

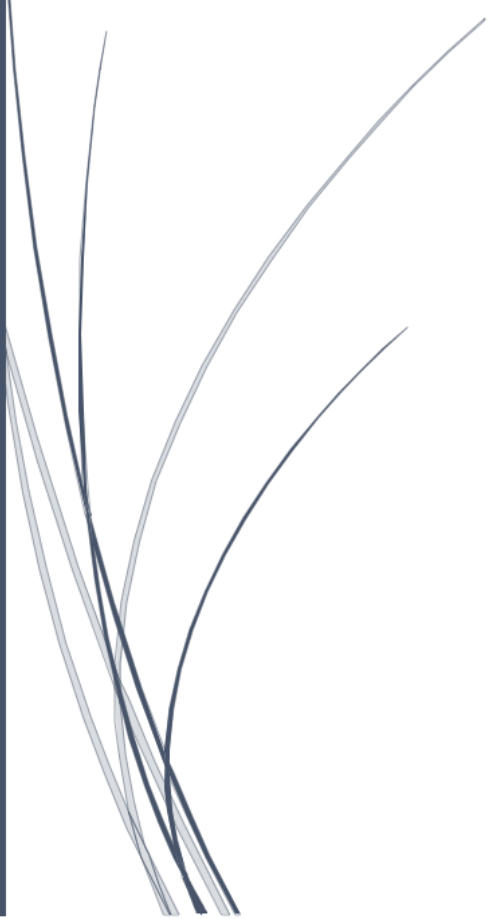


**CHENEY CARE COMMUNITY**  
SENIOR LIFESTYLE • SENIOR LIVING



# **Cheney Care Center & Assisted Living**

## Emergency Operations Plan



## ORGANIZATIONAL APPROVAL

This document is Cheney Care Center and Assisted Living's Emergency Operations Plan (EOP) and states our understanding of how we manage and conduct actions under emergency conditions. It will be reviewed and updated as necessary on an annual basis.

This EOP has been reviewed and approved by our organization's leadership.

**Approved By:**

**Signature**

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**Executive Director / Administrator**

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**Date**

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**Signature**

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**Director of Nursing**

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**Date**

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**Signature**

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**Maintenance Director**

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**Date**

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EMERGENCY OPERATIONS PLAN

Adopted 2025

Annual Review	Date: _____	Completed: _____
Annual Review	Date: _____	Completed: _____
Annual Review	Date: _____	Completed: _____
Annual Review	Date: _____	Completed: _____
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## Internal Facility Emergency Intercom Codes

<b>SILVER</b> <b>ACTIVE SHOOTER</b>
<b>RED</b> <b>FIRE</b>
<b>YELLOW</b> <b>LOCKDOWN</b>
<b>PURPLE</b> <b>SEVERE WEATHER</b>
<b>WHITE</b> <b>VIOLENT SITUATION</b>

## RAPID RESPONSE GUIDE

Follow these steps if you recognize a potential or actual emergency that may threaten or impact:

- The health and safety of occupants (including residents, staff, and visitors).
- The Care Center's ability to provide care, or
- The environment or property

STEP 1	Protect yourself and those in the immediate area from harm. If appropriate, call 9-1-1 for emergency response and sound the facility alarm and/or overhead code if appropriate.
STEP 2	Take a deep breath and assess the situation. Gather basic facts: <ul style="list-style-type: none"><li>● Type of incident, including specific hazard/agent,</li><li>● Location of Incident,</li><li>● Number and types of injuries, and</li><li>● What you have done so far.</li></ul>
STEP 3	Contact your immediate supervisor and report the incident and get further instructions.
STEP 4	Notify additional authorities if appropriate and indicated by protocols.
STEP 5	Follow facility policy for documenting actions and incident reporting.

## **ACTIVATION OF EOP**

Whenever an incident has the potential to impact the safety and well-being of residents, staff or visitors beyond regular day-to-day operations, the EOP will be activated by senior staff on duty, along with the appropriate response elements to effectively manage the emergency.

### **Leadership Roles**

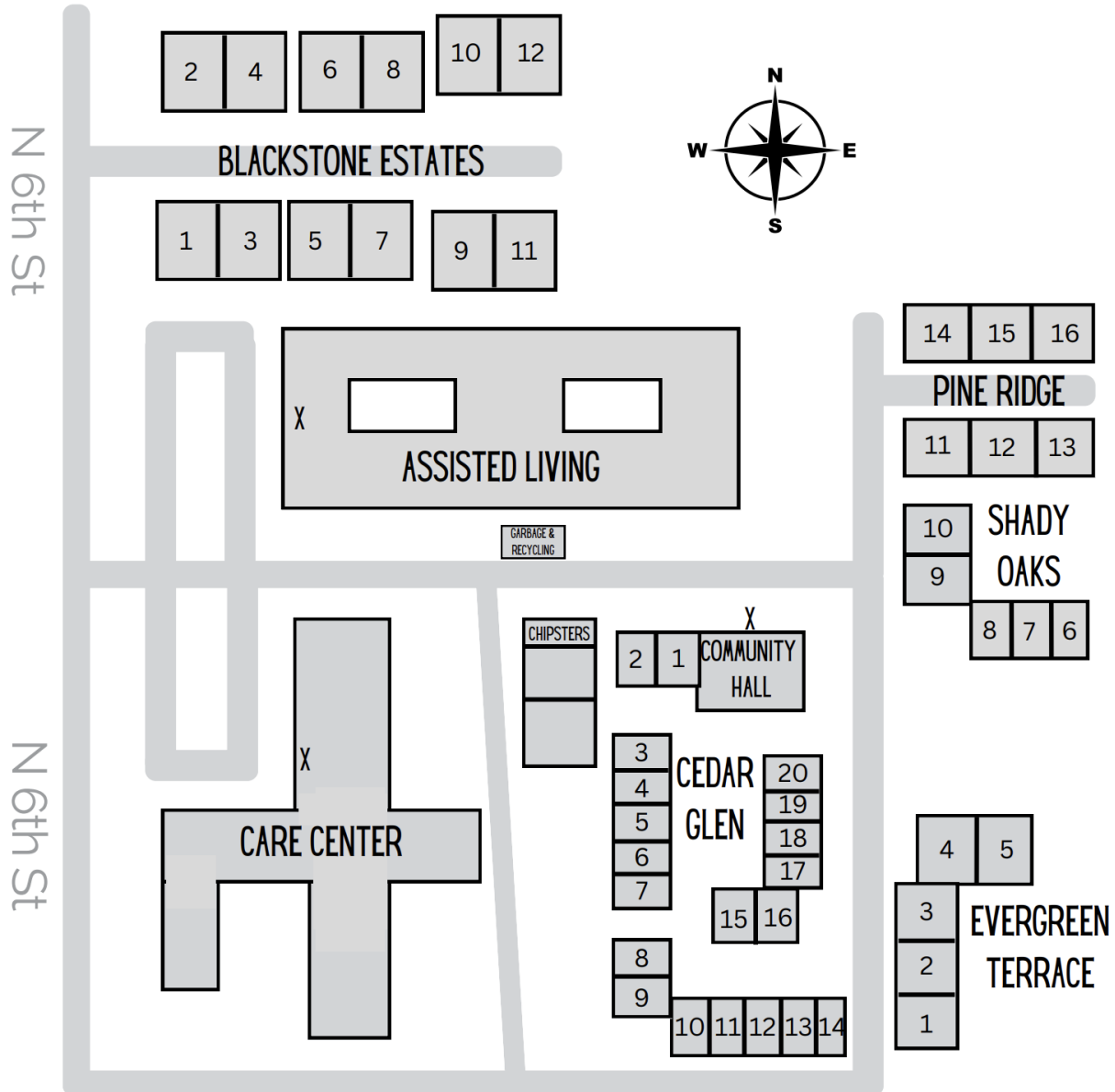
The facility's normal organizational structure should remain intact during an emergency in order to support on-going business operations, including resident care, etc. The facility's senior administrator, e.g., CEO or Administrator on Duty, serves as the Agency Executive and gives policy direction to the Incident Commander (IC) that is appointed to manage the facility's response to the emergency.

The IC position may be filled by the following individuals, in order of availability:

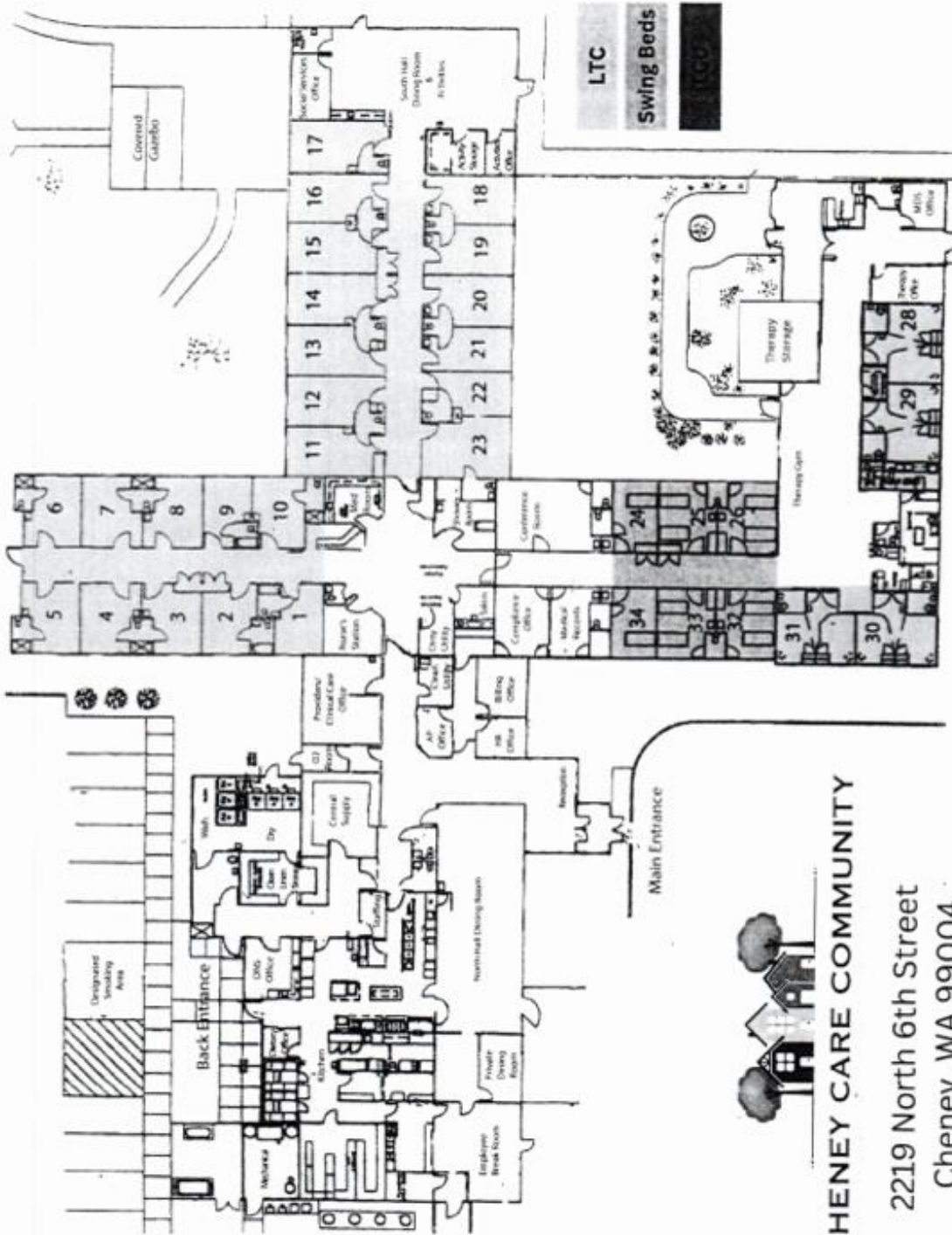
1. Maintenance Director
2. Administrator
3. Director of Nursing
4. Director of Dietary Services

The IC is responsible to evaluate or "size up" the situation and activate other roles in NHICS as needed to effectively manage the emergency.

# Cheney Care Community Campus



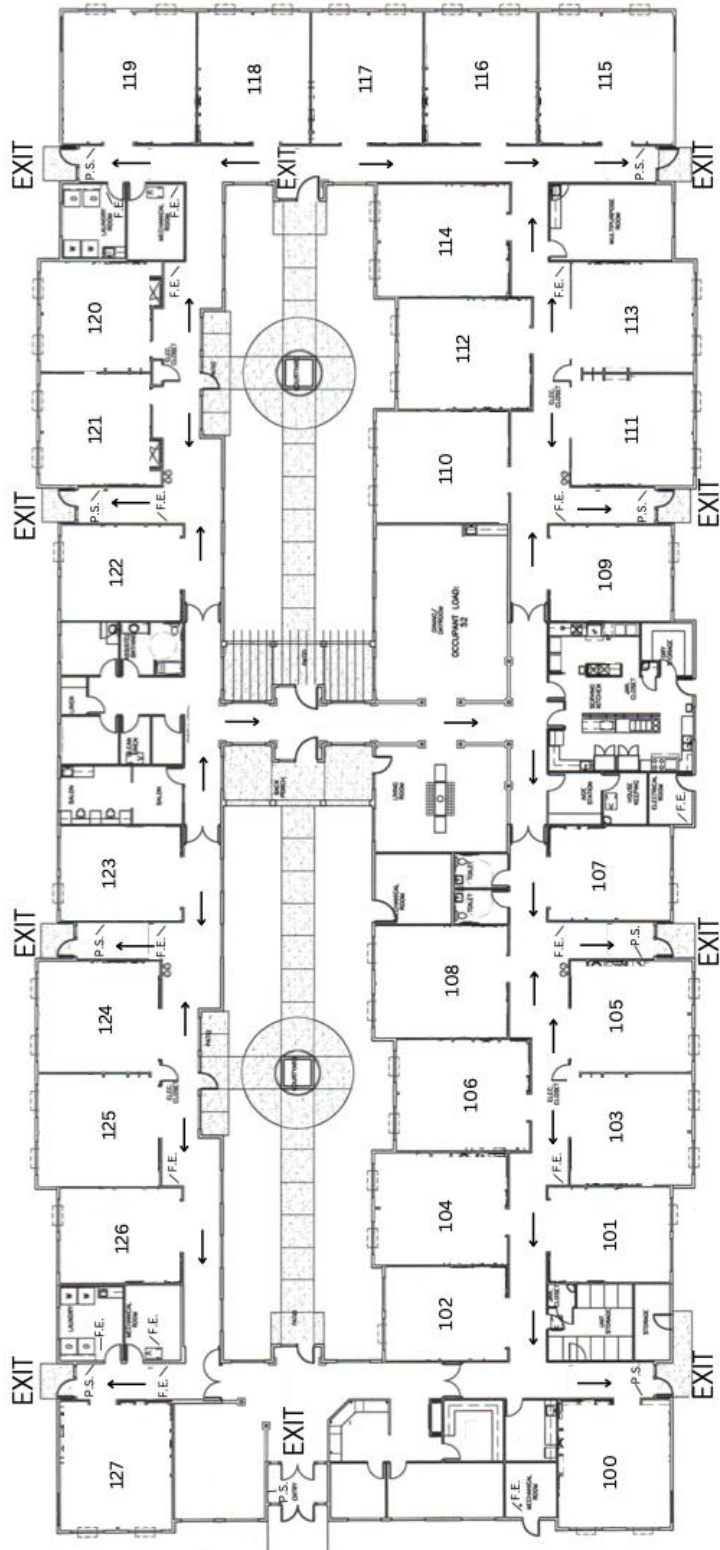
# Cheney Care Center



**CHENEY CARE COMMUNITY**

2219 North 6th Street  
Cheney, WA 99004

# Cheney Assisted Living



# **HAZARD VULNERABILITY WORKSHEET**



## CRISIS STANDARDS OF CARE

### Activation:

A disaster has occurred that overwhelms the skilled nursing facility. Resources are inadequate to provide a usual standard of care. Resources are not rapidly available and systematic adaptations must be made to provide the best care possible under the circumstances.

### Notifications:

Incident Commander will notify all facility partners of the situation in an attempt to obtain needed resources. This may include needed supplies, staff, or assistance with resident movement or evacuation to re- balance the standard of care in the area.

### Actions:

- Discharge of outpatients who can safely return to their homes.
- Discharge of short-stay in patients who can safely return to their homes.
  - Facilitate home-based care for patients in cooperation with home health and home care agencies.
- Transfer of patients to alternate facilities if available and deemed necessary for resident safety.
- Cancellation of incoming admissions and outpatient appointments if deemed necessary.
- Call-in of appropriate staff.
  - If necessary, reach out to support organizations such as the American Red Cross or other agencies.
- Designation of areas of the skilled nursing facility that can be converted into isolation or triage areas.
- Develop web-based modes of communication and education for staff about the current situation.
- Provision of staff support, including feeding working staff, family/pet support and access to supplies (if available).

### Process:

1. Incident Commander recognizes that systematic clinical changes will be required over days to allocate scarce resources to those most likely to benefit.
2. Incident Commander assembles a clinical care committee to consist of nursing staff, therapy staff, dietary staff, and administrator (committee may vary in some situations).
3. Clinical Care Committee reviews situation and determines:
  - i. Methods to meet patient needs.
  - ii. Additional changes in staff responsibilities
  - iii. Any actions that need to take place up to and including evacuation of residents if deemed necessary.
4. Assure that appropriate state declarations have been made.
5. Summarize Plan for care for the next operational period and determine meeting and review cycles for subsequent periods.
6. Information is disseminated to all necessary parties.



## USE OF VOLUNTEERS

### POLICY:

Cheney Care Center is committed to providing all of our stakeholders with the safest environment possible. To help meet this commitment, this skilled nursing facility (SNF) has established policies and procedures to address the use of volunteers and/or other emergency staffing strategies during emergencies and disasters.

### PROCEDURE:

#### Use of Volunteers during Emergencies

1. Cheney Care Center shall not engage volunteers for emergencies that have not been previously credentialed.
2. Volunteers may be utilized when acquisition of officially approved and credentialed volunteers are provided during emergencies and disasters by official organizations and agencies.
3. Cheney Care Center shall coordinate access to volunteer resources on an as-needed basis in times of emergency or disaster through their established relationships and communication channels with county healthcare coalitions and state-based volunteer registries.
4. In a highly emergent situation where the use of volunteers may be needed for non-patient care related tasks (sentry duty, clean-up and other supportive duties), (Insert facility name) shall only utilize volunteers that are known parties to the facility or organization.
  - a. At no time shall a person be allowed to volunteer in any capacity if they are not a known party to the facility.

## 1135 Waiver Request

### Purpose

When the President declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to take certain actions in addition to her regular authorities. For example, under section 1135 of the Social Security Act, she may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

### Procedure

1. Administrator or designee is responsible for sending requests for 1135 waiver.
2. For any impacted provider seeking a potential 1135 waiver you must contact the specific State Dept. of Health and should provide responses to the following basic questions:
  - a. Provider Name/Type
  - b. Full Address (including county/city/town/state) CCN (Medicare provider number)
  - c. Contact person and his or her contact information for follow-up questions should the Region need additional clarification
  - d. Brief summary of why the waiver is needed. For example: CAH is the sole community provider without reasonable transfer options at this point during the specified emergent event (e.g. flooding, tornado, fires, or flu outbreak). CAH needs a waiver to exceed its bed limit by X number of beds for Y days/weeks (be specific).
  - e. Consideration – Type of relief you are seeking or regulatory requirements or regulatory reference that the requestor is seeking to be waived.
3. The request must be sent to [ROSFOSO@cms.hhs.gov](mailto:ROSFOSO@cms.hhs.gov) (The CMS Regional Office for Western Consortium).

**There is no specific form or format that is required to submit the information but it is helpful to clearly state the scope of the issue and the impact.**

If a waiver is requested, the information should come directly from the impacted provider to the appropriate Regional Office mailbox with a copy to the appropriate State Agency for Health Care Administration to make sure the waiver request does not conflict with any State requirements and all concerns are addressed timely.

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## Internal Facility Emergency Intercom Codes

<b>SILVER</b> <b>ACTIVE SHOOTER</b>
<b>RED</b> <b>FIRE</b>
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## COMMUNICATION PLAN AND RESOURCES

**Purpose:**

To provide a 24-hour, 7 days per week communication network with internal and external components as well as mechanisms for alternate communications as back up in the event of disaster.

**Components:**

Contact information for the following:

- A. Staff
- B. Residents
- C. Entities providing services under agreement
- D. Residents' Physicians
- E. Other Facilities
- F. Volunteers
- G. Local Authorities
- H. Transfer Entities
- I. Transportation Entities
- J. Federal, State, Regional, and Local Emergency Preparedness Officials
- K. The State Licensing and Certification Agency
- L. The Office of the Long-term Care Ombudsman
- M. Other sources of assistance

- Primary and Alternate means for communicating with facility staff, federal, state, regional and local emergency management agencies.
- Inventory of communications equipment and locations.
- Method for sharing information and medical documentation for residents under the facilities with other health providers.
- Means of providing information about the facility's needs, ability to provide assistance, to the authority having jurisdiction, the incident command center, or designee.
- Means of providing information about occupancy.
- Method for sharing information from the emergency plan.

**Procedure:**

1. Once an incident is recognized that may require the activation of the emergency operations plan, the person who first recognizes the incident will immediately notify their supervisor or senior manager on site.
2. Refer to Rapid Response Guide

## Contacts and Resources

### Facility Profile

The Facility profile is to be used as a reference when communicating with emergency officials and other facility contacts.

Facility Name	Cheney Care Center
Facility Address	2219 N 6th Street, Cheney WA 99004
Facility Location (Cross streets, landmarks, longitude and latitude coordinates)	Latitude: 45.501272 Longitude: -117.570435 Located North of Cheney High School
Facility Telephone #	509-235-6196
Facility Fax #	509-235-2044 (Primary) 509-210-4340 (Alternate)
Facility Web Address	www.cheneycare.com
Facility Email	john.gannon@cheneycare.com
Administrator/Phone #	John Gannon 509-255-3550
Incident Command /Phone #	TBD at the time of incident.
Maintenance Director/Phone #	Zach Thieffault 509-631-2175
Insurance Agent/Phone #	Shiple & Pease-Guide 1 Insurance Robert Graham 360-913-3523
Attorney/Phone #	Stamper Rubens 509-326-4800
Year Facility Built	September, 1979
Fire Alarm System/Contact #	Western States 509-922-8890
# of licensed beds/Average Census	54 licensed beds/ Average Census: 48
Emergency Power Generator	Red Plug-ins are connected to the Emergency Power Generator in CCC & CAL.
Type Emergency Power Generator Fuel	Piped in natural gas with a liquid propane reservoir.
Like-Facility #1 for Resident Evacuation/Phone#	Royal Park 509-489-2273
Like-Facility #2 for Resident Evacuation/Phone#	Refer to LeadingAge WA Resident Relocation Agreements.

## Contacts

Table 1: Internal Needs  
Administrative and Support Staff

<b>Title/Department</b>	<b>Name</b>	<b>Phone</b>
<b>Administrator</b>	<b>John Gannon</b>	<b>509-255-3550</b>
<b>Medical Director</b>	<b>Vanessa Julsen</b>	<b>509-847-8334</b>
<b>Director of Nursing</b>	<b>Nicole Nichols</b>	<b>219-213-6672</b>
<b>Resident Care Manager</b>	<b>Kai Varela</b>	<b>509-253-9452</b>
<b>MDS Coordinator</b>	<b>Michelle Thrapp</b>	<b>406-207-6853</b>
<b>Bookkeeping (Accounts Payable)</b>	<b>Jennifer Rich</b>	<b>509-235-6196</b>
<b>Bookkeeping (Payroll)</b>	<b>Colleen Harbick</b>	<b>509-253-9370</b>
<b>Bookkeeping (Accounts Rec/Billing)</b>	<b>Lori Sage</b>	<b>509-235-6196</b>
<b>Central Supply</b>	<b>Ana Gutierrez</b>	<b>509-235-6196</b>
<b>Housekeeping/Laundry</b>	<b>Ana Gutierrez</b>	<b>509-235-6196</b>
<b>Dietary Supervisor</b>	<b>Jamie Calder</b>	<b>509-253-9448</b>
<b>Maintenance Director</b>	<b>Zach Thiefault</b>	<b>509-631-2175</b>
<b>Medical Records Director</b>	<b>Rebecca Riddle</b>	<b>509-253-9382</b>
<b>Therapy Director</b>	<b>Linda Norman</b>	<b>509-253-9438</b>
<b>Social Services Director</b>	<b>Kris Bahr</b>	<b>509-435-1154</b>
<b>Transportation Director</b>	<b>Misty Oliver</b>	<b>509-414-1855</b>
<b>Activities Director CCC</b>	<b>Jahnora Lujan</b>	<b>219-219-4005</b>
<b>Human Resources Director</b>	<b>Nicole Meyer</b>	<b>509-712-7708</b>
<b>Admissions/Marketing</b>	<b>Sadie Dustin</b>	<b>509-919-1323</b>
<b>Sessions Village</b>	<b>Cheyenne Millhouse</b>	<b>509-253-9655</b>
<b>Sessions Village Activities</b>	<b>Cheyenne Millhouse</b>	<b>509-253-9655</b>
<b>Cheney Assisted Living Director</b>	<b>Carol Gusch</b>	<b>509-235-6196</b>
<b>Cheney Assisted Living Activities</b>	<b>Dawn Chamberlain</b>	<b>509-253-9808</b>

**Table 2 External Contacts**

Type	Telephone # / Email
<b>EMERGENCY</b>	
Police and Fire	911
Fire NON-Emergent	509-535-9233
Washington State Dept. of Health	1-800-525-0127
Patient Abuse Hotline	1-866-363-4276
Long Term Care Ombudsman	509-456-7133
Red Cross	509-326-3330
ESRD Network	General 206-923-0741 For Patients 800-262-1514
Ambulance Company: AMR	509-323-8888, 509-323-8825
Weather Bureau	509-244-6395
Cheney Power	509-498-9230
Avista (Gas)	1-800-227-9187
CenturyLink	509-235-3155
Cheney Water/Sewer	509-498-9209
Fire Alarm System	Western States Fire Protection 509-922-8890
Fire Protection – Sprinkler System	Western States Fire Protection 509-922-8890
Emergency Water Supply	509-498-9293

<b>Health Care Employment Agencies</b>	
Omni Staffing	509-855-5497

EMERGENCY OPERATIONS PLAN

<b>Oxygen and Equipment</b>	
Interactive Medical Services (IMS)	714-894-5029, 509-926-4069
Direct Supply	1-800-475-5441
McKesson	509-992-1888
Medline	1-800-633-5463

<b>Clinics/ Labs/ Hospitals</b>	
Cheney Rockwood	509-235-6151
Rockwood Main	509-838-2531
Pathology and Associates	509-487-0684
Eastern State Hospital	509-565-4000
Veterans Administration	509-434-7000, hotline 1-800-827-1000
Sacred Heart Hospital	509-474-3131
Deaconess Hospital	509-603-5800
Holy Family Hospital	509-482-0111
Valley Hospital	509-924-6650
St Luke's Rehabilitation	509-473-6869

<b>Pharmacies</b>	
Owl Drug and Pharmacy	509-235-8441
Consonus	866-698-5120, 1-800-891-7575

EMERGENCY OPERATIONS PLAN

<b>Dentist</b>	
Sound Dental Care	206-339-3961

<b>Hearing Aids</b>	
Columbia Basin Hearing Center	509-736-4005

<b>Mental Health Consultant</b>	
Frontier Behavioral Health	509-838-4651
Frontier Behavioral Health, Help Line	988

<b>OPHTHAMOLOGIST</b>	
Spokane Eye Clinic	

<b>THERAPY SERVICES</b>	
Consonus	Linda Norman, 509-253-9438
APEX Therapy	509-559-5038

<b>Transportation</b>	
Special Mobility Ambulance (MCD recipients)	509-534-9760
Spokane Transit Authority (STA)	509-328-7433
Quality Wheelchair Transport Cab	509-535-2475
Paratransit	509-328-1552

<b>DSHS</b>	
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## EMERGENCY OPERATIONS PLAN

Elderly Services	509-458-7540
Residential Care Services	509-651-6850

<b>Funeral Homes</b>	
Ball and Dodd	509-624-4234
Danekas-Ritzville	509-659-0303
Hennessey-Smith	509-328-2600
Riplinger	509-483-8558
Heritage Funeral Home	509-838-8900
Cheney Funeral Chapel	509-235-2992
Hazen and Jaeger	509-327-6666
Kimball Funeral Home-Pullman	509-334-3303
Schanzenbach-Rosalia	509-523-2371

### **Resident Physicians**

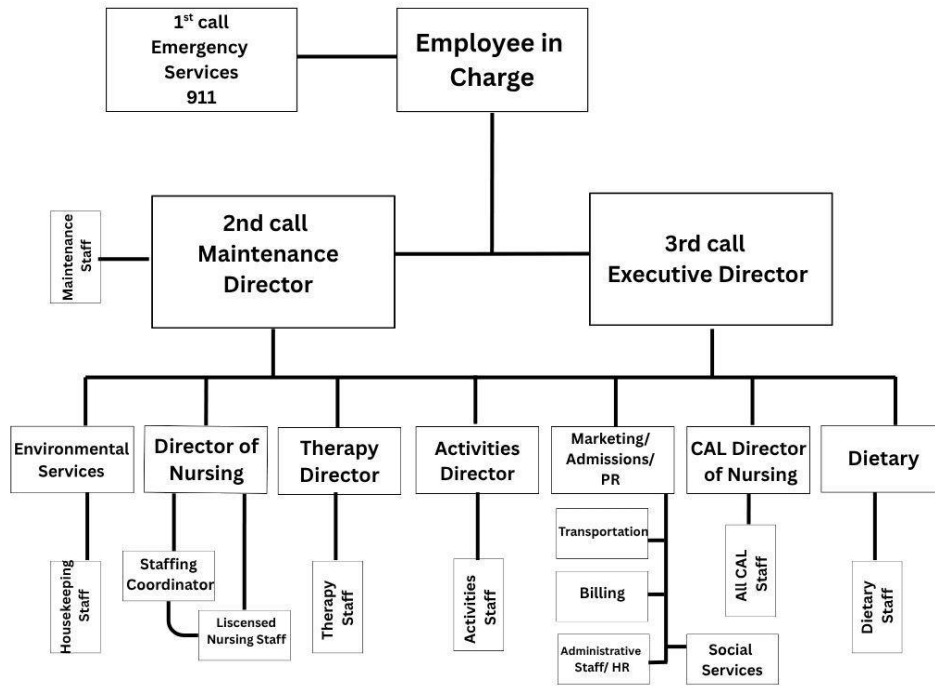
Resident Physician Contacts are located at the front of their paper charts on the demographics page.

## Incident Command Roster Form

<b>Incident Command Position</b>	<b>Title of Facility Position</b>
Incident Commander	Maintenance Director
Communication Internal	Administrator
Public facing Communications	Marketing/ Admissions
Liaison Officer	Director of Nursing Or Admissions
Safety and Security Officer	Maintenance
Logistics	
Supplies and Resources	Environmental Director
Medical/Clinical Lead	Director of Nursing
Staff/Employee Lead	Staffing Coordinator
Continuity of Operations Lead	Administrator
Finance Lead	Bookkeeping

\*If Facility Position listed is not available, they can designate a qualified person to fill that role. Administrator makes the ultimate decision at the time of incident who fills each role.

# Emergency Organizational Call Chart



## Internal Communication

To ensure that personnel are adequately informed throughout the course of emergency response activities, Cheney Care Center will provide updates and general information to staff through regularly scheduled briefings. This flow of information regarding the incident will continue throughout the emergency until the all-clear signal is given.

### Internal Communication Methods

Primary	Alternate
Landline Phone	Hand-Held Radios
Phone to Phone Paging System	
Cell Phones	

### Staff Call Protocol

Cheney Care Center maintains a contact list for all staff in our emergency broadcast system. This list is updated monthly by removing all terminations for the month, and adding new hires.

During an emergency, staffing coordinator or designee is responsible for contacting staff to report for duty.

### Cheney Care Center Internal Contact List

Contact list for management and other essential personnel is located in Table 1 in the Contacts and Resources Section. This list is updated yearly, and when changes occur.

## External Communication

Cheney Care Centers' facility liaison, administrator, or designee will provide updates to external organizations when necessary.

### External Communication Methods

Primary	Alternate
Landline Phone	Cell Phones
Cell Phones	

### Cheney Care Center External Contact List

The contact list for all external contacts including state, local, regional and federal emergency authorities as well as contact information for other facility partners can be found in Table 2.

## Communication with Residents and Families

In the event of an emergency the Administrator or designee will notify residents and their families or power of attorneys of the situation.

A list of telephone numbers of residents and associated resident contacts is located in Point Click Care.

In the event that the internet is inaccessible resident and family contact information can be found on the face sheets inside the resident paper charts, located in the nurse's station.

### Communication Methods

Primary	Alternate
Landline Phone	Cell Phones
Cell Phones	

## Preparation Activities

### Communication with Residents and Families

#### Procedure:

- Upon Admission of each new resident Cheney Care Center will obtain contact information to be used in the event of an emergency.
- Every resident will receive information regarding the facilities Emergency Operations Plan and be given the option to receive a copy of the plan upon request.
- Cheney Care Center will continue to collaborate with other healthcare facilities and community service organizations for patient tracking, first aide, and when necessary.
- To ensure communication with patients and their families is consistent and timely during an emergency, Cheney Care Center has established and will continue to develop family contact lists for residents and working relationships with local, state, and federal partners to ensure resident safety, physical and psychological needs are met during a disaster.

## Response Activities

### Communication with Residents and Families

The facility has pre-designated points for families to meet during an emergency where they will be given updates during the event on the patients and how the incident is being mitigated. At the time of the incident, families will be directed to this location upon arrival at the facility. These locations are subject to change and will be determined based on the unknown nature of the incident.

Residents and families will be provided this information upon admission as a part of the Admission Packet.

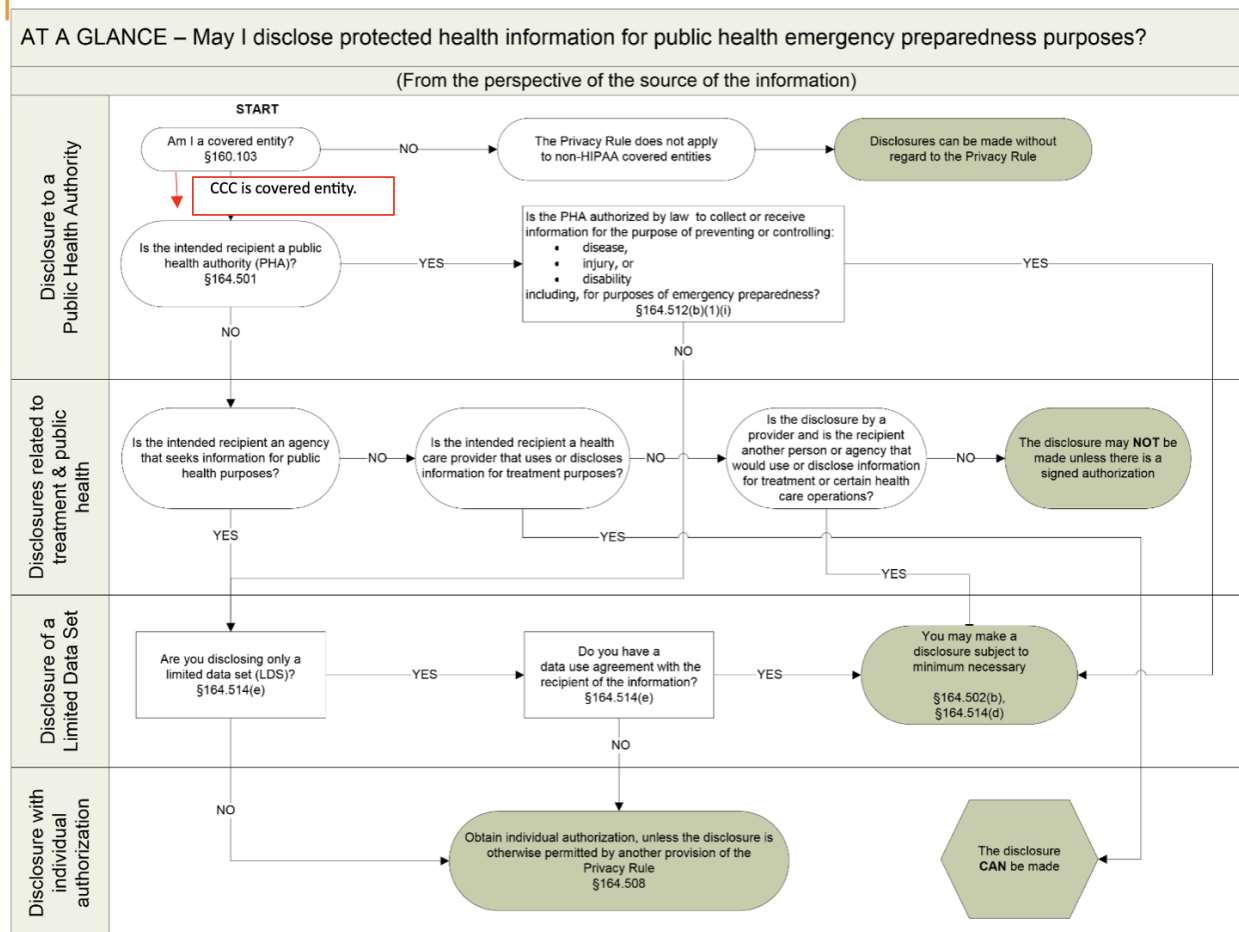
# Communication about Residents to Third Parties

## Protected Resident Information

Cheney Care Center has established policies with regards to communication about residents to third parties, please refer to Cheney Care Centers' HIPAA Policy.

Staff may also refer to Figure 1 if they are unsure whether or not to disclose protected health information for emergency preparedness purposes.

Figure 1



## **Communication with Vendors of Essential Supplies, Services and Equipment**

Cheney Care Center has developed a list of vendors, contractors, and consultants that can provide specific services before, during and after an emergency event. The Maintenance Director is responsible for maintaining the list. This list will be updated periodically as changes are necessary but no less than annually. The list includes the name of the vendor and the supplies, services, or equipment provided to the skilled nursing facility, a phone number and alternate contact information when applicable.

## **Communication with Other Healthcare Organizations**

The Director of Nursing or designee will be responsible for providing key information to other healthcare organizations. Key information to be shared with other healthcare organizations in the community during disaster includes.

- Point of contact for the facility, to be designated by the Administrator.
- Resources and assets that can be shared
- Process for the dissemination of the names of patients and the deceased for tracking purposes

## **Public Information**

The Administrator or designee will have the responsibility for coordinating media and public information. All media inquiries should be directed to the Administrator. No other staff member should interact directly with the media unless they have approval from the Administrator.

### **Coordination of Public Information with Response Partners**

If several agencies are involved in response, the Administrator or designee will coordinate with them to form a unified message. The information that will go out to the community will come from the Administrator or designee as a single consistent and unified message from all of the affected parties.

## **Use of Plain Text by Staff in Emergencies**

To launch an effective response to an emergency event, it is critical that communications between responding agencies and personnel are clear and understandable. To ensure communication is understood in an emergency, staff will use plain text and avoid the use of acronyms, radio ten codes, and other terminology that may lead to confusion in the midst of emergency response activities.

## Section 3:

# Evacuation & Shelter Procedures

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# Shelter in Place VS. Evacuation Decision Tree

## Sheltering, Relocation, and Evacuation Decision Tree

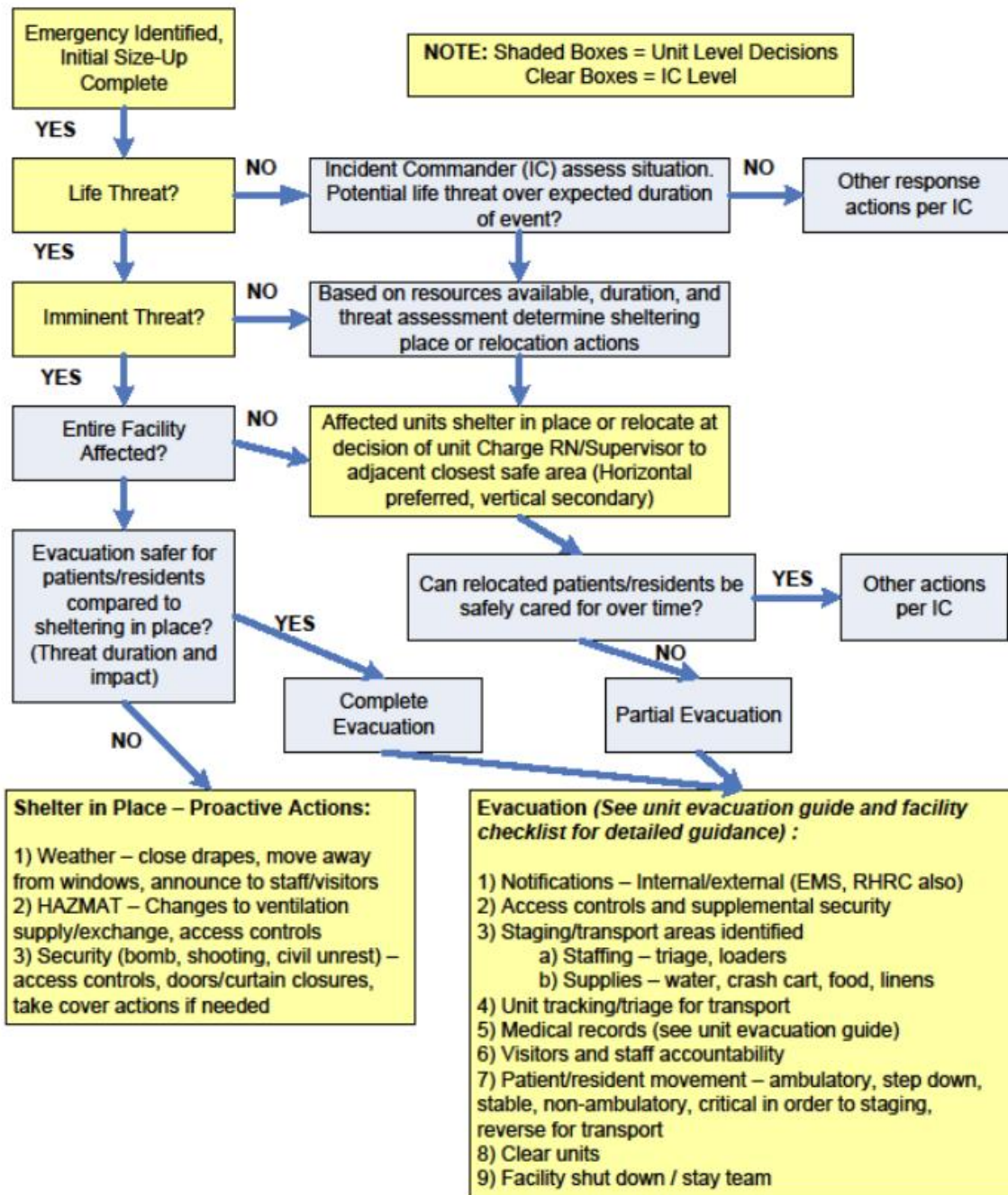


Image: Evacuation Plan.(2012.)  
<https://files.asprtracie.hhs.gov/documents/redactedevacuationplan.pdf>

## SHELTER IN PLACE

### Purpose

To utilize a protective action strategy taken to maintain resident care within the facility and to limit the movement of residents, staff and visitors to protect people and property from a hazard.

### Procedure

1. Identify safe and unsafe areas of the facility relative to the threat.
2. Move residents from unsafe areas to safe areas; including necessary personal items and medications.
3. **Dialysis** residents should have priority for evacuation if long-term disaster is forecasted to prevent delay of treatment.
4. Plan for the availability of food, water and other essential disaster supplies for residents and staff during the time period anticipated for shelter in place. In addition to non-perishable food and water and critical medications, consider battery powered radios, first aid supplies, extra blankets, flashlights, batteries, duct tape, plastic garbage bags and eating utensils.
5. Comfort and assess residents for signs of distress.
6. Continually reassess the safety of sheltering in place and prepare to activate the facility evacuation plan if at any time the risk of sheltering in place is greater than the risk to evacuate.

## EVACUATION PHASES

### PHASE I

1. The evacuation of an individual room or area to other rooms within the building
2. Example: Small trash fire.

### PHASE II

1. The evacuation of an entire wing or wings of the building.
2. In this case there must be a set of corridor fire doors between the fire wing(s) and safety wing(s).
3. Whenever possible, evacuated residents and visitors should be moved to the Rehab Gym so as to allow easy access to the street along the sidewalk, should a Phase III evacuation be required.

### PHASE III

1. The evacuation of all persons from the entire building.
2. All personnel should assemble on the grass walk area (South West Lawn) in front of the building.
3. All personnel should be evacuated by the safest route available. This would include the use of windows in resident's rooms if the door exit is unsafe.
4. If persons are evacuated from the kitchen area or the East hall, they should be moved to the front of the building by going around the back to the west side of the building.
5. If personnel must use the asphalt driveway on the North end of the building, care should be taken to avoid Fire Department operations.
6. The charge nurse or designee should take a count of all residents and all staff to be sure everyone is accounted for.
7. In the event of a Phase III Evacuation where residents will be moved off of the campus to one of the Evacuation relocation sites the

**“Resident Evacuation Tracking Form” and checklist should be completed. The charge nurse or designee is responsible for completing the forms.**

**Location of forms:** \_\_\_\_\_

# Resource Agreements for Evacuation Transport & Relocation Facilities

**Ambulance**

Name of Company: **American Medical Response** Company Address: 915 W Sharp, Spokane WA 99201 Company Phone Number: 509-323-8848  
Contact Person Phone: Patrick Ramsey 509-290-9052

**Relocation Facility 1**

Name of Setting/Shelter: **St. Rose of Lima Catholic Church** Facility Address: 460 N. 5th Street, Cheney, WA 99004 Facility Phone Number: 509-235-6299

**Relocation Facility 2**

Name of Setting/Shelter: **Cheney High School/ Big Gym** Facility Address: 12414 S. Andrus Rd, Cheney WA 99004 Facility Phone Number: 509-559-4948  
Contact Person/Phone: Jeff McClure 509-342-0748

**Relocation Facility 3 – Outside the Local Area**

Name of Setting/Shelter: **Royal Park Health and Rehab** Facility Address: 7411 North Nevada, Spokane WA 99208 Facility Phone Number: 509-489-2273

# RESIDENT EVACUATION TRACKING FORM

NOTE: After completion of form, please make THREE copies: ONE for the sending facility, ONE for EMS, and ONE for the receiving facility.

Sending Facility: \_\_\_\_\_

Receiving Facility: \_\_\_\_\_

Patient Name: (PRINT) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:      Male    Female

Transferring Facility Medical Record Number: \_\_\_\_\_

Triage tag number (if used): \_\_\_\_\_

Method of Transport: Ambulatory Wheelchair Basic Life Support Advanced Life Support

Emergency Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

Notified of Transfer:      YES    NO

Attending Physician: \_\_\_\_\_ Notified of Transfer:      YES    NO


Date transferred: \_\_\_\_\_ Time of departure: \_\_\_\_\_

Time of arrival at receiving facility: \_\_\_\_\_

Equipment owned by sending facility accompanying patient during transport:

\_\_\_\_\_

# EMERGENCY OPERATIONS PLAN

<b>1. FACILITY NAME:</b>		<b>2. DATE:</b>	
<b>3. UNIT:</b>			
<b>4. RESIDENT NAME:</b>		<b>5. AGE:</b>	
<b>6. MEDICAL RECORD #:</b>		<b>7. SIGNIFICANT MEDICAL HISTORY:</b>	
<b>8. ATTENDING PHYSICIAN:</b>			
<b>9. FACILITY NOTIFIED:</b>	YES NO	<b>CONTACT INFORMATION:</b>	

10. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY):			
HOSPITAL BED GURNEY WHEELCHAIR AMBULATORY SPECIAL MATTRESS	IV PUMPS OXYGEN VENTILATOR BLOOD GLUCOSE MONITOR RESPIRATORY EQUIPMENT	SERVICE ANIMAL G TUBE PUMP MONITOR OTHER OTHER	FOLEY CATHETER  OTHER OTHER OTHER
<b>ISOLATION:</b>	YES NO	<b>TYPE:</b>	

11. DEPARTMENT LOCATION				12. ARRIVING LOCATION			
<b>ROOM#:</b>		<b>TIME:</b>		<b>ROOM#:</b>		<b>TIME:</b>	
<b>MEDICAL RECORD SENT:</b>	YES NO			<b>MEDICAL RECORD RECEIVED:</b>	YES NO		
<b>FACE SHEET/TRANSFER TAG SENT:</b>	YES NO			<b>FACE SHEET/TRANSFER TAG RECEIVED:</b>	YES NO		
<b>BELONGINGS:</b>	WITH PATIENT LEFT IN ROOM NONE			<b>BELONGINGS RECEIVED:</b>	YES NO		
<b>VALUABLES:</b>	WITH PATIENT LEFT IN ROOM NONE			<b>VALUABLES RECEIVED:</b>	YES NO		
<b>MEDICATIONS:</b>	WITH PATIENT LEFT IN ROOM NONE			<b>MEDICATIONS RECEIVED:</b>	YES NO		

13. SPECIAL CONSIDERATIONS
----------------------------

# EMERGENCY OPERATIONS PLAN

<b>TIME TO STAGING AREA:</b>		<b>TIME DEPARTING TO RECEIVING FACILITY:</b>	
<b>DESTINATION:</b>		<b>ARRIVAL TIME:</b>	
<b>TRANSPORTATION:</b>	<b>AMBULANCE UNIT</b>	<b>HELICOPTER</b>	<b>BUS</b> <b>OTHER: _____</b>

## RESIDENT EVACUATION CHECKLIST

Cheney Care Center may use this checklist to determine what personal and medical items accompany residents during facility evacuation.

Check & Initial	IMPORTANT ITEMS
<input type="checkbox"/>	FACE SHEET WITH CURRENT EMERGENCY CONTACT INFORMATION
<input type="checkbox"/>	HISTORY AND PHYSICAL
<input type="checkbox"/>	MEDICATION AND TREATMENT ADMINISTRATION RECORD
<input type="checkbox"/>	ADVANCE DIRECTIVE/PREFERRED INTENSITY OF CARE
<input type="checkbox"/>	IF POSSIBLE, TRANSFER TRAUMA PLAN AND DISCHARGE NOTE
<input type="checkbox"/>	MEDICATIONS (72-HOURS)
<input type="checkbox"/>	ESSENTIAL MEDICAL SUPPLIES OF SPECIAL DIET REQUIRES (72-HOURS)
<input type="checkbox"/>	ESSENTIAL MEDICAL SUPPLIES & EQUIPMENT (E.G. TRACHEOTOMY, COLOSTOMY, O <sub>2</sub> , GLUCOSE MONITORING)
<input type="checkbox"/>	NUTRITIONAL SUPPLIES OF SPECIAL DIET REQUIRES (72-HOURS)
<input type="checkbox"/>	WHEELCHAIR/WALKER
<input type="checkbox"/>	DENTURES/EYE GLASSES/HEARING AIDS/PROSTHESIS
<input type="checkbox"/>	CHANGE(S) OF CLOTHING
<input type="checkbox"/>	ACTIVITY SUPPLIES OF CHOICE (RESIDENT'S PREFERENCE)
<input type="checkbox"/>	INCONTINENCE SUPPLIES (72-HOURS MINIMUM)
<input type="checkbox"/>	LARGE PLASTIC BAG LABELED WITH CLIENT'S NAME FOR ACCUMULATION OF LAUNDRY

## Transportation Plan

Transportation and Relocation Sites In the event of an emergency that warrants an evacuation Cheney Care Center will first utilize our internal transportation resources. Which consists of:

Internal Vehicles	Wheelchair	Capacity
CCC Bus 1	6	14
CCC Van	2	3

**Cheney Care Center:** With a full census of 54 residents, if all are wheelchair bound, it would take 7 trips with 2 drivers to evacuate all of our residents.

**Cheney Assisted Living:** With a full census of 34 residents, if all are wheelchair bound, it would take 5 trips with 2 drivers to evacuate all of our residents.

If the emergency situation warrants an evacuation in less than the time it would take for 7 trips, Cheney Care Center maintains an agreement with American Medical Response (AMR) to provide transportation. AMR contact information is included in the table below. AMR can also be dispatched to CCC by dialing 911.

Our facility also maintains agreements with at least 2 local evacuation sites in Cheney, and 1 outside of Cheney. Please refer to the “Agreements” section of the Emergency Operations Plan for copies of the agreements.

Please refer to the table below for location and contact information

RESOURCE AGREEMENTS FOR EVACUATION TRANSPORT & RELOCATION FACILITIES
<p><b>Ambulance</b>                      Name of Company: American Medical Response                      Company Address: 915 W Sharp, Spokane WA 99201                      Company Phone Number: 509-323-8825                      Contact Person Phone:</p>
<p><b>Relocation Facility 1</b>                      Name of Setting/Shelter: St. Rose of Lima Catholic Church                      Facility Address: 460 N. 5th Street, Cheney, WA 99004                      Facility Phone Number: 509-235-6299</p>
<p><b>Relocation Facility 2</b>                      Name of Setting/Shelter: Cheney High School/ Big Gym                      Facility Address: 12414 S. Andrus Rd, Cheney WA 99004                      Facility Phone Number: 509-559-4948                      Contact Person/Phone:</p>
<p><b>Relocation Facility 3 – Outside the Local Area</b>                      Name of Setting/Shelter: Royal Park Health and Rehab Facility                      Address: 7411 North Nevada, Spokane WA 99208                      Facility Phone Number: 509-489-2273</p>

# Section 4: Fire and Utility Failures

- 4.1 Fire Safety Plan (R.A.C.E.).....42
  - Fire Department Notification Procedures
- 4.2 Fire Safety Plan: Purpose and Procedures.....43
  - External Fire Safety Plan
- 4.3 Emergency Power / Loss of Utilities.....44
  - Loss of Utilities (Water, Power, HVAC, etc.)
  - City Water Plan

## FIRE SAFETY PLAN

### PROCEDURE (R.A.C.E)

#### RESCUE

Remove any residents and/or personnel in immediate danger by removing them from the fire/smoke area.

#### ALARM

1. Go to the closest alarm pull station and activate it or page "Code Red"
2. Call 9-1-1 and follow Fire Department Notification Process

#### CONFINE

Close all doors and windows in the fire/smoke area. Remove all obstructions in corridors or exit ways.

#### EXTINGUISH

Use the nearest appropriate extinguisher to control the fire if possible until the arrival of the fire department. **DO NOT** endanger yourself or others attempting to extinguish fire.

#### EVACUATE

1. If necessary, staff may initiate a partial evacuation Phase I or Phase II.
2. If instructed by fire personnel or incident to fully evacuate. See evacuation procedures.

**Once the immediate threat has passed, notify your Administrator and other Key Personnel.**

## FIRE DEPARTMENT NOTIFICATION

1. Immediately notify Fire Department/911:
  1. On any actual or suspected fire
  2. Whenever smoke or odor of smoke from and unknown source is detected
  3. Upon any activation of the fire alarm panel where a red light and/or panel alarm activates.
2. Calmly give the following information:
  1. Name
  2. Address/Location
  3. Type of emergency
  4. Telephone number you are calling from

#### **Example:**

This is Jane Doe at the Cheney Care Center on N. 6th Street.

We have a fire in the dining room. The phone number is 235-6196.

This is Jane Doe at the Cheney Care Center on N. 6th Street.

I don't know where the fire is located. The phone number is 235-6196.

## **FIRE SAFETY PLAN**

### **Purpose**

To outline fire and emergency procedures for Cheney Care center that will provide safety of residents, visitors, staff, and the protection of property.

### **Procedure**

#### **Fire and Safety Protection**

##### **1. Testing and Training**

The Maintenance Department will perform or delegate the following duties:

- a. Weekly tests of fire alarm equipment and inspection of fire protection equipment
- b. Inspection and testing of fixed fire protection systems and fire extinguishers by a service and inspection company.
- c. Conduct testing and training along with orientation programs.

##### **2. Training**

- a. Reporting fires and operation of fire protection system
- b. Emergency removal of residents
- c. Firefighting

##### **3. Fire Drills**

- a. It is the policy of the Cheney Care Center to conduct fire drills regularly in accordance with the state and federal regulations.

## **EXTERNAL FIRE SAFETY PLAN**

### **Procedure**

1. Notify Administrator, DON and Maintenance supervisor of threat.
2. Monitor local alert system and local news for evacuation reports and instruction.
3. Monitor patients and staff for complications related to smoke exposure.
4. Initiate Preemptive methods to mitigate smoke and fire risk.
  - a. Close all windows
  - b. Set HVAC to off to prevent contaminated air from entering. (refer to HVAC control procedures)
  - c. Prepare evacuation bags, records and supplies
  - d. In immediate threat and instructed to evacuate, follow the evacuation procedure.

For wildfires refer to the section on Severe Weather and Environmental Hazards.

## LOSS OF POWER

### Purpose

In order to minimize the disruption of normal activity in the Cheney Care Center due to loss of utilities.

### Water Procedure

1. Notify Maintenance Director and Administrator
2. Immediately restrict the use of water. The facility charge staff or designee is to notify all staff regarding the water restrictions
3. Preserve all existing water containment areas.
  - a. Don't use hot water or flush toilets until alternative supplies are initiated.
  - b. Bag of Ice from the Ice machine for use
  - c. Temporary drinking water supplies will be obtained from Central Supply and the Maintenance Department. Limited to 1 gallon of water per day.
  - d. Milk and Juice from the kitchen can be used.
4. The Incident Command, Charge Nurse, or designee will call the City of Cheney at 509-498-9293 to implement their emergency supplies procedure. If this is an after-hours call, please call the Cheney Police Department dispatcher at 509-498-9235, who will contact the City of Cheney Water Department personnel.

### Water (Laundry) Procedure.

1. Bag and Tie Dirty Laundry.
2. Use disposable incontinent supplies.
3. Clean blankets and Linens are in Laundry Area.

## LOSS OF UTILITIES

### Power Procedure

1. Backup generator will be online to give emergency power to:
  - a. Hot Water heaters
  - b. Some kitchen outlets and gas range
  - c. Red outlets which you may run extension cords to. Extension cords are in a clean utility room and are to be used for ESSENTIAL equipment.
  - d. Lights e. Refrigerators

### Generator Procedure

1. In the event of a power outage and the generator does not kick on, notify maintenance immediately.
2. Evaluate resident's needs for equipment on power.
3. Switch residents on Oxygen to portable units.
4. Follow any instructions from the charge nurse.

### Gas Procedure

1. The resident's rooms have electric heat sources available.
2. Extra blankets can be provided to help with cold residents.
3. If evacuation is deemed necessary follow the evacuation procedure.

## **LOSS OF UTILITIES**

### **I.T. Procedure**

1. Notify Medical Records Director and Administrator.
2. MARS backup is updated automatically, daily through Staff Share
3. If power is lost, use the computer in the nurses station, which is plugged into the generator outlet.
4. For an extended outage Medical Records will arrange to have printed MARS.
5. Once the system is restored use the paper MARS to transfer your charting to the electronic system.

### **Phone Procedure (landline)**

1. Using a cellular device contact the Maintenance Director and Administrator.
2. If instructed, contact CenturyLink to report the outage and check on repair.
3. CenturyLink Lumen customer service number 1-833-591-0933. Contact repair at 1-877-453-8353, options 1, 2, 2, 3.

### **Phone Procedure (all phones)**

1. Assess the situation
2. If needed, a charge nurse appoints someone to go to the Cheney Fire Department or Cheney Police and inform of the situation.

## Emergency Power/Loss of Utilities

### POLICY

Cheney Care Center has developed procedures to ensure that we maintain emergency lighting, heating and cooling, fire detection and alarm systems, hot water system, and fire suppression system.

### PROCEDURE

Power is a critical utility for the operations of the Cheney Care Center. Power to the facility is critical to maintain emergency lighting, heating and cooling, fire detection and alarm systems, hot water system, and fire suppression system. The Facility Command Center will be activated anytime there is more than a momentary failure of electrical power to the facility to coordinate restoration of power and ensure patient safety.

The sudden loss of normal power should cause emergency generator backup power to be initiated. The emergency generator will provide power to parts of the facility. Areas and functions powered by the generators include; emergency lighting, heating and cooling, fire detection and alarm systems, hot water system, and fire suppression system. Areas and functions that are not powered by the generators include some electrical outlets that are not marked red for emergency power.

CCC emergency generator is a NG/LP 70 KW fueled by piped NG/backup 250 gallon LP tank. The Maintenance Director is responsible for managing the restoration of power to the facility. If the outage is due to the power supply to the facility, they will notify the power company to report the outage and get an estimated time that the power will be restored. The Maintenance Director will notify all departments of the power failure and the status of repair. In the event a power failure happens after normal business hours, the Charge Nurse will immediately notify the Maintenance Director to report the outage.

Individual departments and units will be responsible for identifying critical power dependent functions in their area and ensuring that available power or backup means are connected to ensuring continuity of patient care and safety. Any urgent needs should be communicated to the Command Center as soon as possible.

### Generator Failures

The emergency generator is located in compliance with the Health Care Facilities Code (NFPA 99 and NFPA 110) when a new structure is built or when an existing structure or building is renovated. The generator is inspected, tested, and maintained in compliance with NFPA 99, 110, and the Life Safety Code. 39 Emergency Operations Plan In the event of a generator failure, the problem is immediately assessed by the Maintenance Director, who will make needed repairs or contact the below listed rental companies.

Sunbelt Rentals

## EMERGENCY OPERATIONS PLAN

13405 W Sunset Hwy  
Airway Heights, WA 99001  
509-838-3546

United Rentals  
204 S Fancher Rd  
Spokane, WA 99212  
509-532-1235

If the skilled nursing facilities' power distribution system fails and cannot be repaired in a reasonable time period, the Red Cross and Washington State Department of Health should be notified (contact information is located in the external contacts section of the Emergency Operations Plan). The Emergency Management Agency will assess if resources are available to provide assistance or if evacuation is necessary.

### **Loss of Fire/Life Safety Systems**

In the event of a disruption to our facility's fire and life safety systems (e.g. fire alarms, sprinklers, fire door) or a commercial electricity with a concurrent generator failure, we will immediately reduce the risk to resident safety through the following actions:

- Initiate Evacuation protocols in extreme circumstances if it is determined that our residents are at a risk for energy.
- Immediately upon discovering the loss of fire/life safety systems Cheney Care Center staff will initiate a fire watch consisting of rounding the facility every 15 minutes.

### **Water**

#### Water for Drinking, Cooking, and Sanitation

Water is a critical utility for the operations of the Cheney Care Center. Water is critical for drinking, handwashing/sanitation, sewage and waste disposal. If there is an interruption in water service, the problem will be immediately assessed by the Maintenance Director, who will make needed repairs or contact City of Cheney (contact information is located in external contacts in the Emergency Operations Plan) to report the outage and get an estimated time that water service will be restored. The Maintenance Director will notify all departments of the water service interruption and anticipated time of restoration. If a water service interruption happens after normal business hours, the Charge Nurse will immediately notify the Maintenance 40 Emergency Operations Plan Director to report the situation. The Administrator will determine if water use restrictions should be implemented (i.e., bathing, cooking, etc.), or if patient relocations, discharges, or transfers are necessary.

### **Water Rationing**

If an emergency situation is anticipated that could affect water supplies, certain measures can be initiated to ensure the Cheney Care Center has enough potable and non-potable water to supply the facility until water service is restored. The facility can

## EMERGENCY OPERATIONS PLAN

stockpile bottled water for drinking and cooking. If the event allows, containers capable of holding water can be filled prior to the event including pots, buckets, and bathtubs.

If an event occurs that limits water supplies to the facility, water rationing measures may be initiated to conserve water until water supplies have been restored. Patient sanitary needs will be addressed by the use of bedside toilets or bedpans. Waste from bedside toilets or bedpans will be red-bagged and disposed of as hazardous waste. Another method is the use of cat litter in red bags. If using this method, the red bags and cat litter will be placed in toilets. When deemed necessary by Infection Control or when water service is restored, the red bags will be removed from the toilets and disposed of as biohazard waste.

Water used for bathing and cleaning may have to be restricted. Hand washing will require soap and water, if in sufficient quantity. If water is unavailable, the use of hand sanitizers will be encouraged.

## Section 5:

# Severe Weather & Environmental Hazards

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## SEVERE WEATHER

### Purpose

To outline the Procedures in a Tornado, Microburst or other severe weather to help prevent injuries.

### Procedure

1. Page "Code Purple"
2. All personnel in the building will report to resident areas to assist with relocation of residents
3. Shut off utilities, if possible, if it looks like they will cause a threat during the event.
4. Relocate residents, staff and visitors.
  - a. Ambulatory residents are relocated first.
  - b. Non-ambulatory residents or resistant residents relocate second.
  - c. Ideally, relocate difficult-to-move residents prior to a Tornado Warning being issued.
5. Remove all residents from their rooms and relocate to a safe area away from windows and outside doors.
  - a. Close all windows, drapes and room doors.
6. If an evacuation is required follow the EVACUATION PROCEDURES.

If a tornado or severe weather facilitated the evacuation of Cheney Care Center or damage occurred during the event, notify the Administrator.

## **EXTREME TEMPERATURES (COLD)**

### **Purpose**

The primary purpose of severe cold weather procedures is to establish guidelines to follow if severe cold weather creates hazardous conditions for our residents and staff. If a severe cold weather warning is issued, you will be instructed by the person in charge when to implement these procedures

### **Procedure**

#### **Preparing for Severe Cold Period**

1. Check the resident's room for adequate blanket supplies.
2. Close the blinds in resident rooms.
3. Check the heating system to assure it's working properly.
4. Remove any obstacles blocking air flow of the heating system.
5. Report any need for blankets to the supervisor.
6. Report any equipment failure to Maintenance and supervisor.
7. Check emergency supplies and equipment on hand.

#### **During Severe Cold Period**

1. Assess residents for signs of distress or discomfort.
2. Check room temperatures.
3. Offer more blankets.
4. Offer warm liquids (keeping in mind dietary restrictions).

#### **Equipment Failure**

If heating equipment, cooking equipment, etc. fails to function during a severe cold period, immediately notify the Maintenance Department and Administrator.

## **EXTREME TEMPERATURES (HEAT)**

### **Purpose**

The purpose of this plan is to help in the prevention of environmental conditions conducive with hyperpyrexia or heat stroke.

### **Procedure**

#### **Upon failure of the air-conditioning units**

1. Notify the Maintenance Department to enact immediate repair.
2. Assess residents for signs of distress or discomfort.
3. Encourage residents to drink fluid to maintain hydration.
4. Monitor temperatures in the building.
5. If it is cooler outside than inside, open windows for a breeze.
6. Consider moving residents to a cooler area of the facility.
7. Provide cool washcloths.
8. If a decision is made to evacuate, follow the evacuation procedure.

## WILDFIRE

### Purpose

To provide protection for facility, residents, staff, and visitors in the event that an active wildfire occurs in close proximity to the location and poses a direct or potential threat.

### Procedure

1. If someone sees a fire outside on property call 911
2. Notify Administrator, DON and Maintenance supervisor of threat.
3. If a wildfire is reported, start preparations to keep residents, staff, and visitors safe. Cart nurses delegate tasks such as;
  - a. Locate Residents and if possible return them to their units
  - b. Assign staff members to obtain an emergency box from a designated location in the hand wash room next to nurses station.
4. Monitor local alert system and local news for evacuation reports and instructions. **Cheney Fire Department**
5. Monitor patients and staff for complications related to smoke exposure.
6. Initiate Preemptive methods to mitigate smoke and fire risk.
  - a. Close all windows
  - b. Set HVAC to off to prevent contaminated air from entering. (refer to HVAC control procedures)
  - c. Prepare evacuation bags, records and supplies
  - d. In immediate threat and instructed to evacuate, follow evacuation procedures.
7. Do not return residents or staff to the building until the ALL CLEAR has been given by authorities

# AIR QUALITY INDEX (AQI)

## Purpose

To provide protection for facility, residents, staff, and visitors in the event that the air quality index reflects a level that poses a hazard to sensitive groups.

## Procedures

1. Check local weather for AQI reading in area
  - a. If AQI is Unhealthy for Sensitive Groups, above 101 proceed with the following
  - b. Close all windows
2. If the AQI is unhealthy for sensitive groups
  - a. Set HVAC to recirculate to prevent contaminated air from entering. (refer to HVAC control procedures)
  - b. Only use main entrances to reduce points of entry for smoke

Air Quality Index	Who Needs to be Concerned?	What Should I Do?
Good 0-50	It's a great day to be active outside.	
Moderate 51-100	Some people who may be unusually sensitive to particle pollution.	<b>Unusually sensitive people:</b> Consider reducing prolonged or heavy exertion. Watch for symptoms such as coughing or shortness of breath. These are signs to take it easier. <b>Everyone else:</b> It's a good day to be active outside.
Unhealthy for Sensitive Groups 101-150	Sensitive groups include people with heart or lung disease, older adults, children and teenagers.	<b>Sensitive groups:</b> Reduce prolonged or heavy exertion. It's OK to be active outside, but take more breaks and do less intense activities. Watch for symptoms such as coughing or shortness of breath. <b>People with asthma:</b> should follow their asthma action plans and keep quick relief medicine handy. <b>If you have heart disease:</b> Symptoms such as palpitations, shortness of breath, or unusual fatigue may indicate a serious problem. If you have any of these, contact your health care provider.
Unhealthy 151 to 200	Everyone	<b>Sensitive groups:</b> Avoid prolonged or heavy exertion. Move activities indoors or reschedule to a time when the air quality is better. <b>Everyone else:</b> Reduce prolonged or heavy exertion. Take more breaks during all outdoor activities.
Very Unhealthy 201-300	Everyone	<b>Sensitive groups:</b> Avoid all physical activity outdoors. Move activities indoors or reschedule to a time when air quality is better. <b>Everyone else:</b> Avoid prolonged or heavy exertion. Consider moving activities indoors or rescheduling to a time when air quality is better.
Hazardous 301-500	Everyone	<b>Everyone:</b> Avoid all physical activity outdoors. <b>Sensitive groups:</b> Remain indoors and keep activity levels low. Follow tips for keeping particle levels low indoors.

Image: AQI. (2025). Environmental Protection Agency.  
<https://www.epa.gov/sites/default/files/2014-09/aqiguidepm.png>

# VOLCANIC ERUPTION

## Purpose

The primary purpose of the Volcano operational plan is to provide a course of action to follow if your area is stricken by an earthquake. Since these are virtually impossible to predict, this plan is devoted to the procedures to follow during and after.

## Procedure **Before the Eruption**

1. Locate Emergency Kits
2. Follow direction of local authorities about threat levels

## **During the Eruption**

1. Follow Direction of charge nurse
2. Using battery powered radio, listen for updates on the situation.
3. Make sure all doors and windows are closed.
4. Turn off HVAC equipment.
5. Ensure your residents are safe.
6. Prepare necessary items in case of evacuation.

## **After the Eruption**

1. Follow Directions of charge nurse
2. Follow SHELTER IN PLACE PROCEDURES unless instructed to evacuate.  
Then follow EVACUATION PROCEDURES.
3. Continue to use battery powered radio for updates on situation.

## **Protect Yourself from Falling Ash**

1. Stay Indoors
2. Keep doors and windows shut
3. Keep air systems off or on recirculate
4. If you must go outside, wear a mask or place a wet cloth over face to help with breathing.
5. Wear goggles or eye glasses, and avoid wearing contact lenses.
6. Wear long sleeve shirts and pants to avoid skin irritation.

## **Section 6:**

# **Biological & Chemical Threats**

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## **BIOHAZARD/BIOTERRORISM**

### **Purpose**

The primary purpose of the Biohazard/ terrorism operational plan is to provide a course of action to follow if your area is affected by Bio-Hazardous conditions. Since these are virtually impossible to predict, this plan is devoted to the procedures to follow during and after.

### **Procedure**

1. Make sure all residents are inside.
2. Enact Lockdown Procedures.
3. Set HVAC to off to prevent contaminated air from entering (refer to HVAC control procedures)
4. Follow emergency reports and news alerts for further instructions.

## **PANDEMIC**

For a potential Pandemic outbreak refer to **Infection Control Manual**.

# Section 7:

## Security Threats & Missing Persons

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## ACTIVE SHOOTER

### Purpose

We strive to maintain the safest possible atmosphere for residents, staff and visitors. The following plan is designed for the event of an Active Shooter.

**Procedure** *If a dangerous or armed assailant is in the facility, flee the dangerous area if possible.*

1. **Call 9-1-1 as soon as you can, but only if it is safe to do so.**
2. Announce to the staff "Code Silver"
3. Assist residents and to take cover behind doors or heavy objects.
4. Lock all doors and windows and close blinds.
5. Block windows as much as possible by utilizing furniture, mattresses, etc.
6. Once in a secure area look for objects that could be used in defense.
7. Dim or eliminate all unnecessary lighting.
8. Silence volume on cell phones.

## BOMB THREAT

**Do not assume that this is a PRANK or JOKE, take all threats seriously**

1. Keep the caller on the line as long as possible
  - a. Note the time of the call.
  - b. Ask the caller to repeat the statement.
  - c. Ask the caller the **LOCATION** of the bomb.
  - d. Ask the caller the time of **DETONATION**.
2. Listen closely for:
  - a. Background noise
  - b. Voice Quality
  - c. Accents
  - d. Speech Impediments
  - e. Male or Female?
3. Immediately call:
  - a. Police Department and give information you've obtained.
  - b. Fire Department
  - c. Administrator. If the Administrator is unavailable, call DON.
4. Follow instructions/procedures given by Police and Fire Departments.
5. Complete Bomb Threat Checklist to help relay important information to authorities.

# BOMB THREAT CHECKLIST

**TELEPHONE CHECKLIST FOR BOMB THREATS**  
LISTEN CAREFULLY AND REMAIN CALM

**CALL RECEIVED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME OF CALL:** \_\_\_\_\_ AM / PM

**WHEN WILL IT GO OFF?** \_\_\_\_\_ **TIME OF DETONATION:** \_\_\_\_\_ AM / PM

**WHERE IS IT LOCATED?** \_\_\_\_\_ **AREA:** \_\_\_\_\_

**WHAT DOES IT LOOK LIKE?** \_\_\_\_\_

**WHY ARE YOU DOING THIS?** \_\_\_\_\_

**WHO ARE YOU?** \_\_\_\_\_

**EXACT STATEMENT OF THREAT** \_\_\_\_\_  
\_\_\_\_\_

**CALLER IDENTIFICATION:** MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
ADULT \_\_\_\_\_ JUVENILE \_\_\_\_\_ APPROXIMATE AGE \_\_\_\_\_

**VOICE CHARACTERISTICS:**  
HIGH PITCH \_\_\_\_\_ DEEP \_\_\_\_\_ LOUD \_\_\_\_\_  
SOFT \_\_\_\_\_ RASPY \_\_\_\_\_ PLEASANT \_\_\_\_\_

**SPEECH CHARACTERISTICS:**  
FAST \_\_\_\_\_ SLOW \_\_\_\_\_ DISTINCT \_\_\_\_\_ DISTORTED \_\_\_\_\_  
STUTTER \_\_\_\_\_ NASAL \_\_\_\_\_ SLURRED \_\_\_\_\_ LISP \_\_\_\_\_

**LANGUAGE:**  
EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_  
POOR \_\_\_\_\_ FOUL \_\_\_\_\_

**ACCENT:**  
LOCAL \_\_\_\_\_ OUT OF TOWN \_\_\_\_\_ FOREIGN \_\_\_\_\_  
DESCRIBE \_\_\_\_\_

**BACKGROUND NOISES:**  
FACTORY \_\_\_\_\_ OFFICE \_\_\_\_\_ VOICES \_\_\_\_\_ AIRPLANES \_\_\_\_\_  
ANIMALS \_\_\_\_\_ TRAFFIC \_\_\_\_\_ TRAINS \_\_\_\_\_ MUSIC \_\_\_\_\_  
PARTY NOISE \_\_\_\_\_ QUIET \_\_\_\_\_ OTHER \_\_\_\_\_

## LOCKDOWN

### Purpose

To outline Lockdown procedures for Cheney Care Center that will provide safety of residents, visitors, staff, and the protection of property.

### Procedure

1. Page “**Code Yellow**”
2. Closest available staff lock the outer front doors, back employee entrance, back kitchen entrance and outpatient rehab door. (**refer to locking procedures**)
3. Shut windows and blinds
4. Ensure residents and visitors are aware not to open doors or windows.
5. Report to the main nurse’s station for further instruction from the incident commander.
6. Enact **Emergency Alert System** to notify staff not on the campus of the lockdown in effect to avoid the area until given the all clear.

## VIOLENT SITUATION

### Purpose

We strive to maintain the safest possible atmosphere for residents, staff and visitors. The following plan is designed for the event of a Violent Situation.

**Procedure** *If a dangerous or armed assailant is in the facility, flee the dangerous area if possible.*

1. Call 9-1-1 as soon as you can but only when it is safe to do so.
2. Announce to the staff "Code White"
3. Lock all doors and windows and close blinds.
4. Block windows as much as possible by utilizing furniture, mattresses, plywood etc.
5. Assist residents and to take cover behind doors or heavy objects.
6. Dim or eliminate all unnecessary lighting.
7. Silence the ring on cell phones.

*If threat is an argument without physical contact*

1. De-escalate the situation:
  - a. Avoid threatening body language
  - b. Maintain a calm voice
  - c. Avoid arguing
2. Ask the individual to leave the premises
3. If the individual does not immediately leave, dial 9-1-1 and request assistance.

### Types of Violence

- Criminal intent: Outsider intent on committing an act of violence
- Resident/ Client: violence between resident/ client and worker
- Worker on Worker: current or former employee perpetrates violence against another employee
- Personal Relationship: when domestic violence is brought into the workplace

**\*\*\*Report all workplace violence, do not create a culture where violence is accepted as normal behavior**

## **MISSING RESIDENT/ ELOPEMENT**

### **Purpose**

The primary purpose of the Missing Resident/ Elopement procedure is to ensure that in the event a resident is perceived to be missing, that every measure possible has been taken to ensure the safe return of that resident.

### **Procedure**

When a Resident is believed to be missing from Cheney Care center, the following procedures should be taken.

1. The staff member who discovers or suspects a resident is missing will immediately notify the Charge Nurse.
2. The Charge Nurse will have all available staff make a room by room check of the whole facility and grounds to determine whether the "missing" resident is in or around the outside of the facility.
  - a. Resident log book will be checked to see if the resident has been checked in or out.
  - b. Check with transportation to assure that resident is not at an appointment
3. Upon determining the resident is in fact not in or around the facility, the Charge Nurse will call the local Law Enforcement Agency (Cheney Police), the Administrator, the DON, and the resident's responsible party or surrogate decision maker notifying all parties of the resident's disappearance.
4. The Charge Nurse, after consultation with the Administrator or DON can designate a staff member to go look on the nearby streets for the missing resident.
5. The Charge Nurse and facility staff will cooperate with Law Enforcement Agencies to determine the whereabouts of the missing resident. As soon as possible during the regular business hours the facility will notify the local office of Aging and Adult Services of the missing resident and the current status of the search.

# Section 8: Appendix

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## EMERGENCY OPERATIONS PLAN

# Emergency/ Evacuation Supply Box Contents

### Location:

- Crank Radio (Batteries are included in Box)
- Batteries AAA, 12 Pack
- Emergency Whistle, Red (2)
- First Aid Kit
- Lantern (Batteries are included in Box)
- Walkie Talkies (2), (Batteries are included in Box)
  
- RED Wristbands (40), RESIDENTS
- YELLOW Wristbands (20), VOLUNTEERS
- GREEN Wristbands (20), VISITORS
- BLUE Wristbands (20), EMPLOYEES
  
- Tracking Form for Emergency Evacuation
- Exit/Evacuation Site, Laminated Sign
- Evacuation Checklist
  
- Manual for walkie talkies
- Manual for hand crank radio
- Black permanent markers (2)
- Black ink pen (1)
- Clipboard



# Walkie-talkie

## User Manual



This set includes 2 walkie-talkie units: these are communication devices that operate on mobile radio frequencies. They have 8(Europe)/22(US) channels as well as a back-lit LCD screen, enabling you to communicate over several kilometers free-of-charge (up to 8KM in open areas).

**Note:** Please read the instructions carefully before using the equipment and retain for future reference.

### Specific Recommendations

- ◆ To avoid the risk of burns, do not use the device if the aerial is damaged in any way.
  - ◆ Don not use the device in a potentially explosive setting (e.g. Around pumps, on the lower deck of a boat or around a fuel-storage installation or chemical products).
  - ◆ If traveling in a car or by bike, stop before using the device.
  - ◆ Switch off the device if on an airplane or in a hospital.
  - ◆ Never use the device in close proximity to a radio to avoid interference.
  - ◆ Remove the batteries if the device is not used for an extended period of time. Never mix used batteries with new ones.
  - ◆ Keep the transmitter and antenna at least 5cm from your face. Direct the antenna upwards and speak normally.
  - ◆ Clean the device with a damp cloth. Avoid the use of cleaning agents and solvents.
- Do not modify the device in any way. In the event of damage occurring, ensure that the device is checked by a qualified professional.
- The device cannot be used to contact emergency services.

### Functions at Glance



### BEFORE USE

#### Removing the belt clip

Before insert batteries into the device, first pull the belt clip latch away from the device.



# EMERGENCY OPERATIONS PLAN

## 3. Battery Charge Level/Low Battery Indication

The battery charge level is indicated by the number of squares present inside the battery icon on the LCD Screen.

- Battery Full
- ▣ Battery 2/3 charged
- ▢ Battery 1/3 charged
- Battery empty

When the battery charge level is low, the battery icon will flash and a beep will be heard to indicate that the batteries need to be replaced or recharged.

## 4. Receiving/transmitting communications:

The devices are in "Reception" mode when it is turned ON and no transmitting.

When a signal is received on the active channel, the LCD will display in reception.

When you press the PTT (push to talk) button, the device switches to "Transmission" mode.

Hold the device in a vertical position with the MIC (microphone) 3-5 cm away from your mouth. While holding the PTT button, speak into the microphone in a normal tone of voice.

Release the PTT button when you have finished transmitting.

For others to receive your transmission, they must be on the same channel with you.

### Note:

1. The talking range depends on terrain and weather conditions. It will be affected by obstructions such as hills, bush or buildings.
2. Don't try to use two devices which are less than 1.5m (5 feet) apart. Otherwise, you may experience interference.

## 5. Changing Channels

Press the MENU button one time, the channel number will

## Installing the Batteries

### A. FOR USE OF NON-RECHARGEABLE BATTERIES:

1. Slid down the battery compartment cover.
2. Insert 4 x AAA Alkaline Battery (Not included)
3. Position the batteries according to the polarity marking on the battery compartment.
4. After placing batteries into correct positions, put the battery cover back on.

### B. FOR USE OF RECHARGEABLE BATTERIES WITH CRADLE AND ADAPTER:

1. If your walkie-talkie comes with a cradle and wall charger, you should only use the battery pack provided to charge. It cannot charge other type rechargeable batteries.

## Using the device

### 1. Turning the device on/off

Switch on the device: Press and hold on the [ON] button 3 seconds then you will hear a beep sound.

Switch off the device: Press and hold on the [OFF] button 3 seconds then you will hear a beep sound.

### 2. Adjusting the volume

To increase the volume, press the Up [▲] button. And press the Down [▼] button to decrease the volume.

flash on the display. Press the up [▲] /down [▼] button to change the channel.

Press the PTT button to confirm and return to standby mode.

Note: if no button is pressed within 15 seconds during setting, the device will return to standby mode.

## 6. CTCSS (Continues Tone Coded Squelch System)

Press the MENU button twice, the current CTCSS code will flash on the display. Press the up [▲] /down [▼] button to change the 99 available codes.

Press the PTT button to confirm and return to standby mode.

License-free radio's operating on the 400-470MHz frequency band, the device has 8/22(option) available radio channels. If there are many device users near you, there is a chance that some of the users are operating on the same radio channel.

When using CTCSS, a low-frequency tone (between 67-250Hz) will be transmitted along with the voice signal. There are 99 available tones to choose from.

You are free to choose one of the 99 available sub-channels. Due to filtering, these sub-channels will generally not be audible so they will not disturb the communication.

## 7. VOX (Hands free function)

Press the MENU button three times, the current VOX setting will flash on the display and the VOX icon will display.

Press UP [▲] button to set the VOX sensitivity level between 1 and 3 level (level 3 is the high sensitive level).

Press down [▼] button until "OFF" appears on the display to turn VOX OFF.

Press the PTT button to confirm and return to standby mode.

In VOX mode, the radio will transmit a signal when it is activated by your voice or other sound around you.

VOX Operation is not recommended if you plan to use your device in a noisy or windy environment.

Note: VOX mode will be over-riden when you press the PTT button

## 8. Scanning for an active radio channel

Press and hold the UP [▲] button 2 seconds: The "SCAN" function indicator will appear on the display and the channel will scan continuously from 1 to B if to 22. Once an active channel is found, the scanning will stop and you can listen to the transmission.

When the transmission is on the found channel stop, the scanning will resume automatically.

Note: If you press the PTT button while listening to a found channel, the device will go back to standby mode on the found channel.

## 9. Monitor

Press and hold the DOWN [▼] button about 3 seconds to active monitor.

Release the DOWN [▼] button return to standby mode.

## 10. Setting the Call tones

The device has 10 call tones.

Press the MENU button 4 times, "CA" is displayed and on the current call tone. Press the UP [▲] /Down [▼] button to change another call tones.

Press the PTT button to confirm and return to standby mode.

## 11. Sending a call tone

Press the PTT button twice time quickly; the call tone will be transmitted on the setting channel.

## 12. Key-Tone On/Off

When a button is pressed, the unit will beep briefly.

To set the key-tone.

- Press the MENU- button (10) five times. "to" will be displayed.
- Press ▲ to enable (ON) or ▼ disable the Key Tones (OFF)
- Press the PTT- button to confirm your selection and return to the standby mode.

# EMERGENCY OPERATIONS PLAN

## 13. Roger Beep On/Off

After the PTT button is released, the device will send out a Roger beep to confirm that have stopped talking.

Press the **MENU** button six times; "ro" will be displayed.

Press the **UP ▲ / Down ▼** button to disable the Roger beep ON/OFF.

Press The **PTT** button to confirm your selection and return to the standby mode.

## 14. Backlit display

Press any button except for the **MENU** button to activate the backlight of the LCD display. The backlight will light on about 5 seconds.

## 15. Earpiece connection

The device can be used with an earpiece (if there is an earpiece packed together with the device).

The connector is located on the top of the device.

Insert the earpiece plug into the connector (2.5mm jack).

There is a small **"PTT"** button on the earpiece that has the same function as the **PTT** button on the device.

When you use the PTT button from the earpiece, you must also use the microphone from the earpiece to talk.

Note: Do not connect other earpieces; it may damage your device.

## 16. Battery saving function

When the device has not been used for 6 seconds, the economy mode is automatically activated. This does not affect the reception of transmission and the standby mode is automatically re-activated as soon as a signal is detected.

## 17. Built-in Flashlight

Your device has a built-in flashlight that can be used in sending light signals or for our lighting needs.

## 18. Lock & Unlock the device

Press and hold the **MENU** button for 3 seconds to lock the device.

Press and hold the **MENU** button for 3 seconds to unlock the device.

## 19. Technical specifications

Frequency	446.00625MHz—446.09375MHz 462.5625MHz—467.7125MHz
Channel	8/22 channels
Number Sub-code	CTCSS 99
Transmission Power	≤0.5W
Range	Up to 8 Km in open field
Battery type	4* AAA Alkaline/rechargeable batteries (DC 6.0V) The battery voltage: 1.5V
Modulation type	FM-F3E
Channel spacing	12.5 kHz (Narrowband)

### Channel and Frequency (MHz)

#### Europe (8CH)

Ch.	Frequency	Ch.	Frequency	Ch.	Frequency
1	446.00625	4	446.64375	7	446.58125
2	446.01875	5	446.65625	8	446.69375
3	446.03125	6	446.66875		

#### USA (22CH)

Ch.	Frequency	Ch.	Frequency	Ch.	Frequency	Ch.	Frequency
1	462.5625	7	462.7125	13	462.6875	19	462.6500
2	462.5875	8	462.7375	14	462.7125	20	462.6750
3	462.6125	9	462.7625	15	462.7375	21	462.7000
4	462.6375	10	462.7875	16	462.7625	22	462.7250
5	462.6625	11	462.8125	17	462.7875		
6	462.6875	12	462.8375	18	462.8125		

# User Manual



## CONTENTS:

- RADIO OPERATION
- FLASHLIGHT & SOS
- EARPHONE JACK
- POWER YOUR RADIO
- POWER INDICATOR
- CHARGE EXTERNAL DEVICES
- WARRANTY
- SPECIFICATIONS
- SAFETY INSTRUCTIONS

## Question & Answer

- Q:** Is this item Water Resistant?
- A:** The radio is water resistant to IPX3 (resistant to sprayed water up to 10 L/min). It can be used reliably in adverse weather conditions, aboard water craft etc.
- Q:** Why solar panel doesn't charge the rechargeable battery?
- A:** There are many factors will affect solar charging, the angle, sunlight is etc. The charging indicator will be red when you find the good angle to charge it. It is difficult to fully charge the unit with solar panel, which is mostly used for maintaining the battery.
- Q:** Why the radio doesn't hold the battery?
- A:** The battery will run out when the radio idled for a long time. Please hand crank at a speed of 130-150 RPM for 3-5 minutes to activate the battery and then use Type-C cable to charge it. Periodically charge the Lithium ion battery to extend battery life. It would be better to use or charge once every three months to avoid the battery death.



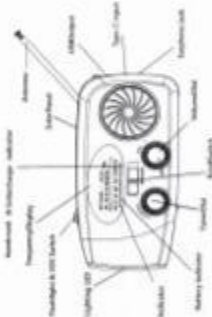
Made in China

## RADIO OPERATION

- Rotate the volume control knob to turn on the radio and adjust volume.
- Select FM/AM with BAND button. Extend the antenna to get better signal.
- Rotate the tuning knob to select channel. Green tuning indicator will turn on when a channel is properly selected.

## FLASHLIGHT & SOS

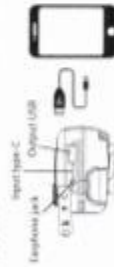
- First press the flashlight button to turn the low mode on, second press to mid-mode, third press to high mode, fourth press to turn the flashlight off.
- For SOS, long hold flashlight button to turn SOS on, one more press to turn it off.



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## CHARGE EXTERNAL DEVICES

- This solar crank radio can charge USB devices by the Li-ion battery of the radio or by cranking at a speed of 130-150RPM.
- Insert the Type-C cable into the USB out port on the side of the radio and connect to the devices.
- The radio will go into charge mode and help to charge your devices.



## NOTE:

- This feature is better for charging the USB devices during emergency. Do not use it as a normal power bank.
- This's applied charging cable is only for charging Type-C / iPhone devices (with adaptor). Other USB device's should be charged using original charging device's.

## WARRANTY

- This crank radio has a full 12-month warranty against manufacturing defects.
- The warranty period begins from the date of purchase.

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## POWER YOUR RADIO

Before you power your radio, make sure to read the SAFETY INSTRUCTIONS.

### A. SOLAR POWER

- Place solar panel in direct sunlight.
- Charging indicator will turn red as the battery charges.
- It is difficult to fully charge the unit with solar panel, which is mostly used for maintaining the battery. Do not charge the radio in a hot area such as a car. It is also advised to turn the radio off while charging.

### B. HAND CRANK

- Unfold the handle from the backside of the radio and rotate it in either direction.
- Turn the hand crank for 3-5 minutes to activate the internal battery for initial use.
- Wind the hand crank at a speed of 130-150RPM for power to be generated.



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## C. USB PORT CHARGING

- To charge the radio, insert the supplied Type-C into the USB power source.
- The charging indicator will flash blue as the battery charges. The charging indicator will stay blue as battery fully charged.
- It takes about 3 hours for the internal 18650 2000mAh LI-ION battery to be fully charged.

## EARPHONE

- Insert the 3.5mm Earphone to listen to the radio to your leisure time.

## POWER INDICATOR

- This unit has 4 blue power indicator lights to show power capacity. (C-Capacity)



- 4 lights up: C>75%
- 3 lights up: 50 %<C<75%
- 2 lights up: 25 %<C<50%
- 1 light up: 5 %<C<25%
- The first light flash: C<5%

## SPECIFICATIONS

Frequency range	USA version: AM 520-1710KHz FM 87-108MHz WB 562.400-152.500MHz Europe version: AM 522-1620 KHz
Dimensions	146x66x46mm
Weight	250g
Working voltage	2.7V-4.2V
Output configuration	5W/1000MA
Water-resistant level	IPX3
LED-beatlight	1W/1000LM
Power source	3.7V / 2000mAh 18650 Li-ion
Charging time (USB)	About 3 hours
After fully charged, the device support	Radio play (medium volume): 45 h Flashlight: 10-25 h One minute of sending the device support
Charging time (Hand crank)	Radio play (medium volume): 15 min Flashlight: 20 min

## SAFETY INSTRUCTIONS


- Dropping this radio can cause injury or damage. The unit will not resist strong impact or contact with corrosive liquids.
- Keep the unit dry as moisture and liquids can damage it.
- Wind the crank for 3-5 min before use to activate and keep the internal battery healthy.

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# User Manual

## Emergency Hand Crank Radio

Mitel 6930 IP
Quick Reference Guide



- 1 LCD Screen
- 2 Programmable Keys
- 3 Soft Keys
- 4 Navigation Keys/Select Button
- 5 Dial Pad
- 6 Fixed Function Keys
- 7 Handset (Optional cordless handset shown)
- 8 Speaker

Fixed Function Keys

	Contacts		Goodbye
	Call History		Redial
	Voicemail		Hold
	Settings		Mute
	Volume		Speaker / Headset

12 programmable, multi-function, self-labeling keys allowing up to 72 specific functions  
5 intuitive state sensitive softkeys

---

**INTERNAL CALLS**

- + Pick up the handset (optional)
- + Dial the extension number
- + Called party's phone will ring

**TRANSFER A CALL**

*While connected to a live call*

- + Tap the softkey
- + Dial the desired number
- + Hang up OR wait for the called party to answer, announce the transfer, then hang up

**TRANSFER TO VOICEMAIL**

*While connected to the caller*

- + Press
- + Dial the extension number
- + Hang up to complete transfer

**MAKING A CALL**

- + Lift the Handset OR
- + Press (Speaker/Headset)
- + Dial 9 for an outside line
- + Dial the 10 digit telephone number

*Your phone must be configured to use the Speaker audio path for speaker operation or Headset audio path for headset operation.*

**CONFERENCE**

*While connected to a 2-party call*

- + Tap softkey
- + Dial the number of the next party
- + Wait for an answer
- + Tap all parties are connected

*To leave a Conference*

- + Hang up or press **Goodbye**

**HOLD**

*To place a call on Hold*

- + Press (Hold)
- + Hang up or place another call

*To return to a call on Hold*

Tap the applicable Line Key with the flashing (Hold) icon.

# FACILITY SYSTEMS STATUS REPORT

<b>1. INCIDENT NAME:</b>		<b>2. FACILITY NAME:</b>	
<b>3. DATE PREPARED:</b>		<b>4. TIME PREPARED:</b>	<b>5. OPERATIONAL PERIOD:</b>

<b>6. SYSTEM STATUS CHECKLIST</b>		
<b>COMMUNICATION SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
<b>FAX</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
<b>INFORMATION TECHNOLOGY SYSTEM</b> (EMAIL/REGISTRATION/PATIENT RECORDS/TIME CARD SYSTEM/INTRANET)	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
<b>NURSE CALL SYSTEM</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
<b>PAGING – PUBLIC ADDRESS</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
<b>SATELLITE SYSTEM</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
<b>TELEPHONE SYSTEM</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
<b>TELEPHONE SYSTEM – CELL</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
<b>VIDEO-TELEVISION-INTERNET- CABLE</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
<b>OTHER</b>	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	

# EMERGENCY OPERATIONS PLAN

7. SYSTEM STATUS CHECKLIST (CONTINUED)		
INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
CAMPUS ROADWAYS	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
FIRE DETECTION/SUPPRESSION SYSTEM	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
FOOD PREPARATION EQUIPMENT	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
ICE MACHINES	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
LAUNDRY/LINEN SERVICE EQUIPMENT	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
STRUCTURAL COMPONENTS (BUILDING INTEGRITY)	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
OTHER	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
RESIDENT CARE SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
PHARMACY SERVICES	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
DIETARY SERVICES	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	

# EMERGENCY OPERATIONS PLAN

OTHER	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
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## 8. SYSTEM STATUS CHECKLIST (CONTINUED)

SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
DOOR LOCKDOWN SYSTEMS	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
OTHER	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELECTRICAL POWER-PRIMARY SERVICE	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
SANITATION SYSTEMS	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
WATER	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
NATURAL GAS	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	

EMERGENCY OPERATIONS PLAN

OTHER	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
ELECTRICAL POWER, BACKUP GENERATOR	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
UTILITIES, INTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (IF NOT FULLY OPERATIONAL/FUNCTIONAL, GIVE LOCATION, REASON, AND ESTIMATED TIME/RESOURCES FOR NECESSARY REPAIR. IDENTIFY WHO REPORTED OR INSPECTED)
HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	

OXYGEN	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
WATER HEATER AND CIRCULATORS	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	
OTHER	FULLY FUNCTIONAL PARTIALLY FUNCTIONAL NON FUNCTIONAL NA	

<b>7. Certifying Officer:</b>	
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## RECOVERY Checklist

<b>Recovery Checklist</b>		
<b>Date Completed</b>	<b>Initials</b>	<b>Item</b>
		Coordinate with local authorities if search and rescue is needed.
		Coordinate with applicable suppliers to reestablish essential services.
		Insurance agent contacted.
		Facility Systems Status Sheet completed to evaluate building.
		Inventory of damaged goods.
		Protective measures taken for undamaged property, supplies and equipment.
		Building declared safe for occupancy by appropriate regulatory agencies.
		Asses building needs for repairs and maintenance
<b>Return To Facility</b>		
		Administrator notifies appropriate authorities to request approval for re-entry once the facility is deemed safe.
		Police, Fire and Insurance Notified
		Medical Director, residents, and responsible parties were notified.
		Notify Ombudsman

## FAMILY AND PETS

In the event of a disaster the Cheney Care Center will provide shelter for **Immediate Family and/ or Household Pets** (no livestock) for essential employees who are working to provide care for Residents. Employees are asked to bring food and supplies for family and pets if they can. The Care Center does not guarantee food or supplies for Family and Pets. Pets will be sheltered in the maintenance garage. Employees are asked to bring leashes and/ or crates for pets to be contained.