

Emergency Management Plan

Residential Health Care Facility

Facility Name _____

Facility Address _____

A. Scope of Plan/General Statement

1. Chain of command/Incident Command System (ICS)
2. Emergency phone list
3. Facility floor plans including:
 - a. Type of construction, number of floors, number of beds
 - b. Fire/smoke detection systems
 - c. Fire suppression systems
 - d. List of names, addresses, telephone numbers of companies maintaining fire/smoke detection & fire suppression systems
4. Facility floor plans including: (8:43-12.2)(b)
 - a. Emergency exits
 - b. Fire pull alarms
 - c. Fire annunciator panels
 - d. Fire extinguishers
 - e. Fire sprinkler shut off
 - f. Fire department connection/standpipes
 - g. Utility identification (water, main electric, gas, etc.)
 - h. Key lock box

B. NJDHSS Regulation for emergency preparedness (8:43-12.2)

C. Potential hazards for an evacuation

1. Fire/smoke (8:43-12.3)
2. Explosion
3. Weather related emergency (8:43-15.5)
 - a. Cold (8:43-15.5)(a)
 - b. Heat (8:43-15.5)(b)
 - c. Snow (8:43-4.8)(a1)
 - d. Hurricane/severe storm (8:43-4.8)(a1)
 - e. Flood (8:43-4.8)(a1)
 - f. Tornado (8:43-4.8)(a1)
 - g. Earthquake (8:43-4.8)(a1)
4. Disruption of utilities (8:43-4.8)(a1)
 - a. Water (8:43-15.6)(a)
 - b. Gas (8:43-4.8)(a1)
 - c. Electric (8:43-4.8)(a1)
 - d. Sewage (8:43-15.6)(f)
 - e. Communication (8:43-4.8)(a1)
5. Nuclear or radiological incident
6. Hazardous chemicals/materials incident
7. Biological incident
8. Terrorist incident
9. Bomb threat

- C. Potential hazards for an evacuation (continued)**
10. Labor disputes/work stoppage
 11. Civil disturbance
 12. Structural damage
- D. Evacuation and relocation** (8:43-12.1)(b)
1. Memorandum of understanding (MOU) with other facilities for relocation
 2. Temporary holding facility for relocation (if necessary, i.e. school)
 3. Partial evacuation to another area of facility
- E. Transportation for relocation** (8:43-12.1)(b)
1. Agreement with transport provider
 2. Agreement with local and surrounding rescue departments
- F. Resident identification for relocation** (8:43-12.1)(b)
- G. Medication, records, equipment, supplies for relocation** (8:43-12.1)(b)
- H. Emergency staffing**
- I. Emergency responsibilities** (8:43-12.2)(c)
1. Administrator or designee
 2. RN/EMS health maintenance and monitoring
 3. Admission/office procedure
 4. Housekeeping/laundry
 5. Maintenance procedure
 6. Dietary procedure (8:43-8.3)(a13)
 7. Activities procedure
 8. Support personnel
- J. Incident Command System (ICS)**
- K. Resident Care during relocation** (8:43-12.2)(c)
- L. Return of Resident** (8:43-12.2)(c)
- M. Emergency facility food and water supply** (8:43-8.3)(a13)
- N. Memorandum of Understanding (MOU) for accepting residents from other facilities (optional)**
- O. Memorandum of Understanding (MOU) with emergency management officials (local, county, state)**
- P. Disaster planner's responsibilities**
- Q. Staff training** (8:43-12.2)(b)
- R. Evacuation drills** (8:43-12.2)(b)
- S. Crisis Communications**