

## 96-hour Resource Kit – Rural Facilities

The time required to obtain a response from emergency services will increase in proportion to the severity, magnitude, and nature of the emergency.

**Administration:** The facility manager or incident commander must have checklists and plans to keep the facility running as best as possible during an emergency. Functions by staff need to be written down to help them cope with the stress of the emergency, the panic, and the time criticality. Daily operations as the facility knows them may cease during an emergency. Stay in touch with the county or city emergency manager.

**Communications:** During an emergency, cell phones may not work. Alternate forms of communication, such as walkie talkies, Nextel hand-held phones, or other hand-helds may be necessary. In some situations, human runners (carrying communication forms with instructions or information) may be the only way to communicate with areas of the building. Make sure the facility has batteries, for everything from hearing aids to radios to smoke alarms. If electricity goes down, some telephones may not work.

**Shortage of Staff** – Prepare tentative lists for four day staffing patterns; staffing list, call-down lists (for volunteers, families of residents)

**Facility:** Back-up generator, other back-up necessities (both for function of facility and for medical equipment, including fuel storage for the generators).

**Pharmacy:** Medicines critical for life should be available for a 96-hour (4-day) period. Calling for pharmacy delivery is essential if there is enough advance warning. There should also be a secondary pharmacy call-down available. Keep a list of critical medicines for emergencies.

**Kitchen:** A food checklist should include ordering more supplies when there is enough advance notice for the impending disaster; e.g., a blizzard. Drinking water storage is recommended at 1 gal. per person per day. Also plan to store enough food supplies for special diet menus. 96-hour food storage is critical in an emergency plan.

**Security, Safety:** Checklist should include notification of local law enforcement, call-down list for personnel, any special supplies necessary including flashlights and batteries for them. Security systems may go down. The fire alarm system may not work.

**Volunteers:** Call-down list or Memorandum Of Understanding (MOUs) or Mutual Aid Agreement (MAAs) for local organizations; i.e., churches for extra meals, or the PTA school organization for extra hands, also regular volunteers; mention training the volunteers for their duties BEFORE the emergency. Make a contingency plan for when there are NO volunteers available (due to a community-wide emergency).

**Facility maintenance:** Are there enough snow shovels, garbage bags, emergency flashlights, etc., weather radio (and someone who knows how to operate it), security system failure back-up, blankets for extra personnel, master keys for secured areas, walkie talkies charged or other hand-held radios. Are portable toilets available in the area to rent? Deliver? Transportation should also be fueled and ready if needed. (Are there chains for vehicles for blizzard conditions?) Will delivery trucks be stalled because of the emergency? Is there alternative transportation available in the event of evacuation? Are critical care areas available to generator power? Are there batteries for IV pumps, vital sign equipment? Make sure there is a supply of electrical tape for minor repairs.

**Facility Housekeeping:** Checklist should include enough cleaning supplies for infection control, normal housekeeping, for a 4-day, or 96-hour period. (laundry soap, kitchen supplies). See Centers for Disease Control (CDC) guidelines on chemical awareness before an emergency. Never mix chlorine and ammonia as cleaning agents.

**Social Director:** Facility should also have on hand a social activities plan for activities while isolated; decks of cards, etc., for clients during emergency time frame. Simple activities may alleviate boredom and/or panic.

**Nursing Care:** Determine rotation schedule for hygiene for patients, quality of care due to staff shortage. Prepare for non-accessible electronic medical records due to power outage, etc. Consider grouping critical care patients together for access due to staff shortage. Pre-plan oxygen use for residents and make sure there is ordering capability for the 96-hour time frame. Special needs such as dialysis should include special disaster diets and should have dialysis contact lists available, or emergency numbers if the dialysis facilities are not functioning. Make sure all patients have an ID attached to them, with some sort of a care card as well. Have a plan in place for post-disaster triage of residents.

**Medical director:** Personnel rotation list including staffing, other medical needs should be determined before the emergency. If the medical director is not at the facility at the time of the emergency, and cannot get to the facility, a plan or checklist should be in place for available staff.

**Transportation:** In the event the facility must be evacuated, vehicles to transport staff, residents, supplies, etc., must be part of the plan. How will vehicles communicate with each other during transport? Who will accompany the residents in the vehicles? Is the host facility ready to accept more residents and staff and supplies? See the Resource List for types of vehicles.

**Notes:**

Prepare potential Standard Operating Procedure (SOP) for personnel to sleep at the facility during the emergency; including some family members of staff (children). The contingency plan for not being able to leave the facility may also include other guests, i.e., travelers forced to seek shelter or family visiting residents at the time of incident.

## **Emergency Kits Should/Could Include:**

### **Facility Emergency Needs: (Storage of emergency supplies is easy in lightweight, plastic, water-proof containers.)**

Battery Powered Weather Radio  
Facility First Aid Kit and Manual  
Extra Bedding  
Manual Can Opener  
Waterproof Matches/Windproof Matches, Candles  
Non-Perishable Foods  
Flashlights, batteries  
Water Storage (1 gal. drinking water per person per day)  
Water purification tablets  
Utility Knife, plastic eating utensils  
Special Pharmacy Needs  
Hand-held radios or walkie talkies  
Other special needs

### **Facility Sanitation Kit**

Plastic Bucket with tightly fitted lid  
Plastic Bags & Ties  
Disinfectant, wet wipes  
Improvised Toilet Seat  
Paper Cups & Plates  
Toilet Tissue, paper towels  
Aluminum Foil  
Plastic Utensils  
Soap  
Bleach

### **Staff Personal Emergency “Go Kit”**

Extra glasses, contact lens & solution  
Hygiene supplies including soap, towel, toothpaste & brush, comb, small mirror  
Extra clothing, shoes, socks, work gloves  
Any essential medications, including Tylenol, etc., bug spray, suntan lotion.  
Money, matches in a waterproof container  
Important names, phone numbers, pen & paper, addresses  
Blanket  
Eating utensils including sharp knife, non-perishable food like power bars, chocolate  
Sewing kit  
String, rope, bungee cords, duct tape  
If you have pets at home, have a plan to evacuate them, including pet supplies for their care.

**Other considerations:**

There may be other supplies necessary if staff bring children to the facility. Since plans should be flexible, discuss and exercise them with staff to continually update and revise them. The facility manager should be in contact with the county emergency manager, and should share the facility plan with him/her. Community awareness is essential.

Develop partner guides if the facility relies on community help. Checklists or Standard Operating Procedures (SOPs) for different annexes and appendices will be helpful.