Fort Hudson Nursing Center, Inc.

Comprehensive Emergency Management Plan
#02-30-04

***This plan addresses disaster response for all programs located within the nursing facility structure. Reference to "Nursing Center" incorporates the entire building and its programs.**

Previous Review and Revisions

June 1, 2006
Reviewed 6/6/2007
Revised 7/16/2008
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Revised 1/22/20
Revised 7/28/20
Reviewed 7/20/21
Revised 9/1/22
Revised 10/4/23
Revised 10/22/24

Fort Hudson Nursing Center, Inc.
Comprehensive Emergency Management Plan

Review and Revision Summary Page

Date of Review	Administrator	Safety Committee Chair	Summary of Amendments (If no changes, leave blank)
November 20, 2017	Amanda Waite	Josh French	Existing plan updated to include • All Hazard Risk Assessment • Facility Assessment • Required regulatory changes
July 30, 2018	Amanda Waite	Josh French	Expanded Provisions to separate policy • All-Hazard Risk Assessment • Shelter in Place • Food Service Disaster Plan revision • Expand on Communication Plan
January 22, 2020	Amanda Waite	Josh French	• Update evacuation location • Update contact numbers • Update Communications • Update van information
July 28, 2020; 9/2/20 (Safety Committee approval)	Amanda Waite	Josh French	Updated Plan related to • Disaster Drills 2020 – AAR recommendations or findings • COVID 19 Experience (ongoing)
7/20/21	Amanda Waite	Josh French	Updated Plans related to Pandemic only – ongoing.
9/1/22	Amanda Waite	Josh French	Updated Plans related to Pandemic – ongoing. Other updates include: • All-hazard risk assessment • Contact info update • Update van information
10/4/23 (Safety Committee approval Nov 2023)	Amanda Waite	Josh French	• Updated contact information (internal) Policy Updates include • Unwanted Intruder • Active Shooter • Cyber Security
10/22/24	Amanda Waite	Josh French	• Updated contact information (internal) • Emergency Evacuation External Contacts • Healthcare Provider Network Updates

June 1, 2006; 6/07; 7/08; 11/08; 10/14; 3/17; 11/17/ 7/18; 7/20; 7/21/ 9/22; 10/23; 10/24

Fort Hudson Nursing Center

Comprehensive Emergency Management Plan

Purpose: An increased awareness of the potential for disaster has motivated federal, state, county and local governments to collaborate in an effort to respond to disaster relief for citizens. The development of a Comprehensive Emergency Management Program has prompted New York State Department of Health and long term care provider associations to focus on the needs of and potential support available from healthcare facilities.

This Comprehensive Emergency Management Program consists of the following core elements, which may be included by reference to existing policy.

- Risk Assessment (All-Hazards approach)
- Facility Assessment
- Continuity of Operations
- Critical Asset Survey
- Incident Command System
- Evacuation Procedures
- Surge Capacity
- Existing policies and procedures
- Disaster Plans (All-Hazards Planning)
- Disaster Drills and After Action Reports
- Health Commerce System

This plan has been developed using an interdisciplinary team approach and coordinated through the Safety Committee. It is updated as necessary and reviewed no less than annually by the Safety Committee. External resources and expertise, including local emergency response professionals at the County level, have been involved in its development and ongoing review.

June 1, 2006; 6/07; 7/08; 11/08; 10/14; 3/17; 11/17/ 7/18; 7/20; 7/21/ 9/22; 10/23; 10/24

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Risk Assessment – All Hazards Approach

See Policy "*Risk Assessment – all Hazards Approach*"

An assessment of risk is conducted initially and updated/reviewed annually. A formalized approach to determining risks incorporates standardized identification of potential risks, knowledge of local weather and geography, historical events, and community risk assessments conducted by Emergency Management on a County and/or State level. Development, implementation, training and evaluation of disaster plans is based (in part) on the prioritization of identified risks.

Facility Assessment

See Policy "*Facility Assessment*"

Fort Hudson conducts and regularly updates an individualized facility-wide assessment to determine the resources necessary to care of its residents during normal operations and in emergency situations. This information is used to identify capacity, capability and continuation of services.

Continuity of Operations

The facility is capable of continuing operations during most emergencies through implementation of contingency plans. The objective is to maintain normal operations to the degree necessary to protect the health and safety of residents/employees. Plans are established based on the risk assessment and vulnerabilities identified in the patient population. Not every condition possible will have a corresponding plan, and plans will require adjustment based on conditions at the time of the event.

The following plans are found in policy and/or disaster plans

- Loss of Electricity – Emergency Generator (lights, heat, cooling)
- Loss of Water
- Interruption of pharmacy service
- Interruption of Food Service
- Interruption of Fire Detection/Suppression
- Staffing Emergency
- Loss of Elopement Prevention system
- Loss of Sewer and/or Sanitation service

Additional plans for the continuation of operations during abnormal conditions will be found in the Disaster manual based on identified need and/or circumstances. All plans are developed using resident and employee safety as the priority.

Shelter In Place

See Policy "*Shelter In Place*"

Shelter in place is the ability to retain for at least 96 hours a small number of residents that are too critical to be moved or where moving them may have a negative health outcome, while the remainder of the facility is evacuated, in accordance with a mandatory evacuation order by the local jurisdiction. When "shelter in place" is required, consideration is given to the ability of the facility to maintain operations, including emergency power access and appropriate sustaining provisions for both residents and assigned staff.

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Medical Record Security and Use

See Policy "*Electronic Health Records*"

The facility utilizes an Electronic Health Record system, which maintains all data in a cloud environment across no less than two redundant servers. In the event of evacuation, remote access can be provided to other health care providers (receiving facility) to access current and accurate information.

In the event of loss of internet connection:

- The electronic medication and treatment records are backed up every twenty (20) minutes and can be printed in hard copy for continued use. The server maintaining this information is located in the business office with instructions for downloading and printing.
- A hard copy of the face sheet, MOLST, and other clinical information is maintained in chart form on the nursing unit.
- Fort Hudson is connected to the regional health information exchange (HIXNY) providing access to defined elements of the medical record (applicable for residents granting access permission).

Protection of Confidential Information:

Under ordinary conditions, protected health information (PHI) is maintained in a secure manner which complies with current regulatory standards. During abnormal emergency conditions, PHI remains confidential, and is to be protected to the degree possible based on the unique conditions present.

- Paper based PHI is maintained by facility staff; and during emergency evacuation/transfer, the entire paper file will be transferred to the receiving location which are considered to be health care partners (not business associates), and therefore subject to the same standards in protecting PHI.
- Electronic and/or cloud based information will only be accessible by authorized providers, either directly into the EHR, or via HIXNY.

Communications Plan (SEE EVACUATION PLAN FOR ADDITIONAL DETAIL)

During an emergency situation, it is essential that accurate, timely and appropriate information is communicated to a variety of constituents. As each event is unique, there is no single approach that will be effective. The following provides a general guide to an effective communication strategy.

- Identify the Individual(s) authorized to communicate information
- Identify the message required to be sent – in written form
- Identify the recipients of information
- Identify the method of communication

Alternative Communication Systems – there are a variety of communication methods potentially available, and each should be considered in light of the conditions. The following are available methods:

- Telephone
- Fax
- Email
- Text
- HCS (NYS DOH)
- Two way radio (internal)
- Public/emergency broadcast
- Low Frequency (HAM) operator radios

- Public information release

Release of Information

In an emergency, critical information must be available to communicate. The following identifies information that should be prepared and available.

- Release of General Resident Information: A summary of general condition and location of residents, if evacuated. This should be a general statement of health and safety, without detailed resident information (which is only provided to other Providers and family/designated representatives).
- Facility occupancy/census, and location of empty beds: This information will assist in resident movement/evacuation control as well as capacity for incoming residents.

Critical Asset Survey

The Critical Asset Survey is completed using the HCS portal and includes specific subset surveys at the discretion of NYS DOH. Information provided is reviewed quarterly, with changes made as necessary.

Incident Command System (ICS)

Fort Hudson Nursing Center endorses the use of the Incident Command System (ICS), as developed by the National Interagency Incident Management System (NIIMS), and formally adopted by the State of New York, for emergencies requiring multi-functional response. Fort Hudson adapts this system to its in-house disaster response until relieved by emergency forces responding to the incident.

The ICS is organized by functions. There are five:

- Command
- Operations
- Planning
- Logistics
- Finance

Under ICS, the **Incident Commander** (IC) has the overall responsibility for the effective on-scene management of the incident and must ensure adequate organization is in place to carry out emergency functions. In minor incidents, the five functions may all be managed directly by the IC. Larger incidents usually require that one or more of the functions be set up as separate sections under the IC. The IC directs emergency operations from the Incident Command Post, the only command post at the emergency scene. The IC will establish the Incident Command Post at the time of the incident. The IC will be determined by his or her position as the highest-ranking person in the Chain of Command at the scene. At Fort Hudson Nursing Center, that Chain of Command for Emergency Management is:

1. Chief Executive Officer
2. Administrator
3. Director of Nursing
4. Nursing Supervisor
5. Director of Plant Operations

As an incident grows in size or complexity, a more qualified IC may be assigned by the responsible jurisdiction. Thus, a County, State or Federal official could be assigned as the IC. In this event, the highest ranking individual above will become part of the IC setting as designated by the official having jurisdiction.

Evacuation Procedures

In the event of evacuation – refer to
Fort Hudson Nursing Center Comprehensive Emergency Management Plan
EVACUATION PROCEDURES
For detailed instructions and resources

The following is a summary of evacuation procedures and priorities and can be used as a reference for key elements. As every event is unique, the level of involvement, resources and impacts will vary.

Disasters requiring the evacuation of this facility may be localized or may impact an area of undetermined size. Evacuations may require spontaneity or offer a window of response time. This plan summary focuses on an immediate localized response and will be adapted to existing circumstances.

Activation Criteria:

An **internal evacuation** requires the movement of those in a hazardous area of the nursing home to safety within the facility. In an emergency requiring the evacuation of a localized area of the nursing home, the person in charge of that area will make the decision to evacuate if conditions warrant based on their best judgement and if time does not allow direction from the IC. The Charge Person should announce the emergency and call for additional help if necessary. The most senior person will determine which area of the nursing center is a safe and appropriate evacuation destination. Elevators will not be used in the event of a fire. During a fire, residents will be relocated to an area on the same building level.

NOTE: Unless contraindicated, activation of the fire alarm system is the most effective means of initiating facility-wide response to all types of situations. At minimum, activation will:

- Shut down building ventilation system (in event of chemical odors or smoke)
- Congregate all available staff in a single area away from the impacted zone should assistance be necessary
- Notify emergency services of need for assistance

Total Evacuation

In an emergency requiring a **total evacuation** of residents, the Incident Commander will activate this plan. In the absence of the IC, or if emergency conditions warrant, the Nursing Supervisor will assume the responsibility.

A **total evacuation** will be initiated by any condition in which this facility would be unable to provide a safe environment for the residents, staff and visitors.

IMMEDIATE RESPONSE: CALL 911, EVEN IF FIRE ALARM ACTIVATED

- Establish an Incident Command Post, if not already established
- If time allows, contact and inform facility personnel

- Obtain an **Emergency Evacuation Kit**, located in the **Scheduling Office** (basement) AND **Laboratory Room** (main floor)
- Announce Evacuation (if indicated) over PA. If the public address / telephone system is not operational, runners will be directed to carry the information to all departments.
- Employees assigned to nursing wings will report to their Charge Nurse for instructions.
- Employees not assigned to a nursing wing will respond to the assembly area.
    - Assembly area #1: Main Lobby
    - Assembly Area #2: Receiving Area
- Evacuate through the nearest fire exit and move residents to **The Oaks** until transportation is available. If **The Oaks** is not available, residents will be transported to **Salem Washington Academy, Fort Edward High School gymnasium or Hudson Falls High School gymnasium** for destination evaluation (or other location as determined by the IC in charge of the evacuation).
- The CEO, the Administrator, the Nursing Supervisor and/or assigned staff will make necessary telephone calls. See **Communication** for more information on required contacts.
- If this facility is unable to adequately respond, Fort Edward, Mutual Aid and Washington County response operations will be asked to assume a leadership role.

Off Duty Staff and Volunteer Contact Protocol

See Also "*Staffing Emergency*"

Emergency conditions may warrant contacting off duty staff and volunteers to request their immediate assistance, to verify that they are available for their normal shift or to provide necessary information concerning current conditions.

Activating the Employee Call Down List

At the Incident Command's discretion, contact facility personnel in the following order

1. CEO
2. Administrator
3. Director of Nursing
4. Director of Plant Operations (or on call maintenance)
5. Human Resource Manager (for access to full employee list)

Based on the nature if the event, may contact:

6. Infection Control Nurse
7. Nurse Managers
8. Director of The Oaks
9. Maintenance Employees
10. Other staff as appropriate

ATTACHMENT A – EMPLOYEE CONTACT LIST

NOTE: This list is updated periodically. Due to continuous changes in personnel, it is accepted that the list will not be fully accurate any given time when in paper form. However, there will be sufficient accuracy to be used in an emergency until such time (if needed) as a current list can be provided by Human Resources.

Employee List

The Human Resources Department and the Nurse Scheduling Office work together to maintain a near-current list of Staff and their contact numbers. A hard copy of this list is printed by the Human Resources

Department at least every 6 months. The current list is kept on file in the Human Resources Office, and in the supervisor's Emergency Plan. Human Resources can produce a current active list upon request.

Use of Off-Duty Personnel in an Emergency: Personnel available to assist during an emergency will be delegated tasks within their scope and abilities, unless situations require an expanded role, which will then be under the supervision of qualified personnel. Off-duty personnel may be assigned roles within their job description, or in other supportive role as necessary.

Volunteer List

Community volunteers may be contacted to assist in a disaster response. The Director of Activities and Volunteers maintains a list of current volunteers. A hard copy of this list is kept in the office of the Director of Activities and Volunteers.

The Incident Commander will determine the need for contacting off duty staff and/or volunteers. In the absence of the Administrator, the Nursing Supervisor will make this decision. The Administrator or the Nursing Supervisor will work with available personnel to contact needed staff on a priority basis.

Use of Volunteers in an Emergency: For purposes of this plan, volunteers may include those formally affiliated with the volunteer program, community members offering assistance, family members of residents, and/or *State or Federally designated health care professionals*. The IC (or designee) may assign volunteers to tasks which are within their scope of practice, abilities, and under the supervision of a qualified individual.

Communication System

- Fort Hudson has seven cellular telephones in the maintenance department. The assignments are:

Assigned to	Assigned #	Telephone #	Storage Location
Maintenance Mech	1	744-1273	Carried by Mech 7-3
Maintenance Mech	2	744-1656	Carried by Mech 7-3
Maintenance Mech	3	744-0677	Carried by Mech 7-3
Snow Call Phone	4	744-0009	Carried by Maintenance on Snow Call
Maintenance Director	5	744-4179	Carried By Director 24/7
Maintenance On Call	6	812-6200	Carried 24/7 by Emergency Maintenance Staff
Maintenance Supervisor	7	812-6208	Carried by Supervisor 24/7

See Loss of Telephone System for a Complete Summary of Telephone System Function

TRANSPORTATION RESOURCES: In the event of the need for large scale transportation, the following resources are available:

- Emergency Responders, including EMS (To be coordinated by Fire/Police)
- Facility Vans
- External Transportation Companies

ATTACHMENT B – TRANSPORTATION CONTACT LIST – INTERNAL

ATTACHMENT C – WHEELCHAIR VAN CAPACITY INVENTORY

Transportation Vans - Fort Hudson owns several transportation vans with wheelchair lifts. The capacity of these vehicles is:

Van #1- 2 wheelchairs and 8 seats
Van #2- 1 wheelchair and 10 seats
Van #3- 1 wheelchairs and 8 seats
Van #4 – 3 wheelchair and 4 seats or 2 w/c and 6 seats
Van #5 – 3 wheelchair and 6 seats
Van #6- 2 wheelchairs and 8 seats
Van #7- 2 Wheelchairs and 6 seats
Van #8- 3 Wheelchairs and 4 seats or 1 Wheelchair and 8 seats
Honda SUV- 3 seats plus driver
Ford Pick-up- 2 passengers and equipment transport
Chevy Pick-up- 2 passengers and equipment transport

Location: *Vans* are parked in the *south* parking lot near Laundry when not in use.

Keys:

- In the evacuation cart
- Daycare Office
- *Next to the k*ey box in the Maintenance Office.

The Maintenance Supervisor schedules regular service and preventive maintenance on transportation vehicles.

ATTACHMENT D – EMERGENCY EVACUATION – EXTERNAL

External Transportation Resources

- **Washington County (911)** will initiate a Mutual Aid alarm, which will notify Emergency Squad Ambulances and other Fire Departments. Washington County also has agreements with the area schools to provide busses for transportation
- **Hudson Falls High School** will provide additional lift vans for transportation. Hudson Falls will provide wheelchair equipped vans; 4 vans so equipped and 10 additional vans with capacity of 20 adults.
- **Transit Connection,** located in Glens Falls will assist in emergency transportation during non-business hours. They have wheel chair accessible vans and busses available, the number depending on their staff available.

ATTACHMENT E – COMMUNITY RESPONSE PARTNERS

Identification of Alternate Sites

Fort Hudson Nursing Home has commitments from many other facilities in the area to provide support in the event of a catastrophe. Transfer agreements will be maintained with regional health care providers, including but not limited to acute care and skilled nursing facilities to the degree available.

ATTACHMENT F – HEALTH PROVIDER NETWORK LIST

Implementation:

Incident Commander

(May delegate the following)

- Contact Washington County Emergency Services Communication: **911**
- Contact Administrative Personnel, Medical Staff and Maintenance On Call
- Make or delegate all necessary telephone calls. (See Disaster Plan Call Sheet: Attachment A and J)

- Assure that Doors #5 (Receiving), #3 (Employee Entrance) and #16 (Lobby entrance) are unlocked for Emergency Services.
- Have a staff member meet Emergency Services to describe conditions
- Coordinate evacuation efforts with emergency personnel
- Assign employee to report to entrance security to identify incoming employees (if necessary) that do not have ID badge. Provide TEMPORARY ID BADGES (Evacuation Kit)

OTHER CONTACTS TO BE MADE

- New York State Department of Health, Capital District Regional Office
- During Business Hours: (518) 408-5300 (main number)
    i. During Off Hours:1-866-881-2809
    ii. Administrator On Duty (pager): (518) 484-7181
- Office of Health Systems Emergency Preparedness
    i. (518) 408-5163
- Ombudsman (if indicated)
    i. 932-2984 OR 1-800-342-9871

PRESS – PUBLIC RELATIONS

For the purpose of providing consistent and accurate information on events and conditions which would aid in the facility response. Information to be included in the press release will be based the circumstances presented.

NO PRESS RELEASE WILL BE ISSUED WITHOUT APPROVAL FROM THE Incident Commander OR Chief Executive Officer

PR Locations

- Media, including radio and television
- Families: provide receptionist, social work, or supervisor with brief script as necessary
- Social media (Facebook and/or Twitter)

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- **Social Services Director** and Social Services staff will notify the resident's emergency contacts of the evacuation and the resident's specific evacuation destination using the prepared script (see above).
- Maintain list of all contacts made
- During non-business hours, this task will be assigned by the nursing supervisor, or will contact social services to assist.
- At the direction of the incident commander, Fort Hudson may utilize its email software, website, and/or Facebook page in an effort to update family contacts expediently.

Charge Nurses Responsibility:

- Report to your assigned nursing station to direct staff.
- Direct nursing staff to prepare all residents to leave the building
- Provide nursing staff with brief description of plan that will inform residents of the need and plan to evacuate.
- Use laundry carts to move the medical charts, medications and essential resident supplies to a safe area and then to the evacuation area on the first available vehicle.
- Assemble needed equipment and supplies as time permits.
- Notify *Incident Commander* of oxygen left in the area.
- Keep the *Incident Commander* informed of the progress of your evacuation process.
- Keep attendance check on all residents, visitors and staff.

Nursing Staff

Prepare Residents for Evacuation

- Nursing staff will inform residents of the conditions that require their evacuation in a manner that conveys urgency, with positive reinforcement. Residents who are unable to speak for themselves are identified on their care plan. The care plan is attached with Velcro to the back of the resident's bed.
- All reasonable attempts will be made to provide the same evacuation information to those residents who are unable to speak for themselves and to verify their understanding.

E-Finds

ATTACHMENT G - E-Finds Instructions

NYS DOH has instituted an electronic tracking system for residents who are evacuated out of the facility. This system requires access to HCS, and staff trained in its use. E-Finds equipment is located in the emergency cart.

Tag Evacuated Area

- As rooms are checked and evacuated, close doors and place an **orange tag on the door handle**. Orange tags are located in the Dr. Red box at the nurse's station.
- When everyone is evacuated and accounted for, **seal the area** by closing the fire doors and marking them by hanging plastic orange markers on the handles.

Resident Evacuation Destination

Predetermination of Destination: All residents of Fort Hudson are considered appropriate for transfer to other skilled nursing facilities first, and to acute care facilities only in the event the receiving SNF is unable to accommodate the resident condition.

General PREDETERMINATION GUIDELINES:

- **S wing** (ambulatory with cognitive impairment): Transfer to those facilities with locked/secured areas OR home with family. DO NOT transfer to unattended areas without direct, continuous supervision present.
- **D wing** (light care): Transfer to Assisted Living facility or home with family to degree possible.
- **A wing**: Clinical condition or equipment in use may require transfer to acute care for some residents, based on circumstances at that time.
- **B & G wings**: Generally assumed to require SNF level of care

NOTE: Verify sufficient staff or EMS personnel are on site at the receiving location.

When the determination to evacuate the nursing home is made, residents will be transferred, first to a triage area (see above: **Resources and Evacuation**). Medical or nursing staff at the triage location will coordinate evacuation destinations based on resident needs.

"Chain of Custody" Form

ATTACHMENT H – CHAIN OF CUSTODY FORM

Complete and attach to the resident's chart to track the evacuation destination of each resident, their chart and medications.

Triage Team: Maintain a separate, duplicate log of each resident's evacuation destination. This log and the top copy of the Chain of Custody Form will be delivered to the IC when all residents have been evacuated.

Administrative and Nursing staff from Fort Hudson Nursing Center will continue to provide care to residents in their relocation site as appropriate to the outcome of the disaster. Residents will be returned to Fort Hudson when suitable conditions are restored using transportation resources as available.

Program Coordinator / Adult Day Care (Medical and Social)

- Daycare staff will be responsible for registrants until they can be transported to their homes.
- Contact the families of registrants. Request their assistance to transport their family member.

Off Duty Employees

- Stand by at home to be contacted for assistance. If conditions appear to warrant additional staff support, report to facility and follow directions of security or Incident Command.
    - If reporting to Fort Edward High School, approach via Burgoyne Ave. if possible to avoid traffic congestion on Broadway.

- Wear nametags to identify yourself as an employee to emergency personnel on the scene.
- Monitor cell phones for text messages; social media for public notice information

Resources/Evacuation

Resident Evaluation

The mobility of residents is assessed on admission, quarterly and with significant changes. This information is documented in the resident's comprehensive care plan. During a total evacuation, residents will be transported with equipment required by their level of mobility and other clinical needs.

- **Ambulatory** residents will be escorted by nursing staff to the nearest transportation van.
- **Ambulatory** residents requiring **walkers** will be transported to the nearest fire exit with their assigned walker to the nearest transportation van.
- **Non-ambulatory** residents requiring **wheel chairs** will be transported in their assigned wheelchair out the nearest fire exit and onto a transportation van.
- Residents **confined to their beds** will be transported by ambulance to Glens Falls Hospital, Saratoga Hospital or Bennington Hospital based on bed availability.

Resource Location

- Wheelchairs: Physical Therapy, Room 118 (total of 20)

Residents will be escorted to the nearest fire exit to evacuate the building. Transportation vehicles will be used to move residents from the lower parking lot and the Main Entrance to the **Oaks** for temporary shelter and further assessments. If the Oaks is unavailable, **Fort Edward High School** and **Hudson Falls High School** have committed their resources in the form of the gymnasium and transportation vehicles. (see **Attachment B**). The evacuation cart will be transported to the triage area.

Evacuation Equipment

The CEO, Nursing Supervisor, Administrator, CFO, Director of Human Resources, Director of Housing, Security Officers and the Director of Plant Operations have **master keys** that allow access to any area in the facility. They will provide access to evacuation equipment or assign that task during an evacuation.

- Security Officers will inventory and document the location of evacuation equipment quarterly.

Emergency Evacuation Cart

Location: Staffing Office (BASEMENT)
ADON/Education Office D wing (Main Floor)

Items on Carts:

- ✓ Chain of Custody Forms (200)
- ✓ Paper, Pens
- ✓ Plastic sealable bags for medication transport
- ✓ Permanent Markers
- ✓ Flashlights, batteries
- ✓ Extra set of vehicle keys
- ✓ Resident ID bracelets

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- ✓ Temporary Employee ID Tags
- ✓ Current copy of Emergency Plan

ADON/Education Office (D wing)

- ✓ **E-Finds Scanner, Instructions, Forms**

Resident charts and medications

- ♦ To be transferred with resident upon evacuation.
- ♦ Laundry carts for transporting resident charts off unit are located in the Laundry.
- ♦ After normal working hours, the laundry is locked but accessible by housekeeping and the **master key** holders (see above).

Controlled Substances:
INCLUDE COUNT SHEET IF TRANSPORTING CONTROLLED SUBSTANCES

Controlled Substances are ordinarily maintained under double lock security. In the event of evacuation, prescribed controlled substances AND the corresponding COUNT SHEET will be transferred with the resident's medications. The receiving facility, upon acceptance and review of the medical information and medications, will secure such controlled substances according to their existing protocols.

Oxygen
Location: clearly marked (OXYGEN) room in A-Wing basement. There is an exterior door at ground level in the oxygen room. Oxygen supplies will be rolled to the outside and transported to support areas when practical.

Employee Training

Ongoing training of employees is essential to the success of this program, and for key staff to understand their role in the event of the plan's execution. Such training will be accomplished as follows:

Key Staff: To include administrator, department managers, nursing supervisors, safety officer.

- ♦ Will be provided with complete Comprehensive Emergency Plan for immediate reference.
- ♦ Will participate with community response plan drills
- ♦ Will have annual tabletop review of core components of plan, outlining individual responsibilities as necessary consistent with current regulation

Facility Staff: To include all employees.

- ♦ Will receive annual in-service training on the essential elements of disaster plans, including evacuation procedures.

Surge Plan

Overview

Fort Hudson Nursing Center is prepared to respond to natural disasters and chemical, biological, radiological, nuclear and explosive (CBRNE) events in partnership with other area long term and acute care medical facilities and local, county and state agencies. This facility has the capability and capacity to provide UP TO 20 beds, housing and limited medical care to patients/residents of its Health Provider Network and Regional Response Partners as needed (actual number will vary based on census and other factors). The following assessments (attachments) and contact information will be provided and updated or reviewed annually, with a letter of commitment to appropriate agencies and facilities.

ATTACHMENT I & J – SURGE CAPACITY AND CAPABILITY

Contact Information

Fort Hudson Nursing Center	Nursing Supervisor	Phone Fax Cell	747-2811 747-2740 260-4017
CEO	Andrew Cruikshank	Cell Phone:	275-7922
Administrator	Amanda Waite	Cell Phone:	321-9400
Director of Nursing	Holly Vaughn	Cell Phone:	260-1277
ADON - Clinical Services	Cindy Bonnaci	Cell Phone:	222-9485
ADON – Quality	Katie Blackmer	Cell Phone:	920-0609
Director of Plant Operations	Josh French	Cell Phone:	744-4179

ATTACHMENT K – OVERBEDDING LOCATIONS

Upon notification of need, the Fort Hudson contact receiving the call will initiate preparations to receive transfers.

- Maintenance Staff will move beds from the Fan Room and Classroom to Areas Identified by Nursing Leadership and the Incident Commander to safely meet the needs of residents temporarily (Examples include S wing lounges, D wing lounge, day care areas, dining areas).
- Nutritional Services will convert to paper plates and the Disaster Menu until food supplies can be adjusted to meet the increased census.
- Nursing will:
  - Establish a control station with a desk, telephone and chart storage in the Jane McCrea Room
  - Establish Triage to determine appropriate placement of incoming patients within the facility
  - Establish control and distribution systems for medications.

- Redistribute licensed medical staff and adjust staffing.
- ♦ Housekeeping will provide linens and make beds.
- ♦ Long Term Care facilities evacuating to Fort Hudson will supply staffing to meet the needs of their residents

Incoming Transfers

As transfers arrive at Fort Hudson Nursing Center, they will be identified by nursing staff and evaluated by the triage team to determine placement within this facility.
The **Triage Team** will consist of:

- ♦ One RN
- ♦ One LPN
- ♦ One Social Worker
- ♦ Two CNAs

Incoming transfers will be evaluated by nursing staff. Their admission and receipt of accompanying medications and medical records will be documented by nursing staff, using E-Finds if appropriate. The Social Worker will remain in contact with the facility transferring the patients/residents to verify their arrival and exchange pertinent information between facilities. CNAs will move evaluated transfers to their beds and respond to their immediate needs.

Health Commerce System

See Policy "*Health Commerce System*"

Fort Hudson maintains active HCS accounts as required existing regulation. Policies have been developed to assure systems are in place to regularly access the HCS for updates and to communicate pertinent information in times of emergency.

Disaster Plans

See "*Disaster Plans –Policies and Procedures*"

Based on the Risk Assessment and prioritization of potential events, written plans have been developed to guide facility and staff actions in the event of an emergency/disaster. These plans take into consideration the capabilities and competencies of the employees, building structures and safety features, etc. with the goal of preservation of life and resident/staff safety.

Copies of the Comprehensive Emergency Management Plan will be provided to:

- ♦ **NYSDOH (**if/when required or requested)
- ♦ **Washington County Office of Emergency Services** upon request
- ♦ **Fort Edward Rescue Squad** upon request
- ♦ **Fort Edward Fire Department** upon request

Attachment A

Disaster Plan Call List

Administrative Personnel

CEO	Andrew Cruikshank	Cell Phone:	518-275-7922
Administrator	Amanda Waite	Cell Phone:	518-321-9400
Director of Nursing	Holly Vaughn	Cell Phone:	518-260-1277
ADON	Cindy Bonnaci	Cell Phone:	518-222-9485
ADON – Quality	Katie Blackmer	Cell Phone:	518-920-0609
Chief Financial Officer	Jack Coburn	Home: Cell Phone:	518-373-2835 518-526-9451
Director of Plant Operations	Josh French	Home: Cell Phone:	518-742-9773 518-744-4179
Director of Admissions	Shannon Mileski	Home:	518-321-2621
Maintenance Supervisor	Craig Corey	Cell Phone:	518-361-8893
Food Service Mgr	Amanda Burns	Cell Phone:	518-930-8656
Hskp/Laundry Ops Mgr	Stephanie Hoard	Cell Phone:	518-223-2833
The Oaks Director	Shawna Cruikshank	Cell Phone:	518-281-0292

Medical Staff

Medical Director	Dr. Philip J. Gara	Home: Cell Phone	518-583-1213 518-796-1281

Maintenance On Call Pager 518-812-6200

Emergency Services - 911

Fire Department (Mutual Aid)	Rescue Squad
Fort Edward Police	Washington County Sheriff
New York State Police	Washington County Emergency Services

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Attachment B

Transportation Contact List – INTERNAL
(List subject to change on regular basis - Consult with Day Care Director for current list)

Name	Department		Contact Number
Jeff Ball	Driver		518-409-0440
Jackie Beadnell	CNA/Driver	Cell:	518-926-9800
Chris Berg	Driver		518-932-7992
Terri Bristol	LPN / Daycare		518-638-6120
Pete Brophy	Driver	Cell:	518-692-2671
	CNA / Daycare		
Denise Golonka	Driver	Cell:	518-932-6133
Vicki Hammond	CNA/Driver	Cell:	518-692-9596
Lauryn O'Keefe	CNA/Driver	Cell:	518-232-1986
Debbie Parker	Driver	Cell:	518-681-9960
Jean Hayes	CNA/Driver	Cell:	518-791-4916
Ashley Weatherwax	Activities	Cell:	518-852-5915

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Attachment C

Transportation Wheelchair Van and Capacity Summary

Van 1

- Capable of carrying 2 wheelchairs.
- 2 shoulder /lap belts (2 extra lap belts) for wheelchairs
- 8 seats w/lap belts
- 8 sure- locks for wheelchairs
- 2 extenders

Van 2

- Capable of carrying 1 wheelchair
- 10 seats w/shoulder and lap belts
- 4 sure-locks
- 1 shoulder/lap belt for wheelchairs
- 2 extenders

Van 3

- Capable of carrying 1 wheelchair
- 8 seats w/shoulder and lap belts
- 4 sure-locks
- 1 shoulder/lap belt for wheelchairs
- 2 extenders

Van 4

- 3 wheelchairs + 4 ambulatory
- 1 wheelchair + 8 ambulatory
- 3 flip seats
- 6 sure locks
- 2 extenders (seat belt)
- 3 shoulder/lap belts for wheelchairs

Van 5

- 3 wheelchairs
- 6 seats and lab belts
- 1 belt w/c
- 2 extenders
- 12 sure locks for w/c

Van 6

- Capable of carrying 2 wheelchairs
- 8 seats w/lap belts
- 8 sure-locks
- 2 shoulder/lap belts for wheelchairs

Van 7

- Capable of carrying 2 wheelchairs
- 6 seats w/lap belts
- 8 sure-locks
- 2 shoulder/lap belts for wheelchairs
- 2 extra lap belts

Van 8

- Capable of carrying 3 wheelchairs
- 8 seats w/lap belts
- 12 sure-locks
- 3 shoulder/lap belts for wheelchairs

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Emergency Evacuation - EXTERNAL

As a county, it has been determined in our regional emergency drills that should an evacuation be indicated for the facility that we would be utilizing Deputy Director of Public Safety to run as our communication intermediary with the local school districts.

Tim Hardy 518-747-3325 PSAP
Dep Director 518-747-7520 OFFICE
518-746-2157 FAX
518-812-9180 CELL

Glen Gosnell 518-796-1400 CELL
Director

Fort Edward High School (Keys)

Superintendent Office		518-747-4529 Ext. 3101
Bldgs. and Gnds.	School	747-4872
Transportation Office		518-747-4529 Ext. 3120
Principal		518-747-4529 Ext. 3102

Hudson Falls Intermediate School (Keys)

Bldgs. and Gnds.	Phone: (518) 681-4400

Wheelchair equipped vans: 4 vans so equipped and 10 additional vans with capacity of 20 adults.

Transit Connection, located in GF can assist in emergency transportation during non-business hours. They have wheel chair accessible vans and busses available, the number depending on their staff available.

Contact person for the Transit Connection: Kevin White	Work Phone: 761-0019 Home phone: 798-1890

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Attachment E

Community Response Partners
Contact List

When Disaster Strikes…

Call 9-1-1, The Washington County 911 – Emergency Communications Center

Agency	Phone	Fax	E-mail Home
Washington County Emergency Services (Glen Gosnell, Director)	747-7520	746-2157	ggosnell@co.washington.ny.us
Washington County Sheriff (Jeffrey Murphy)	746-2475	746-2483	jmurphy@co.washington.ny.us
Chief Administrative Officer	746-2100	746-2108	
Fire Coordinator (Ray Rathbun)	746-2255	746-2157	rrathbun@co.washington.ny.us
Washington Co. Public Health Nursing Service	746-2400	746-2410	
Office of the Aging	746-2420	746-2421	
NYSEMO (Warning Point)	457-2200	457-9930	
NYSEMO Reg. III	**793-6646**	**793-6647**	SEMOregion3@semo.state.ny.us

Call 911 For

Washington County Sheriff's Department

New York State Police

Fire Department (Mutual Aid)

Fort Edward Rescue Squad

Fort Edward Police

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HEALTH PROVIDER NETWORK

Provider Type	Name and Address	Contact Information	Year of Most Recent Agreement
Acute Care	Glens Falls Hospital 100 Park St. Glens Falls, NY 12801	518-926-1000	2017
Acute Care	Saratoga Hospital 211 Church St. Saratoga Springs, NY 12866	518-587-3222	2017
Skilled Nursing Facility	Wesley Health Care Center 131 Lawrence St. Saratoga Springs, NY 12866	518-587-3600 518-691-1402	2024
	Wells Nursing Home 201 West Madison Ave. Johnstown, NY 12095	518-762-4546	2023
	Washington Center 4573 State Rt. 30 Argyle, NY 12809	518-638-8274	2023
	Granville Center 17 Madison St. Granville, NY 12832	518-642-2710	2024
	Slate Valley Center 10421 St. Route 40 Granville, NY 12832	518-642-2346	2024
	The Pines 170 Warren St. Glens Falls, NY 12801	518-793-5163	2024
Assisted Living/Housing	The Landing At Queensbury 27 Woodvale Rd. Queensbury, NY 12804	518-793-5556	2024

E-FINDS

Evacuation of Facilities In Disaster Systems

Getting Started

The **e-FINDS** Data Reporter and **e-FINDS** Administrator role have access to the patient tracking application. From the **My Account** link, on the menu bar (top right) of the Health Commerce System (HCS), click See what roles I hold to verify that you are in one of the e-FINDS roles. If you are not in an e-FINDS role, please contact your facility's HCS Coordinator. Locate your coordinators from **My Account** > Look up my coordinators. Click Update or verify my contact information to access and update your business and emergency contact information to receive communications.

Evacuating Facility: Register Patient/Resident with Scanner

Evacuating facilities may not have time to complete the registration process, so multiple time saving options are available

1. Scan a barcode OR click **Register Patient/Resident** > **With Scanner.**
2. Confirm message: Barcode is located. You can register a new Patient/Resident with it.
3. **If time allows**, enter first name, last name, date of birth (mm/dd/yyyy), gender, etc.
4. Verify the Evacuation Operation OR select another operation from the list.
5. Verify the patient/resident current location is correct.
6. Select the Intended Destination Organization type, if necessary.
7. Select the Intended Destination.
8. Enter the Bulk Group; such as bus no. or transportation description.
9. Click **Register**. If the required fields are not complete, you will receive an error message.
Click **Override** to bypass the error.
10. Confirm message: Patient/Resident info is updated.

Open e-FINDS

1. Log on to the HCS (https://commerce.health.state.ny.us). If you cannotremember your user id or password, please call Commerce Accounts Management Unit at 1-866-529-1890.
2. Click **e-FINDS** in the **My Applications** panel (left side). If you do not see e-FINDS, then you are not in an e-FINDS role (see Getting Started).
3. Select your current location from the dropdown list.
4. Click **Submit,** and proceed to one of the following actions.

Evacuating Facility: Registers Multiple Patient/Resident

e-FINDS Administrator Role Only

1. Click **Register Patient/Resident** > **Multi Patient/Resident Input.**
2. Verify Evacuation Operation and Current Location.
3. Select Intended Destination.
4. Enter the number of barcodes to be assigned.
5. Click **Generate Fillable Spreadsheet.**
5. Enter known information, such as first name, last name, date of birth (mm/dd/yyyy), and gender.

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6. Click **Save all Patient/Resident.**
7. Verify message: Successfully saved {correct # being evacuated}Patient/Resident and click **barcode** to view or update the patient or resident information.

Evacuating Facility: Updates Multiple Patient/Resident

e-FINDS Administrator Role Only

1. Click **Update Patient/Resident > Multi Patient/Resident Update.**
2. Verify your location.
3. Select the Action Type: **Releasing Patient/Resident From this Location,** OR **Change Operation for Patient/Resident at this Location.**
4. Select the Intended Destination.
5. Enter the Bulk Group, for example transport via bus.
6. Click **Load All Patient/Resident.**
7. Select All OR select Update for each patient/resident.
8. Click **Release Selected Patient/Residents OR Change Operation for Selected Patient/Resident.**
9. Verify Successfully updated {#} Patient/Resident.

Evacuating Facility: Generates Barcoded PDF Log OR Uploadable Barcode Spreadsheet

e-FINDS Administrator Role Only

1. Click **Manage Barcodes** > **Generate Barcodes Spreadsheet.**
2. Select or verify the current location.
3. Enter Start and End barcode numbers, e.g., 4—13 for ten patient/residents to be relocated.
4. Select the PDF if you want a scannable barcode log OR select EXCEL for the upload patient/resident option.
5. Click **Generate.**
6. Print the PDF OR save the Excel spreadsheet to your computer.

Note: PDF files cannot be uploaded, but could be sent with transport. The Excel file can be updated with patient/resident information and uploaded to e-FINDS. See upload instructions below.

Quick Search

1. Click **Home** on the e-FINDS menu bar.
2. Scan a barcode, enter a barcode number, OR enter first or last name in Quick Search (located top right). If necessary click **Quick Search**.
3. Locate the correct patient/resident record.
4. Click the Barcode (Serial ID) link.
5. Verify: Patient/Resident is found. You can update the information.
6. View, Add, or change the necessary information.
7. Click **Update Patient/Resident.**

If a person has never been to your facility, you will NOT be able to search for them.

Evacuating Facility: Uploads Multi Patient/Resident File

1. Click **Register Patient/Resident** > **Patient/Resident Upload File.**
2. Verify the Evacuation Operation and current Location.
3. Click **Browse**.
4. Locate the Excel file with **saved** patient/resident information. Hint: search for nys_e-FINDS file name with facility id, date and time.
5. Click **Open** to add file.
6. Click **Upload**.
7. Verify the patient/resident information is updated, and edit information as needed.
8. Click **Save All Patients/Residents.**

Note: If the Excel file has no patient or resident information, then the file cannot be uploaded.

Receiving Facility: Updates Patient/Resident without Scanner

1. Click **Update Patient/Resident** > **Multi Patient/Resident Update.**
2. Verify your location.
3. Select **Checking in Patients/Residents into this location.**
4. Verify the patient or resident is correct.
5. Click **Select All** OR **Update** for each patient or resident being received.
6. Click **Check in Selected Patient/Resident.**
7. Confirm Message: Successfully updated {correct #} of Patient/Resident.

Shelter-in-Place (SIP)

If an evacuating facility determines that a patient or resident would be safer if **not** moved to another location, then the patient or resident will shelter in place. If the patient or resident is already registered in e-FINDS, then click Shelter-In-Place to change the Intended Destination to the current location.

Receiving Facility: Updates Patient/Resident with Scanner

1. Click **Update Patient/Resident** > **With Scanner**
2. Scan a barcode and click **Submit,** if necessary.
3. Confirm message: Barcode is located. You can register new Patient/Resident with it OR Patient/Resident is found. You can update the information.
4. Enter or confirm information, including Evacuation Operation and the current patient/resident location.
5. Click **Register**, **Update,** or **Override**.
6. Confirm message: Patient/Resident info is updated.

(518)747-2811

Chain of Custody Form

This form will accompany the resident from the point of origin to the final destination.

RESIDENT NAME_____ **DATE**_____

TRANSFER DESTINATION #1 _____ TIME OF TRANSFER_____

TRANSPORTATION SERVICE USED _____

MEDICAL RECORD WITH RESIDENT?……. YES ☐…NO ☐

MEDICATIONS WITH RESIDENT?…….. YES ☐…NO ☐

ARE CONTROLLED SUBSTANCE WITH RESIDENT? …… YES ☐…NO☐

Signature of Sender _____

TRANSFER DESTINATION #2 _____ TIME OF TRANSFER_____

TRANSPORTATION SERVICE USED _____

MEDICAL RECORD WITH RESIDENT?……. YES ☐…NO ☐

MEDICATIONS WITH RESIDENT?…….. YES ☐…NO ☐

ARE CONTROLLED SUBSTANCE WITH RESIDENT? …… YES ☐…NO☐

Signature of Sender_____

SIGNATURE OF DESTINATION RECIPIENT_____

***BACK COPY TO STAY AT FORT HUDSON**SECOND COPY TO REMAIN AT FIRST DESTINATION**

***Original (top) to remain with resident to final destination

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SURGE CAPACITY

PURPOSE: To provide facility-specific data to assist in determination of surge capacity when working with community partners.

FACILITY: ___Fort Hudson Nursing Center, Inc._____

ROOMS:	TOTAL #	N/A	COMMENTS
Private rooms	41		
Isolation rooms (minus neg. pressure rooms, if any)	1		S-Wing rm. #36
Negative pressure rooms	0		
Vent rooms (in regular use)	0		
Vent access rooms (O2, comp. air, & suction wall outlets)	0		
Oxygen, wall outlet rooms	0		
EQUIPMENT:			
Suction machines (other than dining rooms)	1		
Vents (standby)	0		
▪ Ambu bags	5		
Oxygen:			
▪ Humidifying equipment (standby)	100		
▪ Portable Liquid Oxygen Tanks	50		
▪ Concentrators (standby)	12		
Wheelchairs (standby)	10-15		
Stretchers (gurneys)	0		
Parenteral nutrition pumps (standby)	0		
Intravenous infusion pumps (standby)	3		
OTHER:			
▪ Enteral Nutrition Pumps	12		
▪			
SUPPLIES:			
Intravenous:			
Solutions (e.g. D5W, NS)	yes		
Tubing (e.g. straight, Y)	yes		
Access needles (e.g. Butterfly, angiocath)	yes		
Huber needle Extension sets: (Y, straight, 90 degree)	yes		
PPE	**Total #**	**N/A**	Based on NYS rolling average calculations – 60 Day LOCKED Vault (located across from Shipping and Receiving Entrance) houses a supply above and beyond central supply stock and is only to be utilized at the direction of NYSDOH
N-95	6000		
Surgical masks	19200		
Disposable Face shields	2513		
Disposable gowns	18580		
Gloves	221280		

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OTHER			
Decontamination capability on site	No		
In-house pharmacy yes no	No		
Comprehensive off-duty staff contact protocol	Yes		

Attachment J

SURGE CAPABILITY

STAFF TYPE	TYPE OF CARE ABLE TO PROVIDE	Y	N
Nursing staff	Vents		X
(RN, LPN, CNA)	Trachs *(ESTABLISHED)*	X	
	Passey Muir valves		X
	Parenteral infusion:		
	• Peripheral	X	
	• PICC	X	
	• Ports	X	
	• TPN		X
	• Central lines		X
	• (other)		
Complex dressings		X	
Post Traumatic Brain Injury (TBI)		X	
Severe behaviors			X
Psychiatric matters			X
MDs on staff	Pulmonologist		X
	Neurologist		X
	Psychiatrist		X
	Internist	X	
NPs	Indicate specialty, if indicated:		X
PAs	Indicate specialty, if indicated:		X
Other	▪		
	▪		
	▪		
	▪		
	▪		
CPR	Is there CPR certified staff 24/7? ***	Yes	

OVER-BEDDING LOCATION/S

Location/s (list each facility area separately)	Number of persons able to accommodate	Toileting area available		Meal (eating) area available		Comments
A-Wing Solarium	4	yes		yes		
B-Wing Solarium	4	yes		yes		
A and B dining rooms	6 (each)	Adj.		Yes		No call bell system; requires alternative such as tap

Total over-bedding capacity:

Additional
Comments: **10 Beds Available:** Fort Hudson has 10 beds available. The mattresses vary in style (pressure relieving, alternating air flow, perimeter and non pressure relieving) depending upon current facility needs.
Oxygen: Fort Hudson Nursing Center provides portable liquid oxygen units for residents. There are 62 available. These units are re-filled in-house and provide 8 hours of oxygen when set at 2 liters/hr. Fort Hudson regularly stocks enough liquid oxygen to provide 325 refills between deliveries. Haun Welding Supply of Glens Falls delivers oxygen to this facility three times a week (MWF). A normal delivery averages 10 e-tanks, 5 H-Tanks (compressed air oxygen upon request only), 10 liquid oxygen fill stations and 4 GP-55 Liquid Oxygen Cylinders. This system supplies the needs of this facility for up to 4 days. Haun Welding Supply has always provided reliable service. Obviously, in a major disaster, deliveries could be impeded. Under most conditions, Haun is available on an emergency call basis and this facility has room to increase storage capacity to accommodate up to 20 additional residents requiring oxygen.
Nurse Call Availability: Nurse call systems exist in some over-bedding areas but are not equipped for call cords. Slap Bells are available. Call systems are available in associated toileting areas.
Portable Privacy Screens: A limited number (8) of privacy screens are available.

Licensed Nursing Staff: On grounds 24/7
Emergency Electric Generator : 250 Kw capacity
Duel Fueled Boilers: May operate on gas or oil