



# Hazard-Specific Appendix Development Toolkit Staff Shortage

For Health Care Facilities in Colorado

This toolkit is designed to help health care facilities in the State of Colorado develop Staff Shortage 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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## 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](http://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](http://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 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 Staff Shortages** 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 a severe staff shortage by outlining the specific procedures the facility will take during this type of event.]**

#### 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:

**[This Appendix may work in conjunction with the Evacuation Functional Annex, the Mass Care Functional Annex, and/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 during staff shortages, and serves as a compliment to all of the Functional Annexes and the Basic Plan. The Appendix activates when the loss of staff impacts the effectiveness of the facility to operate and remains in effect until sufficient replacement staff are procured, even if other aspects of the Basic Plan remain activated. To prevent confusion from staff (both temporary and permanent) or first 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.]**



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

### 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:

**[Facilities are dependent on a wide variety of skilled and labor personnel to function. These tasks include caring for residents, maintenance of the facility's structure, and environmental upkeep. The loss of staff affects the ability of the facility to function, and if the shortage is severe enough it will impact the quality of care and life safety for residents. Staff shortages may occur for any length of time, from the very short through the extended, and be caused by a variety of events such as economic downturns, epidemics and pandemics, or community-wide hazards and disasters. At some point, without sufficient staff, the capability of the facility to operate will be overwhelmed and residents must be re-located. Mass care, sheltering and evacuation plans are discussed in separate Functional Annexes. This Appendix serves as an additional resource of information for those Annexes, as well as the Basic Plan.]**

### 4. Capability Assessment

This section discusses the capabilities of the facility to survive the hazard. This is a good place to note any Mutual Aid Agreements (MAAs) in place to procure additional staffing resources. Other important points to discuss include:

- Note how many employees are available at a given time
- Include aid agreements for additional assistance during the hazard or event. This assistance might include:
  - Sources of alternative personnel
  - Medical personnel emergency procedures established by the Medical Advisor
  - Alternative cooking facilities and caterers
  - Delivery of potable water
  - Outsourcing of linens and other housekeeping requirements
  - Utilization of volunteers to assist with basic tasks
- 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.



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

### 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 Appendix Development and Maintenance (Section 6) for more information on this process. Sample assumptions may include:

- [Small staff shortages occur frequently and are NOT considered a disaster.]
- [The facility has mitigation procedures in place to function using alternative staffing plans for 96 hours.]
- [Staff shortages for extended periods are probable when other hazards affect the larger community. These MAY BE considered a disaster if the shortages 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.

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

Specifically examine staff shortages 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

- How short handed is the staff and in what departments?
- What caused the shortage?
- How long are staff members expected to be out?
- What is the current capability of the facility to function without these staffers?
- Are vital services impacted by this outage?
- Can the facility communicate with outside resources and personnel?



## Section Two: Concept of Operations (continued)

### 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 staffing resources exist?
- Are they accessible and ready to report for work?
- 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 staffing resources
- Distribute job action sheets to consolidate facility functions
- Determine which functions may be temporarily suspended until staffing issues are resolved
- Hold a situation briefing to inform existing staff of the situation and expected timeline

#### c. Control access and isolate danger area

- If necessary, cordon off or evacuate areas of the facility that are dangerous or temporarily out of use.
- Implement procedures to minimize movement of residents and staff, to preserve situation integrity, based on the severity of the shortage.

#### 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 staff shortages. This may include life support measures, movement of residents, or contacting emergency medical personnel.

#### 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.

### 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 staff shortages.

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

- Is the public already aware of the staff shortage?
- Are local officials already communicating procedures for the staff shortage?
- Are there pre-established information sources for hazards causing staff shortages?



## Section Two: Concept of Operations (continued)

- 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 event?

### 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

Staff shortages require close monitoring of the overall situation. The performance of alternative resources and substitute staffing, 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 a full staff compliment, 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 **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 evacuation procedure 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 staff shortages occur. 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](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 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 community events influencing the staff shortage, projected timelines until staff can be replaced, and the impact of the shortage 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 staff shortages.
- 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 response 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 staff shortages. Overall, this section will include specific policies for activating or utilizing alternative staffing sources, 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 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 about staff shortages 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 staff shortages, such as:
  - Records and reports associated with tracking the status of the facility during the staff shortage
  - Attach labor schedules, shift coverage diagrams, and call lists
  - Oversee assignment of staff, substitute 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 an evacuation. 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 with alternative resources or personnel
  - 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 staffing resources for the facility.
  - 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 the 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. 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 evacuation of the facility, as well as legal documents that apply only during staff shortage scenarios that may alter standard operating procedures regarding patient care, confidentiality, transportation, transfer of residents, etc. Remember; only include specific authorities for staff shortages in this section!



## Section Seven: Authorities and References (continued)

### 2. References:

These resources may help the facility clarify portions of the **Staff Shortage 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 staff shortages 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 staff shortages. 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, responsibility flow 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:

- Department responsibility flow charts illustrating how to combine functions during a staff shortage
- Charts depicting the organizational structure of the facility staff.
- Step –by-step, picture instructions for various tasks such as completing laundry tasks, providing basic housekeeping, or preparing simple pre-planned meals
- 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 Administration Department Checklist

This checklist outlines the critical actions the Administration Department must complete in the event of a staff shortage. The Department Head is responsible for assigning these tasks and holds accountability for their completion. If additional tasks are required of the 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:
Activate staff call list to find in-house replacements			
Notify corporate office shortage and reasons			
Review schedule for the next 96 hours and determine alternative scheduling options			
Provide in-house staff briefing or message regarding the shortage			
Coordinate dissemination of staff briefing or message regarding shortage for at-home employees			
Determine why the shortage occurred and decide whether mitigation is possible			
Can employees bring children/family members to work?			
Are there alternative methods of transportation to pick up employees?			
Contact alternative staffing resources including sister facilities, temp agencies, etc.			
Activate Staff Shortage Mutual Aid Agreements			
Reschedule staff based on OSHA guidelines and appropriate or reasonable working hours while still maintaining critical care levels			
Determine if the facility can no longer provide care and must move residents, and for what length of time.			
<b>ADDITIONAL TASKS:</b>			

## 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](http://www.healthfacilities.info), under Emergency Planning Resources.

