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EMERGENCY SERVICE PHONE NUMBERS

Lewiston Police Emergency	911
Lewiston Police Non-Emergency	208-746-0171
Fire Department Emergency	911
Fire Department Non-Emergency	208-743-3554
Nez Perce County Sheriff Emergency	911
Nez Perce County Sheriff Non-Emergency	208-799-3131
Nez Perce County Emergency Management	208-799-3084
Nez Perce County Extension Management	208-799-3096
Red Cross State of Idaho Regional Number	1-800-853-2750
City of Lewiston Maintenance Phone Numbers:	
Sewer Department	208-750-1195
Wastewater Treatment	208-743-8302
Water Treatment	208-743-7461
Street Maintenance	208-746-2623
Water & Sewer Maintenance	208-746-3671 ext. 262 or 252
Reviewed 01/2020	

MAINTENANCE ON CALL NUMBERS

Plumbing, HVAC, Refrigeration	Mike's Mechanical Guardian Plumbing/Heating	208-743-0772 208-746-3087
Electrical	Twin City Electricians	509-758-2924
Fire Alarm, Sprinklers	Johnson Control/Simplex	1-800-299-4377 option 1 Customer # 2279266
Fire Extinguishers	Oxark	208-743-6571
Nurse Call System	System Technologies	208-762-6800
Automatic Doors	Clarkston Glass	509-758-8679
Telephone System	IT	208-780-1360
Oxygen Delivery	Oxark	208-743-6571 if no response, 208-413-5002
Generator	Western States Cat	509-532-3922 If no response, 208-298-3301

Reviewed 01/2020

II FIRE ALARM COMPANY
CENTRAL STATION MONITORING (ALARM COMPANY)

1-888-746-7539

ACCOUNT # REDACTED

PASSCODE REDACTED

#3 then #2

**FIRE & POLICE DEPARTMENT
EMERGENCY (911)**

FIRE NON-EMERGENCY 208-743-3554

POLICE NON-EMERGENCY 208-746-0171

NATIONAL ACCOUNT REDACTED

1-800-299-4377- OPTION 1

III GENERAL STATEMENT

It is the policy of the Idaho State Veterans Home-Lewiston (ISVH-L) 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 at the nurses' station, the business office, maintenance office, and throughout the facility. Interdisciplinary team leaders will be responsible for maintaining the procedure manual 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. Fire classes which include the use of fire extinguishers, methods of emergency removal of residents and fire prevention are held at least once every three (3) months and it is mandatory that all employees attend. Fire drills are conducted, announced and unannounced, at required intervals. Written records are maintained on all fire classes and drills.

Reviewed: 01/2020

IV SMOKING REGULATIONS

Smoking is the leading preventable cause of disease, disability and premature death in our society. Work site smoking policies and programs play an important role in decreasing the prevalence of smoking-related diseases.

It is the intent of the Division of Veterans Services to protect the public health, comfort and environment and the rights of nonsmokers to breathe clean air. Time spent smoking away from the work station is considered a rest break. All rest breaks are discretionary and are governed by IDVS personnel policy. This policy allows a maximum of fifteen minutes during the first and last four hours of any work shift. The areas of ISVH-L that are designated as resident smoking areas are subject to change by the Administrator at any time. State employees and residents are not permitted to smoke within the facility.

All employees of ISVH-L are responsible for acting in accordance with this policy. Employees in violation of this policy will be subject to progressive discipline.

To further ensure the safety of all ISVH-L residents and staff against fire hazard, the following shall apply.

1. Smoking is not allowed in any area where flammable liquids, combustible gases or oxygen are used or stored, or in any other hazardous locations. Such areas shall be posted with "NO SMOKING" signs.
2. Smoking in residents' rooms is strictly prohibited and is cause for disciplinary action. If someone is smoking in their room, report him/her to Social Services. **It may save your life.**
3. Disregarding this policy endangers the lives of residents, guests, employees and emergency personnel. Residents who choose to not follow this protocol will be subject to disciplinary action up to and including discharge.
4. If a resident is determined to be incapable of handling his/her own smoking materials, they must be kept at the nurses' station.
5. On all exterior smoking areas, trash cans with fire control lids are available. Ashtrays of noncombustible material and safe design shall be provided in areas where smoking is permitted. Ashtrays should **never** be emptied into wastebaskets.
6. All staff have the responsibility of ensuring that these procedures are enforced at all times.
7. Staff is only allowed to smoke in designated smoking areas. Violations of this policy will result in disciplinary action.

V FIRE SAFETY INSTRUCTIONS

NEW EMPLOYEE INSTRUCTIONS

The Maintenance Supervisor or Designee will give each new employee instructions in fire safety and the use of fire equipment within 30 days of employment. The topics to be completed at initial orientation are:

- A. Smoking policy and disposal of smoking materials.
- B. Location of manual fire pull stations, oxygen shut offs, and fire alarm panel.
- C. Location of fire extinguishers and how to use extinguishers.
- D. Location of escape route plan.
- E. First six (6) steps after locating fire (ref. Idaho State Veterans Home 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 rooms on either side.
 - 2. Immediately pull the nearest fire alarm 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 room doors in **FIRE AREA** are closed.
 - 5. Evacuate residents from smoke compartment.
 - 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**.
- F. Individual employee's duties if they hear an alarm (assist residents, close off area, evacuate, etc.)
- G. Inform employee of mandatory attendance at in-services on fire safety and fire drills.

Completion of fire safety instructions will be recorded and a copy placed in employee's Personnel File.

Reviewed: 01/2020

FIRE DRILLS

It is Administration's obligation for the safety of residents and staff to conduct regular fire drills so each employee has the opportunity to participate in such drills. The Idaho State Veterans Home-Lewiston will provide one fire drill per shift per quarter as required by State and Federal regulations. After each fire drill the nursing department will provide a list of all doors that do not close appropriately during the fire drill. Maintenance will immediately inspect any defective doors and make necessary adjustments or repairs.

1. The fire drill will be coordinated by the following individuals:
 - a. Home Administrator
 - b. Director of Nursing Services
 - c. Building Facilities Foreman
 - d. Others as necessary

2. The Building Facilities Foreman (or designee) should notify the Fire Department and Simplex-Grinnell Central Monitoring PRIOR to the fire drill and again upon completion of the drill. Monitoring Company phone number is **1-800-746-7539**. Our **account number is 209-6512 and passcode is 333**.

3. The drill procedure is exactly the same as that for a real fire. See "ISVH-Lewiston Fire/Emergency Procedure" manual located at the nurses' station, business office, kitchen, maintenance office, and throughout the facility. The drill will terminate after the following has been accomplished:
 - a. Rescue or remove residents from endangered area.
 - b. Activate an alarm by pulling the nearest pull station. Call 911.
 - c. Contain or close off the affected area.
 - d. Residents and their visitors have been placed in their rooms with the doors closed and instructions given that they are to remain there until the drill is completed.
 - e. All nursing personnel have reported to the nurses' station for instructions.
 - f. Evacuate building.

VI FIRE PROCEDURES

ISVH-L FIRE PROCEDURES

If a fire occurs follow the Six Step Procedure:

1. Remove residents in immediate danger, calling aloud repeatedly 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 near the fire. 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 room doors in FIRE AREA are closed.
5. Evacuate residents from the smoke compartment.
6. Return to Fire Area and attempt to extinguish the fire only if you can do so safely. Follow the P.A.S.S. guidelines: **Pull-Aim-Squeeze-Sweep**

Staff Responsibilities:

Veterans Home personnel are responsible for fire related activities until the arrival of the Fire Department. The following procedures apply for fire drills as well as an actual fire.

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 in the Canteen and foyer areas, assisting the residents who need help evacuating.
3. Dietary staff will **Shelter in place if it can be done SAFELY**, checking for residents in the main dining room, restrooms and South hallways, assisting the residents who need help evacuating.
4. If a fire or drill occurs during a meal, residents will be taken out on to the concrete patio and then moved to the fire lane via the sidewalk. The sidewalk will be free from all obstructions from the building to the fire lane. The sidewalk will be made clear during inclement weather.

DO NOT ATTEMPT TO RE-ENTER THE BUILDING ONCE YOU HAVE EXITED.

Reviewed: 01/2020

FIRE ALARM (FIRE) PROCEDURES FOR ALL PERSONNEL

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

1. Remove residents in immediate danger, calling aloud repeatedly 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 near the fire. 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 room doors in FIRE AREA are closed.
5. Evacuate residents from the smoke compartment.
6. Return to Fire Area and attempt to extinguish the fire only if you can do so safely. Follow the P.A.S.S. guidelines: **Pull-Aim-Squeeze-Sweep**
7. Determine if there is indeed a fire before announcing evacuation of the area.

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).

If fire is in any area which presents a hazard to residents or staff and evacuation is ordered by the senior staff person on-site, immediately announce to all areas over the P.A. system, **"THIS IS NOT A DRILL - PLEASE BEGIN EVACUATION OF (AREA) IMMEDIATELY."** The charge nurse, DNS and Social Services Manager will make any decisions regarding evacuation of nursing units.

1. In the event of a FIRE, all personnel notified by the telephone coordinator are to consider themselves on duty and report to the Nurses' Station or designated Command post area.
 - a. The first off-duty person to report to the Nurses' Station or designated Command Post will help coordinate evacuation of the affected area.
 - b. All other off-duty persons will report to the Nurses' Station or designated Command Post area to receive instructions.
 - c. As directed by the command post extra personnel will go to the fire area, determine extent of the emergency and assist in the evacuation of residents.
 - d. One senior employee will remain in the Business Office to coordinate activities during the emergency.

IN CASE OF A FALSE ALARM call Maintenance (see telephone call list).

Reviewed: 01/2020

FIRE & SAFETY PLAN FOR DIETARY DEPARTMENT

Dietary Manager or Cook in Charge upon noticing a fire or hearing the fire alarms will immediately start the six step fire procedures.

1. If you are notified that this is not a drill, turn off kitchen equipment at the electrical panel located in the Janitor's closet.
2. Shut off all breakers marked with red tape.
3. Shut off the kitchen hood using the emergency shut off switch located at the north end of the hood panel.
4. Direct Food Service personnel to Dining Room to assist Nursing staff with removal of residents from the Dining Room area if needed.
5. Staff will also need to check and secure the Kitchen storage room, storage area and restrooms on the South hall. Once these areas are cleared by kitchen staff, all doors to those areas need to be closed and lights left on.
6. All kitchen staff will **Shelter in place if it can be done SAFELY.**
7. If the fire is in your area of the building leave via the main entrance and proceed to the west parking lot near the Tank and wait for further instructions or until the all clear is given.
8. Dietary Manager or cook in charge will report to the nurses' station to report the status of their area and will be given further instructions.
9. If a fire or drill occurs during a meal, residents will be taken out on to the concrete patio and then moved to fire lane via the sidewalk. The sidewalk will be free from all obstructions from the building to the fire lane path. The sidewalk will be made clear during inclement weather.

FIRE & SAFETY PLAN FOR NURSING CARE UNITS

If a fire or drill occurs during a meal, residents will be taken out on to the concrete patio and then moved to the fire lane via the sidewalk. The sidewalk will be free from all obstructions from the building to the fire lane. The sidewalk will be made clear during inclement weather.

DAY SHIFT

1. **Charge Nurse** - Occupies desk/station, directs firefighting or evacuation efforts until the fire department arrives.
2. **Medication Treatment Nurse** – Takes charge of medication carts-take them to identified safe area. If time permits, rolls both banks of charts out of facility into safe area. Stay with residents once they are relocated to safe area.
3. **Nursing Aides** – Make certain that residents in assigned zone are behind fire doors and in room with door closed, unless ordered to evacuate. Shower rooms and restrooms on each wing will also need to be checked and cleared.

PM SHIFT

1. **Charge Nurse** - Directs all on duty nursing staff, firefighting efforts, and/or evacuation efforts until fire department arrives.
2. **Medication/Treatment Nurse**: Responds to directions of charge nurse or on duty RN and assumes responsibility for medication cart if so directed by charge nurse or on duty RN.
3. **Nursing Aides** – Make certain that residents in assigned zone are behind fire doors and in room with door closed, unless ordered to evacuate. Shower rooms and restrooms on each wing need to be checked and cleared as well.
4. **Off-duty and/or assigned personnel** - Check rest rooms, utility rooms, living rooms, sun rooms and PT/Activity areas. Notify charge nurse or On Duty RN of residents needing to be moved.

NOC SHIFT

1. **Nurse** - Directs activities from nurses' station; but, must also be available to shut room doors and check to see residents are in bed and accounted for. Is responsible for medication cart.
2. **Nurses' Aides** – Are responsible for shutting resident doors, accounting for residents (make sure they are in the room and in bed, await order to evacuate). Check and clear the showerrooms and all restrooms on each wing.

Reviewed: 01/2020

FIRE & SAFETY PLAN FOR LAUNDRY/HOUSEKEEPING STAFF

1. Management Services Northwest will direct Laundry and Housekeeping staff to clear and secure the following areas: soiled and clean work rooms, assist with small conference room and South hall restrooms. During a drill, once those areas have been cleared and secured all Management Services Northwest staff except the supervisor will **Shelter in place if it can be done SAFELY**. If you are notified that this is not a drill then after your area is cleared you are to exit the building and assemble along the sidewalk on 21st Avenue.
2. Management Services Northwest supervisor will report to the Nurses' station to report the status of their area and wait for further instructions.
3. **Laundry-** Upon discovering smoke, fire, etc., or upon hearing the fire alarms go off, immediately start the six step fire protocol.
 - a. **If you are notified that this is not a drill shut down all machines at the breaker panel. The panel is located in the dryer room behind the entrance door. Shut off all breakers marked with red tape.**
 - b. Check and clear the soiled and clean work areas
 - c. Assist the small conference room and the south hall restrooms.
 - d. Once an area has been checked and cleared close the doors and leave the lights on in that area.
 - e. Notify the Management Services Northwest supervisor that your areas are clear and secure and then exit the building via the main entrance and proceed to the sidewalk on 21st Ave. until further instructions are given.
4. **Housekeeping--** Upon discovering smoke, fire, etc., or upon hearing the fire alarms go off, immediately start the six step fire protocol.
 - a. **If you are notified that this is not a drill, place your custodial carts in the nearest unoccupied space.**
 - b. If you are on the floor or in your designated work area, i.e.: North, East, or West wings, place your cart in either the janitors closet or the soiled work room.
 - c. Assist with removing any equipment or other carts from the hallways by placing them in any unoccupied room.
 - d. If the hallways are clear, assist the C.N.A's with placing the residents in their rooms. Once this is done, report to the nurses' station for further instruction.
 - e. After reporting to the nurses' station and all areas are cleared and secured, you will be asked to exit the building using the rose garden entrance. You are to proceed to the sidewalk on 21st Ave to join other laundry and housekeeping staff until further notice or the all clear is given.

Reviewed: 01/2020

FIRE & SAFETY PLAN FOR ACTIVITY & THERAPY STAFF

Activity & Therapy Staff

1. Upon discovering evidence of a fire or if you hear the fire alarm sound you are to immediately follow the six step fire protocol.
 - a. **If you are notified that this not a drill the doors will close automatically and you are to remain behind that barrier. Another staff member will come to your area to account for you and the residents.**
 - b. If the fire is in your area then either exit the building using the exterior doors or exit into the hallway taking as many residents as you SAFELY can.
 - c. If you have to exit the building using an egress door proceed south along the fire lane until reach 21st Ave which is the street directly south of our facility.
 - d. During a fire drill you are to remain in your area behind the closed doors. A staff member will check your areas to account for you and provide further instructions.

Reviewed: 01/2020

FIRE & SAFETY PLAN FOR BUSINESS OFFICE & ADMINISTRATION

Admin Offices

1. Upon detecting a fire or hearing the fire alarms sound, immediately begin the six step protocol.
 - a. **If you are notified that this an actual fire, shelter in place if it can be done safely.**
 - b. Administrator, DNS, Charge Nurse, Maintenance or senior most State employee present will set up a command post at the Nurses' station and/or the Business Office.
 - i. Direct activities of the unassigned personnel.
 - ii. Establish communication with the Senior Fireman when the Fire Department arrives on the scene.
 - c. All other Administrative personnel will ensure that all doors in their vicinity are closed.
 - d. Assist in the canteen to ensure that the area is clear and secured.
 - e. Staff will report to the Homes Administrator or DNS who will report to the nurses' station to report on the status of that area and await further instructions.
 - f. If the fire is in your area and you need to evacuate immediately, close all doors and leave the lights on.
 - g. Make your way to the West parking lot out by the tank until further notice or the all clear is given.

Nursing Offices

1. Upon detection of a fire or hearing the fire alarm you are to immediately start the six step fire protocol.
 - a. **If you are notified that this is an actual fire, immediately leave your area.**
 - b. Nursing Administrative staff will be responsible for checking and clearing the large conference room and staff restroom.
 - c. Once your area is cleared, secure it by closing the door and leaving the lights on.
 - d. When your area is cleared and secure, report it to the DNS and if instructed then exit the building using the rose garden entrance and make you way to the West parking lot out by the Tank until further instructions or the all clear has been given.
 - e. The DNS or Administrator will then report to the nurses' station to give the status of their area and receive further instructions.

Reviewed: 01/2020

FIRE REPORTING & FIRE DRILLS

FIRE REPORTING

After any fire has occurred, regardless of the severity or size of the fire, a report must be made to Licensing and certification. The Maintenance Supervisor will interview appropriate personnel to determine the details surrounding the fire and generate a facility fire incident report.

FIRE DRILLS

It is Administration's obligation, for the safety of residents and staff, to conduct regular fire drills so each employee has the opportunity to participate in such drills.

The Idaho State Veterans Home -Lewiston will provide one fire drill per shift per quarter as required by State and Federal regulations. A

After each fire drill the nursing department will provide a list of all doors that do not close appropriately during the fire drill. Maintenance will immediately inspect any defective doors and make necessary adjustments or repairs.

1. The fire drill will be coordinated by the following individuals:
 - a. Home Administrator
 - b. Director of Nursing Services
 - c. Building Facilities Foreman
 - d. Others as necessary

2. The Building Facilities Foreman (or designee) should notify the Fire Department and Simplex-Grinnell Central Monitoring PRIOR to the fire drill and again upon completion of the drill. Monitoring Company phone number is 1-800-746-7539. Our account number is 209-6512 and passcode is 333.

3. The drill procedure is exactly the same as that for a real fire. See "ISVH-Lewiston Fire/Emergency Procedure" manual located at the nurses' station, business office, kitchen, maintenance office, and throughout the facility. The drill will terminate after the following has been accomplished:
 - a. Rescue or remove residents from endangered area.
 - b. Activate an alarm by pulling the nearest pull station.
 - c. Call 911.
 - d. Contain or close off the affected area.
 - e. Residents and their visitors have been placed in their rooms with the doors closed and instructions given that they are to remain there until the drill is completed.
 - f. All nursing personnel have reported to the nurses' station for instructions.
 - g. Evacuate the building

4. The Administrator, Director of Nursing Services and/or the Building Facilities Foreman will complete a Fire Drill Evaluation form at the conclusion of each fire drill. This form will be kept as part of the Home's permanent records.

Reviewed: 01/2020

VII TOTAL EVACUATION OF THE FACILITY

EVACUATION PROCEDURES

Total evacuation will be initiated as follows: If in the opinion of the Administrator and/or Charge Nurse and local emergency personnel, it is necessary in order to protect the health, life and safety of residents.

1. All on site staff shall be notified of the eminent evacuation, secure their work areas, and report to the nurses' station for further instructions.
2. Nursing care residents without wristband identification must be identified by a tag indicating their name and special nursing care needs (i.e., diabetic, oxygen, nitroglycerine, etc.).
3. Nursing care residents are to remain in their rooms until time for their evacuation.
4. Ambulatory residents will evacuate on their own under the supervision of the Administrative Staff and/or residential care aide to the main parking lot located in the front of the building located on the west side of the ISVH-L.
5. Nursing care residents will initially be evacuated to the main parking lot on the West side of the ISVH-1 out by the Tank
6. Visitors are to remain in the room with the resident or leave the facility entirely.
7. Direct care staff, maintenance staff, or firemen will check all rooms to see that they have been evacuated.
8. All staff shall report to the nurses' station to receive instructions unless otherwise directed.
9. All staff not needed after reporting to the nurses' station are to exit the building to the main parking lot located in the front of the building on the West side of the ISVH-L and assist with the evacuation site.
10. Once all residents and staff have been evacuated to the parking lot and accounted for, a determination will be made by the Administrator in conjunction with Emergency personnel on whether or not the facility is safe to return to or if temporary relocation will be necessary.
11. No one under any circumstances will be allowed to return to the unit until the "ALL CLEAR" has been given. EMERGENCY SHUT OFF's

Reviewed: 01/2020

VIII EMERGENCY SHUT OFF'S EMERGENCY GAS SHUT OFF PROCEDURE

In the event of a natural gas line break or leak, the following procedures are to be taken:

1. Contact the Building Facilities Foreman and the service provider immediately.
2. The main gas shut off is located on the south wall in the basement well.
3. Call 911
4. Begin evacuation procedures if necessary. Evacuation will be 200' up wind of the facility
5. Do not turn light switches on or off.
6. Leave doors and windows open
7. No open flames

Gas Service Provider: Avista-1-800-227-9187

Reviewed: 01/2020

EMERGENCY OXYGEN SHUT OFF PROCEDURE

In the event it becomes necessary to shut down the oxygen system these are the steps that need to be followed:

1. During a fire emergency the fire department will make the decision if the system needs To be shut down
2. During all other times it will be a decision made by the DNS, Maintenance Supervisor and the Administrator.
3. The main oxygen shut off is located in the nurse's station. In addition there are separate Shutoffs for each wing. Oxygen shut off for the entire building is located in room 144 inside the receiving room area, located between the loading dock and the kitchen storage room. Geographically it is the farthest southeast corner of the facility.
4. In the event of a shut down the charge nurse will make sure that all residents requiring Oxygen are supplied by other means.
5. Outside vendors will be contacted to make sure the oxygen supply remains adequate throughout the shutdown period.

Oxygen Supplier: Oxark- 208-743-6571

If no response call:

REDACTED

EMERGENCY WATER SHUT OFF PROCEDURE

In the event that the plumbing breaks, the following procedures will be followed:

1. Contact the maintenance department as soon as possible
2. Isolate the leak by means of shut off valves in sinks, toilets, wing isolation valves, heating/cooling units, or appliances.
3. Wing isolation valves are as follows:
 - a. **WEST:** In ceiling above entrance to hall
 - b. **EAST:** In ceiling in nurse supply bin room
 - c. **NORTH:** In ceiling above nurse break/report room
 - d. **SOUTH:** In ceiling by maintenance office
4. Main water shut off is located in the basement mechanical room
5. Immediate response to plumbing problems or leaks is required to minimize water damage and assure resident comfort.

Reviewed: 01/2020

EMERGENCY SHUT DOWN PROCEDURE

In the event of various emergency shutdowns, an emergency shut down log will assist tracking the event.

Emergency shut down refers to: power interruptions or scheduled shut down, electrical shut downs, medical gases shut down, HVAC shut downs, water shut downs, and fire system shut downs.

The following procedures are to be followed:

1. The responsible personnel, on shift within the maintenance department will monitor all equipment that is shut down.
2. The supervisor will be notified if there are any problems or concerns relating to the shutdown. Emergency personnel will be notified as necessary.
3. The following log will be utilized:

Reviewed: 01/2020

IX FIRE SPRINKLER ACTIVATION FIRE SPRINKLER ACTIVATION PROCEDURE

The following procedure is to be followed in the event of fire sprinkler activation:

1. Determine what caused the fire sprinkler to be activated.
2. Do not shut off the system until it is determined not to be a fire emergency.
3. Shut off is located in the basement on the west wall. The master key will gain access to the basement
4. Call the maintenance department.
5. For system turn on, contact the maintenance department or the sprinkler service Company

Sprinkler Service Company:
Simplex Grinnell 1-800-534-6055

Reviewed: 01/2020

X SYSTEM FAILURES

FAILURE OF NATURAL GAS SUPPLY PROCEDURE

In the event of a malfunction and or failure of the natural gas supply the following procedures will be followed:

1. Notify the maintenance department immediately
2. Contact the gas company
3. The maintenance department will determine the length of down time and will Notify the following:
 - a. Administrator
 - b. Dietary Supervisor
 - c. Nursing Supervisor
 - d. All other departments as needed
4. Notify above departments when gas service is restored
5. Main gas shut off is located in the basement well
6. **NOTE:** The generator runs off of natural gas. Another source of power will be needed in the event of a natural gas failure

Natural Gas Supplier:

Avista-1-800-227-9187

FAILURE OF MEDICAL GAS SYSTEM PROCEDURE

In the event of a failure of the piped in medical gas and/or vacuum system the following procedures will be followed:

1. Notify the Maintenance department
2. Notify Department supervisors as needed
3. Maintenance will attempt to identify the cause of the system malfunction, using extreme care while working on the oxygen system.
4. Maintenance will notify the Charge nurse of the extent of the failure, with an approximate down time.
5. If repair to the vacuum or oxygen system is beyond the scope of the maintenance department, an outside contractor will be called to make the necessary repairs to the systems.
6. **NOTE:** Any time the oxygen system is "opened" it is to be tested for purity upon completion of repairs.
7. Maintenance department will assist the Charge nurse and acquire necessary equipment to use while medical gas/vacuum system is shut down
8. If necessary, outside vendors will be contacted to supply oxygen tanks, oxygen concentrators, and vacuum pumps
9. Upon completion of repairs to the medical gas/vacuum systems the systems will be inspected for proper function, flow, purity, vacuum, etc. before being used by the facility.

FAILURE OF FIRE ALARM OR SPRINKLER SYSTEMS

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

1. Notify the Maintenance department
2. Notify the Alarm Monitoring company
3. Notify the Fire department
4. If repairs are beyond the scope of the Maintenance department, then an outside contractor will be notified.
5. The Maintenance department will begin a 24 hour fire watch plan and track through the fire watch log. On duty staff will be asked to be on fire watch during their shift.
6. Notify the State Fire Marshal and Life Safety if the system will be down for more than 10 hrs. Contact # **1-208-334-4371**
7. Notify Department supervisors as necessary
8. Notify those above when the alarm or sprinkler system is restored back to working condition.
9. File Fire Watch logs with the Maintenance supervisor.

EMERGENCY GENERATOR FAILURE

In the event of failure of the emergency generator during an electrical power outage, the following steps will be taken:

1. Notify the Maintenance department
2. Maintenance department will call for service on the Generator system
3. Call Department supervisors as necessary
4. Maintenance department will provide battery powered lights as needed
5. Maintenance will attempt to determine the reason for failure
6. Maintenance will call outside vendors for rental of Emergency generators
7. Maintenance department will attempt to start and transfer generator power manually
8. Administrator, DNS, and Maintenance Supervisor will discuss the need of evacuation
9. All staff will follow procedures as directed by their supervisor

NURSE CALL SYSTEM FAILURE

In the event of a malfunction and or failure of the nurse call system, the following procedures will be followed:

1. The Director of Maintenance or designee will be notified immediately. The Maintenance personnel will attempt to identify the cause of the malfunction and repair the system. If the length of down time is extensive, notify the Charge nurse to evaluate the need for additional staff.
2. If repairs are beyond the scope of the facility Maintenance department, call the contracted company for service to the system.
3. Provide residents with temporary bells in place of call lights.
4. Begin 15 minute checks on residents as necessary.

HVAC SYSTEM FAILURE

In the event of the failure of all or part of the HVAC (heating, ventilation and cooling) system the following steps will be taken:

1. Attempt to ascertain the extent of the problem:
 - a. Total building HVAC system
 - b. One resident room
 - c. One area
2. Notify the Maintenance department
3. Notify Department supervisors as necessary
4. The Maintenance department will attempt to repair the problem
5. If Maintenance personnel are unable to identify or fix the problem they will contact an outside contractor to repair the system.
6. Charge nurse will, with help from the Maintenance department, decide what additional steps will need to be taken to help keep the **RESIDENTS** safe and comfortable.

WATER SYSTEM FAILURE

In the event of a malfunction and/or failure of the water distribution system the following steps will be taken:

DISRUPTION OR BREAKING OF THE MAIN WATER LINE INTO THE FACILITY

1. Notify the Maintenance department
2. Notify the City Water department at 1-208-746-3671
3. If flooding is occurring follow steps of flood procedures.

BREAKAGE OR DISRUPTION OF INSIDE WATER PIPES

1. Notify the Maintenance department to locate the point of breakage
2. Notify the affected area
3. The Maintenance department will make necessary repairs if possible. If repairs are beyond the scope of the maintenance department an outside contractor will be contacted for assistance.

CONTAMINATION OF WATER SUPPLY

1. Turn off main domestic water valve. The main water valve is located in the basement on the west wall.
2. Instruct all personnel and visitors through the paging system, as needed, not to drink the water or flush the toilets.
3. Contact Department supervisors as necessary.
4. Contact the health department 1-208-799-3100.
5. Request delivery of water from outside vendor.

PLUMBING SYSTEM FAILURE

In the event of a failure of plumbing system the following procedure will be followed:

FAILURE OF EXTERNAL SEWER MAIN

1. Notify the Maintenance department.
2. Notify the Water department.
3. Notify all departments and Department supervisors
4. Limit available bathrooms for public and staff use to one per wing/unit.
5. Post restriction signs or lock the other bathrooms, if necessary.
6. Housekeeping will be directed to install red bag liners in the available bathrooms.
7. If failure results in flooding, Housekeeping and Maintenance will remove water with wet vacs. If pumps are needed contact outside vendors for rental of equipment.
8. If needed, the following vendors have agreed to supply portable restrooms and handwashing stations:
 - a. **Hahn Rental Center – 208-748-4246**
 - b. **King Thrones – 208-798-8283**

FAILURE OF INTERNAL PLUMBING

1. Notify the areas of the facility that are affected.
2. Identify points of blockage and correct the problem, if possible.
3. If maintenance department is unable to resolve problems they will call for addition help as necessary.
4. Limit bathrooms to one per wing/unit in the affected area.
5. Post signs or lock those bathrooms not in use.
6. Place red bags in restrooms that are open.
7. If failure results in flooding, Housekeeping and Maintenance will remove water with wet vacs.

NOTE: All areas that were flooded will be sanitized after flooding and cleanup is complete.

POWER SYSTEM FAILURE (POWER OUTAGE)

In the event of a power outage the generator will automatically start and the building will switch over to emergency power. Several, but not all, areas/items will be powered during this time.

NURSING

1. Check all residents, assure all residents with special needs have needs met
2. Initiate 15 minutes checks for all residents
3. Notify the Maintenance department
4. Call Department supervisors as needed
5. Notify everyone in the facility that we are having a power outage

KITCHEN

1. Assure that all foods are served at proper temperatures
2. If power outage is long, plan and prepare cold meals for residents
3. All serving guidelines remain in effect during power outages

HOUSEKEEPING

1. Remove carts from hallways
2. Assure all corridors are free from obstacles
3. Await further instruction from your supervisor or the Charge nurse

LAUNDRY

1. Turn off laundry equipment.
2. Remove linen carts from hallways.
3. Be prepared to supply extra blankets and linens to residents.
4. If able continue sorting and folding linen.
5. Follow the instructions of the charge nurse or supervisor.

MAINTENANCE

1. Report to the facility.
2. Check for proper function of the generator.
3. Supply facility with small generators as necessary.
4. Supply extension cords.
5. Continue ongoing checks of the mechanical systems running on generator power.

ALL OTHER STAFF

1. Wait for further instructions from your supervisor or the Charge nurse.

XI NATURAL DISASTERS

DISASTER & EVACUATION CHECKLIST NURSING

NURSING

1. Charge Nurse to ascertain that medical supplies and medications are identified and are available for immediate use
2. Charge Nurse to ascertain if physicians are available and at the same time, obtain orders to transport residents
3. Combine Medical Records & Charts, identify and make for transport
4. Determine emergency oxygen supplies are available
5. Make First Aid kits if needed
6. Account for all staff in the facility
7. Account for all residents in the building before evacuation begins
8. Identify blind or deaf residents, provide necessary help with these residents
9. Indicate on room roster, which facility each resident is to be sent
10. Bag each resident's medications into zip lock bags. Mark bags with resident name, where resident is going, and any special needs
11. Bag each resident's treatment supplies
12. Bag change of clothes for each resident
13. Provide each resident with blankets
14. All incontinent supplies needed
15. Medication carts & supplies to pass medications

Reviewed: 01/2020

DISASTER AND EVACUATION CHECKLIST – DIETARY

DIETARY

1. Gather necessary food and drink items to take with your department when evacuation takes place
2. Collect all paper products available (cups, plates, silverware, bowls, etc.)
3. Box up all special food items that may not be available at the evacuation site.
4. Turn off all cooking equipment if not already done
5. Place food items in freezer, if possible, to keep them longer
6. Secure loose items in the kitchen and storage room
7. Dietary records
8. Dietary policy & procedure manuals
9. Records of residents diets, likes & dislikes

Once the dietary department is shut down, dietary staff should go to the evacuation site to help prepare meals for residents.

Reviewed: 01/2020

DISASTER AND EVACUATION LIST – OFFICE

OFFICE RECORDS/VALUABLE RECORDS

1. Resident financial records
2. Current Employee records
3. General Ledgers
4. Accounts payable invoices not yet processed
5. Policy & Procedure manuals
6. Consultant Reports manual
7. Incident & Accident Report manual
8. Survey reports
9. Patient Trust records
10. Patient Trust Petty Cash
11. Facility Petty Cash
12. Census Records
13. Receipt Books
14. Time & Signature Records
15. State License
16. Administrators Current License
17. Health Care Plan books

All items to be boxed up and labeled & taken to a safe location.

FLOODING PROCEDURES

The following procedure should be followed by the Home Administrator or his designee if water is starting to enter any portion of the building or grounds.

1. Notify the Home Administrator, Director of Nurses and Maintenance & Operations Supervisor.
2. The Home Administrator or his designee will assess the situation and determine if more staff is needed. If so, the Director of Nursing Services will notify the assigned staff to start calling in other staff.
3. If water is entering the building, the Building Facilities Foremen will assemble a work party to divert the flow of water away from the building using sandbags, if possible.
4. Fill sandbags and place where water is about to enter the building. Place sandbags end to end tightly for a good seal.
5. ISVH-L is a single story structure with a partial basement. If the facility is in danger of flooding, the Home Administrator or his designee will order evacuation of affected residents, all nursing files, and medications.
6. Personnel will take cylinders and O2 concentrators. If a resident requires a pulmonary aide for breathing treatments, these will also be relocated.

After Flooding Occurs

1. The Building Facilities Foreman 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 Building Facilities Foreman will call the Fire Department. They will have water removal pumps.

EARTHQUAKE POLICY (PROCEDURE)

The primary purpose of the earthquake operational plan is to provide a course of action to follow should the area be stricken by an 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; however, unless one is struck with falling debris, it is usually harmless.
2. If inside, remain inside. Do not run outside.
3. Instruct all persons to take cover under beds, tables, against inside walls, etc.
4. Stay away from windows.
5. Do not use any open flame devices (candles, matches, etc.). Put out all fires during and after the tremor.
6. Do not run through or near the buildings. The greatest danger from falling debris is just outside the doorway and near the outer walls.
7. If outside, move away from the building and utility wires. Once in the open, stay there until the shaking stops.
8. If you are in a moving vehicle, stop as quickly and safely as possible. Remain in the vehicle.

AFTER THE SHAKING:

1. Check for injuries.
2. Follow treatment procedures as instructed by RN in charge.
3. Do not use any open flame devices until the building has been inspected for broken gas lines and declared safe by the Maintenance & Operations Supervisor, DPW personnel or the Fire Department.
4. Maintenance will check the building for broken water lines, gas lines, fallen wires, etc.
5. If gas is detected, open windows and make sure the main gas is shut off. (Located at front of building on the South wall of the stairwell to the basement.)
6. Evacuate the building as instructed or as may become necessary.
7. Do not use telephone except for emergencies.
8. Turn on portable radios to get the latest emergency bulletins.
9. If the building or any portion thereof has been damaged, do not let anyone enter or re-enter until the "ALL CLEAR" has been issued by the Home Administrator or person in charge.
10. Follow all instructions issued by the Home Administrator or person in charge.

EVACUATION:

1. Should evacuation become necessary, procedures must be followed as outlined in the Fire Emergency Policy.

DAMAGE TO THE FACILITY:

1. Should the facility be damaged, the Maintenance & 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.
3. Only battery powered lights shall be used during the inspection, or until an "ALL CLEAR" has been given.

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.

COMMUNICATION:

1. Should the facility be damaged or require emergency assistance, established communication procedures must be implemented per the Fire Emergency Policy.

EQUIPMENT & SUPPLIES:

1. Should heating, cooking or other equipment fail to function during or after an earthquake, Maintenance should take immediate action to get it repaired or replaced upon approval of the Home Administrator or his/her designee.
2. A list of support agencies shall be maintained by the Home Administrator and the Building Facilities Foreman.
3. Should equipment fail, the person in charge, or his/her designee shall immediately contact appropriate agencies and inform them of our needs.

PATIENT TRANSFERS:

1. **WITHIN THE FACILITY:** Should the facility be damaged, or it becomes necessary to relocate residents, the following procedures shall be implemented.
 - a. Move all residents to a central area.
 - b. Issue extra blankets to all residents.
 - c. Close all drapes in the central area.
 - d. Close all doors to the central area including the fire and smoke barrier doors.
 - e. Do not use any open flame devices.
 - f. Make sure flashlights are operable and extra batteries are available.
 - g. Make sure residents are kept as comfortable as possible.
 - h. Reassure residents that all is well.

2. **TRANSFER TO OTHER FACILITIES:** Should transfer of residents to other facilities be necessary, implement the following procedures as determined by the Home Administrator:
 - a. If possible, notify receiving institutions in advance that transfers are being made.
 - b. Keep residents in central area until transfer is made.
 - c. Keep residents as comfortable as possible.
 - d. Follow transfer procedures as outlined in our Fire Emergency Policy.
 - e. Make sure all residents and personnel are accounted for as outlined in the Fire Emergency Policy. (Use resident and employee rosters.)

STAYING AT THE FACILITY:

1. Should conditions warrant, the Home Administrator may allow personnel to remain at the facility until conditions are safe.
2. Personnel staying at the facility will have work schedules arranged so that all staff receives proper rest and eating breaks.

EMERGENCY FOOD SERVICE:

1. Should the facility become isolated, emergency food rations shall be provided.

USE OF VOLUNTEERS:

1. Volunteer assistance will be accepted when feasible.
2. Volunteers shall be required to follow instructions issued by the person in charge.

TORNADO & HIGH WINDS POLICY (PROCEDURE)

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.

NOTIFICATION OF ALERTS:

There are several methods by which a facility may be informed of approaching severe weather. They are: police, television, radio, civil defense, weather service, fire department, etc.

When ISVH-L is notified of approaching severe weather, "**warning**" procedures shall be implemented as outlined in this plan.

TORNADO/HIGH WINDS "WARNING PROCEDURES":

When a "warning" has been issued the following procedures will be implemented:

1. Move all residents into hallways. Leave non-ambulatory residents in bed. Place bed against wall. Keep away from windows.
2. Have ambulatory and wheelchair residents sit against hallway wall. Keep away from windows.
3. Close all doors to residents' rooms.
4. Give each resident a blanket. This will keep them warm and protect them from flying glass.
5. Open all outside exit doors. Make sure exits are clear. Open all outer wall windows to equalize negative pressure and prevent implosion.
6. Keep flashlights readily available. Check batteries every six (6) months.
7. Follow all instructions issued.
8. Remain calm. Reassure residents they will be safe. Remain with the residents.
9. Remain in hallways until an "**ALL CLEAR**" has been sounded by the person in charge.

EMERGENCY POWER:

In the event the storm disrupts the normal power supply, the emergency generator will automatically activate the emergency lights, life support systems, call system, fire alarm system, etc.

DAMAGE TO BUILDING:

1. Should damage occur to the building as a result of the storm, a search for injured persons should begin as soon as possible.
2. One person shall be assigned the task of inspecting each area and obtaining an injury count and report such information to the person in charge.

EVACUATION PROCEDURES:

1. Once the storm has passed and the injured have been reported, it may be necessary to evacuate the facility.
2. Should evacuation be ordered, procedures shall be followed as outlined in the Fire/Emergency Policy.

"ALL CLEAR" SIGNAL:

1. When a tornado/high winds warning has been canceled, an "ALL CLEAR" will be given by the person in charge.
2. Do not attempt to enter any portion of the building if damaged, until the "ALL CLEAR" has been sounded.
3. Do not return residents to their living or sleeping areas until an "ALL CLEAR" has been sounded.

SMOKING RESTRICTIONS:

1. Smoking shall not be permitted during evacuation procedures by residents or personnel.
2. Smoking regulations shall be followed as established by facility smoking policy.

CANCELLATION OF WARNING ALERT:

1. When the tornado/high winds warning alert has been canceled, return all residents to their rooms or living area, and resume routine duties.
2. All emergency procedures shall be canceled and the staff shall return to normal duties. Any emergency equipment shall be returned to its assigned location.

URBAN FIRE POLICY (PROCEDURE)

In the event of an urban fire in the area of the facility the following steps should be taken:

1. Notify the fire department
2. Notify the Maintenance Department
3. Notify Department Supervisors as needed
4. Close all doors and windows to prevent smoke from entering the building
5. Bring all residents inside
6. Prepare to evacuate as directed by the fire department
7. Once the maintenance department arrives they will do the following:
 - a. If necessary, shut down the HVAC system to prevent smoke from being forced into the building
 - b. Turn outside sprinklers on to wet area down around facility
 - c. Check roof surface to ensure burning embers do not ignite the roof
 - d. Monitor outside grounds for additional fires starting from falling embers

WILD FIRE PROCEDURES

In the event of a wildfire in the area of the facility the following steps should be taken:

1. Bring all residents into the facility.
2. Close all windows and doors to prevent smoke from entering the facility.
3. Prepare to evacuate as directed by the emergency personnel.
4. If necessary, maintenance will:
 - a. Shut down the HVAC system.
 - b. Turn outside sprinklers on to wet down the surrounding area.
 - c. Check roof surface to ensure burning embers do not ignite the roof.
 - d. Monitor outside grounds for additional fires starting from burning embers.

XII SECURITY

INTERNAL SECURITY

Under certain circumstances, it may be necessary to increase the internal security of the facility by restricting entry into the home to only specified persons.

Those whom it is necessary to deny entry into the home at certain times could range from an unwieldy number of well-meaning relatives of casualty victims to unruly participants involved in civil disturbances. The circumstances will dictate the type and degree of internal security required.

CHARGE NURSE DUTIES:

1. Determine which doors will be authorized entries.
2. Lock all other doors.
3. Determine what identification will constitute authorization to enter the home.
4. Determine who will be allowed to enter the home.
5. Appoint staff to service as security individuals at each entrance and through building.
6. Call 911 and notify emergency personnel.
7. Begin calling department supervisors as necessary

NURSING STAFF DUTIES:

1. Assure all residents are in the building and remain in the building.
2. Await instructions from the charge nurse.

XIII SIGNIFICANT EVENTS

CRIMES AND CRIME SCENES

In the event a crime is being committed or has been committed at the facility it is important to follow the proper procedures. Remember to treat all accident scenes as a potential crime scene.

1. Remain calm
2. Call police
3. Do not try to stop a crime in progress
4. Remove residents from danger, if possible
5. Notify department supervisors as needed
6. Follow procedures as listed under CIVILDISTURBANCE and HOSTAGE
7. Provide medical care as needed to those who maybe injured

REMEMBER THE FOLLOWING:

1. Do not attempt to stop a crime
2. Do not touch or move anything it could possibly be evidence
3. If you must touch or move something take or draw a picture of how the item was placed before you moved it
4. Follow all BSI precautions if body fluids are on the ground
5. Stay on shift until the police have released you, you may need to give a statement about what you saw
6. The police will be the position of authority during these types of events

Reviewed: 01/2020

SAFETY

It is the goal of this facility to maintain a safe environment for our residents, staff, and visitors. It may, at times, be necessary to request immediate assistance from staff that are physically stronger than other staff members (typically our male employees). In an emergency situation where a staff member needs immediate assistance from others in order to assure the safety of our residents, staff, or visitors, the following procedures will apply:

1. Immediately after recognizing a situation that will require the assistance of physically stronger staff members, the associate will utilize the overhead/over telephone paging system and state:

DR.STRONG PLEASE REPORT TO-----(give location)

(Repeat this page three times)

2. All male staff and those who feel physically fit to assist will report to the location immediately.
3. The Charge nurse at the time of the event will decide if the situation has been successfully controlled, or if additional help is needed.
4. Call additional help (outside emergency personnel) as deemed necessary by the situation.
5. Notify department supervisors as needed.

SERIOUS INJURY

In the event that a person becomes seriously injured while on facility's property follow these procedures.

- 1) If you are not a nurse call for one immediately.
- 2) Unless person or persons is in immediate jeopardy, do not move the patient.
- 3) Have a nurse assist the patient.
- 4) If needed, call 911 and request an emergency medical response. (Remember that the emergency personnel are better suited to care for victims of serious injury than the facility is.)
- 5) If needed, provide basic life sustaining care:
 - a. Clear and maintain the entrance and area for the medical responders.
 - b. Breathe for the patient.
 - c. Provide CPR as needed and control life threatening bleeding.
- 6) Keep the patient calm until emergency personnel arrive on the scene.
- 7) Turn over control of the patient to EMS responder when they arrive.

Reviewed: 01/2020

VISITOR ALTERCATION – HOSTILE PHYSICAL CONTACT – GUNMAN

1. Call a co-worker and discreetly alert them of the situation.
2. Request that they come assist you or if the situation is a gunman, dial 911 immediately while asking another employee to announce "Code Hunter at _____ (location) " immediately.
3. In the case of a gunman, if you are unable to get to a paging system Yell, "Code Hunter at _____ (location)" as loud as possible. Other individuals in hearing distance will repeat the yells throughout the building.
4. Call 911 if you feel that the individual may be a threat or pose physical harm.
 - a. Report the individual's behavior and location.
 - b. If safe to do so, note a good description of the criminal. (Height, weight, sex, color, age, clothing, method or direction of travel, name, distinguishing characteristics, other).
 - c. The address of this building is: 821 21st Avenue, Lewiston.
 - d. Notify the Home Administrator if the situation calls for a quiet evacuation of the area
5. DO NOT pull the fire alarm.
6. If the situation is a threat to our residents, remove them from the immediate area into a secured location, behind fire doors, shower rooms, smoke room, resident rooms, outside, etc.

BOMB THREAT PLAN (PROCEDURE)

VIA TELEPHONE COMMUNICATION:

1. Should a bomb threat be received by telephone, the person taking the call shall immediately institute the following procedures:
 - a. Remain calm, don't panic.
 - b. Keep the caller on the line as long as possible.
 - c. Record, as near as possible, every word spoken by the person calling.
 - d. 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.
 - e. Tell the caller that the building is occupied and serious injury or death could result if the information is not obtained.
 - f. 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.
 - g. Determine whether the voice is male or female, familiar or unfamiliar, and listen for an accent, speech impairments, nervousness, etc.
 - h. Remember, remain calm. Don't panic. Panic will cause confusion.
2. Immediately after the caller hangs up, contact the Police Department (Phone 911) and relay as much information as possible.
3. Once the Police Department has been notified, contact the Home Administrator, or person in charge, and report all information received and that the Police Department was notified.
4. All information pertaining to the bomb threat shall be provided to authorities when they arrive on the scene.
5. All threats shall be treated seriously.

EVACUATION PROCEDURE:

The Home Administrator or person in charge shall make determination whether or not to evacuate the facility when a bomb threat is received.

The decision not to evacuate the facility shall be influenced by the advice received from local law enforcement agencies having jurisdiction over such matters. Their input shall be given a great deal of consideration when the decision whether or not to evacuate becomes necessary.

When the decision has been made to evacuate follow these procedures:

1. EXIT ROUTES to be USED shall first be inspected by maintenance and declared safe.
2. Evacuation shall be conducted in accordance with our Fire and Safety Plan.

3. When evacuation has been ordered, only those EXITS declared SAFE shall be used.
4. During the evacuation procedures, leave all windows and doors open, this reduces damage in the event an explosion occurs.
5. Once everyone has assembled, **NO ONE IS TO RETURN TO THE BUILDING, FOR ANY REASON, UNTIL AN "ALL CLEAR" HAS BEEN ANNOUNCED BY AUTHORITIES CONDUCTING THE SEARCH.**
6. Residents shall be kept as comfortable as possible. Staff shall remain with residents except as otherwise noted throughout the entire evacuation period.

FLOOR PLANS:

A floor plan has been posted at all duty sections so everyone has the opportunity to occasionally review the building layout. All personnel shall be required to familiarize themselves with the building layout in their section.

AVAILABILITY OF KEYS:

The Home Administrator, Director of Nursing Services, Building Facilities Foreman or other person in charge, will make keys to locked rooms available to search parties.

The Home Administrator or other person in charge shall assist search personnel during the search since their knowledge of the keys and floor area can be used to expedite the search.

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.
2. The search commander shall assign or designate persons of this facility to assist in the search when deemed necessary.
3. This facility shall authorize the use of its employees to assist the search commander. However, employees shall have the right to refrain from assisting in the search if they choose.
4. Any employees so designated to assist in the search shall answer fully any questions posed by the search commander and provide any information requested.
5. 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.
6. During the search, particular attention shall be given to all accessible areas to the general public, i.e., window ledges, behind shrubbery, platforms, lobbies, waste cans, rest rooms, stairways, ceiling lights, vents, corridors, closet areas, etc.
7. Should a suspicious object be located, **DO NOT MOVE, JAR, and OR TOUCH THE OBJECT OR ANYTHING ATTACHED TO IT. LEAVE IT EXACTLY THE WAY YOU FOUND IT!**
8. 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.
9. 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.

10. Remember, follow the instructions of the search commander or team leader. Do not attempt to do anything else.

ALL CLEAR:

1. After the search has been completed and/or the suspicious object removed, an "ALL CLEAR" shall be announced by the search commander.
2. No person shall be allowed to re-enter the facility for any reason until an "ALL CLEAR" signal has been issued.
3. Only the Home Administer or his designee shall answer questions concerning this matter and only to those persons with a need to know.
4. Should this facility be damaged by an explosion, a determination by the facility staff and local authorities involved will be made regarding safe occupancy of the building.

BOMB THREAT CHECKLIST

1. When is the bomb going to explode?
2. Where is the bomb right now?
3. What does the bomb look like?
4. What kind of bomb is it?
5. What will cause the bomb to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

Exact wording of the bomb threat:

Sex of Caller? _____

Race? _____

Age? _____

Length of call? _____

Time call received? _____

Telephone # at which call is received? _____

CALLERS VOICE (CHECK ALL THAT APPLY)

- Calm Nasal Soft Angry Stutter
 Loud Excited Lisp Slow Rasp
 Laughter Crying Rapid Deep Normal
 Whispered Slurred Distinct Ragged Disguised
 Clearing Throat Deep Breathing Accent Cracking Voice
 Familiar (if familiar, who does it sound like?) _____

BACKGROUND SOUNDS (CHECK ALL THAT APPLY)

- Street Noises Factory Machinery Voices Crockery
 Animal Noises Clear PA system Static
 Music House Noises Long Distance Local
 Motor Office Machinery Booth Other:

Specify other or further explanation: _____

BOMB THREAT LANGUAGE (CHECK ALL THAT APPLY)

- Well Spoken Incoherent Foul
 Message read by threat maker Taped
 Irrational

Remarks: _____

Your Name: _____

Your Position: _____

Your Telephone #: _____

Date Checklist Completed: ____/____/____

Reviewed: 01/2020

SUSPICIOUS DEVICE OR PACKAGE

PERSONS FINDING DEVICE OR PACKAGE

1. Remove all residents, staff and visitors from the area.
2. Assure that no flame or heat is near the object.
3. Do not accept identification markings as legitimate.
4. Do not touch, move, shake, slide, or jar the object.
5. Do not place the object in water or pour water on the object.
6. Call 911.
7. Begin calling Department supervisors as necessary.
8. If necessary, begin evacuation procedures.

CIVIL DISTURBANCES

CHARGE NURSE:

1. Assure that all residents and staff are inside the facility if possible.
2. Assure that all exterior doors and windows in the facility are closed and locked.
3. Call 911.
4. Begin calling the Department supervisors as necessary.

NURSING ASSISTANTS:

1. Assure that all residents are inside the building.
2. Assure that all residents are away from the outside windows and doors.
3. Begin 15 minute checks of all windows and exits.

ARMED ROBBERY

ALL STAFF:

1. Remain calm and make no unnecessary movements that might cause the robber to harm you or become agitated.
2. Quietly comply with the robber's demands.
3. If possible remove any residents from the area that may be in danger.
4. Mentally note as many characteristics about the robber as possible such as sex, age, height, weight, color of skin, eyes, hair, physical characteristics such as visible scars, moles, tattoos, pock marks, voice characteristics, type of speech, accent, etc.
5. Try to remember all that was taken by the robber.
6. As soon as you are out of danger call 911.
7. Begin calling Department supervisors as necessary.
8. All individuals involved with the robbery should remain at the facility to give statements to the police department.

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.

PERSONS DISCOVERING THE SITUATION OR EVENT WILL:

1. From a safe area, notify the Administrator or the receptionist 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).

RECEPTIONIST RESPONDING TO THE CALL WILL:

1. Note the extension from where the phone call came from.
2. Gain as much information as possible.
3. Dial 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. After hours, notify the DNS, Building Facility Foreman, Administrator & Charge nurse.
 - a. Advise them of the situation and have them report to the facility.
 - b. 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. (Note: Do not attempt to intervene or aggravate the situation).
2. Maintenance will stand by and wait for the Police department.
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.

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.

EXPLOSION EVENT

In the event of an explosion, follow these procedures:

1. Call 911
2. Render first-aid as necessary.
3. Call Department supervisors as needed.
4. Set up a Disaster Control Center to coordinate efforts.
5. Call off duty personnel as needed.
6. Establish security of the area until the Police arrive.
7. Have all areas of the facility inspected for damage.
8. Have Utility systems checked for damage.
9. Have damaged or potentially damaged utilities shut off at the main controls.
10. Evacuate patients as necessary.
11. Identify injured and fatalities.
12. Set up treatment room if necessary.
13. Call the coroner if there are fatalities.
14. Notify Next of Kin.
15. Administrator to prepare statement for the media.
16. Note chief dangers such as fire, cut off water, electricity, communication, further explosions, panic or collapse of the building.
17. Gas lines may be broken, if gas is smelled, clear area and do not use an open flame. No electrical switches or flashlights are to be turned either on or off while in suspected gas leak area, as a spark could cause an explosion.
18. If telephone communications fail, the person in charge is to send a staff member out of the facility to call for help or if available use cell phones as needed.

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-Lewiston, 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
 - ii. Medical director
 - iii. DNS or designee
 - iv. Nurse Manager
 - v. IP Nurse or designee
 - vi. Housekeeping
 - vii. Maintenance services
 - viii. Pharmacy consult
 - 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 will 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. Activate quarantine interventions for residents and staff with suspected exposure as 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>)

Signature _____

Date _____

XIV MISCELLANEOUS EMERGENCY PROCEDURES

Every emergency event will be slightly different from the previous event. In the event that there is not a specific procedure for a specific event staff is to follow the procedures below.

1. Notify the police/fire departments
2. Notify department supervisors as necessary
3. Ready the building for evacuation, examples for evacuation may be: urban fire, wild land fire, hazardous material release, etc.
4. Wait for direction from supervisors and emergency personnel.

XV HAZARDOUS MATERIAL RELEASE

HAZARDOUS MATERIALS

An accident resulting in a spill of hazardous materials on the facility property will usually involve materials used at the facility. MSDS must be available and copies on file with the agency. In the event of a material release emergency, appropriate personnel must be familiar with any precautions or special procedures that need to be followed.

INSIDE SPILL/RELEASE

1. Activate the fire alarm
2. Evacuate the immediate area
3. Notify the Fire department
4. Notify the Maintenance department
5. Notify Department supervisors as necessary
6. Limit activity to protection of lives and evacuation of personnel. Do not attempt to respond to the area.
7. Wait for emergency personnel to arrive

OUTSIDE SPILL/RELEASE

1. Notify the Fire department
2. Evacuate residents in the area
3. Close doors and windows
4. Notify the Maintenance department
5. Notify the Department supervisors as necessary
6. Remain inside, away from the area
7. Wait for emergency personnel to arrive

Reviewed: 01/2020

XVI OUTSIDE VENDOR ASSISTANCE

Outside vendor assistance may be, and should be, used when an emergency occurs that is beyond the scope of the Maintenance department.

1. Notify the Maintenance Supervisor.
2. Obtain permission to use outside vendors. If the maintenance department does not respond within 15 minutes, call the Administrator for authorization.
3. If neither is available, notify the DNS and document in the daily maintenance log.

XVII WANDERING & ELOPEMENT PROCEDURES

RESIDENT ELOPEMENT

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

1. The licensed nurse will be notified.
2. The licensed nurse will page the resident, speaking slowly and distinctly (using 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 complete the following steps:
 - a. Ensure the resident is not on an activity away from the nursing unit or on leave from the facility.
 - b. Institute a thorough search of the entire facility including the outbuildings and grounds.
 - c. Call all other areas, kitchen, activities, physical therapy, business office, etc. Inform them we have a missing resident, give them the name and description of the resident and what they were wearing if known.
 - d. Seek assistance from the Lewiston Police **208-746-0171** and or Nez Perce County Sheriff Department **208-799- 3131**.
 - e. Two caregivers will be sent to walk around the perimeter of the ISVH and the adjacent park.
 - f. Notify the Administrator and DNS of the elopement and the status.
4. Appropriate care staff should utilize the facility vehicle to patrol the surrounding areas and adjacent facilities.
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, DNS, Maintenance Operations Supervisor, Home Administrator, Social Services Director and the Nez Perce County Sheriff's office at **208-799-3131**.

The search will be continued until law enforcement and the Home Administrator call off the search.

RESIDENT ELOPEMENT DRILL

The facility will conduct a minimum of two resident elopement prevention and response drills per year. All supervisors and direct care staff must participate in the drills which shall include a review of procedures to address resident elopement. The facility must document the implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility's Resident Elopement policies and procedures.

1ST & 2ND SHIFTS

1. A designated staff member will be identified as the "resident".
2. Once the resident is identified as missing, the nurse will follow this protocol:
 - a. If resident is not found within 10 minutes, a page will be sent throughout the facility to initiate all available staff to search: "Code Adam" for male residents, "Code Eve" for female residents.
 - b. A page will follow when the resident is found: "Code Adam, all clear" or "Code Eve, all clear".

3RD SHIFT

1. A designated staff member will be identified as the "resident".
2. Once the resident is identified as missing, the staff will follow current protocol:
 - a. *All* resident rooms will be checked and residents accounted for.
 - b. The door to the resident room will be closed after checking the room to indicate that room was searched.

XVIII BIO TERRORISM TERRORISM RESPONSE – GENERAL

GENERAL INFORMATION:

Healthcare must always be prepared to protect people within our buildings and treat residents with care.

When applicable conditions exist in our Community, State or Country (such as happened on and after September 11, 2001). The facility must follow procedures for either:

1. General alert procedures (**NO IMMEDIATE** occurring terrorism) or
2. Threat/attack procedures (**ACTUAL ATTACK OR THREAT** is in your area)

BIO-TERRORISM THREATS – SUSPECTED OUTBREAK – CONTAMINATION:

Bio-terrorism Threats can be received by telephone, by means of letter or package, or person claiming contamination of self or a package they are carrying. Healthcare facilities may be the initial site to recognize a bio-terrorism event.

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TERRORISM RESPONSE – PERSON RECEIVING THREAT

PERSON RECEIVING THE BIO-TERRORISM THREAT CALL:

- Listen carefully to everything the caller says, including background noises, speech patterns, etc.
- Attempt to prolong the conversation as long as possible.
- Do not put the caller on hold.
- Fill in the appropriate information on the Bio-terrorism Threat Checklist (Appendix D) as the call is being taken, including the first line below the "tear *off* line".
- Tear *off* the bottom portion of the checklist and quietly give it to another staff member.
- Contact the following:
 - Administrator
 - Fire & Police Department – 911
 - County Health Department – 208-799-3100
 - State Health Department – 208-983-2842
 - FBI Field Office – 208-746-3440
 - Bio-terrorism ER #, CDC ER Response Office 770-488-7100

TERRORISM RESPONSE – ADMINISTRATION

ADMINISTRATION:

ALERT PROCEDURES: If no terrorist attack in area and no direct threat to the facility have departments follow existing procedures.

THREAT OR ATTACK PROCEDURES:

1. Set up Command Post.
2. Ensure external and internal (listed above) notifications have taken place.
3. Notify all departments to follow threat or attack procedures.
4. If threat of item (i.e. package) in building follow Bomb Threat Policy search procedure.
5. Give the 911 Operator the phone number of the Command Post
6. Secure the isolated area. Do not allow anyone to enter or exit.
7. Isolate and decontaminate properly the individual who received the threatening call, package or letter. This person must remain available for interviews by responding agencies.
8. Be prepared upon orders from the Fire Department, Health Department or FBI to evacuate as directed.
9. Provide staff with regular updates.
10. Prepare media statements and statements to families of residents or assign to Social Services.
11. Assign staff to fulfill Security responsibilities, as indicated under Security heading.
12. Post staff at doors to prevent people and supplies from entering or leaving the building, as appropriate.
13. Determine if shift changes will be possible. If not, make provisions for adequate scheduling of on-duty staff, including eating and sleeping arrangements. If shift change will not be possible, make provisions to notify off-duty staff not to attempt to report until notified otherwise.
14. Request an assessment of critical supplies throughout the facility (see Appendix B).
15. Ensure all other guidelines of this procedure are completed.

TERRORISM RESPONSE – RECEPTIONIST

RECEPTIONIST:

ALERT PROCEDURES:

1. Question anyone without proper identification.
2. All mail is received at the Reception Desk and is handed over to the Business Office Manager for distribution to the various departments. Small packages (UPS, FedEx, etc.) are delivered to the Shipping & Receiving area at the rear of the building.

THREAT OR ATTACK PROCEDURES:

1. Mail and packages will be received as indicated above. However, staff designated to open mail & packages will wear gloves, respiratory protection, eye protection and clothing protection.
2. If you receive a bio-terrorism threat, follow guidelines in beginning of this plan and see the checklist at the end of the plan (Appendix D).

TERRORISM RESPONSE – MAINTENANCE

MAINTENANCE:

ALERT PROCEDURES:

1. Question anyone without proper identification.
2. Control public and unauthorized person accessibility to utilities (power, gas, HVAC, med-gas systems, etc.).

THREAT OR ATTACK PROCEDURES:

1. Shut down the HVAC systems if there is an attack in the area or if the threat has stated the HVAC system has been laced with a biological agent. Under the direction of the Fire/Haz-Mat/Health Department examine the system for tampering. Report findings to the Command Post.
2. If other utilities (power, natural gas, water, med-gas system communications, etc.) are affected by terrorism attack, follow procedures in Loss of Central Services Section of the Emergency Management (Disaster) Plan.
3. Fax delivery authorization letter to suppliers of critical supplies for ID at police checkpoints.
4. Do a critical supply and staff assessment. Take information to Command Post (see Appendix B).
5. Control Access & Exit doors, as necessary.

TERRORISM RESPONSE – ENVIRONMENTAL SERVICES

ENVIRONMENTAL SERVICES:

ALERT PROCEDURES:

1. Question anyone without proper identification.

THREAT OR ATTACK PROCEDURES:

1. Review policies and supporting supplies for clean up in the event of a terrorism (biological or chemical) attack.
2. Wear appropriate personal protective equipment. Follow agent specific guidelines.
3. Cleaning, disinfection and sterilization of equipment and environment.
 - a. Utilize principles of standard precautions.
 - b. Germicidal cleaning agents should be available in resident care areas for cleaning spills of contaminated materials and disinfecting non-critical equipment.
 - c. Discard single use resident items appropriately.
 - d. Contaminated waste should be sorted and discarded in accordance with federal, state and local regulations.
 - e. Used resident care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions should be handled in a manner that prevents exposure to skin and mucous membranes, avoids contamination of clothing and minimizes the likelihood of transfer of microbes to other residents and environments.
 - f. Rooms and bedside equipment should be cleaned utilizing Standard Precautions, unless the infecting microorganism and the amount of environmental contamination indicates special cleaning. See specific agent recommendations as thorough disaffection of bedside equipment and environmental surfaces may be indicated for organisms that can survive in the inanimate environment extended periods of time.
 - g. Resident linen should be handled in accordance with Standard Precautions. Although linen may be contaminated, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to other residents, personnel and environments. Facility policy and local/state regulations should determine the methods for handling, transporting and laundering soiled linen.
4. Wear appropriate personal protective equipment. Follow agent specific guidelines.

TERRORISM RESPONSE – FOOD SERVICE/DIETARY

FOOD SERVICE & DIETARY:

ALERT PROCEDURES:

1. Question anyone without proper identification.

THREAT OR ATTACK PROCEDURES:

1. Verify emergency menus/liquids and supplies, should utilities be lost.
2. Modify menu if deliveries will not be possible. Also, establish plan for feeding staff and visitors if shift change will not be possible.
3. Do a critical supply and staff assessment. Take information to Command Post (see Appendix B)
4. Consult with the Health Department before serving food/beverages.
5. Consult with the Health Department to see if decontamination measures for the Kitchen/Dining area are necessary.
6. Fax authorization letter to suppliers for ID at police checkpoints.

TERRORISM RESPONSE – LAUNDRY

LAUNDRY:

ALERT PROCEDURES:

1. Question anyone without proper identification.

THREAT OR ATTACK PROCEDURES:

1. Ensure adequate supplies and increase supplies where possible to prepare for possible loss of utilities.
2. Do a critical supply and staff assessment. Take information to Command Post (see Appendix B).
3. Coordinate a linen reduction program, as necessary, with Nursing and other appropriate departments.
4. Fax authorization letter to suppliers for ID at police checkpoints.

TERRORISM RESPONSE NURSING

NURSING:

ALERT PROCEDURES:

1. Question anyone without proper identification.

THREAT OR ATTACK PROCEDURES:

1. Check medical supplies and medications to determine how long operations can continue.
2. Check personal protection policies and equipment.
3. Ensure appropriate security of area regarding unauthorized entry.
4. Do a critical supply and staff assessment. Take information to Command Post (see Appendix B).
5. Fax authorization letter to suppliers for ID at police checkpoints.

GENERAL GUIDELINES FOR INFECTION CONTROL PRACTICES FOR RESIDENT MANAGEMENT:

All symptomatic residents with suspected or confirmed bio-terrorism related illnesses should be managed utilizing Standard Precautions for certain diseases or syndromes (e.g. smallpox and pneumonic plague). Additional precautions may be needed to reduce the likelihood for transmission (see specific agent information).

GENERAL GUIDELINES FOR PROPHYLAXIS AND POST EXPOSURE IMMUNIZATION:

1. See specific agent procedure.
2. Obtain up-to-date recommendations in consultation with Local/ State Health Departments and the C.D.C. as recommendations for prophylaxis are subject to change.

PSYCHOLOGICAL ASPECTS OF BIO TERRORISM:

Following a bio-terrorism-related event, fear and panic can be expected from both residents and healthcare providers. Psychological responses following a bio-terrorism event may include horror, anger, and panic; unrealistic concerns about infection, fear of contagion, paranoia, social isolation, or demoralization. Local, state and federal media experts can provide assistance with communications needs.

1. Use the following to address resident and general public fears:
 - a. Minimize panic by clearly explaining risks, offering careful but rapid medical evaluation/treatment, and avoiding unnecessary isolation or quarantine.
 - b. Treat anxiety in unexposed persons who are experiencing somatic symptoms (e.g. with reassurance, or diazepam-like anxiolytics as indicated for acute relief of those who do not respond to reassurance).

2. Consider the following to address healthcare worker fears:
 - a. Provide bio-terrorism readiness education, including frank discussions of potential risks and plans for protecting healthcare providers.
 - b. Fearful or anxious healthcare workers may benefit from their usual sources of social support, or by being asked to fulfill a useful role.
 - c. See specific agent information for more guidelines.

TERRORISM RESPONSE – SOCIAL SERVICES

SOCIAL SERVICES:

ALERT PROCEDURES:

Question anyone without proper identification.

THREAT OR ATTACK PROCEDURES:

1. As assigned by the Command Post, work with families and other responsible parties on behalf of residents.
2. Minimize panic by clearly explaining risks to residents.
3. Treat anxiety in unexposed persons who are experiencing somatic symptoms with reassurance.
4. Work with Administration to ensure regular information updates are available to the public.

TERRORISM RESPONSE – SECURITY

SECURITY (as assigned by Administration):

ALERT PROCEDURES:

1. Ensure all personnel and visitors are wearing proper identification.

THREAT OR ATTACK PROCEDURES:

1. Ensure all personnel and visitors are wearing proper identification.
2. In the event of a bio-terrorist threat (phone or package), secure the person and area receiving the threat.
3. Do not allow anyone other than Haz-Mal, Public Health or law enforcement official's access to the area/person.
4. Start list of all people who have been in the area for past several hours.
5. Professional Visitors – sales persons, repair persons, etc. not allowed in the facility without Command Post clearance.
6. Resident Visitors – No one allowed in facility. Relatives and responsible parties will be directed to the Administrator. They will be given appropriate information as directed by the Command Post.

TERRORISM RESPONSE HANDLING SUSPICIOUS PACKAGES & ENVELOPES

CONTROL GUIDELINES FOR STAFF SAFETY:

1. Workers should avoid touching their skin, eyes, or other mucous membranes since contaminated gloves may transfer B. anthracis spores to other body sites.
2. Workers should be wearing long-sleeved clothing and long pants to protect exposed skin or similar gown over clothes.
3. Gloves and other personal protective clothing (gowns could be washed and reused) and equipment can be discarded in regular trash once they are removed or if they are visibly torn, unless a suspicious piece of mail is recognized and handled. If a suspicious piece of mail is recognized and handled, the worker's protective gear should be handled as potentially contaminated material.
4. Hands should be thoroughly washed with soap and water when gloves are removed, before eating, and when replacing torn or worn gloves. Soap and water will wash away most spores that may have contacted the skin; disinfectant solutions are not needed.
5. Open packages and mail with appropriate tools (such as letter openers) to avoid the possibility of paper cuts.
6. **DO NOT PANIC** - For Anthrax to cause you "trouble", the organism must be able to enter the skin through a cut or scrape, swallowed, or inhaled as a fine, aerosolized mist. It does not leap into one's body. All forms of disease are generally treatable with antibiotics.
7. If you open a letter that claims to have contaminated you with anthrax and there is no substance on the letter or envelope, put the envelope down. Remove gown (or clothing) and gloves. Leave the area and wash your hands with soap and water. Report the incident to your department manager and they will notify law enforcement officials (911).

INDICATORS TO SUSPICIOUS PACKAGE & ENVELOPES:

1. Excessive postage, no postage, or non-cancelled postage.
2. No return address or fictitious return address.
3. Improper spelling of addressee's name, title and location.
4. Address badly typed or written.
5. Wrong title with name.
6. Title with no name.
7. Unexpected mail from foreign countries.
8. Suspicious or threatening messages written on packages.
9. Postmark showing different location than return address.
10. Distorted handwriting or cut and paste lettering.
11. Unprofessionally wrapped packages/excessive use of tape, string, etc.

12. Packages marked as "Fragile- Handle with Care," "Rush- Do Not Delay," "Personal," or "Confidential."
13. Rigid, uneven, irregular or lopsided packages.
14. Packages that are discolored, oily or have unusual odor or sound (Sloshing, ticking, etc.)
15. Packages with soft spots, bulges or excessive weight.
16. Protruding wires or aluminum foil.

POSSIBLE CONTAMINATION GUIDELINES:

If you open a letter or package and there is a substance in the letter, envelope or package follow the following guidelines:

1. Do not shake or empty the contents.
2. Put item on flat surface and **COVER** the envelope or package with anything (e.g. clothing, piece of paper, wastebasket, etc.)
3. **DO NOT REMOVE THE COVER** - Notify Maintenance or Nursing Supervisor to turn off the ventilation system.
4. Remove gown and gloves, **LEAVE** the room, and **CLOSE** the door, so to section off the area to prevent others from entering.
5. **WASH** your hands with soap and water to prevent spreading any powder to your face. Notify your immediate supervisor.
6. Ensure that all persons who have touched the letter/package wash their hands with soap and water. If gross contamination has occurred, do not brush vigorously or if advised by emergency responders, see Appendix C for decontamination procedures.
7. List all people who were in the room or area when this suspicious letter/package was recognized. Give this list to both the local public health authorities and law enforcement officials for follow-up investigations.
8. Notify the Police (911).
9. Notify the County Health Department at 208 799-3100
10. Notify the Center for Disease Control Bio-terrorism Emergency Response Office at 707-488-7100.

Reviewed: 01/2020

TERRORISM – ASSESSMENTS

ASSESSMENT OF CRITICAL SUPPLIES & STAFFING BY DEPARTMENT

CLINICAL (NURSING)

Staff on Site:

_____ # Nurses

_____ # CNAs

How long can we maintain care with current medication and related medical equipment on site?

FOOD SERVICE & DIETARY

For this situation (and assuming no deliveries for three days), how long can we provide emergency food and liquid intake for residents and staff?

LAUNDRY

For this situation how long can we provide necessary linens?

MAINTENANCE

For this situation, how long can we maintain utilities?

Power _____

Water _____

Gas _____

HVAC _____

Take this information to the command post!

Reviewed: 01/2020

TERRORISM – INFECTION CONTROL

BIG-TERRORISM: Infection Control Practices for Resident Management

Resident Management	BACTERIAL AGENTS										VIRUSES				BIOLOGICAL TOXINS			
	Anthrax	Brucellosis	Cholera	Glanders (rarely seen)	Bubonic Plague	Pneumonic Plague	Tularemia	Q Fever	Smallpox	Venez. Encephalitis	Viral Encephalitis	Viral Hemor. Fever	Botulism	Ricin	T-2 Mycotoxins	Staph. Enterotoxin B		
Isolation Precaution																		
Standard Precautions for all aspects of resident care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Contact Precautions		X							X		X							
Airborne Precautions				X					X									
Use of N95 mask by all individuals entering the room									X									
Droplet Precautions						X				X								
Wash hands with antimicrobial soap		X	X						X			X						
Resident Placement																		
No restrictions	X						X						X	X	X	X		
Cohort "like" residents when private room unavailable			X		X	X	X				X							
Private Room		X	X	X	X	X			X	X		X						
Negative Pressure									X									
Door closed at all times				X					X									
Resident Transport																		
No restrictions	X						X	X			X		X	X	X	X		
Limit movement to essential medical purposes only		X	X	X	X	X			X	X		X						
Place mask on resident to minimize dispersal of droplets				X	X				X	X								
Cleaning, Disinfection of Equipment																		
Routine terminal cleaning of room with facility approved disinfectant upon discharge			X	X			X	X	X	X	X		X	X	X	X		
Disinfect surfaces with bleach/water sol. 1:9 (10% sol.)	X	X			X	X					X							
Dedicated equipment that is disinfected prior to leaving room		X							X		X							
Linen management as with all other residents	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
RMW handled per WRAMC policy	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		

STANDARD PRECAUTIONS: Standard Precautions prevent direct contact with all body fluids (including blood), secretions, excretions; non-intact skin (including rashes) and mucous membranes. Standard precautions routinely practiced by healthcare providers include handwashing, gloves when contact with above, mask/eye protection/face shield while performing procedures that cause splash/spray and gowns to protect skin and clothing during procedures.

Source: Walter Reed Army Medical Center, Washington, DC.

Reviewed: 01/2020

TERRORISM – THREAT CHECKLIST

TELEPHONE PROCEDURES – 810 – TERRORISM THREAT CHECKLIST

DO NOT USE THIS SHEET IF YOU HAVE OPENED AND/OR TOUCHED A SUSPICIOUS PACKAGE OR LETTER!!

INSTRUCTIONS: BE CALM AND COURTEOUS. LISTEN, do not interrupt caller. Do not joke with caller. Sound very interested in what the caller wants to tell you.

Time Received: _____ Length of Call: _____ Date: _____

1. Attempt to hold caller as long as possible so tracing procedures may be started. Keep the person talking. Try to ask the following questions:

WHEN is the agent going to be released?

HOW will it be released?

WHERE is the agent?

WHY did you place it?

WHAT kind of agent is it?

Will it hurt people? (Tell them we have innocent people here)

2. Pretend difficulty hearing to keep the caller on the phone. Keep the caller talking. After other information has been gathered ask, "Where are you calling from? and who is calling please?"

3. Did the caller appear familiar with the building by his description of the agent location? Any other information?

4. While talking, and as soon after the call as possible, complete the following: Try to remember the callers exact words.

<p>CALLERS IDENTITY</p> <ul style="list-style-type: none"> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Adult <input type="radio"/> Juvenile 	<p>VOICE CHARACTERISTICS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> Deep <input type="checkbox"/> High Pitch <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Intoxicated 	<p>SPEECH</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Distinct <input type="checkbox"/> Fair <input type="checkbox"/> Distorted <input type="checkbox"/> Poor <input type="checkbox"/> Stutter <input type="checkbox"/> Nasal <input type="checkbox"/> Foul <input type="checkbox"/> Squeaky <input type="checkbox"/> Slurred <input type="checkbox"/> Lisp <input type="checkbox"/> Broken <input type="checkbox"/> Other
<p>ACCENT</p> <ul style="list-style-type: none"> <input type="radio"/> Local <input type="radio"/> Not Local <input type="radio"/> Foreign <input type="radio"/> Race 	<p>MANNER</p> <ul style="list-style-type: none"> <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Emotional <input type="checkbox"/> Righteous <input type="checkbox"/> Laughing <input type="checkbox"/> Crying 	<p>BACKGROUND NOISES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Factory machines <input type="checkbox"/> Trains <input type="checkbox"/> Bedlam <input type="checkbox"/> Animals <input type="checkbox"/> Music <input type="checkbox"/> Quiet <input type="checkbox"/> Voices <input type="checkbox"/> Office Machines <input type="checkbox"/> Mixed <input type="checkbox"/> Airplane <input type="checkbox"/> Street Traffic <input type="checkbox"/> Party Noises

Extension call received on? _____ Person receiving call? _____

Don't ask me any questions....notify the Administrator that I have received a phone call indicating a Biological Threat.

Reviewed: 01/2020

BIOLOGICAL AGENTS

BIOLOGICAL WEAPON AGENT CHARACTERISTICS

Disease	Transmit Man to Man	Infective Dose (Aerosol)	Incubation Period	Duration of Illness	Lethality (approx. case fatality rates)	Persistence of Organism	Vaccine Efficacy (aerosol exposure)
Inhalation Anthrax	No	8,000 – 50,000 spores	1-6 days	3-5 days (usually fatal if untreated)	High	Very stable-spores remain viable for >40 years in soil	2 dose efficacy against up to 1,000 LD ₅₀ in monkeys
Brucellosis	No	10 – 100 organisms	5-60 days (usually 1-2 months)	Weeks to months	<5% untreated	Very stable	No vaccine
Cholera	Rare	10 – 500 organisms	4 hours – 5 days (usually 2-3 days)	≥ 1 week	Low with treatment, high without	Unstable in aerosols & fresh water; stable in salt water	No data on aerosol
Glanders	Low	Assumed low	10-14 days via aerosol	Death in 7-10 days in septicemic form	>50%	Very stable	No vaccine
Pneumonic Plague	High	100 – 500 organisms	2-3 days	1-6 days (usually fatal)	High unless treated within 12-24 hours	For up to 1 year in soil; 270 days in live tissue	3 doses not protective against 118 LD ₅₀ in monkeys
Tularemia	No	10 – 50 organisms	2-10 days (average 3-5)	≥ 2 weeks	Moderate if untreated	For months in moist soil or other media	80% protection against 1-10 LD ₅₀
Q Fever	Rare	1 – 10 organisms	10-40 days	2-14 days	Very low	For months on wood and sand	94% protection against 3,500 LD ₅₀ in guinea pigs
Smallpox	High	Assumed low (10-100 organisms)	7-17 days (average 12)	4 weeks	High to moderate	Very stable	Vaccine protects against large doses in primates
Venezuelan Equine Encephalitis	Low	10 – 100 organisms	2-6 days	Days to weeks	Low	Relatively unstable	TC83 protects against 30-500 LD ₅₀ in hamster
Virial Hemorrhagic Fevers	Moderate	1 – 10 organisms	4-21 days	Death between 7-16 days	High for Zaire strain, moderate with Sudan	Relatively unstable – depends on agent	No vaccine
Botulism	No	0.001 µg/kg is LD ₅₀ for type A	1-5 days	Death in 24-76 hours; lasts months if not lethal	High without respiratory support	For weeks in nonmoving water and food	3 dose efficacy 100% against 25-250 LD ₅₀ in primates
Staph Enterotoxin B	No	0.03 µg/person incapacitation	3-12 hours after inhalation	Hours	<1%	Resistant to freezing	No vaccine
Ricin	No	3-5 µg/kg is LD ₅₀ in mice	18-24 hours	Days-death within 10-12 days for ingestion	High	Stable	No vaccine
T-2 Mycotoxins	No	Moderate	2-4 hours	Days to months	Moderate	For years at room temperature	No vaccine

BIOLOGICAL WEAPON AGENTS: VACCINE, THERAPEUTICS, AND PROPHYLAXIS

Disease	Vaccine	Chemotherapy (Rx)	Chemoprophylaxis (Px)	Comments
Anthrax	Eicport vaccine (licensed) 0.5 mL SC @ 0, 2, 4 wk, 6, 12, 18 mo then annual boosters	Ciprofloxacin 400 mg IV q 8-12 h Doxycycline 200 mg IV, then 100 mg IV q 8-12 h Penicillin 2 million units IV q 2 h Oral rehydration therapy during period of high fluid loss Tetracycline 500 MG Q 6 H x 3 d Doxycycline 300 mg once, or 100 mg q 12 h x 3 d Ciprofloxacin 400 mg q 12 h x 3 d Norfloxacin 400 mg q 12 h x 3 d	Ciprofloxacin 500 mg PO bid x 4 wk if unvaccinated, begin initial doses of vaccine Doxycycline 100 mg PO bid x 4 wk plus vaccination	Potential alternatives for Rx: gentamicin, erythromycin, and chloramphenicol PCN for sensitive organisms only Vaccine not recommended for routine protection in endemic areas (50% efficacy, short term) Alternates for Rx: erythromycin, trimethoprim and sulfamethoxazole, and furazolidone Quinolones for tetra/doxy resistant strains
Cholera	Wyeth-Ayerst Vaccine 2 doses 0.5 mL IM or SC @ 0, 7-30 days, then boosters Q 6 months	Tetracycline 500 mg PO q 6 h x 5-7 d Doxycycline 100 mg PO Q 12 h x 5-7 d Antibiotic regimens vary depending on localization and severity of disease – refer to text	Tetracycline start 8-12 d post exposure x 5 d Doxycycline start 8-12 post expose x 5 d Post-exposure prophylaxis may be tried with TMP-SMX	Currently testing vaccine to determine the necessity of skin testing prior to use. No large therapeutic human trials have been conducted owing to the rarity of naturally occurring disease. Plague vaccine not protective against aerosol challenge in animal studies
Q Fever	IND 610 – inactivated whole cell vaccine given as single 0.5 ml s.c. injection	Streptomycin 30 mg/kg/d IM in 2 divided doses x 10 d (or gentamicin) Doxy 200 mg IV then 100 mg IV bid x 10-14 d Chloramphenicol 1 gm IV qid x 10-14 d	Doxycycline 100 mg PO bid x 7 d Ciprofloxacin 500 mg PO bid x 7 d Doxycycline 100 mg PO bid x 7 d Tetracycline 500 mg PO qid x 7 d	Alternate Rx: trimethoprim-sulfamethoxazole Chloramphenicol for plague meningitis
Glanders	No vaccine available	Streptomycin 30 mg/kg IM divided BID x 10-14 d Gentamicin 3-5 mg/kg/d IV x 10-14 d	Doxycycline 100 mg PO bid x 14 d Tetracycline 500 mg PO QID x 14 d Doxycycline and rifampin x 3 wk	
Plague	Greer inactivated vaccine (FDA licensed) is no longer available: 1.0 mL IM; 0.2 mL IM 1-3 mo later; 0.2 mL 5-6 mo after dose 2; 0.2 mL boosters @ 6, 12, 18 mo after dose 3 then q 1-2 years	Ofloxacin 400/rifampin 600 mg/d PO x 6 wks		Trimethoprim-sulfamethoxazole may be substituted for rifampin; however, relapse may reach 30%
Tularemia	IND-Live attenuated vaccine: one dose by scarification	No human vaccine available		
Brucellosis	No human vaccine available			

BIOLOGICAL WEAPON AGENTS: VACCINE, THERAPEUTICS, AND PROPHYLAXIS

Disease	Vaccine	Chemotherapy (Rx)	Chemoprophylaxis (Px)	Comments
Viral Encephalitis	VEE DOD TC-83 live attenuated vaccine (IND): 0.5 mL SC x 1 dose	Supportive therapy: analgesics and anticonvulsants prn	NA	TC-83 reactogenic in 20% No seroconversion in 20% Only effective against subtypes 1A, 1B, and 1C C-84 vaccine used for non-responders to TC-83 EEE and WEE inactivated vaccines are poorly immunogenic. Multiple immunizations are required Aggressive supportive care and management of hypotension very important
	VEE DOD C-84 (formalin inactivated TC-83) (IND): 0.5 mL SC for up to 3 doses			
	EEE inactivated (IND): 0.5 mL SC at 0 & 28 d			
	WEE inactivated (IND): 0.5 mL SC at 0, 7 and 28 d			
Viral Hemorrhagic Fevers	AHF Candid #1 vaccine (x-protection for BHF) (IND)	Ribavirin (CCHF/arenaviruses) 30 mg/kg IV initial dose 15 mg/kg IV q 6 h x 4 d 7.5 mg/kg IV q 8 h x 6 d	NA	
	RVF inactivated vaccine (IND)	Passive antibody for AHF, BHF, Lassa fever, and CCHF		
Smallpox	Wyeth calf lymph vaccinia vaccine (licensed): 1 dose by scarification	Cidofovir (effective in vitro); animal studies ongoing		
Botulism	DOD pentavalent toxoid for serotypes A-E (IND): 0.5 ml deep SC @ 0, 2 & 12 wk, then yearly boosters	DOD heptavalent equine desiccated antitoxin for serotypes A-G (IND): 1 vial (10mL) IV CDC trivalent equine antitoxin for serotypes A, B, E (licensed)	Vaccinia immune globulin 0.6 mL/kg IM (within 3 d of exposure, best within 24 h)	Pre and post exposure vaccination recommended if >3 years since last vaccine Skin test for hypersensitivity before equine antitoxin administration
	No vaccine available	Ventilatory support for inhalation exposure		
Staphylococcus Enterotoxin B	No vaccine available	Inhalation: supportive therapy G-I: gastric lavage, superactivated charcoal, cathartics		
Ricin	No vaccine available			
T-2 Mycotoxins	No vaccine available		Decontamination of clothing and skin	

XIX SECURING THE FACILITY

SECURING THE FACILITY WORKSHEET

Upon total evacuation to other locations, the premises must be secured to prevent damage and theft. The following list should be helpful.

1. _____ Tape all glass to reduce breakage or shattering.
2. _____ Disconnect the generator in the event of a power failure.
3. _____ Silence the alarm trouble signal in the event of power failure.
4. _____ Shut off gas.
5. _____ Secure oxygen cylinders.
6. _____ Disconnect all electrical appliances and equipment.
7. _____ Trip breakers to leave only minimal lighting on.
8. _____ Place all records up and out of possible flooding danger.
9. _____ Move furniture towards interior walls and away from windows.
10. _____ Open and remove all drapes and blinds.
11. _____ Determine that the sewer clean outs are capped if possible.
12. _____ Lock all medication, supply and equipment rooms.
13. _____ Sand bag entrance and exit doors.
14. _____ Lock all exterior doors.
15. _____ Leave keys with police or persons not evacuating.
16. _____ Arrange with police to patrol the facility if possible
17. _____ Determine that dumpster lids are closed and locked.
18. _____ Secure all out buildings and storage areas.
19. _____ Bring all exterior furnishings inside the facility if possible.

Reviewed: 01/2020

XX SEVERE WEATHER SEVERE WEATHER CHECKLIST – GENERAL

Use this checklist to help prepare for severe weather:

- Masking Tape
- Markers
- Plywood
- Flashlights & Batteries
- Battery Powered Lanterns
- Ice Chests
- Water Storage Containers
- Garbage cans, bags – black and red bags
- Wet Vac
- Tools
- Medical Supplies
- Rope
- Boxes
- Plastic Sheeting & Tarps
- Distilled Water
- Drinking Water
- Burlap Bags
- Blankets
- Radio w/ Batteries
- Walkie Talkie Radios

Reviewed: 01/2020

SEVERE WEATHER CHECKLIST – MAINTENANCE, HOUSEKEEPING/LAUNDRY

- Be sure adequate supply of mops, buckets & cleaning equipment are on hand.
- Launder all soiled linens
- Be sure adequate supply of linen & blankets are available
- Make sure Wet Vacs are working
- Apply masking tape to glass as needed to prevent breakage
- Board up glass doors as needed
- Secure oxygen tanks
- Place low stored items up higher off the floor
- Secure or store yard and ground equipment
- Remove all loose items on premises, including trash cans, lumber, bricks, chairs, tables, etc.
- Secure additional gasoline and fuel as requested
- Close dumpster lids
- Secure portable water

Reviewed: 01/2020

XXI COMMUNITY DISASTERS & EVACUATIONS

ASSIGNMENT OF DUTIES

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, call the DNS.

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. Charge nurse will direct staff to begin to gather all available supplies.

The charge nurse 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 above by sending someone outside the facility. If all types of communication are impossible the charge nurse will assume the responsibilities of the Administrator.

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. Call all department supervisors.
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 sheet*.
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. Laundry/housekeeping will pass out additional linen to those in need, and provide access to donated clothing for incoming residents as needed.
9. The receiving area for incoming residents will be the front entrance.
10. Medical records staff will be stationed at the front entrance to supervise the "**CHECK IN**" of residents.
11. Dietary will provide food and drink as necessary for all incoming residents and staff.
12. Maintenance staff will help provide beds, if possible, for incoming residents.
13. Emergency supplies will be distributed as needed.
14. Social services will meet with incoming residents as needed to help meet emergency needs of those residents.
15. All department supervisors will report to the facility and assist in the preparation of the facility for the incoming residents.
16. All department supervisors will follow the direction of the Administrator.

Reviewed: 01/2020

XXII COMBUSTIBLE & FLAMMABLE MATERIALS PROHIBITED COMBUSTIBLE & FLAMMABLE MATERIALS

Residents are prohibited from storing flammable or combustible materials on Home grounds. Flammable or combustible materials include, but are not limited to, the following items:

Gasoline Brake fluid Paint thinner Butane Acetone

Oil-based paint Aerosol paint

Lacquer Solvent Turpentine

Any product where the original container warns that the contents are flammable are prohibited to store or be possessed by residents. All flammable products must be stored in a non-combustible flammable storage unit.

Reviewed: 01/2020

XXIII SUICIDE PREVENTION

The Division of Veterans Services is committed to promoting the health and safety of its residents, clients, employees, and any other person in the workplace. Consequently, this suicide prevention and reporting policy is intended to raise awareness and provide guidance to employees, supervisors, and managers in carrying out an appropriate response to suicidal behavior in the workplace.

Suicide is often preventable, especially in situations where agencies support intervention and provide the knowledge which allows an individual to intervene with a person at risk. The Division of Veterans Services will ensure that all persons in the workplace, and all clients of the Division, are aware of the resources available to appropriately respond when concerned about the suicide risk of oneself or a that of a resident, client, coworker, or any other person in the workplace, and that those experiencing suicidal behaviors understand that seeking help is encouraged and that help is available. It is essential that each Division Program establish a culture of seeking and obtaining help for suicidal behaviors among residents, clients, employees, and all others in the workplace.

It is important to recognize any threat as a request for help. A threat to harm oneself is a real and imminent emergency. Because there is no way to know if the threat is serious or simply a cry for help, should a coworker, client, resident, intern, contract employee, volunteer or visitor threaten to harm themselves, employees must respond quickly and decisively to prevent a tragic outcome.

Even if the person does not actually intend to harm themselves, threatening suicide can be a way of voicing hopeless feelings and the desire on the part of the person to end the pain they are feeling. Therefore, should a resident, client, coworker, or any other person in the workplace express suicidal intentions, or discuss suicidal thoughts and feeling, these threats shall be taken seriously and must be reported immediately to the appropriate personnel and/or authorities to keep the person safe and get them the help they need.

SECTION 1 – INTERVENTION PROCEDURES

The Division seeks to offer support and guidance should an employee express suicide ideation, show suicidal behavior, or encounters a resident, client, coworker, or other person in the workplace expressing suicide ideation or showing suicidal behavior. While it is impossible to anticipate every scenario, it is the Division's intent to strongly encourage employees to act in their best interest, and the best interest of their fellow workers, residents, and clients. The following actions are guides to that end:

1 A *If You Are Considering Suicide*

Thoughts of suicide are very frightening for both you and your family. If you have thoughts of suicide, please seek help from experts or colleagues.

<p><i>Immediate Warning Signs (for example):</i></p> <ul style="list-style-type: none"> • Thinking or talking about wanting to harm yourself. • Looking for ways to commit suicide. • Talking or writing about death. • Feeling overwhelming emotions like rage, anger, or shame. • Experiencing a serious triggering event like a death or other life-altering issue. 	<p><i>Seek immediate help:</i> (if calling from a state-owned landline phone, always dial “9” for an outside line)</p> <ul style="list-style-type: none"> • Go to the emergency room. • Call 911. • Call or Text 1-208-398-4357 (Idaho Suicide Prevention Hotline- available 24 hours a day staffed by people trained to assess suicide risk). • If a Veteran, call the Veterans Crisis Line and Military Crisis Line (1-800-273-8255 Press 1). • Call the Employee Assistance Program (24/7) 1-877-427-2327
<p><i>Other Warning Signs (for example):</i></p> <ul style="list-style-type: none"> • Acting recklessly or taking risks. • Increasing your alcohol or drug use. • Seeing no reason to live. • Feeling hopeless or trapped. • Having dramatic mood changes. • Withdrawing from family, friends, and others. • Feeling anxious or agitated. • Retreating to bed to sleep most of the time. 	<p><i>You should consider:</i> (if calling from a state-owned landline phone, always dial “9” for an outside line)</p> <ul style="list-style-type: none"> • Confiding in someone you trust (i.e., doctor, clergy, counselor, colleague, or mental health professional). • Contact the Human Resource Office. • Calling the Employee Assistance Program (24/7) 1-877-427-2327. • Calling 211 (Can help find resources and referrals in Idaho). • Calling or Texting 1-208-398-4357 (Idaho Suicide Prevention Hotline-available 24 hours a day staffed by people trained to assess suicide risk). • If a Veteran, calling the Veterans Crisis Line and Military Crisis Line (1-800-273-8255 Press 1).

1 B Helping a Coworker, Contract Employee, Intern, Volunteer, or Visitor Who May Be Suicidal

As employees, you spend a great deal of time at work and have day-to-day contact with your coworkers and all others who are in the workplace. You may observe changes in others behavior and may see them at critical times in their life. Coworkers are often the first to notice that a fellow employee or peer is experiencing a crisis, suicidal behavior and/or suicide ideation.

If an employee has reason to believe a coworker is in danger of suicide, take him/her seriously until it is determined that there is no danger.

When approaching a person who you think may be at imminent risk for suicide, speak to him/her directly and compassionately. Show you care. Depending on your relationship with him or her, you might say:

- You seem to be in great pain; I know where we can get some help.
- I'm frightened/concerned about you based on (state what you saw or heard).
- Are you considering harming yourself? Are you thinking about suicide?
- Do you have access to weapons or things that can be used as weapons to harm yourself?
- What can I do for you; I want to get you the help you need.
- I want to help.
- You are not alone!

<p><i>Take immediate and prompt action if the person is (for example):</i></p> <ul style="list-style-type: none"> • Expressing a desire to harm him/herself. • Talking or writing about death or suicide. • Looking for ways to commit suicide. • Seeing no reason to live. • Feeling hopeless. • Displaying unusual anger, anxiety or agitation. • Complaining about not sleeping or sleeping all the time. 	<p><i>Seek immediate help:</i> (if calling from a state-owned landline phone, always dial "9" for an outside line)</p> <ul style="list-style-type: none"> • Stay calm and stay with the person (or make sure the person is in a private, secure place with another caring person) until you can find help. • If it can be done safely, remove any objects that could be used in a suicide attempt. • Call 911 (if coworker or other person has the means at hand to do self-harm or is out of control). • Immediately report threat of self-harm, whether written or oral and from any source, to your supervisor. • Supervisors shall immediately report such incidents to the Program Executive or Home Administrator, and to the Human Resource Office. • The Program Executive and/or Human Resource staff will then determine the best course of action to include: • Assisting the employee/person with calling 1-208-398-4357 (Idaho Suicide Prevention Hotline- available 24 hours a day staffed by people trained to assess suicide risk). • The Idaho Suicide Prevention Hotline Professional will then advise and provide guidance. • Should the employee/person deny assistance with calling the Hotline, and instead choose to leave or attempt self-harm, call 911. Explain the situation, requesting for an officer to make a wellness check. Be prepared to furnish the person's full name, location and the person's contact number, if possible. • Provide employee (for state employees only) with the information related to the Employee Assistance Program information - (24/7) 1-877-427-2327. • The Program Executive shall report the incident to the Deputy Administrator and Division Administrator.
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If you are concerned about the recent alarming behavior changes listed in the left box below, it is appropriate to have a private conversation with him/her. Again, depending on your relationship with this person, you might say:

- There seems to be something weighing you down; I'm willing to talk about it with you.
- You haven't been yourself lately; do you want to talk about it?
- I'm worried; you seem anxious/desperate/detached recently.
- Is there anything wrong that talking with a professional might help?

<p><i>If you observe that a coworker/person may be (for example):</i></p> <ul style="list-style-type: none"> • Feeling hopeless. • Acting recklessly or taking risks. • Having dramatic mood changes. • Withdrawing from family, friends, and others. • Expressing rage or uncontrolled anger. • Stating he/she feels like a burden to others or feels trapped. • Displaying unusual anxiety or agitation. • Complaining about not sleeping or sleeping all the time. 	<p><i>Encourage the coworker/person to:</i> (if calling from a state-owned landline phone, always dial "9" for an outside line)</p> <ul style="list-style-type: none"> • Confide in a professional person of trust (i.e., doctor, clergy, counselor, or mental health professional). • Contact the Human Resource Office. • Call the Employee Assistance Program (24/7) 1-877-427-2327 (benefit for state employees only). • Call 211 (provides assistance in finding resources and referrals in Idaho). • Call or Text 1-208-398-4357 (Idaho Suicide Prevention Hotline- available 24 hours a day staffed by people trained to assess suicide risk). <p><i>Notify your supervisor:</i></p> <ul style="list-style-type: none"> • Report all reasonable concerns to your supervisor. • Supervisors shall report such incidents to the Program Executive or Home Administrator, and to the Human Resource Office.
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1 C Helping a Resident of the Veterans Homes Who May Attempt Suicide

Suicide in long-term care patients is most often associated with depression. The level of depression that a long-term care patient can experience ranges from minor depression to major depression. Depression can also develop in patients who were previously happy individuals due to the changes associated with going into a nursing home setting, changes in medical conditions, or other environmental changes. Although all residents are properly assessed upon admission, monitored and regularly reassessed per regulations thereafter, and care plans are developed for at-risk-patients, it is essential for employees to recognize the signs of depression and immediately report any change in condition to the appropriate personnel per the nursing procedure manual.

If an employee has reason to believe a resident is in danger of suicide, take him/her seriously until it is determined that there is no danger.

When approaching a resident who you think may be at imminent risk for suicide, speak to him/her directly and compassionately. Show you care. You might say:

- You seem to be in great pain; I know where we can get some help.

- I'm frightened/concerned about you based on (state what you saw or heard).
- Are you considering harming yourself? Are you thinking about suicide?
- What can I do for you; I want to get you the help you need.
- I want to help.
- You are not alone!

<p><i>Take immediate and prompt action if the resident is (for example):</i></p> <ul style="list-style-type: none"> • Expressing a desire to harm him/herself. • Talking or writing about death or suicide. • Looking for ways to commit suicide. 	<p><i>Seek immediate help:</i> (if calling from a state-owned landline phone, always dial "9" for an outside line)</p> <ul style="list-style-type: none"> • Stay calm and stay with the resident until help arrives. • Pull the call-light for assistance. • If it can be done safely, remove any objects that could be used in a suicide attempt. • If the resident is in imminent danger, shout for assistance. • Call 911 (if the resident has the means at hand to do self-harm or is out of control and you are unable to calm the resident down to transfer safely to the emergency room). • Transfer the resident to the emergency room for proper evaluation if the resident was never in any imminent danger for self-harm and it can be done safely. • Abide by the Nursing Procedures for such incidents. • Immediately report threats/attempts of self-harm to the unit RN Manager, Director of Nursing, and the designated Social Worker. • The Director of Nursing shall report such matters to Home Administrator. • The Home Administrator shall report the incident to the Bureau of Facility Standards per state regulations (Informational Letter 2014-4 Resident Abuse Reporting) and to the Deputy Administrator and Division Administrator.
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1 D Helping a Veteran Client or Veterans Family Member In-Person or Via Telephone Who May Be Suicidal

According to the U.S. Department of Veterans Affairs, some studies have found that combat trauma is related to suicide. In this research, combat trauma survivors who were wounded more than once or put in the hospital for a wound had the highest suicide risk. This suggests suicide risk in Veterans may be affected by how intense and how often the combat trauma was. Suicide risk may be higher in trauma survivors because of the symptoms of post-traumatic stress (PTSD) or it may be due to other problems, like depression.

Research suggests that for Veterans with PTSD, the strongest link to both suicide attempts and thinking about suicide is guilt related to combat. Many Veterans have very disturbing thoughts and

extreme guilt about actions taken during times of war. These thoughts can often overwhelm the Veteran and make it hard for him or her to deal with the intense feelings.

Veterans and Veteran family members may also enter into a state of depression and have suicidal thoughts following changes in life and financial status, such as receiving an unfavorable decision towards their Veterans Benefit Claim or the loss of a loved one.

If an employee has reason to believe a Veteran is in danger of suicide, take him/her seriously until it is determined that there is no danger.

When speaking to a Veteran/family who you think may be at imminent risk for suicide, speak to him/her directly and compassionately. Show you care. Depending on your relationship with him or her, you might say:

- You seem to be in great pain; I know where we can get some help.
- I'm frightened/concerned about you based on (state what you saw or heard).
- Are you considering harming yourself? Are you thinking about suicide?
- Do you have access to weapons or things that can be used as weapons to harm yourself?
- What can I do for you; I want to get you the help you need.
- I want to help.
- You are not alone!

<p><i>Take immediate and prompt action if the Veteran/family is (for example):</i></p> <ul style="list-style-type: none"> • Expressing a desire to harm him/herself. • Talking or writing about death or suicide. • Looking for ways to commit suicide. • Seeing no reason to live. 	<p>Seek immediate help: (if calling from a state-owned landline phone, always dial "9" for an outside line)</p> <p><i>In-Person:</i></p> <ul style="list-style-type: none"> • Stay calm and stay with the person (or make sure the person is in a private, secure place with another caring person) until you can find help. • If it can be done safely, remove any objects that could be used in a suicide attempt. • Call 911 (if Veteran or other person has the means at hand to do self-harm or is out of control). • Immediately report threat of self-harm, whether written or oral and from any source, to the Veterans Service Officer or your supervisor. • Supervisors shall immediately report such incidents to the Program Executive or Deputy Administrator. • The Veterans Service Officer, Program Executive or Deputy Administrator, will then determine the best course of action to include: <ol style="list-style-type: none"> 1. Assisting the Veteran/family with calling the Veterans Crisis Line and Military Crisis Line (1-800-273-8255 Press 1). 2. Assisting the Veteran/family with calling 1-208-398-4357 (Idaho Suicide Prevention Hotline-available 24 hours a day staffed by people trained to assess suicide risk). • The Veterans Crisis Line or Idaho Suicide Prevention Hotline Professional will then advise
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	<p>and provide guidance.</p> <ul style="list-style-type: none"> • Should the Veterans/family deny assistance with calling the Crisis Line of Hotline, and instead choose to leave or attempt self-harm, call 911. Explain the situation, requesting for an officer to make a wellness check. Be prepared to furnish the person's full name, location and the person's contact number, if possible. • The Program Executive shall report the incident to the Deputy Administrator (if not previously involved) and Division Administrator.
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<p><i>Take immediate and prompt action if the Veteran/family is (for example):</i></p> <ul style="list-style-type: none"> • Expressing a desire to harm him/herself. • Talking or writing about death or suicide. • Looking for ways to commit suicide. • Seeing no reason to live. 	<p><i>Seek immediate help:</i> (if calling from a state-owned landline phone, always dial "9" for an outside line)</p> <p><i>Via Telephone:</i></p> <ul style="list-style-type: none"> • Stay calm and try to stay connected with the Veteran/family until you know help has arrived. • Try to get the attention of a coworker and have them call 911 (if Veteran or other person has the means at hand to do self-harm or is out of control). Be prepared to furnish the person's full name, location and the person's contact number, if possible. • Provide Veteran/family with the number for the Veterans Crisis Line and Military Crisis Line (1-800-273-8255 Press 1). • Provide Veteran/family with the number for Idaho Suicide Prevention Hotline-available 24 hours a day staffed by people trained to assess suicide risk). 1-208-398-4357. • Recommend that the Veterans make an appointment immediately with the VAMC. Each VA Medical Center has a Suicide Prevention Coordinator or team to offer Veterans the services they need. • If unable to find a coworker to help or if the Veterans/family disconnect, call 911. Explain the situation, requesting for an officer to make a wellness check. Be prepared to furnish the person's full name, location and the person's contact number, if possible. After calling 911, call the VA Crisis Hotline or VAMC Suicide Prevention Coordinator and report the event. • Immediately report incident to your Program Executive. • Program Executive shall report such incidents to the Deputy Administrator and Division Administrator.
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SECTION 2 – DO'S AND DON'TS OF SUICIDE PREVENTION

There are certain “do” and “don’t” behaviors that experts recommend using when either approaching someone who appears imminently suicidal or someone who may be considering suicide or is in a crisis. These “do”, and “don’t” actions include:

Do's	Don'ts
<ul style="list-style-type: none">• Take him/her seriously and offer your full attention.• Stay calm and in control of your own emotions, fears, or anger.• Listen, Listen, Listen.• Show compassion and concern.• Speak carefully and slowly.• Be direct.• Be positive and reassuring.• Remove the means of committing suicide (pills, knife, gun) ONLY if safe to do so.• Build hope.	<ul style="list-style-type: none">• Don't judge.• Don't offer advice.• Don't say you know how they feel.• Don't interrupt.• Don't agree to keep a secret.

SECTION 3 – SURVIVORS OF SUICIDE

For those who have lost a loved one or coworker to suicide getting back into a normal work routine can be a positive experience. Depending on the relationship with the deceased and the personality/vulnerability of the coworker, the person’s workspace may also be a constant reminder. Some coworkers may feel a sense of responsibility or question if they could have/should have been able to intervene. The Employee Assistance Program (EAP) is available for state employees to work out these emotional responses to suicide. If a suicide occurs in the workplace or you are affected by someone who committed/attempted suicide, addressing the grief that follows is important. Often people will feel confused about how they can find support for themselves or provide support to a person who is touched by suicide. If several staff members are affected, consider a debriefing guided by an EAP counselor or consider encouraging individuals to seek personal help through the EAP.

Call the Employee Assistance Program (24/7) **1-877-427-2327**.

SECTION 4 – EDUCATION AND OUTREACH

This policy and procedures will be distributed to all employees. Information on this policy and suicide awareness and intervention services will be part of the New Employee Orientation and included in the new employee orientation package.

All employees are expected to become familiar with this policy and procedures.