

STATE OF NEW JERSEY  
HEALTH CARE FACILITY EMERGENCY OPERATIONS PLAN GUIDELINES  
BASIC CHECK LIST

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- |  |      |    |   |
|--|------|----|---|
|  |      | A. | Include Table of Contents   |
|  |      | B. | Include an Approval Statement and dated approval signatures of the facility administrator and the disaster planner                |
|  |      | C. | Include a Distribution List   |
|  | II.  |    | Purpose   |
|  |      |    | State the purpose of this emergency operations plan   |
|  | III. |    | Situation   |
|  |      | A. | State the size and location of your facility in acres and the number , general size and use of each of the buildings              |
|  |      | B. | State the number of clients and employees normally on hand, and any differences in staffing by shift                              |
|  | IV.  |    | Operation and Control   |
|  |      | A. | Describe the chain of command for emergency actions in your health care facility  |
|  |      | B. | Identify the location and function of your primary and alternate on-site Command Posts to include layout, staffing, display, etc. |
|  |      | C. | Identify persons, by title and agency, that will be notified during emergencies<br>(See BPA-3)                                    |
|  |      | D. | Describe how logistical support will be provided for the emergency response including food, water, lighting, fuel, etc.           |

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- \_\_\_\_\_ F. Identify the individual (s), by title, who is/are responsible for developing scheduling and presenting training in safety measures for all clients and employees.
- \_\_\_\_\_ G. Identify the individual, by title, whom is responsible for the logistical preparations and support details in Basic Plan Section VII

VI. CONTINUITY OF LEADERSHIP

- \_\_\_\_\_ A. List the line of succession for the following positions to assure continuous leadership:
- \_\_\_\_\_ 1. Chief Executive Officer, (if applicable)
- \_\_\_\_\_ 2. Administrator
- \_\_\_\_\_ 3. Nursing Supervisor
- \_\_\_\_\_ B. Describe how resources and information are requested and passed through the chain of command to higher levels of the health care system.
- \_\_\_\_\_ C. Describe what records are considered essential and explain how they are protected and preserved

VII. ADMINISTRATION AND LOGISTICS

- \_\_\_\_\_ A. Specifically address administrative requirements identifying who, by title, is responsible for records, reports and expenditures during and emergency

\_\_\_\_\_ B. List agreement with voluntary organizations, government agencies, and private organizations for emergency assistance.

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\_\_\_\_\_ C. Provide a resource inventory of emergency items available including lighting, first aid, medical, fire fighting, and other basic emergency response support equipment.

\_\_\_\_\_ D. Identify additional resource requirements for personnel, equipment and supplies and the source and method of obtaining these.

VIII. PLAN DEVELOPMENT AND MAINTENANCE

\_\_\_\_\_ Provide for an annual review with your county and municipal emergency management staffs of the Basic Plan and all annexes and for updating the Plan based on deficiencies identified through drills and exercises.

APPENDICES AND ATTACHMENTS

\_\_\_\_\_ BPA 1 Map of the area showing items that may have an emergency impact on the health care facility including major highways, railways, airports, power transmission lines and generating stations, industrial complexes, bulk oil and gas storage, pipe lines, etc.

\_\_\_\_\_ BPA 2 Plot plan of the facility and floor plans of the buildings showing location of heat plants, boilers, generators,

flammable liquid storage, other hazardous materials storage, fire fighting equipment placement, first aid facilities, etc.

\_\_\_\_\_ BPA 3 Call-up lists with the name, title, address, telephone number, and organizational responsibilities for emergency operations.

\_\_\_\_\_ BPA 4 Checklists that detail specific tasks to be accomplished in an emergency.

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ALERTING, WARNING AND COMMUNICATIONS ANNEX CHECKLIST

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SITUATION

\_\_\_\_\_ A. Describe your internal and external communications systems including commercial telephone, cellular service, radio, intercoms, etc.

\_\_\_\_\_ B. Describe the warning devices within your facility giving type, power source, location and differing warning signals for specific threats. Provide a plot plan which displays the warning devices and area of coverage for each unit. If none, so state.

\_\_\_\_\_ C. Describe any alternate means of warning. (e.g. room to room alerting procedures)

OPERATIONS AND CONTROL

\_\_\_\_\_ A. Describe where and how warnings from various sources will be received and how they will be disseminated to key officials.

\_\_\_\_\_ B. Describe how clients and employees will be warned of impending threats.

\_\_\_\_\_ C. Describe how local government will be warned of on-site emergencies.

\_\_\_\_\_ D. Describe warning procedures for hearing-impaired

and non-English speaking individuals.

- \_\_\_\_\_ E. Describe how emergency assistance will be requested from local government or non-government service agencies and discuss who is authorized to make such requests.

#### RESPONSIBILITIES

- \_\_\_\_\_ A. List Checklists/SOP's that address how the Alerting, Warning and Communications Group will accomplish the assigned tasks. If none, so state. (See AWA-2)

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- \_\_\_\_\_ B. Provide for testing and exercising the warning and alerting devices, and emergency communications equipment.

- \_\_\_\_\_ C. Provide for an emergency equipment maintenance program, including the routine inspection of antennas and transmission lines, PA systems, emergency lights, exit signs, and the regular testing of the emergency generators.

#### APPENDICES/ATTACHMENTS

- \_\_\_\_\_ AWA 1 A plot plan of the facility which displays the existing and projected warning devices and area of coverage for each unit.

- \_\_\_\_\_ AWA 2 Alert Operational Checklists/SOP's

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EMERGENCY SERVICES ANNEX CHECKLIST

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SITUATION

\_\_\_\_\_ Describe the facility's firefighting equipment and personnel, including training. Attach a plot plan showing the location of the equipment and fire alarm boxes. (ESA 1)

\_\_\_\_\_ Briefly describe the firefighting capability of the municipality.

\_\_\_\_\_ Describe the facility's hazardous materials response equipment and personnel, including training. Attach a plot plan showing the location of the equipment. (ESA 2)

\_\_\_\_\_ Briefly describe the hazardous materials response capability of the municipality.

\_\_\_\_\_ Describe the facility's security staff, training and any special equipment. Attach a plot plan showing the location of installed equipment if any. (ESA 3)

\_\_\_\_\_ Briefly describe the security (law enforcement) capability of the municipality.

\_\_\_\_\_ Describe the facility's emergency medical response equipment, personnel and certifications. Attach a plot plan showing the location of the equipment. (ESA 4)

\_\_\_\_\_ Briefly describe the emergency medical capability of the municipality.

**OPERATION AND CONTROL**

\_\_\_\_\_ Describe how security will provide traffic control during emergencies.

\_\_\_\_\_ Describe how security will be provided for critical resources and facility property will be protected.

\_\_\_\_\_ Describe crowd control and other security measures planned for civil disturbances and other larger gatherings.

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\_\_\_\_\_ Describe how injured people will be rescued during emergency operations.

\_\_\_\_\_ Describe how emergency services personnel will be alerted

to the dangers associated with technological hazards and fire during emergency operations.

\_\_\_\_\_ Describe emergency procedures for decontamination and treatment of personnel exposed to on-site chemicals.

\_\_\_\_\_ Describe procedures for setting up emergency casualty station.

## RESPONSIBILITIES

\_\_\_\_\_ Identify the individual, by title, responsible for advising personnel of risks and protective measures with hazardous materials.

\_\_\_\_\_ Identify the individual, by title, responsible for obtaining appropriate equipment, and protective clothing for emergency personnel.

\_\_\_\_\_ Identify the individual, by title, responsible for ensuring that emergency personnel understand how and when to use response equipment.

\_\_\_\_\_ Identify the individual(s), by title, responsible to supply the facility's plot and building plans to local emergency services.

\_\_\_\_\_ Identify the individual(s), by title, responsible for maintaining and storing fire, emergency medical and other supplies.

\_\_\_\_\_ Identify the individual, by title, who is responsible for first aid training for health care facility personnel.

\_\_\_\_\_ Identify the individual, by title, responsible for deploying emergency and requesting off-site assistance.



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APPENDICES/ATTACHMENTS

_____	EMA 1	Firefighting Equipment List
_____	EMA 2	Hazardous Materials Equipment List
_____	EMA 3	Security System List
_____	EMA 4	First Aid Stations List
_____	EMA 5	List and Copies of Operational Checklists
_____	EMA 6	List and Copies of Mutual Aid Agreements
_____	EMA 7	Emergency Services SOP's
_____	(1)	Fire
_____	(2)	First Aid
_____	(3)	Security
_____	(4)	Hazardous Materials

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EVACUATION ANNEX CHECKLIST

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SITUATION

- |       |  |    |   |
|-------|--|----|---|
| <hr/> |  | A. | Identify hazardous that could require full or partial evacuation of the facility. Prepare an estimate of the time required for evacuation for each floor, wing and the entire facility.   |
| <hr/> |  | B. | Estimate the number of clients and employees including those with special needs, who will require transportation in an evacuation a from the health care facility grounds.  |
| <hr/> |  | C. | Based on the above estimate, state the source, type (including capacity) and quantity of vehicles available to transport in an evacuation.  |
| <hr/> |  | D. | Identify primary and alternate outside assembly/mustering areas on the facility grounds. Discuss protection from adverse weather condition. (EVA 1)   |
| <hr/> |  | E. | Identify an off-site receiving facility and alternate for complete evacuation of the facility. Attach agreements with other facilities to receive patients and their floor plans. (See EVA 8 and 9)                             |
| <hr/> |  | F. | Provide plans of the facility that identify routes to be used in evacuation of each building (EVA 2) , and in the total evacuation of the facility grounds (EVA 3). Insure plans allow simultaneous entry and exit of vehicles. |

\* See planning note on page EV-3

## OPERATIONS AND CONTROL

\_\_\_\_\_

- A. Describe the decision process for ordering an evacuation and identify who can make the decision.

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- \_\_\_\_\_ B. Describe how you ensure that all personnel are clear and accounted for. Identify receiving facilities to be used (EVA 8)
- \_\_\_\_\_ C. Tell how transportation resources will be brought into service to evacuate both ambulatory and non-ambulatory clients. Attach any agreements or contracts for medical or other transportation services. (EVA 7)
- \_\_\_\_\_ D. Describe how augmented logistical support will be provided at your receiving facilities. Include statements which address around the clock staffing and supervision.

RESPONSIBILITIES

- \_\_\_\_\_ A. Identify who, by title, is responsible for ensuring that evacuation routes are clearly marked throughout the health care facilities including safety lighting in stair wells and corridors.
- \_\_\_\_\_ B. Identify who, by title, has responsibility for securing medicines and drugs prior to evacuation and insuring proper medication included to meet patient needs.
- \_\_\_\_\_ C. Identify an individual, by title, who is responsible for ensuring that all personnel know the evacuation routes and procedures including any non-English speaking persons.
- \_\_\_\_\_ D. Identify who, by title, is responsible for notification of local government and alternate facilities that an evacuation is necessary.
- \_\_\_\_\_ E. Identify who, by title, is responsible for scheduling periodic evacuation drills and exercises.

APPENDICES / ATTACHMENTS

_____	EVA 1	Assembly Areas.
_____	EVA 2	Personnel Evacuation Routes.

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_____	EVA 3	Vehicle Evacuation Routes
_____	EVA 4	Evacuation Procedures (SOP's)
_____	EVA 5	List and copies of Evacuation Operational Checklists
_____	EVA 6	List and copies of Mutual Aid Agreements
_____	EVA 7	Transportation Resources and Agreements
_____	EVA 8	Alternate Facilities Agreements
_____	EVA 9	Alternate Facilities Floor plans

**\* Planning note:**

**While certain hazards may require only a partial facility evacuation, the range of possible hazards and the appropriate responses to them makes the evacuation planning process complex. Of particular concern are situations when more than one facility must be evacuated in response to the same threat. Such a situation requires a high level of cooperation among multiple facilities, multiple government entities, transportation providers and other support organizations. There also needs to be a consensus on the timing of evacuation decisions, financial considerations and who is responsible for each identified task. This is the rationale behind the regulatory requirement that each facility's plan must be coordinated with municipal and county emergency management.**

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FACILITY SHUTDOWN ANNEX CHECKLIST

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SITUATION

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|-------|--|----|--|
| _____ |  | A. | Identify situations that might require partial or complete shut down of the facility.  |
| _____ |  | B. | Identify valuable and/or sensitive instruments, machinery and materials that require special consideration in a facility shutdown.           |
| _____ |  | C. | Identify and drawings, blueprints, or vital records that require special safeguards during a facility shutdown.                              |
| _____ |  | D. | Identify the location of shutdown controls for all utilities and other hazards such as pressurized systems and chemical operations. ( FSA 1) |

OPERATIONS AND CONTROL

- |       |  |    |   |
|-------|--|----|---|
| _____ |  | A. | Describe how relatives / custodians or outside agencies will be advised of the facility being shutdown. |
| _____ |  | B. | Describe how and by whom buildings, equipment   |

and supplies will be secured.

\_\_\_\_\_

C. Describe how and by whom utilities will be secured.

\_\_\_\_\_

D. Describe other damage control techniques to minimize property loss when shutting down.

\_\_\_\_\_

E. Describe how and by whom employees will be released from work.

\_\_\_\_\_

F. Describe how security will be provided for facility once it is shutdown.

### RESPONSIBILITIES

\_\_\_\_\_

A. Identify the individual, by title, who is responsible for directing the Facility Shutdown.

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FACILITY SHUTDOWN ANNEX CHECKLIST

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|-------|--|----|---|
| _____ |  | B. | List SOP's / CHECKLISTS that address how the Facility Shutdown Group will accomplish the assigned tasks. If none, so state. (FSA 2)     |
| _____ |  | C. | Identify the individual, by title, responsible for posting shutdown instructions on or near controls for each piece of major equipment. |
| _____ |  | D. | Identify the individual, by title, responsible for instructing personnel in emergency shutdown procedures.                              |
| _____ |  | E. | Identify the individual, by title, responsible for testing shutdown procedures for utilities and equipment.                             |

APPENDICES / ATTACHMENTS

- |       |       |   |
|-------|-------|---|
| _____ | FSA 1 | Map of Shutdown Control Locations   |
| _____ | FSA 2 | Checklists for shutdown of each piece of major equipment, classroom and building. |



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PATIENT RECEPTION ANNEX

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SITUATION

Provide a statement that describes the organization and procedures in place to deal with the reception of patients from other health care facilities.

- \_\_\_\_\_ A. Identify the facility's capability to provide feeding, medical care and other necessities for incoming patients during emergencies.
- \_\_\_\_\_ B. Identify and supplemental personnel or resources available through other organizations during emergencies.
- \_\_\_\_\_ C. Identify the highest number of additional patients your facility can accept in an emergency situation.
- \_\_\_\_\_ D. Identify and additional space that may be usable to stage incoming patients and resources during an emergency.

OPERATIONS AND CONTROL

- \_\_\_\_\_ A. Describe the decision process to be followed when requested to receive patients.
- \_\_\_\_\_ B. Describe how patients will be processed into the facility including registration and notification to Nursing, Housekeeping and Food Service staffs.
- \_\_\_\_\_ C. Describe the process you will use to access volunteer assistance such as the American Red Cross and the Salvation Army to assist with medical, psychological and mass care services.
- \_\_\_\_\_ D. Describe how you will determine when received patients can be released from your facility.
- \_\_\_\_\_ E. Identify what precautions your facility will take to limit possible contamination from incoming patients.

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RESPONSIBILITIES

- \_\_\_\_\_ A. Outline staff responsibilities, by title, for receiving patients.
- \_\_\_\_\_ B. Identify the individual, by title, who is responsible for coordinating requests for additional equipment and supplies and for providing acquisition of additional equipment when needed for patient reception.

APPENDICES / ATTACHMENTS

_____	PRA 1	Reception SOP's
_____	PRA 2	Operational Checklists
_____	PRA 3	Facility diagram showing alternate housing space
_____	PRA 4	Reception Agreements