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## *EMERGENCY ACTION PLAN*

Adopted: \_\_\_\_\_

1<sup>st</sup> Annual Review Date: \_\_\_\_\_ Completed: \_\_\_\_\_

2<sup>nd</sup> Annual Review Date: \_\_\_\_\_ Completed: \_\_\_\_\_

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# EMERGENCY ACTION PLAN

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## FOR LONG TERM CARE FACILITIES

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## FOR LONG TERM CARE FACILITIES

### **INTRODUCTION**

During the past several years some of the costliest disasters of this century have occurred resulting in countless deaths and injuries to the citizens of America. In Oklahoma, we have felt the effects of floods, ice storms, grass fires, tornadoes, industrial accidents, the bombing of the Alfred P. Murrah Federal Building, the attacks on the World Trade Center, and, most recently, Hurricane Katrina.

Additionally, the phenomenon known as the "graying of America" has resulted in an increased need for Long Term Care Facilities and has produced areas of population densities. This combined with the catastrophic effects of recent disasters has identified the need for an emergency action plan for Long Term Care Facilities to include plans for relocation of residents. This need is further established in federal and state regulation.

The use of the term "Long Term Care Facilities" in this plan refers to Assisted Living, Residential Care, Continuum of Care, Nursing Homes and Intermediate Care Facilities for the Mentally Retarded.

### **OBJECTIVE**

The Oklahoma Department of Emergency Management in collaboration with the Department of Health has developed a **MODEL EMERGENCY ACTION PLAN** for Long Term Care Facilities. This plan is provided as a courtesy. Recipients are welcome to utilize the plan in full (by simply filling in the blanks) or alter the plan to suit their facility's individual needs.

This plan is designed as a resource tool to assist in the development and implementation of an emergency action plan within your organization or agency. Specific compliance requirements addressed in this plan have been researched to the best of our ability through State and local agencies. Once in place, it is recommended that the plans be reviewed and updated on a routine basis to ensure their accuracy.

If you have any questions about the plan please contact the Planning, Training and Exercise Division, Oklahoma Department of Emergency Management (405) 521-2481.

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## LONG TERM CARE FACILITY

### **I. PURPOSE**

To provide guidance to \_\_\_\_\_ on emergency policies and procedures to protect the lives and property of residents, staff and visitors.

### **II. SITUATION AND ASSUMPTIONS**

#### A. Situation

1. The State of Oklahoma is vulnerable to natural and technological disasters.
2. Residents of this facility require special emergency consideration in planning for disasters or emergencies and in ensuring safety.

#### B. Assumptions

1. The possibility exists that an emergency may occur at any time.
2. In the event an emergency exceeds the facility's capability, external services and resources may be required.
3. Local, state and federal departments and agencies may provide assistance necessary to protect lives and property.
4. It is the responsibility of the Department of Health and/or the Office of the State Fire Marshal to inspect the facility for compliance with published safety guidelines.
5. The local Emergency Management Agency is available to assist in writing and reviewing the facility's emergency action plan. Contact the Oklahoma Department of Emergency Management at 405.521.2481 to locate your city or county Emergency Manager.
6. The Department of Health is responsible for the annual inspection of the facility for compliance with all state and federal statutes and regulations. This emergency action plan will be reviewed at these inspections.
7. Based on authority, the State Fire Marshal or the local fire department may be responsible for the annual review and inspection of fire safety plans and procedures.

### **III. CONCEPT OF OPERATIONS**

Because the state is subject to the adverse effects of natural or technological disasters, the facility administrator should develop and revise, in coordination with the Department of Health, the Office of

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the State Fire Marshal and the local Emergency Management Director, an emergency action plan capable of providing for the safety and protection of residents, staff and visitors. Procedures should be developed to insure that residents who are hearing impaired, are speech impaired, or have English as a second language are properly informed and alerted as necessary. This plan can be effective for either internal or external emergencies.

### A. Pre-Emergency

The primary focus of this phase is on the development, revision, testing and training of the emergency action plan.

1. Review, exercise and re-evaluate existing plans, policies and procedures.
2. Coordinate plans with the local emergency management agency and provide input into the county's emergency plans. A Memorandum of Understanding, or Mutual Aid Agreement should be in place.
3. Review and update resource lists. (See TAB F)
  - a. Ensure the availability of manpower needed to execute emergency procedures.
  - b. Work with the local Emergency Management Director, in locating needed resources.
  - c. Identify staff needing transportation and arrange for provision of this service.
4. Determine communication system. For example, cellular phones and fax machines may offer the best means of telecommunication in the event of a power loss. However, a supply of quarters and accessibility to a pay phone may serve as a reasonable alternative.
5. Ensure the availability and functioning of facility emergency warning system.
6. Test reliability of emergency telephone roster for contacting emergency personnel and activating emergency procedures.
7. Develop procedure for testing generators and equipment supported by emergency generators.
  - a. Ensure a 48 hour supply of emergency fuel and establish an agreement for delivery with a supplier.
  - b. Activate the generators for a minimum of eight hours every thirty days.
  - c. Document all testing procedures.
8. Ensure a 4 day supply of food and water for residents and staff.
  - a. Arrange for a private contact to supply back-up resources.
  - b. Contact the local Emergency Management Director, for assistance in establishing a private

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- contact, as needed.
9. Schedule employee orientation training and in-service training programs on the operations of the emergency plan.
  10. Enhance emergency education.
    - a. Distribute personal preparedness checklists on fire safety, protection from natural disasters, etc. (see TAB D)
    - b. Post display of evacuation routes, alarm and fire extinguisher locations and telephone numbers of emergency contacts.
    - c. Provide demonstrations on warning systems and proper use of emergency equipment for the staff, residents and resident families.
  11. Conduct, at a minimum, twelve unannounced fire drills per year. Check fire regulations in your community for local compliance requirements.
    - a. One drill is required per quarter for each shift.
    - b. Document each drill, instruction or event to include dates, content and the participants involved.
  12. It is recommended that, at a minimum, annual unannounced drills exercising all aspects of the emergency action plan be conducted. Document drills with critiques and evaluations.
  13. Develop and maintain Standard Operating Procedures including procedures and tasking assignments, resources, security procedures, personnel call down lists and inventories of emergency supplies. Include section designating staff, space and food provision for the facility's use as a shelter for the external population.
  14. \_\_\_\_\_ (*location*) is designated as the Crisis Command Post (CCP) location to serve as the focal point for coordinating operations and \_\_\_\_\_ (*location*) is designated as an alternate location outside the facility for use if evacuation is necessary. If possible there should be at least two direct outside lines in the command post and multiple copies of emergency telephone numbers (home, beeper and cellular #'s of staff, community, and state agency #'s and #'s of additional key personnel) should be available.
  15. Designate staff trained in the content of the disaster plan to execute the activities of the Command Post.

16. Plan for Evacuation and Relocation

Describe the policies, role responsibilities and procedures for the evacuation of residents from the facility. (See the Supplement to the Emergency Action Plan for Long Term Care Facilities)

- a. Identify the individual responsible for implementing facility evacuation procedures.
- b. Identify residents who may require skilled transportation provided by local jurisdiction resources.
- c. Determine the number of ambulatory and non-ambulatory residents.
- d. Identify transportation arrangements made through mutual aid agreements or understandings that will be used to evacuate residents (Copies of the agreements must be attached as annexes).
- e. Describe transportation arrangements for logistical support to include moving records, medications, food, water, and other necessities (Copies of the agreements must be attached as annexes).
- f. Identify facilities and include in the plan a copy of the mutual aid agreement that has been entered into with a facility to receive residents/patients (Copies of the agreements must be attached as annexes).
- g. Identify evacuation routes that will be used and secondary routes should the primary route be impassable.
- h. Specify the amount of time it will take to successfully evacuate all patients/residents to the receiving facility.
- i. Specify the procedures that ensure facility staff will accompany evacuating residents/patients.
- j. Identify procedures that will be used to keep track of residents once they have been evacuated to include a log system.
- k. Determine what and how much should each resident take.
- l. Provide for a minimum of 72-hour stay, with provisions to extend this period of time if the disaster is of catastrophic magnitude.
- m. Establish procedures for responding to family inquiries about residents who have been evacuated.
- n. Establish procedures for ensuring all residents are accounted for and are out of the facility.
- o. Determine at what point to begin the pre-positioning of necessary medical supplies and



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provisions.

- p. Specify at what point the mutual aid agreements for transportation and the notification of alternative facilities will begin.

### Mutual Aide Agreements

Mutual-aid agreement content will vary but items to consider addressing include the following elements or provisions:

- definitions of key terms used in the agreement;
- roles and responsibilities of individual parties;
- procedures for requesting and providing assistance;
- procedures, authorities, and rules for payment, reimbursement, and allocation of costs;
- notification procedures;
- protocols for interoperable communications;
- relationships with other agreements among jurisdictions;
- workers compensation;
- treatment of liability and immunity;
- recognition of qualifications and certifications; and
- sharing agreements, as required.

See the Supplement to the Emergency Action Plan for Long Term Care Facilities for more information on this topic.

17. Identify community resources such as volunteers, churches, clubs and organizations, emergency medical services, law enforcement, fire departments, businesses, hospitals and local government departments/agencies.
18. Establish a plan for donations management. Delineate what is needed, where items will be received and stored and who will manage donation management operations.

### B. Preparedness

Upon receipt of an internal or external warning of an emergency, the facility administrator or appropriate designee(s), in coordination with the local Fire Department, should:

1. Notify staff in charge of emergency operations to initiate the disaster plan; advise personnel of efforts designed to guarantee resident safety. (see TAB A for Notification Checklist and TAB B for Emergency Call-Down Roster)
2. If potential disaster is weather related, closely monitor weather conditions and update department directors, as necessary.
3. Inform key agencies of any developing situation and protective actions contemplated.
4. Review the Emergency Plan including evacuation routes with staff and residents.
5. Prepare the \_\_\_\_\_ (*designated area*) for Command Post

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- operations and alert staff of impending operations.
6. Receive calls from families; coordinate dissemination of messages.
  7. Control facility access.
  8. Confirm emergency staff availability and facilitate care of their families.
  9. Pre-arrange emergency transportation of non-ambulatory residents (dialysis residents, etc.) and their records.
  10. Check food and water supplies.
  11. Store a supply of radios and flashlights, secure loose outdoor furniture and keep vehicles fueled (A 2 ½ tank reserve is recommended).
  12. Coordinate with local authorities/agencies and private contacts to confirm availability of resources, including medical services, response personnel, etc.
  13. Confirm transportation agreements with Emergency Medical Services agencies, tour bus companies or private individuals for buses or other emergency vehicles. (Check with your local and state emergency management office for examples.)
  14. Have a plan in place with \_\_\_\_\_ (*pharmacy name*) and an alternate source to determine emergency operations in the event of halted deliveries or need for backup.
  15. Warn the staff and residents of the situation and expedient protective measures.
  16. Remain calm, reassure residents to minimize fear and panic.
  17. Schedule extended shifts for essential staff and alert alternate personnel to remain on stand-by.

### C. Response

In response to an actual emergency situation, the facility administrator will coordinate the following actions:

1. Complete the actions of Pre-emergency and Preparedness outlined above.
2. Activate the Emergency Action Plan and conduct Command Post operations involving emergency communications, message control and routing of essential information.
3. Coordinate actions and requests for assistance with local jurisdiction emergency services and the community.
4. Determine requirements for additional resources and continue to update appropriate authorities and/or services.

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5. Ensure communication with residents' families and physicians.
6. Ensure prompt transfer of resident records.

### D. Recovery

Immediately following the emergency situation, the facility administrator should take the provisions necessary to complete the following actions.

1. Coordinate recovery operations with the local Emergency Management Agency and other local agencies to restore normal operations, to perform search and rescue and to re-establish essential services.
2. Provide crisis counseling for residents/families as needed.
3. Provide local authorities a master list of displaced, missing, injured or dead and notify the next-of-kin.
4. Provide information on sanitary precautions for contaminated water and food to staff, volunteers, residents and appropriate personnel.
5. If necessary, arrange for alternate housing or facilities.

### IV. **ORGANIZATION AND RESPONSIBILITIES**

The facility administrator is responsible for the overall direction and control of facility emergency operations, receiving requested assistance from the heads of each internal department, the local Emergency Management Agency, local Fire Department, private and volunteer organizations and various local and state departments and agencies. (see TAB E for Department Checklists)

Duties and activities that should be directed or assigned by the administrator:

1. Coordinate the activation and oversee the implementation of the emergency plans.
2. Direct operation of the Command Post.
3. Assign a coordinator for the delivery of resident medical needs.
4. Assign a coordinator accountable for residents and their records; and needed supplies.
5. Assign responsibility for maintaining safety of the facility grounds - securing necessary equipment and alternative power sources.
6. Review regularly the inventory of vehicles and report to administrative services.
7. Coordinate the emergency food services program.
8. Ensure availability of special resident menu requirements and assess needs for additional food

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stocks.

9. Assign a coordinator to ensure the cleanliness of all residents and provision of resident supplies for three days.
10. Coordinate the inspection of essential equipment (wet/dry vacuums) and protection of facility (lower blinds, close windows, secure loose equipment, etc.).
11. Provide security of facility/grounds and limit access to facility as necessary.
12. Coordinate provision of assistance to Maintenance and Housekeeping Departments.
13. Supervise notification of families on emergency operations.
14. Facilitate telecommunications and oversee release of information.

### V. Authorities and References

#### A. Authorities

1. 42 CFR Ch IV, Part 483, Requirements for States and Long Term Care Facilities, 483.75, Administration: (m) Disaster and Emergency Preparedness.
2. OAC Chapter 675, Regulations for Licensure of Nursing and Specialized Facilities, Section 310:675-7-8.1. Administrative Records, (14) Written disaster plan/emergency evacuation plan.
3. 42 CFR Ch IV, Part 483, Requirements for States and Long Term Care Facilities, Subpart I Conditions of Participation for Intermediate Care Facilities for the Mentally Retarded, Sec. 483.470, Condition of participation: Physical environment; (h) Disaster and Emergency Preparedness.
4. OAC Chapter 680, Regulations for Residential Care Homes, Section 310:680-3-6. Records and reports; and 63 O.S. 1-828
5. OAC Chapter 663, Regulations for Continuum Of Care And Assisted Living Facilities, Section 310:663-3-3. Description of service in assisted living center; and OAC 310:663-7-1. General requirements.

See also the [Supplement to the Emergency Action Plan for Long Term Care Facilities](#)

#### B. References

1. United States Department of Homeland Security; Natural Disasters Website: [http://www.ready.gov/natural\\_disasters.html](http://www.ready.gov/natural_disasters.html)
2. [Are You Ready? An In-depth Guide to Citizen Preparedness](#), United States Department of Homeland Security: [http://www.fema.gov/pdf/areyouready/areyouready\\_full.pdf](http://www.fema.gov/pdf/areyouready/areyouready_full.pdf)

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3. American Red Cross; Disaster Services Website:  
[http://www.redcross.org/services/disaster/0,1082,0\\_501\\_00.html](http://www.redcross.org/services/disaster/0,1082,0_501_00.html)
4. Oklahoma Department of Emergency Management  
Will Rogers Bldg, Box 53365  
Oklahoma City, OK 73152-3365  
Phone: (405) 521.2481  
<http://www.ok.gov/oem/>
5. Oklahoma Office of Homeland Security  
P.O. Box 11415  
Oklahoma City, OK 73136-0415  
Phone: (405) 425.7296  
[okoht@dps.state.ok.us](mailto:okoht@dps.state.ok.us)
6. Oklahoma Residential Assisted Living Association  
P.O. Box 54364  
Oklahoma City, OK 73154-4364  
Phone: (405) 840-0727  
<http://www.orala.org/>
7. Oklahoma Association of Homes and Services for the Aging  
P.O. Box 1383  
El Reno, OK 73036  
Phone: (405) 640.8040  
<http://www.okahsa.org/>
8. Oklahoma Association of Health Care Providers  
200 NE 28th ▪ Oklahoma City, OK 73105  
Phone: (405) 524-8338  
<http://www.oahcp.org/>
9. Oklahoma Assisted Living Association  
1329 N. Classen Drive  
Oklahoma City, OK 73103  
Phone: (405) 235-5000  
<http://www.okala.org>

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NOTIFICATION PROCEDURES  
TAB A

I. Warning Systems

External Receipt of Warning

Local government authorities should issue warning of a disaster by mass media (radio and television).

Internal

An internal warning of an emergency should come from the facility's Administrative Services and should be disseminated to staff, residents and visitors by \_\_\_\_\_. (intercom, alarm system)

In the event of a power failure, the alternate alert/warning system shall be \_\_\_\_\_.

II. Communications Procedures

All calls shall be routed through the Command Post.

Completed Initials

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Alert staff, residents and visitors of emergency.
2. Call off-duty staff from emergency call-down roster.
3. Notify appropriate authorities. These authorities include:
  - \_\_\_\_\_ a. Local Fire Department  
# \_\_\_\_\_
  - \_\_\_\_\_ b. Local Emergency Mgmt Agency  
# \_\_\_\_\_
  - \_\_\_\_\_ c. State Department of Health  
Ph. 1-800-747-8419  
Ph. 1-405-271-6868  
Fax. 1-866-239-7553  
Fax. 1-405-271-4172
  - \_\_\_\_\_ d. Resident physicians and families

ATTACH LIST OF PHYSICIAN AND FAMILY NAMES AND NUMBERS.

\_\_\_\_\_

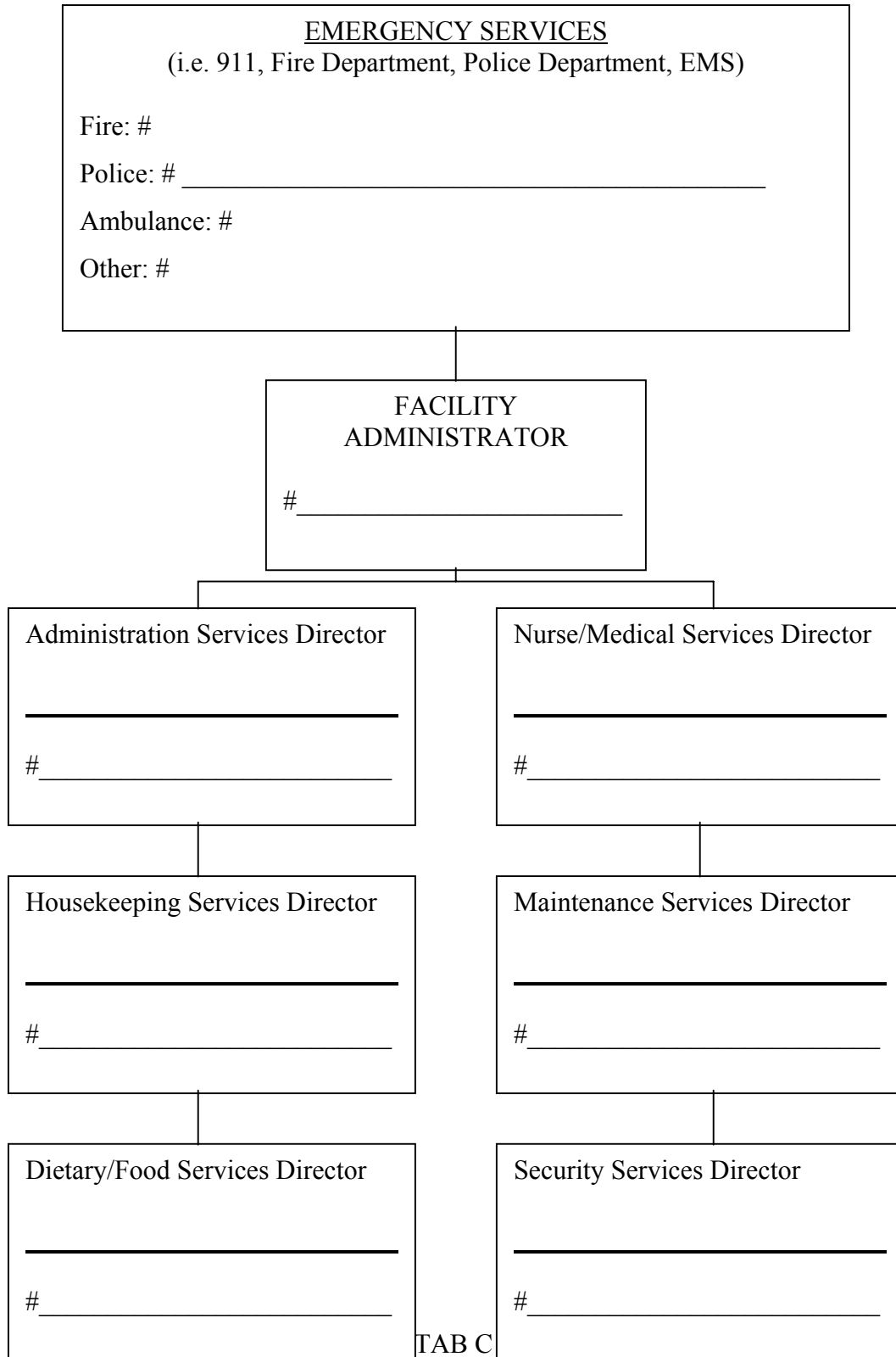
4. Keep authorities updated on emergency operations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EMERGENCY ACTION PLAN

TAB B  
EMERGENCY CALL-DOWN ROSTER



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EMERGENCY CHECKLIST  
**EVACUATION PROCEDURES**

NOTE: It is recommended that two types of evacuation procedures be developed. These include internal evacuation procedures and external evacuation procedures.

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed    Initials

- |       |       |    |   |
|-------|-------|----|---|
| _____ | _____ | 1. | Identify and designate plainly marked exits, evacuation routes, and alternatives on master floor plan for both internal and external evacuations. |
|       |       |    | ✓ Plan safe routes - avoid wooden stairs, open stairwells, boiler rooms, windows, etc.  |
|       |       |    | ✓ Assign handicapped or non-ambulatory residents to ground floor rooms, close to exits.   |
|       |       |    | ✓ Designate facility compartments for internal evacuation and for planning the safest external evacuation routes.                                 |
| _____ | _____ | 2. | Inform staff and residents on exit locations and evacuation procedures.   |
| _____ | _____ | 3. | KEEP RESIDENTS CALM.  |
| _____ | _____ | 4. | Evacuate residents in orderly fashion, according to physical condition.   |
|       |       |    | ✓ Ambulatory  |
|       |       |    | ✓ wheelchair  |
|       |       |    | ✓ bedfast residents   |
| _____ | _____ | 5. | Search bathrooms, laundry room, storage closets and vacant rooms for stranded residents, visitors or staff and assist in their evacuation.        |
| _____ | _____ | 6. | Clear corridors of any obstructions such as carts, wheelchairs, etc.  |
| _____ | _____ | 7. | Turn off electrical appliances.   |
| _____ | _____ | 8. | Recount residents to assure no missing residents.   |
| _____ | _____ | 9. | Remove resident records.  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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TAB D  
EMERGENCY CHECKLISTS  
**SPECIFIC DISASTERS/INCIDENTS**  
**FIRE SAFETY**

If prepared, insert completed Fire Plan in this TAB

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Post location of fire alarms.  |
| _____ | _____ | 2. Post location of fire extinguishers.   |
| _____ | _____ | 3. Train employees on use of alarm system and extinguishers.                                      |
| _____ | _____ | 4. Post directions on how to utilize emergency equipment.   |
|       |       | 5. Follow RACE procedures:  |
| _____ | _____ | R: Rescue - Rescue residents in immediate danger.   |
| _____ | _____ | A: Alarm - Sound nearest alarm if not already activated.  |
| _____ | _____ | C: Confine - Close doors behind you to confine fire. Crawl low if exit route is blocked by smoke. |
| _____ | _____ | E: Extinguish - Utilize fire extinguisher as situation permits or;                                |
| _____ | _____ | Evacuate - Follow evacuation procedures   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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EMERGENCY CHECKLIST  
**NATURAL DISASTERS**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed   Initials

1. Severe Electrical Storms

- \_\_\_\_\_ a. Relocate to inner areas of building as possible.
- \_\_\_\_\_ b. Keep away from glass windows, doors, skylights and appliances.
- \_\_\_\_\_ c. Refrain from using phones, taking showers.
- \_\_\_\_\_ d. Stay away from computers

2. Tornado (WATCH ISSUED)

- \_\_\_\_\_ a. Listen to local radio and TV stations for further updates. Check that radio batteries are available and charged
- \_\_\_\_\_ b. Be alert to changing weather conditions.
- \_\_\_\_\_ c. Secure equipment, outdoor furniture.
- \_\_\_\_\_ d. Send "tornado spotters" to look out locations.
- \_\_\_\_\_ e. Secure articles which may act as projectiles.
- \_\_\_\_\_ f. Alert staff to the need for possible sheltering of residents

Tornado (WARNING ISSUED)

- \_\_\_\_\_ g. Seek shelter in designated area (i.e. safe room, basement, first floor interior hallways, restrooms or other enclosed small areas.
- \_\_\_\_\_ h. Check restrooms or vacant rooms for visitors or stranded residents and escort to shelter area.
- \_\_\_\_\_ i. Take position of greatest safety:
  - ✓ If possible, crouch down on knees with head down and hands locked at back of neck, or:
  - ✓ Protect head/body with pillows or mattress.

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- ✓ Bedridden residents, if unable to be moved to central corridors, should have window blinds or curtains closed and protected as much as possible.

3. Winter Storms

- \_\_\_\_\_ a. Secure facility against frozen pipes.
- \_\_\_\_\_ b. Check emergency and alternate utility sources.
- \_\_\_\_\_ c. Check emergency generator: Does it start? Is there fuel?
- \_\_\_\_\_ d. Conserve utilities - maintain low temperatures, consistent with health needs.
- \_\_\_\_\_ e. Equip vehicles with chains and snow tires.
- \_\_\_\_\_ f. Keep sidewalks clear.

4. Flooding (External sources).

- \_\_\_\_\_ a. Shut off water main to prevent contamination.
- \_\_\_\_\_ b. Pack refrigerators/food lockers with dry ice.
- \_\_\_\_\_ c. Prepare to evacuate residents.

Flooding (Internal source).

- \_\_\_\_\_ a. Turn off building electricity.
- \_\_\_\_\_ b. Move residents as required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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EMERGENCY CHECKLIST  
WATER/ELECTRICAL OUTAGE

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

PREPAREDNESS:

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Ensure a four day supply of food and water for residents and staff and a 48 hour supply of emergency fuel.          |
| _____ | _____ | 2. Arrange for private contact to serve as an added back-up resource.  |
| _____ | _____ | 3. Work with the Local Emergency Management Agency in establishing a back-up resource.                                 |
| _____ | _____ | 4. Keep an accurate blueprint of all utility lines and pipes associated with the facility and grounds.                 |
| _____ | _____ | 5. Develop procedures for emergency utility shutdown.  |
| _____ | _____ | 6. List all day and evening phone numbers of emergency reporting and repair services of all serving utility companies. |
| _____ | _____ | 7. List names and numbers of maintenance personnel for day and evening notification.                                   |

RESPONSE - Electric Power Failure

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Call # _____ (power company).  |
| _____ | _____ | 2. Notify the maintenance staff.  |
| _____ | _____ | 3. Evacuate the building if danger of fire.                                     |
| _____ | _____ | 4. Keep refrigerated food and medicine storage units closed to retard spoilage. |
| _____ | _____ | 5. Turn off power at main control point if short is suspected.                  |
| _____ | _____ | 6. Follow repair procedures.  |

Completed Initials

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RESPONSE - Water Main Break

- \_\_\_\_\_ 1. Call # \_\_\_\_\_ (facility maintenance).
- \_\_\_\_\_ 2. Shut off valve at primary control point.
- \_\_\_\_\_ 3. Relocate articles which may be damaged by water.
- \_\_\_\_\_ 4. Call \_\_\_\_\_ (pre-designated assistance groups) if flooding occurs.

RESPONSE - Gas Line Break

- \_\_\_\_\_ 1. Evacuate the building immediately. Follow evacuation procedures.
- \_\_\_\_\_ 2. Notify maintenance staff, Administrator, local public utility department, gas company and police and fire departments. List all numbers here.
- \_\_\_\_\_ 3. Shut off the main valve.
- \_\_\_\_\_ 4. Open windows.
- \_\_\_\_\_ 5. Re-enter building only at the discretion of utility officials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Bomb Threat

### INSTRUCTIONS

Insert your local police department's telephone number below.\* Notify your police department immediately after receiving a bomb threat. Do as the police department advises. Complete the form and give it to the Administrator, person in charge and/or police.

### **QUESTIONS TO ASK DURING A BOMB THREAT TELEPHONE CALL**

1. What kind of bomb is it? \_\_\_\_\_  
     Time \_\_\_\_\_  
     Barometric Altitude \_\_\_\_\_  
     Anti-handling \_\_\_\_\_
2. What does the bomb look like? \_\_\_\_\_
3. Where is the bomb located right now?  
 \_\_\_\_\_
4. When is the bomb going to explode?  
 \_\_\_\_\_
5. What will cause the bomb to explode?  
 \_\_\_\_\_
6. Did you place the bomb? \_\_\_\_\_
7. Why did you place the bomb? \_\_\_\_\_
8. Where are you calling from? \_\_\_\_\_
9. What is your name? \_\_\_\_\_
10. What is your address? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **EXACT WORDING OF THREAT**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sex of Caller: \_\_\_\_\_ Female      \_\_\_\_\_ Male  
 Approximate Age of Caller: \_\_\_\_\_  
 Possible Race of Caller: \_\_\_\_\_  
 Is the voice familiar? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 If yes, whom did it sound like? \_\_\_\_\_

Length of Call: \_\_\_\_\_  
 Number at Which Call Was Received: \_\_\_\_\_

Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 Person Receiving Call: \_\_\_\_\_

**\*POLICE DEPARTMENT:** \_\_\_\_\_

### DESCRIPTION

Circle/check all that apply.

VOICE	SPEECH	MANNER
Loud	Fast	Calm
High Pitched	Distinct	Rational
Raspy	Stutter	Deliberate
Soft	Slurred	Angry
Deep	Slow	Crying
Pleasant	Lisp	Incoherent
Nasal	Breathless	Emotional
Disguised	Distorted	Laughing
Normal	Monotone	Intoxicated

Circle/check most appropriate answer.  
 Use provided space for more specific information.

ACCENT	LANGUAGE
Local: _____	Articulate/Educated
Regional: _____	Fair/Good
Foreign: _____	Poorly Educated
Race: _____	Cursing/Offensive
Other: _____	Other: _____

### **BACKGROUND NOISE**

- |                                |                           |
|--------------------------------|---------------------------|
| _____ Factory/Mechanical       | _____ Street/Traffic      |
| _____ Office Machinery         | _____ Glassware/Café      |
| _____ Trains                   | _____ Music               |
| _____ Airplanes                | _____ PA System           |
| _____ Rain/Thunder             | _____ Voices/Talking      |
| _____ Party Atmosphere         | _____ Quiet               |
| _____ Radio/TV                 | _____ Household Appliance |
| _____ Animals (specify: _____) |                           |

### **FAMILIARITY:**

#### **WITH THREATENED FACILITY**

\_\_\_\_\_ Much      \_\_\_\_\_ Some      \_\_\_\_\_ None

#### **WITH GENERAL AREA/LOCATION**

\_\_\_\_\_ Much      \_\_\_\_\_ Some      \_\_\_\_\_ None

### **ADDITIONAL PERTINENT INFORMATION OR REMARKS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMERGENCY CHECKLIST

EMERGENCY ACTION PLAN

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**MISSING RESIDENT**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed    Initials

- \_\_\_\_\_ 1. Communicate internal notification of missing resident.
- \_\_\_\_\_ 2. Search every SPACE in facility.
- \_\_\_\_\_ 3. Search immediate grounds - supply flashlights.
- \_\_\_\_\_ 4. Call 911 or local Police Department.
- \_\_\_\_\_ 5. State Department of Health  
Ph.            1-800-747-8419  
Ph.            1-405-271-6868  
Fax.          1-866-239-7553  
Fax.          1-405-271-4172
- \_\_\_\_\_ 6. Notify responsible family member:
- ✓ Inform family that resident is missing.
  - ✓ State that local Police Department has been notified.
  - ✓ Ask family members to remain at home near phone.
  - ✓ Discourage family members from coming to the facility until notified to do so.
- \_\_\_\_\_ 7. Supply resident's picture from medical records to search team members. (Current yearly photos are encouraged.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EMERGENCY ACTION PLAN

---

TAB E  
EMERGENCY CHECKLISTS  
DEPARTMENT RESPONSIBILITIES  
ADMINISTRATIVE SERVICES

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed   Initials

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Alert staff of emergency.   |
| _____ | _____ | 2. Determine extent/type of emergency.   |
| _____ | _____ | 3. Activate emergency plans.   |
| _____ | _____ | 4. Activate emergency staffing.  |
| _____ | _____ | _____ Provide transportation of emergency personnel, as needed.                  |
| _____ | _____ | 5. Notify local jurisdiction support.  |
| _____ | _____ | 6. Contact pharmacy to determine:  |
| _____ | _____ | a. Cancellation of deliveries?   |
| _____ | _____ | b. Availability of backup pharmacy?  |
| _____ | _____ | c. Availability of 3-days of medical supplies?                                   |
| _____ | _____ | 7. Authorize operation of crisis command post.                                   |
| _____ | _____ | a. Provide checklists to staff.  |
| _____ | _____ | b. Ensure communications equipment is operational.                               |
| _____ | _____ | 8. Cancel special activities (i.e.: trips, activities, family visits, etc.)      |
| _____ | _____ | 9. Monitor the emergency communication station.                                  |
| _____ | _____ | 10. Receive briefings from Department Heads on pending operations.               |
| _____ | _____ | 11. Closely monitor weather reports for significant weather changes or warnings. |
| _____ | _____ | 12. Determine need for evacuation and begin procedures, if necessary.            |
| _____ | _____ | 13. Arrange for emergency transportation of ambulatory residents.                |
| _____ | _____ | 14. If necessary, prepare facility for sheltering of external populations:       |
| _____ | _____ | a. Designate allotted space and food.  |
| _____ | _____ | b. Provide additional staffing.  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



EMERGENCY ACTION PLAN

---

EMERGENCY CHECKLIST  
**DIETARY/FOOD SERVICES**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Check water and food for contamination.  |
| _____ | _____ | 2. Check refrigeration loss if refrigerator or food lockers are not on emergency power circuit. |
| _____ | _____ | 3. Ensure 4-day supply of food storage for residents and staff.                                 |
| _____ | _____ | 4. Ensure availability of special resident menu requirements.                                   |
| _____ | _____ | 5. Assess needs for additional food stocks.   |
| _____ | _____ | 6. Secure dietary cart in sub-dining room or small, enclosed area.                              |
| _____ | _____ | 7. Assemble required food and water rations to move to evacuation site, as necessary.           |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EMERGENCY ACTION PLAN

---

EMERGENCY CHECKLIST  
**HOUSEKEEPING SERVICES**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Ensure cleanliness of residents.                                     |
| _____ | _____ | 2. Ensure provision of resident supplies for three days.                |
| _____ | _____ | 3. Clear corridors of any obstructions such as carts, wheelchairs, etc. |
| _____ | _____ | 4. Secure laundry cart in main bathroom.                                |
| _____ | _____ | 5. Check equipment (wet/dry vacuums, etc.)                              |
| _____ | _____ | 6. Secure facility (close windows, lower blinds, etc.)                  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EMERGENCY ACTION PLAN

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EMERGENCY CHECKLIST  
MAINTENANCE SERVICES

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- \_\_\_\_\_ \_\_\_\_\_ 1. Review staffing/extend shifts.
- \_\_\_\_\_ \_\_\_\_\_ 2. Check safety of surrounding grounds (secure loose outdoor equipment and furniture).
- \_\_\_\_\_ \_\_\_\_\_ 3. Secure doors.
- \_\_\_\_\_ \_\_\_\_\_ 4. Check/fuel emergency generator and switch to alternative power as necessary.
  - \_\_\_\_\_ a. Alert Department Heads of equipment supported by emergency generator.
  - \_\_\_\_\_ b. If pump or switch on emergency generator is controlled electrically, install manual pump or switch.
- \_\_\_\_\_ \_\_\_\_\_ 5. Check hazardous materials.
- \_\_\_\_\_ \_\_\_\_\_ 6. Conduct inventory of vehicles, tools and equipment and report to administrative service.
- \_\_\_\_\_ \_\_\_\_\_ 7. Fuel vehicles.
- \_\_\_\_\_ \_\_\_\_\_ 8. Identify shut off valves and switches for gas, oil, water and electricity and post charts to inform personnel.
- \_\_\_\_\_ \_\_\_\_\_ 9. Identify hazardous and protective areas of facility and post locations.
- \_\_\_\_\_ \_\_\_\_\_ 10. Close down/secure facility in event of evacuation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EMERGENCY ACTION PLAN

---

EMERGENCY CHECKLIST  
NURSING/MEDICAL SERVICES

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Ensure delivery of resident medical needs.  |
| _____ | _____ | 2. Assess special medical situations.  |
| _____ | _____ | 3. Coordinate oxygen use.  |
| _____ | _____ | 4. Relocate endangered residents.  |
| _____ | _____ | 5. Ensure availability of medical supplies.  |
| _____ | _____ | 6. Ensure safety of resident records.  |
| _____ | _____ | 7. Maintain resident accountability and control.   |
| _____ | _____ | 8. Supervise residents and their release to relatives, when approved.  |
| _____ | _____ | 9. Ensure proper control of arriving residents and their records.  |
| _____ | _____ | 10. Screen ambulatory residents to identify those eligible for release.  |
| _____ | _____ | 11. Maintain master list of all residents, including their dispositions. Forward this list to the local authorities. |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EMERGENCY ACTION PLAN

---

EMERGENCY CHECKLIST  
**RESIDENT SERVICES**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- \_\_\_\_\_ 1. Notify resident families.
- \_\_\_\_\_ 2. Coordinate information release with senior administrator.
- \_\_\_\_\_ 3. Facilitate telephone communication.
- \_\_\_\_\_ 4. Act as message center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EMERGENCY ACTION PLAN

---

EMERGENCY CHECKLIST  
**SECURITY SERVICES**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Completed Initials

- \_\_\_\_\_ 1. Assess building security.
- \_\_\_\_\_ 2. Secure building as needed.
- \_\_\_\_\_ 3. Control entry and exit.
- \_\_\_\_\_ 4. Provide protection for residents and staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EMERGENCY ACTION PLAN

---

TAB F  
**INVENTORY CHECKLIST**

Vehicle Resources Available

Locations and # of Buses \_\_\_\_\_

Points of Contact \_\_\_\_\_

Locations and # of Vans \_\_\_\_\_

Points of Contact \_\_\_\_\_

Food Supply

Emergency Menus

EMERGENCY ACTION PLAN

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TAB G  
EMERGENCY POINTS OF CONTACT DIRECTORY

**LOCAL FIRE DEPARTMENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_

**LOCAL POLICE DEPARTMENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_

**LOCAL EMERGENCY MEDICAL SERVICES**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_

**LOCAL EMERGENCY MANAGEMENT AGENCY**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_

**LOCAL AMERICAN RED CROSS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_

**COUNTY/STATE HEALTH DEPARTMENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE EMER# \_\_\_\_\_ BUS# \_\_\_\_\_