



VERMONT VETERANS' HOME

The Vermont Veterans' Home (VVH) Emergency Preparedness Plan has been reviewed by me and Department Heads.

The following sections were included in the annual review conducted prior to 1 December 2020:

Vermont Veterans' Home Facility Profile for Emergency Preparedness Planning

VVH Chain of Command Incident Command for emergencies

VVH Contact Sheet

Vermont Veterans' Home Critical Resources

VVH Emergency Communications Planning

Vermont Veterans' Home Disaster Plan Essential Functions

Vermont Veterans' Home Evacuation Planning Checklist

Vermont Veterans' Home Hazard Vulnerability Assessment

Vermont Veterans' Home Shelter in Place Checklist

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Emergency Preparedness Planning



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Emergency Management Phases



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There are four basic phases of emergency/disaster management:

1) Mitigation – Activities and actions which aim to avoid or lessen the impact of a disaster, for example not building nursing homes facilities in flood zones. Risk management—the process for measuring or assessing risk and developing strategies to manage it—is an essential aspect of mitigation.

2) Preparedness – Actions taken in advance of an emergency to prepare the organization to be ready for a disaster. Preparedness includes activities such as plan development and exercise, acquisition of resources and training.

Emergency Management Phases continued-



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3) Response – Action to address the immediate and short-term effects of an emergency or disaster in progress. Response includes immediate actions to save lives, protect property and meet basic human needs. Long term care facilities may also be interested in mounting a response outward in an emergency to support other organizations and the community, for example, by serving as a host facility to accommodate new patients or Veterans and members when other facilities are overloaded.

4) Recovery – Activities that occur after the disaster has subsided, that are designed to help an organization and community return to a pre-disaster level of function.

All Hazards Planning



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Emergency preparedness planning takes an “*all hazards*” approach. This approach focuses on being prepared and able to respond regardless of the cause or source of the emergency. While there are a variety of hazards or disasters that may occur, e.g. flood, ice storm, pandemic flu, the range of possible consequences is limited—you have to evacuate the facility in a hurry, OR you and your Veterans and members cannot leave the facility, OR some critical resource is inaccessible--such as personnel, medications, food, water, electricity, etc.



In order to best prepare for All Hazards:

- 1) Define the major functions and activities of the Vermont Veterans' Home to operate and serve its mission;
- 2) Conduct a hazard vulnerability analysis;
- 3) Complete a facility profile, and
- 4) Make a list of other agencies to be in contact with as you develop/refine our emergency preparedness plan.

Identifying Essential Functions



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Essential functions are those organizational functions and activities that must be continued under any and all circumstances. The Federal Emergency Management Agency defines *essential functions as “those functions that cannot be interrupted for more than 12 hours/must be resumed within 30 days”*; however, given the health status of our Veterans and members, many of our essential services may have a lower threshold.

Identifying Essential Functions



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In considering your most essential and time sensitive functions take into account what is required to care for our Veterans and Members and to run the facility. The essential functions you list should encompass the key activities we fulfill on a day-to-day basis.

Identifying Essential Functions



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These essential functions may include, for example, medical care of Veterans and members, psychosocial care of Veterans and members, feeding of Veterans and members, bathing and hygienic care of Veterans and members, purchasing essential supplies, assuring adequate staffing, maintaining the physical plant, and the various functions necessary to fulfill legal, regulatory and financial obligations.

Identifying Critical Recourses



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Critical resources are the inputs needed so VVH can carry out its essential functions. There are two main categories of critical resources we should be the most concerned with when developing emergency preparedness plans:

1) **Human Resources**, including prepared, safe, trained employees, and facility unit leaders.

Identifying Critical Recourses



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2) **Physical Resources**, including vital records, essential equipment, and supply chains (sources and delivery of food, medicine and medical supplies). A common aspect of virtually all emergency situations is that they restrict access to vital resources. By taking the step of identifying our critical resources, we will have a detailed listing of critical supplies that should be stockpiled, or that need to have alternative sources identified.

Product- Identify Critical Resources



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Using the *Critical Resources Worksheet*, first fill in the essential functions you listed in the previous worksheet. Then briefly note the critical resources necessary to assure that your facility can continue to perform each essential function in the event of an emergency.

ESSENTIAL FUNCTIONS	CRITICAL RESOURCES				
	HUMAN RESOURCES		VITAL RECORDS	EQUIPMENT	SUPPLIES
	Number of staff who could perform function	Cross training of staff needed (✓)	Vital records necessary for this function Circle those that would not be accessible in an emergency	Equipment necessary for this function Circle equipment that may not be useable in an emergency and equipment that you need and do not have	Supplies necessary for this function Circle those most difficult to obtain in an emergency
ADMINISTRATIVE OPERATIONS					

Hazard Vulnerability Assessment



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VVH emergency preparedness/continuity of operations planning is based on an all-hazards approach; however, it is useful to conduct a hazard vulnerability analysis, basically a risk assessment, to identify the probability of different types of hazards that could strike our facility or the surrounding community.

Hazard Vulnerability Assessment



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A hazard vulnerability analysis is an exercise that will help us to consider possible hazards and the potential magnitude of direct and indirect effects these hazards might have on VVH.

Product- Hazard Vulnerability Assessment



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HAZARD VULNERABILITY ASSESSMENT

For each hazard listed in column 1, rate the probability of the event occurring, and the severity of the possible impact. Sum the scores from columns 2 – 5 and list the result in column 6. This will help you consider which hazards to use as "most likely scenarios" during the planning process to help you flesh out strategies and details.

EVENT 1	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK 6
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Natural Hazards:					
Severe Thunderstorm					
Snow Fall					

Facility Profile



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The *Facility Profile* provides in one place a brief description of your VVH, the Veterans and members we serve and their specific vulnerabilities, and our current level of readiness.

The *Facility Profile* will also assist the Department of Disabilities, Aging and Independent Living (DAIL) and other state and local agencies in mounting an emergency response on our behalf. The information contained in the profile will facilitate more rapid communication between these agencies and VVH, as well as assist emergency responders in understanding the impact events may have on your facility.

Product- Facility Profile



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- The Chief Executive Officer ensures the Facility Profile is accurate.
- All members of VVH's Emergency Preparedness Planning Team (Department Heads) maintain a copy.
- The facility profile is the cover sheet to future submissions of our emergency preparedness plans to DAHL.

FACILITY PROFILE FOR EMERGENCY PREPAREDNESS PLANNING

Facility Name: _____

Facility Type: _____

Mailing Address: _____

E911 Address (if different from above): _____

Phone: _____

Fax: _____

Primary contact person able to discuss emergency plans:

Name: _____

Phone: _____

Email: _____

Back up contact person #1 able to discuss emergency plans:

Name: _____

Phone: _____

Email: _____

Back up contact person #2 able to discuss emergency plans:

Name: _____

Phone: _____

Email: _____

Coordination with Local and State Level Emergency Management Partners



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Before a disaster occurs, it is important to know who we contact to find out what is happening, request specific help or rescue, and keep updated as the situation unfolds. Knowing who to call and how to reach them will greatly increase the speed of response and help to minimize the effect of the incident on VVH and our Veterans/members.

Coordination with Local and State Level Emergency Management Partners



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The agencies we collaborate with in our emergency preparedness and response efforts include local police, fire and EMS services, local and state health departments, nearby hospitals, local emergency planning councils, and state agencies including Vermont Emergency Management (VEM) and DAHL's Division of Licensing and Protection (DLP).

Product-Local and State Partners Contact Sheet



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Collaborate with the partners listed on our contact sheet, to draw upon their expertise and experience as we continually refine our emergency preparedness plans.

Contact Sheet

LOCAL AND STATE PARTNERS FOR EMERGENCY PLANNING AND RESPONSE

Facility Name and Town: _____

Police Liaison

Police Dept.: _____

Liaison Name: _____ Phone Number: _____

Fire Department Liaison

Fire Dept.: _____

Liaison Name: _____ Phone Number: _____

Local Health Department Emergency Preparedness Coordinator:

Health Dept. (which town or region): _____

Contact Name: _____ Phone Number: _____

Local Emerger Planning Council

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Critical Emergency Planning



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“Stay, Leave, Connect” is a phrase sometimes used by emergency management professionals to describe the essence of emergency preparedness planning. If VVH is prepared to “stay” (shelter in place), “leave” if necessary (evacuate) and “connect” (communicate) both internally and with outside emergency responders, we will be ready to respond effectively to almost any type of emergency (all hazards planning).

Critical Emergency Planning



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In order to carry out our plans to “stay, leave, connect”, we must have in place a chain of command and the human resources to direct and implement our emergency response. Following are critical areas of emergency preparedness planning:

- Established Chain of Command and Roles for Emergencies
- Setting Up Redundant Communications Systems
- Human Resources: Staffing During Emergencies
- Planning for Sheltering in Place
- Planning for Evacuation

Chain Of Command And Roles For an Emergency



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During an emergency staff must know who is in charge overall and who reports to whom. Each individual must understand his or her role and what specific tasks s/he is responsible for doing.

The *Incident Command Structure (ICS)* is a term that **emergency management organizations** use to describe the chain of command and the essential roles to be carried out in response to a disaster/crisis.

Critical Roles in the Chain of Command (*Incident Command Structure*)



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Incident Commander: Organizes and directs VVH'S emergency operations. Gives overall direction for facility operations and makes evacuation and sheltering in place decisions. All "chiefs" report directly to the *Incident Commander* during the emergency.

Critical Roles in the Chain of Command (*Incident Command Structure*)



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Communications Chief: Functions as the incident contact person in the facility for representatives from other agencies, such as Vermont Emergency Management (VEM), police, hospitals and the licensing agency, and serves as the conduit for information to staff, families, and the news media. Please note that this area of responsibility is often divided and covered by two leaders: *the Liaison Officer* who handles communications with agencies and emergency responders, and the *Public Information Officer* who keeps staff, families and the media informed, and handles their inquiries.

Chain of Command (*Incident Command Structure*)



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Resident Care Chief: Coordinates and supervises all aspects of resident care and services, and movement of Veterans and members into and out of the facility.

Facility Operations Chief: Organizes and manages the services required to sustain and repair the facility's infrastructure operations, including: power/lighting, water/sewer, heating and cooling, structural integrity, environmental services, and food services.

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Chain of Command (*Incident Command Structure*)



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Business Operations Chief: Monitors the utilization of financial assets and the accounting or financial expenditures. Supervises the documentation of expenditures and cost reimbursement activities.

Product- Fill out Chain of Command Chart



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_____ 's Emergency Preparedness Plan

Chain of Command (Incident Command Structure) for an Emergency

INCIDENT COMMANDER Name: _____ Alternate: _____			
COMMUNICATIONS CHIEF Name: _____ Alternate: _____	RESIDENT CARE CHIEF Name: _____ Alternate: _____	FACILITY OPERATIONS CHIEF Name: _____ Alternate: _____	BUSINESS OPERATIONS CHIEF Name: _____ Alternate: _____
LIAISON OFFICER Name: _____ Alternate: _____		PUBLIC INFORMATION OFFICER Name: _____ Alternate: _____	
PEOPLE REPORTING TO COMMUNICATIONS CHIEF Name: _____ Role: _____ Name: _____ Role: _____ Name: _____ Role: _____ Name: _____ Role: _____	PEOPLE REPORTING TO RESIDENT CARE CHIEF Name: _____ Role: _____ Name: _____ Role: _____ Name: _____ Role: _____ Name: _____ Role: _____	PEOPLE REPORTING TO FACILITY OPERATIONS CHIEF Name: _____ Role: _____ Name: _____ Role: _____ Name: _____ Role: _____ Name: _____ Role: _____	PEOPLE REPORTING TO BUSINESS OPERATIONS CHIEF Name: _____ Role: _____ Name: _____ Role: _____ Name: _____ Role: _____ Name: _____ Role: _____

CEO/COO/DNS/SUPERVISOR

DNS/ADNS/SUPERVISOR

Financial Director

Environmental Services Director

Marketing Coordinator/
Social Services Director

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Communication



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Communications is the backbone of emergency response and disaster management. The ability to send and receive vital information and to coordinate actions with partners and emergency responders is critical during an emergency.

Communication



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We must be able to communicate with:

- emergency management authorities, on both the local and state levels
- local emergency responders (police, fire, EMTs)
- facility staff
- patients' families
- other local health care facilities
- regulatory agencies
- suppliers
- others (media, etc.)

Communication



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There are four key components of planning for emergency communications:

1. Understand your facility's communications equipment/technology

Inventory all the methods your facility has available to communicate both internally and with the outside world, including: telephone system, email, voicemail, computer networks and internet connection, fax, automated dialing programs, cell phones, wireless messaging, pagers, internal two-way radios, and more.

Communication



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2. Build relationships and partnerships

As discussed previously, it is important to think ahead of time about who will be contacting you, and who you will need information and assistance from during an emergency. Before a disaster strikes, you should know who, specifically, to call and different ways to reach them.

Communication



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3. Establish clear roles, and methods for systematically receiving, fielding and sending information.

We should know ahead of time who is the voice of the facility to the outside world (families, media), who is in charge of communications with staff, and is the point person for communicating with emergency management authorities, DAIL and other agencies.

4. Devise back-up plans for communications.

Product-Emergency Communications Planning Checklist



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Emergency Communications Planning Checklist

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
<i>Establish and maintain contact lists</i>				
Contact list established for all staff	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Contact list established for families of patients/residents	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Contact list established for local emergency responders, e.g. local emergency management, police, fire, EMTs, local hospital	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Contact list established for state agencies, e.g. VEM, DOH, DAIL, DLP	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Contact list established for health care provider partners, e.g. sister facilities, VHCA	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Contact list established for critical vendors and suppliers, e.g. transportation, pharmacy, food, lab	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Staff call tree established for use in emergencies	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			

Staffing in an Emergency



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During a disaster, we may face staffing shortages for a variety of reasons—staff may not be able to get to work, may be ill, or may need to take care of their own families during the emergency.

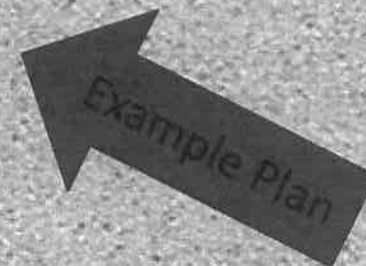
In planning to have adequate staffing during an emergency, the first step is to have a mechanism for notifying staff about the emergency and for calling in off-duty staff.

Also, what about families of staff?

All departments must have a Staffing Back-Up plan that is current



	ESSENTIAL FUNCTION	LEAD STAFF PERSON	BACK-UP STAFF PERSON #1	BACK-UP STAFF PERSON #2	BACK-UP STAFF PERSON #3
CLINICAL CARE					
FOOD SERVICES					
OPERATIONS					



Build for your
Department

Planning For Sheltering In Place



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In an emergency such as a blizzard, ice storm or flood, VVH may be cut off from the outside world for a period of several days. It may be unsafe for anyone to leave the facility, and emergency responders, power companies and suppliers may be unable to reach you.

Planning for Sheltering-in-Place



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External communications may or may not be disrupted. To prepare for such a situation, we must build our facility's capacity to function self-sufficiently for several days—to “shelter in place” providing your own power, food and water, medications and supplies.

Product-Shelter-in-Place Planning Checklist



Shelter In Place Planning Checklist

SHELTER IN PLACE PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
<i>Shelter In Place Decision</i>				
Criteria for making shelter-in-place vs. evacuation decision established	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Procedure established for consulting with local emergency management re: shelter-in-place decision	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Policy established re: whether staff families can shelter at facility	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
<i>Emergency Power Plan</i>				
Facility has generator adequate to its specific power needs	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
If no generator, facility is "quick connect" ready	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Facility has 4-5 day fuel supply for generator	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Procedures established	<input type="checkbox"/> not started			

Planning for Evacuation



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Evacuation and relocation of our Veterans and members is an difficult process to manage, and potentially unsafe for high acuity residents.

Long term care administrators who have experienced facility evacuations and many emergency management experts agree that it is highly preferable to shelter in place if at all possible. However, in the case of some disasters, for example a flood, evacuation may be the best or only option.

Planning for Evacuation



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Factors to consider in making the decision to stay or go include:

- Recommendations or orders of local and state emergency management authorities
- Location of facility in a storm surge or flood zone
- Acuity levels
- Availability of a “like” facility to evacuate to
- Evacuation transport time

Planning for Evacuation



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Alternate Facility

The most important aspect of planning for evacuation is to have an alternate facility to relocate to. Very few emergency shelters can accommodate people with medical problems or special needs. It is best for your facility to have a specific, written agreement (Mutual Aid) with a “like” facility, another health care or residential facility that provides the same level of care or higher.

Planning for Evacuation



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Transportation

Transportation has been called the “Achilles heel” of evacuation. In a widespread disaster, transportation resources will be stressed to the max. VVH should have transportation contracts/coordination in place, it is essential we explore a wide range of other transportation options when making your emergency preparedness plans.

Planning for Evacuation



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Code 111 VVH Policy & Procedure

The VVH evacuation plan was developed to ensure the safety and care of Veterans, members, staff, and visitors; and to provide a course of action for all personnel to follow in the event that the normal operation of the facility is compromised.

It includes procedures for:

- the prompt transfer of residents and records as necessary to a secure location inside or outside of the facility
- specifications for evacuation routes
- procedures for notifying emergency agencies and VVH personnel
- assignment of personnel to specific responsibilities
- arrangement with community resources in the event of an evacuation

Planning for Evacuation

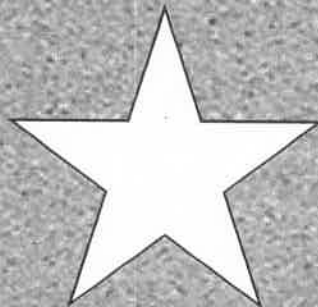


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Code 111 VVH Policy & Procedure

Our Policy discusses the level of evacuation may be determined by the situation.

- evacuate certain rooms to other areas of the facility
- evacuate a complete section or a wing of the building to another section of the building
- complete evacuation of residents to an area outside the building
- complete evacuation of residents from this facility to other facilities



We must be familiar with our own plan.....

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Product: Evacuation Planning Checklist



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Review the *Evacuation Planning Checklist* to assess your level of emergency readiness to evacuate. For all tasks identified as 'not started' or 'in progress' responsibility will be assigned as well as a deadline for completion of the task.

Evacuation Planning Checklist

EYACUATION PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Evacuation Decision				
Criteria for making shelter in place vs. evacuation decision established	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Procedures established for consulting with local emergency management re: evacuation decision	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Reliable channels established for receipt of evacuation orders	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Plan specifies whether and how staff families can evacuate with facility	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Alternate Facility				
An alternate "like" facility(s) to which residents can relocate has been identified	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Memorandum of Understanding signed with alternate facility(s)	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			
Procedures established for discharging some (lower acuity) patients to their families if feasible	<input type="checkbox"/> not started <input type="checkbox"/> in progress <input type="checkbox"/> done			

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Emergency Preparedness Planning



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Conclusion:

- Annual Review of VVH Emergency Preparedness Plan:
 - FIRE/EMERGENCY DISASTER PLAN
- Exercise Planning
 - Table Top
 - Functional
 - Full Scale

Questions

Semper Paratus.....



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Web-based Resources

Emergency Preparedness Planning for Organizations

Vermont Emergency Management (VEM)

State of Vermont Dept. of Public Safety

www.dps.state.vt.us/vem

Florida Health Care Association

Emergency Preparedness for Nursing Homes

www.fhca.org/emmerprep/index.php

American Red Cross

Preparing Your Business for the Unthinkable

<http://www.redcross.org/www-files/Documents/pdf/Preparedness/PrepYourBusfortheUnthinkable.pdf>

Federal Emergency Management Agency (FEMA)

Continuity of Operations Programs (COOP)

www.fema.gov/government/coop/index.shtm#0

Disability.gov

www.disability.gov/emergency_preparedness/organizational_preparedness

Agency for Healthcare Research and Quality (AHRQ)

Emergency Preparedness

www.ahrq.gov/prep

Center for Medicare and Medicaid Services (CMS)

Emergency Preparedness

www.cms.hhs.gov/surveycertemergprep

Centers for Disease Control and Prevention (CDC)

Emergency Preparedness

www.bt.cdc.gov