

# DISASTER PREPAREDNESS PLAN OUTLINE

I. Design a “Cover Page” for your plan or use a typed piece of paper. As a minimum it should contain the following information:

*DISASTER PREPAREDNESS PLAN FOR “Insert the Name of Your Facility”,*  
Street Address, phone and fax number.

*DATE THE PLAN WAS WRITTEN*

II. After the Cover Page

As a minimum, it is suggested that you include the following information:

- (1) a general statement describing your facility’s services to its residents/patients,
- (2) number of beds or capacity,
- (3) number of employees,
- (4) is there only one facility or is your facility part of a corporation, etc..

III. **Emergency Notifications List** (A suggested list follows; add to it as needed)

## MEDICAL, FIRE AND POLICE *EMERGENCIES* – **911**

*Fire (Non-Emergency) - \_\_\_\_\_*

*Emergency Medical Services (EMS) (Non-Emergency) - \_\_\_\_\_*

*Police Department (Non-Emergency) - \_\_\_\_\_*

*Sheriff’s Department (Non-Emergency) - \_\_\_\_\_*

*Local Emergency Management Agency (Business Office) - \_\_\_\_\_*

*Local Emergency Operations Center (If Activated) - \_\_\_\_\_*

*Local Electrical Power Provider (Business Office) - \_\_\_\_\_*

*Local Electrical Power Provider (Emergency Reporting) - \_\_\_\_\_*

*Local Water Department (Business Office) - \_\_\_\_\_*

*Local Water Department (Emergency Reporting) - \_\_\_\_\_ 1*

## **DISASTER PREPAREDNESS PLAN OUTLINE**

*Local Telephone Company (Business Office) - \_\_\_\_\_*

*Local Telephone Company (Emergency Reporting) - \_\_\_\_\_*

*Local Natural/Propane Gas Supplier (Business Office) - \_\_\_\_\_*

*Local Natural/Propane Gas Supplier (Emergency Reporting) - \_\_\_\_\_*

**(Review and up-date this list as necessary or at least once per year)**

- IV. **Table of Contents Page** should follow the Cover Page. A suggested Table Of Contents Page follows:

|   |                |
|---|----------------|
| <b>Purpose</b> _____  | <b>Page 1</b>  |
| <b>Annex A – Fire Safety Procedures</b> _____                 | <b>Page</b> __ |
| <b>Annex B – Tornado/Severe Weather Procedures</b> _____      | <b>Page</b> __ |
| <b>Annex C – Bomb Threat Procedures</b> _____                 | <b>Page</b> __ |
| <b>Annex D – Flood Procedures</b> _____                       | <b>Page</b> __ |
| <b>Annex E – Severe Hot and Cold Weather Procedures</b> _____ | <b>Page</b> __ |
| <b>Annex F – Earthquake Procedures</b> _____                  | <b>Page</b> __ |
| <b>Annex G - Chemical Spills</b> _____                        | <b>Page</b> __ |

- V. On the next page write a Purpose Statement or insert the following Purpose Statement:

**PURPOSE:** To continue providing quality care to the residents of “**Insert Name of Your Facility**” during times of major emergencies and/or disasters or when such events are reasonably believed to be pending by maintaining close coordination and planning links with local emergency response organizations on an ongoing basis.

# GENERAL PLANNING NOTES

There are times when a facility must be evacuated for an extended period of time because the structure is unsafe. Depending on the circumstances, there may be one or more similar facilities in your area that are not affected by the same event. Therefore, the following information is provided to assist you in caring for your residents/patients during major emergencies/disasters.

It is recommended that each facility manager meet with the managers of other similar facility managers in his/her area and develop a Memorandum of Understanding/Agreement. The purpose of such an agreement is to form pairings of similar facilities. If your facility must be evacuated, your residents are moved to another similar facility until your facility can be occupied. It is the facility owner's/manager's responsibility to ensure procedures and applicable agreements are in place to move his/her residents/patients to safety.

For emergency preparedness planning purposes: A *small facility* is defined as one with one (1) to four (4) employees on any shift. A *large facility* is defined as one with five (5) or more employees on any shift.

Large facilities are required to complete the **Staff Functions by Department and Job Assignment** section in each plan Annex. If you own or manage more than one facility and/or you have a corporate office or a staff dedicated to managing more than one facility, you must include these personnel in the Staff Functions by Department and Job Assignment section.

Maps, floor plans, personnel rosters, etc., should be added to the applicable Annex as Appendices. It is important that larger facilities develop an *alerting or call out* roster for each Annex. The *Staff Functions by Department and Job Assignment* section of each Annex will aid you in developing an alerting or call out roster.

# DISASTER PREPAREDNESS PLAN OUTLINE

## ANNEX – A

### FIRE SAFETY PROCEDURES

1. **MINOR FIRE ACTIONS AND EVACUATION PROCEDURES:** (defined a minor fire as one that is not structural in nature, i.e., fire in a trash can.) It is strongly suggested that you contact the local fire department that would respond to a fire at your facility and work together in determining what size fire, type of fire and location of fire would constitute a minor fire. *A small skillet or sauce pan fire can be extinguished by shutting off the heat source and covering the skillet/pan or by using common table salt.* A dry powder fire extinguisher is also effective but very messy.

?? When a fire is detected or smoke from an unknown source is detected, ***activate pull station fire alarm.***

?? Begin evacuating all persons from the building.

?? If safe to do so, close all interior doors and look for fire location as you evacuate.

?? Perform a head count to ensure all persons are out of the building.

?? Notify **911** and report your problem for assistance in checking the building for safety purposes.

?? Notify the Administrator if he/she is not on property and is not aware of the problem.

#### 2. **STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

?? Management Personnel

?? Administrative Staff

?? Housekeeping Staff

?? First Aid/Medical Staff

?? Facility Maintenance Staff

## **DISASTER PREPAREDNESS PLAN OUTLINE**

?? Food Preparation Staff

?? LIST OTHER Departments and Job Assignments as Applicable

**3. MAJOR FIRE ACTIONS AND EVACUATION PROCEDURES:** A major fire usually involves the structure or a portion of the structure. It could also be a deep fat fryer fire or similar appliance if it is burning out of control. Another major fire source would be (if applicable to your facility) the natural gas line at the side of a facility. If the line is broken, there is always the possibility of ignition. If your facility uses a 500 or 1,000 gallon propane gas tank for heating and/or cooling, there is a potential for leaks, fire and even an explosion. Once again you are strongly urged to contact the local fire department that would be the first response unit and ask for assistance in determining your facility's potential vulnerability to a major fire.

?? Activate pull station alarm

?? Begin evacuating all persons from the building

?? If safe to do so, close all interior doors and look for fire location as you evacuate.

?? Perform a head count to ensure all persons are out of the building.

?? **Do not re-enter the building.**

?? Go to the nearest building that has a phone and ask someone there to call **911**.  
Return to the evacuated persons and stay with the evacuees.

**4. FIGHTING THE FIRE:** Fire fighting priorities in order are, *protect human life, protect private property and protect the environment*. It is suggested that you remove all the residents of your facility to a safe area (evacuate) before attempting to fight a fire. Your local fire department's safety representative is your best source of information and planning assistance. Remember, a MINOR FIRE can become a MAJOR FIRE very quickly.

?? If you reasonably believe the fire to be **minor** in nature and you wish to do so, re-enter the building and use the fire extinguishers.

**5. EVACUATION PROCEDURES:** In your own words describe how your facility will be evacuated, i.e.:

?? Persons in the Recreation Area (TV viewing area) will evacuate the building through the Main Entrance door. If the Main Entrance door is blocked by fire, smoke or other obstacles, evacuate the building through the West Wing Entrance door.

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- ?? Persons in the kitchen area will, if possible, assist in evacuating residents from the Recreation Area. If persons in the kitchen area cannot get to the Recreation Area because of smoke, fire or other obstacles, they will evacuate the building through the Kitchen Entrance door. They should then go around the building to the Main Entrance door and attempt to assist in evacuating the Recreation area.
- ?? Residents and employees who are in the West Wing when a fire is detected, will evacuate the building by using the West Wing Entrance door.
- ?? Residents and employees who are in the East Wing when a fire is detected, will evacuate the building by using the East Wing Entrance door.
- ?? After evacuating the facility, residents and employees will assemble on the North side, at least 150 feet from the facility.

NOTE: List each area of your facility, including utility room(s) and common area bathrooms and indicate the primary and secondary evacuation routes out of the facility. If your facility is a multi-level (2 stories or more; don't forget the basement area) do the same in-depth planning.

### **6. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

- ?? Management Personnel
- ?? Administrative Staff
- ?? Housekeeping Staff
- ?? First Aid/Medical Staff
- ?? Facility Maintenance Staff
- ?? Food Preparation Staff
- ?? LIST OTHER Departments and Job Assignments as Applicable

**7. EXERCISES:** This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

- ?? Date of the exercise: Must be exercised once per year, any time.
- ?? List the type of fire exercise (MAJOR or MINOR):

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?? Results of the exercise: Satisfactory: YES \_\_\_\_ NO \_\_\_\_ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you re-accomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Fire Procedures Exercise Record*" sheet follows.

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## **FIRE PROCEDURES Exercise Record**

**DATE OF LAST EXERCISE:** \_\_\_\_\_

**TYPE OF EXERCISE:** MAJOR FIRE - \_\_\_\_ MINOR FIRE - \_\_\_\_

**EXERCISE OF PROCEDURES WAS SATISFACTORY:** YES \_\_\_\_ NO \_\_\_\_

**PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

**CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.



# DISASTER PREPAREDNESS PLAN OUTLINE

## ANNEX B

### TORNADO/SEVERE WEATHER PROCEDURES

1. When a **SEVERE THUNDERSTORM WATCH** is issued for your area:
  - ?? Notify the Administrator and staff that a Severe Thunderstorm Warning has been issued for your area and include time frame of warning. (Larger facilities may have a designated position to perform this function.)
  - ?? Begin monitoring the storm system on radio, TV or National Oceanographic Atmospheric Administration (NOAA) Weather Alert Radio.
  - ?? Have a battery powered portable radio available to backup commercial and auxiliary electrical power systems.
2. **STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**
  - ?? Management Personnel
  - ?? Administrative Staff
  - ?? Housekeeping Staff
  - ?? First Aid/Medical Staff
  - ?? Facility Maintenance Staff
  - ?? Food Preparation Staff
  - ?? LIST OTHER Departments and Job Assignments as Applicable
1. When a **SEVERE THUNDERSTORM WARNING** is issued for your area:
  - ?? Notify the Administrator and staff that a Severe Thunderstorm Warning has been issued for your area and include time frame of warning. (Larger facilities may have a designated position to perform this function.)
  - ?? Begin monitoring the storm system on radio, TV or National Oceanographic Atmospheric Administration (NOAA) Weather Alert Radio.
  - ?? Have a battery powered portable radio available to backup commercial and auxiliary electrical power systems.

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- ?? Close all exterior doors and windows.
- ?? Keep all persons away from windows.
- ?? Ready pillows and blankets so if weather worsens, you are prepared.
- ?? If any injuries are sustained by Staff members or residents/patients, call **911**.
- ?? If case of injury to residents or if residents/patients experience other medical problems, the Administrator will be responsible for ensuring family members of injured or ill residents/patients are notified as soon as possible.
- ?? If there is any damage to the facility and/or surrounding area, call the **Non-Emergency** number at the (*Your Local Emergency Management Director will provide you the department and number to call.*)

**NOTE:** Add one or more bullets to the above that states how you will provide emergency food and water for your residents/patients. Your Local Emergency Management Director can provide you with some helpful pre-disaster tips regarding emergency food, water and other essential supplies.

### **4. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

- ?? Management Personnel
- ?? Administrative Staff
- ?? Housekeeping Staff
- ?? First Aid/Medical Staff
- ?? Facility Maintenance Staff
- ?? Food Preparation Staff
- ?? LIST OTHER Departments and Job Assignments as Applicable

### **5. TORNADO WATCH:**

- ?? Notify the Administrator and staff that a Tornado Watch has been issued for your area and include time frame of warning.

## **DISASTER PREPAREDNESS PLAN OUTLINE**

- ?? Begin monitoring the storm system on radio, TV or National Oceanographic Atmospheric Administration (NOAA) Weather Alert Radio.
- ?? Have a battery powered portable radio available to backup commercial and auxiliary electrical power systems.
- ?? Be prepared to transition from a Tornado Watch to a *Tornado Warning* with little or no advance warning.

### **6. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

- ?? Management Personnel
- ?? Administrative Staff
- ?? Housekeeping Staff
- ?? First Aid/Medical Staff
- ?? Facility Maintenance Staff
- ?? Food Preparation Staff
- ?? LIST OTHER Departments and Job Assignments as Applicable

### **7. TORNADO WARNING:**

- ?? Notify the Administrator and staff that a Tornado Warning has been issued for your area and include time frame of warning.
- ?? Close all exterior doors and windows.
- ?? Close all interior doors.
- ?? Ensure all Staff members and residents are moved to the interior hallways and have a pillow and blanket.

**NOTE:** If your facility has a basement, move everyone to the basement instead of hallways.

- ?? Staff members and residents will remain at their Tornado Warning shelter area until the warning has expired and/or the storm cloud has passed.

## **DISASTER PREPAREDNESS PLAN OUTLINE**

### **8. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

- ?? Management Personnel
- ?? Administrative Staff
- ?? Housekeeping Staff
- ?? First Aid/Medical Staff
- ?? Facility Maintenance Staff
- ?? Food Preparation Staff
- ?? LIST OTHER Departments and Job Assignments as Applicable

### **8. AFTER THE TORNADO/WINDS HAVE PASSED:**

- ?? Check Staff members and residents/patients for injuries.
- ?? If there are injuries, call **911**, if the telephone is operable. You may have to try and use a cellular phone, neighbor's phone, nearby business' phone or pay phone.

**(NOTE:** Cellular phone systems are usually useless immediately after an event occurs because everyone, including first responders, overload the system.)

- ?? Check the facility and immediate outside area for damages.
  - A.** Electricity – Does the facility have electrical power? Look for downed power lines, trees on lines and/or storm debris on power lines.
  - B.** Water – Does water flow when faucets are turned ON? Is the water color normal? Does it have an unusual odor?
  - C.** Gas (if applicable) – Does gas appliances work when turned ON? Is there an odor of gas (rotten eggs)? Are gas lines/regulators outside the facility intact? **(NOTE: If your facility has a residential propane storage tank, is it still upright? Is the fuel supply line from the tank to you facility intact? If you suspect a leak or hear a high pressure, hissing or whistling sound, release in progress, move everyone upwind and uphill from the leak and extinguish or guard against potential ignition sources.)**

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**D.** Look at damage to the facility and use your judgement as to whether or not it is safe to occupy the facility. If you determine the building is unsafe for occupancy, notify the Local Emergency Management Agency by calling \_\_\_\_\_.

**E.** If an evacuation of “*Insert Name of Your Facility*” is necessary, residents/patients and Staff members will move to “*Insert the Name, Street Address, Phone Number and Name of the Receiving Facility.*”

(**NOTE:** Your Local Emergency Management Director will provide you with the number to call. It is recommended that you use the *Pairing Principal* discussed at the NOTE shown on the page before Annex A. Prior to moving your residents, you should coordinate the evacuation with the Local Emergency Management Agency to ensure the roads/streets between your facility and the receiving facility are passable.)

**F.** Look for anything else that might be of Disaster Intelligence value to the local response officials and report the information.

?? The Administrator will ensure family members of the residents/patients are notified as soon as possible concerning any medical problems, injuries and/or evacuation of the facility.

### **9. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

?? Management Personnel

?? Administrative Staff

?? Housekeeping Staff

?? First Aid/Medical Staff

?? Facility Maintenance Staff

?? Food Preparation Staff

?? LIST OTHER Departments and Job Assignments as Applicable

**10. EXERCISES:** This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

?? Date of the exercise: Must be accomplished prior to **MARCH** each year.

## **DISASTER PREPAREDNESS PLAN OUTLINE**

?? List the type of severe weather exercise (THUNDER STORM or TORNADO):

?? Results of the exercise: Satisfactory: YES \_\_\_\_ NO \_\_\_\_ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you re-accomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Tornado/Severe Weather Procedures Exercise Record*" sheet follows.

# **DISASTER PREPAREDNESS PLAN OUTLINE**

## **TORNADO/SEVERE WEATHER Exercise Record**

**DATE OF LAST EXERCISE:** \_\_\_\_\_

**TYPE OF EXERCISE:** THUNDERSTORM - \_\_\_\_ TORNADO - \_\_\_\_

**EXERCISE OF PROCEDURES WAS SATISFACTORY:** YES \_\_\_\_ NO \_\_\_\_

**PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

**CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

# DISASTER PREPAREDNESS PLAN OUTLINE

## ANNEX C

### BOMB THREAT PROCEDURES

#### 1. BOMB THREAT ACTIONS:

- ?? Use the Bomb Threat Checklist when the threat is made.
- ?? Alert the employees (Each facility will determine its own internal alerting/warning procedures. Some facilities set off the fire alarm, others use the facilities' public address system.)
- ?? Call **911** and report the threat.
- ?? Notify the facility administrator.
- ?? Notify facility Security Personnel (if applicable).

#### 2. EVACUATION:

NOTE: It is recommended that you evacuate the building to a safe area outside (300-400 feet from the bomb's most probable location). *It is important that the CALL TAKER attempt to learn the bomb's approximate location within the facility or adjoining structure(s) during the threatening call.*

- ?? Keep all evacuees and employees together in the safe area and wait until first responders arrive.
- ?? The threat CALL TAKER should be available to talk to first arriving response units and provide all available information concerning the call to fire department and law enforcement personnel.
- ?? Do not re-enter the facility until told it is safe to do so by law enforcement personnel.

#### 3. BOMB SEARCH BY EMPLOYEES:

- ?? As you evacuate your work area, look for suspicious object(s)/package(s) that do not belong there.
- ?? **DO NOT** touch or attempt to move any strange object/package.



## **DISASTER PREPAREDNESS PLAN OUTLINE**

?? It is not necessary to move furniture, books or open desk drawers. (A visual work area search should take no more than 5 seconds as you leave your work area.

?? Look HIGH, look LOW and ALL IN BETWEEN.

?? As you are exiting the facility, visually scan the hallways and open doorways for strange object(s)/package(s) or anything out of the ordinary.

?? Report any suspicious object(s) and/or packages(s) to fire department and law enforcement personnel.

### **4. RE-ENTERING THE FACILITY AFTER CLEARED BY LAW ENFORCEMENT AND/OR FIRE DEPARTMENT:**

?? Be alert, visually scan the areas again. DO NOT take a bomb threat lightly.

### **5. POST-DETONATION/EXPLOSION:**

?? Check employees and residents/patients for injuries.

?? Call **911** if the call has not already been made or the device detonates/explodes before or immediately after the caller hangs up.

?? Administrator will ensure relatives of employees and residents/patients are notified as necessary.

### **6. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

?? Management Personnel

?? Administrative Staff

?? Housekeeping Staff

?? First Aid/Medical Staff

?? Facility Maintenance Staff

?? Food Preparation Staff

?? LIST OTHER Departments and Job Assignments as Applicable

## **DISASTER PREPAREDNESS PLAN OUTLINE**

**NOTE:** Large facilities may want to expand on the accompanying Bomb Threat Checklist because the call taker would probably be able to attempt to keep the caller on the line a while longer, while other employees carried out Bomb Threat Preparedness duties. You are encouraged to contact your local Police Department or Sheriff's Department for assistance in expanding on the checklist. Small facilities are expected to pay attention to the minimum checklist items in the hope of being able to help law enforcement officials identify the caller.

## **BOMB THREAT CALLER – CHECKLIST**

Name of EMPLOYEE who took the call: \_\_\_\_\_

Time the BOMB is supposed to explode: \_\_\_\_\_

WHERE is the bomb? \_\_\_\_\_

Time the call was RECEIVED: \_\_\_\_\_

Was the CALLER – **MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_ **UNSURE** \_\_\_\_\_

Describe the caller's VOICE (Muffled, high pitched, bass, etc)

Describe the caller's SPEECH (Clear, slurred, mumble, etc)

Did the caller have an ACCENT? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **UNSURE** \_\_\_\_\_

If YES, describe the accent: \_\_\_\_\_

Give your best guess of the caller's AGE (Teens, 20-30, 40-50, etc) \_\_\_\_\_

Were there any BACKGROUND noises heard during the threat call? **YES** \_\_\_\_ **NO** \_\_\_\_

If YES, describe the noises in as much detail as possible: \_\_\_\_\_

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**NOTE:** Information contained in this checklist can be very helpful to law enforcement personnel in identifying, apprehending and prosecuting the caller. It is recommended that this checklist be started while the caller is still on the line. Finish filling out the checklist as soon as possible after the caller hangs up the phone. Make and keep several copies of this checklist or the checklist you develop. Place a copy next to each business phone.

## **DISASTER PREPAREDNESS PLAN OUTLINE**

**10. EXERCISES:** This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

?? Date of the exercise: Must be accomplished once per year, any time.

?? List the type of exercise: BOMB THREAT

?? Results of the exercise: Satisfactory: YES \_\_\_\_ NO \_\_\_\_ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you re-accomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Bomb Threat Procedures Exercise Record*" sheet follows.

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## **BOMB THREAT Exercise Record**

**DATE OF LAST EXERCISE:** \_\_\_\_\_

**TYPE OF EXERCISE:** BOMB THREAT

**EXERCISE OF PROCEDURES WAS SATISFACTORY:** YES \_\_\_ NO \_\_\_

**PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

**CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

# DISASTER PREPAREDNESS PLAN OUTLINE

## ANNEX D

### FLOODING

1. **FLOOD PLAIN STATUS:** (Select the appropriate statement shown below. If you are unsure about being *in or out* of a flood plain, ask you Local Emergency Management Office.)

?? **“Insert the Name of Your Facility”** is not located in a flood plain.

?? **“Insert the Name of Your Facility”** is located in a flood plain.

2. **FLOOD WATCH:** *Flooding is possible.*

?? Monitor National Oceanographic and Atmospheric Administration (NOAA) radio or commercial radio or TV for additional information.

?? Be prepared to evacuate to higher ground.

3. **STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

?? Management Personnel

?? Administrative Staff

?? Housekeeping Staff

?? First Aid/Medical Staff

?? Facility Maintenance Staff

?? Food Preparation Staff

?? LIST OTHER Departments and Job Assignments as Applicable

4. **FLOOD WARNING:** **Flooding is occurring in your area or will occur soon.**

?? Prepare to evacuate your facility.

?? Monitor National Oceanographic and Atmospheric Administration (NOAA) radio or commercial radio or TV.

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?? If you are paired with a facility outside the projected flood waters, you may want to evacuate before being asked to evacuate by the authorities.

?? If you decide to evacuate your facility and go to higher ground, *call* \_\_\_\_\_ and coordinate your evacuation with the Local Emergency Management Office. The roads you want to travel may already be underwater. (The Local Emergency Management Director will provide you with the number to call.)

### **5. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

?? Management Personnel

?? Administrative Staff

?? Housekeeping Staff

?? First Aid/Medical Staff

?? Facility Maintenance Staff

?? Food Preparation Staff

?? LIST OTHER Departments and Job Assignments as Applicable

### **6. FLASH FLOOD WATCH: *Flash Flooding is possible*. A flash flood can occur without warning.**

### **7. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

?? Management Personnel

?? Administrative Staff

?? Housekeeping Staff

?? First Aid/Medical Staff

?? Facility Maintenance Staff

?? Food Preparation Staff

?? LIST OTHER Departments and Job Assignments as Applicable

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**NOTE:** If your facility is in an area that has a history of *flash flooding*, it is strongly suggested that you use this part of the Annex to list those minimum *things* your staff should do when a *flash flood watch* is issued.

**8. FLASH FLOOD WARNING:** *A Flash Flood is occurring.*

**9. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

?? Management Personnel

?? Administrative Staff

?? Housekeeping Staff

?? First Aid/Medical Staff

?? Facility Maintenance Staff

?? Food Preparation Staff

?? LIST OTHER Departments and Job Assignments as Applicable

**NOTE:** If your facility is in a flash flood prone area, it is recommended that you use the facility paring principle in your pre-planning process.

**10. EVACUATION:**

?? Notify the administrator.

?? Call the Local Emergency Management Agency at \_\_\_\_\_ and let them know you are evacuating your facility. (The Local Emergency Management Office will provide you with the number to call.)

?? Ensure residents/patients carry prescription medications with them.

?? The administrator will ensure families of employees and residents/patients are notified as necessary.

**11. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

?? Management Personnel



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- ?? Administrative Staff
- ?? Housekeeping Staff
- ?? First Aid/Medical Staff
- ?? Facility Maintenance Staff
- ?? Food Preparation Staff
- ?? LIST OTHER Departments and Job Assignments as Applicable

### **12. AFTER THE FLOOD:**

- ?? Do not turn on or plug in any electrical appliances until told to do so by a qualified electrician.
- ?? Do not turn on gas appliances until told to do so by a qualified gas system technician.
- ?? Prepare an inventory of losses associated with flooding of the facility.
- ?? Take photographs and/or video footage of the facility.
- ?? Report any damages and approximate dollar value to your Local Emergency Management Agency.

### **13. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

- ?? Management Personnel
- ?? Administrative Staff
- ?? Housekeeping Staff
- ?? First Aid/Medical Staff
- ?? Facility Maintenance Staff
- ?? Food Preparation Staff
- ?? LIST OTHER Departments and Job Assignments as Applicable

## **DISASTER PREPAREDNESS PLAN OUTLINE**

**14. EXERCISES:** This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

- ?? Date of the exercise: FLOODING exercise must be accomplished prior to **MARCH** each year.
  
- ?? List the type of flooding exercise (FLOOD or FLASH FLOOD):
  
- ?? Results of the exercise: Satisfactory: YES \_\_\_\_ NO \_\_\_\_ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you re-accomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Flooding Procedures Exercise Record*" sheet follows.

# **DISASTER PREPAREDNESS PLAN OUTLINE**

## **FLOODING Exercise Record**

**DATE OF LAST EXERCISE:** \_\_\_\_\_

**TYPE OF EXERCISE:** FLOOD - \_\_\_\_ FLASH FLOOD - \_\_\_\_

**EXERCISE OF PROCEDURES WAS SATISFACTORY:** YES \_\_\_\_ NO \_\_\_\_

**PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

**CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

# DISASTER PREPAREDNESS PLAN OUTLINE

## ANNEX E

### SEVERE HOT AND COLD WEATHER PROCEDURES

#### 1. COLD WEATHER:

**NOTE:** Under normal circumstances the facility's heating unit(s) will provide a comfortable environment. The following steps should be taken when/if the facility's heating unit(s) become inoperative.

- ?? Notify the appropriate heating repair personnel.
- ?? If the heating repair company indicates an unusual amount of time to repair the unit, consider relocating to a paired facility.
- ?? If you decide to move to another facility, notify your Local Emergency Management Office for coordination purposes.
- ?? If an evacuation of the facility is necessary, the Administrator will ensure family members are notified.
- ?? Keep persons dressed warmly.
- ?? Get blankets ready for use in case they are needed.
- ?? Provide warm liquids for residents.
- ?? If feasible for your facility and if it can be done safely, consider using portable gas heaters.
- ?? If electrical power is interrupted for more than five (5) minutes, notify the Administrator.

**NOTE:** Indicate how you intend to provide and prepare food for your residents.

#### 2. *STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:*

- ?? Management Personnel
- ?? Administrative Staff
- ?? Housekeeping Staff

## **DISASTER PREPAREDNESS PLAN OUTLINE**

?? First Aid/Medical Staff

?? Facility Maintenance Staff

?? Food Preparation Staff

?? LIST OTHER Departments and Job Assignments as Applicable

### **3. HOT WEATHER:**

**NOTE:** Under normal circumstances the facility's cooling unit(s) will provide a comfortable environment. The following steps should be taken when/if the facility's cooling unit(s) become inoperative.

?? Notify the appropriate air conditioning repair personnel.

?? If the air conditioning repair company indicates an unusual amount of time to repair the unit, consider relocating to a paired facility.

?? If you decide to move to another facility, notify your Local Emergency Management Office for coordination purposes.

?? If an evacuation of the facility is necessary, the Administrator will ensure family members are notified.

?? If a person appears to be in any danger of heat related stress, call **911**.

?? Provide cool liquids for persons to drink.

?? Use fans to circulate air.

?? Provide cold wash cloths as needed.

?? If electrical power is interrupted for more than five (5) minutes, notify the Administrator.

**NOTE:** Indicate how you intend to provide and prepare food for your residents.

### **4. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

?? Management Personnel

?? Administrative Staff

## **DISASTER PREPAREDNESS PLAN OUTLINE**

?? Housekeeping Staff

?? First Aid/Medical Staff

?? Facility Maintenance Staff

?? Food Preparation Staff

?? LIST OTHER Departments and Job Assignments as Applicable

**5. EXERCISES:** This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

?? Date of the exercise: Severe Weather HOT exercise must be accomplished prior to **MAY** each year. COLD Weather exercise must be accomplished prior to **NOVEMBER** each year.

?? List the type of severe weather hot/cold exercise (HOT or COLD):

?? Results of the exercise: Satisfactory: YES \_\_\_\_ NO \_\_\_\_ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you re-accomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "Severe Weather Hot/Cold Procedures Exercise Record" sheet follows.

# **DISASTER PREPAREDNESS PLAN OUTLINE**

## **SEVERE WEATHER HOT/COLD Exercise Record**

**DATE OF LAST EXERCISE:** \_\_\_\_\_

**TYPE OF SEVERE WEATHER HOT/COLD EXERCISE:** HOT \_\_\_ COLD \_\_\_

**EXERCISE OF PROCEDURES WAS SATISFACTORY:** YES \_\_\_ NO \_\_\_

**PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

**CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

# **DISASTER PREPAREDNESS PLAN OUTLINE**

## **ANNEX E**

### **EARTHQUAKE PROCEDURES**

**NOTE:** You will have *no warning* before an earthquake occurs.

#### **1. DURING THE EARTHQUAKE:**

- ?? When the shaking begins, get under the nearest piece of heavy furniture, wedge yourself in a doorway, get under a bed or in a bathtub and hold on.
- ?? Do Not attempt to go outside until the shaking has stopped.
- ?? Most earthquake related injuries occur from falling objects.

**NOTE:** It is not recommended to attempt to take any action (job assignments) while an earthquake is occurring except TAKE COVER and hang on.

#### **2. AFTER THE SHAKING STOPS:**

- ?? Check yourself and those near you for injuries.
- ?? Perform simple rescues such as removing victims from under lightweight debris.
- ?? To the best of your ability, assess the number and types of injuries at your facility.
- ?? If the facility appears to be structurally unsafe, evacuate to an open outside area that is free of trees, overhead power lines, adjacent tall structures, etc. An after shock can occur at anytime and cause previously damaged buildings to collapse.
- ?? Telephones may or may not work. If you have a working phone, DO NOT use it unless you have a medical, fire or Hazardous Materials emergency. Using your phone may cause the system to fail.
- ?? Turn off all utilities and leave them off until you are told it is safe to turn them on.
- ?? All off duty personnel should automatically report for duty if they can reach the facility safely. They should ensure their family members are safe before reporting. Do Not use the phone to call in off duty personnel.

#### **3. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**



## **DISASTER PREPAREDNESS PLAN OUTLINE**

?? Management Personnel

?? Administrative Staff

?? Housekeeping Staff

?? First Aid/Medical Staff

?? Facility Maintenance Staff

?? Food Preparation Staff

?? LIST OTHER Departments and Job Assignments as Applicable

**4. EXERCISES:** This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

?? Date of the exercise: (Must be exercise once per year, any time.)

?? List the type of exercise: **EARTHQUAKE**

?? Results of the exercise: Satisfactory: YES \_\_\_\_ NO \_\_\_\_ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you re-accomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "*Earthquake Procedures Exercise Record*" sheet follows.

# **DISASTER PREPAREDNESS PLAN OUTLINE**

## **EARTHQUAKE Exercise Record**

**DATE OF LAST EXERCISE:** \_\_\_\_\_

**TYPE OF EXERCISE:** EARTHQUAKE

**EXERCISE OF PROCEDURES WAS SATISFACTORY:** YES \_\_\_ NO \_\_\_

**PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

**CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

# DISASTER PREPAREDNESS PLAN OUTLINE

ANNEX G

## CHEMICAL SPILLS PROCEDURES PLAN

**NOTE:** This Annex is designed to address a *Hazardous Materials* (Chemical Spill) inside your facility, outside on facility property and in the vicinity of the facility.

### REPORTING HAZARDOUS MATERIALS (CHEMICAL) SPILLS:

Incidents/accidents involving Hazardous Materials (substances) must be reported to the Idaho Bureau of Hazardous Materials. This is usually accomplished through the Local Emergency Management Agency or the Fire Department. (Check with your Local Emergency Management Office to determine how reporting is managed in your county/city.

### 1. MINOR SPILLS INSIDE FACILITY OR ON PROPERTY OUTSIDE:

?? Isolate (evacuate) the immediate area and call **911**.

?? DO NOT touch, inhale or perform taste tests on the spilled material.

?? Provide first response units with as much information as you can about the material, spill circumstances and location.

### 2. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:

?? Management Personnel

?? Administrative Staff

?? Housekeeping Staff

?? First Aid/Medical Staff

?? Facility Maintenance Staff

?? Food Preparation Staff

?? LIST OTHER Departments and Job Assignments as Applicable

## **DISASTER PREPAREDNESS PLAN OUTLINE**

### **3. MAJOR SPILLS INSIDE FACILITY AND/OR ON PROPERTY OUTSIDE:**

- ?? Isolate (evacuate) the area and call **911**.
- ?? DO NOT touch, inhale or perform taste tests on the spilled material.
- ?? Provide first response units with as much information as you can about the material, spill circumstances and location.
- ?? If possible, move everyone uphill and upwind.
- ?? Be prepared to move (evacuate) employees and residents/patients to a paired facility or location designated by Local Emergency Management personnel.

**NOTE:** Every health care facility is vulnerable to a Hazardous Materials incident/accident because of one or more of the following:

- A. Located within one mile of a railroad*
- B. Located within one mile of a county, state or federal highway*
- C. Uses propane gas from 500 gallon or larger tank*
- D. Uses Natural gas supplied through an underground line*
- E. Regularly uses Hazardous Materials/Substances in treatment of patients*
- F. Located within two (2) miles of an airport*

### **4. STAFF FUNCTIONS BY DEPARTMENT AND JOB ASSIGNMENTS:**

- ?? Management Personnel
- ?? Administrative Staff
- ?? Housekeeping Staff
- ?? First Aid/Medical Staff
- ?? Facility Maintenance Staff
- ?? Food Preparation Staff

## **DISASTER PREPAREDNESS PLAN OUTLINE**

?? LIST OTHER Departments and Job Assignments as Applicable

**5. EXERCISES:** This annex will be exercised at least once per calendar year. Documentation of the annual exercise will include:

?? Date of the exercise: (Must be exercise once per year, any time.)

?? List the type of exercise: **CHEMICAL SPILL**

?? Results of the exercise: Satisfactory: YES \_\_\_\_ NO \_\_\_\_ (Satisfactory indicates that each Procedure listed above was accomplished safely and in a timely manner.)

A "NO" check mark indicates one or more of the above procedures was not accomplished safely and/or in a timely manner. You should write a very brief description of the problem and the action(s) taken to correct the deficiency. It is recommended that you re-accomplish the portion(s) or the exercise that was unsatisfactory to ensure the revised Procedure(s) will work. A suggested "Chemical Spill Procedures Exercise Record" sheet follows.

# **DISASTER PREPAREDNESS PLAN OUTLINE**

## **CHEMICAL SPILL Exercise Record**

**DATE OF LAST EXERCISE:** \_\_\_\_\_

**TYPE OF EXERCISE:** CHEMICAL SPILL

**EXERCISE OF PROCEDURES WAS SATISFACTORY:** YES \_\_\_ NO \_\_\_

**PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.

**CORRECTIVE ACTION FOR PROCEDURE(S)/POLICIES NEEDING IMPROVEMENT:**

1.

2.

3.

4.