



Missing Resident 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 Missing Resident 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*, 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 **Missing Resident Appendix**. Other examples are available to download from the **Development Toolkits** at 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 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 9)** 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 finding the missing person.
 - Any other materials deemed relevant by the CPT.
3. Read the entire toolkit and use the information collected here to develop a **Missing Resident 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 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**. 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 search (Remember that a missing resident may be a secondary result of another hazard, such as a fire, tornado, earthquake or flood)
- 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.
- Determine how many staff could be involved in the search, 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 the missing resident will be notified, and how. Pre-scripted messages can be included in **Tabs (Section 9)**.

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 a missing resident of this facility by finding them as quickly as possible.]

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 area to be searched. Maps, facility floor plans, or other graphics may be helpful to include as Tabs (Section 9) for reference and clarification. Include in that section any personnel policies that may affect the search, a letter of authority from corporate on when outside authorities will be called, or specific protocols that will be followed during the search. An example is provided below:

[This Appendix includes procedures for finding a missing resident, a search protocol, and facility dependencies on other critical community resources such as police, sheriff, fire department, EMTs, search and rescue personnel, other searchers and any medical staff. It also includes facility floor plans, and maps of the grounds and outlying area. The Appendix is intended to function from the moment a facility decides to initiate the Missing Resident procedures until the person is found alive, injured or dead in conjunction with the facility EOP and other Annexes or EOP documentation. There are scripted staff checklists, pre-approved and prepared messages for family members of the missing resident, and the public in the Tabs section of this Appendix.]

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 search (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 9) for reference and clarification. An example is provided below:

[Potential disasters meriting a missing resident search include facility fires, flooding, wildfires, landslides or subsidence events, earthquakes, or hazardous materials exposure. It could also include a resident wandering off, elopement or being abducted. When such events occur, the facility administrator or designated authority will activate the Appendix, which will include the public information section as needed, and will remain active until the facility has found the missing resident(s). Steps taken to mitigate the loss of a resident could include locking down the facility.]

4. Capability Assessment

This section discusses the abilities of the facility to find a missing resident. This is the place to include the assessment of the facility's security capabilities and note any Mutual Aid Agreements (MAAs) the facility has in place to procure additional resources for searching for residents, including extra staff and equipment. It also includes a timeline for the search that can be documented when it occurs, and resources already on hand. Other important points to discuss include:

- Note how many employees are available at a given time
- Discuss any special training employees may have related to search procedures
- Include aid agreements for additional assistance during a search



- Describe plans to delay a hazard while a search takes place (example: lockdown a section of the building that has been searched)
- Identify what resources or equipment are available to search
 - Depending on the time of day, are there flashlights? Batteries for them?
 - Neon vests for night searchers?
 - Explain where the equipment is stored
 - Clearly mark resource storage areas for staff access during a search
 - Do nurses' stations in each wing have supplies?
 - Ensure the equipment be accessed 24/7
 - Explain the protocol for staff training on equipment use
 - Establish inventory protocols for this equipment
 - Pre-identify which residents require more attention, or are apt to wander
 - Have a facility information sheet on hand
 - List when the search will change focus, broaden, cease

5. Mitigation Overview

Provide the steps the facility takes to prevent or mitigate the necessity of a missing resident search or rescue 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, building construction types, and temporary preventative measures. Specific things to include might be:

- Fire inspections
- Personnel training in safety procedures
- Proper maintenance of the facility, grounds, locks, fences, etc.
- Appropriate landscaping to handle climate-related hazards (such as fire)
- Construction considerations of the building
- Facility security (locked doors, restricted access, security guards, etc.)

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 8) for more information on this process. Sample assumptions may include:

- [The Appendix focuses on hazards that could cause a resident to go missing (such as earthquake, fire, flooding. It also considers situations in which residents wander off or are abducted.]
- [The incident commander will determine the scale of the search at the time the function is ordered.]
- [The facility will enter into and maintain aid agreements with local search and rescue resources, volunteer organizations, and emergency management sources for assistance in finding the missing resident.]
- [This Appendix is not always the primary response of the facility. Sometimes missing residents may come as secondary effects of a disaster.]

7. Hazard Analysis Summary



Facilities should summarize the specific hazards identified in the **Hazard Analysis Toolkit** that might require a missing resident search in this space. Remember to include disasters that may cause missing residents as a secondary action, in addition to those which require a primary search response. An example of each is provided here:

Primary: [A resident may wander away from staff or the facility and not be aware of where they are or where they are going.]

Secondary: [Earthquakes: Though major earthquakes are rare in Colorado, because of the geological makeup of the state, they are still possible. If, after an earthquake, the structure of the facility is severely damaged and residents are found to be missing, this Appendix will be activated. Other residents may need evacuation to a shelter or to other facilities until the structure is deemed safe enough for re-entry. This assessment will be made between the facility administrator or acting official and relevant structural experts assessing the facility. The first priority of the staff will be to find all residents and assess their needs.]

Notice how both examples address the risk of the hazard, why searching might be selected, and who makes the determination to enact the Appendix. 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 9)** or as part of the section.



Hint: The material here can be presented in many ways. 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 to find a missing resident, and what affects a missing resident will have on facility functions, or because of this situation. This information is in addition to the hazard assessment performed when using a **Functional Annex**. Construct the procedures to accomplish the following actions:

a. Examine the situation



- What time of day is it?
- What are current weather conditions?
- What is the weather report for the next two days?
- How full is the facility?
- How many staff members are currently on-hand?
- Who knows the missing resident the best?
- Does the facility have a picture/description of the missing resident?

b. Assess and analyze the hazard

- How long has the resident been missing?
- Who saw the missing resident last?
- How long is the search expected to last?
- How much of the community will be impacted?
- How much of the facility has been searched?
- Is it possible to safely control the situation or does outside help need to be called now?
- Have emergency personnel been notified of the situation?

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

- Who will be in charge of the search?
- How many staff will be involved? Do they know to whom they report?
- How will the search be conducted?
- Are there teams? Is there a time limit? [Example: If the resident is not found in the building in 10 minutes, a search of the grounds will be conducted by grid; if the resident is not found on the grounds in 15 minutes, the local authorities will be called to help facilitate the search; if the resident is not found within one hour, the family will be contacted.]
- How will searchers communicate with the facility? By radio?
- Who are the searchers? All available staff? Non-critical, non-medical staff?
- At what point will the facility involve outside agencies? On whose authority?
- Who will distribute a description and picture of the missing resident? Is there a facility format for this description? Who will write it?
- How will the search be conducted in bad weather? At night? Are the directions for a night search different?
- Determine if outside help must be called in earlier because of weather conditions, time of day, or staff shortage.
- Are emergency personnel on scene to assist the facility?

b. Implement protective actions.

- Who determines when the search will be called off? On what/whose authority?



- Who will write a news release that is complete except for the details (called a Swiss Cheese news release) in case the media needs to be informed? Corporate headquarters? At what point is the media contacted? Is there a news release for finding an alive (or injured) missing resident? Or a dead one?
 - 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 the missing resident? 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 "gone missing" report? Who is it? They should be with the Incident Commander.
 - Is there to be an After-Action Report describing the incident? To whom does it go? Corporate headquarters?
 - Who will de-brief staff at the end of the incident? When?
 - Include those forms as **Tabs** (Section 9).
- c. Control access and isolate danger area**
- Establish who is allowed into the facility during the search
 - Control access to already-searched areas
 - Implement procedures to minimize movement of residents and staff, to avoid duplication of search
- d. Provide immediate medical treatment to residents or allow emergency medical personnel to assume responsibility for the missing resident if found injured**
- If necessary, address the specific medical issues of the missing resident caused by exposure to weather, conditions, etc.
- e. Communicate medical or search and rescue needs to emergency personnel**
- Account for all staff and residents through an attendance or roster procedure. Notify emergency personnel of any missing residents or staff.
 - What kind of injuries might a missing resident scenario create for residents and staff?
 - What injuries can the staff immediately treat?
 - Establish how residents are prioritized
 - Is the facility staff aware of these procedures?
 - Include name, title, last known location, ambulatory restrictions, and critical health conditions
 - Consider the following:
 - What protocol is in place to verify rooms have been searched?
 - What is the protocol for staff training and conducting drills on missing residents? Is all facility staff aware of this protocol?
 - Are local emergency responders aware of this protocol?



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 missing resident 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
- Have pre-approved, scripted messages ready for missing resident found injured, alive or dead

c. 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 missing resident
- 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 search for the missing resident. The performance of alternative resources, the overall health and well-being of staff and residents, progression of other disasters, and the security 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. If the search expands, have a plan in place to roll command or establish joint command to/with the police, fire department, or other agency if necessary.

5. Step Five: Demobilize the Plan

Eventually the plan must be demobilized. The most obvious indication of this would be finding the missing resident. If outside agencies have been involved in the search, the IC should inform them when the search 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 Missing Resident 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 **Missing Resident 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 missing resident search. 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) 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) 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 the **Missing Resident Appendix**.

- Outline types of information critical during a missing resident 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 a missing resident situation.
- 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 **Missing Resident 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 a missing resident situation. Overall, this section will include specific policies for managing resident-related resources, list specific Mutual Aid Agreements (MAAs) for searchers or 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 re-imbusement.

The section is broken down into major responsibilities for simplicity. Remember to detail the specific policies for a missing resident 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 a missing resident 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 search teams
 - Attach tabs of maps that depict routes grounds grids for immediate and extended searches
 - Keep lists of patients and staff and their relative locations before, during, and after the search, including photographs
 - Oversee assignment of staff and volunteers for specific duties
 - As soon as this Appendix is activated, have a demobilization plan ready for when the search is concluded. Someone will call off the search, and de-brief everyone involved. There should be a plan to resume normal work activities, and demobilize the searchers. This action could also be the result of bad weather, etc. Be prepared with a news release, or other information that may be necessary for the public and the press explaining why the search was called off.
 - Plan a "hot wash" or an After-Action Briefing (form online). Talk about what went well, and what went badly. This is the time to discuss how the next search could be conducted better, or what did not work for this one. This is the "ending" of this incident period. Note how personnel responded, functioned, or how they may need to be trained for the next event. Note any equipment or tools (flashlights, etc.) that should be on-hand for the next search. Note protocols that need to be in place.
 - Assesses how many searchers are necessary for the scope of the search

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 evacuation. Incident Command Structure forms are available online to assist with these duties. Critical functions include:
 - Records and reports the costs associated with the search
 - 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 searchers

3. **Logistics:** Outline the responsibilities and procedures for all physical resource allocation, implementation, overview or movement of supplies during the search. 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 to the staging area for searchers, including:

- Food	- Sanitation devices
- Water	- Portable generators and fuel sources
- Medical supplies	- Lights
- Patient records	- Batteries
- Housekeeping supplies	



- Medical equipment
- 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 search.

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 (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) 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**.
- 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 Eight: 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 6). Several major authorities are collected here, as well as several useful references.

1. Authorities

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

42 CFR 483.75 (m) refers to written emergency plans for missing residents

2. References:

These resources may help the facility clarify portions of the missing resident 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.

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 Nine: Tabs

Tabs are an excellent means of gathering important procedural information for the Annex 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 missing resident 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, search routes, or search grids 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.

Sample Resident Services Checklist

During an emergency, Resident Services may be abbreviated or minimal, but resident care should be the first consideration. This checklist outlines the critical actions the Resident Services Department must complete in the event of a missing resident scenario. The Department head is responsible for assigning these tasks and holds accountability for their completion. If additional tasks are required of Resident Services, they should be noted on this checklist and incorporated into the revised plan after the incident. Written job descriptions may help the department head formulate checklists for employees.

Date and Time of Incident: _____

Tasks Completed by: _____

1. Notify resident's family with script provided by administration. **[Example: Use a Risk Communication format if possible: 1. This is what has happened. 2. This is what we are doing about it. 3. This is what we need you to do. 4. More information will be forthcoming as it is made available.]**
2. Coordinate information release with senior administrator.
3. Facilitate telephone communications. (May include call-downs to volunteers)
4. Acts as message center.
5. Check staffing for duration of search.
6. Coordinate volunteers if applicable.
7. Other duties may be listed here as they are developed.





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, under Emergency Planning Resources.

