

Replace Metro Coalition Logo with your

FACILITY NAME AND

LOGO HERE

Emergency Operations Plan (Template)

This plan is hereby approved for implementation and supersedes all previous editions.

 **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leadership Approver’s Name**

**Leadership Approver’s Title**

**FACILITY NAME**

Approved by (Committee Approval -delete if not applicable):

Date:

Copies of this plan are located or posted in the following areas and always available to the person in charge:

If you physical post copies for viewing in your facility, consider listing where theyare located here

**Introduction to Emergency Operations (EOP) Plan Draft**

**This is a reference page for the person responsible for preparing this plan. This page should be deleted from your final facility plan.**

This draft is prepared to assist you in developing an EOP for your facility. It is made up of two parts:

* Base Plan: this is the first section of this document. It represents an overview of your facility’s Emergency Preparedness (EP) program. The Base Plan contains many of the statements that create awareness of, and communicate compliance with regulatory requirements, particularly CMS Appendix Z. *It is important to note that what is written here will need to be supported by documentation that shows you are taking the steps that our outlined here.*
* Operational Appendixes: These are plans and procedures to respond to specific situations and events, as required by CMS Appendix Z and recognized Emergency Preparedness Principles. Information here should be written to specific operational planning and action steps you may need to take in when an incident/event/emergency occurs. Mention you can use operational policies instead of writing a new appendix.

Plan draft directions:

This plan is written to provide basic information that all facilities can use. However, there is a lot of EP planning that will be facility specific. Please note the following:

* Items written in basic font are sections that we recommend you keep as written. However, this is only a recommendation. Adjust any part of this plan as you feel is necessary to be most appropriate to your facility operations.
* Items that are written in **BOLD FONT** represent your facility name and position titles specific to your facility. As you replace with specific information, we recommend you remove the bold font and capital letters.
* Items written in Red Font represent information that may or may not apply to your facility, whether in whole sections or in parts. You should expect to do quite a bit of editing (adding/revising/deleting) in these areas as you review and adjust for what is most appropriate to your facility planning.
* Items in Purple Font represent recommendations you should consider as you build your plan. These items are for planning purposes and should be removed from your final plan.

Lastly, please remember that sometimes the best sources of information as you are preparing your EOP is your colleagues from other facilities who are also tasked with preparing EOPs. Consider connecting with them to ask questions, share thoughts and ideas, and collaborate.

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Alternate Power Sources Plan

Severe Weather Plan (should include blizzard/heavy snowfall/ice)
Facility Surge

Staff and Patient Tracking

Missing Resident (Elopement)

Emergency Response Roles

Disruption of Services
Emergency Fresh Water
Emerging Infectious Diseases

**Additional Annexes:** These are important components to your facility program. Your facility evaluate the appendixes below to determine if they should be included in your EOP, or if they are more aligned with Security and Safety procedures

Bomb threat

Dangerous Situation/Suspicious Person

Workplace Violence/Hostile Event

Emergency Resources Inventory

Risk Assessment Procedures & Tools

**Facility Emergency Operations Base Plan**

##

## Purpose

This Emergency Operations Plan (EOP) represents **FACILITY NAME’s** commitment to providing and maintaining a comprehensive emergency management program encompassing all services and sites of care provided by our organization. **FACILITY NAME** has plans in place and has established the necessary policies and procedures to respond to and recover from incidents, emergencies, or disasters in order to protect the lives and safety of residents and staff. The plan applies to staff, patients or residents, visitors, practitioners, contract workers, and volunteers.

This Emergency Plan is designed to be an “all hazards” plan for a variety of incidents, emergencies, or disasters that have the potential for loss of life, impacts to resident (patient) care, interruptions of services, and damage to property. It is an integrated approach to Emergency Preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities to address those hazards as well as a wide spectrum of emergencies or disasters.

This Plan is an evolving document based on best practices, hazard assessments, and lessons learned via exercises and actual events. It will be implemented when any situation arises that places our residents, staff, or visitors at risk or in jeopardy. This plan supersedes all previous editions of this Emergency Operations Plan.

## Scope

This Emergency Operations Plan (EOP) provides an organized process for plan activation, initiating response, managing the overall event, and recovery steps in order to continue providing quality care and services to residents during times of possible or actual service disruption or significant events or emergencies.

This plan supports the Incident Command System by applying the principles of the Healthcare Incident Command System (HICS) operational practices to guide event and resource management during an incident, emergency, or disaster.

This plan is intended to balance identified risks and vulnerabilities against mitigation, preparedness, response, and recovery strategies already in place, and use information gathered in the hazard vulnerability assessment, plan exercises, and actual events for continuous process improvement of the overall plan

Plans and procedures are exercised and implemented for actual events in accordance with CMS Emergency Preparedness Appendix Z, and the principles of the Healthcare Incident Command System (HICS). Plans, exercises, and responses are reviewed to determine functional alignment with these standards.

This EOP addresses the potential emergent needs of our patients or residents including, but not limited to, briefly describe persons at-risk within your facility, potential risks to consider, and the types of services your facility has the ability to provide during an incident/event/emergency.

## Objective

Broad objectives of the Emergency Operations Plan include:

* Identifying and assessing vulnerabilities and hazards, which may have a direct or indirect impact on the organization
* Effectively managing supplies and resources during an event
* Exercising and testing critical program elements to assess program performance, implementing program revisions as necessary
* Providing training and education in order to enhance staff knowledge and response
* Development and maintenance of an emergency communications plan
* Developing the Emergency Plan and ensuring consistency with other healthcare organizations in the community and response partners
* Build operational continuity and contingency planning to allow **FACILITY NAME** to continue to provide services to those most immediately and severely affected.

## Plan Assumptions

This plan is based on certain assumptions:

* Principles of the Healthcare Incident Command System (HICS) will be utilized for exercises and response to actual events.
* Availability of specific health and medical resources and capabilities are subject to change during an emergency or disaster, within the facility or externally.
* Flexibility is therefore built into this plan. Some variations in the implementation of the concepts identified may be necessary in order to protect the health and safety of our staff, patients, visitors, and the environment,
* Departures from this Plan in actual emergencies are likely to be required and appropriate. These adjustments will be directed through the incident commander or designee as situationally required.

It identifies that may or may not be available within the facility.

## Plan Activation

## It an emerging situation it will be the responsibility of the highest-ranking supervisor or staff member on duty to assess the situation and contact the ON CALL POSITION or their designee to receive authorization to activate the Emergency Plan and command center activation as needed.

## If ON CALL POSITION cannot be reached, or the need to respond to the situation is immediate, the highest-ranking supervisor or staff member on duty has the authority to activate the emergency plan and command center operations as required. The highest-ranking staff person on duty will supervise any emergency response until designated ON CALL POSITION arrives.

## Program Authority

This Emergency Plan is administered under the authority of **POSITION TITLE** who will review and approve this Plan on an annual basis, and as revisions are appropriate due to learnings from training and actual events. The Program Facilitator will implement this plan within the facility under the authority of **POSITION TITLE.**

|  |
| --- |
| **Delegation of Authority / Order of Succession****Key Positions Successor 1 Successor 2 Successor 3** |
| Administrator/Dir of Housing |  |  |  |
| Dir. of Nursing / Dir. of Health Services |  |  |  |
|  |  |  |  |
|  |  |  |  |

Recommended chart with example positions; delete if not applicable. Also commend using position titles only, no names

**Program Facilitator**

**FACILITY NAME** recognized that our emergency preparedness efforts are a team-based concept of operations. The position of **TITLE** will facilitate program efforts and communication. This position reports to **TITLE**. Primary responsibilities of the Emergency Preparedness Program Facilitator entail:

* Oversees the Facility emergency management program, functions, interests and activities; provides overall management of the facility’s preparedness efforts
* On-going threat and vulnerability risk assessment
* Developing procedures and guidelines as needed to address hazards identified in the hazard vulnerability assessment
* Direction and oversight for emergency management accreditation and regulatory compliance activities
* Identifying and implementing an incident management system and ensuring that appropriate employees have received appropriate training
* Designing and implementing disaster exercises/drills and ensuring continuous improvement and compliance with CMS guidelines.
* Facilitating evaluation of this emergency plan, associated procedures and plan annexes annually or every two years.
* Represent Facility at various preparedness exercises, drills, meetings, etc. at the local, regional, and state levels
* Facility representative to the Metro Health and Medical Preparedness Coalition

**Roles and Responsibilities:**

Department directors, managers and supervisors will be responsible to:

* Develop and maintain department specific emergency response procedures that assist their staff in preparing for and responding to specific emergencies and emergency plan activations.
* Provide staff with orientation and annual education for emergency response plans and procedures.
* Develop and maintain emergency call lists that aid in contacting and notifying staff to return to work in order to support and assist with incidents, emergencies, or disasters.

All staff and employees are required to:

* Know their department specific response plans, and their role in response to the codes contained within the Emergency Operations Plan.
* Participate in educational opportunities, exercises, drills and real events; and to provide their feedback when applicable, during the after-action report/debrief that is held after each exercise and/or real event.
* Staff and employees are encouraged to have an emergency response plan ready for themselves and their families at home.
* In an emergency, off-duty staff will ensure the safety of their home and family first. Unless otherwise directed, they will then report to the facility command center labor pool.
* All staff are considered essential emergency workers and may be reassigned to other duties as needed.

## Hazard Vulnerability Analysis

The organization conducts a Hazard Vulnerability Analysis (HVA) (time frame- how often does facility conduct) to identify and assess impact of potential hazards, threats, and adverse events on the facility’s ability to provide care, treatment, and services during an incident, emergency, or disaster. Based on this risk assessment we take the following actions:

* Work collaboratively with **COUNTY** Emergency Management, the **CITY/CITIES** Department of Emergency Management, police, fire departments, public health, and EMS; along with the Metro Hospital Compact (MHC) members, and Metro Health & Medical Preparedness Coalition
* Share our Hazard Vulnerability Analysis, and incorporate other’s findings into our HVA planning and mitigation, as it is applicable to Facility. This includes the regional HVA and Summaries conducted by the Metro Health & Medical Preparedness Coalition.
* The **PROGRAM FACILITATOR TITLE** working with the appropriate department leaders and staff, have developed appropriate department specific emergency response plans based on priorities identified as part of our annual hazard vulnerability analysis (HVA).

As necessary, emergency response plans consider, the four phases of emergency management activities:

**MITIGATION -** Activities designed to reduce the risk of and potential damage due to an emergency (i.e., the installation of stand-by or redundant equipment, training).

**PREPAREDNESS -** Activities the facility undertakes to organize and mobilize essential resources (i.e., plan writing, employee education, and preparation with outside agencies, acquiring and maintaining critical supplies).

**RESPONSE -** Activities the facility undertakes to respond to disruptive events. The actions are designed with strategies and actions to be activated during the emergency (i.e., control, warnings, evacuations, etc.).

**RECOVERY -** Activities the facility undertakes to return the facility to complete business operations. Short-term actions assess damage and return vital life-support operations to minimum operating standards. Long-term actions focus on returning all facility operations back to normal or an improved state of affairs.

## Plan Review and Update

The organization will review and update this Plan annually, or sooner as changes are identified and plan revisions are necessary. Revisions will reflect changes in procedures, improved methods, identified “best practices”, standards, regulations, and changes in availability of resources, corrections due to identified deficiencies, opportunities and/or omissions that were found during drills, exercises, real events or as the result of updates from other plans and policies.

Plan review and approval will be coordinated **list persons or committees who will review and approve this plan.**

## Exercising the Plan

The goal of the organization is to develop and maintain an emergency preparedness training and testing program that is based on the emergency plan. This training and testing program will be reviewed and updated at least annually.

The Plan and other policies and procedures will be exercised in response to actual events or as a planned drill or exercise, in accordance with CMS guidelines for frequency and scope.

The organization will, as appropriate and required, test this plan annually. **TITLE of PERSON**, Members of **committee(s), or departments,** and others as identified, will assist with the planning, coordinating, scheduling, conducting, evaluating and documenting these exercises.

The organization participates annually in at least one community wide exercise with community partners such as the Metro Health & Medical Preparedness Coalition.

## Exercise Evaluation

To the extent possible during exercises or actual events, the facility will attempt to appoint evaluators and controllers whose sole responsibility is to monitor performance of components of the emergency operations plan. However, there may be heavier reliance on the hotwash/debrief to gather pertinent information for performance against plan and improvement opportunities.

A hotwash/debrief of exercises and real events will occur as soon as possible after the exercise or event “All Clear” has been announced. In most cases it will be facilitated by the Incident Commander or **Title of Program Facilitator**. To the extent possible, the meeting should be multi-disciplinary; with input from all levels, including administration, leaders/staff of clinical and non-clinical and service departments. The debrief/hotwash will capture observations, feedback, things that went well, lessons learned and recommendations for improvement from each key area or activity.

An after action report and improvement plan (AAR/IP) will be the developed to accomplish the following:

* Identify best practices and gaps; develop corrective action plans to improve the organization’s Emergency Operations Plan and response.
* Modify the Emergency Operations Plan and any other identified plan, procedure or documentation based on the findings from the AAR/IP.
* Subsequent exercises and real events will reflect changes and modifications as described in the Emergency Operations Plan and/or other policies and procedures.

In most cases, the AAR/IP will be completed by the Emergency Preparedness Program Facilitator and sent to the **Committee or EP Program Authority Position** for review/ feedback, and approval. A signed copy of the AAR/IP should be maintained. ***This is a recommended best practice to demonstrate leadership involvement with the facility Emergency Preparedness program. Verify leaders will agree to this practice before putting this section into your plan.***

## Communications

## The facility maintains primary and alternate means of communication for use in normal operations and during an incident, event, or disaster. This provides a 24-hour, 7-day per week communications system, with redundancies, providing communication with internal and external contacts. The facility is also enrolled in MNTrac to establish emergency communication with the Metro Health & Medical Preparedness Coalition and the Regional Healthcare Resource Center (RHRC) when activated. The emergency communications plan complies with state, federal, and local laws and is updated annually.

## *See Emergency Communications Annex* for detailed planning and contact information.

**Notifying Management Staff and Essential Employees:**

During an incident/event/emergency:

* **TITLE** is responsible for contacting all department managers of non-nursing staff to report for duty as needed.
* **TITLE** would be responsible for contacting NP’s / Physicians as needed.
* **TITLE** contacts nursing employees to report for duty as needed.
* Department Managers contact their staff as needed to report to duty (non-nursing departments)
* The **TITLE** would be responsible for contacting volunteers as needed

**Resident/Family Notification**

During an incident/event/emergency:

* Nursing staff are responsible for notifying residents.
* **TITLE** is responsible for contacting family members/guardians.
	+ This information is available through our Electronic Health Record (EHR)
	+ If the ERH is not functioning, this information can be found in **the BUILDING LOCATION.**
* **Charge Nurse or designee** on the unit will call any residents who are out at an appointment or on LOA and keep them advised of the situation and when they can expect to return.

This is a recommended section for an internal notification plan during an emergency. Revise, add, or delete as it works best with your facility’s personnel and processes. Specific numbers can be included in Appendix A- Emergency Communications.

**Community Resources Sharing (MOU)**

The person in charge will designate a leadership staff person or the Operations Director the responsibility of for calling community resources, select vendors, or MOU partners in regard to any needs / collaborations needed due to the emergency / disaster. MOU’s will be reviewed annually or as needed, primary contacts will be kept on file in **FACILITY LOCATION** and with all copies of the Disaster plan. This would include any Transfer agreement/s with local hospitals per site plan.

**Electronic Health Records (EHR) / Medical Documents**

**LIST FACILITY POLICYAND LOCATION FOR SAFEGUARDING MEDICAL RECORDS**

**LIST EHR PLATFORM and if this is web-based accessible**. Authorized staff must know their log-in information in the event you need to access resident records from off-site. The following positions are authorized for this access **LIST POSITIONS**.

Consider linking to a policy if you have one. The facility should evaluate if this statement adequately describes compliance.

**Community Involvement and Collaboration**

**FACILITY NAME** integrated into emergency management and response systems within the Twin Cities area, agencies and organizations listed below, and have been an active participant in local, regional, state and federal emergency response planning.

* Metro Health & Medical Preparedness Coalition (Metro HCC)
* Regional Healthcare Resource Center (RHRC)
* Local City/County Emergency Management (insert names here)
* City or County Public Health (insert names here)
* State of Minnesota Homeland Security and Emergency Management (HSEM)
* State of Minnesota, Department of Health (MDH)
* ADDITIONAL FACILITY AFFILIATIONS

The Metro Health & Medical Preparedness Coalition comprises hospitals, clinics, long term care and assisted living facilities; public health and emergency medical services; Minnesota Homeland Security and Emergency Management (HSEM), and Emergency Management agencies serving the seven-county Twin Cities metro area. The Coalition is tasked with maintaining a working relationship between public health, emergency medical services, healthcare, and public safety to ensure operational sustainability of healthcare services during a crisis or emergency.

During preparedness, response and recovery operations, the organization may also coordinate and work collaboratively with external response partners including the city and county Emergency Operations Centers (EOC), Regional Healthcare Resource Center (RHRC), state and local public health departments, EMS, fire and law enforcement.

Facility will also participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and non-governmental organizations

 **Regional, State and Federal Assistance**

In a major emergency, disaster or mass casualty incident, Facility Minnesota may require regional, state and or federal assistance to care for those requiring medical assistance. Pending confirmation that a large-scale emergency or disaster has taken place, the facility will activate the internal response plan for initial care. Typically, facilities will initially work through the Regional Healthcare Resource Center (RHRC) and city/county for state/federal communications and assistance with state and federal agencies.

When deemed necessary by the facility Incident Commander, the facility may contact the following for assistance:

* RHRC for information and assistance from other Metro HCC members.
* City and/or county emergency management offices, as well as the Minnesota State Duty Officer.
* Once the local city/county system is operational, all requests for assistance will be made through the local emergency response system in order to activate state and federal resources.

A multi-agency coordination system (MAC) may be put into place and involves all affected healthcare facilities public health, fire department, EMS, emergency management office, and many others. The primary function of the MAC is to:

* Support incident management policies and priorities
* Facilitate logistics support and resource tracking
* Provide information regarding resource allocation decisions to incident management personnel in concert with incident management priorities
* Coordinate incident-related information
* Coordinate interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.
* Provide ancillary services as needed

**1135 Waivers**

When the President of the United States declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take certain actions in addition to their regular authorities.

For example, under section 1135 of the Social Security Act, The Secretary may temporarily waive or modify certain Medicare, Medicaid, and Facility Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

Provide Policy/Procedure name and link here, or create Appendix for 1135 Waivers regarding procedural and CMS contact info

## Training and Education

All facility staff, contract staff, and volunteers are required to complete emergency preparedness orientation and annual refresher training in emergency preparedness policies consistent with their expected roles.

* For emergency preparedness staff or committee members, and those who could possibly fill a command or general staff position within the facility command center; it is recommended that they complete, at a minimum the following FEMA guided training:
	+ FEMA:
		- IS 100.c: Introduction to the Incident Command System
		- IS 200.c Basic Incident Command System for Initial Response
* Courses are available on-line at the FEMA website. They are periodically offered in a class room setting, hosted by the Metro Health & Medical Preparedness Coalition.
* Director and Management staff: It is recommended that director and/or management staff complete the following FEMA guided training:
* IS 100.c: Introduction to the Incident Command System
* IS 200.c Basic Incident Command System for Initial Response
* Consider Professional staff (physicians and providers): Upon hire and annually thereafter, professional staff should be required to complete a refresher which will inform them of their role and to whom they would report to during an emergency plan activation.

Depending on their role in the organization and within the HICS structure, the above training curriculum is recommended. Your facility should review and revise, add, delete these recommendations to be consistent with your facility and organization standards.

**Annex A: Date:**

**Emergency Communications**

**FACILITY NAME** provides for 24-hour, 7-day per week communications system providing communication with internal and external key communication points. The facility will maintain both its primary and alternate means of communication for use during a Disaster or emergency situation. The Facility has both primary and alternate means for communicating with facility staff, and outside agencies as needed during the disaster. The facility utilizes:

* Emergency notification System (if yes give name here and describe below:
* Cell phones
* Pagers
* MNTrac (for communication with Metro Coalition and RHRC)
* NOAA Weather Radio
* Email
* Voice Mail
* Two-way radios (walkie-talkies)
* Two-way radio transceivers (walkie-talkies)
* ***Add more specifics about the emergency communication plan at your site***
	+ Do you have a floor monitor or runner system in place if the power goes out?
	+ Do you have the ability for remote access to the electronic health record (EHR)?

**Additional Recommendations for Leadership staff/supervisors who are off-site**

* Staffing Department or designated manager keeps roster with nursing staff phone numbers at their home. Department Heads have home phone rosters specific to their staff
* Manager’s Phone Tree and home emails kept by all management staff on site and at home
* Key leadership have facility issued Cell phones to provide for calling and texting during an
emergency

**Emergency Notification System**

Do you have some type of mass notification/paging system? If yes please give the name and briefly describe how messages are sent. If you do not have this type of system, delete this section.

**Remote Email Instructions**
Can staff access email if needed during a disaster without VPN with web access. The following domain can be used:

**Remote Voice Mail Instructions**

Summarize your system and how to access

**VPN Access**

Do key staff have VPN access as a regular part of their job duties? If yes describe here.

**Emergency Resource Call List**

The type of incident/emergency/disaster dictates who will be contacted in an emergency. If unsure, always start with the local emergency response system and first responders.

These contacts are recommendations. Include the ones you feel are needed for your facility and delete the ones you feel you don’t need. Add additional numbers as needed for your facility. Required to review and update of this list annually at a minimum; twice per year is recommended

|  |  |  |
| --- | --- | --- |
| **Contact** | **Name** | **Number (when possible you indicate at least 2 phone numbers for each contact)** |
| Local Emergency Response System |  | 911 |
|  |  |  |
| **Facility Contacts:** |  |  |
| General Line |  |  |
| **LEADER ON CALL TITLE or CONTACT PHONE** |  |  |
| IT Department |  |  |
| Fire Alarm System |  |  |
| Sprinkler System |  |  |
| Emergency Water Vendor |  |  |
| Call Lights /System Vendor |  |  |
| Local Electrical Power Provider |  |  |
| Local Natural/Propane Gas Supplier |  |  |
| **External Contacts:** |  |  |
| Fire Department (first responders) |  |  |
| Police/Sheriff’s Department  |  |  |
| Local Hospital/Emergency Room |  |  |
| Local Public Health Department |  |  |
| Regional Healthcare Resource Center (RHRC) | [Metro Health & Medical Preparedness Coalition](https://www.metrohealthready.org/)  | 612-873-9911 |
| MN Dept of Health  |  | 651.201.5000 (Metro)800-369-7994 (toll free) |
| MN Duty Officer |  | 651.649.5451800.422.0798 |
| FBI Field Office |  | 612.376.3200 (MN)  |
| CDC BT Emergency Hotline |  | 770-488-7100 |
| Office of Ombudsman |  | 651.757.1800 (metro)1-800-657-3506 (toll free) |
| CDC Hospital Infections Program |  | 404-639-6413 |
| Local Red Cross Office |  | 612.871.7676  |
| Local FEMA Office |  | 312.575.3954  |
| FEMA Help Line | P.O. Box 10055Hyattsville, MN 20782-8055 | 800.621.3362 |
| **Voluntary Organizations Active in Disaster (VOAD)**MN VOAD VOAD (National Vol. Disaster) |  | [Minnesota VOAD](https://dps.mn.gov/divisions/hsem/disaster-recovery/Pages/long-term-recovery.aspx)Can contact MN Duty Officer also Nvoad.org  |
| National Weather Service | Chanhassen, MN | 952.361.6670 |

**Annex B Date:**

**Building Information**

* Facility Name & Address:
	+ Closest Major Highway/Road:

This information is important if you have to make a call for emergency services

* Number of Floors: (include lower levels)
	+ Do you have any locked units? Yes or no mention secured
	+ Describe each floor
* Location of Sprinkler System Control Panel:
* Location of Power Shutoff:
* Location of Fire Sprinkler Shutoff:

For fire department response

* Location of Generator:
* Location of Oxygen Rooms:
* Electric Company:
* Water Source: City of
* Sewer & Septic: City of

These are recommendations. Include the ones you feel are needed for your facility and delete the ones you feel you don’t need. Add additional information as needed for your facility. Consider making this part of your facility orientation for new staff, and as part of annual refresher.

**Annex C Date:**

**Evacuation Plan (Shelter in Place, Planned Evacuation, Emergent Evacuation)**

At a minimum, this plan must contain the following information:

Safe evacuation from the [facility], which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

A means to shelter in place for patients, staff, and volunteers who remain in the facility.

The provision of basic needs for staff and patients whether they evacuate or shelter in place.

Many facilities already have a written plan/policy/procedure in place. If you have one written, you can reference the base plan portion of this EOP, or in this appendix.

**Annex D Date**

**Critical Functions Staffing Plan**

This appendix must address contingencies related to critical staffing needs during an incident/event/disaster. At a minimum this appendix must address:

* Define and measure critical functions during an emergency
* How you will use volunteers in an emergency, and in what possible roles
* Other emergency staffing strategies
* How you will integrate (process and role) designated health care professionals to address surge needs during an emergency.

Many facilities already have a written plan/policy/procedure in place. If you have one written, you can reference the base plan portion of this EOP, or in this appendix.

The table is provided as an example of how you review and measure critical functions and how the loss of this function might impact your ability to provide care. It will also give an indicator of where planning is needed for the help of volunteers or plans This table is provided as a recommendation only and function/measures should represent your facility. You can use this, revise it, or delete it as applicable to your plan.

|  |  |  |
| --- | --- | --- |
| **Critical Function** | **Loss of Function Impact**(Catastrophic, Critical, Marginal) | **Maximum Tolerable Downtime**(Immediate, 10M, 30M, 1Hr, 2Hr, 4Hr, 8Hr, 12Hr, 24Hr, 48Hr, 72Hr, 96Hr) |
| Critical Nursing Services (Neb Admin, Wound Care, Tube Feeding etc) | Critical | <1 hour |
| Medication Administration | Catastrophic | <1 hour |
| Administrative Functions | Marginal | >96 hours |
| Food Service |  |  |
| Personal Care, Grooming, Toileting, Dressing, Hygiene |  |  |
| Physical Plant Maintenance/Repairs |  |  |
| Therapy Services |  |  |
| Activity Services/ programs |  |  |
| Social Services/Chaplaincy Functions  |  |  |
| Housekeeping Services |  |  |
| Laundry Services |  |  |