



Evacuation Functional Annex Development Toolkit

For Long-term Health Care Facilities in Colorado

This toolkit is designed to help long-term health care facilities in the State of Colorado develop the evacuation procedures to include in an Emergency Operations Plan. It is intended for use in conjunction with the other planning resources available online from the Colorado Department of Public Health and Environment at www.healthfacilities.info under the Emergency Planning Resources link.

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INTRODUCTION

This toolkit helps a facility create an **Evacuation Functional Annex**. It is designed for use in conjunction with the other emergency planning toolkits provided by the Colorado Department of Health and Environment (available online at www.healthfacilities.info under the Emergency Planning Resources link), but it may also be used independently. However, the **Hazard-Specific Appendices Toolkit** and the other **Functional Annex Toolkits** will greatly compliment this toolkit and facilities are strongly encouraged to use them together.

An Evacuation Annex is a critical component of a long-term care facility's EOP. Evacuation plans are required under Life Safety Code [*LSC 18.7.1.1 (existing) or LSC 19.7.1.1 (new)*], Federal Regulations for Medicare/Medicaid certification [*42 CFR 483.75(m)*] and the State of Colorado [*6 CCR 1011-1, Chapter V, part 2.3*]. In addition to the regulations specifically related to the medical components of the facility, the U.S. Department of Labor Occupational Safety and Health Administration (OSHA) outlines the requirements for emergency plans to ensure the safety of employees [*29 CFR 1910.38*]. Completion of this toolkit helps a facility fulfill the requirements outlined in these regulations.

This toolkit uses the standards in the INTERIM Comprehensive Planning Guide (CPG 101) and the INTERIM Emergency Management Planning Guide for Special Needs Populations (CPG 301). More information about the CPG project, including the full text of *CPG 101*, can be found at the FEMA website (<http://www.fema.gov/about/divisions/cpg.shtm>). The CPG project is not yet complete, so some of the guidelines offered in this toolkit also draw on Attachment E of the Guide for All-Hazards Emergency Operations Planning (SLG 101), which the CPG project is replacing. Text drawn directly from any of these documents appears in *italics* with parenthetical citations at the end of the selection indicating the source. All other informational text appears as normal print. Where applicable, sample text is also provided. This text appears **[bracketed and bolded]** and is suitable for use in the facility's **Evacuation Functional Annex**. Other examples are available to download from the **Electronic Evacuation Functional Annex Development Toolkit** at www.healthfacilities.info under the Emergency Planning Resources link.

DEFINING A FUNCTIONAL ANNEX

The following information appears in the *CPG 101* (page 4-7) and clarifies the definition of a **Functional Annex**:

Functional, Support, Emergency Phase, or Agency-Focused Annexes add specific information and direction to the EOP. They all focus on critical operational functions and who is responsible for carrying them out. These Annexes clearly describe the policies, processes, roles, and responsibilities that agencies and departments carry out before, during, and after any emergency. While the Basic Plan provides broad, overarching information relevant to the EOP as a whole, these Annexes focus on specific responsibilities, tasks, and operational actions that pertain to the performance of a particular emergency operations function. These Annexes also establish preparedness targets (e.g., training, exercises, equipment checks, and maintenance) that facilitate achieving function-related goals and objectives during emergencies and disasters. (Emphasis added).



Since an **Annex** is a stand-alone addition to an **Emergency Operations Plan (EOP)**, only the most overarching and critical response tools for the facility are categorized as **Annexes**. Realistically, a long-term care facility must make one of three decisions in the face of a disaster: evacuate away from the danger, shelter in place through the disaster, or provide mass care because of the disaster. **Functional Annex Toolkits** for each of these decisions is available on the health department's resources page (www.healthfacilities.info , under Emergency Planning Resources).

CONTENT

A **Functional Annex** should mimic the layout of the **Basic Plan** as closely as possible. When complete, the **Evacuation Functional Annex** should be applicable to any disaster that requires the evacuation of the facility for any length of time. Therefore the contents of the Annex should be simultaneously clear, concise and flexible. Supporting documents such as evacuation routes and maps, facility floor plans, diagrams of utility boxes, HVAC units or back-up generators, checklists for facility staff, responsibility assignments and diagrams, and incident command forms may all be used to provide clarity for the Annex. These documents are included at the end of the Annex as **Tabs** (Section 9). The **Evacuation Functional Annex Development Toolkit** lists the material in the order recommended in the *CPG 101* (refer to pages 3-6, 4-10, and 4-11 in the *CPG 101* for more clarification).

INSTRUCTIONS

1. Assemble the Comprehensive Planning Team (CPT) and distribute this toolkit to each member for review.
2. Collect the following information:
 - The facility's **Hazard Analysis Toolkit** or comparative document.
 - The facility's **Basic Plan** document (see the **Basic Plan Toolkit** online for more help)
 - The existing evacuation procedures for the facility
 - A copy of the facility's floor plan
 - Any other materials deemed relevant by the CPT.
3. Read the entire toolkit and use the information collected here to develop an **Evacuation Functional Annex** for the facility's EOP.
4. Work each section in the toolkit in order. As with the other toolkits, each section of the plan draws on the section previous for clarification and focus.
5. Complete the **entire** toolkit!
6. Stop to check work often with facility, local, state and federal guidelines. The checkmark in the margins will help identify good stopping points.
7. Remember:
 - Most of the *Italicized text* is drawn directly from *CPG 101*, *CPG 301*, or *SLG 101*.
 - **[Bolted, bracketed text]** indicates sample text suitable for use in a facility's Annex.
 - Be sure to address all of the suggestions under each section before moving on.



DEVELOPING THE ANNEX

The CPT is now ready to begin developing the **Evacuation Functional Annex**. The Annex is broken down into **nine sections**. Each section comes with a brief explanation, several best practices to help the CPT develop the content, and, where applicable, sample text or documents. Remember to work the entire toolkit!

Section One: Purpose, Scope, Situations, and Assumptions

This is the brain of the **Annex**. The material establishes the intent and usage of the **Annex** and provides direction, clarity and context for the response procedures outlined. The content here is more specific than the counterparts located in the **Basic Plan** because it focuses exclusively on evacuation-driven scenarios. Consider this section as the implementation instructions. When complete, the section should provide the following information:

- What events or hazards can trigger the Annex
- What personnel in the facility have the authority to order the activation of the Annex
- How long the Annex can be in effect
- What other aspects of the EOP, if any, should be activated with the Annex
- List what scenarios or assumptions are included in the Annex.

1. Purpose

Much like the thesis statement of a paper or article, this paragraph establishes the overarching theme and intent of the Annex. All other aspects of the Annex should flow logically from this statement. An example is listed below:

[This Evacuation Functional Annex describes the provisions that have been made to ensure the safe and orderly evacuation of residents and staff threatened when the facility structure is threatened or severely damaged by a disaster, and provides the guidelines for the safe sheltering of residents until re-entry to the main facility occurs.]

2. Scope

This paragraph establishes how much the Annex is intended to do. In other words, this section must clarify at what point before or during a disaster the Annex goes into effect and how far into or past the event the Annex is intended to function. Include the titles of who is responsible for what function and an assessment of the responsible area. Maps, facility floor plans, or other graphics may be helpful to include as Tabs (Section 9) for reference and clarification. An example is provided below:

[This Annex includes evacuation procedures for immediate (short-term) and secondary (long-term or offsite) evacuations, a transportation plan, the identification of offsite shelters, sheltering guidelines, procedures for moving required materials and supplies, and re-entry guidelines. It also includes facility floor plans and the locations of utility shut-off points, evacuation routes out of the facility, and maps of the evacuation routes facility and emergency transportation will use to move between the facility and the shelter. The Annex is intended to function from the moment a facility decides to initiate the evacuation procedures until re-entry is completed.)



3. Situation Overview

Provide an overview of how an evacuation is expected to impact the facility and the larger community. The level of detail in this section is subject to the judgment of the CPT. Relevant maps, including local area maps and facility floor plans, may be included as Tabs (Section 9) for reference and clarification. An example is provided below:

[Occasionally, a disaster will impact the facility that endangers or damages the structure of the facility itself. In these events, the safety and security of the residents cannot be maintained by sheltering in place. Potential disasters meriting an evacuation include facility fires, flooding, wildfires, extreme shortages or termination of vital resources (including staff, food, water, medical supplies, or utilities) landslides or subsidence events, earthquakes, or hazardous materials exposure. When such events occur, the facility administrator or designated authority will activate the Annex, which will include the transportation and shelter of residents as needed, and will remain active until the facility can be successfully re-entered.]

4. Capability Assessment

This section discusses the abilities of the facility to conduct an evacuation. This is a good place to include the assessment of the facility's transportation capabilities and note any Mutual Aid Agreements (MAAs) the facility has in place to procure additional resources for evacuation of residents, staff and equipment. It also includes a timeline for the evacuation, and resources already on hand. Other important points to discuss include:

- Note how many employees are available at a given time
- Discuss any special training employees may have related to evacuation procedures
- Include aid agreements for additional assistance during an evacuation
- Describe plans to delay a hazard while an evacuation takes place (example: sand bags during a seasonal flood)
- Identify what resources or equipment are available to move residents between rooms and floors, including when the elevator is not useable
- Explain where this equipment is stored
- Clearly mark evacuation resource storage areas for staff access during an evacuation
- Ensure the equipment be accessed 24/7
- Explain the protocol for staff training on equipment use
- Establish inventory protocols for this equipment
- Pre-identify which residents require this equipment
- Have a facility information sheet on hand
- List how long is the evacuation expected to take

5. Mitigation Overview

Provide the steps the facility takes to prevent or mitigate the necessity of an evacuation here. Think creatively and address the variety of ways a facility keeps residents and staff safe in the building. These include life-safety measures, training and exercise, building construction types, and temporary preventative measures. Specific things to include might be:

- Fire alarms
- Fire inspections
- Sandbags or drainage ditches



- Safe storage of chemicals, cleaning supplies, and biohazards
- Personnel training in safety procedures
- Proper maintenance of the facility
- Appropriate landscaping to handle climate-related hazards
- Construction considerations of the building
- Rules governing the use of flammable materials (candles, wall hangings, etc.)
- Facility security (locked doors, restricted access, security guards, etc.)

6. Planning Assumptions

Identify and list information the CPT assumes to be true during the planning. Obvious assumptions should be included when required for clarification. When the plan is activated during a real disaster, alterations to the assumptions collected here should be noted and the plan should be revised following the conclusion of the disaster. See Plan Development and Maintenance (Section 8) for more information on this process. Sample assumptions may include:

- **[The Annex focuses on hazards that provide sufficient warning time to implement a planned evacuation of the facility (example: seasonal flooding) AND on hazards that require temporary evacuations executed with minimal warning. (Example: a facility fire.)]**
- **[The Annex consists of four plans: Evacuation, Transportation, Sheltering, and Re-Entry.]**
- **[The incident commander will determine the scale of the evacuation at the time the function is ordered.]**
- **[The facility will enter into and maintain aid agreements with local transportation resources, volunteer organizations, and emergency management sources for assistance in evacuations.]**
- **[This Annex is not always the primary response of the facility. Sometimes evacuations may come as secondary effects of a disaster.]**

7. Hazard Analysis Summary

Facilities should summarize the specific hazards identified in the **Hazard Analysis Toolkit** that might require an evacuation in this space. Remember to include disasters that may cause evacuations as a secondary action, in addition to those which require a primary evacuation response. An example of each is provided here:

Primary: [Facility Fire: Though the facility takes the greatest precautions in mitigating the risk of fires within the building, the possibility still exists. Therefore, in the event that fire alarms sound or any member of the staff determines there is a fire which endangers the lives of residents, the facility will be evacuated. Generally this evacuation will be immediate and focus on the timely movement of residents out of the facility. Secondary evacuations may be necessary, including the activation of a shelter, if the facility is severely damaged. This assessment will be made between the facility administrator or acting official and the fire chief.]

Secondary: [Earthquakes: Though major earthquakes are rare in Colorado, because of the geological makeup of the state, they are still possible. Evacuation prior to an earthquake is nearly impossible, and highly impractical. However, after an earthquake, the structure of the facility may be severely damaged. Residents may need evacuation to a shelter or to other facilities until the structure is deemed



safe enough for re-entry. This assessment will be made between the facility administrator or acting official and relevant structural experts assessing the facility.]

Notice how both examples address the risk of the hazard, why evacuation might be selected, and who makes the determination to enact the Annex. This information should be consistent between the **Functional Annexes** and any **Hazard-Specific Appendices** the CPT develops.

SECTION COMPLETE!



Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. Note that much of this material will change before the development process is done, so be sure to check back often!

Section Two: Concept of Operations

In a **Functional Annex**, the CONOPS section defines *what* the function is and *how* the facility intends to accomplish the function. For clarification purposes, then, a CONOPS section consists first of a general overview and then a series of more detailed explanations that identify the specific response steps of an evacuation. ICS forms 202, 206 and 215 may be adapted to specific facility needs for this section. Facilities may also wish to include the specific procedures as checklists, operating instructions, job action sheets, or other handouts, either as Tabs (Section 9) or as part of the section.

1. General Response

Craft a general overview of how a facility will evacuate. Discuss, in broad terms, the goals of the facility. When drafting the general section of the CONOPS, the CPT may wish to consider the target accomplishments of an evacuation as outlined in the *SLG 101*:

- *Identifies the scope of authority granted to an IC to act under standing orders from the “CEO”. (See Roles and Responsibilities in Section 3)*
- *Describes the local community’s provisions to assist the facility with evacuations.*
- *Describes the means the facility will use to obtain public information on evacuation activities, specific actions they should take, and the overall hazard assessment.*
- *Describes provisions made to control access to the facility during and after evacuation.*
- *Describes the provisions made to provide security for the protection of the facility after an evacuation*
- *Describes the provisions made for the return of residents to the facility*

Additional general requirements that specifically target facilities include:

- Describe the means the facility will use to disseminate public information on evacuation activities, specific actions family members or caregivers should take, an overall assessment of the situation, and the location of the shelter.
- Describe the provisions made to provide security at the shelter for residents and staff.

The CPT may also include specific Transportation and Sheltering plans at the end of the Annex as Tabs (Section 9). Be sure to include the concepts of these plans in the general section, and work the detailed components into the functional response section. More information about these specific procedural plans is available at the end of the toolkit.



2. Functional Response

The CPT can now develop the actual procedures or guidelines that allow the facility initiate an evacuation; provide for temporary shelter, and stage re-entry to the facility after the hazard has passed. The CPT may find it useful to develop a series of checklists or forms to include at the end of the Annex in the form of Tabs (Section 9). Depending on the disaster, some of these actions may occur out of order or be re-evaluated as the event progresses and additional or new decisions might change earlier actions. Facilities must remain flexible during a response. Practicing the Annex will increase familiarity with the procedures, increasing their usefulness and decreasing the amount of time each task takes. See Annex Maintenance and Development (Section 7) for more information.



Hint: The material here can be presented in many ways. Job action sheets, procedures, checklists, organizational charts, or other simplified instructions that can be removed from the plan and distributed during a hazard may be particularly helpful. Be creative!

1. Step One: Assess the Hazard.

These tasks normally take place at the scene of an emergency or disaster. For a facility, the scene of the disaster may be twofold: the actual disaster's scene, and that of the facility. Much of this information is also included under Disaster Intelligence (Section 4) and Communications (Section 5). Construct the procedures to accomplish the following actions:

a. Examine the situation

- What time of day is it?
- What are current weather conditions?
- What is the weather report for the next two days?
- How full is the facility?
- How many staff members are currently on-hand?

b. Assess and analyze the hazard

- What is the hazard?
- Has the hazard already happened or is it imminent?
- How big is the hazard?
- How long is the event expected to last?
- How much of the community will be impacted?
- How much of the facility has been damaged or is at risk?
- Can the hazard be isolated?
- Is it possible to safely control the spread of the hazard at this point?
- Have emergency personnel been notified of the situation?

2. Step Two: Select and Implement Protective Actions.

The Incident Commander (IC), based on the information gathered from step one, must determine the protective actions the facility will take in response to the hazard. In short, the IC will determine whether the facility will evacuate or will shelter in place. A sample decision tree is included in the **Electronic Evacuation Functional Annex Toolkit**. Construct the procedures to accomplish the following actions:

a. Determine the protective action

- Should the facility be evacuated?
- If so, is the evacuation immediate and short term or extended and long term?



- Have emergency personnel been notified of the situation?
- Are emergency personnel on scene to assist the facility?
- b. Implement protective actions.**
 - After making the decision to evacuate, the IC should begin directing the protective action procedures. This may include distributing pre-established procedures, check lists, or instructions to staff and assigning the incident command system. Indicate where the use ICS forms and other resources would be appropriate here. Include those forms as Tabs (Section 9).
- c. Control access and isolate danger area**
 - Establish who is allowed back into the facility
 - Determine several primary evacuation points outside the facility. Consider proximity to roads and transportation, secondary shelters, relative safety from the hazard, and the geography of the site.
- d. Begin evacuation procedures**



Note: The actual procedures for an evacuation should be included at the end of the Annex as Tabs (Section 9). They should also be posted at every nursing station in the facility, as well as in logical references places such as the kitchen, the maintenance director's office, and with the facility administrator. [LSC 18.7.1.1 (existing) or LSC 19.7.1.1 (new)]

- e. Communicate decontamination needs to emergency personnel**
 - Does the hazard require the decontamination of residents or staff?
 - Will the hazard cause decontamination needs for emergency responders?
- f. Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for the patient**
 - What kind of injuries might an evacuation scenario create for residents and staff?
 - What injuries can the staff immediately treat?
 - Establish how residents are prioritized
- g. Communicate search and rescue needs to emergency personnel**
 - Account for all residents and staff
 - o What is the attendance-accountability method for evacuation?
 - o Is the facility staff aware of these procedures?
 - Communicate with emergency personnel if anyone is missing
 - o Include name, title, last known location, ambulatory restrictions, and critical health conditions
 - Consider the following:
 - o What protocol is in place to verify rooms have been evacuated?
 - o What is the protocol for staff training and conducting drills on room evacuations? Is all facility staff aware of this protocol?
 - o Are local emergency responders aware of this protocol?

3. Step Three: Conduct public warning or information communication.

The facility will rarely communicate with the public directly, but there are always audiences a facility must address during a disaster. They may include local emergency personnel, residents, staff, families of residents and staff, and local and state health officials. The type of disaster will impact who the facility must notify. Have several employees trained in public information officer (PIO) skills to reduce the stress of this step on the facility.

a. Determine the content and scope of a public warning or information communication

- Does the public need to know about the hazard?
- Do family members or caregivers need to be notified at this time?
- Do health officials or emergency personnel need information from the facility?
- Is the media aware of the hazard?

b. Disseminate internal warning or information communication

- Determine how the facility will alert residents and staff members of the situation

c. Disseminate information

- Activate call-lists
- Utilize volunteers to make phone calls using a pre-scripted message
- Communicate information to employees not currently in the facility, family members of residents, local emergency managers or response personnel, and situation updates to employees still in the facility.
- Outline the procedure for notification of a resident emergency contact of the evacuation
- Determine who, by title, is responsible for this notification
- Create a process for tracking family/emergency contact notification
- Outline the procedure for notifying CDPHE of the evacuation

4. Step Four: Implement short-term stabilization.

In the immediate timeframe of an evacuation, residents are likely evacuated to an initial location or staging ground. From there, the situation is reassessed and the facility administrator or IC determines whether to activate the transportation and sheltering plans, or move directly to the re-entry process. Many factors influence this decision, so the most important action is to ensure the safety of all residents and facility staff while the situation is evaluated.

a. Evaluate the situation

- Decide whether residents stay at the initial evacuation point or are evacuated to a shelter
- Determine whether residents can temporarily return to their families for care. If so, outline the procedures for discharging these residents

b. Provide security for residents before, during, and after the evacuation, during transportation, and at the shelter.

- Determine how to secure the shelter point for resident and staff safety
- Partner with local emergency personnel about securing the facility during the disaster

c. Continue to monitor the situation and communicate with emergency personnel regarding re-entry.



5. Step Five: Implement recovery

Once re-entry is possible to the facility, the incident commander or facility administrator activates the re-entry portion of the Annex.

a. Implement reentry

- Partner with local emergency personnel to establish when the facility will be safe to re-enter and who will make that determination
- Include re-entry procedures in the job action description under Organization and Assignment of Responsibility (Section 3)
- Create procedures to notify staff, family members of residents, and residents temporarily placed with alternate care locations of the re-entry

SECTION COMPLETE!



Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. The material developed in the last section is **critical** to the Annex, so be sure it makes sense. Revisit the procedures drafted here frequently and re-work them as required.

Section Three: Organization and Assignment of Responsibilities

*This section describes the evacuation responsibilities that are assigned to specific departments in the facility (SLG 101). On average, facilities identified ten departments directly involved with daily operation, plus two additional medical resources that are not permanently on-site at the facility. The departments are convenient ways to divide up and assign the responsibilities of the evacuation procedure in an organized manner. **Remember the CPT should tailor this section to reflect the unique capabilities of the facility.***

- Begin by reviewing the corresponding **Organization and Assignment of Responsibilities** section developed in the **Basic Plan**.
- Identify which duties between the **Basic Plan** and the **Evacuation Functional Annex** are the same and, if possible, assign the same department to those responsibilities.
- Fill in the rest of the responsibilities using the titles or department names. **DO NOT USE NAMES OF INDIVIDUALS!**
- When determining what role to assign each department, consider the specific needs of an evacuation. Recognize that while some duties will be the same between the **Basic Plan** and the **Evacuation Functional Annex**, some of them will be very different.
- Pick the best fit for the job.
- List at least two alternates, by title, for each responsibility
- Remember the span of control- no one person should oversee more than 7 people, and everyone should report to only 1 person.



Hint: Print out a blank Incident Command System (ICS) chart (available online at www.healthfacilities.info) and fill it in as the CPT completes this section.

A clear understanding of ICS will greatly assist a facility in successfully implementing disaster organizational requirements, including the appropriate assignment of responsibilities. As emphasized in both the **Hazard Analysis Toolkit** and the **Basic Plan Toolkit**, the critical staff must complete basic ICS training. This training is available from the State (www.dola.state.co.us/dem/index.html) as classroom training, or as online training from FEMA (<http://training.fema.gov/IS/>). After completing the ICS training, this section should be much clearer for both the CPT and the facility staff.



SECTION COMPLETE!



Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. Remember that the organization of responsibilities is indicated by title, not by name, and should be flexible. Note that much of this material will change before the development process is done, so be sure to check back often!

Section Four: Disaster Intelligence

Outline the essential information about the disaster or event required to make the Annex operational. This may include situation briefs, weather reports, staff and volunteer rosters, and status reports. This section also indicates where the critical information is expected to come from. Facilities should partner with local emergency management to ensure notification and inclusion in information dissemination operations. Remember to collect both the GENERAL information for the **Basic Plan** and the SPECIFIC information for the **Evacuation Functional Annex**. Further specific information requirements may also appear in the **Hazard-Specific Appendices**.

- Outline types of information critical during an evacuation.
- Ensure information resources are accurate and easily available.
- Familiarize staff with proactive information collection.
- Create standards for information dissemination in the facility.
- Have procedures for sharing critical information with the emergency community during a disaster.
- Practice sharing information internally and with other partners.
- Identify information resources required by state, local, or corporate agencies.
- ICS forms 209, 210, 213, and 214 may assist with information gathering and dissemination.

SECTION COMPLETE!



Take a few moments to review the work so far. Compare the **Evacuation Functional Annex** to the **Basic Plan** and see if the two plans compliment one another. Examine any questions, comments, or sections requiring follow up.

Section Five: Communications

Establish the methodology of communicating, both internally and externally, during and after an evacuation. This may include a call list, what resources to use, back up resources such as radios or corded land-line phones, and how communication procedures should be handled. ICS forms 216 and 217 may be useful.

- Consider all of the methods of communication available to the facility (example: cell phones, landline telephones, radios, email, web pages, television, weather radios, word of mouth, written communication, local media resources) and decide which are likely to be impacted during a disaster.
- Select a method of communication that is portable or flexible enough for use with an evacuation. Also select a backup method of communication. Remember:
 - Radios may not work well in very large buildings or around lots of concrete.
 - Cell phones are generally unreliable during disasters.
 - Land-line, corded telephones work during power outages.



- Walkie-talkies have limited ranges.
- Establish communication protocols for the facility both during and after a disaster.
- Establish alternative points of contact if the primary facility staff is out of communication during a disaster.
- Partner with local emergency personnel to ensure relevant communication about the disaster is passed on to the facility.
- Train staff on the use of communication equipment. Use the equipment in all exercises.

SECTION COMPLETE!



Some material might have changed over the development process so re-read the Annex and make any adjustments necessary to the document. Revisit any unanswered questions or comments before moving on.

Section Six: Administration, Finance, and Logistics

Detail the support requirements and the availability of those services for the facility during an evacuation scenario. Overall, this section will include specific policies for managing evacuation-related resources, list evacuation specific Mutual Aid Agreements (MAAs) or other pre-determined sources of assistance, and re-list the policies for keeping financial records, tracking, reporting using, and compensating the use of resources, and other policies detailing what records must be kept. The use of incident command forms 021, 202, 203, 204, 206, 207, 208, 214 and 221 to assist in this process (available in the **electronic Evacuation Functional Annex Toolkit**) is highly recommended to assist this process. Remember that accurate documentation is required for most state and federal aid re-imbusement.

The section is broken down into major responsibilities for simplicity. Remember to detail the specific policies for an evacuation here, while maintaining cohesiveness with the general guidelines listed in the corresponding section of the **Basic Plan**. As explained in the Organization and Assignment of Responsibilities (Section 3), these functions are already used in the facility for day-to-day operations. Consider assigning responsibility for this section to existing corresponding authorities or departments within the facility. Include existing organizational charts, accountability methods, or logistical flow charts here to help clarify the additional responsibilities of these functions during an evacuation.

1. **Administration:** Detail the scope of duties and information the administration coordinator will be accountable for during and after the disaster. This section will probably look very similar to the one in the facility's **Basic Plan**. Critical functions include:
 - Records and reports associated with tracking the status of evacuation events
 - Attach tabs of maps that depict routes for primary and alternative evacuation routes for immediate and extended evacuations
 - Keep lists of patients and staff and their relative locations before, during, and after the evacuation
 - Oversee assignment of staff and volunteers for specific duties
2. **Finance:** Establish the method of tracking all financial expenditures, including resource procurement and expenditure, personnel hours, and patient insurance billing requirements. Assign accountability for the maintenance and safekeeping of these records during and after an evacuation. Incident Command Structure forms are available in the **Electronic Evacuation Functional Annex Toolkit** to assist these duties. Critical functions include:



- Records and reports the costs associated with the evacuation
 - Tracks the hours worked by employees and volunteers
 - Tracks the cost of procuring new or additional supplies
 - Tracks expenditure for vehicle utilization, including those on loan or as outlined by the facility's MAAs and other agreements
 - Tracks cost of running the shelter
 - Tracks patient billing
3. **Logistics:** Outline the responsibilities and procedures for all physical resource allocation, implementation, overview or movement of supplies during the evacuation. This includes the coordination of resources at the shelter point for the facility. For these types of events, logistics gains the complication of establishing the portability of resources.
- Ensure that essential provisions are moved to the shelter, including:
 - Food
 - Water
 - Medical supplies
 - Patient records
 - Housekeeping supplies
 - Sanitation devices
 - Portable generators and fuel sources
 - Lights
 - Batteries
 - Medical equipment
 - Administrative equipment
 - Develop and implement methods of tracking equipment and supplies.
 - Use Incident Command Structure forms (available in the **Electronic Evacuation Functional Annex Toolkit**) or variations of them to assist in this task.
 - Account for all resources currently available to the facility AND those borrowed, loaned, rented, purchased, or otherwise acquired during and after the evacuation.

SECTION COMPLETE!



Evaluate the progress so far by proofing, reading for content, or comparing the Annex to other emergency planning documents. Think carefully about the facility's organizational structure and make sure the Annex compliments it. Work to emphasize the strengths of the facility staff.

Section Seven: Annex Development and Maintenance

This section should identify who is responsible for coordinating revision of the jurisdictions Evacuation Annex, keeping its attachments current, and ensuring that SOPs and other necessary implementing documents are developed. (CPG 101). Whenever this **Functional Annex** is used, whether for a real event or as part of an exercise (including fire drills), the facility should evaluate the plan for effectiveness. Like the **Basic Plan**, the Annex is a living document and will undergo changes and revisions each time it is used. The **After Action Report/Improvement Plan Template** (available in the **electronic Evacuation Functional Annex Toolkit**) is a useful tool for the evaluation of all or part of an EOP.

Remember that surveyor and life safety code inspections require the EOP be reviewed and updated at least annually. That means, even if the facility does not experience a major disaster, the plan must still be tested in exercises and the learning points identified as a result of the exercises must be introduced into the EOP. A variety of methods for tracking



plan development are provided in the **Hazard Analysis Toolkit**, but the CPT should create accountability and tracking methods that work best for the facility's staff.

- Coordinate this section with the **Basic Plan**.
- Identify and describe the reference manuals used to develop the plan including software, toolkits, contractors, interviews, planning tools and development guides.
- Coordinate with local or state emergency management resources for review and commentary on the plan.
- Include an exercising and review schedule, with a method for tracking progress.
- Describe how this plan was coordinated with EOPs from other facilities in the county and region, local emergency plans, and mutual aid partners.



Hint: This is not the time to actually plan an exercise. Instead, make plans for when the facility will practice evacuations. The actual development of exercises is discussed in the **Adult Care Facilities Tabletop Exercise Toolkit**.

SECTION COMPLETE!



The facility can minimize workload by planning to review the entire plan, including the Annex, at the same time. Take a moment now to review this section and ensure compatibility between the maintenance schedules for each part of the plan.

Section Eight: Authorities and References

Authorities and references should be cited as appropriate and specifically reference issues related to an evacuation. (CPG 101). The CPT may wish to cite clarification authorities for any major policies the facility develops in regards to privacy, civil rights, or medical treatment. This section is particularly important to clear with the facility's legal advisors, as it provides the legal basis for the authorities issued in Organization and Assignment of Responsibilities (Section 3) and in Administration, Finance, and Logistics (Section 6). Several major authorities are collected here, as well as several useful references.

1. Authorities

Collect the specific guidelines governing the evacuation of the facility, as well as legal documents that apply only during evacuation scenarios that may alter standard operating procedures regarding patient care, confidentiality, transportation, etc. One particularly important example of such an authority relates to the HIPAA laws. This example is included for facility use, but the CPT should also include additional resources suited to the particular needs of the facility.

HIPAA: The U.S. Department of Health and Human Services Office for Civil Rights issued the Hurricane Katrina Bulletin #2 to provide compliancy guidance and enforcement clarification regarding the HIPAA privacy rules in the event of a major disaster requiring evacuation. The bulletin reads:

Persons who are displaced and in need of healthcare as a result of a severe disaster – such as Hurricane Katrina- need ready access to healthcare and the means of contacting family and caregivers. We provide this bulletin to emphasize how the HIPAA Privacy Rule allows



patient information to be shared to assist in disaster relief efforts, and to assist patients in receiving the care they need.

Facilities may wish to include the entire bulletin in this section to provide the authority and clarification for the policies developed regarding the disclosure of medical conditions during an evacuation and sheltering event. The bulletin is available online at <http://www.hhs.gov/ocr/hipaa/EnforcementStatement.pdf>. Based on the guidelines offered in the bulletin, combined with additional resources a facility deems appropriate, the facility should create the procedure for moving medical records with patients, and providing or disclosing medical conditions to sister facilities, medical personnel in a shelter, or other qualified individuals. This policy is included in the Annex as a **Tab** (Section 9), and should not conflict with any standard operating procedures the facility might have.

2. References:

These resources may help the facility clarify portions of the evacuation plan, serve as additional information points during a disaster, or provide citation for examples the facility chooses to include in their plan. Additional resources are widely available on the internet and through local, state, and federal agencies. The CPT is encouraged to review each of these references, and include any other important references they identify.

- a. FEMA Evacuation Plans:
<http://www.fema.gov/plan/prepare/evacuation.shtm>
- b. The American Red Cross Evacuation Plans:
<http://www.redcross.org/SERVICES/disaster/beprepared/evacuation.html>
- c. National Terror Alert Response Center Emergency Evacuation Plan:
<http://www.nationalterroralert.com/evacuation-plan/>
- d. Generic Emergency Evacuation Plan Implementation Guidelines from Harvard University: <http://www-safety.deas.harvard.edu/Genep.html>

SECTION COMPLETE!



.The majority of the Annex is now complete. Re-read for content, clarity and format and identify any sections that require specific informational additions (such as maps, checklists, job action sheets, call lists or scripts) for use in developing the last section.

Section Nine: Tabs

Tabs are an excellent means of gathering important procedural information for the Annex where it can easily be accessed and distributed to staff, volunteers, or first responders during an emergency. Remember that **Functional Annexes** are stand-alone additions to the EOP; so much of the information collected here may also appear in other parts of the EOP. Including the information in multiple places reduces the time it takes to reference the plan during a disaster. Three suggested tabs are included here, but the CPT should expand this section to suit the particular needs of the facility.

1. Maps and Diagrams

Any maps, diagrams, charts, floor plans, building schematics, or graphic forms of information **should also be stored here**. This allows for the fastest, easiest reference of the materials during a disaster. It is particularly important that maps of



the facility, evacuation routes, or supply routes be maintained and accurate.

Possible types of materials to include here are:

- Several different types of facility maps, including floor plans, evacuation routes, location of HVAC/electrical/gas/water systems, and the grounds.
- Charts depicting the organizational structure of the facility staff.
- Step-by-step, picture instructions for various tasks such as shutting off utilities connections
- Methods of communicating around language barriers, including those who are deaf or do not speak English.
- Job action sheets

2. **Transportation Plan**

This plan should describe how residents will be transported to a shelter or alternate facility. It should include any written MOUs, MOAs or MAAs with various transportation resources. When developing this plan, consider the following:

- **Transportation Needs:**
 - Is there enough transportation to move supplies as well as residents?
 - How many trips are required to evacuate all critical needs with the current resources?
 - Are evacuation routes (have at least two) from the facility to the shelter pre-identified?
 - Are policies in place for family members wishing to transport residents?
 - Are there secondary or alternative sources identified and available if needed?
 - Are residents requiring special transportation needs pre-identified? How?
 - What is the protocol for transporting resident-specific medications (week supply) to the facility?
 - What transportation resources have been identified?
 - Are there back-up agreements for transportation if primary aid providers are unavailable?
 - How are specialized treatment supplies identified for transport?
 - What items must be sent with residents and what items can follow later
 - Estimated time between the facility and the shelter
- **Medical Needs**
 - What is the procedure to transport medical records?
 - How will confidentiality be maintained during and after transport of the records?
 - What is the protocol for transporting resident-specific controlled substances?
 - How will controlled substances be recorded, accounted for, and kept safe?
 - What medical support must be provided during transportation?
- **Policy and Administrative Needs:**
 - Are local emergency managers or personnel aware of these evacuation routes?
 - What written documentation confirms these resources?



- How are these aid agreements kept current?
- What accountability exists for the transferring and receiving personnel?
- Where is the information maintained and how?
- Estimated time to prepare residents for transportation
- Estimated time of facility to prepare for evacuation
- Detailed routes (including maps) between the facility and the shelter
- How to record which residents are sent where.

3. Shelter Plan

This plan describes where the residents will go after an evacuation. It should include any written documents of agreements, and must be an appropriate location to suit the needs of residents. Note that this is a distinct plan from the facility's **Shelter-in-Place** plan, but that some of the elements may overlap.

- Sheltering Needs:
 - What alternate/receiving facilities have been identified?
 - What written documentations confirm the commitments of these facilities?
 - What is the process for ensuring these facilities remain available at the time of evacuation?
 - What is the process in place to notify identified facilities that a decision has been made to evacuate residents?
 - Do residents have a pre-determined destination?
 - What is the protocol to determine the destination is specific to individual resident care needs?
 - Where is this information stored?
 - Who keeps this information current?
 - How will residents be fed?
 - Are provisions in place for special diets?
 - Where will residents sleep?
 - Are there isolation areas or methods of available?
- Medical and Support Needs:
 - Where are medicines kept? Who distributes them? Who accounts for them?
 - How will residents requiring secured areas be accommodated?
 - Where will staff sleep?
 - Are there staff rotation plans?
- Policy and Administrative Needs:
 - What process is in place to track the pre-determined destination of each resident?
 - Who (title, not names) is responsible for tracking the arrival of residents at the destination?
 - What is the protocol for informing the resident and family of the pre-determined destination?
 - what process is in place to ensure a well-organized return of residents to the facility at the conclusion of the emergency?
 - Who decides when to demobilize the shelter?
 - What is the process for re-entry to the facility?





Moving On

Now that the CPT has developed the **Evacuation Functional Annexes**, take a few moments to review what the facility has accomplished for emergency planning:

- A Hazard Analysis
 - Whether completed via the **Hazard Analysis Toolkit** offered by the Health Department or from another source, the facility should now have a clear idea of what hazards are most critical to plan for
- A Projected Exercise Schedule
 - If the facility completed the **Hazard Analysis Toolkit**, they now also have a projected plan for exercising the EOP
- A Collaborative Planning Team
 - The facility has identified a team designed to create the facility's EOP. This team draws on the expertise and insight from a variety of agencies in the community to create the most inclusive, flexible and scalable EOP possible
- Basic Orientation to Emergency Planning for Critical Facility Staff
 - The facility, having also identified the critical staff, should now also be training that staff on the basic of emergency planning. This includes completing the following courses available from the FEMA Emergency Management Institute:
 - IS 100.HC: Introduction to the Incident Command System for Healthcare/Hospitals
 - IS 197.SP: Special Needs Planning Considerations
 - IS 200.HC: Applying ICS to Healthcare Organizations
 - IS 700: National Incident Management System
 - The staff should also begin completing the additional training for their particular role during a disaster, based on the organization and responsibilities divisions of the staff
- A Basic Plan
 - The **Basic Plan** outlines the intended general response of the facility to disasters on a broad scale. it is a living document and will undergo many more changes and evaluations as the facility's emergency planning matures
- An Evacuation Functional Annex
 - The facility also has the stand-alone addition to the Basic Plan which details the specific actions the facility must take in the event of an evacuation, whether for a brief or extended period of time.

From here, the facility and the CPT should select one of the following actions:

1. Finish developing the critical **Functional Annexes** (recommended).
 - a. The **Shelter-in-Place** and **Mass Care** toolkits are available online.
2. Begin developing the eight **Hazard-Specific Appendices** (recommended).
3. Download and complete the **Adult Care Facility Tabletop Exercise Toolkit** www.healthfacilities.info, under Emergency Planning Resources.

