



Hazard-Specific Appendix Development Toolkit Loss of Vital Services

For Health Care Facilities in Colorado

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

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INTRODUCTION

This toolkit 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*, is located on the FEMA website (<http://www.fema.gov/about/divisions/cpg.shtm>). The CPG project is not yet complete, so some of the guidelines offered in this toolkit also draw on 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 **Hazard-Specific Appendix**. Other examples are available to download at www.healthfacilities.info under the Emergency Planning Resources link.

DEFINING A HAZARD-SPECIFIC APPENDIX

Hazard-Specific Appendices are one part of an overall 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. The use of the **Hazard Analysis Toolkit** (available online at www.healthfacilities.info under Emergency Planning Resources) will help facilities identify these critical hazards.

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 standalone 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 any **Functional Annexes** (these toolkits are also available online).
 - A copy of the facility's floor plan
 - Any maps, diagrams, instructions or expert personnel related to the vital services of the facility
 - Any other materials deemed relevant by the CPT.
3. Read the entire toolkit and use the information collected here to develop a **Hazard-Specific Appendix for the Termination of Vital Services** to include in the facility's EOP.





4. Work each section in the toolkit in order. As with the other toolkits, each section of the plan draws on the section previous for clarification and focus.
5. Complete the **entire** toolkit!
6. Stop to check work often with facility, local, state, and federal guidelines. The checkmark in the margins will help identify good stopping points.
7. Remember:
 - Most of the *Italicized text* is drawn directly from *CPG 101*, *CPG 301*, or *SLG 101*.
 - **[Bolded, 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**. Treat this section like implementation instructions. When complete, the section should provide the following information:

- What events or hazards can trigger the **Appendix**
- What personnel in the facility have the authority to order the activation of the **Appendix**
- 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**.

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 protect the life and safety of residents and staff at the facility in the event of the loss of vital services, such as power, heat, air conditioning, water, or other non-staff related functions critical to the operation of the facility by outlining the specific procedures the facility will take during this type of disaster.]

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** should function. Since an **Appendix** is a supporting document, it should also note what other parts of the **EOP** it functions with. Remember to utilize titles when assigning responsibilities for tasks, and to include an assessment of the responsible area. Maps, facility floor plans, or other graphics may be helpful to include as Tabs (Section 8) for reference and clarification. An example is provided below:



Section One: Purpose, Scope, Situations, and Assumptions (continued)

[This Appendix may work in conjunction with the Evacuation Functional Annex or the Shelter-in-Place Functional Annex, as well as the standard operating procedures outlined in the Basic Plan. It details the specific procedures a facility must take in the event of a loss of vital services, and serves as a compliment to all of the Functional Annexes and the Basic Plan. The Appendix activates when the loss of any one vital service occurs and remains in effect until such vital services are restored, even if other aspects of the Basic Plan remain in effect. To prevent confusion from staff or responders, the facility administrator or the IC will officially determine at what point to activate this Appendix, and will declare when it reaches its conclusion.]

3. Situation Overview

Provide an overview of how the hazard will 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 this hazard (including buildings, grounds, and the local community) and the facility's dependency on other critical community resources such as the police, sheriff, fire department, EMTs, search and rescue personnel, and the local emergency manager. Relevant maps, including local area maps and facility floor plans, may be included as Tabs (Section 8) for reference and clarification. An example is provided below:

[The facility is dependent on the community to provide electricity, water, sewage, gas, telephone, cable, internet, and other utilities. These utilities are occasionally interrupted or terminated for any length of time when outside factors such as natural disasters, terrorist attacks, equipment malfunctions, or labor disputes inhibit the ability of the utility provider to produce and distribute the utility. The loss of these utilities, either singularly or in combination, may impact the life safety of residents and staff at the facility. Steps must be taken to mitigate the potential damage of these losses and to increase the length of time the facility can remain operational without these vital services. At some point, without extraordinary outside assistance, the capability of the facility to operate will be overwhelmed and the facility will be evacuated. Both sheltering and evacuation plans are discussed in separate Functional Annexes. This Appendix serves as an additional resource of information for those Annexes.]

4. Capability Assessment

This section discusses the capabilities of the facility to survive a loss of vital services. This is a good place to explain any redundant power sources for the facility and to note any Mutual Aid Agreements (MAAs) in place to procure additional resources. Other important points to discuss include:

- Note how many employees are available at a given time
- Include aid agreements for additional assistance during a loss of vital services.

This assistance might include:

- Portable generators and knowledgeable personnel to run them
- Alternative cooking facilities
- Delivery of potable water
- Outsourcing of linens and other housekeeping requirements
- Additional staffing to assist with tasks



Section One: Purpose, Scope, Situations, and Assumptions (continued)

- Identify what resources or equipment are available to mitigate the impact of such a loss
- Explain where this equipment is stored, how it activates, and any special procedures or requirements it might have
- Outline how the equipment is tested for reliability and kept ready for use
- Explain the protocol for staff training on equipment use
- Establish inventory protocols for this equipment
- Pre-identify which residents require this equipment
- Have a facility information sheet on hand
- List how long the facility can continue to operate under these circumstances.

5. 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 **EOP** activates during a real disaster, alterations to the assumptions collected here should be noted and the **EOP** should be revised following the conclusion of the disaster. See [Annex Development and Maintenance](#) (Section 6) for more information on this process. Sample assumptions may include:

- [The loss of vital services for short periods of time is inevitable, and is NOT considered a disaster.]
- [The facility has mitigation procedures in place to function during minor losses of power, gas, or water services for 96 hours.]
- [The loss of vital services for extended periods is probable when other hazards affect the larger community. These MAY BE considered a disaster if the outage exceeds 96 hours, or the shortage occurs during extreme weather such as heat waves or extreme cold snaps.]
- [The facility will remain open and shelter in place as long as feasible, considering the safety of residents and staff.]

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.



Section Two: Concept of Operations (continued)

1. Step One: Assess the Hazard.

Specifically examine the loss of vital services and explore how that affects the facility and any actions the facility must now consider because of the situation. This information is in addition to the hazard assessment performed when using a **Functional Annex**.

a. Examine the situation

- What services are down and what still functions?
- What caused the termination?
- How long are services expected to be out?
- What is the current capability of the facility to function without these services?
- Are other vital services impacted by this outage?
- Can the facility communicate with outside resources?

2. Step Two: Select and Implement Protective Actions.

The Incident Commander (IC), based on the information gathered from step one, must determine the protective actions the facility will take in response to the hazard. This decision may influence the decisions made using a **Functional Annex** as well. Construct the procedures to accomplish the following actions:

a. Determine the protective action

- What alternative resources for the vital services exist?
- Are they accessible and ready to use?
- Which actions best suit the needs of the facility, considering the wider situation?
- Does the situation affect or change earlier decisions?

b. Implement protective actions.

- Activate alternative sources of power
- Distribute flashlights or other illumination resources to prevent injuries in dark areas of the building
- Shut off appliances and fixtures that were on when the shortage occurred.
- Turn off gas or water valves as required and coordinate necessary evacuations
- Distribute blankets or extra water to residents and staff

c. Control access and isolate danger area

- If necessary, cordon off or evacuate areas of the facility that are dangerous because of the service outage.
- Implement procedures to minimize movement of residents and staff, to preserve situation integrity, based on the hazard.

d. Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for the patient

- If necessary, address the specific medical issues caused by the service termination. This may include life support measures.

e. Communicate medical or search and rescue needs to emergency personnel

- Some residents may not be able to stay in the facility during this scenario. Communicate the need to evacuate those residents with emergency personnel, time permitting
- Account for all staff and residents through an attendance or roster procedure. Notify emergency personnel of any missing residents or staff



Section Two: Concept of Operations (continued)

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

The facility rarely communicates with the public directly, but there are always audiences a facility must address during a disaster. These 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. Remember that any information procedures listed here should be specific to the loss of vital services.

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

- Is the public already aware of the hazard?
- Are local officials already communicating procedures for the loss of vital services?
- Are there pre-established information sources for this type of disaster?
- What information MUST the facility disseminate about staff and residents?

Examples include:

- Are life support patients being transferred or supported in place?
- How long will these alternative measures be in effect?
- What procedures will the facility take to ensure life safety for staff and residents?
- How can the families of staff and residents assist in the disaster?

b. Disseminate internal warning or information communication

- If possible, use volunteers to disseminate the information to resident and staff families using a pre-scripted message
- If necessary, make announcements or communications inside the facility about the situation, protective actions in place, and the actions residents and staff should now take
- Provide updates as they become available
- Distribute alternative communication methods to staff if required

c. Disseminate external information

- Use the designated liaison in the facility to notify emergency personnel and the state health department of the facility's situation, needs, and projected actions
- Remember to update emergency personnel and the state if previous decisions made by the facility are affected by the activation of this **Appendix**.

4. Step Four: Monitor the situation

The loss of vital services requires close monitoring of the overall situation. The performance of alternative resources, the overall health and well-being of staff and residents, the progression of other disasters, and the physical integrity of the facility must all be considered. Determine a way for the IC or designated authority to monitor the situation and revise previous decisions as required.

5. Step Five: Demobilize the Plan

Eventually the plan must be demobilized. The most obvious indication of this would be the restoration of the vital services, but the IC or Facility Administrator may make the decision to demobilize the **Appendix** at any time, based on their best judgment. The **Appendix** may also demobilize by giving way to another **Appendix** or **Functional 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 for a loss of vital services in an organized manner. **Remember the CPT should tailor this section to reflect the unique capabilities of the facility.** The list of recommended department divisions, with a sample department checklist, is available under Tabs (Section 8).

- Begin by reviewing the **Organization and Assignment of Responsibilities** section developed for the corresponding **Functional Annexes** that the **Appendix** compliments
- Identify which duties between the **Annexes** and the **Appendix** are the same and 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 that may alter the facility's disaster response if vital services are lost. Remember that these duties 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 7 people, and everyone should report to only 1 person



Hint: Print out a blank Incident Command Structure (ICS) chart (form ICS 107, which is available on the health facilities website) and fill it in as the CPT completes this section. Use the charts created for the **Basic Plan** and **Functional Annexes** as well.

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

SECTION COMPLETE!



Take a few moments to review the work so far. Examine any questions, comments, or sections requiring follow up. Remember that the organization of responsibilities should be 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 the status of the vital services to the community, the cause of outages and shortages, projected timelines for service restoration, and the impact of the outage on the facility. This section also indicates where the critical information is expected to come from. Facilities should partner with local emergency management and utility providers to ensure notification and inclusion in information dissemination operations. Remember this information is only for use with the Hazard-Specific Appendix.

- Outline types of information critical during the loss of vital services.
- Determine how to coordinate this information with other disaster intelligence required for the EOP.
- 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.
- 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 EOP and see if the two 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 when vital services are lost. Overall, this section will include specific policies for activating or utilizing alternative sources of vital services, list hazard-specific Mutual Aid Agreements (MAAs) or other pre-determined sources of assistance, and specify any special policies for keeping financial records, tracking, reporting using, and compensating the use of resources, and other policies detailing what critical record keeping. The use of ICS (available online) is highly recommended to assist this process. Remember that accurate documentation is required for most state and federal aid re-imbusement.

The section is broken down into major responsibilities for simplicity. Remember to detail the specific policies about the loss of vital services here, while maintaining cohesiveness with the general guidelines listed in the corresponding section of the **Basic Plan and Functional Annexes**. 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 this hazard or event.



Section Five: Administration, Finance, and Logistics (continued)

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**. Tailor functions to reflect specific needs during the loss of vital services, such as:
 - Records and reports associated with tracking the status of the facility during the loss of vital services
 - Attach tabs of diagrams depicting utility box locations and status
 - Oversee assignment of staff and volunteers for specific duties
2. **Finance:** Establish the method of tracking all financial expenditures, including resource procurement and expenditure, personnel hours, and patient insurance billing requirements. Assign accountability for the maintenance and safekeeping of these records during and after a loss of vital services. Use ICS forms 203, 204, 209, 210, 211, 214, 215, or 218, or variations of them, to assist with this process. Critical functions include:
 - Records and reports the costs associated with the hazard
 - Tracks the hours worked by employees and volunteers
 - Tracks the cost of procuring new or additional supplies
 - Tracks expenditure for vehicle utilization, including those on loan or as outlined by the facility's MAAs and other agreements
 - Tracks cost of running the facility on alternative utilities
 - Tracks patient billing
3. **Logistics:** Outline the responsibilities and procedures for all physical resource allocation, implementation, overview or movement of supplies during the hazard. This includes the coordination of resources and alternative utilities for the facility. For these types of events, logistics gains the complication of establishing the portability of resources.
 - Ensure that essential provisions are available, including:

- Food	- Portable generators and fuel sources
- Water	- Lights
- Medical supplies	- Batteries
- Patient records	- Medical equipment
- Housekeeping supplies	- Administrative equipment
- Sanitation devices	
 - Develop and implement methods of tracking equipment and supplies.
 - Use Incident Command Structure forms 203, 204, 207, 209, 211, 214, 215, and 218, 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 hazard.

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 Appendix, 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 (including fire drills), 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 at the health facility website) is a useful tool for the evaluation of all or part of an **EOP**.

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

- Coordinate this section with the **Basic Plan**, the **Functional Annexes**, and other **Hazard-Specific Appendices**.
- 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, shelter in place procedures, or mass care incidents. The actual development of exercises is discussed in the **Adult Care Facilities Tabletop Exercise Toolkit**, which is available online at the health facility website.

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 hazard. (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).

1. Authorities

Collect the specific guidelines governing the operation of the facility during the hazard, as well as legal documents that apply only during termination of vital services scenarios that may alter standard operating procedures regarding patient care, confidentiality, transportation, transfer of residents, etc. Remember; only include specific authorities for the loss of vital services in this section!



2. References:

These resources may help the facility clarify portions of the loss of vital services **Appendix**, 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. Remember; only include specific references for the loss of vital services in this section!

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 loss of vital services. 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, evacuation routes, or supply routes be maintained and accurate.

Possible types of materials to include here are:

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

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 Long 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 by the CPT.



Sample Environmental Department Checklist

During an emergency, housekeeping services may be abbreviated or minimal, but resident care should be the first consideration. This checklist outlines the critical actions the Housekeeping Department must complete in the event of the termination of Vital Services. The Department Head is responsible for assigning these tasks and holds accountability for their completion. If additional tasks are required of the Housekeeping Department, they should be noted on this sheet and incorporated into the revised plan after the disaster. Remember that this is a sample. The facility should determine the best layout for the checklist, as well as the duties to include.

Task:	Assigned To:	Completed By:	Date/Time:
Ensure cleanliness of residents.			
Check for sanitation supplies and communicate supplies on hand and any critical need to the Logistics Chief			
Clear corridors of any obstructions such as carts, wheelchairs, etc.			
Designate location for soiled linens and clothing until vital services resume			
Mark entrances and exits with caution signs and clean up potential slip-hazards such as melted snow/ice, rain, mud, etc.			
Check equipment; wet/dry vacuums, etc. for disaster clean-up.			
Secure facility (close windows, lower blinds, etc.) to minimize loss of temperature controls			
Check bedding supplies for staff that may not be able to leave.			
If the weather is cold, distribute extra blankets to residents to prevent chills			
Close doors wherever possible to maintain ambient temperatures			
Ensure any housekeeping appliances that were on before the loss of vital services are turned to the 'off' setting. (Washers, dryers, vacuums, fans, water taps, light switches, irons, etc.)			
ADDITIONAL TASKS:			

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 **Hazard-Specific Appendices** identified during the hazard analysis (recommended).
2. Download and complete the **Adult Care Facility Tabletop Exercise Toolkit** www.healthfacilities.info, under Emergency Planning Resources.

