agency notified, if applicable.  |
|                     |          | Local fire department notified, if applicable.   |
|                     |          | Resident physicians notified, if applicable.   |
|                     |          | SC DHEC Division of Health Licensing notified, if applicable.  |
|                     |          | Families notified, if applicable.  |
|                     |          | Advise host shelter sites of estimated time of departure and arrival, and numbers and medical condition of patients.                           |
|                     |          | Advise SC DHEC Division of Health Licensing via telephone and fax of departure and destination, and numbers and medical condition of patients. |

**Attachment 5: EVACUATION CHECKLISTS**

**PREPAREDNESS:** Items potentially needed for evacuation

|  | Item   |
|--|--|
|  | Ramp to load residents on buses  |
|  | First aid kit(s)   |
|  | Medication Administration Records (MAR) - entire chart if possible   |
|  | Special legal forms, such as signed treatment authorization forms, do not resuscitate orders, and advance directives |
|  | Resident contract agreements   |
|  | Clothing with each resident's name on their bag  |
|  | Water supply for trip- staff and residents (one gallon/resident/day)   |
|  | Emergency drug kit   |

|  |  |
|--|--|
|  | Non-prescription medications   |
|  | Prescription medications and dosages (labeled), to include physician order sheet   |
|  | Communications devices: cell phones, walkie-talkies (to communicate among vehicles), 2 way radios, pager, Blackberry, satellite phone, laptop computer for instant messaging, CB radio (bring all you have)              |
|  | Air mattresses or other bedding (blankets, sheets, pillows)  |
|  | Facility checkbook, credit cards, pre-paid phone cards   |
|  | Cash, including quarters for vending machines, laundry machines, etc   |
|  | Important papers: insurance policies, titles to land and vehicles, etc.  |
|  | List of important phone numbers  |
|  | Emergency prep box: trash bags, baggies, yarn, batteries, flashlights, duct tape, string, wire, knife, hammer and nails, pliers, screwdrivers, fix-a-flat, jumper cables, portable tire inflator, tarps, batteries, etc. |
|  | Nonperishable food items- staff and residents  |
|  | Disposable plates, utensils, cups, straws  |
|  | Diet cards   |
|  | Rain ponchos   |
|  | Battery operated weather radio and extra batteries, to include hearing aid batteries and diabetic pump batteries   |
|  | Hand sanitizer   |
|  | Incontinence products  |
|  | Personal wipes   |
|  | Toiletry items (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues)  |
|  | Denture holders/cleansers  |
|  | Toilet paper   |
|  | Towels   |
|  | Latex gloves   |
|  | Plastic bags   |
|  | Bleach/sterilizing cleaner   |
|  | Coolers  |
|  | Lighters   |
|  | Mops/buckets   |
|  | Extension cords  |
|  | Office supplies, such as markers, pens, pencils, tape, scissors, stapler, note pads, etc.  |
|  | Laptop computer with charger; Flash drives or CDs with medical records   |
|  | Maps, to include evacuation routes   |
|  | Hurricane tracking chart   |
|  | Sunscreen/sunglasses   |
|  | Insect Repellant   |
|  | Tarps and Rope   |
|  | Vehicle Emergency Kit (Safety Triangles, road flares, engine oil, transmission fluid, funnels, jumper cables, tow rope or chain, tool kit, etc.)   |



**RESPONSE: PRIOR TO EVACUATION**

| Date/Time Completed | Initials | Item   |
|---------------------|----------|--|
|                     |          | Determination made of number of patients that must be transported by ambulance, van, car, bus or other method  |
|                     |          | Transport services contacted and necessary transportation arranged.  |
|                     |          | Receiving facilities contacted and arrangements made for receipt of patients.  |
|                     |          | Contact made with facility's medical director and/or the patient's physician   |
|                     |          | Necessary staff contacted for assistance in transporting patients and caring for patients at the receiving facility.                                 |
|                     |          | County Emergency Management Agency contacted and informed of the status of the evacuation.   |
|                     |          | Roster made of where each patient will be transferred and notify next of kin when possible.  |
|                     |          | Patients readied for transfer, with the most critical patients to be transferred first. Include:   |
|                     |          | a. change of clothes   |
|                     |          | b. 3 day supply of medications   |
|                     |          | c. 3 day supply of medical supplies  |
|                     |          | d. patient's medical chart to include next of kin  |
|                     |          | e. patient identification, such as a picture, wrist band, identification tag, or other identifying document to ensure patients are not misidentified |
|                     |          | Adequate planning considerations given to special needs patients, such as dialysis patients.   |
|                     |          | Adequate planning considerations given to patients on oxygen.  |

**Attachment 6: RESPONSE- RESIDENT CENSUS AND CONDITIONS TO BE USED FOR DISASTER EVACUATION PLANNING AND REPORTING**

|                        |  |
|------------------------|--|
| Facility Name          |  |
| Contact Person(s)      |  |
| Phone #, pager #, etc. |  |
| License Number         |  |
| Address                |  |
| Medicare #             |  |
| Medicaid #             |  |
| Total Residence Census |  |

Please categorize your residents according to the criteria listed below:

|  |  |   |
|--|--|---|
| Clients with special need(s) who are acutely ill. <ul style="list-style-type: none"> <li>• Intravenous therapies</li> <li>• Tracheotomy/respiratory care</li> <li>• Stage III and IV decubitus</li> <li>• Kidney dialysis</li> <li>• Other _____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul> | Clients with special need(s), but whose condition will probably deteriorate during an evacuation. <ul style="list-style-type: none"> <li>• Intravenous therapies</li> <li>• Tracheotomy/respiratory care</li> <li>• Stage III and IV decubitus</li> <li>• Kidney dialysis</li> <li>• Other_ _____</li> <li>_____</li> <li>_____</li> </ul> | Clients with limited needs. <ul style="list-style-type: none"> <li>• Bladder/bowel incontinence</li> <li>• Chairbound</li> <li>• Tube feeding</li> <li>• Indwelling catheter</li> <li>• Contractures</li> <li>• Injections</li> <li>• Other_ _____</li> <li>_____</li> <li>_____</li> </ul> |
| Total  | Total  | Total   |

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

### Attachment 7: SHELTER-IN-PLACE CHECKLISTS

Note: Assumption is made that your facility has permission from authorities to shelter-in-place, or your facility has been directed to shelter-in-place due to the nature of the disaster. Also note this checklist is not disaster-specific, so all items will not necessarily be applicable, depending on the nature of the disaster.

### PREPAREDNESS

| Date Completed | Initials | Item   |
|----------------|----------|--|
|                |          | Plan in place describing how three days of non-perishable meals are kept on hand for patients, residents, and staff. The Plan should include special diet requirements.  |
|                |          | Plan in place describing how 72 hours of potable water is stored and available to patients, residents, and staff.  |
|                |          | Plan in place identifying 72 hours of necessary medications that are stored at the facility and how necessary temperature control and security requirements will be met. |
|                |          | Plan in place to identify staff that will care for the residents or patients during the event and any transportation   |

|  |  |  |
|--|--|--|
|  |  | requirements that the staff might need and how the facility will meet those needs.   |
|  |  | Plan in place for an alternative power source to the facility such as an onsite generator and describe how 72 hours of fuel will be maintained and stored. |
|  |  | Alternate power source plan provides for necessary testing of the generator as required by DHEC Division of Health Licensing regulations.                  |
|  |  | Plan in place describing how the facility will dispose of or store waste and biological waste until normal waste removal is restored.                      |

|  |  |   |
|--|--|---|
|  |  | Plan in place for distributing Emergency Placards to appropriate staff  |
|  |  | Emergency Communications Plan in place, such as for cell phones, walkie-talkies, 2 way radios, pager, Blackberry, satellite phone, laptop computer for instant messaging, HAM radio |
|  |  | Adequate planning considerations given to special needs patients, such as dialysis patients.  |
|  |  | Adequate planning considerations given to patients on oxygen.   |

### Supply and Equipment Checklist

|  | Item  |
|--|---|
|  | Emergency Placards  |
|  | Non perishable food items- staff and residents                                |
|  | Disposable plates, utensils, cups and straws                                  |
|  | Battery operated weather radio and extra batteries                            |
|  | Hand sanitizer  |
|  | Hurricane tracking chart  |
|  | Drinking water (one gallon per day per person)                                |
|  | Ice   |
|  | Backup generators   |
|  | Diesel fuel to supply generators for power and for cooling systems            |
|  | Backup supply of gasoline so staff can get to and from work                   |
|  | Extra means for refrigeration   |
|  | Food (staff and residents)  |
|  | Medicines   |
|  | Medical supplies  |
|  | Medical equipment (oxygen tanks)  |
|  | Battery operated weather radio, flashlights and battery operated lights       |
|  | Extra batteries, to include hearing aid batteries and diabetic pump batteries |

|  |  |
|--|--|
|  | Toiletry items for staff and patients/residents (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues) |
|  | Hand sanitizer   |
|  | Plywood to board up large windows, but leave space to see outside to know what is happening  |
|  | Incontinence products  |
|  | Personal wipes   |
|  | Denture holders/cleansers  |
|  | Toilet paper   |
|  | Towels   |
|  | Latex gloves   |
|  | Plastic bags   |
|  | Bleach/sterilizing cleaner   |
|  | Plastic sheeting for covering broken windows   |
|  | Duct tape  |
|  | Hammers  |
|  | Nails  |
|  | Coolers  |
|  | Lighters   |
|  | Mops/buckets   |
|  | Extension cords  |
|  | Office supplies, such as markers, pens, pencils, tape, scissors, stapler, note pads, etc.  |
|  | Laptop computer with charger; Flash drives or CDs with medical records   |

**RESPONSE** - Note that some actions are dependent upon nature of the disaster such as hurricane vs. a hazardous material spill in the vicinity of your facility.

| Date/Time Completed | Initials | Item  |
|---------------------|----------|---|
|                     |          | Condition of patients/residents being monitored continuously, particularly those with respiratory problems, and provide oxygen or suitable assistance.  |
|                     |          | Windows and exterior doors are closed   |
|                     |          | Air intake vents and units in bathrooms, kitchen, laundry, and other rooms closed   |
|                     |          | Heating, cooling, and ventilation systems that take in outside air, both central and individual room units turned off. (Units that only re-circulate inside air may have to be kept running during very cold or very hot weather to avoid harm to patients/residents) |
|                     |          | Food, water, and medications covered and protected from airborne contamination and from contact with waste materials, including infectious waste.   |

|  |  |  |
|--|--|--|
|  |  | Contact with fire authorities regarding the hazard and internal conditions.  |
|  |  | Contact public health authorities for advice regarding the need for decontamination, and the means for doing it.   |
|  |  | Standby vehicles with pre-filled fuel tanks stationed on the highest point of ground nearby.   |
|  |  | Trained staff available who can remain at the facility for at least 72 hours, especially to manage non-ambulatory residents or others with special needs.  |
|  |  | Support teams available on standby with communications equipment in order to assist in getting additional supplies.  |
|  |  | Medical equipment, medicines, refrigerators, stoves, food and water, supplies, beds, desks and chairs moved to a second floor location or raised off the floor to ensure protection against possible flooding. |

### Attachment 8: RECOVERY CHECKLISTS

| Date Completed | Initials | Item   |
|----------------|----------|--|
|                |          | Recovery operations coordinated with county emergency management agency.   |
|                |          | Recovery operations coordinated with local jurisdictions/agencies to restore normal operations.  |
|                |          | Recovery operations coordinated with authorities to perform search and rescue.   |
|                |          | Recovery operations coordinated with applicable jurisdiction to reestablish essential services.  |
|                |          | Crisis counseling for provided residents/families as needed.   |
|                |          | Local and state authorities provided with a master list of displaced, injured or deceased patients/residents.  |
|                |          | Next-of-kin notified of displaced, injured or deceased patients/residents.   |
|                |          | Insurance agent contacted.   |
|                |          | Hazard evaluation conducted prior to re-entry, to include potential structural damage and items that can affect staff, volunteers, patients and appropriate personnel. |
|                |          | Inventory taken of damaged goods.  |
|                |          | Protective measures taken for undamaged property, supplies and equipment.  |
|                |          | Access- safe access and egress assured for staff, deliveries, and ambulances.  |
|                |          | Building declared safe for occupancy by appropriate regulatory agency.   |
|                |          | Building- Fire-fighting services available.  |

|  |  |   |
|--|--|---|
|  |  | Building- Pest control/containment procedures in effect.  |
|  |  | Building- Adequate environmental control systems in place.  |
|  |  | Internal communication system functional and adequate.  |
|  |  | Internal Communications- Emergency call system functional and adequate.   |
|  |  | Internal Communications- Fire alarms system(s) functional and adequate.   |
|  |  | Internal Communications- Notifications made to staff regarding status of communication system(s).   |
|  |  | External Communications- functional to call for assistance (to fire, police, etc.).   |
|  |  | External Communications- Notifications made to staff regarding status of communication system(s).   |
|  |  | Dialysis Patients- water supply and other system components adequate and functional.  |
|  |  | Dietary- adequate facilities, personnel & supplies onsite.  |
|  |  | Dietary- adequate refrigeration for storage of food and dietary supplies.   |
|  |  | Dietary- food approved for re-use by SC DHEC, if applicable.  |
|  |  | Electrical Systems- Main switchboard, utility transfer switches, fuses and breakers operational.  |
|  |  | Electrical Systems- transformers reviewed.  |
|  |  | Electrical Systems- emergency generators, backup batteries and fuel available where needed. Transfer switches in working order. Sufficient fuel available for generators. |
|  |  | Equipment & supplies located in flooded or damaged areas- approved or not approved for reuse.   |
|  |  | Equipment & supplies- including oxygen- adequate available onsite.  |
|  |  | Equipment & supplies- plan in place to replenish.   |
|  |  | Equipment & supplies- equipment inspected and cleared prior to patient use.   |
|  |  | Equipment & supplies- ability to maintain patient care equipment that is in use.  |
|  |  | Equipment & supplies-flashlights and batteries (including radio and ventilator batteries) available.  |
|  |  | Facilities/Engineering- Cooling Plant operational.  |
|  |  | Facilities/Engineering-Heating Plant operational.   |
|  |  | Facilities/Engineering- Distribution System (ductwork, piping, valves and controls, filtration, etc) operational.   |
|  |  | Facilities/Engineering- Treatment Chemicals (Water treatment, boiler treatment) operational.  |
|  |  | Infection Control- Procedures in place to prevent, identify,  |

|  |  |  |
|--|--|--|
|  |  | and contain infections and communicable diseases.  |
|  |  | Infection Control-Procedures and mechanisms in place to isolate and prevent contamination from unused portions of facility .         |
|  |  | Infection Control- adequate staff and resources to maintain a sanitary environment.  |
|  |  | Infection Control- process in place to segregate discarded, contaminated supplies, medications, etc. prior to reopening of facility. |
|  |  | Information Technology /Medical Records – systems or backup systems in place.  |
|  |  | Management- adequate management staff available  |
|  |  | Personnel- adequate types and numbers available.   |
|  |  | Security- adequate staff available.  |
|  |  | Security- adequate systems available.  |
|  |  | Waste Management- System in place for trash handling.  |
|  |  | Waste Management- System in place for handling hazardous and medical waste.  |
|  |  | Water systems- potable water for drinking, bathing, dietary service, patient services.   |
|  |  | Water systems- sewer system adequate.  |
|  |  | Water systems- available and operational for fire suppression .  |

### Recovery: Re-opening the Facility

| Date Completed | Initials | Item  |
|----------------|----------|---|
|                |          | Repairs and maintenance complete  |
|                |          | Emergency exits, fire extinguishers, carbon monoxide detectors, smoke alarms and other critical systems are working |
|                |          | Back-up generator working   |
|                |          | Air conditioning/heat working   |
|                |          | Adequate, rested staff available  |
|                |          | Counselors available to staff and residents   |
|                |          | Adequate medical, clinical, personal care, food and water , and building supplies delivered and available           |
|                |          | Residents' families notified of re-opening  |
|                |          | Local authorities (police and fire) notified  |
|                |          | State authorities (DHEC) notified   |
|                |          | Check to see if other services in community are up and running such as local hospital and pharmacy                  |

NATURAL HAZARD CHECKLISTS

Attachment 9: HURRICANE PREPAREDNESS AND EVACUATION CHECKLISTS

**PREPAREDNESS:** Beginning of Hurricane Season

| Date Completed | Initials | Items   |
|----------------|----------|---|
|                |          | Contract transportation vendors to ensure MOAs are current  |
|                |          | Contract sheltering to ensure MOAs are current  |
|                |          | Inventory, inspect & replenish emergency supplies   |
|                |          | Ensure staff has copy of emergency procedures   |
|                |          | Conduct training class on emergency evacuation and sheltering in place procedures   |
|                |          | Rotate emergency food stocks  |
|                |          | Inspect air conditioning roof tie down system   |
|                |          | Inspect facility-owned transport vehicles- change transmission fluid and oil  |
|                |          | Conduct vehicle safety check, to include tow bars, gas cans, spare tire and jack  |
|                |          | Inventory, inspect and replenish first aid kits and emergency medical supplies to be taken on evacuation                            |
|                |          | Confirm evacuation plans for pets   |
|                |          | Confirm emergency radio is in working order   |
|                |          | Confirm flashlights and extra batteries are available   |
|                |          | Ensure adequate potable water is available  |
|                |          | If large capacity vehicles will be used for transportation, identify and assign staff to monitor activities and respond to problems |

**RESPONSE:** *When a hurricane is projected to impact your area: 48 Hours Before Landfall*

| Date/Time Completed | Initials | Items  |
|---------------------|----------|--|
|                     |          | Participate in conference calls with SC DHEC and your nursing home association |
|                     |          | Contact corporate office re: potential evacuation                              |
|                     |          | Contact emergency contact for each resident re: potential evacuation           |
|                     |          | Contact emergency vendors: Transportation provider                             |
|                     |          | Contact emergency vendors: Labor provider for loading and unloading patients   |
|                     |          | Contact emergency vendors: Medical suppliers                                   |
|                     |          | Contact emergency vendors: Water suppliers                                     |



|  |  |
|--|--|
|  | Contact emergency vendors: Food suppliers  |
|  | Contact transfer facilities  |
|  | Determine emergency work schedule  |
|  | Test answering machine   |
|  | Check communications equipment: phones, walkie talkies, radios, etc.                       |
|  | Verify routes to transfer facilities   |
|  | Conduct safety check of vehicles, emergency equipment, vehicle kits                        |
|  | Inventory vehicle emergency supplies   |
|  | Test back up generators (such as for freezers, refrigerators)                              |
|  | Test batteries in emergency lights and exit signs  |
|  | Ensure applicable workers have emergency placards  |
|  | Inspect storage areas and ensure all items are up off the floor and covered with plastic   |
|  | Inventory all medications, first aid kits and other medical supplies & replenish as needed |
|  | Order emergency supplies of medications  |

***RESPONSE: When a hurricane is projected to impact your area and a voluntary or mandatory evacuation is imminent***

| Date/Time Completed | Initials | Items  |
|---------------------|----------|--|
|                     |          | Participate in conference calls with SC DHEC and your nursing home association   |
|                     |          | Confirm emergency work schedule  |
|                     |          | Announce possible move to residents  |
|                     |          | Fully charge batteries for communication equipment; ensure extra batteries are available   |
|                     |          | Ensure each vehicle to be used has list of phone #s in order to communicate with other staff/vehicles                                |
|                     |          | Ensure each vehicle to be used has routes to sheltering facility   |
|                     |          | Withdraw emergency cash  |
|                     |          | Review emergency rules for vehicle evacuation  |
|                     |          | Gather and/or secure loose exterior items  |
|                     |          | Pack resident charts in plastic storage boxes  |
|                     |          | Pack 2 weeks of medications for each evacuating resident   |
|                     |          | Fill vehicle fuel tanks  |
|                     |          | Move pets to designated facility   |
|                     |          | Review Attachment 9: Extended Care Facility Resident Census and Conditions to be Used for Disaster Evacuation Planning and Reporting |
|                     |          | Update and issue ID bracelets  |
|                     |          | Order emergency medical supplies   |

|  |  |   |
|--|--|---|
|  |  | Order emergency water supply                              |
|  |  | Order emergency food supply                               |
|  |  | Contact transportation providers and confirm arrangements |

**RESPONSE: Hurricane Evacuation Ordered**

| Date/Time Completed | Initials | Items   |
|---------------------|----------|---|
|                     |          | Participate in conference calls with SC DHEC, your nursing home association, and the County Emergency Preparedness Division |
|                     |          | Activate telephone answering machine  |
|                     |          | Contact corporate office re: evacuation   |
|                     |          | Post emergency phone #s on front door   |
|                     |          | Notify police, fire, county emergency preparedness, etc. of decision to leave   |
|                     |          | Inform insurance agent  |
|                     |          | Prepare bag lunches, water, drinks for traveling staff and residents, as applicable   |
|                     |          | Unplug and cover computers  |
|                     |          | Create backup computer files for administration to take with them   |
|                     |          | Shut down water heaters and elevators   |
|                     |          | Shut down power to all buildings  |
|                     |          | Shut off gas  |
|                     |          | Lock all doors and gates  |
|                     |          | Pack vehicles   |
|                     |          | Pack resident and staff personal items in labeled plastic bags (pillow, blankets, towels, clothes, etc.)                    |
|                     |          | Pack important documents  |
|                     |          | Pack other items such as hearing aides, dentures, eyeglasses, walkers and canes   |
|                     |          | Pack medications  |

**RESPONSE: Shelter-in-Place- See Attachment 7, Shelter-in-Place Checklists**

**Attachment 10: CHECKLISTS FOR OTHER NATURAL DISASTERS**

**A. RESPONSE: SEVERE THUNDERSTORMS**

| Date/Time Completed | Initials | Item  |
|---------------------|----------|---|
|                     |          | NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather |

|  |  |  |
|--|--|--|
|  |  | Service  |
|  |  | Relocate to inner areas of building as possible                |
|  |  | Keep away from glass windows, doors, skylights and appliances. |
|  |  | Refrain from using phones, taking showers                      |

## B. RESPONSE: TORNADO

Note that most tornados occur between 3 and 9 pm and peak tornado occurrence in the southern states is March through May. The average tornado lasts 8-10 seconds.

- a. All staff need to know the difference between a Tornado Watch (conditions are favorable for the development of a tornado) and Tornado Warning (a tornado has been sighted or indicated by radar).
- b. Remain calm and in protective posture until declared safe by public authorities.
- c. Assess injuries and damages suffered by patients/residents, the facility, and utilities as soon as the tornado danger has passed. Compile injury and damage reports at the command post.

### TORNADO WATCH

| Date/Time Completed | Initials | Item   |
|---------------------|----------|--|
|                     |          | NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather Service  |
|                     |          | Residents and assigned staff inside facility and accounted for   |
|                     |          | Local radio and/or television station on to receive continuous weather information   |
|                     |          | Outdoors and indoors checked for any objects that could become projectiles in high winds (outdoors- lawn furniture, grills, potted plants, rakes, tools, etc.; indoors- drinking glasses, metal trays, etc.) |
|                     |          | Windows and exterior doors tightly closed  |
|                     |          | Supply of flashlights and extra batteries readily available.   |

### TORNADO WARNING

| Date/Time Completed | Initials | Item  |
|---------------------|----------|---|
|                     |          | NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather Service |
|                     |          | Patients/residents moved to central hall away from  |

|  |  |   |
|--|--|---|
|  |  | windows (other potential areas-basement, first floor interior hallways, restrooms or other enclosed small areas)  |
|  |  | Restrooms or vacant rooms checked for visitors or stranded residents and escort to shelter area.  |
|  |  | Doors to patient/resident rooms shut after residents are removed.   |
|  |  | Mattresses and/or blankets provided to patients/residents to reduce injury from flying debris.  |
|  |  | Staff and ambulatory patients/residents instructed to take position of greatest safety: crouch down on knees with head down and hands locked at back of neck or protect head/body with pillows or mattress. |
|  |  | Electricity, water and fuel lines shut off, <i>if time permits.</i>   |

**C. FLOODING**

**PREPAREDNESS: FLOODING**

| Date Completed | Initials | Item  |
|----------------|----------|---|
|                |          | NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather Service   |
|                |          | Staff trained regarding definition a flood WATCH (flash flooding is possible in your area)  |
|                |          | Staff trained regarding what to do during a flood WATCH (be alert to signs of flash flooding and be ready to evacuate on a moment's notice)                                 |
|                |          | Staff trained regarding definition of a flood WARNING (a flash flood is occurring or will occur very soon)  |
|                |          | Staff trained regarding what to do during a flood WARNING (listen to local radio or TV station for information and advice. If told to evacuate, do so as soon as possible.) |

**RESPONSE: FLOODING**

| Date/Time Completed | Initials | Item  |
|---------------------|----------|---|
|                     |          | NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather |

|  |  |  |
|--|--|--|
|  |  | Service and TV station is on for listening to information and advice |
|  |  | Shut off water main to prevent contamination                         |
|  |  | Move records to a higher floor or area.                              |
|  |  | WATCH- fill vehicle gas tanks in the event an evacuation is ordered  |
|  |  | Prepare to evacuate residents.                                       |

**D. RESPONSE: WINTER STORMS**

| Date/Time Completed | Initials | Item  |
|---------------------|----------|---|
|                     |          | NOAA weather radio on alert to receive statements, watches or warnings issued by the National Weather Service |
|                     |          | Secure facility against frozen pipes  |
|                     |          | Check emergency and alternate utility sources   |
|                     |          | Check emergency generator   |
|                     |          | Conserve utilities – maintain low temperatures, consistent with health needs                                  |
|                     |          | Equip vehicles with chains and snow tires, if appropriate.  |
|                     |          | Ensure a 72 hour supply of food, water, medical supplies, medicine, and fuel.                                 |

Note: There are also Flash Flood Watches (flooding is expected to occur within 6 hours after heavy rains have ended) and Flash Flood Warnings (flooding will occur within 6 hours or is occurring). Dam breaks and very heavy rain in a short period of time can lead to flash flooding.

**Attachment 11: TECHNOLOGICAL DISASTER CHECKLISTS**

**A. FIRE SAFETY**

**PREPAREDNESS**

| Date Completed | Initials | Item  |
|----------------|----------|---|
|                |          | Employees trained on use of fire response plan                    |
|                |          | Employees trained on how to report a fire.                        |
|                |          | Employees trained on use of the fire alarm system.                |
|                |          | Employees trained on location and use of fire-fighting equipment. |

|  |  |   |
|--|--|---|
|  |  | Employees trained on methods of fire containment.   |
|  |  | Employees trained on their specific responsibilities, tasks, or duties.   |
|  |  | All training documented.  |
|  |  | Fire drills conducted and documented as per regulatory requirements.  |
|  |  | Location of fire alarms posted.   |
|  |  | Location of fire extinguishers posted.  |
|  |  | Employees trained on use of extinguishers.  |
|  |  | Directions posted on how to utilize emergency equipment   |
|  |  | <p>Employees trained on use of RACE</p> <p><b>R:</b> Rescue – Rescue/remove patients/residents from the immediate fire scene/room. Stay calm- do not panic.</p> <p><b>A:</b> Alert – Alert local fire personnel by activating nearest fire alarm pull station</p> <p><b>C:</b> Confine/Contain – Confine fire and smoke by closing all doors and windows in the area. Crawl low if exit route is blocked by smoke.</p> <p><b>E:</b> Extinguish or Evacuate – Utilize fire extinguisher as situation permits- to extinguish small fires or escape from large fire by spraying in a sweeping motion. Evacuate the building immediately.</p> |

## B. BOMB THREAT

**PREPAREDNESS** - Procedures to be established prior to receipt of bomb threat:

| Date Completed | Initials | Procedure   |
|----------------|----------|---|
|                |          | Designated facility Building/Floor Wardens:<br><br>Contact name:<br><br>Telephone: Cell<br><br>phone:<br><br>Pager: |
|                |          | Staff trained and training documented on use of bomb threat procedures  |
|                |          | Bomb threat assembly area established in the event of building evacuation   |
|                |          | Procedures established with local law enforcement   |

|  |  |  |
|--|--|--|
|  |  | Procedures coordinated with county emergency management          |
|  |  | Procedures coordinated with SC DHEC Division of Health Licensing |
|  |  | Procedures include emergency contact numbers                     |
|  |  | Procedures attached to checklist                                 |
|  |  | Procedures posted next to each telephone                         |

**RESPONSE**- Upon receipt of a bomb threat:

Remain calm- do not hang up. Take notes as you talk/listen.

Following the call, immediately call the designated Building Warden (or your supervisor if the Building Warden is not available).

Do not discuss the call with anyone else but the Building Warden or your supervisor.

Date of call: \_\_\_\_\_ Time of call: \_\_\_\_\_

**Ask the caller:**

|  |  |
|--|--|
| 1. Where is the bomb?                      |  |
| 2. What time is the bomb going to explode? |  |
| 3. What does the bomb look like?           |  |
| 4. What kind of bomb is it?                |  |
| 5. Why did you place the bomb?             |  |
| 6. What will cause it to explode?          |  |

**Wording of the threat:**

**Caller information**

|  |  |
|--|--|
| Caller's identity (M, F)   |  |
| Tone of voice (soft, deep, high pitch, other)  |  |
| Accent (local, foreign, regional)  |  |
| Speech (stutter, slurred, nasal, other)  |  |
| Language (good, foul)  |  |
| Manner (calm, angry, laughing, other)  |  |
| Age (younger, older)   |  |
| Background noises (office/factory machines, trains, animals, airplanes, music, traffic, other) |  |

**If you must evacuate the building:**

Get out quickly

Proceed to your assembly area for head count

Do not get in your car and leave

Do not activate the fire alarm

Take your keys, purse, etc. with you

Leave all doors open

Remain in your assembly area until the all-clear is given by the Building Warden

\_\_\_\_\_  
Signature \_\_\_\_\_

Date

**C. UTILITY OUTAGES**

**PREPAREDNESS**

| Date Completed | Initials | Item  |
|----------------|----------|---|
|                |          | Emergency radio available   |
|                |          | Ensure a three day supply of food and water for patients and staff  |
|                |          | Ensure a 48 hour supply of emergency fuel.  |
|                |          | Arrange for private contact to serve as an added back- up resource.   |
|                |          | Work with the county emergency management agency in establishing a back-up resource.                                |
|                |          | Keep an accurate blueprint of all utility lines and pipes associated with the facility and grounds.                 |
|                |          | Develop procedures for emergency utility shutdown.  |
|                |          | List all day and evening phone numbers of emergency reporting and repair services of all serving utility companies: |



|  |  |   |
|--|--|---|
|  |  | List names and numbers of maintenance personnel for day and evening notification: |
|--|--|---|

**RESPONSE – Electric Power Failure**

| Date/Time Completed | Initials | Item   |
|---------------------|----------|--|
|                     |          | Call <u>NUMBER</u> (power company)   |
|                     |          | Notify the maintenance staff.  |
|                     |          |  |
|                     |          | Keep refrigerated food and medicine storage units closed to retard spoilage. |
|                     |          | Turn off power at main control point if short is suspected.                  |
|                     |          | Evacuate the building if danger of fire.                                     |

**RESPONSE – Gas Line Break**

| Date/Time Completed | Initials | Item   |
|---------------------|----------|--|
|                     |          | Notify maintenance staff, Administrator, local public utility department, gas company and police and fire departments. |
|                     |          | Shut off the main valve.   |
|                     |          | Open windows.  |
|                     |          | Evacuate the building immediately. Follow evacuation procedures  |
|                     |          | Re-enter building only at the discretion of utility officials.   |

**RESPONSE – Water Main Break**

| Date/Time Completed | Initials | Item  |
|---------------------|----------|---|
|                     |          |   |
|                     |          | Call <u>NUMBER</u> (facility maintenance)       |
|                     |          | Shut off valve at primary control point.        |
|                     |          | Relocate articles which may be damaged by water |

|  |  |   |
|--|--|---|
|  |  | Call <u>NUMBER</u> (designated assistance groups) if flooding occurs. |
|--|--|---|

## Attachment 12: CHECKLISTS FOR OTHER DISASTERS

### A. Missing Patient/Resident: Response

| Date/Time Completed | Initials | Item  |
|---------------------|----------|---|
|                     |          | Communicate internal notification of missing resident.  |
|                     |          | Search every room in facility.  |
|                     |          | Search immediate grounds – supply flashlights, at night   |
|                     |          | Call 911 to alert fire department/local law enforcement.  |
|                     |          | Notify responsible family member:<br>Inform family that patient is missing.<br>State that 911 and fire department search teams have been notified.<br>Ask family members to remain at home near a phone.<br>Discourage family members from coming to the facility at this time. |
|                     |          | Upon arrival of the search team, transfer authority to team members.  |
|                     |          | Supply patient's picture, if available, from medical records to search team members.  |

### B. Pandemic Influenza

See [www.pandemicflu.gov](http://www.pandemicflu.gov) for CDC Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist. The checklist includes: structure for planning and decision making; development of a written pandemic influenza plan; and, elements of a pandemic influenza plan.