Colorado Department of Public Health and Environment

Basic Plan Development Toolkit

For Health Care Facilities in Colorado

This toolkit is designed to help health care facilities in the State of Colorado develop the basic plan components of an Emergency Operations Plan. It is intended for use in conjunction with the other planning resources available from the Colorado Department of Public Health at www.healthfacilities.info

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Introduction

The Basic Plan Toolkit is an informational resource for Long Term Care Facilities developing emergency operations plans (EOP). The toolkit helps facilities develop the most fundamental and standardized aspects of an EOP – the Basic Plan. A Basic Plan details the most overarching information required for emergency response. This embraces an 'all-hazards' planning approach, meaning that all hazards, regardless of intent, origin or type, evoke the same general response from the facility. 'All-hazards' planning is one of the most crucial concepts in emergency planning and is discussed extensively in the IS 700 training course series discussed in the *Recommended Training* section of this toolkit.

This document serves as the main component of the Basic Plan Toolkit. It provides explanations for each component of a successful Basic Plan and offers hints and suggestions for successful development. Where applicable, sample components of the plan are available for download from the electronic toolkit (available by clicking the Emergency Planning Resources link at www.healthfacilities.info). The document is divided into five chapters, each of which contains several corresponding sections. Each chapter is designed to help the facility develop a specific portion of the Basic Plan. Be sure to read all of the information and to pause periodically during the planning and development processes to check the work of previous sections. Remember that an EOP is a living document, which requires frequent re-evaluation for accuracy, consistency, and reliability.

This checkmark indicates good places for the CPT to stop and CHECK THE WORK the team has accomplished so far. .

The toolkit pulls health-care specific planning considerations into a single resource, compliments additional local, state and federal agency resources, and draws on the guidelines established in the INTERIM – Comprehensive Preparedness Guide 101 (*CPG 101*) and the INTERIM- Emergency Management Planning Guide for Special Needs Populations (*CPG 301*). These documents were developed by the Federal Emergency Management Agency (FEMA) to assist state and local governments in developing emergency plans and will replace existing planning resources in late 2008 or early 2009. Though both documents are still in the commentary phase and some changes are expected, the basic intent and information provided in both *CPG 101* and *CPG 301* is expected to remain intact. Offering guidelines to the newest anticipated standard is more beneficial for facilities because it extends the longevity of a facility's initial EOP and increases the interoperability of the plan with other local, county, state and federal plans. Facilities desiring more explicit instructions than this toolkit may wish to access the *CPG 101* directly. The interim version is available for download from the FEMA website: http://www.fema.gov/about/divisions/cpg.shtm.

Like the *CPG101* and *CPG 301*, this toolkit offers a series of guidelines and suggestions designed to minimize the planning time required to create an EOP. Facilities must accept the responsibility for developing, adopting, practicing and maintaining their own EOPs as suited to their individual needs including corporate requirements or other planning considerations. THIS IS A GUIDE, NOT A COMPLETE PLAN OR A SET OF CODIFIED RULES.

Chapter One: The Planning Process

Planning is the first, and perhaps most important, step in creating an EOP. Planning enables the smooth development of the EOP, reduces the time required to create a plan, increases the longevity of the plan, and fosters inclusiveness and communication between emergency operations personnel and the facility. In addition, the planning process sets the tone for the development of a facility's emergency preparedness overall. Good planning helps keep the process simple and concise, approach readiness from an 'all hazards' view, and guide the activities a facility engages in to prepare for disasters. Most of all, planning is continuous. Good planners constantly re-evaluate progress accomplished against the intended goals and look for improvement opportunities.

> *The value of planning rests in its proven ability to influence events before they occur and in its indispensable contribution to unity of effort.*

The *CPG 101* devotes the entire second chapter to the planning process. It emphasizes that a successful planning process should "not only tell those within the planning community what to do (the task) and why to do it (the purpose).[sic] They also inform those outside the jurisdiction about how to cooperate and provide support and what to expect" (p 2-5). Successful and effective planning processes are those which constantly evaluate themselves for progress, understanding, and consistency. A good planning process includes emphasis on the education and training of the facility and the development team, and can remain focused on the objective while embracing flexibility in the process. The planning process is a logical progression through the development tasks.

The *Planning Process* chapter in this toolkit provides assistance for completing the major planning tasks. Each of the sections within the chapter includes an introductory paragraph explaining the purpose or intent of the action, examples of the action (where applicable), development tools, and checklists to help the development team measure progress. Again, facilities seeking more detail on the planning process should access the *CPG101* via the web link provided in the introduction.

The goals for this chapter are to:

1. Identify a collaborative planning team (CPT).
2. Read through the instructions for completing the toolkit and be sure the entire CPT understands them.
3. Make the Hazard Analysis Toolkit available to the CPT.
4. Begin the training process by having critical facility staff complete the appropriate training courses, either online at the FEMA Emergency Management Institute website or in traditional classroom settings.

DEVELOPING A COLLABORATIVE PLANNING TEAM

The collaborative planning team (CPT) is crucial to an effective plan development process. The CPT makes the major decisions regarding what to include in the plan, what threats the facility faces, and what partnerships to form in the community. A good planning team is diverse in membership and includes representatives from the facility, the corporate structure, similar health care facilities in the area, family members, volunteer coordinators, local first responders, and county or city emergency planners. Depending on the needs of the facility, other liaisons or resources may be helpful as well. Assign each member of the CPT a specific role, and indicate whether they function as a primary member of the team, or as an advisory liaison.

Consider inviting the following organizations to join the CPT:

- Local and county emergency management
- Law enforcement
- Fire services
- Emergency medical services
- Hospitals
- Other health care facilities
- Public works (including utilities and roads and bridges)
- Social services
- The Red Cross, Salvation Army or other volunteer organizations and non-governmental organizations
- Community members
- School districts
- Faith-based organizations
- Mutual aid partners

Identify the Collaborative Planning Team for the facility using the table below. Expand or contract the table's contents (including the size of the planning team) as required by the facility.

Name	Organization	Team Role	Email	Phone
		Chair		
		Deputy Chair		

INSTRUCTIONS TO COMPLETE THE TOOLKIT

The instructions for completing the toolkit are relatively brief and simple. Remember that further detail is provided for each step in the planning and development processes, and that further clarification is available by section.

1. Assemble the collaborative planning team and distribute the Basic Plan Development Toolkit to each member.
2. Collect the following information:
    - The facility's Hazard Analysis Toolkit or comparable document
    - The existing emergency 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 help the collaborative planning team develop a Base Plan.
4. Work each section in the toolkit in order. Each section of the plan draws on previous sections for clarification and focus.
5. Stop to check work often.
    - The Check Sign indicates a good stopping point for the CPT to review their work
    - Check for consistency with facility, local, county, state and federal guidelines
    - Read completed sections and re-evaluate them for consistency and completeness
    - If necessary, rework previous sections of the toolkit

THE HAZARD ANALYSIS TOOLKIT

The Hazard Analysis Toolkit may either be completed prior to beginning the planning process, or as part of it. An accurate Hazard Analysis provides focus for the CPT. The entire CPT should be familiar with the Hazard Analysis Toolkit and the results identified by the facility prior to beginning any actual plan drafting. Further information on the Hazard Analysis Toolkit is available under the Emergency Planning Resources link on the www.healthfacilities.info website. If a facility chooses not to complete the Hazard Analysis Toolkit, it must provide the CPT with an alternate, accurate Hazard Analysis.

Before moving on to the next section, examine the best practices listed below.
Make sure each component is addressed and completed. The CPT may also justify why the capability does not apply for this facility. List any additional best practices here. If the CPT feels the capability may be addressed later in the development process, mark it for follow-up and proceed.

- ❒ Provide the CPT with a copy of the Hazard Analysis Toolkit.
- ❒ If the facility chooses not to use the Hazard Analysis Toolkit, provide the CPT with an alternate, accurate Hazard Analysis.
- ❒ If the facility does not have an accurate Hazard Analysis, the CPT should complete the Hazard Analysis Toolkit before moving further into the planning and development process.

RECOMMENDED TRAINING

The *CPG 101* recommends the following training courses for the CPT and for other personnel that are responsible for enacting the plan during a disaster. These courses are available as independent-study, computer-based modules from FEMA's Emergency Management Institute (located online at http://training.fema.gov/IS/) free of charge. Some of these classes are also available in traditional classroom settings from the Colorado Department of Emergency Management (CDEM), or from local and county emergency management departments. The CDEM website, located at http://www.dola.state.co.us/dem/index.html, offers links and registration for these training opportunities. In addition to the courses identified in the *CPG 101*, there are several health-care specific versions of the courses listed below. Those courses are noted with an asterisk (*) and often will replace the corresponding basic course. These courses are recommended for all key facility personnel and the CPT.

Course Number	Course Name	Estimated Time
IS 1	Emergency Manager – An Orientation to the Position	10 hours
IS 100.a	Introduction to the Incident Command System I-100	3 Hours
IS 100.HC*	Introduction to the Incident Command System for Healthcare/Hospitals*	2.5
IS 197.SP*	Special Needs Planning Considerations for Service and Support Providers*	4.5
IS 200.a	ICS for Single Resources and Initial Action Incidents	3
IS 200.HC*	Applying ICS to Healthcare Organizations	3
IS 208	State Disaster Management	
IS 230	Principles of Emergency Management (This course will be revised to reflect *CPG 101* as the basis for training)	
IS 235	Emergency Planning	
IS 292	Disaster Basics	
IS 700*	National Incident Management System (NIMS), An Introduction*	3
IS 701	Multiagency Coordination Systems	
IS 702	NIMS Public Information Systems	
IS 703	NIMS Resource Management	
IS 706	NIMS Intrastate Mutual Aid- An Introduction	
IS 800b	The National Response Framework: An Introduction	

Training requires an investment of time, talent, finances and effort on the part of the facility. It may not be possible for every member of the facility to take all of the recommended training courses; however it is recommended that courses be assigned to individuals who may potentially fill the role a given course teaches. For example, the three individuals most likely to function as the public information officer (PIO) should take the PIO course, while the three people most logistics-oriented should take the resource management course instead. IS100.a, IS100.HC and IS 700 will help facilities identify which roles are most relevant to include in the EOP, and thus help prioritize the assignment of training courses. This section may require follow-up after completion of the *Concept of Operations: Organization and Assignment of Responsibilities* (Chapter 3, Section IV.I) in this toolkit.

RECOMMENDED TRAINING (CONTINUED)

- ❒ The critical/administrative staff have taken, or are scheduled to take, the four critical classes, marked by an asterisk in the recommended training list.
- ❒ Identify intended role(s) for administrative staff during an emergency.
- ❒ Based on these assignments, prioritize and assign staff to complete the appropriate classes listed in the recommended training list.
- ❒ Track the progress of the staff's training for documentation and accountability purposes. The table below is an example tracking sheet, but facilities may wish to develop their own.

EMPLOYEE TRAINING TRACKING LOG:

Employee Name:	Course:	Date Completed:

CHAPTER COMPLETE!

Remember that the Check Sign indicates a milestone in the plan development is reached. Use this opportunity to review chapter one and examine any questions, comments, or sections requiring follow up. Stop to check progress every time this button appears!

Chapter Two: Constructing the Basic Plan

BASIC PLAN REQUIRED CONTENT

According to the *CPG 101*, a Basic Plan has several required components. This chapter will help the CPT develop the required content by explaining, in order, what each component must be, what it should contain, and offering tips on how to construct each piece. Several samples are available online at www.healthfacilities.info, under the Emergency Planning Resources link. Required content with samples are clearly indicated. Because chapter two is so large, the chapter is divided into sections, indicated by roman numerals. These sections correspond to the major divisions of the Basic Plan. Work the sections in order, but pause often to re-check previously completed sections. This will help ensure consistency, clarity and cohesiveness of the document.

Emergency Operations Plans are living documents that are constantly undergoing evaluation and re-adaptation to meet the needs of a facility.

The goals for this chapter are to:

1. Explain the contents of a Basic Plan.
2. Develop the content for a Basic Plan in a step-by-step process.
3. Provide examples or ideas for each section of content.

Recommended Formatting Notes:

- The material should appear in the final document in the order indicated below.
- Print and store the plan in hard copy, using 3-ring binders, for portability.
- The plan should also be stored in both electronic and hardcopy formats in a safe, off-site location that is known to the facility's entire leadership team. CDs, portable hard drives, or flash "thumb" drives are all acceptable forms of electronic storage.
- Disseminate the plan to the top three facility staff members most likely to encounter a disaster,
- Store the plan (or portions of it) at each nursing station.

I. INTRODUCTORY MATERIAL

The first few pages of a plan are devoted to the materials which establish authority and legality, discuss intended audiences and readers, and otherwise facilitate the administrative aspects of the plan. It aims for accountability of the document's contents and establishes the organizational methodology used in plan drafting.

Recommended Formatting Notes:

- Select a font-type and a font-size that is easy to read.
- Begin each component of this section on a new page.
- Put page numbers in the footnotes, and use roman numerals.
- Keep materials in the order shown here.

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A. Cover Page (sample available).

A cover page is the first page of any professional document, and indicates to a reader that all of the content following is related in some way. This page should clearly denote the title and version of the document, the date the document was adopted, and the geographic jurisdiction for the facility. Minor changes to the plan are addressed on the *Record of Changes* (Chapter 2, Section I.D). Any time the document is significantly altered and approved, a new cover sheet reflecting the current date and version/release number should be created.

- ❒ Title the document appropriately.
- ❒ Include the version number of the plan on the cover page.
- ❒ Include all required official seals and logos.
- ❒ Include the name of the facility and the jurisdiction or state hazard region the facility is located in. Use the Hazard Analysis Toolkit to locate this information.
- ❒ Update the release number each time a minor change is made to the document.
- ❒ Update the version number each time the entire plan is reissued.

B. Promulgation Document/ Letter of Agreement (sample available)

This page gives the plan legitimacy. It announces the facility's intent to use the plan during disaster responses, and provides the authority for the facility to do so. It may include specific provisions or policies required by a facility's corporate structure. Develop this section in partnership with policymakers or other administrators for the facility who agree to the legal power bestowed by the document on the facility and identified personnel in the event of an emergency. This section is closely related to the *Signature Page* (Chapter 2, Section I.C), and the two pages may be combined into a single tool. There is more information regarding contents and authorities in the *Authorities and References* section. (Chapter 2, Section VI).

- ❒ Partner with the policymakers or administrators for the facility (if they are not members of the CPT) to draft the promulgation document.
- ❒ Include all important legal doctrine identified by the facility and policymakers.
- ❒ Determine who is ultimately responsible for the facility and the well-being of patients and the staff in the event of a disaster, and designate at least two deputies (or one per scheduled shift).
- ❒ Have the facility's administrator and/or CEO sign the document.
- ❒ Ensure this page is consistent with the *Authorities and References* section.

C. Signature Page (sample available)

This page holds the signatures and dates of all members of the CPT, as well as any legal or administrative authorities who must approve the EOP, at the adoption and implementation of the EOP. By signing the document, the CPT takes ownership for the plan's content and the planning process which developed the plan. It serves as a mechanism for accountability and authority. This page works in conjunction with the *Record of Changes* (Chapter 2, Section I.D) page and also with the *Record of Distribution* (Chapter 2, Section I.E). It may also be combined with the *Promulgation Document* (Chapter 2, Section I.B).

- ❒ Ensure the document is signed by all parties critical to the plan, which may include:
  - o The CEO
  - o Facility administrator
  - o Director of nursing
  - o Staff coordinator
  - o Facilities manager
  - o The local emergency manager
  - o The local health director
  - o The entire CPT
- ❒ Date the page.
- ❒ Include printed names and titles under signatures for easy reference.
- ❒ Ensure this page is updated when the plan is updated.
- ❒ Revisit this page after the plan development is complete.

D. Record of Changes (sample available)

EOPs are living documents and because of this, changes occur frequently. Sometimes these changes are major, such as those enacted after a disaster or exercise. Those changes are generally significant and result in the facility re-issuing the plan in its entirety. More often, the facility will make minor changes in the plan to address small changes to policy, procedure, titles, etc. In this event, the facility does not need to issue an entirely new document, but it is important to document those changes occurred, and those changes should be issued to everyone on the *Record of Distribution* list (Chapter 2, Section I.E). To track these minor changes, the facility may make a notation in the footnote or margin of the page affected and update the cover page to reflect the correct release number. Surveyors will examine facility EOPs to be sure the plans are periodically reviewed for content, in addition to the reviews after disasters and exercises. See *Plan Maintenance and Development* (Chapter 2, Section IV) for more information.

- ❒ Develop a method to keep track of the changes to the plan.
- ❒ Make sure the documentation works in conjunction with the *Signature Page* and the *Record of Distribution.*
- ❒ Update the release portion of the version/release number on the *Cover Page* when minor changes are made.
- ❒ When major changes are enacted, reissue the entire document, including the new version number on the *Cover Page*.
- ❒ Make sure to include the date and author of the change in the footnote on the appropriate page for smaller updates.

E. Record of Distribution (sample available)

This page tracks who the EOP was distributed to and includes any corporate entities, key staff members, the local emergency planner or manager, and any other agencies considered relevant by the facility. The page should include the names and titles of individuals receiving the plan, the date of distribution, and the version number of the plan. If significant changes or updates are made to the plan, the entire plan should be re-distributed. If significant changes or updates are made to a specific annex or appendix, then it may be more appropriate to redistribute just those sections. Be sure to track that information here. This page should work in conjunction with the *Signature Page* (Chapter 2, Section I.C) and the *Record of Changes* (Chapter 2, Section I.D).

- ❒ Date the page.
- ❒ Note the names, titles and departments of all individuals receiving the plan.
- ❒ Indicate the version number distributed.
- ❒ If applicable, indicate the section numbers being redistributed.
- ❒ Leave space for multiple updates.
- ❒ Document each time any portion of the plan is redistributed.

F. Table of Contents (sample available)

The purpose of a table of contents (TOC) is to provide quick and easy reference to the various key sections of the plan. The most common form of TOC is a list, often in outline form, that appears at the beginning of the document and notes the page number for all major sections, divisions, and subsections of a document. TOCs can also be less formal, using tabbed dividers in a binder to create the physical denotation of sections, instead of relying just on page numbers. Hybrid versions are also very convenient, with an outline list included at the beginning (but usually without the page numbers) and physical dividers with the title of the section dividing the document. The sample provided in the Basic Plan Toolkit is a traditional outline format without page numbers, and therefore is suitable both for use in a traditional TOC and in a hybrid format.

The CPT should use the most convenient method for the facility. Updating page numbers may be neglected during the update of small sections of the plan. Using a hybrid method, that provides a general outline (without page numbers) at the beginning, and physical tabbed dividers between each major section of the plan, is recommended.

- ❒ Create section breaks for all major parts of the EOP, even those not discussed in this toolkit.
- ❒ For formal TOCs, list major sections, chapters and subheadings in an outline format.
- ❒ List all major divisions or sections of the plan.
- ❒ Make sure the plan is organized logically.
- ❒ Check for correct pagination (consistent between actual document and the TOC).
- ❒ Use dividers for easy access to each section of the EOP.

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!

II. PURPOSE, SCOPE, SITUATION, AND ASSUMPTIONS

This section establishes the roadmap for the plan by providing direction, control measures, motivation and momentum of actions, and the scalability of the plan itself. The focus here dictates the rest of the plan. The emergency planning team should have a clear idea of the planning philosophy embraced by the facility, and that goal should be clearly articulated here. Samples in this section are not available because the contents are highly specific to each planning process. However, hints, tips, and best practices are provided to guide the CPT through developing these required sections. When reviewing and updating the plan, make sure the purpose, scope, situation, and assumptions still accurately reflect the facility's plans in the annexes and appendices. Clear guidance should be provided in this section to give the rest of the plan continuity and consistency.

Recommended Formatting Notes:

- The sections may flow together without page breaks.
- Indicate section breaks using different fonts or sizes.
- Strive for a cohesive feel to the section

G. Purpose

Much like the thesis statement of a paper or article, this section establishes the overarching theme and intent of the document. All other aspects of the plan should flow logically from this statement. This section may be very short (a paragraph or two) or very long (several pages) depending on the decisions of the planning team. Consider this the guiding philosophy of the planning process and the development of the EOP.

- ❒ Identify and describe the purpose for developing an EOP.
- ❒ Include an explanation of why the facility needs the EOP.
- ❒ Outline the major goals of the facility regarding emergency planning. Some sample goals include:
    - Save lives and protect property
    - Increase resident and staff safety in the event of an emergency
    - Minimize the potential impact of an emergency on the facility
    - Mitigate the likelihood of man-made emergencies
    - Practice emergency response to increase staff awareness and capability

H. Scope

This paragraph establishes how much the plan is intended to do. In other words, this section must clarify at what point before or during a disaster the plan goes into effect and how far into or past the event the EOP is intended to function. Include the titles of who is responsible for what function in the plan and a geographic assessment of the responsible area. Maps, facility floor plans, or other graphics may be helpful to include under *Supplemental Information* (Chapter 3) for reference and clarification. When discussing scope, think about the big picture of disaster response.:

- ❒ Answer the following questions:
    - How large is the facility?
    - How many residents are in the facility?
    - How many residents require help to move, or are wheelchair bound?
    - How many residents require constant supervision?

- How many staff members are on each shift?
- At what point must a facility seek outside assistance?

❒ Describe at what times or under what conditions this plan would be activated.
❒ Describe who has the authority to activate the plan.
❒ Describe how the plan will address special needs within the facility.
❒ Describe how the plan will address animals in the facility (both pets and assistance animals).

I. Situation and Assumptions

Often, this section is broken down into three sub-sections: the situational overview, the assumptions used by the CPT during the planning process, and the Hazard Analysis. Together, the three sub-sections create a clear picture for a reader about how and why the Basic Plan will go into effect. Further clarification for each of these sub-sections is provided below.

1. Situation Overview

This sub-section provides the circumstances that merit the activation of the EOP and summarizes the most serious hazards faced by the facility. It includes a discussion on how the facility's particular vulnerabilities impact the larger local or county 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 supporting documents under *Supplemental Information* (Chapter 3).

A *Situation Overview* should address all of the following:

❒ Describe the four phases of emergency management (Mitigation/Prevention, Preparedness, Response and Recovery) as they specifically apply to the facility.
- What does the facility do to reduce the risk of danger?
- How does a facility prepare for emergencies? Include any supply stockpiles, trainings, or community awareness programs
- How does the facility predict it will respond to most disasters?
- How does a facility return to normal following a disaster

❒ Identify other support agencies that the facility must have direct contact with in the event of an emergency.
❒ Examine how the facility fits into the wider community. Explore potential avenues of assistance as well as potential hindrances to assistance.

2. Planning Assumptions

This sub-section identifies what the CPT assumes are facts during the planning process in order to make the EOP executable. 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* (Chapter 2, Section V) for more information on this process. Sample assumptions may include:

- The facility is vulnerable to tornados, floods, blizzards, wildfires, facility fires, civil unrest, and the spread of epidemic or pandemic diseases and infections.
- Disasters will occur in all sizes and durations and will require the coordinated response of the facility's personnel to protect residents and employees alike.

- All disasters will merit one of two responses by the facility: that to evacuate or to shelter in place.
- The facility will require outside assistance from emergency medical services, firefighters, law enforcement, and the community to evacuate the facility for long periods of time.
- Sheltering in place is the preferable response to most disasters.

The *Planning Assumptions* should also address all of the following concepts:

- ❒ Describe how the disaster or emergency will be coordinated with local emergency responders.
- ❒ Describe how legal questions/issues are resolved as a result of preparedness, response, or recovery actions.
- ❒ Examine situations the facility assumes to be true and list them.

3. Hazard Analysis

Include the entire Hazard Analysis Toolkit in this section, or the equivalent if the facility opts not to use the Hazard Analysis Toolkit. Visit www.healthfacilities.info and click on the Emergency Planning Resources link to view the Hazard Analysis Toolkit for more information. At a minimum, this section should include the following components (or their equivalents):

- ❒ Readiness Rating Worksheet
  - o This packet of information, completed yearly, provides an overview of the facility's current emergency planning efforts and identifies areas of improvements.
  - o It is helpful identifying goals for the CPT.
- ❒ Hazard Analysis Worksheet
  - o This one-page worksheet outlines the major threats faced by Long-Term Care Facilities.
  - o This tool allows the CPT to focus on specific hazards that might not occur in other types of facilities or businesses.
- ❒ Threat Analysis Worksheet
  - o This one-page outlines all of the hazards, both natural and man-made, a facility faces.
  - o The worksheet emphasizes geographic-specific hazards
  - o The worksheet uses the natural disaster hazard analysis from the Colorado EOP
- ❒ Quarterly Exercise Schedule
  - o A one-page chart detailing the intended exercise plans of the facility for the year.
  - o Helps the CPT outline goals, scope, and plan maintenance and development.

SECTION COMPLETE!

Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. Remember that this section dictates the tone and purpose for the rest of the EOP, so reference it frequently. Make sure the entire CPT is ready to proceed.

III. CONCEPT OF OPERATIONS

A concept of operations (CONOPS) explains, in broad terms, the facility's intended course of action in the event of an emergency. It provides an overall picture of the EOP. General goals and objectives regarding the management of emergencies should be included here. The facility should avoid being too specific or limiting the adaptability of the plan to various types and sizes of disasters. Remember that scalability is a key component to a well-formed plan.

A complete *CONOPS* section addresses how the facility will:

- ❒ Assess hazards.
  - o Explain how a facility determines the severity of a hazard
- ❒ Select protective actions.
  - o Outline the basic decision-making process for the facility in response to the disaster. These protective actions are further explained in Functional Annexes (Chapter 4, Section IX)
- ❒ Conduct public warning.
  - o Establish who the facility must communicate with in the event of a disaster
    - ▪ Families of residents
    - ▪ Families of staff
    - ▪ Local or state health department officials
    - ▪ Emergency personnel
  - o Explain how the facility intends to conduct these communications.
- ❒ Implement protective actions.
  - o Put into action the decision selected earlier. This is also further explained in Functional Annexes (Chapter 4, Section IX)
- ❒ Implement short term stabilization.
  - o List the immediate actions are required to stabilize residents and the facility
- ❒ Implement recovery.
  - o Identify the steps for re-integrating into normal operating procedures

The CPT may determine whether to include specific answers to these capabilities here under section headings, or indicate that further information is required in the form of Functional Annexes. Either way, by the end of the CONOPS section all of these areas must be addressed or refer to other aspects of the EOP for clarification. As with the previous section, this part of the EOP varies greatly in length depending on the philosophy of the CPT. Some facilities may find checklists particularly helpful, while others may prefer diagrams. Training and organization of the staff is essential to this portion of EOP.

J. Organization and Assignment of Responsibilities

This section establishes the emergency organization relied on by all participants during an emergency scenario. Organization charts and incident command system diagrams are particularly effective when included here. While general responsibilities may be assigned by position to facility staff, the CPT should maintain the scalability of the plan. At a minimum, this section should designate who assumes the primary command of a facility during a disaster and oversees the disaster response. Remember to designate responsibility by title, not name. Here is a sample assignment of responsibility:

- Incident Commander: Facility Administrator
- Public Information Officer: Staff Development Coordinator
- Safety Officer: Maintenance Director
- Operations Chief: Director of Nursing
- Logistical and Finance Chief: Budget Officer
- Planning Chief: Housekeeping

The Incident Command System forms (particularly form IS-207) can help the CPT ensure appropriate responsibilities are delegated. Official Incident Command Systems forms are available for download on the internet from a variety of locations, including the Emergency Planning Resources section of www.healthfacilities.info. Facilities are encouraged to adapt incident command forms to suit their particular needs. If this section is difficult for the CPT, stop and revisit the content of the IS 100.HC course online at http://training.fema.gov/IS/.

- ❒ Identify the roles of the various departments within the facility during an emergency.
- ❒ If necessary, outline the roles of departments or department heads using the Incident Command System Form 203 or 207 (available online) or a simplified diagram based on the forms.
- ❒ At a minimum, designate at least two alternates for each position.
- ❒ Designate responsibilities by title, not by name.
- ❒ Designate a primary and an alternate command center INSIDE the facility from which to stage disaster response actions requiring sheltering-in-place.
- ❒ Designate a primary and an alternate command center OUTSIDE the facility, from which to stage disaster response actions requiring evacuation.
- ❒ Identify which external organizations have a critical role in responding to disasters in the facility.
- ❒ Consider how volunteers will be utilized and how to assign those roles.
- ❒ List any existing mutual aid agreements (MAAs), memorandums of understanding (MOUs) or memorandums of agreement (MOAs) that are currently in place.
- ❒ Identify gaps in resources and begin forming additional aid agreements.

4. Direction, Control and Coordination

Further clarification of the organizational structure belongs here. This section identifies who has tactical and operational control of the response assets. For a facility, this means who has control of the staff on an immediate level, and who oversees the process on an administrative level. This section may be too detailed for a facility's needs, and is considered optional. ***CPTs should consider the depth of personnel available in the facility before determining whether or not to include this section***.

Facilities with small staffs require higher adaptability to fulfill all of the required functions of the facility during a disaster, whereas facilities with larger staffs may have the depth of personnel to assign more specific directions of control. When determining whether or not to include this section, consider the following:

- After assigning primary and alternate responsibilities for the major operational aspects of the facility, is there a large number of senior staff left over?
- Will further assignment of direction and control compromise the ability of an individual to adapt to circumstances?
- Are lines of coordination between various responsibilities clear?
- Is there an acceptable span of control for each division of responsibility? Remember, each role should only directly oversee between 3 and 5 people.

K. Disaster Intelligence (Information Collection)

This section outlines what essential information about the disaster or event is required for the plan to operate. It may include situation briefs, weather reports, staff and volunteer rosters, and status reports. This section should also indicate where the information is expected to come from. Facilities should partner with local emergency management to ensure notification and inclusion in information dissemination operations. This section is a general collection of information required for most response scenarios. Hazard Specific Appendices (Chapter 4, Section IX) are used to list specific information requirements for specific disaster events.

- ❒ Outline types of information a facility must have about all disasters.
- ❒ What are local, state and national sources of information for:
  - Disease outbreaks
  - Acts of terrorism
  - Natural disaster progressions
  - Breaking news
- ❒ 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.

L. Administration, Finance, and Logistics

This section outlines the basic support requirements, the availabilities of such support systems, and the finance requirements to procure them that a facility requires during a disaster. This section must include a contingency for continuing payroll functions for employees, tracking time worked, procuring and paying for supplies of all varieties, current counts of on-hand supplies, and aid agreements for procuring additional supplies if regular vendors are unable to meet the facility's needs. Accurate records must be kept both for reimbursement from local, county, state and federal agencies and from private insurance companies, and to prove continued compliancy with OSHA labor laws. Again, ICS forms are available to assist the facility in tracking this information.

- ❒ Collect written instructions, including vendor phone or fax numbers, for how the facility normally procures and pays for supplies.
- ❒ Know what paperwork the facility must maintain to justify expenses or file for reimbursement.
- ❒ Develop methods for safely storing and moving required paperwork and tracking details.
- ❒ Evaluate the policies for employee-fronted expenditures.
- ❒ Establish a guideline for ensuring employee payroll is issued.
- ❒ Establish procedures for tracking hours worked by employees and volunteers.
- ❒ Develop protocol for tracking incoming and outgoing resources and expenditures.
- ❒ Determine how flexible the budget for the facility is.
- ❒ Assign accountability and authority for this section. Remember to designate at least two alternates.
- ❒ Determine authority delegations for budget approval and expenditures.
- ❒ Understand and list any mutual agreements the facility enters into.
- ❒ Collect mutual aid agreements in this section.

M. Continuity of Operations

Continuity of Operations (COOP) planning addresses how the facility will function in the long-term stages of recovery after a disaster has concluded. Facilities are encouraged to develop separate COOP plans; however, some level of continuity planning must be included in the EOP to facilitate a smooth transition between the 'response' and 'recovery' stages of a disaster. This section is also particularly useful in shelter-in-place (SHIP) situations, where facilities may be required to continue operating with little to no outside assistance for extended periods of time. An additional toolkit, the Shelter In Place Annex Toolkit, is available at www.healthfacilities.info to help the CPT develop these short-term continuity of operations goals.

For planning purpose, a series of best practice capabilities related to continuity are collected below. The CPT should attempt to answer the following questions based on the EOP so far:

- ❒ Describe essential functions, such as providing vital services, maintaining the safety and well-being of the residents and staff, and sustaining the facility during an emergency.
- ❒ Describe plans for establishing Recovery Time Objectives (RTOs) or recovery priorities for each essential function.
- ❒ Identify personnel and/or teams needed to perform essential functions.
- ❒ Describe key elements for establishing orders of succession.

- ❒ Describe plans for human resource management.
- ❒ Describe the arrangement in place that supports decision making with regard to implementing response and recovery functions.
- ❒ Describe the processes that will be used to identify the critical and time-sensitive applications, processes, and functions that need to be recovered and continued following an emergency or disaster.
- ❒ Predetermine delegations of authority.
- ❒ Identify alternate facilities for the transfer of residents.
- ❒ Identify continuity communications (after the disaster concludes).
- ❒ Identify and protect vital records.
- ❒ Develop devolution of control and direction (demobilization or downsizing of personnel resources).
- ❒ Develop evaluations, after action reports, and lessons learned documentation.

When the CPT cannot establish the answer or intended course of action for one of the above capabilities in the EOP, the CPT should note this item for follow up in the development of a COOP plan. Remember, the goal of the COOP section of the EOP is to provide the basic requirements for the facility to continue operating for an extended period of time with minimal outside assistance.

SECTION COMPLETE!

Take a few moments to review the work so far. Make sure the CPT is comfortable with ICS Forms or that alternative forms are in place. Examine any questions, comments, or sections requiring follow up. Make sure the entire CPT is ready to proceed.

IV. PLAN DEVELOPMENT AND MAINTENANCE

This section includes all of the guiding factors for developing and maintaining a facility's EOP. It should include the description of the planning process, provide for the regular testing, review and revision of the plan, and assign the responsibility for maintaining the plan. This section keeps the plan current, accurate and effective in the facility's daily operating procedures. Without revision and improvement, plans quickly stagnate and lose effectiveness. For more information on the development and evaluation of exercises, the CPT should visit the Homeland Security Exercise and Evaluation Plan (HSEEP) website at www.hseep.dhs.gov. This website provides all the materials required for designing, developing, implementing, and evaluating the exercises which test an EOP. Facilities are encouraged to partner with other local resources when conducting exercises to maximize the effectiveness of the event. There is also an Adult Care Facilities Tabletop Exercise Toolkit available online at www.healthfacilities.info under the Emergency Planning Resources link.

Remember that surveyors and life safety code inspections all 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. Accountability for the plan is also documented in the

Promulgation Document (Chapter 2, Section I.B) and the *Record of Changes* (Chapter 2, Section I.D).

- ❒ Identify and describe the reference manuals used to develop the plan including software, toolkits, contractors, interviews, planning tools and development guides.
- ❒ Coordinated with local or state emergency management resources for review and commentary on the plan.
- ❒ List all members of the collaborative planning team.
- ❒ 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.*

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

SECTION COMPLETE!

Take a few moments to review the work so far. Now is a good time to re-visit any concerns about exercise planning outlined in the Hazard Analysis Toolkit as well. Examine any questions, comments, or sections requiring follow up. Make sure the entire CPT is ready to proceed.

V. AUTHORITIES AND REFERENCES

This section sources the legal requirements for emergency operations and activities. Section M.5 should be updated by the facilities. Sections M.6 and M.7 are recommended for inclusion exactly as they are appear here, unless the regulations are changed in a legislative session. They are current as of December 2008. These regulations are the same ones utilized by surveyors and life safety inspectors.

Recommended Formatting Notes: The legal documents which are used to create this section must be sourced in a manner that allows outside readers to easily locate them. It is recommended that facilities just include a copy of the regulation in the section where possible.

- ❒ Describe the limits of these legal regulations.
- ❒ Provide for the basic continuity of operations (COOP) of the facility.
- ❒ Where interpretation of guidelines is required, note it here.
- ❒ Include the entire context of laws or statutes if they may be required for reference during an emergency.
- ❒ Expand the selections to cover each type of authority the facility must operate under.

N. Authorities

These are the lists of laws, statues, ordinances, executive orders, regulations, or formal agreements specifically related to the facility and the management of emergency situations. For clarity, the CPT may wish to designate regulations by level of authority, as demonstrated here.

5. Facility Regulations

This is the place to collect all relevant legal or operational policies for the facilities regarding a disaster. This includes who has the authority to do what under specific circumstances, standard operating procedures, and required call-down lists. *Supplemental Information* (Chapter 3) may be included for clarification and reference.

6. State Regulations

STATE LICENCE REGULATIONS: [6 CCR 1011-1, Chapter V, Part 13]: The state of Colorado requires, at a minimum, the following emergency preparedness measures for all licensed facilities operating in the state:

- Written policies and procedures (including brief procedural checklists at all nurse stations) in the case of: fire, explosion, flood, staff shortage, food shortage, termination of vital services
- Schematics depicting evacuation routes
- Written evacuation procedures
- Pre-established staff responsibilities and assignments for disaster situations
- Annual training provisions
- Fire Drills conducted at least three times a year
- A mass casualty plan

7. Federal Regulations

FEDERAL LICENCE REGULATIONS: [42 C.F.R. 483.75(m)]: The federal government of the United States requires, at a minimum, the following emergency preparedness measures for all licensed facilities operating in the United States:

- Written plans and procedures for: fire, severe weather, missing residents
- Geographic hazard analysis reflecting specific emphasis on the facility's location and corresponding threat risks
- The "periodic review" of the emergency plan
- Regular staff drills

O. References

Any additional references a facility might need in the event of an emergency that are not specifically legal authorities should be listed here. This may include call-down lists for activation procedures, delegations of authority, continuity of operations contracts, or other documents deemed appropriate by the planning team and the facility's senior staff or corporate structure. This section may not always appear in an emergency plan. Samples may include:

- The U.S. Department of Justice publishes a technical assistance guide titled "An ADA Guide for Local Governments: Making Emergency Preparedness and Response Programs Accessible to People with Disabilities." The guide assists officials and emergency managers in learning how to include the needs of people with disabilities in every facet of their emergency preparedness work. It addresses topics including planning, notification, evacuation, sheltering and returning home.
- The Federal Communications Commission (FCC) has fined television stations for failure to provide crucial information in an accessible manner during broadcasts related to wildfires in California and tornados in Washington, D.C., Maryland and Virginia.
- The Occupational Safety and Health Act (OSHA) has specific and detailed requirements on emergency preparedness, including requirements for people with disabilities.

- National Disability Rights Network, P&A Enabling Laws describes how advocates may gain access to emergency shelters.
- Executive Order: Individuals with Disabilities in Emergency Preparedness by President George W. Bush (July 22, 2004) states that the Federal Government should appropriately support the safety and security for individuals with disabilities in situations involving disasters, including earthquakes, tornadoes, fires, floods, hurricanes, and acts of terrorism.

Note: When viewed as a word document, the underlined portion of the examples above link to actual resources on the web.

SECTION COMPLETE!

Take a few moments to review the work so far. Have the legal experts for the facility review these materials before moving on. Examine any questions, comments, or sections requiring follow up.

VI. SUPPORTING ANNEXES

Supporting annexes are areas to discuss events that are related to a disaster but are not the actual response to the disaster itself. Often, supporting annexes address topics that are unpredictable in occurrence and deal with the facility's need to interact with the larger community. The CPT may expand or exclude the recommended contents collected here at their discretion.

Recommended Formatting Notes: The construction of the supporting annexes should follow that of the Basic Plan. Be sure each Supporting Annex includes the following sections:

- ❒ Introductory Information
- ❒ CONOPS
- ❒ Organization and Assignment of Responsibilities
- ❒ Direction, Control and Coordination
- ❒ Disaster Intelligence
- ❒ Administration, Finance, and Logistics
- ❒ Authorities and References
- ❒ Development and Maintenance

P. Volunteer/Donation Management

Donations of goods and time (volunteers) are potentially invaluable resources for communities during or following a disaster. However, without a plan on how to utilize the help from the outside world, those resources will often go to waste. This section helps a facility identify what kind of volunteer help they need (if any) and what potential supply donations would be useful. Share the volunteer and donation management plan with the larger community, particularly with any volunteer agencies, faith-based organizations, or other non-governmental sources of disaster assistance.

- ❒ Establish an existing volunteer database to track potential volunteers during disasters. Include sign in and check out sheets.
- ❒ Consider offering additional training to volunteers about disaster assistance for the facility.
- ❒ Consider designating one staff member to coordinate volunteers during a disaster.
- ❒ Develop checklists or tasks volunteers can do during disasters and keep on hand. Examples include:
    - Collecting and moving supplies

- Answer telephones (provide volunteers with scripts of what to say)
- Talking to residents to keep them calm
- Housekeeping or Maintenance assistance
- Shoveling snow or clearing pathways of debris

❒ Establish under what circumstances volunteer assistance must be declined.

❒ Create contingency plans for both too many and not enough volunteers.

❒ Ensure the volunteer management plan is consistent with existing facility policies.

Q. Communications

For larger plans, communications is built right into the basic plan under the CONOPS section. For a facility, it may be more suited as a support annex. Communications sections establish the methodology of communicating, both internally and externally, during a disaster. 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. If supporting annexes are not included in a facility plan, the communications section must appear under the CONOPS subheading!

❒ Consider all of the methods of communication available to the facility (example: cell phones, landline telephones, radios, email, web pages, television, word of mouth, written communication, local media resources) and decide which are likely to be impacted during a disaster.

❒ Consider back up forms of communication and select one or two best suited to the type, size and layout of the facility.
- Radios may not work well in very large facilities with lots of concrete.
- Cell phones are generally unreliable during disasters.
- Land-line, corded telephones work during power outages.

❒ 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.

CHAPTER COMPLETE!

Before moving on to the next chapter, take a few moments to review chapter two and examine any questions, comments, or sections requiring follow up. The bulk of the EOP is now drafted, so take the time to re-read the document and check for clarity and consistency. If necessary, go back and make any changes to the document.

Chapter Three: Finishing the Basic Plan

This chapter discusses the extra information included at the end of a Basic Plan. Some of this material is informational and some of it provides documentation of the plan's development process. This is also the section to collect any forms, maps, diagrams, communications plans, checklists or other reference materials that can be used for any disaster response situation.

Recommended Formatting Notes: Information may be divided as it is here, using the same alpha/numeric outline system as the rest of the plan. These sections may also be numbered as sequential 'tabs'. Designating information as a 'tab' indicates the material is general and may apply to any other aspect of the EOP.

The goals for this chapter are to:

1. Explain possible sources of supplemental information for a Basic Plan.
2. Assist the CPT in identifying critical resources and additional information components.
3. Provide guidance on clearly organizing the information.
4. Offer samples and tips on developing these sections.

VII. SUPPLEMENTAL INFORMATION

R. Acronyms (sample available)

Emergency planners speak a common language to minimize confusion and increase effectiveness. Some of the words and acronyms used are similar to but distinct from acronyms in other professions. In this section, collect a list of any acronyms used in the printed plan (for reference by a reader) as well as any major acronyms the facility may wish to reference while communicating with emergency planning and response personnel. A sample acronym list is available in the Hazard Analysis Toolkit as well as in this toolkit.

- ❒ Include all acronyms used in the plan.
- ❒ Include any acronyms that might be confusing for staff.
- ❒ Reference other acronym lists (such as those published by FEMA or the Department of Homeland Security) to ensure the list is comprehensive.
- ❒ Edit the list each time the plan is reviewed.

S. List of References and Resources

This is the place to collect all reference materials that do not fit elsewhere in the plan. This section may look similar to *Plan Development and Maintenance* (Chapter 2, Section IV) or *Authorities and References* (Chapter 2, Section V). The amount of information here varies. If necessary, store this information in a separate binder. Partner with other facilities, local emergency management departments and first responders, and the community to gather important information for this section. Possible contents for this section include:

- o Tracking records from staff training.
- o After-action reports from exercises the facility participated in.
- o Training resources pulled from the online courses offered by FEMA.
- o Materials produced and distributed by state and local emergency managers.
- o Definitions of common hazards threatening the facility (sample available).

T. Incident Command System (ICS) Forms (available online)

ICS forms are standardized forms designed to work using the best practices of ICS during a disaster. The forms are used by all response and emergency management personnel. Facilities are encouraged to use these forms to increase the interoperability of their plan with other emergency plans in the area. Having the forms already on-hand greatly increases the ability of a facility to use them during a disaster. All of the ICS forms are collected on the health facilities website, and are also available on the web through various disaster response agencies, including FEMA. The forms can (and should!) be tailored to meet the specific needs of a facility.

- ❒ Collect hard (printed)copies of ICS forms in this section.
- ❒ Include electronic copies of ICS forms with the electronic storage of the Basic Plan.
- ❒ Adapt the forms to meet the needs of the facility.
- ❒ Practice using ICS forms during all exercises of the plan.

U. 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 plans, 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.
- ❒ Methods of communicating around language barriers, including those who are deaf or do not speak English.

CHAPTER COMPLETE!

Before moving on to the next chapter, take a few moments to review chapter three and examine any questions, comments, or sections requiring follow up. The Basic Plan is now completely developed and outlined, even if it is still in draft form. Stop and review the work created so far and make sure the document reflects the *Purpose* and *Scope* established in the beginning. Remember that an Emergency Operations Plan is a living document, and make any necessary adjustments or changes to the document. Make sure the entire CPT is ready to proceed before moving on.

Chapter Four: Annexes and Appendices

As explained in the introduction, a Basic Plan provides the general, cohesive picture of disaster response for a facility. Therefore, the Basic Plan is generally not specific enough to provide details for two of the CONOPS requirements: *Selecting* and *Implementing* protective or response actions to a disaster. For a Long Term Care Facility, a disaster really only leaves two protective/response options: evacuate away from the facility or shelter in place until danger has passed. Knowing that these are the possible choices for a facility is sufficient in the Basic Plan, but more specific details on how to accomplish each protective/response action is also required. In addition to these two basic capabilities, certain disasters may have particular or specialized considerations beyond basic evacuation or sheltering guidelines. This information is what makes an EOP complete, and should be included after the Basic Plan as either a Functional Annex or a Hazard-Specific Appendix. Annexes are stand-alone elements in the plan. Appendices are sections within an Annex that provide additional, supplemental information for the plan.

Annexes and Appendices provide the detailed information that makes an EOP complete, and are an integral part of the development process.

This chapter provides an overview of Functional Annexes and Appendices. These are the portions of the EOP that depend most heavily on an accurate Hazard Analysis and the judgment calls of the facility and the CPT. Additional toolkits are available on the web (www.healthfacilities.info, under Emergency Planning Resources) to provide more detailed information and instructions. The CPT should read through this chapter now, however, to help ensure the scope and purpose of the Basic Plan is consistent and cohesive.

The goals of this chapter are to:

1. Clarify the difference between a Functional Annex and a Hazard-Specific Appendix.
2. Provide overview information for the recommended Functional Annexes.
3. Explain the basic content and purpose of Hazard-Specific Appendices.
4. Direct the CPT to the additional toolkits available at www.healthfacilities.info.

VIII. FUNCTIONAL ANNEXES

Functional Annexes are sections of the EOP that outline the specific details of a response. They address potential actions designed to accommodate most hazards faced by a facility. They are different from *Supporting Annexes* (Chapter 2, Section VI) in that they are complete components which may function independently of the Basic Plan. For the purposes of a Long-Term Care Facility, three Functional Annexes are considered critical: evacuation, shelter in place, and mass care. Facilities may add more annexes at their discretion, but should remember the principles of all-hazards planning as discussed in the introduction of this toolkit. The content of a Functional Annex is specialized towards a specific action (or function), but the structure and makeup is very similar to a Basic Plan.

The content and order of a Functional Annex is:

- Purpose, Scope, Situation and Assumptions
- CONOPS
  - Assess and Control Hazards
  - Select Protective Actions
  - Conduct Public Warning
  - Implement Protective Actions
  - Implement Short-Term stabilization
  - Implement recovery
- Organization and Assignment of Responsibilities
- Direction, Control and Coordination
- Disaster Intelligence
- Administration, Finance, and Logistics
- Authorities and References
- Development and Maintenance

This material should be familiar to a CPT by now. When creating a Functional Annex, remember that these documents must be STAND ALONE ADDITIONS to the Basic Plan. Therefore, facilities may find it useful to include maps, diagrams, forms, checklists, call lists, communication procedures, and other related information in the annex. Duplicating material that is included elsewhere in the Basic Plan is encouraged. Treat them like mini-plans.

Remember that this chapter is informational in nature, and provides minimal assistance in actually developing a Functional Annex. There are specific toolkits available online at www.healthfacilities.info under the Emergency Planning Resources link for the three critical Functional Annexes. Facilities are encouraged to complete all three toolkits.

V. Evacuation (EVAC)

This annex covers the evacuation of the facility for any reason. Facilities may choose to run evacuations in two phases or stages of severity: the immediate vicinity evacuation (useful for fire drills or other small, facility-specific emergencies or for partial evacuations) and secondary evacuations, where residents are moved to another location entirely. This annex is most likely used for incidents that compromise the actual integrity of the facility's building.

W.Shelter-in-Place (SHIP)

This annex details how a facility will defend in place during an event or disaster, and is the preferred response for almost all emergency situations. The Shelter-In-Place Annex may be the most important component of an EOP to a Long-Term Care Facility as almost all disaster responses that do not compromise the safety of the facility's building entail some measure of sheltering in place.

X. Mass Care

This annex explains the role of a facility in a mass care event, and particularly encourages the interaction of the facility with corporate, local and state agencies. A mass care event is any disaster that results in more casualties and victims than any one agency or town can respond to. Partnerships with other communities and state resources are critical during these events.

IX. HAZARD-SPECIFIC APPENDICES

This section of the plan is where a facility should collect the SPECIFIC HAZARDS identified using the Hazard Analysis Toolkit that the facility feels are the most critical to plan for. *The Hazard Priority Box* (below) appears several times in the Hazard Analysis Toolkit. For clarity purposes, the CPT may wish to fill in the *Hazard Priority Box* here, as well as in the Hazard Analysis Toolkit. Using the *Hazard Priority Box*, the CPT should create Hazard-Specific Appendices for the eight hazards included in the box below.

HAZARD PRIORITY BOX (found on page 19 of the Hazard Analysis Toolkit)

Priority One	Priority Two	Priority Three	Priority Four	Priority Five	Priority Six	Priority Seven	Priority Eight
Facility Fire	Winter Storm	Wildfire	[Critical Hazard]	[Critical Hazard]	[Critical Hazard]	[Critical Hazard]	[Critical Hazard]

Samples of hazard-specific appendices are in the Hazard-Specific Appendices Toolkit on the www.healthfacilities.info website under the Emergency Planning Resources link. There are samples for each of the following hazards:

- Avalanche
- Blizzard
- Bomb Threat
- "CBERN" Threats
- Civil Disturbance/Domestic Violence
- Communications
- Dam Failure
- Earthquake
- Epidemic/Pandemic Outbreaks
- Facility Explosion
- Facility Fire
- Flood
- Hazardous Materials Spill
- Infectious Disease Outbreak
- Landslide
- Lockdown Scenarios
- Missing Resident
- Staff Shortage
- Subsidence
- Termination of Vital Services
- Terrorism
- Tornado
- Transportation
- Wildfire

There is a sample Hazard Definitions document available to download in the Basic Plan Toolkit. Use it to clarify any confusion regarding the meaning or scope of these hazards.

When creating hazard-specific appendices, facilities have the option to include as many hazards as they feel necessary. However, the planning team should seek to approach this section using the all-hazards management approach as much as possible. Many potential hazards will have the same response and all of them will also fall under one of the three Functional Annexes created for the previous section. To avoid redundancy, the planning team should create appendices only for those disasters which pose the greatest risk to the facility, and require particularly specialized responses outside of basic evacuation, sheltering, or mass care procedures.

CHAPTER COMPLETE!

Before moving on, take a few moments to review chapter four and examine any questions, comments, or sections requiring follow up. This chapter requires the most re-reading of the Basic Plan, so go back now and check all of the work so far.

Chapter 5: Moving On

Now that the CPT has developed the Basic Plan and laid the groundwork for developing the Functional Annexes and the Hazard-Specific Appendices, 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 first draft of the Basic Plan should now be complete. The facility now has a formalized idea of what their response to any given disaster will look like on a broad scale. The Basic Plan is a living document and will undergo many more changes and evaluations, but the first and most important step is complete: A Basic Plan now exists.

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

1. Begin developing the critical Functional Annexes (recommended).
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.