

EMERGENCY PREPAREDNESS PLAN

**GREENFIELD HEALTH
AND
REHABILITATION CENTER**

**5949 BROADWAY
LANCASTER, NEW YORK**

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TO ENSURE AN EFFECTIVE PLAN THE FOLLOWING WILL BE DONE:

1. Maintain an **agreement with the Western New York and Regional Mutual Aid Plans. This will make available evacuation sites, supplies, staff, and transportation vehicles** in the event of a fire or other disaster.
 - a) Facility must set up and maintain agreements with Stop-over Point.
 - b) Participate in all applicable Plan drills.
 - c) Attend (or have a representative attend) the Annual Meeting.
 - d) Notify membership of any changes at your facility which may affect the Plan
2. Maintain a Safety Committee. This group can also serve as the Emergency Preparedness Committee, and be responsible to **review** (at least annually) and update the fire and disaster plans. In addition, they will assist in determining what section of the Emergency Preparedness Plan will be utilized for the drills.
3. Initial orientation and annual review of the Emergency Preparedness procedures is required for all staff. It will be the responsibility of the In-service Coordinator to maintain records for this training.
4.
 - a) Two disaster **drills** will be conducted annually, approximately six months apart. One of these will be a mass casualty drill.
 - b) Twelve fire drills (one each month on a different shift) will be conducted.
5. Maintain a list of in house@ supplies (72 hours/3 days is a minimum goal) and local suppliers, including telephone and fax numbers, for the following: (Refer to the Section of the plan regarding Contractor and Vendor numbers)
 - Director of Nursing:
 - Staff
 - Pharmaceutical Supplies
 - Medical Supplies
 - Director of Food Service:
 - Food (perishables and staples) (See Plan)
 - Disposables
 - Director of Housekeeping/Laundry:
 - Linen (See Plan)
 - Director of Maintenance/Engineering:
 - Industrial and Potable (drinking) water (See Plan)

6. Notification of off-duty staff:

The Administrator should maintain an up-to-date list of all staff telephone numbers, and will activate the Apyramid phone system@ for emergency notification of off-duty staff. See page #61-62.

If the Administrator/Incident Manager wishes to have off-duty staff return to the facility, a pyramid call system will be used; this system can be activated in segments with no one person making an unacceptable number of calls. See notification of off duty staff list.

Staff are requested to remain at home, if not on duty, until notified by the department supervisor or Administrator. Staff will be told what is needed and where they are to report.

If telephone service in the community has been disrupted:

- Go to the local radio station to request a Abroadcast@
- Seek help of amateur radio operators
- Go personally to staff homes
- Utilize cellular services

EMERGENCY PREPAREDNESS PLAN

GENERAL

In the event of a disaster [or notification of a strong possibility of one] the person in charge of the facility shall notify the following as needed:

NOTE: Any staff member becoming aware of a disaster should notify their immediate Supervisor. *When deemed necessary by appropriate person (i.e.: administrator, fire, or police dept.

- 1) Appropriate External Authority (Fire, Police, etc.)
- 2) Administrator
- 3) Director of Nurses
- 4) Senior Nursing Leadership on duty
- 5) Director of Maintenance

In the absence of the Administrator, the individuals listed above will act in place of the Administrator.

THROUGHOUT THIS PLAN, THE TERM "ADMINISTRATOR" WILL REFER TO THE HIGHEST RANKING PERSON IN THE FACILITY, AS ABOVE.

THROUGHOUT THE PLAN REFERENCE IS MADE TO THE RESPONSIBILITIES OF PARTICULAR DEPARTMENTS AND DEPARTMENT **SUPERVISORS**. AT TIMES WHEN THESE DEPARTMENTS ARE NOT STAFFED, OR DEPARTMENT **SUPERVISORS** ARE NOT AVAILABLE, THOSE STAFF ON DUTY WILL ASSUME THE RESPONSIBILITIES OF THE DEPARTMENTS AND CARRY THEM OUT TO THE BEST OF THEIR ABILITY.

ADMINISTRATOR/INCIDENT MANAGER:

1. **Verify** the disaster and **activate** the appropriate disaster plan. In consultation with appropriate staff [and possibly outside agencies], the Administrator shall assess the magnitude of the disaster and tailor the planned response accordingly. This will include the possible call-in of off duty staff, as well as assigning staff to carry out the responsibilities of departments that are not staffed at the time of the disaster. When an authority having jurisdiction (**Fire Chief, Emergency Preparedness Coordinator, etc.**) is on the scene, **termination** of the disaster should be done in consultation with them.
2. Set up a **Command Post** and implement the appropriate parts of this Emergency Preparedness Plan. Unless otherwise necessary, the location of the Command Post will be at the Reception Desk.
As deemed necessary, summon department **supervisors** to the Command Post to give specific instructions and distribute Job Action sheets.
The facility Command Post shall coordinate with the Emergency Authority Incident Command Post by a runner, or the Nursing Supervisor=s portable telephone

Appoint Documentation Recorder/Scribe for Command Post.

NOTE - In a fire situation the Command Post is with the Fire Chief

NOTE: The above shall not prevent staff from taking immediate actions necessary to protect lives and property prior to being given specific instructions by administration.

3. Put on **your** I.D. and advise all staff reporting to the facility to wear **I.D.** badges and assign a means of identification. Temporary ID for those without ID badges will be made at the time, as necessary.
4. In consultation with appropriate staff, determine the need to curtail normal routines such as admissions, routine medical treatment, visiting hours, etc.
5. **Notify** the N.Y.S. Department of Health, WNY Regional Office (847-4320) of the disaster in a timely fashion.
6. Ensure that an **incident report** is written and copies filed with appropriate authorities, as well as a copy kept on file for the facility.
7. Make provisions for the following, as necessary:
 - **Transportation** of families to safe places or to the facility, if no other choice exists. (See procedures for Influx of Residents/Families, Temporary Housing and Transportation)
 - **Housing** of staff families displaced by the disaster. (See Influx of Residents / Families, Temporary Housing & Transportation)
 - **Staff Management**, including disaster work hours, meal times, sleep schedule, etc, as well as stress debriefing
8. Staff Training
All staff are in serviced on fire safety, disaster drills, mutual aid, and evacuation drills during orientation and on a yearly basis. Fire drills are conducted on a monthly basis.

DEPARTMENT SUPERVISORS:

1. Report to Command Post as directed.
2. Communicate with Command Post, reporting situation updates as applicable. Account for staff on duty and those assigned to you. Keep coordinator of staffing pool informed.
3. Ensure that any emergency supplies used during the disaster are replenished as quickly as practical following the disaster.

BUILDING SECURITY (Use Facility Staff or Request Help From the Local Police Department):

1. When necessary, and if possible, assign a staff person at the vehicle entrance to direct traffic and parking.
2. Assign staff to the building entrances, where applicable, to secure against unauthorized entry.
3. Lock doors to **prohibit unauthorized entry from the outside. Caution: Do not interfere with the capability to exit the facility.**
4. Consider use of contract security companies.

STATEMENTS TO FAMILIES AND NEWS MEDIA

Administration or designee will serve as the **Public Information Officer for the facility** and be responsible for issuing any statements to the news media and / or families of residents. No one will have the authority to make public statements without the approval of Administration.

The Public Information Officer will be responsible for establishing a procedure to notify families / responsible parties, as well as to establish **separate** areas to receive the media and / or families.

Area to host News Media - Admitting Office
Hosted by the Administrator or CEO

Area to host Families – Unit A Dining
Hosted by the Social Worker

* This can be modified as the situation dictates.

* Establish a central area (perhaps the Command Post) where updated information regarding the disaster can be put on a bulletin board to keep staff knowledgeable of current status of the disaster.

STAFFING POOL

If it is felt that conditions warrant, the Command Post will summon all available on (or off) duty staff to a Staffing Pool . At the time the Staffing Pool is established, the Command Post will also assign a **designated person** to be in charge of it. This person will be responsible for accountability of staff (both those that have come in from home and on-duty staff) as reported by department supervisors. Report staff availability to the Command Post as requested.

Unless decided otherwise by the Administrator, the location of the Staffing Pool will be in the Unit A dining room or Auditorium.

Off-duty staff called in shall report to the Staffing Pool, unless otherwise instructed. The person in charge of the Staffing Pool shall be responsible to ensure that all off-duty staff are logged-in as they arrive, as well as all staff being logged-out as they are dispatched from the Staffing Pool. See evacuation plan and Labor Pool Tasker responsibilities.

BUILDING EVACUATION

If residents must be evacuated from the building the senior management staff member present must access the Greenfield Health & Rehab Center Evacuation Plan and activate according to procedure. This Plan is maintained in a binder with the Western New York & Regional Mutual Aid Plans, and E-Find instructions and can be found in the Administrator's office and RN Supervisors office. An Evacuation Disaster Kit has been developed and is maintained in the RN Supervisors office as well.

Niagara Lutheran Health System and Affiliates		Program Application:
Policy Manual: Human Resources	Prepared by: Safety Manager	NLHS ✓ GHRC ✓
Latest Revision Date: 7/17	Supersedes: NONE	GC ✓ GM ✓
Approved By: Executive Management Team	Approval Date:	NLHF ✓ GT ✓
Subject: Active Shooter Policy	Page 1 of 4	

PURPOSE:

The objective of this plan is to provide guidance in the event of active shooter situations on the campus.

POLICY:

It is the policy of Niagara Lutheran Health System and Affiliates to provide an emergency response plan to alert campus staff that an active shooter appears to be actively engaged in killing or attempting to kill people on the campus.

DEFINITIONS:

For purposes of this Policy:

An active shooter is defined as a person or persons who appear to be actively engaged in killing or attempting to kill people on the campus. In most cases active shooters use a firearm(s) and display no pattern or method for selection of their victims. In some cases active shooters use other weapons and/or improvised explosive devices to cause additional victims and act as an impediment to police and emergency responders. These improvised explosive devices may detonate immediately, have delayed detonation fuses, or detonate on contact.

PROCEDURES:

ANNOUNCING ACTIVE SHOOTER:

The first person to encounter an active shooter should make an announcement using plain language (not code):

“Active Shooter in (LOCATION) wearing (BRIEFLY DESCRIBE WHAT THEY ARE WEARING).” Also state the type of weapon if known.

Instructions for making announcements are:

- **GreenField Health** – Bypass calling reception and make an overhead announcement by dialing 280, or by hitting “Page External” on select phones. You can also use the phone intercom system by hitting the “Page Phones” button located on most office phones. Two-Way Radios can also be utilized as a form of communication.

Niagara Lutheran Health System & Affiliates	POLICY: ACTIVE SHOOTER	Page 2 of 4
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- **GreenField Court/Manor** – Dial 500#11 to make an announcement to the lobby of both facilities. You can also use the phone intercom system by hitting the “Page Phones” button located on most office phones. Two-Way Radios can also be utilized as a form of communication.
- **GreenField Terrace** – Since there is no overhead paging system available, the phone intercom system must be utilized. Hit the “Page Phones” button located on the phone in the kitchen to make an announcement.
- **Corporate Office** - Since there is no overhead paging system available, the phone intercom system must be utilized. Hit the “Page Phones” button located on the phone to make an announcement.

After an announcement has been made warning staff, 911 should be called. When calling 911, do the following:

- Speak calmly and slowly
- Use plain language as stated above
- Describe the situation, what the attacker looks like, and the type of weapon
- State if you can see the attacker, if they harmed anyone, and where they are, if known
- Let the police end the phone call – They may want to keep you on the line until police arrive. If you cannot speak, leave the line open so dispatchers may listen & track your location.

More than one person can call 911, however only provide information that you know; do not provide false information.

After calling 911, the other facilities on the campus should be called. They should be alerted that there is an active shooter on campus and should lock down their facility and alert staff. They can be reached at:

- GreenField Health & Rehab Ext. 1300 or 684-3000
- GreenField Manor Ext. 6400 or 684-8400
- GreenField Court Ext. 6300 or 684-8400
- GreenField Terrace Ext. 4001 or 684-4438

STAFF RESPONSE:

In active shooter situations, there is no time to reference the policy; you will need to memorize what to do. You should be thinking of the following in any active shooter event:

- **RUN**: If it is safe to do so, RUN and get yourself out of the building. Head to a safe location, possibly where police are stationed. Help others to escape if possible.
- **HIDE**: If you are in close proximity to the active shooter, you must HIDE. Get behind a door that locks (if possible), barricade the door with furniture, and secure the door with belts, ties, or other material. Make sure cell phones are on SILENT and not vibrate. Any noise will give away your location. Turn off all lights; close all windows, and window coverings. STAY QUIET AND OUT OF SIGHT.

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- **FIGHT**: Use FIGHT only as a last resort. If you have no other option but to fight, then you must do so. You can use the following as a weapon:
 - Keys
 - Pens/Pencils
 - Scissors/Envelope Openers
 - Hot Water/Coffee
 - Kitchen Knives
 - Objects that can be used as projectiles
- **MOVE**: Moving people are harder to shoot than people standing still. Make noise/yell at intruder(s) as a form of distraction. If the shooter drops their weapon DO NOT pick it up. Kick it off to the side, away from the shooter, or put it in a trashcan/drawer, out of sight from the shooter.

If an Active Shooter comes into the area where you are, and enters your unit, office or meeting room, you should:

- Try to remain calm
- Try not to do anything that will provoke the active shooter
- If there is no possibility of escaping or hiding: As a last resort when your life is in imminent danger should you make a personal choice to attempt to negotiate with or overpower the shooter
- If the active shooter(s) leaves the area, barricade the room or go to a safer location

PERSONNEL EXPECTATIONS:

Residents/Patients of the Niagara Lutheran Health System and Affiliates are our number one priority. It should be noted that we are not to abandon them at any time, however in order to keep our residents/patients safe, you must also keep yourself safe.

If with or near residents/patients, staff must stay with them and try to ensure their safety. All other personnel should get out of the building if it is safe to do so, or hide in a safe location until the “all clear” is announced.

No one should be entering the building during an active shooter event. If you are out of the building, stay away for your own safety.

All elevators within the facility should be avoided during an active shooter situation.

Niagara Lutheran Health System & Affiliates	POLICY: ACTIVE SHOOTER	Page 4 of 4
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RESPONDING OFFICERS:

What should I expect from responding officers?

- The objectives of responding law enforcement officers are:
 - Immediately engage or contain the active shooter(s) in order to stop the killing
 - Identify threats such as improvised explosive devices
 - Identify victims to facilitate medical care, interviews and counseling
 - Investigate
- Police officers responding to an active shooter are trained to proceed immediately to the area in which shots were last heard in order to stop the shooting as quickly as possible. The first responding officers may be in teams; they may be dressed in normal patrol uniforms, or they may be wearing external ballistic vests and Kevlar helmets or other tactical gear. The officers may be armed with rifles, shotguns and handguns.

Police will bypass injured people and head straight for the shooter. In order to contain the situation, police must contain the shooter(s).

How to react when the police arrive at your location:

- Remain calm, and follow officers’ instructions
- Put down any items in your hands (i.e., bags, jackets)
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as attempting to hold on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the area

When the police arrive the following information should be available (if known):

- Number of shooters
- Number of individual victims and any hostages
- The type of problem causing the situation
- Type and number of weapons possibly in the possession of the shooter
- All necessary individuals still in the area

- Identity and description of participants, if possible
- Keys to all involved areas as well as floor plans
- Locations and phone numbers in the affected area

All staff, visitors, and residents and patients will be kept away from the area until the situation is fully resolved. Once police announce a resolution to the situation, facility representatives will announce an “All Clear” over the intercom.

Niagara Lutheran Health System and Affiliates		Program Application: NLHS GHRC ✓ GC GM NLHF GT
Policy Manual: Disaster	Prepared by: Plant Operations	
Latest Revision Date: 05/02	Supersedes:	
Approved By: Executive Management Team	Approval Date: 05/02	
Subject: Anthrax Policy	Page 1 of 2	

STANDARD

It is the policy of this facility to provide a means of dealing with a biohazard threat.

POLICY

The staff should assess and review our protocols for handling mail. Care should be used in inspecting and opening mail or packages.

PROCEDURE

III. When handling mail or packages that may be suspicious, the following procedures should be followed:

- A. Examine unopened envelopes for foreign bodies or powder.
- B. Do not open letters with your hands: use a letter opener.
- C. Open letters and packages with a minimum of movement to avoid spilling any contents.

IV. Examples of suspicious packages/letters would be:

- A. Any letter or package that has suspicious or threatening messages written on it.
- B. Envelopes that are lopsided, rigid, bulky, discolored or have a strange order.
- C. Envelopes with no return address.
- D. Unexpected envelopes from foreign countries
- E. No postage or non-cancelled postage.
- F. Improper spelling of common names, places or titles.

V. For suspect envelopes:

- A. No not open the envelope or package.
- B. Leave it and evacuate the room.
- C. Keep others from entering.

Notify your supervisor, who should call 911 or the local law enforcement authorities. For packages that are opened and which contain suspicious material.

VI. Contain the exposure:

- A. Close off the room (doors and windows), do not allow anyone other than qualified emergency personnel to enter.
- B. Close the package or envelope to limit additional exposure. Do not clean powder up; keep others away.
- C. Do not touch your eyes, nose or any other part of your body.
- D. If possible, wash your hands thoroughly with soap and water.
- E. If clothing is heavily contaminated, don't brush vigorously.
- F. If possible, close down the buildings heating/air conditioning/ventilation system.
- G. Make a list of all people who had actual contact with the powder for investigating authorities.
- H. Anyone suspected of contamination should be isolated in the closet room.

VII. Notify appropriate authorities.

Immediately contact

- 1. 911
- 2. Local FBI office
- 3. Staff to be notified: CEO, Assistant Administrator, Director of Plant Operations, DON, your local health department.

Niagara Lutheran Health System and Affiliates		Program Application: NLHS GHRC ✓ GC GM NLHF GT
Policy Manual: Disaster	Prepared by: Plant Operations	
Latest Revision Date: 05/02	Supersedes:	
Approved By: Executive Management Team	Approval Date: 05/02	
Subject: Biohazard Policy	Page 1 of 2	

STANDARD:

To assure the safety of our residents and staff in the event of a chemical or nuclear disaster.

DEFINITIONS:

1. A chemical disaster is any in which harmful vapors or toxic vapors become airborne.
2. A nuclear disaster is any in which nuclear contaminates become airborne.

PROCEDURE:

The highest ranking person in the facility, hereinafter called the Disaster Coordinator, should be notified immediately when the facility is informed of the threat of a Biohazard. The facility would be notified by the police, fire department or other sources. (Refer to General Disaster Plan and Emergency Notification List.)

Safety measures should be taken immediately upon notification of threat.

1. A command post may be established at the reception desk in the lobby or any other appropriate area designated by the Disaster Coordinator. The Disaster Coordinator may choose to notify all department heads, supervisors, and/or nurse in charge to implement safety measures as follows:
 - A. Close all windows tightly and lock them;
 - B. Turn off all exhaust fans, air conditioners and air handling units;
 - C. Close and lock all doors leading in or out of the building. Once closed, the doors should be sealed with silver duct tape which is kept in the Maintenance Shop;
 - D. Assure that any resident with any breathing disorder has access to an oxygen tank;
 - E. Do not allow anyone in or out of the building until the condition has cleared. If contamination source is known, seal off and isolate that area.

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2. The Disaster Coordinator shall assign personnel to:
 - D. Assist on resident units, if necessary;
 - E. Close all windows and doors;
 - F. Assist in sealing the required doors;
 - G. Assist in getting extra oxygen tanks on the units. If necessary, extra oxygen tanks are located in the oxygen room.
3. To obtain information or to give information regarding the disaster, call the appropriate agency listed in the Emergency Preparation Plan Section II.
4. Evaluate the facility to find if anyone in the facility is having respiratory distress. If necessary, that person may have to be sent to a hospital for further evaluation.
5. After notification of the condition clearing, announce an AAll Clear@.

POINTS TO REMEMBER:

Once a disaster is declared and the doors are locked and sealed, no one (staff, volunteers, visitors nor neighbors) will be allowed to enter nor leave the facility until the condition has cleared and has been declared under control by the appropriate agency.

BOMB THREAT/SUSPICIOUS PACKAGE

PERSON RECEIVING THE BOMB THREAT CALL

- Listen **carefully** to everything the caller says, including background noises, speech patterns, etc. Attempt to prolong the conversation as much as possible. Do not put the caller on hold.
- Fill in the appropriate information on the Bomb Threat Checklist from Homeland Security as the call is being taken (see following checklist).

ADMINISTRATION

- Notify Police (911).
- Isolate the individual who received the threatening call as soon as possible. Have this individual write all information down and remain available for interviews by Law Enforcement Officials.
- Set up Command Post.
- Notify department heads and charge nurses of the threat and assign areas to be searched. Generally, each area should be searched by staff who are normally assigned to and familiar with the particular area. Instruct department heads / charge nurses to report search results to Command Post.
- Two-way radios and cell phones (turn off) should not be used for communications.
- Make decisions regarding evacuation, termination of search, etc. with input from Law Enforcement Authorities.

Ensure all other guidelines of this procedure are completed.

GENERAL SEARCH PROCESS

- Staff will search their normally assigned work areas **for an out-of-place object or unfamiliar situation**. The department head/charge nurse of each area will coordinate the search of the area.
- Once an assigned area has been searched, the results should be reported to the charge nurse/department head. As the search of a department/unit is completed, this information should be relayed to the Command Post.
- Areas accessible to the public should be searched first.

***** DO NOT TOUCH ANY SUSPICIOUS OBJECT *****

SPECIFIC SEARCH PROCEDURE

- Upon entering a room, pause and **listen** for a ticking sound.
- Visually divide each room in half. Search the right half first. Divide the right half of the room into three levels: floor-to-waist level first, waist-to-eye level, and eye-to-ceiling. If your vision is blocked by an object, look under or behind whatever is blocking your vision, such as objects on window sills, dressers, etc. Do not open closets, drawers, etc.
- Be sure to search connecting bathrooms as resident rooms are being searched.
- Remain calm, not alarming residents as the search is taking place.

IF A SUSPICIOUS OBJECT/PACKAGE IS FOUND OR RECEIVED:

- Note precise location of object. - **DO NOT TOUCH IT!!**
- Move residents/staff from the room.
- Notify the Command Post immediately.
- If the room has a window, close the room door and all room connecting doors. If this room has no window, leave the door open and evacuate the room across the hall. Close all other doors.

EVACUATION GUIDELINES

- If location of bomb **is** known
 - Move first horizontally, through fire/smoke doors, and then vertically away from the device.
 - When you leave the building, evacuate at least 300 ft. away.
 - Account for staff and residents/residents
- If location of bomb **is not** known
 - Consider advice of Law Enforcement officials regarding decision to evacuate and the evacuation route to be used.

BOMB THREAT CALL PROCEDURES

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist (reverse side) immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of the call, do not hang up, but from a different phone, contact FPS immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call 911
- Handle note as minimally as possible.

If a bomb threat is received by email:

- Call 911
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

DO NOT:

- Use two-way radios or cellular phone; radio signals have the potential to detonate a bomb.
- Evacuate the building until police arrive and evaluate the threat.
- Activate the fire alarm.
- Touch or move a suspicious package.

WHO TO CONTACT (select one)

- Follow your local guidelines
- Federal Protective Service (FPS) Police
1-877-4-FPS-411 (1-877-437-7411)
- 911

BOMB THREAT CHECKLIST

Date: Time:

Time Caller Hung Up: Phone Number Where Call Received:

Ask Caller:

- Where is the bomb located?
(Building, Floor, Room, etc.) _____
- When will it go off? _____
- What does it look like? _____
- What kind of bomb is it? _____
- What will make it explode? _____
- Did you place the bomb? Yes No _____
- Why? _____
- What is your name? _____

Exact Words of Threat:

Information About Caller:

- Where is the caller located? (Background and level of noise) _____
- Estimated age: _____
- Is voice familiar? If so, who does it sound like? _____
- Other points: _____

- | Caller's Voice | Background Sounds: | Threat Language: |
|--|--|---------------------------------------|
| <input type="checkbox"/> Accent | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Angry | <input type="checkbox"/> House Noises | <input type="checkbox"/> Message read |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Kitchen Noises | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Clearing throat | <input type="checkbox"/> Street Noises | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Booth | <input type="checkbox"/> Profane |
| <input type="checkbox"/> Cracking voice | <input type="checkbox"/> PA system | <input type="checkbox"/> Well-spoken |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Conversation | |
| <input type="checkbox"/> Deep | <input type="checkbox"/> Music | |
| <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Motor | |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> Clear | |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Static | |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Office machinery | |
| <input type="checkbox"/> Female | <input type="checkbox"/> Factory machinery | |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Local | |
| <input type="checkbox"/> Lisp | <input type="checkbox"/> Long distance | |
| <input type="checkbox"/> Loud | | |
| <input type="checkbox"/> Male | | |
| <input type="checkbox"/> Nasal | | |
| <input type="checkbox"/> Normal | | |
| <input type="checkbox"/> Ragged | | |
| <input type="checkbox"/> Rapid | | |
| <input type="checkbox"/> Raspy | | |
| <input type="checkbox"/> Slow | | |
| <input type="checkbox"/> Slurred | | |
| <input type="checkbox"/> Soft | | |
| <input type="checkbox"/> Stutter | | |
- Other Information:** _____



Homeland
Security

CONTAMINATION OF THE OUTSIDE AIR

GENERAL

- All staff to check their assigned areas and ensure that all doors and windows are closed.
- Staff on duty at the time of the incident may need to remain on duty.
- Off-duty staff may not be able to reach the facility.
- Disruption of resident activities should be minimized.

NOTE: Anyone outside should be immediately brought inside.

ADMINISTRATION

- Set up Command Post
- Ensure that any residents or staff who is outside are immediately brought back into the building.
- Ensure that windows and doors in all areas of the building have been closed.
- Post staff at doors to prevent anyone (and supplies) from entering or leaving the building, as appropriate.
- Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements. If shift change will not be possible, make provisions to notify off-duty staff not to attempt to report until notified otherwise.
- Arrange for notification of resident's families / responsible parties.
- Maintain contact with outside authorities and monitor news reports for situation updates.
- **Ensure all other guidelines of this procedure are completed.**

MAINTENANCE

- Shut down the HVAC systems that would bring outside air into the building. Leave exhaust systems running.

LOCATION OF HVAC UNITS AND INSTRUCTIONS ON HOW TO SHUT DOWN THESE UNITS WILL BE FOUND ON PAGE #57, LABELED "EMERGENCY UTILITY SHUT-OFF LOCATIONS".

- Provide duct tape to seal any windows or doors that do not close airtight.
- Contact local *Office of Emergency Management, Page 57* or Fire Department (911) to see if decontamination measures are available for people and supplies that must enter the building.

NURSING

- Closely monitor any residents having the potential to open windows or doors. Particular residents may have to be grouped together and monitored by staff.
- Monitor residents for effects of heat or cold caused by the shutdown of the ventilation system and the inability to open windows.
- Evaluate medications and other supplies on hand and plan appropriately if deliveries will not be possible.

DIETARY

- Modify menu if deliveries will not be possible. Also, establish plan for feeding staff and visitors if shift change will not be possible.

Emergency Utility Shut-off Locations listing found on page #64

Emergency Agency Phone Number listing found on page #57

Emergency Contractor/Vendor Phone Number listings found on page #59-63

SEE ALSO:

"LOSS OF HEATING SYSTEM" Procedures

"LOSS OF AIR CONDITIONING SYSTEM" Procedures

"LOSS OF COOKING ABILITY" Procedures

**If you need information on hazards regarding chemical spills, inside or outside the facility, call the 24 hour Chemical Transportation Emergency Center at 1-800-424-9300.

CONTAMINATION OF INSIDE AIR

GENERAL

- If safe to do so, evacuate anyone in the immediate area of the spill or vapor release.
- Administer immediate medical attention to anyone exposed to spill or vapors.
- Notify Department Head/Charge Nurse or Supervisor of incident as quickly as possible.
- Obtain Safety Data Sheet (SDS) for spilled material to determine immediate hazards and precautions to be taken.

SDS FORMS ARE LOCATED IN THE FOLLOWING AREAS:

- | | |
|----|--------------------------------------|
| 1. | Each Department Office |
| 2. | Nursing Offices and Nursing Station |
| 3. | Master SDS located in Central Supply |

- If material is flammable, keep all ignition sources away from the area. **DO NOT OPERATE ANY ELECTRICAL SWITCHES**
- Open windows to ventilate area, if safe to do so. Certain chemicals may have containment guidelines. Follow information found in the SDS.
- The following is a list of agencies who can provide technical advice:

- | |
|--|
| <ul style="list-style-type: none">• 911• Chemtrec: 1-800-424-9300• Poison Control• Manufacturer of the product: see SDS• Supplier of the product |
|--|

- Attempt to prevent any additional material from spilling, if possible and safe to do so.
- Prevent further spread of material by building a dike (per SDS), if safe to do so. Prevent material from seeping under furniture and into floor drains, if possible. As clean-up is completed, place all contaminated clothing and clean-up materials in plastic bags or other suitable containers. Dispose of per information contained in the SDS.

ADMINISTRATION

- Determine need for notification of fire department.
- Utilizing information found in the SDS, determine if clean-up will take place by facility staff or professional clean-up crews.
- Have department heads in affected area account for staff and residents and report results to the Command Post.
- Ensure all other guidelines of this procedure are completed.

MAINTENANCE

- If necessary, shut down the following HVAC systems that would circulate air within the building:

RELATED EMERGENCY EQUIPMENT LOCATED AS FOLLOWS:

<u>EQUIPMENT</u>	<u>LOCATION</u>
Broom	Janitor Closets
Shower	Staff Locker Room - lower level
Eyewash	Laundry, Maintenance Shop, Dishwashing Room, Nurses Station
Face Shields	Laundry, Maintenance Shop, Blood Spill Kits, Nurses Stations and other Departments
Rubber Boots	Maintenance Shop & Laundry
Rubber Gloves	Maintenance Shop & Laundry
Safety Goggles or Glasses	Laundry, Maintenance Shop, Blood Spill Kits Nurses Stations and other Departments
Shovel	Maintenance Shop
Water hose	Maintenance Shop

NURSING

- Closely monitor any residents or staff who may have received exposure to the hazardous material, utilizing the information found in the SDS.
- Monitor residents for effects of heat or cold caused by the shutdown of the ventilation system.

Emergency Utility Shut-off Locations listing found on page #71

Emergency Agency Phone Number listing found on page #64

Emergency Contractor/Vendor Phone Number listings found on page #66-70

SEE ALSO:

ALOSS OF HEATING SYSTEM@ Procedures
ALOSS OF AIR CONDITIONING SYSTEM@ Procedures

Niagara Lutheran Health System and Affiliates		Program Application: NLHS GHRC ✓ GC GM NLHF GT
Section: Administration	Policy:	
Issue Date: 3/20	Revision Date: 6/2021	
/Prepared By: ADON/ Admin Coordinator		
Approved By: Administrator	Approval Date: APPROVED	
Policy Subject: Visitation and Compassionate Care Visitation	Page 1 of 2	

POLICY:

Residents have the right to receive care in a safe and healthy environment with every effort to keep them free from infection, specifically COVID-19. This will be achieved and maintained through proper implementation of appropriate guidelines for visitation of outside individuals to the facility.

PURPOSE:

This Policy shall be in conformance with the Centers for Disease Control and Prevention and the New York State Department of Health requirements in regards to COVID-19 regulations and recommendations.

SCOPE:

All administrative and nursing supervisory personal.

PROCEDURE FOR VISITATION:

1. Out of the abundance of caution and to prevent the exposure and spread of illness based on regulatory guidance, all resident visitations has resumed at this time.
2. All visitors must continue to follow infection control policies, including use of proper PPE and social distancing.
3. Covid screening to take place upon entrance of facility
4. Visitation will take place in the facilities auditorium/ outdoors at 1:30, 2:30 and 3:30 Monday- Friday and Sunday 10:00-11:00.

Each resident is permitted two (2) visitors.

Monday- D UNIT
 Tuesday- C UNIT
 Wednesday- B UNIT
 Thursday- A UNIT
 Friday- Overflow (all units)

- Once in the building, visitors must proceed directly to the designated visitation area. To further reduce risk, visitors are not permitted to travel throughout the facility.

- To allow for ample cleaning and sanitizing between appointments, each visit will be approximately 40 minutes.
 - Visits can be scheduled between the hours of 9:00am and 4:00pm. We will assist you with scheduling an appointment and answer any questions that you may have.
 - If a unit is placed on lockdown for positive case, staff or resident, visitation will be suspended for that unit—families will be notified via phone call or robo call.
5. Scheduled visitation is identified for anyone who is not listed as a designated compassionate care visitor.

COMPASSIONATE CARE VISITATION:

This is defined as care and support of a resident to benefit mental, physical or social well-being.

PROCEDURE FOR COMPASSIONATE CARE VISITS:

1. IDT will ask resident or responsible party to designate two persons for compassionate care visitation. These two people may be caregiver, legal guardian, family or friend. These two compassionate care visitors may be changed at any time by HCP or resident.
2. Compassionate care visitation will take place in unit dining room, activity room or private resident room. Overflow place will be decided by management based on their discretion. No compassionate care visits will be allowed in a shared resident room unless an end-of-life visit.
3. Compassionate care visitation will be daily from 9:30am-11:30am and 1:30pm-4:30pm.
4. All visitors for non-isolated residents must continue to follow infection control policies, including use of proper PPE which includes a surgical mask. Visitors must sign-in and answer health assessment questions at reception with each visit.
5. Reception desk will maintain approved compassionate care visitor log.
6. The IDT will update the comprehensive care plan with compassionate care giving policy.
7. At the discretion of the IDT compassionate care visitation may be suspended if we determine it is in the best interest of the resident. The refusal of visitation will be documented in the comprehensive care plan and communicated to their designated representative.
8. Compassionate care visits for residents on isolation will be approved on a case by case basis by administrator or DON. The visitation of an isolated resident will require the visitor to wear full PPE including mask, shield, gown and gloves.

Niagara Lutheran Health System and Affiliates		Program Application: NLHS GHRC ✓ GC GM NLHF GT
Section: Infection Control	Policy #	
Issue Date: 5/2020	Revision Date: 6/2021	
Prepared By: Administrator		
Approved By: Quality Assurance Committee	Approval Date: <i>PENDING</i>	
Policy Subject: COVID Testing – Staff & Residents	Page 1 of 2	

POLICY:

To enhance efforts to keep COVID-19 from entering and spreading through the facility, testing of residents and staff shall be required based on parameters and frequency set forth by CMS, CDC, and NYS DOH.

PURPOSE:

To ensure Infection Control compliance is maintained and the safety of all patients/residents and staff are optimized by eliminating exposure to the COVID-19 virus.

PROCEDURE:

1. As of June 11th, 2021 **vaccinated** “facility staff” which includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions will **NOT** be Covid tested. The only time covid testing will be permitted for vaccinated staff is if that staff member is experiencing covid signs or symptoms and if the facility is experiencing an outbreak.
2. **“UN-VACCINATED Facility staff”** includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions.
 - Routine Testing for **UN-VACCINATED** Staff – All staff working more than 3 days a week will be tested twice a week. All staff working 3 days or less must be tested once a week. Routine testing shall be available seven (7) days a week for staff.
 - Each testing week shall commence on Sunday and end on Saturday.
 - All contract staff (agency), consultants, volunteers and students shall be recorded and tracked on a spread sheet along with facility staff to ensure monitoring and full compliance. COVID testing completed by another entity shall be accepted providing the results of such test are included. In the absence of outside testing the facility shall provide COVID testing.
 - Staff is not eligible for refusal of testing
3. Regardless of the frequency of testing being performed the facility shall continue to screen all staff each shift, each resident daily, and all persons entering the facility, such as vendors, volunteers, and visitors, for signs and symptoms of COVID-19. All staff calling off sick due to illness shall be screened for signs and symptoms. All staff presenting with signs and symptoms upon entrance to facility and screening shall be rescreened by the Director of Nursing and/or her designee. Staff shall be sent home when negative findings exist and directed to contact the

Safety Manager for further directives.

*For outbreak testing, all staff and residents should be tested, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

4. Residents discharging to a lower level of care shall be tested prior to discharge at request. Any resident discharging to home who wishes to be tested shall be accommodated.
5. For residents or staff who test positive, the facility shall contact the appropriate state and local entity for contact tracing.
6. A rapid POC test may be performed on a resident or staff member who is exhibiting signs and symptoms of COVID-19 to determine immediate diagnosis. The facility shall secure an order from the medical provider to perform a rapid POC COVID-19 test on an individual. This laboratory test is included on the facilities CLIA certificate. The facility shall comply with reporting of laboratory results of POC tests to CMS and the CDC's National Healthcare Safety Network (NHSN).
7. During testing, staff shall maintain proper infection control and use recommended personal protective equipment which includes a facemask, gloves, shield and gown when collecting specimens.
8. Residents who refuse COVID-19 nasal pharyngeal swab testing shall be educated on the virus transmission and emergent need of all residents testing. Residents have the option for oral covid testing. Residents shall be re-approached and offered alternative testing if necessary. All residents shall be monitored by a respiratory surveillance assessment, to include lung sounds, oxygen saturations and temperature.
9. Documentation of Testing:
 - For symptomatic residents and staff, document the date(s) and time(s) of the identification of signs or symptoms, when testing was conducted, when results were obtained, and the actions the facility took based on the results.
 - Upon identification of a new COVID-19 case the facility (i.e., outbreak), shall document the date of the case, the date that all other residents and staff are tested, the dates that staff are tested, the dates that staff and residents who tested negative are retested, and the results of all tests.
 - Residents to be tested weekly.
 - Documentation regarding residents that refuse testing or are unable to be tested and how the facility addressed those cases.
 - Documentation of testing results and/or a resident's in the medical record for residents shall be completed.

Niagara Lutheran Health System and Affiliates		Program Application: NLHS NLHRC GHRC √ GC GM NLHF GT
Policy Manual: COVID-19	Prepared by: Ashley Kornecki	
Latest Revision Date: 11/2020	Supersedes:	
Approved By: Executive Management Team	Approval Date: APPROVED	
Subject: Refusal of Resident Testing	Page 1 of 1	

POLICY:

It is the responsibility of the organization to adhere to the Resident Bill of Rights, including the resident's right to refuse a treatment or intervention, such COVID-19 testing.

PURPOSE:

To maintain the integrity of resident's rights in accordance with the Resident's Bill of Rights, allowing for their refusal of COVID-19 testing in any capacity.

SCOPE:

All administrative and nursing supervisory personal.

PROCEDURE:

1. All residents within the facility have the right to be tested by designated facility staff every 3-7 days in the event that any individual within the facility has tested positive.
2. A resident has the right to refuse a nasopharyngeal swab under the Resident's Bill of Rights.
3. In the event that a resident refuses a nasopharyngeal swab, that resident then has the option to undergo an oral swab test as an alternative testing method.
4. The resident, however, does have the right (under the Resident's Bill of Rights) to refuse COVID-19 testing in any capacity. In this event, testing staff should notify administration appropriately. Once the DON and ADON are notified the patient will be monitored.
5. The resident has the right to be monitored by a respiratory surveillance assessment, to include lung sounds, oxygen saturations and temperature.

Niagara Lutheran Health System and Affiliates		Program Application: NLHS NLHRC GHRC √ GC GM NLHF GT
Policy Manual: Infection Control	Prepared by: Director of Nursing	
Latest Revision Date: 07/20/2020	Supersedes:	
Approved By: QA		
Subject: Facility's infection control and prevention practices related to shared communication devices	Page 1 of 1	

POLICY:

Facility's infection control and prevention practices related to shared communication devices.

PURPOSE:

Computers, Laptops and Touch Screen Devices used by Patients.

PROCEDURE:

1. Mobile and/or laptop computers and other electronic devices shared between patients must be disinfected between patient uses with an EPA registered disinfectant.
2. It is preferable to have a plastic cover on the keyboard to prevent damage to the keyboard from liquids and to ease disinfection of the keyboard.
3. Touch screen devices with protective case (e.g. Otter box) should be disinfected with an EPA registered hospital disinfectant (e.g. Metriguard or Sani-cloth). This disinfection may be followed by wiping with plain water to remove any "film" that may be caused by the cleaning/disinfection agent.
4. Touch screen device without a protective case must be disinfected per manufacturer's recommendation using either a 70% alcohol wipe or an EPA registered hospital disinfectant.
5. If the manufacturer does not approve disinfection with one of these two options the device must be in a protective case.
6. Shared devices that cannot be cleaned with bleach per manufacturer's recommendations cannot be used by patients on

Niagara Lutheran Health System and Affiliates	
Section: Administration	Policy #AD-
Issue Date: 9/2020	Revision Date: 2/8/2021
Prepared By: Administrator	
Approved By: Administrator	Approval Date: 11/2020
Policy Subject: Staff and Visitor Screening	Page 1 of 1

POLICY:

It is the responsibility of the facility to ensure proper and thorough screening procedures are in place and strictly adhered to for the entrance of any staff and/or outside vendor or visitor.

PURPOSE:

To ensure that all staff, as defined below and outside vendors and visitors are in full compliance with CMS, CDC, and NYS screening and regulatory requirements prior to entering the facility.

SCOPE:

All staff in the building.

PROCEDURE:

1. **“Facility Staff”** includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility. This includes students in the facility’s CNA training programs, or from affiliated academic institutions.
2. All staff, outside vendors, and visitors shall report to the facility utilizing only the main reception desk, where they will be screened with the following process:
 - a. The individual entering the building is to report to the receptionist on duty, and will sign-in on the appropriate sheets in designated binders located at the front entrance. This will include signing the attestation that the individual:
 - i. Is not exhibiting any signs or symptoms of COVID-19
 - ii. Whether or not they have recently traveled outside of New York State to states identified as a “red” state as per the direction of the most recent state list provided by NYS.
 - b. Individuals will don mask provided by the facility.
 - c. They will proceed to the temperature check via the temperature scanning Kiosk located at the front desk. If an employee works more than 12 hours they need to report back to reception to be re-temped.
3. If any individual is exhibiting signs and symptoms of COVID-19, including having a temperature of greater than or equal to 100 degrees Fahrenheit, the receptionist shall notify the Director of Nursing or on-duty Registered Nurse Supervisor further evaluation.

4. The Director of Nursing or on-duty RN Supervisor shall retake the individual's temperature with a (what kind) of thermometer, and shall review presence of symptoms.
5. Should the temperature exceed 100 degrees Fahrenheit and/or the if the individual exhibits signs or symptoms consistent with COVID-19, they will not be permitted to enter the facility.
6. Staff will be excused from work and requested to follow up with the facility Safety Manager for further direction.
7. In the event that a staff member reports off of work due to illness, the RN Supervisor shall record the absence in the facility call-off binder. The RN Supervisor shall request symptoms related to sickness and complete the COVID-19 evaluation tool (see attached) to determine further action.
8. Copies of the Call-off binder sheets along with any completed COVID-19 evaluation tool forms shall be forwarded to the Safety Manager the following business day.
9. The Administrative Coordinator and Infection Control nurse shall monitor compliance with all recordkeeping requirements.

Niagara Lutheran Health System and Affiliates		Program Application: NLHS GHRC √ GC GM NLHF GT
Section:	Policy #	
Issue Date: 8/26/2021	Revision Date:	
Prepared By: Admin Coordinator		
Approved By: Executive Team	Approval Date: 8/24/2021	
Policy Subject: COVID-19 Vaccine Mandate	Page 1 of 2	

POLICY:

Based upon the emergency regulations issued by the New York State Department of Health, Greenfields Health and Rehabilitation will adhere to the following procedure.

PROCEDURE:

All facility personnel and those in the pre-employment screening process, will be required to be vaccinated against COVID-19 by September 27, 2021 (NH) or October 7, 2021 (ACF) and prior to the start of employment. Greenfields Health and Rehab will make arrangements for all employees to obtain their COVID-19 vaccine. This includes persons employed or affiliated with Greenfields Health and Rehab, whether paid or unpaid, including but not limited to employees, members of the medical and nursing staff, contract staff, students, and volunteers, as well as those who engage in activities that could potentially expose other personnel or residents who are infected with COVID-19.

Employees who are fully vaccinated must provide documentation which includes the manufacturer, lot number(s), date(s) of vaccination and vaccine clinic site by providing one of the following:

- A record prepared and signed by the licensed health practitioner who administered the vaccine (this can be by vaccine card);
- An official record from one of the following without a health practitioner’s signature: a foreign nation, NYS Countermeasure Data Management System (CDMS), the NYS Immunization Information System (NYSIIS), City Immunization Registry (CIR, a department-recognized immunization register of another state, or an electronic record system.

Documentation of such vaccination will be filed in the employee’s personnel file in accordance with applicable privacy laws and be provided to Department staff if requested during surveillance activities.

Employees who meet the medical exemption will be required to provide documentation from a licensed physician or certified nurse practitioner who will certify that the COVID-19 vaccine is detrimental to the health of the employee based upon a pre-existing health condition. Those employees seeking a medical exemption must provide medical documentation by September 27, 2021 (NH)/October 7, 2021 (ACF). Employees in the pre-employment status must provide documentation prior to the start of their employment.

The medical documentation must include the nature and duration of the medical exemption. Once the immunization is no longer found to be detrimental to the employee's health, the employee will be required to obtain the COVID-19 vaccination within 30 days.

If requested by the Department of Health, Greenfields Health and Rehab will report and submit documentation on the number and percentage of personnel that have been vaccinated, the number and percentage of personnel that have medical exemptions and the total number of covered personnel.

Upon notification from the Department of Health, personnel, vaccinated or unvaccinated, will be required to wear appropriate face coverings. Greenfields Health and Rehab will provide the face coverings at no cost to personnel.

All documentation will be available and provided to the Department of Health during surveillance activities.

EARTHQUAKE

GENERAL

As initial shaking begins

- Staff should position themselves under sturdy furniture, away from windows and swinging doors.

As initial shaking stops

- Perform an immediate assessment of injuries, inform Command Post of findings.
- Perform an immediate assessment of structural damage in the area, inform Command Post of findings.
- Move residents away from damaged areas.
- In anticipation of aftershocks, move residents away from windows and outside walls. Pull all drapes and curtains closed to reduce the potential of flying glass.
- Position over-bed tables to shield residents= heads from falling debris.

ADMINISTRATION

- Set up Command Post
- Have all departments account for residents and staff.
- **Ensure all other guidelines of this procedure are completed.**

MAINTENANCE DEPARTMENT

- Shut down utilities, as necessary. Perform an assessment of structural damage for the entire building. Inform Command Post of survey results.

NURSING DEPARTMENT

- Perform an assessment of injuries for the entire building. Institute necessary medical attention, as necessary. Inform Command Post of survey results.

Emergency Contractor/Vendor Phone Number listings found on page #59-63
Emergency Agency Phone Number listing found on page #57
Emergency Utility Shut-off Locations listing found on page #64

SEE ALSO:

"LOSS OF HEATING SYSTEM" Procedures
"LOSS OF AIR CONDITIONING SYSTEM" Procedures
"LOSS OF WATER SERVICE" Procedures
"LOSS OF COOKING ABILITY" Procedures
"LOSS OF TELEPHONE SERVICE" Procedures
"LOSS OF ELECTRICAL SERVICE" Procedures
"LOSS OF SEWAGE SERVICE " Procedures
"LOSS OF GAS" Procedures
"CONTAMINATION OF THE OUTSIDE AIR" Procedures
"LOW STAFFING" Procedures

FLOOD

(Use for internal and external flooding)

GENERAL

- Move residents to unaffected portions of the building.
- Move important records, equipment, etc. to unaffected portions of the building, if possible.
- **Prepare** for evacuation of building, if necessary.

NOTE: DO NOT ENTER ANY AREA WHERE WATER LEVEL IS ABOVE ELECTRICAL OUTLETS. ALSO, DO NOT TOUCH ANY ELECTRICAL EQUIPMENT WHEN STANDING IN WATER.

ADMINISTRATION

- Set up Command Post
- **Ensure all other guidelines of this procedure are completed**

MAINTENANCE

- Shut down electrical power to areas of the building affected by or expected to be affected by rising water.
- Shut down elevators if water is expected to affect elevator pits or equipment rooms.

ITEMS TO BE MOVED TO A SAFE AREA:

RESPONSIBILITY:

1) Records (resident charts, medical charts)	Team Leader
2) Meds (med carts)	Team Leader
3) Special Equipment	Team Leader

Emergency Contractor/Vendor Phone Number listings found on page #66-70

Emergency Agency Phone Number listing found on page #64

Emergency Utility Shut-off Locations listing found on page #71

SEE ALSO:

"LOSS OF HEATING SYSTEM" Procedures
"LOSS OF AIR CONDITIONING SYSTEM" Procedures
"LOSS OF TELEPHONE SERVICE" Procedures
"LOSS OF ELECTRICAL SERVICE" Procedures
"LOSS OF COOKING ABILITY" Procedures

INFLUX OF RESIDENTS/FAMILIES OF STAFF OR COMMUNITY SHELTER RESIDENTS

GENERAL

Upon notification of the potential for an influx of residents or others, each department shall perform an immediate inventory of necessary supplies and staffing levels and inform the Command Post of their ability to accommodate the expected influx. Each department will also be responsible to modify their normal routines (as practical) to accommodate the arriving residents.

Arriving residents, or others, will be brought first to a triage room. Unless otherwise indicated, the Central Activities Room will be utilized for this. Once residents, or others, have been triaged and logged in, they will then be placed in other areas of the facility, as appropriate.

ADMINISTRATION

- Set up Command Post.
- Inform each department of the expected number of people, or others, to be arriving, and the expected amount of time until the arrival of the first person.
- Establish a triage area to receive people.
- Ensure that a staff member is assigned to log-in the arriving residents, families and/or community shelter people and obtain necessary information.
- Determine the availability of bed space [either in resident sleeping rooms or in activity/ dining rooms] for longer term housing of the people.
- Ensure adequate staffing is available to care for the increased resident census. Institute the call-in of off-duty staff or contract with a nursing agency, as necessary.
- Make provisions for notification of residents' physicians and families.
- Make provisions for the reception of family and media.
- Determine equipment needs: mattresses, medical equipment, dietary supplies, housekeeping supplies, etc.
- Make arrangements to obtain above supplies. **See Western New York & Regional Mutual Aid Plans.**
- In a community wide disaster it may be necessary to transport and/or house families of staff so they (staff) can remain on duty to care for residents. This may also be true with Community shelter residents. As necessary, notify:
 1. Transportation
 2. Dietary (food)
 3. Housekeeping (sleeping arrangements)
- Arriving people will report to the triage room. They will be logged-in and assigned space.

Ensure all other guidelines of this procedure are completed.

PERSON RESPONSIBLE FOR ADMISSIONS

- Log-in people as they arrive at the triage room. Obtain the following information:
 - Name
 - Age
 - Responsible party
 - Medical diagnosis
 - Medication allergies
 - Food allergies
- Provide list of Resident names and responsible party information to:
 1. Command Post
 2. Receptionist
 3. Social Services
- Provide Medical information to Nursing.
- Provide Nutritional information to Dietary.

NURSING

- Perform immediate medical evaluation of residents and provide necessary treatment.
- Establish a care plan for each resident, as appropriate.
- Determine the ability to meet the medical needs of each resident in regards to medications, equipment, etc.
- Make provisions for adequate privacy of residents.

DIETARY

- Provide nourishment at the triage site.
- Modify planned menus as necessary to accommodate the influx of residents, extra staff, and families.
- Determine the ability to meet the nutritional needs of particular residents.

HOUSEKEEPING and MAINTENANCE

- Set up sleeping areas for residents, staff and families, as necessary
- Provide additional linens, blankets, privacy screens, etc., as necessary.

Emergency Bedding Materials list found on page #60

Emergency [Non-cooking] Menu found on page #63

Emergency Food Supply listing found page #62

Emergency Agency Phone Number listing found on page #64

Emergency Contractor/Vendor Phone Number listings found on page #66-70

Niagara Lutheran Health System and Affiliates		Program Application:
Policy Manual: Administrative	Policy # AD -	NLHS √
Issue Date: 9/97, 3/05	Revision Date: 11/2017	GHRC √
Approved By: Quality Assurance Committee	Approval Date: 11/2017	GC √
Subject: Missing Resident Search	Page 1 of 3	GM √
		NLHF √
		GT √

STANDARD:

To assure a prompt and organized search effort regarding the location of missing residents.

POLICY:

To facilitate the resident's prompt and safe return to his/her unit. To ensure proper and timely notification of the resident's family, Administration, Department of Health and Police.

PROCEDURE:

Phase I – Unit Inquiry

Upon discovering that a resident is missing from the unit, the Nursing Coordinator or Charge Nurse present will initiate inquiries to all unit personnel as to the resident's whereabouts.

Phase II – Unit Search

If inquiries are unsuccessful, a complete search of the unit is to be initiated by all nursing personnel on the unit to include:

1. All resident rooms
2. Bathrooms (resident and employee)
3. Sitting and dining areas
4. Stairwell (up and down including the roof)
5. Activity
6. Unit offices/utility rooms/shower rooms
7. Unit Servery's

A picture of the resident shall be printed and the Nurse in Charge will start time line documentation. If a resident cannot be located, the nurse in charge of the area shall be responsible to notify the Administrator, Director of Nursing, or RN Supervisor. Immediate

attempts shall be made to determine where the resident was last seen and what the resident was wearing. The search of each area for the resident will be done by staff normally assigned to that area. These staff members shall/may include staff from all departments.

Niagara Lutheran Health System & Affiliates	POLICY: MISSING RESIDENT SEARCH	Page 2 of 3
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Phase III – Inter-Facility Search

If the unit search is unsuccessful, the Nursing Coordinator or RN Supervisor is to direct inquiries/assign staff to check each of the following areas frequently accessed by residents:

1. Therapy Departments (PT/OT/Outpatient Therapy)
2. Beauty Salon
3. Reception Desk
4. Activities Office (B Unit)
5. Other Nursing Units
6. Chapel
7. Auditorium
8. Veranda
9. Alert other buildings/programs on campus.

An announcement is made overhead (dial 280 on extension phone), ***“Dr. Hunt”, followed by the Unit and Room number from which resident is missing.*** Upon hearing the overhead page, all available staff will go to the announced location to assist in the General Search. At that time, a picture of the missing Resident will be available.

Staff searching within the building should visually identify residents in each room. Staff should also be certain to thoroughly check rooms, including “empty” beds and bathrooms.

Once an assigned area has been searched, the results should be reported to the Charge Nurse/Department Head. A head count of all residents on each nursing unit shall be completed and noted. As the search of a department/unit is completed, this should be relayed to the Command Post.

Phase IV – General Search

In the event the inter-facility search is unsuccessful, the Administrator and Director of Nursing should be notified immediately. In their absence, the Nursing Supervisor assumes the responsibility for coordinating the General Search.

The Administrator, Director of Nursing, or designee will establish a Command Post and will organize facility personnel to search the following areas:

1. Laundry, locker areas, and employee lounge
2. Maintenance, receiving and garage areas
3. Food Service areas

- 4. Public areas
- 5. Offices and conference areas

Assign several staff to conduct an outside search of the grounds and neighboring properties/buildings to include Greenfield Manor, Court, and Terrace.

Niagara Lutheran Health System & Affiliates	POLICY: MISSING RESIDENT SEARCH	Page 3 of 3
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The Command Post will provide staff with a picture of the resident, as necessary.

The Command Post will maintain a checklist of areas assigned and results reported from each area.

Phase V – Full Search

IF RESIDENT IS NOT LOCATED AFTER SEARCH OF BUILDING AND IMMEDIATE OUTSIDE AREA

- Notify the Lancaster Policy Department – *provide them with a description or picture of the resident.*
- Notify family/responsible party. If appropriate, additional relatives should be contacted to see if they might have taken the resident out on pass.
- The above contacts are made by the Administrator, Director of Nursing or RN Supervisor.

A Full Search includes a check of local streets within the immediate perimeters of the facility. The boundaries are Bowen Road, Pavement Road, William Street and Erie Street.

If the resident remains missing following the Full Search and contact of police agency and family, the Administrator shall make a report to the Department of Health upon 1 hour of resident’s absence.

A facility Accident and Incident report is completed after the Full Search procedure and a nurse’s note is written.

NOTE: Factors such as the resident’s condition and past history, time of day, weather conditions, etc. shall be taken into consideration in deciding when to notify outside authorities. However, approximately 30 minutes should be considered as the maximum amount of time that should be allowed to elapse between the time that the resident was determined to be missing and the time that the outside authorities are notified.

Phase VI – Missing Resident Found

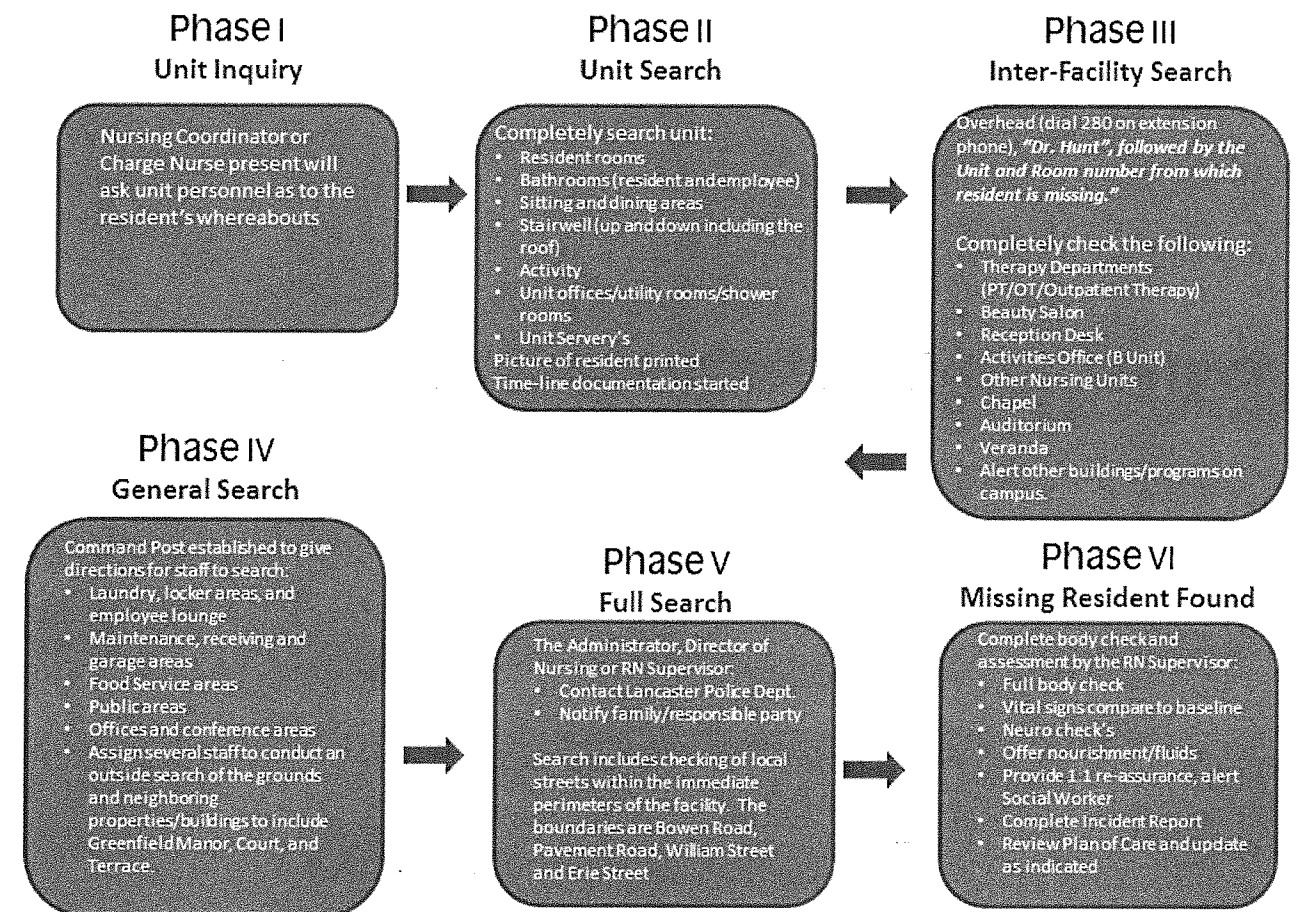
When resident is located and returned to unit a complete body check and assessment by the RN Supervisor will be completed to include:

1. Full body check

2. Vital signs compare to baseline
3. Neuro check's
4. Offer nourishment/fluids
5. Provide 1:1 re-assurance, alert Social Worker
6. Complete Incident Report
7. Review Plan of Care and update as indicated

Elopement Drills will be conducted minimally four (4) times year on all shifts and as indicated. This policy and drills will be reviewed with all new hires.

Missing Resident Search Procedure



Information Technology Disaster Information

This document contains information regarding Disaster recovery for Niagara Lutheran Health System Computer Network. If an emergency situation takes place and network and computer resources are unavailable please contact people on the contact list below right away. IT Manager and CFO will analyze the situation and take necessary actions to resolve the issue.

Contact Information:

Name	Title	Office Number	Mobile Number
Cory Edmonds	IT Manger	(716) 684-0202 ext. 1817	(716)316-6957
Laurie Jankowski	CFO	(716) 684-0202 ext. 1830	
PCA Group	Network Consultants	(716) 635-6340	
(Only call PCA Group if you can't get ahold of IT Manager or CFO)			

BACKUP INFORMATION:

NLHS uses a Datto back up system. The Datto backs up all servers owned by NLHS every 4 hours and takes a nightly screenshot of all servers. All data is backed up for a 2 month period. The backup is tested on a regular basis to ensure working properly.

Backups Point Click Care eMAR: In case of an emergency a copy of residents MAR's are stored on a PC located at NLHS Corporate Building. A copy of residents MAR are sent to this computer every hour. See below for eMar recovery instructions of recovery procedure.

Firewall Information:

NLHS uses WatchGuard firewall to control the internet traffic in and out of the facility. NLHS has two WatchGuard device that sync to be exactly the same. If the first device fails or crashes the second device will take over with no downtime to the system.

Internet Information:

Spectrum is the Internet provider for NLHS. NLHS has both a fiber and cable connection for the campus. Fiber connection is used for all business data, the cable connection is used for guest wireless network. If the fiber connection goes down NLHS Watchguard firewall will switch over to cable connection and vice versa. Both Fiber and Cable lines connected to facility in Nursing home server room. There is fiber connection between each building as well. See network diagram.

Spectrum Support number- 1-877-636-3278

SERVER ROOMS:

Server Rooms are located at Corporate and Nursing home buildings. Both server rooms will run on generator power if the campus is without power. The rooms are also temperature controlled with sprinkler systems. These room are locked all the time.

Server List and Location:

Below is list of servers and there locations. If a server listed below crashes and is down for extended period of time we are able to load server in a virtual environment on Datto backup device. Downtime would be minimal and business would operate as normal till replacement server is up.

Servers	IP Addresses	Serial Number	Version	Location
Host Server 2012	192.168.10.42	MXQ23901WT	2012	Corporate
New Kronos Server	192.168.10.17	MXQ42100YF	2008R2	Corporate
PCC EMAR BACK UP	192.168.20.217		Windows10	Corporate
Corporate File server	192.168.10.50	MXQ7110125	2016	Corporate
GHRC FILE SERVER	192.168.10.51	MXQ711011V	2016	GHRC
EXCHANGE SERVER	192.168.10.6	MXQ60136V	2016	Corporate
Card Access 3000-Terrace/Corporate	192.168.20.7	PBAWGPN	Win 7 Pro	Corporate
GHRC Perfect Care	192.168.20.3	3272-8263-2361-5388-8508-2744-64	2003	Corporate
Domain Controller	192.168.10.21	4084-7529-9883-9867-7224-3321-00	2008R2	Corporate
Terminal Server	192.168.10.11	3587-9660-7510-7636-3697-0305-98	2008R2	Corporate
ACT! Pro 2012	192.168.20.6	2167-6148-3785--8562-8005-7997-38	2008R2	Corporate
Helpcare Server	192.168.10.12	5026-0713-8901-4429-2620-7368-22	2008R2	Corporate
Practice Manager/Prime	192.168.10.16		2012	Corporate
Door Access/Cameras GHRC/Manor/Court	192.168.20.170		2008R2	GHRC
Old Hager Server	192.168.10.5	2M2109006P	2008R2	Corporate
Old GHRC Server	192.168.20.5	2M21090074	2008R2	Corporate

NETWORK SWITCHES: If a switch were to stop working PCA Group has spares at their office we could use till replacement switch arrives. Replacement switch usually arrive in 24-48 hours.

SWITCHES	Model	Serial Number	IP Address
Corporate Phone Switch (Top)	HP 2530-48G-PoEP (J9772A)	CN4AFP30S4	192.168.20.16
Corporate Data Switch (Bottom)	HP 2530-48G-PoEP (J9772A)	CN52FP31MP	192.168.20.28
Corporate Server Cage Switch			
GHRC Server Room Bottom Switch	HP 2530-48G-PoEP (J9772A)	CN38FP316W	192.168.20.13
GHRC Server Room Middle Switch	HP 2510 48G (J9280A)	CN119DG0GK	192.168.20.12
GHRC Server Room Top Switch	HP 2510 48G (J9280A)	CN048DG0YK	192.168.20.11
Court Electrical Room- Top	HP 2530-24G-PoEP (J9773A)	CN4AFP4293	192.168.20.14

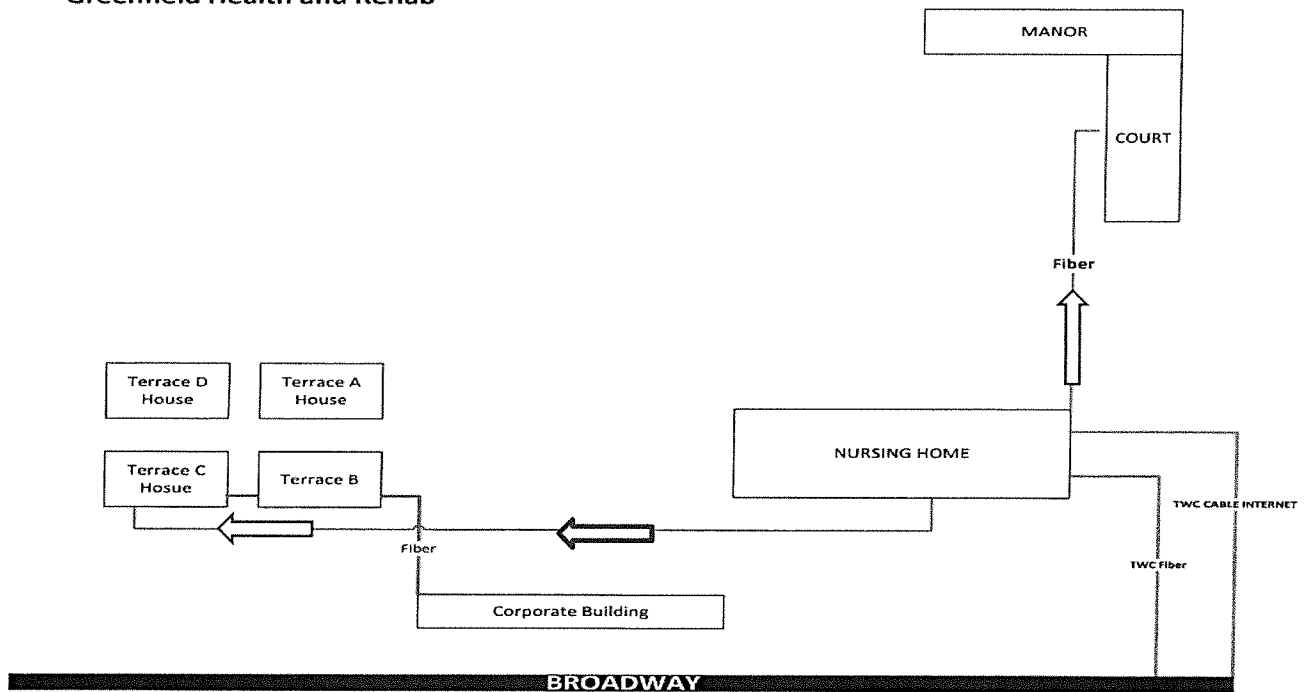
Court Electrical Room Bottom Switch	HP-2530-24G-PoEP (J9773A)		
Manor Near Laundry Room	HP 2530-48G-PoEP (J9772A)	CN4AFP30V9	192.168.20.15
Terrace B House (Fiber Connection)	HP 2530-8G-PoEP (J9774A)	CN53FP52S9	192.168.20.18
Terrace C House (Fiber Connection)	HP 2530-8G-PoEP (J9774A)	CN53FP52ZT	192.168.20.17
Terrace A House	AVAYA 3524GT		192.168.20.68
Terrace B House	AVAYA 3524GT		192.168.20.69
Terrace C House	AVAYA 3524GT		192.168.20.70
Terrace D House	AVAYA 3524GT		192.168.20.71

OTHER CRITICAL EQUIPMENT:

OTHER EQUIPMENT	IP ADDRESS	Location	
WatchGuard (Firewall) - Greenfield	192.168.20.4	GHRC	
Datto BackUp	192.168.10.2	GHRC	
Fiber Internet Connection	N/A	GHRC	
Cable Internet Connection	N/A	GHRC	

Network Diagram

Greenfield Health and Rehab

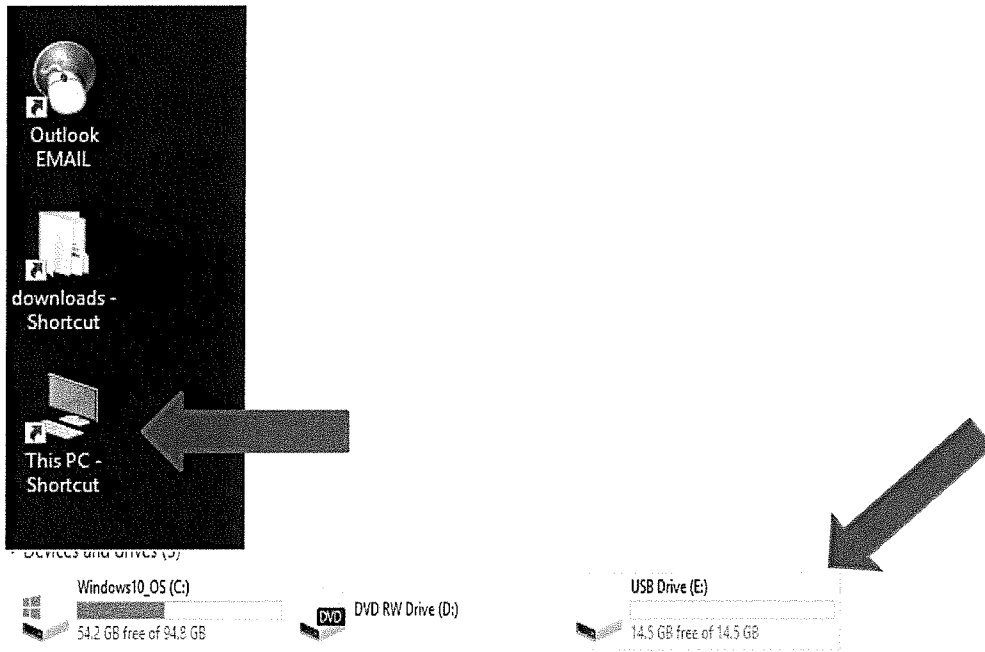


Recovering Point Click Care eMAR Backups

Located in the server room in corporate building there is a computer that every hour downloads the latest MAR/TAR from Point Click Care for a 24 hour period. The computer is labeled "eMAR Backup". The backup files are on a USB flash drive that is plugged into the back of the computer. However the files must be unzipped before printed. Listed below are instructions how to unzip files and print MAR/TAR.

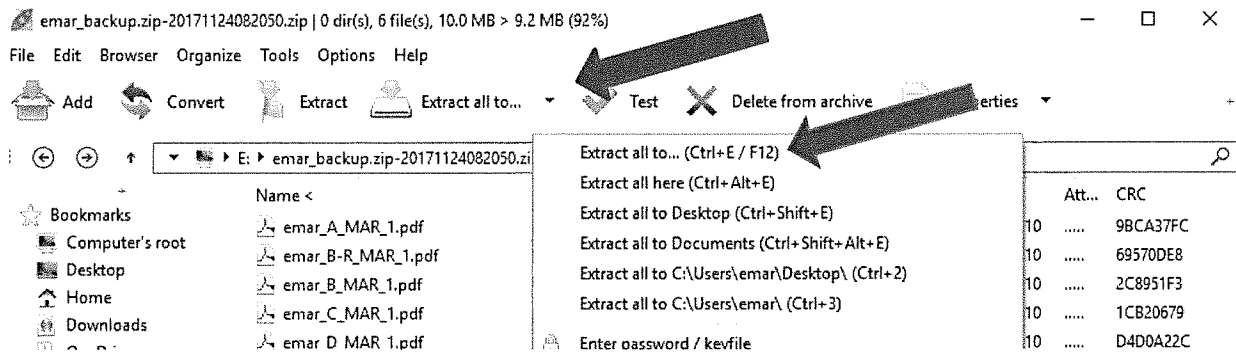
****Before attempting to retrieve backups yourself make sure you call IT manager to see if they are available to perform the backup steps****

- 1) A user account should always be logged onto the computer. But if it is not use these credentials to log in to PC:
Username: EMARBACKUPS\emar
Password: PCC1234!
- 2) After Logging on to the PC go to the Flash drive (click on "This PC- Shortcut"). Once you have browsed to the flash drive you will see all backups for the last 24 hours. (Follow Arrows)

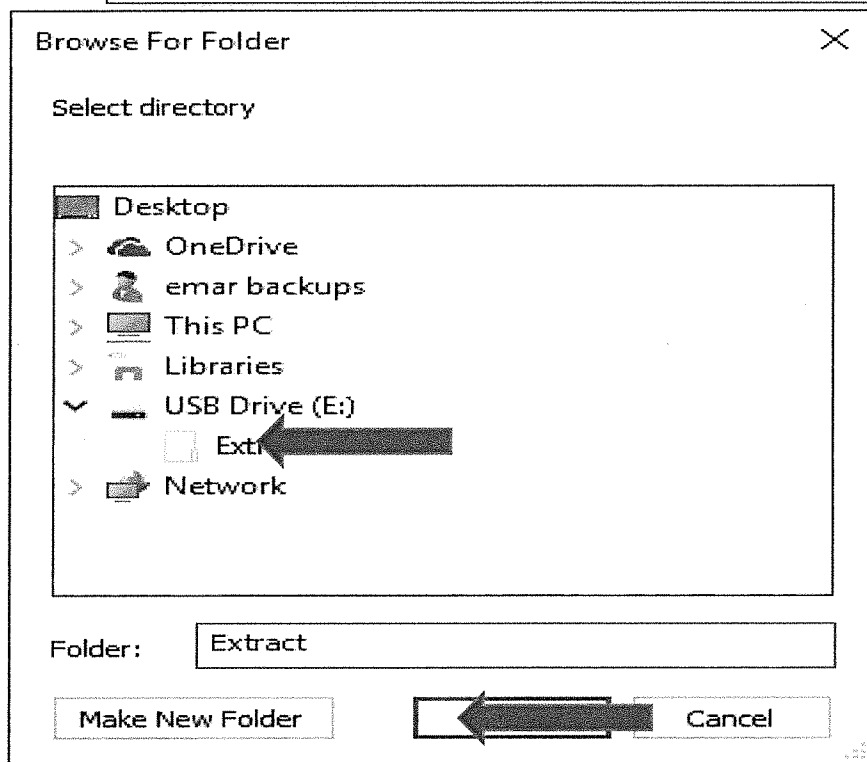
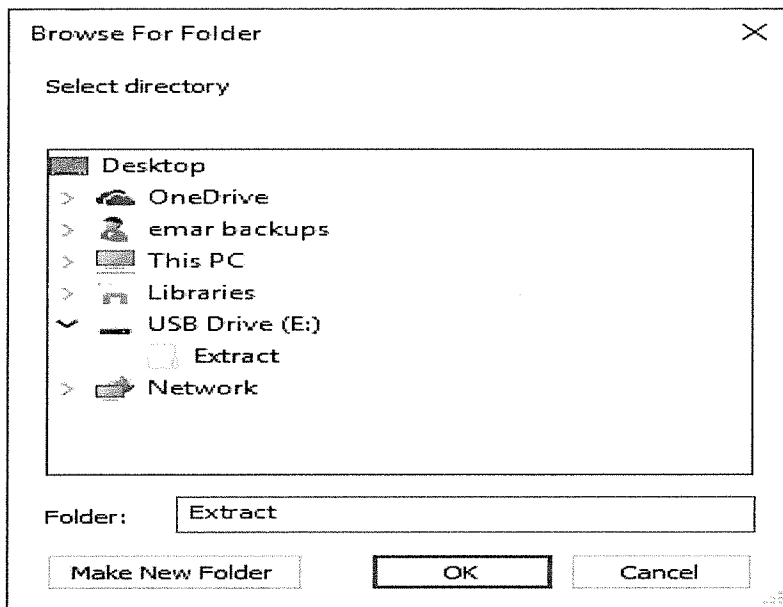


Name	Date modified	Type	Size
Extract	11/24/2017 8:46 AM	File folder	
emar_backup.zip-20171124012050	11/24/2017 1:22 AM	ZIP archive	9,602 KB
emar_backup.zip-20171124022050	11/24/2017 2:21 AM	ZIP archive	3,296 KB
emar_backup.zip-20171124032050	11/24/2017 3:21 AM	ZIP archive	3,296 KB
emar_backup.zip-20171124042050	11/24/2017 4:22 AM	ZIP archive	9,446 KB
emar_backup.zip-20171124052050	11/24/2017 5:22 AM	ZIP archive	9,450 KB
emar_backup.zip-20171124062050	11/24/2017 6:22 AM	ZIP archive	7,744 KB
emar_backup.zip-20171124072050	11/24/2017 7:22 AM	ZIP archive	9,459 KB
emar_backup.zip-20171124082050	11/24/2017 8:22 AM	ZIP archive	9,466 KB

3) To unzip the file double click the file you want. A software called PeaZip will open up. You must extract files to flash drive. (follow arrows)



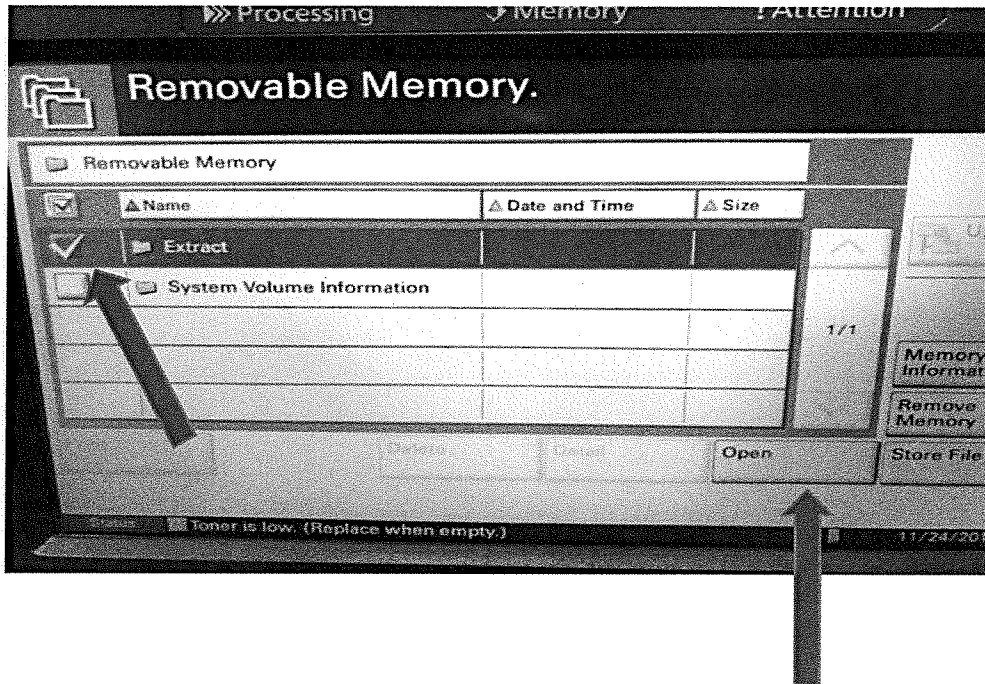
4) Extract the files to the USB flash drive folder called "Extract"



5) Remove the Flash drive from the back of the PC and take it to Corporate Mail Room Copier and plug in on side of display panel. Click Yes

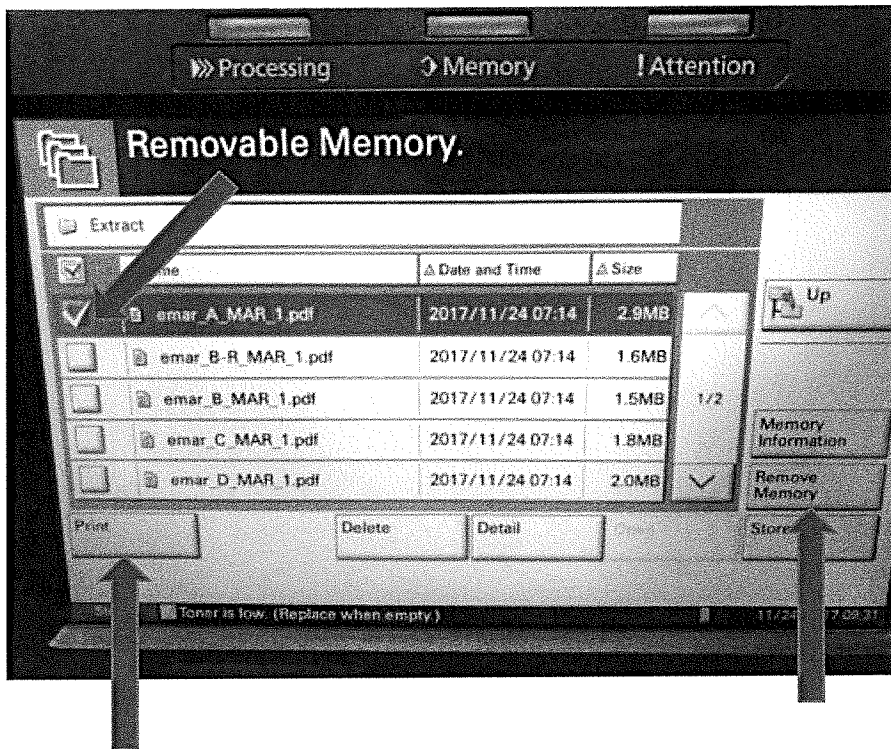


6) Click the check box next to Extract and click open



7) Click check box of which MAR you want print then hit print. Then hit start button on keyboard section of display panel.

****After you are all done printing make sure to hit "Remove Memory" before removing flash drive from panel.*****



LOSS OF AIR CONDITIONING/HIGH HEAT SITUATION

GENERAL

- The facility has multiple areas of independent air-conditioning. Determine alternate placement area's when resident areas are affected.
- Use fans and portable cooling units as necessary.
- Keep blinds, curtains, drapes, etc. closed in areas of building that receive direct sunlight.
- Open doors and windows, as necessary to take advantage of available breezes.
- Avoid activities that may excite residents or require physical exertion.
- Keep residents out of direct sunlight.
- Turn lights off whenever possible. This would also apply to any heat-producing appliance.
- Provide plenty of liquids for residents and staff.
- Monitor vital signs of residents and staff.

ADMINISTRATION

- Set up Command Post.
- Consider relaxing dress codes
- Consider reduction of work time or rotation of staff in high heat producing areas
- **Ensure all other guidelines of this procedure are completed.**

MAINTENANCE DEPARTMENT

- Attempt to determine the extent of the air conditioning system outage, if applicable.
- Report this information to the Command Post.

HOUSEKEEPING DEPARTMENT

- Provide all available fans to Nursing department.
NOTE - If fans are going to run for an extended period of time, periodically monitor fans for overheating.

NURSING DEPARTMENT

- Dress residents in loose, non-restrictive clothing.
- Maintain adequate fluid intake for all residents. Ensure that water and other fluids are within easy reach of residents and encourage consumption of liquids.
- Monitor vital signs closely. Be alert for absence of perspiration.
- Identify medications which may be contraindicated or should be administered in modified dosages in high heat conditions.
- Give sponge baths, as necessary.

NURSING DEPARTMENT (CONTINUED)

- Give sponge baths as necessary
- Keep residents out of direct sunlight
- In addition . . . Monitor staff conditions closely.

DIETARY DEPARTMENT

- Provide extra fluids for residents and staff.

LOSS OF COOKING ABILITY

GENERAL

- Consider the ability for limited cooking utilizing other than normal appliances, such as microwave ovens, barbecue grills, etc.
- Nursing and Dietary departments shall coordinate the nutritional needs of particular residents and the planned menu.

ADMINISTRATION

- **Set up Command Post as necessary.**
- Consider contracting for food prep / delivery from area healthcare facilities [or catering firms], depending on expected duration of incident and outside conditions. See Emergency Contractor/Vendor listing for food supplies.
- **Ensure all other guidelines of this procedure are completed.**

DIETARY

- Food Service priorities will be as follows:
 - A. Residents
 - B. Staff
 - C. Visitors
 - D. Off-site food service to local disaster areas

- Meals will be served as close to normal times as possible.

Follow Emergency Non-Cooking Menu - a 72 hour/3 day supply of emergency food is on hand at all times.

Emergency [Non-cooking] Menu found on page #63

Emergency Food Supply listing found page #62

Emergency Agency Phone Number listing found on page #64

Emergency Contractor/Vendor Phone Number listings found on page #66-70

SEE ALSO:

"LOSS OF GAS" Procedures

"LOSS OF WATER" Procedures

"LOSS OF SEWERAGE SERVICE" Procedures

"LOSS OF ELECTRICAL SERVICE" Procedures

LOSS OF ELECTRIC SERVICE

GENERAL

- Outlets served by the emergency generator are identified by a red outlet. [See list of services provided by generator.]
- Open curtains and drapes to take advantage of natural or off-site lighting, as applicable.
- Turn off "unnecessary" electrical equipment to reduce load on generator. Also turn off any equipment that may have been running when the power unit out.

ADMINISTRATION

- Set up Command post as necessary.
- **Ensure all other guidelines of this procedure are completed.**

MAINTENANCE DEPARTMENT

- Attempt to determine expected duration of electrical outage.
- Ensure that the generator is functioning properly. The generator should be checked periodically throughout the incident.
- If outage is expected to be for a long duration:
 - 1) Confirm availability of "back-up" portable generators from *Emergency Contractors or Office of Emergency Management*.
 - 2) List agreements with contractors
 - \$ Penn Power System
 - 3) Confirm fuel supplies for generator (National Fuel).

NURSING DEPARTMENT

- Place an extension cord with each portable suction machine to enable one to quickly plug machine into an outlet served by the emergency generator.
- Use extension cords to plug medication refrigerators into outlets served by the emergency generator. Move necessary medications into one refrigerator.
 - Extension cords can be found in the Maintenance Shop
- Establish activities to compensate for loss of normal room lighting, television, etc. for residents, as practical.
 - Ensure operation and availability of flashlights.

LAUNDRY DEPARTMENT

- See "LOSS OF WATER SERVICE" Procedures

DIETARY DEPARTMENT

- If loss of electricity affects ability to cook and/or wash dishes, see Loss of Cooking and Loss of Water procedures.

**** UPON RESTORATION OF NORMAL ELECTRICAL POWER ****

MAINTENANCE

- Notify each department of procedure for turning equipment back on to avoid all equipment being turned on at once and resulting in a massive power draw.
- Check all refrigerators and freezers for proper operation
- Check HVAC units and boilers for proper operation
- Reset all clocks
- Reset all lighting and other timers
- Check generator for proper fluid levels and ensure that all circuits have transferred properly
- Check fire alarm system to ensure proper operation

DIETARY

- Dispose of any perishable items that may have been exposed to unsafe storage temperatures.

Emergency Utility Shut-off Locations listing found on page #71

Listing of equipment served by the emergency generator found on page #73

Listing of extension cord and flashlight locations found on page #74

Emergency Agency Phone Number listing found on page #64

Emergency Contractor & Vendor List found on page #66-70

SEE ALSO:

"LOSS OF AIR CONDITIONING SYSTEM" Procedures

"LOSS OF COOKING ABILITY" Procedures

LOSS OF HEATING SYSTEM

GENERAL

- Expected duration of outage, along with outside weather conditions, must be evaluated and possible building evacuation considered. (If necessary, see Building Evacuation Plan.)
- All staff should survey their assigned areas to ensure that all windows and doors are closed. Any windows or doors that do not seal effectively should be reported to the Command Post.

ADMINISTRATOR

- Set up Command Post as necessary.
- **Ensure all other guidelines of this procedure are completed.**

MAINTENANCE DEPARTMENT

- Attempt to determine expected duration of heating system outage.
- Use duct tape, etc. for any doors or windows that do not seal effectively.

NURSING DEPARTMENT

- Dress residents with several layers of loose clothing, 2 pair of socks, hats, etc.
- Discontinue use of water mattresses, unless heated mattresses are used.
- Group residents into rooms, if possible
- Establish activities to keep residents active, as practical.

LAUNDRY DEPARTMENT

- Provide blankets to Nursing Department.

Emergency Utility Shut-off Locations listing found on page #71
Emergency Agency Phone Number listing found on page #64
Emergency Contractor & Vendor List found on page #66-70

LOSS OF GAS SERVICE

DIETARY

- Dietary to use disposable table services B plates, cups, forks, etc.
- See "**LOSS OF COOKING ABILITY**" Procedures

ADMINISTRATION

- Set up Command Post, as necessary.
- **Ensure all other guidelines of this procedure are completed.**

MAINTENANCE DEPARTMENT

- Attempt to determine expected duration of gas supply outage.
- Shut off valves supplying any appliances which have pilot lights.
- Upon restoration of gas supply, relight all pilot lights and check all gas appliances for proper operation.

NURSING

- See ALOSS OF WATER@ Procedures (re: bathing).

Emergency Agency Phone Number listing found on page #64
Emergency Contractor/Vendor Phone Number listings found on page #66-70
Emergency Utility Shut-off Locations listing found on page #71
Listing of equipment served by gas found on page #74

SEE ALSO:

ALOSS OF HEATING SYSTEM@ Procedures

LOSS OF SEWAGE SERVICE

GENERAL

- Bed pans, commode chairs or toilet bowls can be lined with infectious waste bags and waste material collected. A small amount of chlorine bleach should be poured into each bag prior to sealing. Large receptacles [linen barrels, garbage pails, etc.] having tight fitting lids may also be lined with infectious waste bags for storing waste material collected in smaller bags. If sewer system is intact, toilets can be force-flushed by pouring a pail of water into the bowl.

ADMINISTRATION

- Set up Command Post as necessary.
- **Ensure all other guidelines of this procedure are completed.**

MAINTENANCE DEPARTMENT/HOUSEKEEPING

- Contact plumber / sewer department and attempt to determine expected duration of incident.
- Establish an area to store containers of waste matter.
- Determine availability of portable toilets from outside vendors.
- If force flushing toilets - coordinate with nursing regarding which toilets on each unit/floor will be used. Provide pails of water at site. Water is to come from the Laundry hot water.
- Set up temporary urination collection site and schedule (provide containers).
- Ensure liquid consumption is taken care of first.

Emergency Agency Phone Number listing found on page #64
Emergency Contractor & Vendor List found on page #66-70

SEE ALSO:

"LOSS OF WATER SERVICE" Procedures

LOSS OF TELEPHONE SERVICE AND INTERNAL COMMUNICATION

(Telephones are on emergency generator)

ADMINISTRATION

- Set up Command Post, as necessary.
- Determine if telephones not part of the main telephone system are in service
- Distribute cellular telephones.
- Assign runners to use off-site telephones, as applicable.
- Establish methods to communicate within the building [runners, etc] if intercom / paging system is affected.
- Notify Telephone Company.
- Notify Fire and Police Departments. (Ensure that all staff are familiar with the method to notify Fire and Police Departments during a loss of telephone service.)
- Have staff make “fire prevention rounds”.
- **Ensure all other guidelines of this procedure are completed.**

MAINTENANCE DEPARTMENT/SECURITY

- Once outside communication is established, attempt to determine the extent and expected duration of the outage.

Emergency Agency Phone Number listing found on page #64
Emergency Contractor/Vendor Phone Number listings found on page #66-70
Listing of telephones not part of the main telephone system found on page #75

LOSS OF WATER SERVICE

GENERAL

Water currently stored in facility [storage tanks, bottled water, etc.] will be rationed for use depending upon availability and need. See Emergency Liquid Source listing.

Priorities for the Use of Available Water and Liquids

1] Personal Consumption (amount needed 180 gal.)

Location Attained

i.e. Dietary - milk, soda, juice, bottled water

Guideline: 2 qt. per person (staff and residents) for 72 hours/3 days

2] Personal Hygiene

Laundry Water Tank

- Consideration may be given to "force flushing" toilets after considering availability of stored water in conjunction with other needs.

- As directed by Command Post, take containers of water for force flushing of toilets to designated areas. Also provide containers for urination (See Loss of Sewage).

3] Cooking

Domestic Water Tank

4] Housekeeping

Laundry Water Tank

If facility has received notification of a **planned** disruption of the water service, available containers [tubs, pots, sinks, etc.] shall be filled prior to the shut-down.

ADMINISTRATION

- Set up Command Post
- *Notify fire department and insurance carrier that the sprinkler system will be out of service. If sprinklers are to be out of service for more than four hours, establish a fire watch. @ See note at end of this procedure.*
- Determine ability to obtain bottled water from outside sources.
- **Ensure all other guidelines of this procedure are completed.**

MAINTENANCE DEPARTMENT

- Contact Water Department and attempt to determine the extent and expected duration of the outage.
- Assist in obtaining stored water from within facility. Use dietary containers to transfer water for consumption.
- *Assess possible impact on heating and refrigeration systems*
- Turn off water heaters and boilers if water is going to be drained for other uses.

DIETARY DEPARTMENT

- **Advise Command Post of liquids available for consumption.**
- Use disposable dishes and utensils.
- Institute Emergency [Non-cooking] Menu, as necessary.

NURSING DEPARTMENT

- Restrict resident bathing.
- Use gloves to reduce the need for routine hand washing.
- Use hand sanitizer cleaner where possible.
- Use disposable swabs for oral care.
- Use disposable pads to reduce the need for linen changes.

LAUNDRY DEPARTMENT

- Provide a linen and resident clothing inventory to the Command Post.
- Coordinate a reduction of linen changes with the Nursing Department.

HOUSEKEEPING DEPARTMENT

- Discontinue any routine cleaning that requires water. Use spray cleaners, where necessary.
- As directed by Command Post, take containers of water for force flushing of toilets to designated areas. Also provide containers for urination (See Loss of Sewage).

Emergency Water Sources listing found on page #72

Emergency Food Supply listing found page #62

Emergency [Non-cooking] Menu found on page #63

Emergency Utility Shut-off Locations listing found on page #71

Emergency Agency Phone Number listing found on page #64

Emergency Contractor & Vendor List found on page #66-70

SEE ALSO:

"LOSS OF SEWAGE SERVICE" Procedures

"LOSS OF ELECTRICAL SERVICE" Procedures, where applicable.

If a significant portion of a fire alarm or suppression system is out of service, the facility shall notify the fire department and establish a fire watch. The generally accepted definition of a fire watch is an individual who's specific function is to patrol the building looking for a fire, checking **all** areas of the building on a regular basis. The fire watch could be considered to be all staff if they were specifically instructed to be alert for fire because of a system out of service, providing they were observing all areas of the building. This could work during the day, but may not be practical on off-shifts.

Sprinkler Fire Watch

- NFPA 25 formerly required evacuation or fire watch of facilities if a sprinkler system was out of service for more than 4 hours in a 24-hour period. **THIS HAS CHANGED TO 10 HOURS IN 24-HOUR PERIOD.**

Developed to accommodate a "work day" but can be at any time.

LOW STAFFING

GENERAL

This would apply to situations where staff members refuse to work or are not able to come to work due to situations such as a disaster occurring outside of the facility, or an influx of residents Aovertaxes@ the facility.

All departments would adjust their schedules and assignments to best compensate for the reduction in available staff.

ADMINISTRATION

- Set up Command Post as necessary.
- Determine which staff in the building will remain on-duty beyond their normal shift schedule. Determine if it is possible to provide transportation for staff not able to reach the facility.
- Determine the need / ability to call in off-duty staff or contract with healthcare staffing agencies.
- Check with other health care facilities to borrow staff.
- In conjunction with department heads, establish a master schedule for work and rest.
- Establish a sleeping area for staff.
- Determine the need to transfer residents to other facilities, release to responsible party or decrease census, as appropriate.
- Ensure provisions are in place for adequate security of building , as necessary.
- Consult with vendors to determine the availability of necessary goods and outside services.
- **Ensure all other guidelines of this procedure are completed.**

DIETARY DEPARTMENT

- Revise routines to compensate for the need to feed staff and residents.

LAUNDRY DEPARTMENT

- Provide linens, etc. necessary to accommodate staff sleeping arrangements.

NURSING DEPARTMENT

- Assure no less than minimal staffing on all units, float staff as needed.
- Assure staff has adequate rest period every 24 hours.
- Assure no less than minimal care as required by care plan is provided to residents.
- RN Supervisor to maintain regular contact with DON and Administrator in their absence.

SEE ALSO:

"INFLUX OF RESIDENTS" Procedures

TORNADO/HIGH WINDS

- The National Weather Service may issue a tornado watch or warning -

TORNADO WATCH

If a TORNADO WATCH is received, this would be an indication that there is a possibility that a tornado **may** strike, and the facility may have several hours to prepare.

ADMINISTRATION

- Set up Command Post
- A page announcement is made to alert staff. This page can also be made by the person in charge of the facility at the time the facility becomes aware of the tornado watch. If the storm is upgraded to a warning, an announcement should be made.
- **Ensure all other guidelines of this procedure are completed.**

GENERAL

- Close all cubicle curtains, window curtains, and blinds to provide a barrier between windows and the residents. Remove items from window ledges and pictures on walls.
- Weather radio or local radio and / or television stations should be monitored for condition updates. A "spotter" should be assigned outside to watch for funnel clouds. Bring residents in from the outside.
- All departments should prepare emergency supplies [linens, food, emergency water and food supplies, medical and first aid supplies, flashlights, etc.] for possible use.
- Identify safe areas within the building where residents should be brought if time allows.

MAINTENANCE / HOUSEKEEPING / GROUNDS

- Check outdoors for any objects [such as lawn chairs and tables, etc.] which may act as missiles if blown about by high winds. Secure objects, as practical.
- **Prepare** to shut down utilities.

NURSING/HOUSEKEEPING

- Residents outside of facility should be brought in.
- Remove items from window ledges and walls where there are residents.

TORNADO WARNING or FUNNEL CLOUD SPOTTED

GENERAL

- Move all residents into hallways or rooms without windows. If residents are sitting in chairs, place a pillow in their lap and remove eyeglasses to protect their face. If moving all residents is not practical, cover them with blankets, pillows, etc.
- Staff should position themselves under sturdy furniture, away from windows and swinging doors.
- As winds subside:
 - Perform an immediate assessment of injuries.
 - Perform an immediate assessment of structural damage in the area.
 - Move residents away from damaged areas.
 - Inform Command Post of assessment.

MAINTENANCE DEPARTMENT

- Shut down utilities, as necessary. Perform an assessment of structural damage for the entire building. Inform Command Post of survey results.

NURSING DEPARTMENT

- Perform an assessment of injuries for the entire building. Institute necessary medical attention, as necessary. Inform Command Post of survey results.

Emergency Agency Phone Number listing found on page #64
Emergency Contractor/Vendor Phone Number listings found on page #66-70
Emergency Utility Shut-off Locations listing found on page #71

SEE ALSO:

"LOSS OF HEATING SYSTEM" Procedures
"LOSS OF AIR CONDITIONING SYSTEM" Procedures
"LOSS OF WATER SERVICE" Procedures
"LOSS OF COOKING ABILITY" Procedures
"LOSS OF TELEPHONE SERVICE" Procedures
"LOSS OF ELECTRICAL SERVICE" Procedures
"LOSS OF SEWAGE SERVICE" Procedures
"LOSS OF GAS" Procedures
"CONTAMINATION OF THE OUTSIDE AIR" Procedures
"LOW STAFFING" Procedures

SNOW EMERGENCY

GENERAL

- Employees are to stay on duty until released.
- Staff members may be asked to perform a variety of functions.
- Sleeping schedule is set up by Nursing Administration or respective department head. He/she will receive information regarding availability of sleeping accommodations.
- Review ability to provide transportation for staff, as necessary.
- Due to possible delayed Fire Department response, staff should perform fire prevention Awatches@ while making rounds in areas which are not staffed 24 hrs. a day, looking for:
 - electric overloads
 - burners left on in nourishment rooms
 - dryer lint buildup in the laundry area
 - smoking violations

ADMINISTRATION

- Set up Command Post as necessary.
- **Ensure all other guidelines of this procedure are completed.**

MAINTENANCE

- Keep exits and sidewalks free from snow
- Keep hydrants, hose connections, and emergency access roads clear.
- Review transportation of staff with Command Post (facility has 4-wheel drive vehicles)

NURSING

- Medical Director will be contacted (by Senior Nursing position) to approve initiation of “drug holidays”, as appropriate. If there is advance warning of severe weather conditions approaching, and time allows, check resident’s medications. If there is not enough to last through the expected weather condition, order enough to last through the situation, plus one day extra. Doctor’s orders may be needed for this.
- Resident meal times should be as close to normal as possible. Modify menu if deliveries will not be possible.

DIETARY

Establish a place for feeding staff and visitors if shift change will not be possible.

HOUSEKEEPING

- Check linen supply. Arrange linen change schedule for residents and staff as necessary. Modify if deliveries/pick-ups are not possible.
- Survey building for staff sleeping areas if necessary. Advise department heads or Command Post if areas have been set aside for staff sleeping.
- Provide linens, etc. necessary to accommodate staff sleeping arrangements.

Emergency Contractor/Vendor Phone Numbers listing found on page #66-70

SEE ALSO:

LOSS OF HEATING SYSTEM Procedures
LOSS OF WATER SERVICE Procedures
LOSS OF TELEPHONE SERVICE Procedures
LOSS OF ELECTRICAL SERVICE Procedures
LOSS OF SEWAGE SERVICE Procedures
LOW STAFFING Procedures

LOSS OF ELEVATOR SERVICE

GENERAL

- Assure individuals inside the elevator that they will be rescued.
- Determine if there are any injuries.
- Notify elevator service contractor.
- If any occupants are injured, notify the fire department and ambulance service.
- Do not attempt to force open doors or remove occupants without advice from the elevator service contractor.
- If elevator will be out of service during mealtimes, staff should be organized into a transport line@ for moving meals to upper floors.

Emergency Contractor & Vendor Listing found on page #66-70
Emergency Utility Shut-off Locations listing found on page #71

FIRE WATCH

Person designated for FIRE WATCH has no other duties or responsibilities other than the FIRE WATCH job.

In the event of interruption to our Fire Safety Systems, the following plan would be implemented:

- Staff in facility would be notified.
- Administrator or designee would assign someone to make hourly rounds of the building including monitoring all exit doors.
- Highest ranking employee would identify command station if necessary.
- Administrator or designee would notify New York State Health Department of situation.
- Facility cell phone located in the Supervisors Office will be carried by nursing supervisor.
- Disaster policy and procedures will be followed.
- Testing of system would be completed prior to all clear of fire watch.
- Sprinkler Fire Watch out of service for more than 10 hours in a 24-hour period requires evacuation.

Sprinkler Fire Watch

- NFPA 25 formerly required evacuation or fire watch of facilities if a sprinkler system was out of service for more than 4 hours in a 24-hour period. **THIS HAS CHANGED TO 10 HOURS IN 24-HOUR PERIOD.**
- Developed to accommodate a “work day” but can be at any time.

EMERGENCY BEDDING MATERIALS LIST

See Western New York Mutual Aid Plan.

Emergency Bedding Materials are stored as follows:

<u>EQUIPMENT</u>	<u>QUANTITY</u>	<u>LOCATION</u>
Mattresses	6	D-100 Laundry
Pillows	12	D-131 Linen Storage
Beds	3	D-47 Central Storage
Blankets	160	D-131 Linen Storage
Linens	Bath towels – 106.5 dz. Wash Cloths – 450 dz. Flat Sheets – 24 dz. Fitted Sheets – 14 dz. Gowns – 59 dz. Pillow Cases – 14 dz. Clothing Protectors – 50 dz. Bed Pads – 32 dz. Wheelchair Pads – 21 dz. Thermal Blankets – 13 dz. Linen Storage 46 dz. Units' Linen Rooms	D-10, D-131, D-133

Emergency Food Par List

Item	Amount per Case	Total Needed
Tuna Fish	6 - 43 oz. Packs	2 Cases per meal
Diced Chicken (Frozen)	2 - 5# Bags	3 Cases per meal
Canned Marinated Salads (3 Bean, 4 Bean, Baked Beans)	6 - #10 Cans	5 Cans per meal
Canned Diced Carrots	6 - #10 Cans	4 Cans per meal
Italian Dressing	4 Gallons	½ Gallon per meal
Mayonnaise	4 Gallons	1 Gallon per meal
Vegetable Juice	12 - 46oz Cans	4oz per meal
Fruit Juices (Apple, Orange)	96 - 4oz cups	1 ½ Cases per meal
Non-Fat Dry Milk	6 - 5# Bags	1 Case
Assorted Cereals	75 boxes	2 Cases per meal
Assorted Canned Fruits	6 - #10 Cans	5 Cans per meal
Assorted Canned Puddings	6 - #10 Cans	5 Cans per meal
Sugar Free Cookies	216 cookies/single packed	¾ Case per meal
Assorted Pudding Cups	48 Single Serve Cups	3 Cases per meal
Peanut Butter	6 - 5# Tubs	2 Tubs per meal
Jelly	6 - 4# Jars	3 Jars per meal
Cream Cheese PC's	100 cups	2 Cases per meal
American Cheese	4 - 160 count packs	3 Packs per meal
Assorted Bread	24 Slices per bag	14 bags for sandwiches/meal 6 bags for slices/meal

Emergency Food Supply Par List

Item	Amount per Case	Total Needed
5 oz. Plastic Cups	2500	2 Cases
5 oz. Plastic Cup Lids	2500	1 Case
9 oz. Plastic Cups	2500	2 Cases
9 oz. Plastic Cup Lids	2100	1 Case
8 oz. Styrofoam Cups	1000	2 Cases
8 oz. Styrofoam Cup Lids	1000	1 Case
10 oz. Styrofoam Bowls (Soup/Cereal)	1000	2 Cases
10 oz. Styrofoam Bowl Lids	1000	1 Case
9" Styrofoam Plates	500	4 Cases
9" Disposable Plate Covers	300	2 Cases
4 oz. Styrofoam Bowls	1250	1 Case
Disposable Forks	1000	2 Cases
Disposable Knives	1000	2 Cases
Disposable Teaspoons	1000	2 Cases
Disposable Soup Spoons	1000	2 Cases
Napkins	3200	1 Case
Straws	400	4 Boxes
Disposable Trays	100	2 Cases
Bottled Water	24	80 Cases

EMERGENCY [NON-COOKING] MENU

NOTE: Special dietary needs of individuals must be considered as meals are being prepared.

THREE DAY DISASTER MENU WITH NO ELECTRIC, GAS WATER AND GENERATOR MALFUNCTION

***USE DISPOSABLES - Serve on unit, if necessary. Person in charge to make that decision.**

MEAL	REGULAR/GROUND MEAT	PUREED
Breakfast	4 oz. juice/fruit drink 4 oz. cereal 8 oz. milk or Carnation Instant Breakfast 1 slice bread/margarine and jelly	4 oz. juice/fruit drink 8oz. milk or Carnation Instant Breakfast 1 egg custard/pudding 1 puree bread/margarine and jelly
Lunch	4 oz. juice/fruit drink 8 oz. milk or Carnation Instant Breakfast 1 tuna or chicken salad sandwich or cold plate* 4 oz bean salad or can veg. 1 cookie	4 oz. juice/fruit drink 8 oz. milk or Carnation Instant Breakfast Puree Cheese sandwich Mashed Potatoes pureed vegetables 1 pudding
Supper	4 oz. juice/fruit drink 8 oz. milk or 8 oz. nonfat dry milk mixed with water Cheese & Crackers or Peanut Butter & jelly sandwich pudding or custard 4 oz. canned fruit	4 oz. juice/fruit drink 8 oz. milk or 8 oz. nonfat dry milk mixed with water Puree Peanut Butter & jelly sandwich 4 oz. pureed fruit pudding or custard

Repeat for days 2 & 3 if needed.

Nourishments between meals will not follow set pattern - stock available on unit.

*Use cold cuts if refrigerated temperatures have been adequately maintained.

EMERGENCY AGENCY PHONE NUMBERS

<u>SERVICE</u>		<u>PHONE #</u>
Fire / EMS	[Emergency]	911
	[Non-Emergency]	683-2800
Sheriff / Police	[Emergency]	911
	[Non-Emergency]	683-2800
Highway Patrol	[Emergency]	911
Highway Department	[State Highways]	631-9017
	[Local Streets]	683-3426
Gas Company	National Fuel Gas	1-800-444-3130
Electric Company	NYSEG	1-800-572-1131
Water Department	EC Water Authority	684-0900
	Lancaster Department	683-1610
Sewer Department	EC Sewer Authority	684-1234
Telephone Company (Verizon)	[Business]	1-800-837-4966
Office of Emergency Services	[State]	439-7310
	[County]	898-3696 or 858-7937
Department of Health Services	Buffalo Office	847-4320
Coroner	EC Morgue	961-7591
Hazardous Materials	County	858-6800
Red Cross	Delaware Avenue	886-7500
Poison Control Center	Children's Hospital	1-800-222-1222

PHARMACY DISASTER PLANNING

IF THERE IS A DISASTER AND THE PHARMACY COULD NOT DELIVER OUR MEDICATIONS FOR A PERIOD OF TIME, VINCE GALLETTA (BUFFALO PHARMACIES) STATED THAT THEY WOULD OPEN ONE OF THEIR OTHER LOCATIONS TO ACCOMMODATE US.

1-23-2018

GREENFIELD HEALTH & REHABILITATION CENTER
EMERGENCY/VENDORS' TELEPHONE NUMBERS

BOILERS	B.J. MUIRHEAD	667-7100
NURSE CALL SYSTEM	ALLSTATE	783-9670
SPRINKLER SYSTEM	ALLSTATE FIRE	1-800-234-7521
PHONE SYSTEM	RONCO	873-0760
POWER OUTAGE	NYSEG	1-800-572-1131
GENERATOR	PEN POWER	822-0051
GAS LEAK	NATIONAL FUEL	1-800-444-3130
REFRIGERATION	DANFORTH	832-1940
FIRE ALARM	BUFFALO SECURITY	238-6664
FIRE DEPARTMENT	TOWNLIN	683-2800
LANCASTER POLICE		683-2800 OR 911
LOSS OF WATER	ERIE COUNTY WATER	684-0900
ELEVATOR	BISON	852-3031
SNOW PLOWING	BRIAN ZYNDA	472-9728
SNOW PLOWING	NICHOLAS KWASNIAK	867-6200 (cell)
SNOW PLOWING	ANTHONY KURKOWSKI	602-8774 (cell)
SNOW PLOWING	JIM GARRETT	474-2184(cell)

EMERGENCY CONTACT	NICHOLAS KWASNIAK	867-6200 (cell)
EMERGENCY CONTACT	ANTHONY KURKOWSKI	602-8774 (cell)

**EMERGENCY CONTRACTOR/VENDOR
PHONE NUMBERS
HOUSEKEEPING / LAUNDRY DEPARTMENT**

SERVICE OR PRODUCT PROVIDED	VENDOR CONTRACTOR NAME	PHONE #
Housekeeping Supplies: (All Supplies)	Dobmeier Janitorial Supplies Bunzl-Sofco	833-2005 685-6021
Laundry Supplies: All Chemicals & Briefs	Ecolab Sysco Food Services	1-800-352-5326 665-5620
Linens	Phoenix Textiles	1-800-325-1440

Dietary Emergency Vendor Phone Numbers

Vendor Name	Contact Name	Phone Number	Service/Products
US Food Service	Julie Iacuzzo	(Cell) 716-868-0722	All food products
	Customer Service Cust #: 80740228	1-800-333-0828 (press 1 for national sales)	
Sysco	Alex Ruzzine	(Cell) 716-472-3365	Puree Molds, Ancillary food products
	Customer Service	1-800-838-6001	
Upstate Farms	Customer Service	716-892-3434 Acct #: 356-21472	Dairy Products
Boulevard Produce	Customer Service	719-694-1174	Produce
Midstate Bakery	Customer Service	716-853-1119 Acct: HGRE9001	Bread
McCullough Coffee	Jeffery Szeffler	(Cell) 716-602-5987 (Office) 716-856-3473 x400	Coffee
Perry's Ice Cream	Customer Service	716-542-5492 Customer Number: 20319	Ice Cream
Irish Carbonic	Brad Irish-Jones	(Cell) 716-573-3929	Juice Machines/Juices
	Orders After Hrs Emergency	716-827-2727 x 0 716-852-3335	
Ecolab	Mark Becker	(Cell) 716-444-0361 (Office) 800-352-5326	Dish Machines, Dish Chemicals
Pepsi	Darshini Saikumar	(Cell) 716-495-2255 (Direct) 716-651-3426	Soda and Water
Bernard Food	Andy D'Agostino	(Cell) 585-314-2487 (Office) 585-225-9238	Diet food mixes/healthcare food products
Buffalo Hotel Supply	John Santospirito	(Cell) 716-563-2313 (Office) 716-691-8080 x3063	Dishware/equipment
Povenelli	Joseph Sikora	716-891-8116	Knives

**EMERGENCY CONTRACTOR / VENDOR
PHONE NUMBERS**

NURSING DEPARTMENT

<u>SERVICE OR PRODUCT PROVIDED</u>	<u>VENDOR / CONTRACTOR NAME</u>	<u>PHONE #</u>
Ambulance / Medi-Trans	AMR	882-8400
	Lancaster Ambulance	683-3282
Enteral Feedings	Buffalo Hospital Supply	626-9400
Laboratory	Catholic Health Systems	862-1150
Medical Supplies	Buffalo Hospital Supply	626-9400
Nursing Registry	Chauncy	1-800-321-6443
Pharmacy	Buffalo Pharmacy	204-9060
Pharmacy Consultant	Geoffrey Zielinski	692-2020
Oxygen supplies	Haun	630-9353
X-Ray	Buffalo Ultrasound	631-2262

EMERGENCY CONTRACTOR/VENDOR

PHYSICIAN PHONE NUMBERS

<u>NAME</u>	<u>PHONE NUMBER</u>
Paul Shields (Medical Director)	(W) (C)
Harnath Clerk (Attending Physician)	(W) (C) (H) (VM)
Patrick, Siaw, MD (Attending Physician)	465-2832 (VM) 448-7398 (Pager) 636-6337 (H) 923-7050 (W)
Ryane Parsons, PA	(W)
Sanjay Gupta, MD (Psychiatrist)	474-7956 (C)
Mark F. Wierzba, DDS (Podiatrist)	895-5992 (H) 684-8882 (W) (W) (H)

EMERGENCY UTILITY SHUT-OFF LOCATIONS

<u>UTILITY DOWN</u>	<u>SHUT-OFF LOCATION</u>	<u>METHOD TO SHUT DOWN</u>
WATER	D-100 Laundry Utility Room	Gate Valve
GAS	East Front Lawn of Building	Pipe wrench
ELECTRIC	E-136A Power Equipment Room	Breaker
HVAC Units	Various locations	Automatic

EMERGENCY CONSUMABLE WATER SOURCES

BOTTLED WATER STORED IN BUILDING

<u>LOCATION</u>	<u>AMOUNT</u>
-----------------	---------------

D-127 Dietary	24 gallons
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OTHER SOURCES OF WATER IN BUILDING

<u>LOCATION</u>	<u>AMOUNT</u>
-----------------	---------------

Ice Machines	200#
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Nursing Units

Water Storage Labeled Tanks	600 gallons
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Drain valve on lower portion of tank; open slowly

Laundry - sewers

Domestic - Drinking - Use dietary containers

Other Liquids:

Dietary Storage, Walk-In Cooler in Dietary, Activities Kitchens, Nourishment Kitchens, Vending Machines

OUTSIDE SOURCES OF WATER

<u>VENDOR</u>	<u>PHONE NUMBER</u>
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Pepsi	495-2255 (C) 651-3426 (W)
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Upstate Dairy	892-2121
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SYSCO Foods	1-800-366-5620
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Local Food Markets - TOPS, Wegmans

EQUIPMENT SERVED BY THE EMERGENCY GENERATOR

Outlets served by the emergency generator are identified by red receptacle and wall plate.

- Emergency Lighting - every 3rd corridor light and in places of assembly
- Elevator Passenger
- Heating - All resident areas
- Sump pumps
- Grinder
- Fire Alarm
- Phones
- Security
- All refrigerators - Kitchen area
- Server located in lower floor Telephone/Computer Room.

EQUIPMENT SERVED BY GAS

- Emergency generator
- Domestic hot water
- Heat - Valance System and Air Units
- Laundry - dryers
- All gas ovens and ranges in Dietary ONLY. All ranges and microwaves on the units are electric.

LOCATIONS OF EXTENSION CORDS & FLASHLIGHTS

EXTENSION CORDS

<u>LOCATION</u>	<u># OF CORDS</u>	<u>LENGTH OF CORDS</u>
Maintenance Shop (Cabinet marked with red AX@)	8	50 feet

FLASHLIGHTS

<u>LOCATION</u>	<u># OF FLASHLIGHTS</u>
Nursing Supervisor	2
Maintenance Office	4
Disaster Box (In-service Room)	11

LOCATIONS OF TELEPHONES NOT PART OF THE MAIN PHONE SYSTEM

THE FOLLOWING PHONES ARE SUPPLIED FROM A SOURCE OTHER THAN THE MAIN PHONE SYSTEM, AND THEREFORE MAY FUNCTION EVEN THOUGH THE MAIN PHONE SYSTEM IS OUT OF SERVICE

FAX LINES

<u>LOCATION</u>	<u>PHONE #</u>
Reception - 1	684-3380
Unit A	

FIRE ALARM TRANSMITTER LINES

<u>LOCATION</u>
To Central Station

RESIDENT PHONES

<u>LOCATION</u>	<u>PHONE #</u>
All beds on Sub-acute Wing	See roster at Reception

CELLULAR PHONES

<u>LOCATION</u>	<u>PHONE #</u>
Handheld Supervisor Phone	Ext 1316

GREENFIELD'S TELEPHONE TREE

September 2021

In the event a
Department
Head is unavailable,
the
member of Staff next
in line will be
responsible
for implementing the
phone tree to the
Team.

<u>Meghan Calls:</u>	
Meghan Schobert	461-5628
Chris Koenig	491-2712
Jeannine May	830-6918
Trish Mann	585-704-0097
Nick Kwasniak	867-6200
Tony Kurkowski	602-8774
Tim Carney	548-2204
Georgia Schlager	683-8228
Kelly Monczynski	445-9445
Tanya Culley	380-1592
MaryBeth Mego	472-3628
Danielle Regan	607-206-0995
Amy Smith	939-0159
Emily Davis	343-4531

<u>Chris Koenig:</u>	
Laurie Jankowski	238-4630/894-2183
Cory Edmonds	316-6957
Nick Anderson	585-409-9830

<u>Jeannine's Team:</u>	
Emily Thompson	207-8446
Georgette Tornabene	308-8106
Lynn Backlas	998-0076
Rachelle Riordan	481-3863
Ashley Bojanowski	597-1277
Tia Sawyer	481-7032
Jami Schmid	836-7030
Helen Jennings	585-993-2660
Love Howe	310-1271

Jenna Adkins

GREENFIELD'S
TELEPHONE

TREE

June 2021

Trish Calls:

425-1687

Georgia Calls:

Dianne Coons

573-6851

Tanya Calls:

Corrine Fiegl

Christina Aponte

908-3753

381-

Tim Carney Calls:

Del Miller

472-8795

EMERGENCY ALERT SYSTEM RADIO STATIONS

The following radio stations are part of the Emergency Alert System, and should be monitored as a source of official information in the event of disasters involving the community

<u>Station Call Letters</u>	<u>Frequency</u>
WGR	550 AM
WBEN	930 AM

TEMPORARY HOUSING / TRANSPORTATION RESOURCES

(Over and above that of the local Emergency Medical Service)

Temporary assistance may be provided by other area facilities. This may include the use of vans, wheelchair-mobiles, and other transportation vehicles to assist in the relocation of residents from the facility or the stop-over point to the receiving facility.

In addition, the receiving facility may serve as temporary shelter for evacuated residents and staff. Dining rooms, Activity Rooms, Chapels, etc. could be used as resident care or staff sleeping areas. The receiving facility would be responsible for providing needs of residents and staff. However, the staff from the evacuated facility would assist in providing direct resident care, assist with meal preparation, laundry, and housekeeping responsibilities.

Whenever possible, the number of individuals that could be housed (not just in resident rooms) should be determined ahead of time and included under this heading. In this way administration will be better prepared to decide the specific residents and staff who may be sent to any given facility.

FACILITY-OWNED VEHICLES

FOR TRANSPORTATION OF RESIDENTS

<u>Vehicle</u>	<u>Capacity</u>
Bus	7 w/c bound and 2 ambulatory
Truck/Plow (2)	2 passenger

FOR TRANSPORTATION OF GOODS AND EQUIPMENT

Same as above

OUTSIDE RESOURCES

FOR TRANSPORTATION OF RESIDENTS

<u>TYPE OF VEHICLE</u>	<u>PROVIDER</u>	<u>PHONE #</u>
Ambulance	AMR	882-8400
	Lancaster	683-3282
Bus	Elderwood	250-0062
	Caring Hearts	457-3051

RECEIVING FACILITIES

Follow the Western New York & Regional Mutual Aid Plans

NOTIFICATION OF EVACUATION

Nursing Supervisor or designee will communicate with all alert and orientated residents regarding evacuation process.

DELIVERY OF RECORDS OF TRANSPORT

Health Information Management Director or Unit Clerk or designee is responsible for the collection and delivery of medical records.

See Mutual Aide Plan re: Resident Emergency Evacuation Tag.

MEDICATION AND SUPPLIES

Director of Nursing, Assistant Director of Nursing, or designee will be responsible for the accountability for controlled substances. Controlled substances will be delivered to the residents location via: nursing personnel.

Director of Nursing, Assistant Director of Nursing, or designee will be responsible for the list regarding resident - specific specialized treatment supplies. List will be kept in Central Supply.

In-service Coordinator or designee will be responsible for collection and delivery of specific treatment supplies for transport.