needs and mobility status



#### **EVACUATION**

	MISSION
an ir	rovide a safe environment for residents, staff, and visitors within the nursing home following acident that impacts the structural integrity or service availability of the nursing home which ires full or partial facility evacuation.
	DIRECTIONS
Shee Cust Note	If this entire response guide and use as a checklist to ensure tasks are addressed and pleted. For each response period, all activated IMT positions should refer to their Job Action et for additional actions. Each IRG is intended to be a starting point and not all inclusive. omize to your facility.  Exercises Section duties and responsibilities remain the responsibility of the Incident Commander ass delegated.
	OBJECTIVES
	Provide for the safety of residents, staff, visitors, and families/guardians.
	Provide for resident care and management.
	Conduct safe and rapid evacuation (partial or full) of the nursing home.
	Plan for service restoration.
	RAPID RESPONSE CHECKLIST
	Activate facility's EOP and appoint a Facility Incident Commander (IC) if warranted.
	Activate the emergency transportation aspect of the EOP.
	Notify appropriate state survey agency to report activation of the facility's EOP and need to evacuate.
	Assess which residents might be able to go to families and contact in advance.
	Assess:  Number and types of beds needed  Available staff to support transferred residents (call in additional staff if needed)  Potential transportation requirements based on the number of residents, medical



RAPID RESPONSE CHECKLIST
If residents need to be transferred to another facility, identify available beds by the
following procedures:
<ul> <li>Coordinate with other facilities in the healthcare system or "like" facilities with whom you have a pre-existing relationship</li> </ul>
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If the above resources are unavailable or inadequate, request assistance from the
appropriate state survey agency and/or utilize computer-based software.
Obtain transportation resources by contacting the contracted ambulance providers.
If the above resources are unavailable or inadequate, request assistance from the
appropriate state survey agency and/or utilize computer-based software.
Prepare for evacuation:
<ul> <li>Collect and package residents' equipment and medications</li> </ul>
<ul> <li>Collect and package residents' belongings for transport, including glasses,</li> </ul>
dentures, hearing aids, etc.
<ul> <li>Prepare water and snacks to accompany residents during transport period</li> </ul>
Prepare copy of medical chart to accompany resident
If surrounding roads may be damaged, verify planned evacuation routes with the public
safety agency.
Track residents to destinations and notify family members (or guardian) of evacuation and
planned destination.
Add other response actions here consistent with the facility EOP.

Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Incident Commander	Determine the need for complete or partial evacuation versus shelter-in-place.  Activate emergency operations plan, the Incident Management Team, and Nursing Home Command Center. Activate the evacuation procedures, and Medical/Director Specialist(s) as needed.  Establish operational periods, objectives, and regular briefing schedule. Consider the use of NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.  Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.  Determine timeline and criteria for discontinuation of nonessential services and procedures.	
Liaison/PIO	Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.	



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
	Develop resident, staff, and community response messages to convey nursing preparations, services, and response.	
	Inform residents, staff, visitors, and families of the situation status and provide regular updates.	
	Update internet and social media to disseminate information about nursing home status and alteration in services to residents, staff, families, and stakeholders.	
/2.0	Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander.	
Liaison/PIO	Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area health care facilities, local emergency medical services, and healthcare coalition coordinator), including requesting supplies, equipment, or personnel not available in the nursing home.	
	Notify and regularly communicate with outside agencies about the nursing home's status and organizational needs.  Communicate with other health care facilities to determine their	
	situation status, ability to accept residents if evacuation or facility abandonment is ordered.	
	Recommend immediate evacuation areas based on hazard to life.	
	Oversee immediate stabilization of the nursing home.	
	Assist with safe evacuation of residents, staff, and visitors.	
Safety Officer	Initiate NHICS 215A to assign, direct, and ensure safety actions are adhered to and completed.	
Safety Officer	Recommend assembly areas based on location and route safety and immediate access to transportation vehicles.	
	Secure the nursing home, limit entry of nonessential personnel, and implement limited visitation policy.	
	Provide additional personnel to ensure security of the evacuation staging sites.	
	Ensure continuation of resident care and essential services.	
Operations	Conduct a census of residents, identifying those who are appropriate for discharge. Transfer or stabilize injured residents as appropriate and as resources are available.	
Section Chief	Consider partial or complete evacuation of the nursing home, or relocation of residents and services within the nursing home.	



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
Operations Section Chief	Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy as appropriate.  Implement the type of evacuation, as determined in cooperation with the Incident Commander:  Immediate versus delayed evacuation Partial versus complete evacuation	
Section Chief	If evacuation is required:  ☐ Prioritize areas for evacuation based on Safety Officer's evaluation of threat to life ☐ Identify evacuation priorities and transfer requirements  Activate Business Continuity Plans and procedures.	
	Implement tasks listed below if Branches are not activated.  Conduct a nursing home census and identify which residents may require immediate transfer.	
Doridont	For partial evacuation:  ☐ Prepare and ensure transfer of resident records, medications, and valuables to transfer location ☐ Provide resident information as appropriate ☐ If evacuation is from a fire or explosion, evacuation must be to a fire compartment at least two fire compartments away (horizontally or vertically) from the fire or explosion ☐ Reassign personnel to ensure adequate staffing in area receiving residents	
Resident Services Branch Director	For complete evacuation:  Prepare and ensure the transfer of resident records, medications, and valuables to holding and assembly area  Confirm the transfer and timeline with the accepting facility, providing resident information as appropriate  Establish safe holding and assembly area to place residents, staff, and belongings until transfer  Reassign staff to accompany residents moved to alternate facilities; ensure adequate staffing for resident care  Implement manual documentation procedures for resident care and incident management documentation, as required.  Oversee resident family/guardian notifications of evacuation, transfer, or early discharge.	
Infrastructure Branch Director	Discontinue nonessential services and initiate utility shutdowns.	



Immediate Response (0 – 2 hours)		
IMT Position	Action	Initials
	Establish operational periods, incident objectives, and an Incident Action Plan in collaboration with the Incident Commander	
	Prepare for potential evacuation by researching available evacuation sites.	
	Gather internal situation status including supply and equipment status, current staff and nursing home census.	
Planning Section Chief	Initiate the gathering and validation of external situational status (weather, impact to roads, utilities) and infrastructure status for inclusion in the IAP.	
	Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received.	
	Initiate resident tracking using NHICS 254 – Emergency Admit Tracking.	
	Monitor the complete documentation of activities, decisions, and actions.	
	Implement emergency support procedures to sustain critical services (e.g., power, water, communications) until evacuation can be accomplished.	
Logistics Section	Distribute appropriate equipment throughout the nursing home (e.g., portable lights, flashlights, blankets, etc.).	
Chief	Obtain supplies, equipment, medications, food, and water to sustain operations.	
	Relocate hazardous materials and other materials requiring increased security, as time allows.	
	Activate the labor pool to obtain personnel resources as needed.	
Finance/ Administration	Implement established pay codes for personnel to track hours associated with the response.	
Section Chief	Refer to Job Action Sheet for additional tasks.	
All Activated Positions – Refer to Job Action Sheets		



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Incident	Continue to implement operational periods, update incident objectives and Incident Action Plan.	
Commander	Evaluate the nursing home's capability to provide safe resident care and the need for additional evacuation.	
	Conduct briefings to media and residents, to update them on nursing home status.	
	Coordinate risk communication messages with the Joint Information Center, if able.	
Liaison/PIO	Maintain contact with local emergency operations center, other area health care facilities, local emergency medical services and regional medical health coordinator to relay status and critical needs and to receive community updates.	
	Assist with and facilitate procurement activities from outside agencies for supplies, equipment, medications, and personnel.	
	Maintain safety of residents, staff, and visitors to best possible extent.	
	Monitor, report, and follow up on staff or resident injuries.	
Safety Officer	Ensure staff food, water and rest periods.	
	Continue nursing home security, crowd, and traffic control.	
	Conduct regular assessments and update NHICS 215A.	
	Continue or implement Business Continuity and evacuation procedures, as appropriate.	
Operations	Ensure continuation of resident care and essential services.	
Section Chief	Prepare for demobilization and system recovery.	
	Implement tasks listed below if Branches are not activated.	
Resident	Monitor residents, families, and visitors for adverse effects on health and for psychological stress.	
Services Branch	Continue to assess residents for change in condition.	
Director	Continue, in cooperation with Liaison/PIO, family/guardian notification of resident location and status.	
Infrastructure	Conduct regular nursing home and infrastructure evaluations and assessments and respond immediately to damage or problems.	
Branch Director	Monitor nursing home damage and initiate repairs, as long as it does not hinder evacuation of the nursing home. Complete a NHICS 251 – Facility System Status Report (if time permits).	



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Initiate salvage operations of damaged areas and relocated equipment from evacuated areas to secure areas or other health care facilities.	
	Continue operational periods and incident objectives, and modify the Incident Action Plan in collaboration with the Incident Commander.	
Planning Section	Continue resident, bed, material, and personnel tracking.	
Chief	Plan for the next operational period and shift change, including staff patterns, location of labor pool, nursing and campus entry and exit in view of curtailed services, etc.	
	Continue to monitor the complete documentation of activities, decisions, and actions.	
	Continue or implement the evacuation procedures.	
	Provide continuing communications system support and information technology.	
	Ensure ongoing communications are available at staging areas and evacuation sites.	
	Establish sheltering and feeding services for staff, family/guardians, and if necessary, people seeking shelter.	
Logistics Section	Obtain supplemental staffing as needed. Provide staff for resident care and evacuation.	
Chief	Conduct equipment, supply, medication, and personnel inventories, and obtain additional supplies to sustain nursing home during shelter-in-place or evacuation. Route requests for additional resources not available in the nursing home through the Liaison/PIO to outside agencies.	
	Continue to reach out to the labor pool to provide supplemental staffing.	
	Continue to provide transportation services for internal operations and resident evacuation.	
	Continue to track hours associated with the emergency response.	
Finance/	Initiate screening and tracking of incoming volunteers and/or new personnel.	
Administration Section Chief	Facilitate the procurement of supplies and resources in cooperation with the Logistics Section Chief.	
	Begin to collect, when safe, documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures.	



Intermediate Response (2 - 12 hours)		
IMT Position	Action	Initials
Finance/	Track the estimates of lost revenue due to nursing home evacuation.	
Administration	Track the costs and expenditures of response and evacuation.	
Section Chief	Refer to Job Action Sheet for additional tasks.	
All Activated Positions – Refer to Job Action Sheets		

Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Incident Commander	Continue regular briefings and action planning meetings, and modify incident objectives as needed to meet current situation.  Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external	
Liaison/PIO	officials of situation status.  Continue regularly scheduled briefings to media, residents, staff, and families.  Communicate regularly with Joint Information Center (if activated) to update nursing home status and coordinate public information messages.  Address social media issues as warranted; use social media for messaging as situation dictates.  Maintain contact with local emergency operations center, other area health care facilities, local emergency medical services, and regional medical health coordinator to relay status and critical needs and to	
Safety Officer	receive incident and community updates.  Maintain safety of residents, staff, and families to best possible extent.  Secure all evacuated areas, equipment, supplies, and medications.	
Operations Section Chief	Continue business continuity actions.  Recommend when to resume normal activities and services.  Implement tasks listed below if Branches are not activated.	
Resident Services Branch Director	Continue resident care and management activities for residents waiting for evacuation.  Provide behavioral health support to residents and families as needed.  Continue to provide family/guardian notifications of evacuation, transfer, or early discharge.	



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Infrastructure Branch Director	Assess and secure utility systems (power, water, gases, and medical gases).  Conduct frequent nursing home reassessment and initiate nursing home repairs and restoration plans.	
	Update and revise the Incident Action Plan.  Ensure that updated information and intelligence is incorporated into the Incident Action Plan.  Continue personnel and equipment tracking, including resources transferred to other health care facilities.  Finalize and distribute steps for demobilization in the Incident Action Plan.	
Planning Section Chief	Discuss staff utilization and salary practices during the evacuation of the nursing home with Human Resources.  Collate and report actions, decisions, and activities of the response.	
	Continue resident and bed tracking, including those transferred to other health care facilities.  Plan for the next operational period and shift change, including staff patterns, location of labor pool, nursing home and campus entry and exit in view of curtailed services, and the impact on canceled procedures and appointments, etc.	
	Collect documentation of the activities, decisions, and actions.	
Logistics Section Chief	Recommend, in collaboration with Operations Section, when to resume normal activities and services.  Maintain information technology security measures.  Support the return of supplies, equipment, medications, food, and water.	
	Continue operational periods and incident objectives, and modify the Incident Action Plan in collaboration with the Incident Commander.	
Finance/ Administration Section Chief	Continue to track the hours associated with the emergency response.  Facilitate the procurement of supplies and resources in cooperation with the Logistics Section Chief.	
	Contact insurance carriers to assist in the documentation of structural and infrastructure damage, and initiate reimbursement and claims procedures.	



Extended Response (greater than 12 hours)		
IMT Position	Action	Initials
Finance/ Administration Section Chief	Continue to track and monitor response and nursing home repair costs and expenditures.	
All Activated Positions – Refer to Job Action Sheets		

Demobilization/System Recovery		
IMT Position	Action	Initials
Incident Commander	In cooperation with local authorities, assess nursing home status and determine whether criteria are met for partial or complete reopening of the nursing home.  Declare termination of the incident and order reopening of nursing home and repatriation of residents  Oversee restoration of normal operations.	
Liaison/PIO	Conduct a final media briefing and assist with updating residents, staff, families/guardians, and others of the termination of the incident.  Communicate the final nursing home status and termination of the incident to regional medical health coordinator, local emergency operations center, local emergency medical services, area health care facilities, and officials.	
Safety Officer	Monitor and maintain a safe environment during the return to normal operations.  Complete documentation and follow up for personnel injuries as appropriate.  Monitor that entry and exit points are open and functioning.  Maintain nursing home security and traffic control.  Assist with the completion of nursing home repairs, in conjunction with the Operations Section.  Oversee the resolution of response actions that impacted normal operations; ensure fire doors and alarms are in working order.  Report staff injury and illness for follow up by Finance/ Administration Section Chief.	
Operations Section Chief	Resume visitation and nonessential services in coordination with the Safety Officer.  Monitor and assist with the restoration of utilities and communications.	



Demobilization/System Recovery			
IMT Position	Action	Initials	
Operations Section Chief	If record keeping included the use of paper based records, ensure all clinical information is entered into electronic medical records.  Ensure residents, staff, and visitors have access to behavioral health support.  Implement tasks listed below if Branches are not activated.		
Resident Services Branch Director	Restore resident care and management activities, including the normal staffing plan.  Reschedule canceled appointments.  Repatriate transferred residents, if applicable.		
Infrastructure Branch Director	Complete the nursing home damage report, progress of repairs, and estimated timelines for restoration to pre-incident condition.		
Planning Section Chief	Finalize and distribute steps for demobilization in the Incident Action Plan.  Collect, organize, secure, and file incident documentation.		
	Conduct debriefings or hotwash with:  Command Staff and section personnel Administrative personnel All staff All volunteers		
	Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include:  ☐ Summary of the incident ☐ Summary of actions taken ☐ Actions that went well ☐ Actions that could be improved ☐ Recommendations for future response actions		
	Prepare summary of the status and location of all incident residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate.		
Logistics Section Chief	Inventory all Nursing Home Command Center and nursing home supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to pre event inventories.  Deactivate nontraditional areas used for sheltering and feeding and return to normal use.		



Demobilization/System Recovery			
IMT Position	Action	Initials	
Logistics Section Chief	Release temporary staff and other personnel to normal positions.		
	Submit all section documentation to Planning Section Chief for		
	compilation in After Action Report.		
	Submit final cost and expenditure report to the Incident Commander		
	for approval and inclusion in After Action Report.		
Finance/	Coordinate with Risk Management for additional insurance and		
Administration	documentation needs, including photographs of damages.		
Section Chief	Compile a summary of the final response and recovery costs and		
	expenditures and estimated lost revenues, and submit to Incident		
	Commander.		
All Activated Positions – Refer to Job Action Sheets			

Documents and Tools		
Nursing Home Emergency Operations Plan, including:		
☐ Communicat	ion plan	
☐ Security pro	cedures	
☐ Business Cor	ntinuity Plan	
☐ Evacuation p	rocedures	
☐ Behavioral h	ealth support procedures	
☐ Emergency p	procurement policy	
Forms, including:		
□ NHICS 200 −	Incident Action Plan (IAP) Quick Start	
☐ NHICS 205 —	Communications List	
□ NHICS 214 –	Activity Log	
□ NHICS 215A	– Incident Action Plan (IAP) Safety Analysis	
☐ NHICS 254 —	Emergency Admit Tracking	
☐ NHICS 255 —	Master Resident Evacuation Tracking	
□ NHICS 260 -	Resident Evacuation Tracking	
Job Action Sheets		
Paper forms for down-time documentation, data entry, etc.		
Access to nursing home organization chart		



#### **Documents and Tools**

Campus floor plans, maps, and evacuation routes

Television/radio/internet to monitor news

Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication