IDAHO STATE VETERANS HOME – POST FALLS

FIRE AND EMERGENCY PREPAREDNESS MANUAL

IDAHO
Idaho Division of VETERANS SERVICES
Caring for America's Heroes

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Organizational Approval

Revised and Approved:

Date:	7/28/2025
Title:	Home Administrator
Name:	Amber Goodchild
Signature:	

Date Reviewed with QAA Committee: Contact numbers updated to reflect changes in positions.

Annual review set for February, will be reviewed with QAA at that time.

General Statement

It is the policy of the Idaho State Veterans Home – Post Falls (ISVH-PF) to comply with all federal, state and local laws and regulations regarding safety standards.

The Home meets safety standards as defined in the Life Safety Code. The Home is regularly inspected by state and federal agencies.

Fire protection equipment is installed throughout the building and is properly maintained. Sprinkler systems are inspected and maintained on a regular basis. Building fire alarm systems are installed, tested and maintained. Portable fire extinguishers are located throughout the building and regularly tested and recharged as necessary in compliance with regulations. Exits are clearly marked and comply with Life Safety Code.

A fire/emergency procedure has been written and published for use by all staff. The procedure can be found in the red fire procedure folders located throughout the facility. Interdisciplinary team leaders will be responsible for ensuring the procedure manual is in a place readily accessible to all employees. Specific instructions are given for action to be taken in the case of fire or other emergency by both staff and residents.

All new employees are provided a copy of our fire procedure upon hire and given instructions in the use of fire equipment and emergency procedures when they attend the new hire orientation. Mandatory Fire Safety/Disaster Response training sessions, which include, but are not limited to, the use of fire extinguishers, methods of emergency removal of residents and fire prevention are conducted by the Maintenance and Operations Supervisor. This training is documented for each employee.

Fire drills are conducted, announced and unannounced, at required intervals. Written records are maintained on all fire classes and drills.

Fire and Safety Committee

The Fire and Safety Committee will meet quarterly to review policies and procedures, records of fire drills held, training of new employees, incident/accident reports, in-service planning, and other pertinent matters.

The Fire and Safety Committee is comprised of:

- Administrator
- Director of Nursing Services
- Maintenance and Operations Supervisor
- Dietary Services Manager
- Social Services
- Human Resource Business Partner
- Other Staff as Requested

Contact Numbers

EMERGENCY SERVICE PHONE NUMBERS

Post Falls Police Emergency 911
Post Falls Police Non-Emergency.....(208) 733-3517
Fire Department Emergency 911
Fire Department Non-Emergency.....(208) 777-8500
Kootenai County Sheriff Emergency.....911
Kootenai County Sheriff Non-Emergency.....(208) 446-1300
Kootenai County Emergency Management.....(208) 446-1775
Kootenai County Extension Management.....(208) 292-2525
Red Cross State of Idaho Regional Number.....(800) 853-2750

City of Post Falls Maintenance Contacts

Sewer Department.....(208) 777-9857
Wastewater Treatment.....(208) 777-1438
Water Treatment.....(208) 777-9857
Street Maintenance.....(208) 746-2623
Snow Response Operations.....(208) 773-1722
Public Works.....(208) 773-3511

ISVH: Post Falls Maintenance Contacts

Scott Clark, Maintenance Supervisor.....(360) 908-8704 (cell), (208) 415-3452
Rich Warner, Maintenance.....(951) 553-6628 (cell), (208) 415-3450
Norm Gere, Maintenance.....(602) 999-4651 (cell), (208) 415-3450

IT After Hours (1700 – 0500)

If no answer, select option #9……(208) 605-4000

Emergency After Hours Call List

Amber Goodchild, Administrator……(303) 218-8311

DAnn Vaughan, Director of Nursing Services……(208) 241-0887

Adara Tredway, RN Manager…… (509) 209-3613

Tammy Mikelson, RN Manager……(208) 262-6834

Brandy Couch, MDS Coordinator…….. (509) 385-8768

Emily Anderson, Skin and Wound/ Infection Prevention……(208) 301-8483

Calista Viale, Staff Development Coordinator……..(530) 514-3799

Franciosa Ballard, Social Services……..(208) 929-5498

Kelcie Devitt, Social Services……(208) 597-5039

Troy Chandler, Dietary Services Manager……(208) 755-7108

Tina Brothers, Health Information Manager……(509) 492-0427

Kady Aamot, Activities/Volunteer Coordinator……(360) 510-0219

Larry Kay, Religious Services Coordinator……..(208) 772-2970

Jeanette Bradley, Financial Specialist……..(208) 659-2988

Shannon Forbes, Human Resource Business Partner……(208) 964-3722

Debra Gilley, Central Supply……..(209) 202-5268

Sheri Rardon, Admissions Coordinator……(208) 640-3270

Belinda Schrankel, Administrative Assistant II……(509) 701-2478

MSNW– Housekeeping & Laundry

Darian Kippenham, Supervisor…… (509) 828-3367

Hell's Canyon Security……(208) 415-3532

State Contacts

State of Idaho Survey Agency……(208) 334-6626

Ombudsman's Office……(208) 667-3179

Service Contract Contacts

Electrical

Franssen's Electric, Inc……(208) 691-0834

Fire Alarm Maintenance & Repair

McKinstry……(509) 808-3355

Fire Alarm Monitoring / Nurse Call Light /Wanderguard

Advanced Electric & Alarm Systems, Inc……(509) 534-1439

Generators

Western States CAT……(208) 947-4554

HVAC

Holaday-Parks, Inc……(509) 530-2280

Plumbing

A River City Plumbing Service, Inc……(208) 659-6565

Oxygen

Norco……(208) 791-1884

Utilities

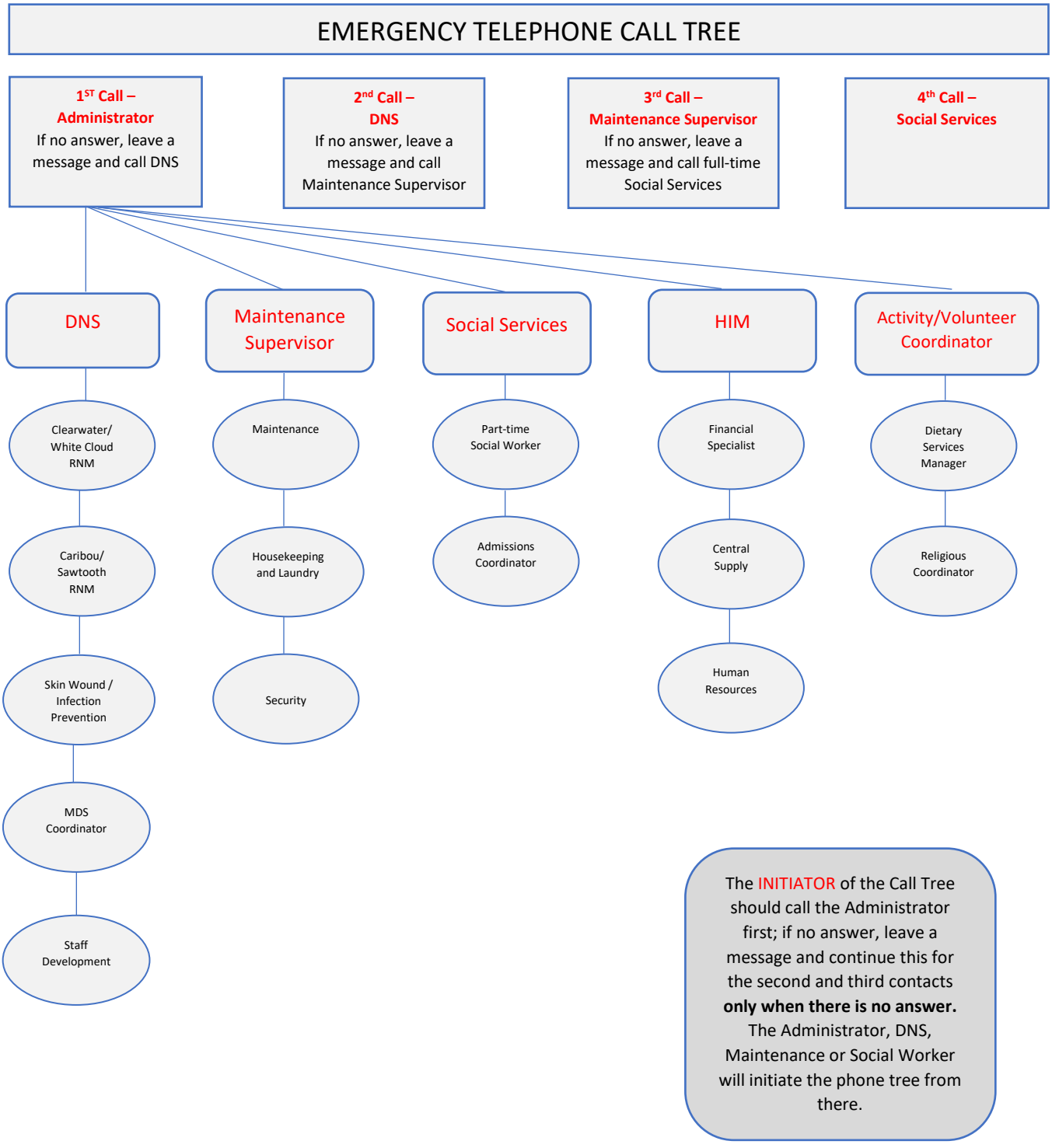
Electricity & Natural Gas

Avista……(800) 227-9187

Garbage, Sewer & Water

City of Post Falls Water Division……(208) 777-9857

Emergency Telephone Call Tree



General Emergency Information

1. Reporting: The registered nurse, licensed nurse or department head present will call the 911 emergency number.
    a. The Kootenai County emergency dispatcher will communicate all the information provided to the appropriate agencies (i.e., fire department, emergency, ambulance service, police department).
    b. If an emergency occurs, including Fire, Flood, Earthquake, Tornado, or any other event that causes major damage to the building, between the hours of 1700 and 0800 (5:00 pm and 8:00 am), the registered nurse, licensed nurse or department head will initiate the EMERGENCY TELEPHONE CALL TREE.
2. The evacuation site for this facility is the employee parking lot in the back of the facility located behind the wooded park.
3. Assistance:
    a. The Police/Sheriff Department will assist by providing security and traffic control; setting up mobile communication unit if necessary.
    b. The Fire Department will assist in fire control and evacuation of residents in case of fire.
    c. The Red Cross can be contacted to provide volunteers to help in the evacuation center or to serve refreshments or meals to residents if needed ((800) 853-2750).
        i. Volunteer assistance will be accepted when feasible.
        ii. Volunteers will follow instructions of person in charge.
4. Equipment & Supplies:
    a. The Maintenance & Operations Supervisor will maintain a list of support agencies that can be called upon to assist with emergency equipment repair or obtaining supplies during an emergency. If heating, cooking or other vital equipment is damaged during or after an earthquake, Maintenance, with approval of the Home Administrator or designee (if possible), will take immediate action to get it repaired or replaced.
5. Emergency Power:
    a. Ensure beds, concentrators, and emergency life support equipment are ALWAYS plugged into red emergency outlets.
    b. Keep flashlights readily available. Check flashlight batteries every six (6) months. Flashlights and batteries are also available through central supply.
    c. If the normal power supply is disrupted the emergency generator should automatically activate the emergency lights, life support systems, call system, telephones and fire alarm system, etc. The generator is supplied with a 7000-gallon fuel tank and can operate in excess of 96 hours.
    d. In the event of a utility outage, contact:
        i. The Maintenance and Operations Supervisor to ensure back–up generator is working correctly.

ii. The Home Administrator for further instruction if evacuation is necessary.

6. Floor Plans:
    a. A floor plan has been posted at all duty sections. All personnel will familiarize themselves with the building layout in their section.
7. Building Searches:
    a. If injured persons might be trapped under storm debris, in a damaged building, etc., the Administrator will initiate a search as soon as possible.
    b. If outside agencies are assisting with a search of the Home, particularly in the case of a bomb threat, the Administrator or designee will:
        i. Assist search personnel during the search since their knowledge of the keys and floor area can be used to expedite the search.
        ii. Make keys to locked rooms available to search parties.
8. Damage to the Facility:
    a. If necessary, the Maintenance and Operations Supervisor, along with personnel from Division of Public Works (DPW), will inspect the building for gas and water leaks; structural damage and falling wires, etc., as soon as possible after the disaster occurs. They will report all findings to the Home Administrator or designee.
9. Emergency Food Service:
    a. If the facility becomes isolated the Dietary Department will provide/prepare emergency food rations.

Sample Emergency Menu

	Breakfast	Lunch	Supper
1.	Fruit Juice Muffin Cereal Fruit Instant Breakfast Milk (Powdered)	Deviled Ham Bread 3 Bean Salad Fruit Milk (Powdered)	Chicken Salad Sandwich Cheese Puffs Pickled Beets Assorted Beverages Nutritional Supplement
2.	Fruit Juice Cereal Donuts Canned Fruit Instant Breakfast Milk (Powdered)	PB & J Cheese Puffs Canned Fruit Assorted Cookies Milk (Powdered)	Tuna Salad Sandwich Green Beans (Cold) Canned Fruit Assorted Beverages Nutritional Supplement
3.	Fruit Juice Cereal Bar Canned Fruit Cereal Instant Breakfast Milk (Powdered)	PB & J Canned Fruit Pudding Milk (Powdered)	Deviled Ham Sandwich Applesauce Cheese Puffs Assorted Cookies Assorted Beverages Nutritional Supplement

Cookies, Cereal Bars and Juices will be available at all times The menu will repeat after three days.

Loss of Heating or Cooling

Policy:
It is the policy of this facility to take immediate actions when the facility's heating or cooling systems are inoperable in order to maintain temperatures within the facility at 71-81°F.

Policy Explanation and Compliance Guidelines:

1. The Maintenance and Operations Supervisor is the contact person for questions or issues related to the facility's heating and cooling systems and is responsible for ensuring routine inspection, testing, and maintenance of these systems.
2. The Administrator or Designee is responsible for maintaining service contracts for routine and emergency maintenance of these systems.
3. In the case of power failure, the emergency generator will service the heating and cooling systems.
4. General procedures for loss of heating/cooling:
    a. Notify Administrator and Maintenance and Operations Supervisor.
    b. The Maintenance and Operations Supervisor will:
        i. Notify service company for repairs, if not related to loss of power.
        ii. If generator fails to activate in the case of power failure, manually start the generator.
    c. Relocate residents, where appropriate and feasible, to areas where the systems are operable via generator.
    d. Monitor temperatures in the facility. Increase frequency of rounding to assess residents for changes in condition related to heat/cold.
5. Procedures for loss of heat:
    a. Layer clothing.
    b. Provide extra blankets.
    c. Serve warm foods and liquids.
    d. Deploy portable space heaters***
        i. Due to post construction system design issues on the HVAC and DOAS systems being resolved between architect, contractor, vendors and Department of Public Works
        ii. Will be stored and maintained by Maintenance Department
        iii. Will be deployed only with authorization of Administrator and Maintenance and Operations Supervisor
        iv. If authorized to be deployed, nursing department will implement q-15-minute room watches for all residents requesting portable space heater.
        v. Portable space heaters will be removed from resident rooms immediately upon temperature maintaining temperature range of 71-81°F.
    e. Monitor residents for signs of hypothermia. Notify physician as needed.

   f. The Administrator with the DNS and Maintenance and Operations Supervisor will consider partial or complete evacuation, depending on the circumstances and estimated time before heating will be restored.

6. Procedures for loss of cooling:
   a. Dress residents in light clothing and limit physical activities.
   b. Provide fans for comfort. Be aware that fans do not cool, and residents are still at risk for heat-related illnesses.
   c. Provide additional fluids and foods with high liquid content.
   d. Monitor residents for heat cramps, exhaustion, or stroke. Notify physician as needed.
   e. The Administrator with the DNS and Maintenance and Operations Supervisor will consider partial or complete evacuation, depending on the circumstances and estimated time before heating will be restored.

System Failures and Emergency Shut Down Procedures

System failures refer to an event of a malfunction or failure of one of the following systems vital to the operations of the facility and preservation of life. These systems include but are not limited to: emergency generator; fire system; HVAC (heating, ventilation, and cooling) system; internet and telephone system; natural gas supply; nurse call system; piped in medical gas; plumbing system; power supply outage; wanderguard system; or water distribution system

Emergency shut down refers to power interruptions or scheduled shut down of the systems vital to the operations of the facility and preservation of life.

In the event of system failures or emergency shut down, the following procedures are to be followed:

1. Immediately notify the Maintenance Department. Between 1700 – 0800 (5:00 pm and 8:00 am), notify Maintenance On-Call by calling (360) 908-8704.
2. Maintenance Department will ask probing questions to determine impacted system.
3. If not on site, Maintenance Department will provide instructions as to where to find the appropriate shut off valve.
4. All staff will follow procedures as directed.
5. If necessary, maintenance Department will contact service contracts and outside vendors for assistance.
6. Maintenance Department will determine the length of the shutdown.
7. Maintenance Department will communicate with the Administrator and DNS to initiate and coordinate evacuation procedures if necessary.

General Evacuation Procedures

Total evacuation will be initiated if in the opinion of the Administrator and/or Maintenance Supervisor and/or DNS and local emergency personnel, it is necessary in order to protect the health, life and safety of residents.

1. Preparation:
    a. If time permits:
        i. All on site staff should be notified of the eminent evacuation, secure their work areas, and report to the nurses' station for further instructions.
        ii. The Administrator or registered nurse, licensed nurse or department head present will:
            1. Set up a command post in the Administration Office.
            2. Direct activities of unassigned personnel. All administrative/non-nursing staff members will report to the command post for instructions prior to evacuation.
        iii. The Director of Nursing Services and the RN Managers will ensure:
            1. All nursing care residents are identified with a wristband or tag that lists their name and specific medical needs (i.e., diabetic, oxygen, nitroglycerine, etc.).
            2. The Evacuation Center Receiving Plan is initiated.
            3. Nursing care residents remain in their rooms until time for evacuation. If residents' rooms are damaged or unsafe keep residents in central area until transfer is made.
2. When ordered to evacuate:
    a. To ensure the hallways do not have any obstructions or impede egress, move any equipment and supplies such as but not limited to medication carts, treatment carts, housekeeping carts, wheelchairs, lifts, etc. to the visitation rooms at the end of each neighborhood.
    b. Close all doors and windows and leave all lights on.
    c. The Director of Nursing Services and the RN Managers will ensure all medical records, medications and treatment devices/equipment are evacuated with the nursing care residents.
    d. Evacuate the building through the designated route and assemble in the designated area
3. Evacuation Routes:
    a. Nursing Care will exit out the south side of the building to the area of refuge, checking for residents that may need assistance in the Bistro and atrium areas, assisting the residents who need help evacuating
    b. Visitors are to remain in the room with the resident or leave the facility entirely.

c. Business office/Administrative staff will exit out the North side of the building to the area of refuge, checking for residents that may need assistance in the Bistro and Atrium areas, assisting the residents who need help evacuating
d. Dietary staff will exit out the back of the building, checking for residents that may need assistance or help evacuating.
e. Custodial staff will exit out the back of the building, checking for residents that may need assistance or help evacuating.

4. Direct care staff, maintenance staff, or Emergency First Responders will check all rooms to ensure they have been evacuated.
5. Assembly areas:
   a. Administrative/non-nursing staff members will:
      i. Report to the command post to the area of refuge on the north side of the building.
      ii. If the evacuation was immediate and a command post has not been established, assemble in the parking lot in front of the building.
   b. Nursing care residents and staff members with direct patient responsibilities will assemble to the area of refuge on the south side of the building
   c. Residents and staff members will not leave their designated assembly area until ordered to do so by the Administrator or designee
   d. The Administrator or designee will ensure all residents and staff members are accounted for.
6. Do not return to the building until the “ALL CLEAR” has been given.
7. Shelter in Place (remaining in the facility):
   a. See Shelter In Place for thorough guidance
   b. If conditions warrant, the Home Administrator may allow personnel to remain at the facility during an evacuation.
   c. Staff members staying at the facility will have work schedules arranged to ensure they receive proper rest and meal breaks.

After-Hours Evacuations

If evacuation is necessary between the hours of 1700 and 0800 (5:00 pm and 8:00 am):

1. The registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.
2. All personnel notified by the telephone coordinator will consider themselves on duty. They will report to the Command Post and follow the General Evacuation Procedures.

Evacuation Center Receiving Plan

1. If total evacuation is deemed necessary by the Administrator, licensed nurse(s) and/or local emergency personnel, the evacuation center will be organized following the above evacuation routes.
2. There shall be two designated resident areas. Residents will be assigned to one of these areas upon arrival from the Veterans Home.
    a. One area for residents requiring minimal care.
    b. One area for residents requiring maximum care.
3. A nurses' station will be set up adjacent to both areas.
4. A listing of all residents will be provided to both areas by the Administrator or designee.

Local Skilled Nursing Facilities In The Area

- Advanced Health Care of Coeur d'Alene
  - 1578 W Riverstone Dr, Coeur d'Alene, ID, (208) 769-0400
- Alpha Health Service, Inc.
  - 1301 E 3rd Ave, Post Falls, ID, (208) 773-1521
- Coeur d'Alene Health of Cascadia
  - 2514 N 7th St, Coeur d'Alene, ID, (208) 664-8128
- Creekside Inn Memory Care Center
  - 240 E Kathleen Ave, Coeur d'Alene, ID, (208) 665-2444
- Garden Plaza of Post Falls
  - 545 N Garden Plz, Post Falls, ID, (208) 773-3701
- Guardian Angel Homes Post Falls
  - 1050 E Mullan Ave, Post Falls, ID, (208) 777-7797
- Ivy Court
  - 2200 Ironwood Pl, Coeur d'Alene, ID, (208) 667-6486
- Legends Park Assisted Living
  - 1820 N Legends Pkwy, Coeur d'Alene, ID, (208) 666-9900
- Life Care Center of Post Falls
  - 460 N Garden Plaza, Post Falls, ID, (208) 777-0318
- Life Care Center of Sandpoint
  - 1125 N Division Ave, Sandpoint, ID, (208) 265-9299
- Living Springs II, LLC
  - 1605 N Catherine St, Post Falls, ID, (208) 773-6145
- Silver Ridge Care
  - 210 W Lacrosse Ave, Coeur d'Alene, ID, (208) 664-2185
- Spokane Veterans Home
  - 222 E 5th Ave, Spokane, WA, (509) 344-5770
- The Lodge at Riverside Harbor
  - 258 S Cedar St, Post Falls, ID, (208) 457-3403
- The Renaissance at Coeur d'Alene
  - 2272 W Avante Loop, Coeur d'Alene, (208) 664-6116
- Wellspring Meadows Assisted Living
  - 9873 N Buttercup Ln, Hayden, ID, (208) 762-9001

Resident Tracking Log – Emergency Evacuations

Date	Time	Resident Name	Discharged To:	Transported Via:	Staff Member Accompanying Resident	Medical Records	Medication	Equipment	Notes

Staff Tracking Log – Emergency Evacuations

Date	Time	Staff Name	Discharged To	Notes	Signature

Shelter In Place

Policy:

It is the policy of this facility to shelter in place when deemed necessary for the safety of residents, employees, and visitors. Reasons to shelter in place could be severe weather, chemical or biological threats, or a violent situation such as an active shooter when a timely evacuation is not feasible.

Definitions:

"Shelter in place" is a process of taking shelter in the facility when there is impending, or imminent danger and evacuation is not deemed necessary or feasible at that time.

"Authority having jurisdiction" (depending on the situation) refers to local and state emergency management agencies, local and state public health departments, the Incident Command Center, the Emergency Operations Center, or designee for those entities.

Policy Explanation and Compliance Guidelines:

1. The decision to shelter in place will be made by the Administrator/Incident Commander or other previously appointed individual. At times, a greater authority will make the decision, such as a fire/police chief or the governor.
2. Factors to consider when determining to shelter in place include:
    a. The nature of the event, including its expected arrival time, magnitude, area of impact, and duration.
    b. The anticipated effects on both the facility and the community, given the nature of the event.
3. Types of information needed for decision making include:
    a. Current information on external events and possible impact on facility with estimated time of impact.
    b. Evaluation of the utilities and/or structural integrity of the facility.
    c. The availability of staff, supplies, food, water, equipment, and medications for the duration of the event, or at least 72-96 hours following the event.
4. Examples of when shelter in place is required:
    a. The external environment would pose a greater danger to residents, staff, and visitors than evacuation (e.g., chemical/biological agent release, nuclear incident).
    b. Adequate and timely and/or mutual aid resources are not available or accessible (e.g., earthquake).
5. Once the decision is made to shelter in place:
    a. Announce to and notify as many people as possible within the facility.
    b. Notify authority having jurisdiction, as appropriate.
    c. Locate and secure residents first, followed by employees and visitors.

d. Gather emergency supplies (food, water, medication, crash carts, and other medical necessities) and information, such as medical documentation and forms, to ensure the wellbeing of each person sheltering in place.
e. Keep a TV, radio or smart phone available to listen for additional information from local authorities.

6. The safest means to shelter in place varies by hazard. General considerations include:
    a. Severe weather:
        i. Move to a ground or basement level interior room, if available, with little to no windows.
        ii. Lock all exterior windows and doors.
    b. Chemical or biological threat:
        i. Move everyone to an interior room with few windows and doors.
        ii. Shut off fans and heating and air conditioning systems.
        iii. Seal vents, windows and doors if possible.
    c. Violent situation:
        i. Close and lock doors and windows to secure the area.
        ii. Blockade doors with furniture or heavy items.
        iii. Cover windows if possible to obscure visibility.
        iv. Mute all electronic devices.
7. The facility shall maintain frequent communication internally and externally for reassessment and timely decision making while sheltering.
8. The decision to resume normal operations (“all clear”) will be made by the Administrator/Incident Commander.

Fire Procedure

If a fire occurs, follow the **SIX-STEP FIRE PROCEDURE**:

1. Remove residents in immediate danger, while repeatedly calling out the code phrase **DOCTOR RED IN (Location)**. If the fire is in a resident's room, evacuate that room and the rooms on either side of that room. Ensure that the doors are closed on those rooms.
2. Immediately pull the fire alarm nearest the fire and announce over the P.A. system, **DOCTOR RED IN (Location)**.
3. Report fire to supervisor, who will call 911 to verify the Fire Department is on the way.
4. Ensure all doors in FIRE AREA are closed.
5. Evacuate any residents from the smoke compartment where the fire is located.
6. Return to Fire Area and attempt to extinguish the fire only if you can do so safely. Using the fire extinguisher, follow the P.A.S.S. guidelines:

Pull ➡ Aim ➡ Squeeze ➡ Sweep

If the fire occurs between the hours of 5 p.m. and 8 a.m., initiate the TELEPHONE CALL LIST (located in the Fire/Emergency Procedure book at nurses' station on each unit).

Staff Responsibilities:

1. Nursing staff, Social Services, and Activities should remain on or return to their assigned floors, if it can be done SAFELY. Assistance will be provided to residents if evacuation is needed.
2. Business office staff will **shelter in place if it can be done safely**, checking for residents that may need assistance or help evacuating.
3. Dietary staff will **shelter in place if it can be done safely**, checking for residents in the dining areas, assisting those who need help evacuating.
4. If a fire or drill occurs during a meal, residents will be taken out to the patio. The sidewalk will be free from all obstructions from the building to the fire lane.
5. To ensure the hallways do not have any obstructions or impede egress, move any equipment and supplies such as but not limited to medication carts, treatment carts, housekeeping carts, wheelchairs, lifts, etc. to the visitation rooms at the end of each neighborhood.

DO NOT ATTEMPT TO RE-ENTER THE BUILDING ONCE YOU HAVE EXITED UNTIL THE "ALL-CLEAR" SIGNAL HAS BEEN GIVEN.

Mealtime Procedures:

If the fire is in the kitchen or one of the dining rooms, Dietary Staff members will assist nursing staff with evacuating residents.

If the fire is not in the kitchen or one of the dining rooms, Residents will remain in the dining room. Nursing staff members in the dining room will remain there and will ensure all doors are closed.

If ordered to evacuate, all residents, staff members, volunteers and visitors will follow the General Evacuation Procedures.

Fire Alarm Procedure

IN THE EVENT OF A FIRE ALARM, IMMEDIATELY DETERMINE LOCATION OF FIRE FROM "FIRE PANEL" (located at nurses' station on each unit).

1. Follow the Fire Procedure on the previous page.

If the fire occurs between the hours of 5 p.m. and 8 a.m., initiate the TELEPHONE CALL LIST (located in the Fire/Emergency Procedure book at nurses' station on each unit).

IN CASE OF A FALSE ALARM call the On-Call Maintenance phone (360) 908-8704.

Fire and Safety Instructions for New Employees

The Maintenance and Operations Supervisor or Designee will provide each new employee training in fire safety and the use of fire equipment as well as emergency preparedness within 30 days of employment.

The topics to be completed at initial orientation are:

1. Smoking policy and disposal of smoking materials.
2. Location of manual fire pull stations, oxygen shut offs, and fire alarm panel.
3. Location of fire extinguishers and how to use extinguishers.
4. Location of escape route plan.
5. First seven (7) steps after locating fire (ref. Idaho State Veterans Home Fire Procedure).
    a. Remove residents in immediate danger, while repeatedly calling out the code phrase DOCTOR RED IN (Location). If the fire is in a resident's room, evacuate that room and rooms on either side.
    b. Immediately pull the nearest fire alarm and announce over the P.A. system DOCTOR RED IN (Location).
    c. Report fire to supervisor, who will call 911 to verify the Fire Department is on the way.
    d. Ensure all room doors in FIRE AREA are closed.
    e. Evacuate residents from smoke compartment.
    f. To ensure the hallways do not have any obstructions or impede egress, move any equipment and supplies such as but not limited to medication carts, treatment carts, housekeeping carts, wheelchairs, lifts, etc. to the visitation rooms at the end of each neighborhood.
    g. Return to Fire Area and attempt to extinguish the fire only if you can do so safely using the fire extinguisher.
        i. Follow the P.A.S.S. guidelines: Pull-Aim-Squeeze-Sweep.
6. Individual employee's duties if they hear an alarm (assist residents, close off area, evacuate, etc.)
7. Inform employee of mandatory attendance at in-services on fire safety and fire drills.

Completion of fire safety instructions will be records and a copy place in employee Personnel File.

Fire Reporting

After any fire has occurred, regardless of the severity or size, the Maintenance and Operations Supervisor will interview appropriate personnel to determine details surrounding the fire and will generate a Facility Fire Incident Report. The Administrator will file the report with the Idaho Bureau of Facilities Standards.

Facility Fire Incident Report

1. Facility_____
2. Date, Time and Day of Week Fire Discovered_____
3. Room of Fire Origin_____
4. Area Fire Covered_____
5. Area Smoke Covered_____
6. Initial Material Ignited_____
7. Probable Source of Ignition (if known) _____
8. Probable Cause of Fire (if known) _____
9. How was Fire Discovered? ___Staff ___ Resident ___ Detector ___ Sprinkler
   ___Other (specify)_____
10. Was the fire alarm activated? ___Yes ___No.
    If yes, How? ___Manually, ___ Detector, ___Sprinkler, ___Staff, ___ Resident,
    ___other (specify)
    ___
11. Was the fire department notified? __Yes ___No. If yes, how? _Phone_ direct line, ___.
    If no, why not? _____
12. Were Residents evacuated? __Yes, ___No.
    If yes, ___from room of origin, ____through fire or smoke doors, ____outside the building.
13. How was the fire extinguished? _____
14. Extent of Injury (ies) if any: _____
15. $ loss to building _____ $ Loss to contents_____
16. Action taken to prevent recurrence: _____

    _____
17. Comments: _____

    _____

Fire Drills

The Idaho State Veterans Home – Post Falls will conduct a minimum of one fire drill per shift each quarter, as required by State and Federal regulations. The Maintenance and Operations Supervisor (or designee) should notify the Fire Department and fire alarm company PRIOR to and AFTER completion of the drill.

1. The fire drill will be coordinated by the following individuals:
    a. Home Administrator
    b. Maintenance Supervisor
    c. Director of Nursing Services
    d. Others as necessary
2. The drill procedure is the same as that for a real fire. The drill will terminate after the following activities have been accomplished:
    a. Rescue or remove residents from endangered area.
    b. Call code Dr. Red over the intercom.
    c. Pulling the fire alarm box.
    d. Calling the fire department at 911.
    e. Closing the room door to confine the fire.
    f. All doors have been closed and residents and visitors in rooms have been advised to remain in room until drill is completed.
    g. All nursing personnel have reported to the nurses' station for instructions.
    h. Evacuate Building.
3. After each fire drill
    a. Nurse Managers will provide a list of self-closing doors that did not operate properly to Maintenance. The Maintenance and Operations Supervisor will ensure all doors are repaired as soon as possible.
    b. The Administrator, Director of Nursing Services and/or Maintenance & Operations Supervisor will complete a Fire Drill Evaluation form. This form will be kept as part of the Home's permanent records.

Fire Drill Evaluation Form

Date of drill_____ Time of drill_____ Time elapsed_____

Drill conducted by_____

	Yes	No
1. Alarm company and Fire Department alerted prior to Drill?	___	___
2. Method to initiate drill _____		
3. Was an evacuation completed?	___	___
Evacuation technique used_____		
4. All resident room doors closed?	___	___
5. Alarm box pulled in a timely manner?	___	___
6. Residents in resident wings placed behind closed doors?	___	___
7. Staff reacted to fire panel?	___	___
8. Did the fire alarm function properly?	___	___
9. Was 911 Call placed in a timely manner?	___	___

Individuals involved in drill:

_____

_____

_____

Comments on drill: _____

_____

_____

_____

Combustible/Flammable Materials Procedure

Residents are prohibited from storing flammable or combustible materials in the Home or on Home grounds.

Flammable or combustible materials include, but are not limited to, the following items:

- Acetone
- Aerosol paint
- Brake fluid
- Butane
- Gasoline
- Lacquer
- Oil-based paint
- Paint thinner
- Solvent
- Turpentine
- Any product with an original container that warns the contents are flammable.

Residents with questions as to whether or not a product is combustible, or flammable should check with the Home's Maintenance and Operations Supervisor for approval to store it.

Unauthorized storage of combustible or flammable materials will result in disciplinary action, up to and including discharge from the home.

Fire Watch

In the event of a malfunction and/or failure of the fire alarm or sprinkler system the following procedure will be followed:

Notification:

The Maintenance and Operations Supervisor will:

1. Notify Facility Department Supervisors
2. Notify the alarm monitoring company
3. Notify the Fire Department at (208) 777-8500.
4. Notify the State Fire Marshall and Life Safety **if the alarm system will be down for more than 4 hours**.
5. Notify the State Fire Marshall and Life Safety if the fire sprinkler system will be down for more than 10 hours.
6. Notify the Fire Department and Life Safety when we have the system back in operation.

Patrol, Prevention & Communicating an Alarm:

1. The Maintenance and Operations Supervisor will begin a fire watch and assign competent and reliable staff members, who have been trained in fire prevention and notification procedures, to patrol the facility, which will be tracked and documented through the fire log.
2. Dedicated personnel will be used for fire watch. This is additional personnel not considered part of the facility's normal staffing.
3. Staff members assigned to Fire Watch duties will have no other duties while the Fire Watch is active.
4. Fire watch rounds will be made at one half hour intervals. During rounds, fire watch personnel will make a thorough inspection of the entire facility. Including but not limited to all resident rooms, storage areas, kitchen, laundry room, mechanical room, hallways, etc.
5. Fire watch will be continuous until the system has been repaired, tested, and is back in service.
6. All fire watch logs will be filed with the Maintenance and Operations Supervisor.

Fire Watch Log

Date: _____ Time: _____ System out of service: _____

Notifications:

System Inoperable:

Fire Department Date: _____ Time: _____ Initials: _____

Bureau of Facility Standards Date: _____ Time: _____ Initials: _____

System Repaired & Tested: Fire Department Date: _____ Time: _____ Initials: _____

Bureau of Facility Standards Date: _____ Time: _____ Initials: _____

Shift Log

Name	Shift Start Time	Shift End Time	Notes	Initials

Fire Watch Shift Log Continuation Sheet

Name	Shift Start Time	Shift End Time	Notes	Initials

Tobacco-Free Facility Policy

Purpose

It is the responsibility of this facility to provide a safe and healthy environment for residents, visitors, and employees; therefore, this facility will be a tobacco-free facility.

Definitions

1. Tobacco shall pertain to all nicotine products. Products include, but are not limited to, cigarettes, smokeless tobacco, electronic cigarettes, vaping, etc.
2. For the purposes of this policy, employee refers to all covered individuals, paid and unpaid, working in the facility including State employees, contractors, and volunteers.

Procedure

1. This policy applies to all residents, visitors, and employees.
2. Tobacco-free signs will be prominently displayed minimally at entrances and areas inside and outside the facility and on campus where people are prone to congregate.
3. Possession and use of tobacco products is prohibited in all areas of the facility and campus.
4. Residents will be informed of this facility's tobacco-free policy during the pre-admission/admission process and will be required to sign acknowledgement of this policy upon admission.
5. All residents will be asked about tobacco use during the admission process and residents with a history of tobacco use will be provided support regarding cessation.
6. If a resident does not abide by the tobacco-free policy, infractions will be documented in their medical record and may result in discharge from the facility.
7. Family member or visitor non-compliance with this policy may result in progressive action to include revocation of visitation rights.
8. Employees will be informed of this facility's tobacco-free policy upon hire.
9. Employees who use tobacco products will be offered supportive material regarding cessation.
10. A designated area for tobacco use will be provided for employee use during authorized breaks and mealtimes only.
11. Employee non-compliance with this policy shall result in progress disciplinary action up to, and including, termination of employment.

Flood Preparation

When necessary, the senior employee present will monitor the weather conditions. The first warning the Weather Bureau will issue is a Flood "Watch" which means that conditions are developing that might cause a storm that could create flash flooding – somewhere. Based on this information, the Maintenance and Operations Supervisor or the senior employee present determines if the home is in the area that may be affected by this storm. If it is the managing registered nurse, licensed nurse or department head on duty, they will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.

The following actions will be taken:

1. The registered nurse, licensed nurse or department head present will continue to monitor weather conditions and update the Home Administrator or person who was reachable.
2. When a Flood "Warning" is issued the Administrator will initiate the Emergency Telephone Call Tree and any other staff members the Administrator and DNS consider necessary.
3. When a Flood "Watch" is issued the Maintenance staff will:
    a. Install plywood on building windows and doors that may be impacted from a flooding event. Utilize a sandbag base to hold plywood in place.
    b. Construct sandbag or other barriers at exterior entries to Activity Room and Therapy.

The Home Administrator and Maintenance & Operations Supervisor will monitor the situation. If it is deemed necessary by the Home Administrator and the DNS, additional staff will be called in. The Division of Veterans Services Administrator.

Flooding

If water enters the building or grounds, the Home Administrator or the managing registered nurse, licensed nurse or department head present should utilize the following procedure.

1. Call 911
2. The registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.
3. If it is deemed necessary by the Home Administrator and the DNS, additional staff will be called in.
4. If water is entering the building, the Maintenance & Operations Supervisor will assemble a work party that will attempt to divert the flow of water away from the building. If possible, this work party will, as a minimum:
    a. Fill sandbags and place where water is about to enter the building.
    b. Place sandbags end to end tightly for a good seal.
5. Post falls is a single-story structure with two mechanical spaces on a second floor. If the facility is in danger of flooding, the home administrator or their designee will order evacuation of affected residents, all nursing files, and medications.

After Flooding Occurs

1. Maintenance & Operations Supervisor and the maintenance staff will carefully check for structural damage before allowing the residents to return. Personnel from the Division of Public Works will assist in this check.
2. If there is flood water in the facility that cannot be removed with facility equipment, the Maintenance & Operations Supervisor will call the Fire Department and request assistance.

Earthquake

Since earthquakes are virtually impossible to predict, this plan covers procedures to be followed during and after the earthquake.

During the Shaking:

1. Do not panic. The motion and violent shaking is frightening. Unless one is struck with fall debris, it is usually harmless.
2. If inside, remain inside. Do not run outside. Stay away from windows.
3. Take cover under beds, tables, against inside walls, etc.
4. Do not use any open flame devices (candles, matches, etc.). Put out all fires during and after the tremor.
5. Do not run through or near the buildings. The greatest danger from falling debris is just outside the doorway and near the outer walls.
6. If outside, move away from the building and utility wires. Once in the open, stay outside until the shaking stops.
7. If you are in a moving vehicle, stop as quickly and safely as possible. Remain in the vehicle.

After the Shaking:

1. Between the hours of 1700 – 0800 (5:00 pm and 8:00 am), the registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.
2. Check for injuries and follow treatment procedures as instructed by licensed nurses, which could include calling **911** as needed.
3. Maintenance will check the building for broken water lines, gas lines, fallen wires, etc.
4. During and after an earthquake be especially alert for fires or leaking gas lines.
    a. If gas is detected, open windows and make sure the maintenance department has shut off the gas main.
    b. Use only battery powered lights.
    c. Do not use any open flame devices (candles, matches, etc.).
    d. Do not use telephone except for emergencies.
    e. If a fire occurs, follow the procedures for Fire Emergency.
5. Evacuate the building as instructed or as may become necessary. Should evacuation become necessary, procedures outlined in the General Evacuation should be followed.
6. If the building or any portion thereof has been damaged, do not let anyone enter or reenter until the "ALL CLEAR" has been issued by the Home Administrator or designee.
7. Follow all instructions issued by the Home Administrator or designee.

Damage to the Facility:

1. Should the facility be damaged, the Maintenance and Operations Supervisor, along with personnel from the Division of Public Works (DPW), shall be responsible for inspection of the building for gas, oxygen, water leaks, structural damage and falling wires, etc., as soon as possible after the disaster occurs.
2. Personnel assigned this duty shall report all findings to the Home Administrator.

Fires:

1. Fires caused by earthquakes can be more dangerous than the earthquake itself because fire system equipment and water lines may be destroyed or damaged.
2. During and after an earthquake, be especially watchful for fires or leaking gas lines. Report findings immediately to the Home Administrator or his/her designee.
3. Should a fire occur, the Fire Emergency Policy contained herein shall be followed.

Resident Transfers:

1. Within the facility:
    a. Move all residents to a central area.
    b. Issue extra blankets to all residents.
    c. Close all doors to the central area including the fire and smoke barrier doors.
2. Transfer to other facilities:
    a. If possible, notify receiving institutions in advance that transfers are being made.
    b. Keep residents in central area until transfer to made.
    c. Keep residents as comfortable as possible.

Tornado / High Winds

A tornado/high winds warning means that a tornado has been sighted in the immediate area, or that high winds are rapidly approaching the area. A warning alert will require immediate implementation of this plan.

1. When a Tornado/High Winds Warning has been issued the following procedures will be implemented:
    a. Move all residents into hallways. Leave non-ambulatory residents in bed and move their bed to a wall away from a window.
    b. Close all doors to residents' rooms.
    c. Have ambulatory and wheelchair residents sit against hallway wall. Keep away from windows.
    d. Give each resident a blanket for warmth and protection from flying glass.
    e. Open all outside exit doors. Make sure exits are clear. Open all outer wall windows to equalize negative pressure and prevent implosion.
    f. Remain calm. Reassure residents they will be safe. Remain with the residents.
    g. Remain in hallways and do not return residents to their living or sleeping areas until an **"ALL CLEAR"** has been sounded by the person in charge.
2. Evacuation Procedures:
    a. Once the storm has passed and injuries have been reported, it may be necessary to evacuate the facility. If evacuation is ordered, follow the **General Evacuation Procedures**.

Wandering / Elopement Protocol

If a nursing care resident cannot be located, the following steps will be immediately initiated:

1. The licensed nurse will be notified.
2. The licensed nurse or designee will phone-to-phone and overhead page asking for the Resident.
    a. To phone-to-phone and overhead page: Pick up phone, dial #5315, wait for the beep, and speak slowly and distinctly the resident's full name three times, on the overhead pager, requesting the resident to come to the nurse's station.
3. The Licensed Nurse will initiate a search of the facility using the Elopement Check List.
4. The Licensed Nurse will call the RN Manager of the unit to report the incident.
5. If the resident has not been located after the above steps have been completed, the licensed nurse on the unit will notify the resident's family, Home Administrator, DNS, Maintenance and Operations Supervisor, Home Administrator, Social Services Director and the Post Falls Police (208-773-3517) or the Kootenai County Sheriff Department 208-446-1300.
6. If the resident has not been located after 15 minutes, the Home Administrator, Maintenance and Operations Supervisor, or Security will be requested to look at the surveillance system to help locate the missing resident and what they were wearing at the time they left the building. The Administrator will review the footage.
7. The Social Services may call the following:
    - ISVH Call List
    - All cab companies
    - Local bus dispatch
    - Greyhound bus depot
    - Community Houses
    - Rescue Mission and other homeless shelters
    - Surrounding motels
    - Local bars, restaurants, and shopping stores
    - Community Hospitals
8. **The search will continue until law enforcement and the Home Administrator call it off.**

When a departing individual returns to the facility, the Director of Nursing Services, RN Manager, or Licensed Nurse shall:

1. Examine the resident for injuries;
2. Notify the Attending Physician;
3. Notify the resident’s legal representative (sponsor) of the incident;
4. Complete and file Report of Incident/Accident; and
5. Document the event in the resident’s medical record.

Elopement Check List

1. Ensure the resident is not on an activity away from the nursing neighborhood or on leave from the facility:
    - ☐ Activities
    - ☐ Family
    - ☐ On outing
    - ☐ Appointment
2. Institute a thorough search of the entire neighborhood.
    - ☐ Check all resident rooms to include resident bathrooms
    - ☐ Shower Rooms
    - ☐ Utility and storage rooms
    - ☐ Common areas
    - ☐ Outdoor spaces and patios
    - ☐ Nursing station
    - ☐ Staff break room
    - ☐ Dining Room
    - ☐ Offices
3. Call all other neighborhoods and describe the resident. Each neighborhood will search their entire unit to include:
    - ☐ Check all resident rooms to include resident bathrooms
    - ☐ Shower Rooms
    - ☐ Utility and storage rooms
    - ☐ Common areas
    - ☐ Outdoor spaces and patios
    - ☐ Nursing station
    - ☐ Staff break room
    - ☐ Dining Room
    - ☐ Offices
4. Send a caregiver, on the neighborhood where the resident is missing, to look on the main street in all hallways and common areas, including but not limited to:
    - ☐ Bistro
    - ☐ Atrium
    - ☐ Activity Room
    - ☐ Kitchen
    - ☐ Tavern
    - ☐ Therapy Gym
    - ☐ Chapel
    - ☐ Beauty Salon
    - ☐ Court yards

- Business office and other offices
- Bathrooms

5. Two caregivers will be sent to walk around the perimeter of the Idaho State Veterans Home
6. Call the RN Manager of the neighborhood to report the incident.
7. If the resident has not been located after the above steps have been completed the licensed nurse on the unit will notify:
   - Resident's family
   - Home Administrator
   - Director of Nursing
   - Maintenance & Operations Supervisor
   - Social Services
   - Kootenai County Dispatch (208) 446-1775

Elopement Risk Call List

Administration:

Amber Goodchild, Administrator.....(303) 218-8311
DAnn Vaughan, Director of Nursing Services.....(208) 241-0887
Kelcie Devitt, Social Services.....(208) 567-5039
Franciosa Ballard, Social Services.....(208) 929-5498
Scott Clark, Maintenance/Operations Supervisor.....(360) 908-8704
On-Call Maintenance & Operations Phone.....(360) 908-8704

Law Enforcement:

Kootenai County Sheriff Dispatch.....(208) 446-1300
Post Falls Police Department.....(208) 733-3517
Hells Canyon Security.....(208) 415-3532
State Police Dispatch.....(208) 772-6055

Hospitals:

Kootenai Health.....(208) 625-4000
Northwest Specialty Hospital.....(208) 262-2300
Providence Sacred Heart Medical Center.....(509) 474-3131
Deaconess Hospital.....(509) 603-5800
VA Medical Center.....(509) 434-7000
Spokane VAMC Police.....(509) 434-7912

Transportation Services:

Triangle Transport.....(208) 699-5738
Coeur D'Alene Taxi.....(208) 676-8294
Scott's Taxi Home.....(208) 704-3586
Collins Taxi.....(208) 704-0151
Greyhound Bus Lines.....(800) 231-2222
Jefferson Lines.....(858) 800-8898
Kootenai County.....(208) 446-1618

Shelters:

St Vincent de Paul North Idaho.....(208) 664-3095
Family Promise of North Idaho.....(208) 777-4190
Union Gospel Mission.....(208) 665-4673
The Guardians Foundation.....(208) 449-1210

Miscellaneous:

Coeur D'Alene Centennial Trail.....(208) 769-2252

Suspicious Leaks, Odors, Spills, and Packages

If a suspicious package is found or a container containing chemical products is found to be leaking, omitting a suspicious odor, or leaking and could potentially jeopardize the quality of the air, ground or water or resident safety, immediately notify the Maintenance Department. Between 1700 – 0800 (5:00 pm and 8:00 am), notify Maintenance On-Call by calling (360) 908-8704.

Accident Scene Response

In the event that an employee encounters a situation involving significant amounts of blood or other bodily fluids, the employee shall immediately secure the contaminated area (i.e. closing off the area, posting sign, etc.) and notify the Maintenance and Operations Supervisor.

Crime In Progress

1. Remain calm and make no unnecessary movements that might cause the perpetrator to harm you becoming agitated.
2. Do not attempt to interfere or apprehend the perpetrator except in the case of self-protection.
3. If possible, remove any residents from the area that may be in danger.
4. Quietly comply with the perpetrator demands.
5. If it is safe to do so, note a good description of the perpetrator:
    a. Height
    b. Weight
    c. Sex
    d. Color
    e. Approximate age
    f. Clothing
    g. Method and direction of travel
    h. Name (if known)
    i. Any other distinguishing characteristics
6. If the perpetrator enters a vehicle, note:
    a. License plate number
    b. Make, model and color of vehicle
    c. Any other characteristics of the vehicle
7. If items are taken, try to remember all items taken.
8. Call 911, giving them your name and location: **590 S Pleasant View Rd**. Remain calm and inform them of the situation. Do not hang up until told to do so.
9. **Do not pull the fire alarm**.
10. Notify Maintenance/Operations Supervisor or the Administrator.
11. The registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Assistant Administrator, if unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.
12. In the event of a civil disturbance, continue with routine duties if possible. If the disturbance is outside, stay away from doors and windows. Do not interfere with any persons creating the disturbance or with authorities on the scene.
13. If law enforcement is involved, all individuals involved or witnessing the event, should remain at the facility to provide statements to the police department.

Armed Intruder

If an armed intruder comes on the property or in the facility it is very important for staff to take action to protect the residents, volunteers, visitors and themselves. The following procedures will be followed in response to an armed intruder.

1. Any staff person can call 911. Do not assume someone else has called 911. Give the dispatcher the location of the intruder; number of intruders, if more than one; a physical description of intruder(s), try to be as detailed as possible:
    a. include sex
    b. race
    c. approximate age
    d. clothing description
    e. height
    f. weight
    g. hair color
    h. any other distinguishing characteristics
    i. and the number and/or types of weapons held by the intruder.

*** If it is unsafe to remain on the line with the 911 dispatcher **DO NOT HANG UP**, leave the phone in an area where the dispatcher can hear what is going on.***

2. Secure residents, volunteers, visitors and yourself in a safe area if possible so you are out of view of the intruder (i.e. resident rooms, offices, store rooms). If doors will not lock, blockade the doors with furniture.
3. Individuals should be positioned out of sight and behind items that might offer additional protection such as walls, desks, filing cabinets, etc.
4. Turn off any source of noise (i.e. televisions, radios, cell phones). Remain quiet.
5. If you are in an area where you can evacuate the facility with or without residents safely then do so. Do not take any belongings. Keep your hands visible to responding police.
6. In case of an immediate life-threatening event, each individual should take whatever action is necessary to protect his/her own life and the lives of the residents.
7. Do not attempt to move wounded people.
8. Do not leave your secure area or let residents leave until you hear an all clear from emergency personnel.

Responding officers will move quickly through the facility. Remain calm and follow the officers' instructions. Avoid making quick movements towards officers such as attempting to hold on to them for safety. Keep your hands visible at all times. Responding officers must identify the assailant and determine that you are not involved in the situation.

Notify the Administrator and the Director of Nursing as soon as it is safe to do so.

Visitor Altercation / Hostile Physical Contact

1. Call a co-worker and discreetly alert them of the situation. Request that they come assist you. Have them alert others of the situation. Attempt to diffuse the situation.
2. Call Hells Canyon Security Service (208) 415-3532 or 911 if you feel that the individual may be a threat or pose physical harm.
    a. Report the individual's behavior and location.
    b. The address of this building is: 590 S Pleasant View Rd, Post Falls.
3. Notify the Administrator if the situation calls for a quiet evacuation of the area.
4. **Do not pull the fire alarm.**

Facility Policy Regarding Guests / Visitors Entering the ISVH-PF

Purpose

It is the policy of the Idaho State Veterans Home, Post Falls, to expect "Reasonable Civility" from any guest/visitor including family members who enter the facility or grounds. Reasonable Civility is defined as good order, peace, safety, and lack of infringement on the rights of others.

If a department head deems that a significant disruption in Reasonable Civility has occurred, the department head has the authority to request that the guest/visitor leave the premises. The facility staff will then contact the guest at a later time to review the situation and develop a plan to prevent future disruptions.

Potential violations of Reasonable Civility would include but not be limited to:

1. Interfering with the good order and operation of the home.
2. Interfering with medically necessary cares for a resident.
3. Exploitation of a resident.
4. Abusive language or violent actions directed toward residents, staff or other guests of the Idaho State Veteran's Home, Post Falls.
5. Disruptions in the Dining Room environment.
6. Any other disruptive activities that interferes with the rights and safety of residents, staff and/or other guests.

If a guest or visitor does not comply with the above policy, the Administrator or their designee shall have the authority to request that a guest/visitor leave the facility and grounds.

Individuals refusing to leave the premises upon the request of the Administrator, or their designee will be reported to local law enforcement.

If there is a reasonable suspicion of abuse and/or exploitation of a resident perpetrated by any person on the premises, that person will be reported to law enforcement and will be asked to leave the facility and grounds.

These requirements are effective as of November 11, 2022, and apply to all employees of the Idaho State Veterans Home-Post Falls.

Serious Injury

In the event that a person becomes seriously injured while on the facilities property, follow this procedure.

1. If you are not a member of the nursing staff, announce over the intercom that a nurse is needed in the area immediately.
2. Call 911 and give as much information as possible to the dispatcher. Include the name and location of the victim. The address of this building is: 590 S Pleasant View Rd, Post Falls.
3. Stay with the victim and keep him/her as calm as possible. Do not move a seriously injured person unless there is a life-threatening situation. Begin CPR if necessary.
4. If possible, send another person to notify the Home Administrator and then to assist the medical response team in locating the injured person.

Bomb Threat Procedure

1. If a bomb threat is received by telephone, the person taking the call will immediately institute the following procedures.

***Use the Bomb Threat Call Checklist ***

   a. ***All threats will be treated seriously.***
      i. *Remain calm, don't panic.*
      ii. Keep the caller on the line as long as possible.
      iii. Record, as near as possible, every word spoken by the person calling.
      iv. If the caller does not give the location of the bomb, or when it is set to detonate, ask the caller to give you this information.
      v. Tell the caller that the building is occupied, and serious injury or death could result if the information is not obtained.
      vi. Listen for any strange or unusual background noises such as music playing, motors running, traffic sound, etc., which might be helpful in providing clues to determine from where the call was made.
      vii. Determine whether the voice is male or female, familiar or unfamiliar, and listen for an accent, speech impairments, nervousness, etc.
      viii. Immediately after the caller hangs up, contact the Police Department (Phone 911) and relay as much information as possible.
      ix. Once the Police Department has been notified, contact the Home Administrator, or person in charge, and relay all information received and that the Police Department was notified.
2. Only the Home Administrator or designee will answer questions concerning a bomb threat or a suspected bomb, and only to those persons with a need to know.
3. Between the hours of 1700 – 0800 (5:00 pm and 8:00 am), the registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree if appropriate.

Evacuation Procedure:

1. The Home Administrator or person in charge will decide whether or not to evacuate the facility. The decision not to evacuate the facility will be influenced by the advice received from local law enforcement agencies having jurisdiction over such matters. Their input will be given a great deal of consideration when the decision whether or not to evacuate becomes necessary.
2. When the decision has been made to evacuate, follow the **General Evacuation Procedures**, with the following exceptions:

a. EXIT ROUTES will be inspected by Maintenance and declared safe. When evacuation has been ordered, only those EXITS declared SAFE will be used.
b. During the evacuation procedures, leave all windows and doors open, this reduces damage if there is an explosion.

Law Enforcement and Search Teams:

1. The local law enforcement agency having jurisdiction over such matters shall be responsible for the orderly search of the building and investigation of any bomb threats received. One or two officers will be at the facility command post to help identify the object, oversee the removal of the object and assist the person in charge in decisions concerning the residents' safety.
2. Home employees will be made available to assist the search commander, and the search commander may assign or designate them to assist in the search when deemed necessary. However, employees have the right to refrain from assisting in the search if they so choose.
3. Any employees designated to assist in the search will provide any information the search commander requests.
4. Each search team shall have a law enforcement official designated as the team leader and all instructions issued by the team leader shall be followed completely.
5. During the search, particular attention shall be given to areas accessible to the general public, e.g., window ledges, behind shrubbery, platforms, lobbies, waste cans, rest rooms, stairways, computer telephone room, ceiling lights, vents, corridors, closet areas, etc.
6. If you locate a suspicious object **DO NOT MOVE, JAR, OR TOUCH THE OBJECT OR ANYTHING ATTACHED TO IT. LEAVE IT EXACTLY THE WAY YOU FOUND IT!**
7. Once the search commander or team leader has arrived at your location, the decision shall be made whether or not to continue searching for other objects.
8. If the decision is to continue searching, the area in which the object is located shall be roped off (if the object has not been removed) and only law enforcement officials shall remain or have access to the area.

ALL CLEAR:

1. After the search has been completed and/or the suspicious object removed, the search commander will announce an "**ALL CLEAR**."
2. No person shall be allowed to re-enter the facility for any reason until an "**ALL CLEAR**" signal has been issued.
3. If the facility is damaged by an explosion, the facility staff and local authorities involved will determine if the building can be safely occupied.

Bomb Threat Checklist

Date: _____ Time of call: _____ Telephone Number: _____

Ask the following questions:

- When will it go off? _____
- Where is it located? _____
- What room is it in? _____
- Why did you choose this building? _____
- What kind of bomb? _____
- What does the bomb look like?_____
- What will cause it to explode? _____
- Why are you doing this? _____
- What is your name? _____
- Where are you now? _____

Record exactly what the caller said in addition to the questions above:

_____
_____
_____
_____
_____
_____
_____

Person on the phone:

Man _____ Woman _____ Teen _____ Child _____ Age _____

Voice of the person on the phone:

Accent:	**Manner:**	**Background Noise:**
Local _____ Foreign _____ Race _____	Calm _____ Emotional _____ Rational _____ Angry _____ Laughing _____ Serious _____ Coherent _____ Irrational _____ Incoherent _____ Deliberate _____ Slurred _____ Ragged _____ Stutter _____ Disguised _____	Office _____ Voices _____ Factory _____ Music _____ Quiet _____ Traffic _____ Planes _____ Animals_____ Party Noise _____ Kids _____ Street _____ Static _____

A person receiving a letter or bomb threat will immediately notify his/her supervisor. The supervisor should contact the proper local authorities.

Explosions

This plan covers procedures to be followed during and after an explosions.

Between the hours of 1700 – 0800 (5:00 pm and 8:00 am), call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.

1. Do not panic.
2. Call 911.
3. The Administrator, DNS, or Maintenance and Operations Supervisor will set up a disaster control center to coordinate efforts.
4. The Administrator will direct a security area to be established until law enforcement arrives.
5. The Maintenance Department will inspect all areas of the facility inspected for damage.
6. The Maintenance Department will check all systems and utilities for damage. If necessary, they will shut off utilities at the main controls.
7. The Home Administrator or person in charge will decide whether or not to evacuate the facility. The decision not to evacuate the facility will be influenced by the advice received from local law enforcement agencies. Their input will be given a great deal of consideration when the decision whether or not to evacuate becomes necessary.
8. When the decision has been made to evacuate, follow the **General Evacuation Procedures**.
9. Assess residents for injuries and fatalities.
10. If necessary, set up treatment room.
11. Call the coroner if there are fatalities.
12. If there are resident fatalities, the DNS will contact the next-of-kin. If there are personnel fatalities, the Administrator will contact the next-of-kin.
13. Only the Administrator or designee shall answer questions concerning this matter.
14. The Administrator will prepare a statement for the media.
15. No person shall be allowed to re-enter the facility for any reason until an "**ALL CLEAR**" signal has been issued.

Hostage Incident

To provide protection for residents, visitors, and staff regarding a preplanned response to situations involving hostages, barricaded persons, terrorists, or similar life-threatening situations at the facility. Hostage and similar situations will be responded to in a manner to minimize injury to persons involved with a response or quick notification to the Administrator, maintenance department, and police to contain the incident in a prudent manner.

Between the hours of 1700 – 0800 (5:00 pm and 8:00 am), call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.

This plan can and should be enacted any time there appears to be a threat, persons committing suspicious activity, hostile physical contact, or visitor altercation.

Persons discovering the situation or event will:

1. From a safe area, notify the Administrator and provide the following:
    a. Your name
    b. Your location
    c. Description of person/persons causing disturbances
    d. Where they are located
    e. Whether there are weapons
    f. Any injuries
    g. Where you can be located
    h. Stay on the phone if possible
2. Move unhindered residents, visitors, and staff out of the area, if possible, and keep others from entering the area.
3. DO NOT attempt to stop the perpetrator(s) or interfere with the movement of the perpetrator.
4. Provide all available information to responding personnel (Administrator, Maintenance, and Police).

Person responding to the call will:

1. Note the extension from where the phone call came from.
2. Gain as much information as possible.
3. Call 911 to contact the police.
4. Furnish the police with as much information as possible.
5. Notify the Administrator if not already done.
6. Avoid paging overhead.
7. Have another person talk to the Administrator while you are on the phone to the police.
8. Stay on the line with the police until released by them.

Administrator and DNS will:

1. Cautiously respond to the scene and take necessary actions.
    a. Note: Do not attempt to intervene or aggravate the situation.
2. Maintenance will stand by and wait for the law enforcement.
3. Direct responding officers to the scene.
4. Relinquish authority to the responding police officers and provide the necessary information.

Responding police officers will:

1. Assume authority of the situation and will coordinate activities with the facility Administrator or persons in charge.
2. Administrator will implement disaster plans as needed.

Community Disasters

In the event of a community disaster when the facility receives a request to provide temporary shelter, emergency care, and first aid; the Administrator shall be notified immediately. If he cannot be reached, the DNS should be called.

Because the facility is a VA recognized facility, to maintain compliance with VA regulations the facility will be limited to admitting veterans and/or their spouses even in the case of emergencies. If the facility has already implemented emergency procedures, for whatever reason it may be necessary to turn away, or limit, the amount incoming residents, for the safety of our current residents.

Additional supplies will be needed to meet the needs of incoming residents. The RN Manager will direct staff to begin to gather all available supplies. The RN Manager should begin a tally of all empty beds and locations. There should be a direct clearing of activity rooms, dining rooms, and day areas, where temporary beds can be setup. The facility should be able to temporarily house 20 additional residents.

If the disaster has destroyed communication lines, but roads are safe and open, make contact with personnel by sending someone outside the facility.

When residents are evacuated to this facility procedures are very similar to when residents are evacuated out of the facility. The following steps will take place:

1. The Administrator, DNS, RNM, or licensed nurse will initiate the EMERGENCY TELEPHONE CALL TREE
2. Maintenance will inspect the facility to ensure that it hasn't received damage that would make it unsafe to be an evacuation site.
3. Administrator will direct and oversee the distribution of emergency care, supplies, and equipment.
4. The DNS will access staffing conditions at the facility, and call additional staff in as needed.
5. Nursing staff will track all *incoming* residents on a resident tracking log.
6. Nursing staff will provide medical care as needed.
7. If incoming resident names are unknown, identification of all residents will be done numerically.
8. Housekeeping and laundry will pass out additional linen to those in need.
9. Central Supply will provide access to donated clothing for incoming residents as needed.
10. The receiving area for incoming residents will be the front entrance.
11. Medical records staff will be stationed at the front entrance to coordinate the "check in" process of incoming residents.
12. Dietary will provide food and drink as necessary for all incoming residents and staff.
13. Maintenance staff will help provide beds, if possible, for incoming residents.
14. Emergency supplies will be distributed as needed.

15. Social services will meet with incoming residents as needed to help meet emergency needs of those residents.
16. All department supervisors will report to the facility and assist in the preparation of the facility for the incoming residents.
17. All department supervisors will follow the direction of the Administrator.

§1135 Waiver Policy

Definitions:

- "§1135 waiver" refers to the authority of the HHS Secretary to waive or modify certain Medicare/ Medicaid requirements in the case of a public health emergency.
- "Blanket waiver" refers to a §1135 waiver that applies to all similarly situated providers in the emergency area.
- "Specific waiver" refers to a §1135 waiver specifically requested by a particular provider.

Policy Explanation and Compliance Guidelines:

1. Facility staff shall provide care to residents (current and those received as a result of the emergency) without regard to payer source or other characteristic.
2. The Director of Nursing, or designee, has received training on the types of waivers that may be needed/available and will be responsible for obtaining information regarding blanket or specific §1135 waivers in the case of major disaster or emergency declarations by the President or HHS Secretary.
    a. The contact person/agency for obtaining this information is: the Director of Nursing.
    b. Waivers will be requested as needed on a case by case basis, in accordance with procedures specified by the §1135 contact agency (include/attach procedure).
3. Information regarding waivers shall be communicated to the Administrator, or the Incident Commander, if the Incident Command System has been initiated.
    a. The Administrator, or Incident Commander, shall disseminate information to relevant staff (i.e. Director of Nursing, HR Director, MDS Coordinator, staffing coordinator, admissions department).
    b. Use of waivers shall be included in the Incident Action Plan, when indicated.
4. The Business Office Manager, or designee, shall bill for services provided in accordance with billing requirements, and as specified in CMS communications regarding any blanket or specific §1135 waivers.
    a. Records will be maintained with regard to the beneficiaries to whom care was provided, and the types of care provided during the timeframe covered by the waiver.
    b. Documentation of the waivers being utilized will be maintained in the Business Office.
5. Human Resources shall assume responsibility for obtaining basic information regarding credentials of emergency staff providing care throughout the duration of the emergency, or the timeframe covered by the waiver.
    a. Records will be maintained with regard to credential verification of emergency staff, and the waiver that allows for any flexibilities for the use of those staff.

   b. Emergency staff utilized in accordance with blanket or specific §1135 waivers will not be allowed to care for residents after the time frame specified by the relevant waivers.
6. The facility shall plan jointly with state or local emergency management officials for the provision of care at alternate care sites, when necessary.
   a. The facility does/does not (choose) have a pre-designated alternate care site.
   b. Considerations for planning include equipment and supplies, command/control, and staffing.
7. Normal operations will resume as soon as practicable, but no later than the time period specified by any blanket or specific waiver.

Emergency Communications Procedures

Policy:

To protect resident health and safety in the event of an emergency or disaster, resident care will be coordinated within the facility, across healthcare providers, and with health departments and emergency management agencies.

Policy Explanation and Compliance Guidelines:

1. The facility shall maintain accurate contact information for regular and contract staff, residents' physicians, volunteers, and other long-term care facilities.
    a. Each employee (regular or contract) is responsible for notifying the HR department and his/her supervisor of any changes in contact information, including changes in home address and telephone number(s).
    b. Each department head is responsible for maintaining a list of current employees and contact information in the department.
2. The facility shall maintain accurate contact information for federal state, tribal, regional, or local emergency preparedness staff; the State Licensing and Certification Agency; the Office of the State Long-Term Care Ombudsman, and other agencies or entities that may be sources of assistance to the facility during an emergency.
    a. The Administrator, or designee, shall maintain a list of contact information for the above entities.
    b. A copy of the list and contact information shall be placed in the emergency preparedness binder for easy access during an emergency.
    c. The information shall be reviewed and updated at least annually, as evidenced by dating the review and each list.
3. The facility shall establish primary and alternate means of communicating with the facility's staff as well as with federal, state, tribal, regional, or local emergency management agencies.
    a. Communication with staff members
        i. The primary method of communication with staff members shall be made through facility telephone or cellular phones. The facility shall call the staff member's primary phone number as listed on file, followed by any secondary contact numbers.
        ii. Alternative methods of communication with staff members shall include:
            1. Cellular phones for in-house communications when in-house phone lines and paging systems are out of order.
            2. Use of cellular phones to make relevant, outside phone calls or text messages.
            3. Email communication via personal email, if staff member has provided this information.
            4. IDVS webpage, facility Facebook page

iii. The Incident Commander will make the final decision regarding communications with staff members during an emergency, including which staff to notify and by what means.

b. Communication with federal, state, tribal, regional, or local emergency management agencies
   i. The Administrator, or Incident Commander, is responsible for communicating with the above entities and/or designating responsibility during the emergency.
   ii. The primary method of communication with the above entities shall be made through facility telephone or cellular phones by calling the listed contact number.
   iii. Alternative methods of communication with the above entities shall include:
      1. Email communication

4. The facility shall develop a method for sharing information and medical documentation, protecting information as required under HIPAA, for residents under the facility's care during an emergency.
   a. The facility will share information and medical documentation with other health care providers to maintain continuity of care.
      i. Copies of face sheet information, advance directives, and physician orders shall be generated on a monthly basis and in the event of advance notice of weather events or evacuations. The copies shall be kept on the unit in which the resident resides.
      ii. Face sheet information shall include at least the resident's name, age, DOB, allergies, medical diagnoses, current reason for admission, blood type, and next of kin/emergency contact information.
      iii. Licensed staff will verify medical information is sent with each resident in the case of any transfer, discharge, or evacuation.
   b. In the event of an evacuation, the facility shall release information in accordance with HIPAA privacy protections.
      i. A recorded message from, or approved by, the Administrator shall be integrated into the facility's phone system alerting callers, such as family members and other interested parties, of the decision to evacuate and the location to which the residents will be evacuated.
      ii. As time permits, business office personnel shall begin making phone calls to resident representatives to alert them of the decision to evacuate and the location to which the residents will be evacuated.
      iii. A resident tracking log will be generated on each nursing unit, specifying the location of each resident, so that accurate information about the general condition and location of residents can be provided in a timely manner.
      iv. HIPAA privacy protections are not waived in an emergency, so only minimum information necessary shall be disclosed.

5. The facility shall communicate information about the facility's occupancy, needs, and its ability to provide assistance to the authority having jurisdiction, the Incident Command Center, or designee in accordance with established procedures for the facility's Incident Command System.
6. The facility shall share information from the emergency plan with residents and their representatives in accordance with established procedures.

Emerging Diseases Procedure

Purpose:

Emerging infectious disease, diseases including pandemic influenza, and COVID-19 have been identified as a specific hazard that could disrupt the operations of the long-term community. It is the intent of this policy to protect residents, families and staff from harm resulting from exposure to an emergent infections disease, and to provide systems and resources both within the community and the Idaho State Veterans Home, to maintain essential functions during a pandemic.

At the Idaho State Veterans Home, we are at an increased risk of exposure to pathogens from the community related to the many volunteers who participate in our activity program, and the students who study with us as part of their Nursing education. As part of the volunteer and student orientation we provide general education about pathogen transmission, hand hygiene and cough etiquette. During community and or facility outbreaks we will post additional education at the entrance alerting all to the presence of a greater influx of influenza as well as requesting to avoid our facility if they are experiencing any illness.

1. General Preparedness for Emergent Infectious Diseases (EID)
    a. Idaho State Veterans Home's emergency operation program will include a response plan for a community-wide infectious disease outbreak such as pandemic influenza. This plan will:
        i. Build on the workplace practices described in the infection prevention and control policies
        ii. Include administrative controls (screening, isolation, visitor policies and employee absentee plans)
        iii. Address environmental controls (isolation rooms, plastic parries, sanitation stations and special areas for contaminated wastes)
        iv. Address human resource issues such as employee leave
        v. Be compatible with the State of Idaho Division of Veterans Services Continuity of Operations Plan.
    b. Members of the EID planning committee will include but is not limited to: i. Administrator or designee
        i. Medical director
        ii. DNS or designee
        iii. Nurse Manager
        iv. IP Nurse or designee
        v. Housekeeping
        vi. Maintenance
        vii. Pharmacy

c. Clinical leadership will be vigilant and stay informed about EIDs around the world. IP nurse or designee will monitor facility infections and media for community infections and facilitate relationships with partner labs and the department of health and welfare epidemiologist. IP nurse and designee will also register with health alert network (HAN) at the department of health and welfare to receive community alerts.
d. As part of the emergency operations plan, the facility will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, face shields, foot and head coverings, face masks, assorted sizes of disposable N95 respirators, and gloves. The amount that is stockpiled will minimally be enough for several days of home-wide care but will be determined based on storage space and cost.
e. The facility will develop plans with their vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption of normal business including an EID outbreak.
f. The facility will regularly train employees and practice the EID response plan through drills and exercises as part of the center's emergency preparedness training.

2. Local Threat
    a. Once notified by the public health authorities at either the federal, state and/or local level that the EID is likely to or already has spread to the community, the facility will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and /or the local public health authorities.
    b. The facility's IP or designee will research the specific signs, symptoms, incubation period, and route of infections, the risks of exposure and the recommendations for skilled nursing care centers as provided by the CDC, Occupation Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.
    c. Working with advice from the facility's EID planning committee, local and state public health authorities, and others as appropriate, the IP or designee will review and revise internal policies and procedures, stock up on environmental cleaning agents, and PPE as indicated by the specific disease threat.
    d. Staff and contractors will be educated on the exposure risks, symptoms, and prevention of the EID. Special emphasis will be placed on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand hygiene.
    e. If EID is spreading through an airborne route, then the facility will activate its respiratory protection plan.
    f. Residents and families with be educated about the disease and the facility's response strategy at a level appropriate to the interests and need for information.
    g. Signs regarding hand hygiene and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the facility along with the instruction that anyone who suspects they are ill must not enter the building.
    h. To ensure that staff, volunteers, visitors, and/or new residents are not at risk of spreading the EID into the facility, screening for exposure risks and signs and symptoms may be performed.

i. Self-screening: Staff will be educated on the facility's plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:
    i. Reporting any suspected exposure to the EID while off duty to their supervisor and public health.
    ii. Precautionary removal of employees who report an actual or suspected exposure to the EID.
    iii. Self-screening for symptoms prior to reporting to work.
    iv. Prohibiting staff from reporting to work if they are sick until cleared to do so.
j. Self-isolating: in the event there are confirmed cases of the EID in the local community, the facility may consider ceasing all admissions, and limiting visitors based on the advice of local public health authorities.
k. Environmental cleaning: the facility will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.
l. Engineering controls: the facility will utilize appropriate physical plan alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations and special areas for contaminated wastes as recommended by local, state and federal public health authorities.

3. Suspected care in the home
    a. Place a resident who exhibits symptoms of the EID in an isolation room and notify local public health authorities.
    b. Under the guidance of the public health authorities, transfer of suspected infectious person to the appropriate acute care center will occur.
    c. If the suspected infectious person requires care and transport, follow care center policies and CDC recommendations for isolation procedures, including all recommended PPE for staff at risk of exposure.
    d. Keep the number of staffs assigned to enter the room of the isolated person to a minimum. Ideally, only specially trained staff and prepared (i.e.vaccinated) will enter the isolation room.
    e. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposure individual, and monitoring for additional cases under the guidance of the local health authorities, and in keeping with guidance from the CDC.
    f. Implement the isolation protocol in the facility (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the facility's infection prevention and control plan and/or recommended by local, state, or federal public health authorities and in keeping with CDC recommendations.
    g. Activatequarantineinterventionsforresidentsandstaffwithsuspectedexposureas directed by local and state public health authorities and in keeping with guidance from the CDC.
4. Employer Considerations
    a. Management will consider its requirements under OSHA, Center for Medicare and Medicaid (CMS), state licensure, and other state or federal laws in determining the

precautions it will take to protect its residents. Protecting the residents and employees shall be of paramount concern. Management will consider the following:

i. The degree of frailty of the residents in the home;
ii. The likelihood of the infectious disease being transmitted to the residents and employees;
iii. The method of spread of the disease (for example, through contact with bodily fluids, contaminated surfaces)
iv. The precautions which can be taken to prevent the spread of the infectious disease and
v. Other relevant factors

b. Once these factors are considered, management will weigh its options and determine the extent to which exposed employees, or those who are showing signs of the infectious disease, must be precluded from contact with residents or other employees.
c. Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.
d. Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed to and/or by an employee.
e. Permit employees to use sick leave, vacation time and FMLA while they are out of work as applicable.
f. Permit employees to return to work as applicable however, additional precautions may be taken to protect the residents.

References:

a. Centers for Medicare &Medicaid Services, U.S. Department of Healthy and Human Services. State Operations Manual (SOM): Appendix Z Guidance to Surveyors for Long Term Care Facilities. (March 2019 Revision) Emergency Preparedness 483.73.
b. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings http://www.cdc.gov//infectioncontrol/guidelines/isolation
c. OSHA pandemic guidelines https://www.osha.gov/Publications/influenza pandemic.html
d. CDC- Pandemic Influenza (link: https://www.cdc.gov/flu/pandemic-resources/index.htm)
e. CDC- Pandemic Influenza Plan- 2017 Update (https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf)
f. CDC- https://www.cdc.gov/mmwr/PDF/rr/rr4305.pdf
g. CDC- Long-Term Care and other Residential Facilities Pandemic Influenza Planning Checklist (https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf

Emergency Staffing Procedure

Policy:
It is the policy of this facility to respond quickly at all levels in the event of an emergency or threat in order to continue essential functions and operations, and to provide support to the residents of this facility. It is vital this facility establish procedures for handling staffing challenges in the case of an emergency or disaster.

Policy Explanation and Compliance Guidelines:
Emergency response and recovery operations can be stressful for affected residents and employees in addition to the families of both. Our employees may be requested to report to their work site and provide services related to emergency response and recovery operations in addition to their normally assigned duties. Supervisors, co-workers, and residents share an expectation that medical services will proceed uninterrupted and that medical needs generated by the incident impact will be addressed. Preparedness planning in this facility should be recognized as a shared responsibility between nursing home leadership and staff. All staff are expected to have current family disaster plans so that they can fulfil their work obligations knowing that their families are well prepared and safe. Staff are encouraged to visit www.ready.gov/make-a-plan and/or www.redcross.org/prepare/locataion/homefamily/plan for guidance and templates for personal disaster plans.

1. The number of staff required for meeting resident needs on a daily basis are determined through the facility assessment. Schedules shall reflect sufficient staff with minimum use of scheduled overtime.
2. In the event of there is a local or national emergency that activates the Continuity of Operations Plan (COOP), staff may be called in and/or availability may be requested by a member of the Lewiston leadership team. The individuals contacted may be asked to report for duty immediately or be scheduled for future shifts during the emergency.
3. Direct-care staffing needs will be fulfilled in a step-wise fashion: a. On-duty staff and scheduled staff.
    a. Off-duty staff and on-call staff, including department managers.
    b. Agency staff.
    c. Staff from sister facilities
4. Facility staff are expected to adhere to the emergency staffing plan when there is an identified emergency or disaster in the facility or community:
    a. During an emergency, staff currently on duty will be required to stay on duty until they are relieved by other staff. Staff may not leave during an emergency to attend to personal needs.
    b. All staff are advised to develop an emergency plan with their family in the event they are required to remain at work during an emergency.
    c. Staff are expected to make every effort to arrive to work for their regularly scheduled shift. Staff will contact his/her supervisor prior to their scheduled shift to inform of their current location and status.

d. Staff not on duty may be recalled as dictated by staffing needs. Staff may or may not be recalled to their usual unit. Staff may be assigned to an alternate unit as needed to ensure the safety and welfare of the residents.
e. Every effort shall be made to ensure that no staff work greater than 16 consecutive hours.
f. All approved paid time off during an event may be cancelled and employees should be available to report for duty if it is safe to do so.

Volunteers

During an emergency, the ISVH-PF ma also need to accept volunteer support from individuals with varying levels of skills and training. Volunteer assistance will be accepted when feasible and volunteers will follow instructions of person in charge.

In order for volunteering healthcare professionals to be able to perform services within their scope of practice and training, the volunteer would need to complete the credentialing process. The healthcare volunteer will work directly with the facility Administrative Assistant II to complete the background check and credentialing process that is established by the Department of Health & Welfare. Healthcare volunteers will not be able to begin volunteering until this process is complete.

Non-medical volunteers would be able to perform non-medical tasks at the discretion and direction of the facility. Volunteer coordination will be organized through the facility Activity/Volunteer Coordinator. Prior to volunteering, all non-medical volunteers will complete a volunteer application and attest to the abiding to the volunteer requirements set forth in the application.