



# Infectious Disease Appendix Development Toolkit

For Health Care Facilities in Colorado

This toolkit is designed to help health care facilities in the State of Colorado develop the Infectious Disease procedures to include in an Emergency Operations Plan. It is intended for use in conjunction with the other planning resources available online from the Colorado Department of Public Health and Environment at [www.healthfacilities.info](http://www.healthfacilities.info) under the Emergency Planning Resources link.

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CDPHE-HFEMSD

## INTRODUCTION

This toolkit uses the standards in the INTERIM Comprehensive Planning Guide (CPG 101) and the INTERIM Emergency Management Planning Guide for Special Needs Populations (CPG 307). More information about the CPG project, including the full text of *CPG 101*, can be found at the FEMA website (<http://www.fema.gov/about/divisions/cpg.shtm>). The project is not yet complete, so some of the guidelines offered in this toolkit also draw on the Guide for All-Hazards Emergency Operations Planning (SLG 101), which the CPG project is replacing. Text drawn directly from any of these documents appears in *italics* with parenthetical citations at the end of the selection indicating the source. All other informational text appears as normal print. Where applicable, sample text is also provided. This text appears **[bracketed and bolded]** and is suitable for use in the facility's **Infectious Disease Appendix**. Other examples are available to download from the **Development Toolkits** at [www.healthfacilities.info](http://www.healthfacilities.info) under the Emergency Planning Resources link.

## DEFINING A HAZARD-SPECIFIC APPENDIX

**Hazard-Specific Appendices** are one part of an Emergency Operations Plan (EOP). They provide the supplemental information that applies only to a specific hazard. They are supporting documents attached to the **Basic Plan** or **Functional Annexes** in the EOP. The information contained in the Appendix should clarify the procedures already developed in the EOP by outlining specific concerns, information requirements, equipment needs, operating procedures, or support requests that a facility would not require in a different scenario. The EOP should include a **Hazard-Specific Appendix** for the most likely and/or dangerous hazards a facility faces. Use the **Hazard Analysis Toolkit** available online at [www.healthfacilities.info](http://www.healthfacilities.info) under the Emergency Planning Resources link to identify the hazards most common to the facility.

## CONTENT

The information contained in a **Hazard-Specific Appendix** looks very similar to that of the **Basic Plan** or a **Functional Annex**. The order is the same, as are the section subdivisions. However, the **Hazard-Specific Appendix** is briefer and includes more information under the **Tabs (Section 8)** than the other two documents. **Remember that an Appendix should clarify the procedures already established in the EOP or Functional Annex and should not be considered a stand-alone document.**

## INSTRUCTIONS

1. Assemble the Comprehensive Planning Team (CPT) and distribute this toolkit to each member for review.
2. Collect the following information:
  - The facility's **Hazard Analysis Toolkit** or comparative document.
  - The facility's **Basic Plan** document (see the **Basic Plan Toolkit** online for more help) and the **Functional Annexes** (also available online).





- A copy of the facility's floor plan, and any maps, diagrams, instructions or expert personnel related to this Appendix.
  - Any other materials deemed relevant by the CPT.
3. Read the entire toolkit and use the information collected here to develop an **Infectious Disease Appendix** for the facility's **EOP**.
  4. Work each section in the toolkit in order. As with the other toolkits, each section of the plan draws on the previous section for clarification and focus.
  5. Complete the **entire** toolkit!
  6. Stop to check work often with facility, local, state and federal guidelines. The checkmark in the margins will help identify good stopping points.
  7. Remember:
    - Most of the *Italicized text* is drawn directly from *CPG 101, CPG 301, or SLG 101*.
    - **[Bolted, bracketed text]** indicates sample text suitable for use in a facility's Appendix.
    - Be sure to address all of the suggestions under each section before moving on.

## DEVELOPING THE APPENDIX

### Section One: Purpose, Scope, Situations, and Assumptions

This is the brain of the **Appendix**. The material establishes the intent and usage of the **Appendix** and provides direction, clarity and context for the response procedures outlined. The content here focuses more on providing integration guidelines with the **EOP and Functional Annexes**. Consider this section the implementation instructions. When complete, the section should provide the following information:

- What events or hazards can trigger the Appendix and the response
- How long the Appendix can be in effect
- What other aspects of the **EOP**, if any, should be activated with the Appendix
- List what scenarios or assumptions are included in the Appendix.
- Determine how many staff could be involved in the response, and what departments they are from
- Determine when to contact outside authorities, agencies, or other help
- Have protocols or policies in place that state when authorities will be notified, when families of any victims will be notified, and how. Pre-scripted messages can be included in **Tabs (Section 8)**.

#### 1. Purpose

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

**[The purpose of this Appendix is to save or protect the life and well being of residents of this facility during an infectious disease outbreak. It also could include sheltering-in-place.]**

#### 2. Scope

This paragraph establishes how much the Appendix is intended to do. In other words, this section must clarify at what point before or during a disaster the Appendix goes into effect and how far into or past the event the Appendix is intended to function. Since an Appendix is a supporting document, it should also note with what other parts of the **EOP** it functions. Use titles (not names) of who is responsible for what function when assigning tasks, and a



detailed assessment of the designated safe area of the facility. Maps, facility floor plans, or other graphics may be helpful to include as **Tabs (Section 8)** for reference and clarification. Include in that section any personnel policies that may affect the response, a letter of authority from corporate on when outside authorities will be called, or specific protocols that will be followed during the incident. An example is provided below:

**[This Appendix may compliment the Shelter-in-Place Functional Annex though it may also work with the Evacuation and Mass Care/Mass Casualty Function Annexes. It includes procedures for staff during an infectious disease outbreak.]**

### 3. Situation Overview

Provide an overview of how the situation is expected to impact the facility and the larger community. The level of detail in this section is subject to the judgment of the CPT, but be sure it includes the relative probability and impact of the hazard, the geographic areas likely to be affected by the event and the facility's dependency on other critical community resources such as the police, sheriff, fire department, EMTs, and the local emergency manager. Relevant facility floor plans, may be included as **Tabs (Section 8)** for reference and clarification. An example is provided below:

**[An infectious disease outbreak can happen in waves, or in a steady disease timeframe. It is critical that the sanitation procedures, isolation or quarantine procedures, and medical procedures be followed during the outbreak to prevent the spreading of the disease in the facility and in the community.]**

### 4. Capability Assessment

This section discusses the abilities of the facility to deal with an infectious disease outbreak. This is the place to include the assessment of the facility's isolation and quarantine capabilities and note any Mutual Aid Agreements (MAAs) the facility has in place to procure additional resources for medically treating residents, including extra staff and equipment. Other important points to discuss may include but should not be limited to:

- Note how many employees are available at a given time, or staff shortages that may be caused by the spread of the disease
- Discuss any special training employees may have related to emergency procedures, including special sanitation procedures
- Include aid agreements for additional assistance during an event
- Clearly mark resource storage areas for staff access during an emergency event
  - Do nurses' stations in each wing have supplies?
- Pre-identify which residents require more attention, or are apt to wander or not follow emergency directions
- Have a facility information sheet on hand
- List when the event will change focus, broaden, cease

### 5. Mitigation Overview

Provide the steps the facility takes to prevent or mitigate the dangers of an infectious disease outbreak to this facility here. Think creatively and address the variety of ways a facility keeps residents and staff safe in the building. These include life-safety measures, training and exercise, isolation areas, and temporary preventative measures. Specific things to include might be:

- Special cleaning, sanitary measures for laundry, kitchen, etc.
- Personnel training in safety procedures, including when to don masks, gloves, etc.
- Proper sanitary and cleaning methods already in place



- Note isolation or quarantine areas of building

## 6. Planning Assumptions

Identify and list information the CPT assumes to be true during the planning. Obvious assumptions should be included when required for clarification. When the plan is activated during a real disaster, alterations to the assumptions collected here should be noted and the plan should be revised following the conclusion of the disaster. See Plan Development and Maintenance (Section 6) for more information on this process. Sample assumptions may include, but are not limited to:

- [The facility assumes there will be staff shortages due to the outbreak.]
- [The facility assumes \_\_\_\_% of the residents will catch the disease.]
- [The facility will enter into and maintain aid agreements with medical resources and emergency management sources for assistance in responding to an infectious disease outbreak in the community.]
- [The facility assumes it will need more cleaning products than normal.]

## 7. Hazard Analysis Summary

Facilities should summarize the specific hazards identified in the **Hazard Analysis Toolkit** that might require an infectious disease response in this space. An example follows:

[Infectious disease outbreaks happen quickly and can endanger residents and staff immediately. Since the disease may not be diagnosed immediately, when staff is notified of the type, this Appendix will be triggered, and all staff will be made aware of the situation. The goal is to prevent the spread of the disease as quickly as possible.]

This information should be consistent between the **Functional Annexes** and any **Hazard-Specific Appendices** the CPT develops.

## SECTION COMPLETE!



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

## Section Two: Concept of Operations

In a **Hazard Specific Appendix**, the CONOPS section provides clarity for the specific duties or actions the facility must take in the event of a specific hazard. Unlike the **Basic Plan** or **Functional Annexes**, the CONOPS section in the Appendix must be very specific. Because this is additional information, this section is much shorter than in the corresponding sections elsewhere in the **EOP** and some of the actions are different. Guidelines are provided here to assist facilities in addressing the requirements, but the CPT should develop specific procedural responses for each step. Facilities should include the specific procedures as checklists, operating instructions, job action sheets, or other handouts, either as **Tabs** (Section 8) or as part of the section.



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



1. **Step One: Assess the Hazard.**

Specifically examine what the facility must do during an infectious disease outbreak. This information is in addition to the hazard assessment performed when using a **Functional Annex**. Construct the procedures to accomplish some/all of the following actions. The CPT should discuss relevant assumptions, assessments and other needs. The facility **MUST** accomplish the bolded text, but **HOW** they choose do that is not defined. Do not be limited by these suggestions:

a. **Examine the situation**

- What disease is it?
- What are current outbreak statistics?
- Can the sick residents be isolated?
- How is this disease spread?
- How many staff members have been exposed? How many residents?

b. **Assess and analyze the hazard**

- How quickly does this spread?
- How long does it last?
- How much of the community will be impacted?
- How much of the facility could be impacted?
- Is it possible to safely control the situation or does outside help need to be called now?
- Have health department personnel been notified of the situation?

2. **Step Two: Select and Implement Protective Actions.**

The CPT should develop the protective action response, but during an exercise or an event, ultimately the Incident Commander (IC), based on the information gathered from step one, must determine the protective actions the facility will take in response to the hazard. This decision may influence the decisions made using a Functional Annex as well. Construct the procedures to accomplish some/all of the following actions, but do not be limited by these suggestions:

a. **Determine the protective action**

- Should infected residents be isolated?
- How will extra sanitary procedures be implemented?
- How will visitors be restricted? Deliveries?
- Who are the primary caregivers for the infected residents? What precautions should be implemented for staff?
- At what point will the facility involve outside agencies? On whose authority?

b. **Implement protective actions.**

- Who will contact the department of health with the occurrence report or complete the report on the CDPHE-HFEMSD web site?
- Who will call the family of any casualties of the incident? Is there a scripted message? Who will write it?
- Is there a scribe to document everything that is being done from the time of the initial report? Who is it? They should be with the Incident Commander.
- What are the specific sanitary or medical procedures that will be implemented?
- Who will de-brief staff at the end of the incident? When?



- Include applicable ICS forms as **Tabs (Section 8)**.
  - c. **Control access and isolate danger area**
    - Establish who is allowed into the facility during the emergency event
    - Control access to already-infected areas
    - Implement procedures to minimize movement of residents and staff, to avoid infection and to keep residents calm
  - d. **Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for the residents if found injured**
    - If necessary, address the specific medical issues of the residents caused by exposure to disease
3. **Step Three: Conduct public warning or information communication.**  
 The facility will rarely communicate with the public directly, but there are always audiences a facility must address during a disaster. They may include local emergency personnel, residents, staff, families of residents and staff, and local and state health officials. The type of disaster will impact who the facility must notify. Have several employees trained in public information officer (PIO) skills to reduce the stress of this step on the facility.
- a. **Determine the content and scope of a public warning or information communication**
    - Does the public need to know about the hazard?
    - Do family members or caregivers need to be notified at this time?
    - Do health officials or emergency personnel need information from the facility?
    - Is the media aware of the hazard?
    - Does the facility have pre-approved, scripted messages and news releases ready for residents found alive, injured or dead?
  - b. **Disseminate internal warning or information communication**
    - Determine how the facility will alert residents and staff members of the situation
  - c. Have pre-approved, scripted messages ready for residents
  - d. **Disseminate information**
    - Activate call-lists
    - Utilize volunteers to make phone calls using a pre-scripted message
    - Communicate information to employees not currently in the facility, family members of residents, local emergency managers or response personnel, and situation updates to employees still in the facility
    - Outline the procedure for notification of a resident emergency contact of the event involving their family member
    - Determine who, by title, is responsible for this notification
    - Create a process for tracking family/emergency contact notification
    - Outline the procedure for notifying CDPHE of the situation
    - Use the designated liaison in the facility to notify emergency personnel and others of the facility's situation, needs, and projected actions
4. **Step Four: Monitor the situation**  
 Monitor the incident. Determine a way for the IC or designated authority to monitor the situation and revise previous decisions as required. If the situation expands, have a



plan in place to roll command to another agency, or establish joint command to/with the medical community if necessary.

#### 5. Step Five: Demobilize the Plan

Eventually the plan must be demobilized. The most obvious indication of this would be the end of the outbreak. If outside agencies have been involved in the response, the IC should inform them when the situation is over, based on best judgment. The Appendix may also demobilize by giving way to another Appendix or Annex.

### SECTION COMPLETE!



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

## Section Three: Organization and Assignment of Responsibilities

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

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



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

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

### SECTION COMPLETE!



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

## Section Four: Disaster Intelligence

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

- Outline types of information critical during an infectious disease situation.
- 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 an infectious disease outbreak
- Practice sharing information internally and with other partners.
- May set a briefing time for outside agencies or the media/public
- May describe information dissemination methods (verbal, graphics, etc.) and protocols
- Identify information resources required by state, local, or corporate agencies.
- Use ICS forms 201, 202, 203, 204, 205, 207, 209, and 213, or variations of them, to assist in this process.

### SECTION COMPLETE!



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

## Section Five: Administration, Finance, and Logistics

Detail the support requirements and the availability of those services for the facility during the emergency situation. Overall, this section will include specific policies for managing resident-related resources, list specific Mutual Aid Agreements (MAAs) for other pre-determined sources of assistance, and re-list the policies for keeping financial records, tracking, reporting using, and compensating the use of resources, and other policies detailing what records must be kept. The use of incident command forms (available online) is highly recommended to assist this process. Remember that accurate documentation is required for most state and federal aid reimbursement.

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



accountability methods, or logistical flow charts here to help clarify the additional responsibilities of these functions during the scenario.

1. **Administration:** Detail the scope of duties and information the administration coordinator will be accountable for during and after the disaster. This section will probably look very similar to the one in the facility's **Basic Plan**. Critical functions include:
  - Records and reports associated with tracking the status of teams
  - Attach tabs of maps that depict routes, grounds, grids for immediate and extended assistance
  - Keep lists of patients and staff and their relative locations before, during, and after the event, including photographs
  - Oversee assignment of staff and volunteers for specific duties
  - There should be a plan to resume normal work activities, and demobilize others. This action could also be the result of another situation. Be prepared with a news release, or other information that may be necessary for the public and the press explaining why the situation is concluded.
  - Assesses how many staff are necessary for the scope of the event
2. **Finance:** Establish the method of tracking all financial expenditures, including resource procurement and expenditure, personnel hours, and patient insurance billing requirements. Assign accountability for the maintenance and safekeeping of these records during and after an event. Incident Command Structure forms are available online to assist with these duties. Critical functions include:
  - Records and reports the costs associated with the event
  - Tracks the hours worked by employees and volunteers
  - Tracks the cost of procuring new or additional supplies
  - Tracks expenditure for vehicle utilization, including those on loan or as outlined by the facility's MAAs and other agreements
  - Tracks patient billing (normal functions may not cease because of this event)
  - The CPT should discuss method of payment for outside-agency assistance
3. **Logistics:** Outline the responsibilities and procedures for all physical resource allocation, implementation, overview or movement of supplies during the emergency. This includes the coordination of resources outside of the facility. For these types of events, logistics gains the complication of establishing the portability of resources.
  - Ensure that essential provisions are moved when necessary, including:

- Food	- Portable generators and
- Water	fuel sources
- Medical supplies	- Lights
- Patient records	- Batteries
- Housekeeping supplies	- Medical equipment
- Sanitation devices	- Administrative equipment
  - Develop and implement methods of tracking equipment and supplies.
  - Use Incident Command Structure forms (available online) or variations of them to assist in this task.
  - Account for all resources currently available to the facility AND those borrowed, loaned, rented, purchased, or otherwise acquired during and after the emergency event.



## SECTION COMPLETE!



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

## Section Six: Appendix Development and Maintenance

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

Remember that surveyor and life safety code inspections require the **EOP** be reviewed and updated at least annually. That means that even if the facility does not experience a major disaster, the plan must still be tested in exercises, and that the learning points identified as a result of the exercises must be introduced into the **EOP**. A variety of methods for tracking plan development are provided in the **Hazard Analysis Toolkit**, but the CPT should create accountability and tracking methods that work best for the facility's staff.

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



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

## SECTION COMPLETE!



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

## Section Seven: Authorities and References

*Authorities and references should be cited as appropriate and specifically reference issues related to the plan (CPG 101).* The CPT may wish to cite clarification authorities for any major policies the facility develops in regards to privacy, civil rights, or medical treatment. This section is particularly important to clear with the facility's legal advisors, as it provides the legal basis for the authorities issued in Organization and Assignment of Responsibilities (Section 3) and in Administration, Finance, and Logistics (Section 5). Several major authorities are collected here, as well as several useful references.



## 1. Authorities

Collect the specific guidelines governing the emergency at the facility, as well as legal documents that apply only during the specific scenario that may alter standard operating procedures regarding patient care, confidentiality, transportation, etc. Remember, only include specific authorities for the emergency scenario in this section.

## 2. References:

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

Centers for Disease Control (CDC) information on flu

<http://www.cdc.gov/flu/>

CDC information on infectious diseases, conditions, etc.

<http://www.cdc.gov/DiseasesConditions/>

Colorado Department of Health Disease Control and Environmental Epidemiology

<http://www.cdphe.state.co.us/dc/index.html>

State of Colorado, Ready Colorado, epidemic information

<http://www.readycolorado.com/epidemics.php>

## SECTION COMPLETE!



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

## Section Eight: Tabs

Tabs are an excellent means of gathering important procedural information for the Appendix where it can easily be accessed and distributed to staff, volunteers, or first responders during an emergency. Remember that Hazard-Specific Appendices supplement other portions of the EOP, so the information collected here should only apply to the Tornado scenario. The CPT should expand this section to suit the particular needs of the facility, paying particular attention to the development of Department Checklists.

### 1. Maps and Diagrams

Any maps, diagrams, charts, floor plans, building schematics, or graphic forms of information **should also be stored here**. This allows for the fastest, easiest reference of the materials during a disaster. It is particularly important that maps of the facility be maintained and accurate. Possible types of materials to include here are:

- Several different types of facility maps, including floor plans and the grounds.



- Charts depicting the organizational structure of the facility staff.
- Methods of communicating around language barriers, including those who are deaf or do not speak English.
- Job action sheets

## 2. Department Checklists

A department checklist is a supplemental tool which provides the specific instructions or tasks for a department during an emergency. Facilities must also make a Department Checklist for every department in the facility and incorporate them into the **EOP** to fulfill licensing regulations established by the State of Colorado for Longer Term Care Facilities [6 CCR 1011.1 Chapter v Part 13.2.4]. Use the CONOPS section to develop the checklists and divide out all of the tasks to the appropriate departments.

A sample department checklist is located below. Several additional samples are provided in the Checklist Development Toolkit available online. Facilities should tailor the checklist to reflect the actual needs identified for the facility by the CPT.



# Dietary Department Checklist

Date of Incident: \_\_\_\_\_

Time of Completion: \_\_\_\_\_

1. Many local and state health departments require that food handlers and preparers with gastroenteritis *not* work until 2 or 3 days after they feel better. Check with local health department.
2. In addition, because the virus continues to be present in the stool for as long as 2 to 3 weeks after the person feels better, strict hand washing after using the bathroom and before handling food items is important in preventing the spread of this virus.
3. Food handlers who were recently sick can be given different duties in the kitchen so that they do not have to handle food (for example, dishwashing, hostessing).
4. People who are sick with norovirus illness can often vomit violently, without warning, and the vomit is infectious; therefore, any surfaces near the vomit should be promptly cleaned and disinfected with bleach solution and then rinsed.
5. Food items that may have become contaminated with norovirus should be thrown out.
6. Linens (including clothes, towels, tablecloths, napkins) soiled to any extent with vomit or stool should be promptly washed at high temperature.
7. Oysters should be obtained from reputable sources and appropriate documentation kept.
8. Washing raw vegetables thoroughly before eating and appropriate disposal of waste should be implemented.
9. Add others here, or breakdown list into smaller job action sheets for department employees.



## TOOLKIT COMPLETE!

Review the entire toolkit and make any final changes. Place the completed toolkit in the facility's EOP. Then the facility and the CPT should select one of the following actions:

1. Finish developing the eight Hazard-Specific Appendices identified during the hazard analysis (recommended).
2. Download and complete the Adult Care Facility Tabletop Exercise Toolkit [www.healthfacilities.info](http://www.healthfacilities.info), under Emergency Planning Resources.

