ARE YOU READY?

A Long Term Care Facility Guide to All-Hazards Readiness

Tarrant County Public Health

Safeguarding our community's health

A NATIONALLY ACCREDITED HEALTH DEPARTMENT

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Section I: Introduction

CONSIDER THESE EMERGENCY SCENARIOS……..

Extended Power Outage Following a Severe Ice Storm

A devastating ice storm has left more than 400,000 homes and businesses in three counties without power for three days. Emergency declarations are in effect and public schools and many businesses are closed. Conditions in many areas make it too dangerous to travel due to downed power lines and fallen trees blocking the roads. Electric customers in Texas have been hit particularly hard with 350,000 people without power. It is anticipated that power may not be restored for several more days.

Wildfires Force Evacuation in Some Communities

Thousands of acres are being consumed by scores of fires, their flames fueled by drought, high winds and hot summer temperatures. The wildfires are quickly spreading through area farms and communities as firefighters struggle to contain the flames. A mandatory evacuation order has been issued for a twenty square mile area which encompasses numerous private residences and two long term care facilities.

Small Rural Community Hit Hard by Flu

As seasonal flu spreads quickly throughout the state, a small rural community has been especially hard hit. The local hospital is treating nearly 100 patients per week with flu-like symptoms. Local schools have been closed placing additional stress on the community's workforce as parents are forced to stay home to care for their children. To protect the health of its residents the community's long term care facility has asked staff with flu like symptoms to stay home. About half the staff has called in sick.

- **What types of challenges would these emergencies pose for your facility?**
- **How prepared is your facility to deal with a lack of power, water, heat, food or medical supplies, and/or severe staffing shortages?**

Would your facility be ready to move residents to a safe haven, if evacuation orders were given?

Purpose and Organization of the Manual

This emergency preparedness planning manual, written for nursing homes, assisted living residences, residential care homes and therapeutic community care homes, is intended to assist your facility in developing effective plans for coping with emergency scenarios such as these. The residents with whom you work are very vulnerable and rely upon you and your staff to be adequately prepared to care for them and keep them safe during an emergency. With appropriate planning you will be able to minimize the loss of life, property and revenue, ensure that you are able to continue essential functions during and after an emergency and speed resumption of normal operations.

The manual is organized into three sections:

Section I provides an overview of the manual and offers an introduction to basic emergency management concepts.

Section II enables your facility's emergency planners to take a "bird's eye view" of your facility, that helps to set the context for developing an emergency preparedness plan tailored to your facility's specific needs.

Section III contains five planning modules which focus on priority aspects of emergency preparedness, including: establishing a chain of command, setting up redundant communications systems, planning for staffing shortages, planning to shelter in place and planning for evacuation.

For those facilities which are new to emergency planning, these modules will help you get started quickly. For facilities which already have emergency preparedness plans in place, by working through the worksheets and checklists provided in Section III, you may be able to identify gaps and to strengthen your plans.

Overview of Emergency Management Concepts

Emergency Management Phases

There are four basic phases of emergency/disaster management*:

1. **Mitigation** – Activities and actions which aim to avoid or lessen the impact of a disaster, for example keeping grass cut short to avoid fire danger during a drought.
   Risk management—the process for measuring or assessing risk and developing strategies to manage it—is an essential aspect of mitigation.

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

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

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

The primary focus of this manual is on the preparedness phase. The manual will provide important guidance as you develop your facility's emergency preparedness plans; recognizing that every facility is different, however, it is not meant to dictate a prescriptive approach to this work. Each facility's plan should be based upon its specific needs, vulnerabilities, size and location.

*Adapted from Federal Emergency Management Agency, *www.fema.gov*

All Hazards Planning

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

Collaborative Plan Development

Emergency management professionals stress the importance of having a written plan that provides specific and detailed guidance for how to proceed in a crisis. The plan should describe at minimum: who is in charge of the various aspects of emergency response, how internal and external communications will be handled, how the facility is equipped to shelter in place if necessary, and specific procedures for evacuation and relocation. The plan as it is developed and revised should be shared with all staff. The most effective plans are those that are developed collaboratively with input from all key units in the facility, as well as consultation with local and state level emergency management professionals. This manual is intended to help your facility to develop such a plan.

Continuity of Operations

An important concept in emergency preparedness planning is **"continuity of operations"**. It is primarily concerned with continuation of day-to-day activities and focuses inward on assuring that the organization's core mission and activities are able to be fulfilled in a variety of hazard scenarios. During an emergency, long term care and residential care facilities will be focused primarily on maintaining the ability—i.e. continuing the operations necessary—to keep their residents safe and well cared for. To lay the foundation for emergency preparedness planning, it is critical to consider what will be needed to maintain continuity of operations during a disaster, by identifying an organization's essential functions and the resources needed to carry them out. The next section of the manual will help you to lay this foundation for developing detailed and effective emergency preparedness plans.

Action Step:

Establish an *Emergency Preparedness Planning Team* for your facility, if you do not already have one. The team should be chaired by the facility's director or chief executive, and include leaders or managers of resident care, physical plant operations and business operations in the facility.

Section II. Setting the Context for Emergency Preparedness Planning

The purpose of this section is to give you a starting point by allowing you to take a "bird's eye view" of your facility, its vulnerabilities and strengths, and to envision the types of hazards it is most likely to face. By looking first at this big picture, your facility's emergency planning team will be better able to focus their planning on the facility's specific needs, and to utilize its specific resources most effectively.
Guided by the worksheets in this section, your facility's planners will:

- Describe the major functions and activities which help your organization to operate and serve its mission and clients;
- Conduct a hazard vulnerability analysis;
- Complete a facility profile, and
- Make a list of other agencies to be in contact with as you develop your emergency preparedness plan.

Identifying Essential Functions

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

In considering your most essential and time sensitive functions; take into account what is required to care for your residents and to run your facility. The essential functions you list should encompass the key activities which your organization fulfills on a day-to-day basis. These essential functions may include, for example, medical care of residents, psychosocial care of residents, feeding of residents, bathing and hygienic care of residents, purchasing essential supplies, assuring adequate staffing, maintaining the physical plant, and the various functions necessary to fulfill legal, regulatory and financial obligations.

In addition to these day-to-day essential functions, you should also identify the additional activities you may need to fulfill during an emergency (emergency essential functions). These might include such functions as safety assessment of residents, staff and structure; communication with emergency responders, families and media; and stepped-up infection control and surveillance.

Listing your facility's essential functions highlights clearly and specifically just what operations and activities your facility must try to maintain under emergency/disaster conditions. This in turn helps you to identify the critical resources you need to carry out these functions. Together these lists, which you can record on the next two worksheets, form the basis and framework for your emergency preparedness plan.

Action Step:

List your facility's essential functions in the *Essential Functions Worksheet*. This is good step to get your facility's Emergency Preparedness Planning Team started on their work, and lays the groundwork for the next step, identifying critical resources.

ESSENTIAL FUNCTIONS WORKSHEET	
CLIENT CARE	Example: **Preparing all meals for residents.**
FACILITY OPERATIONS	Example: **Resident Room Cleaning and Disinfection**
ADMINISTRATIVE OPERATIONS	Example: **Purchasing essential supplies and equipment**
EMERGENCY RESPONSE	Example: **Internal communications- communications with staff**

Based on FEMA Continuity of Operations (COOP) Plan Template available from:
http://www.fema.gov/media-library-data/1386609058805-b084a7230663249ab1d6da4b6472e691/COOP-Planning-Template.pdf

Identifying Critical Resources

Critical resources are the inputs needed so that your facility can carry out its essential functions. There are two main categories of critical resources with which long term and residential care facilities should be the most concerned when developing emergency preparedness plans:

- Human Resources: Prepared, safe, trained employees, and facility and unit leaders.
- Physical Resources: Vital records, essential equipment, and supply chains (sources and delivery of food, medicine and medical supplies).

A common aspect of virtually all emergency situations is that they restrict access to vital resources. By taking the step of identifying your facility's critical resources, your planning team will have a detailed listing of critical supplies that should be stockpiled, or that need to have alternative sources identified.

Action Step:

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

ESSENTIAL FUNCTIONS		CRITICAL RESOURCES WORKSHEET				
		HUMAN RESOURCES		VITAL RECORDS	EQUIPMENT	SUPPLIES
		Number of staff who could perform function	Cross training of staff needed (✓)	Vital Records necessary for this function Circle those that would not be accessible in an emergency	Equipment necessary for this function Circle equipment that may not be useable in an emergency and equipment that you need and do not have	Supplies necessary for this function Circle those most difficult to obtain in an emergency
CLIENT CARE	***Example: Preparing residential meals***	***2***	✓	***Dietary orders for each resident***	***Kitchen facilities: Fridge, stove, oven, sink***	***Fresh foods, canned and dried foods, water***
FACILITY OPERATIONS						

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

Hazard Vulnerability Assessment

Although your emergency preparedness/continuity of operations planning should be based on an all-hazards approach, it is useful to conduct a hazard vulnerability analysis, basically a risk assessment, to identify the probability of different types of hazards that could strike your facility or the surrounding community. A hazard vulnerability analysis is an exercise that will help your planning team to consider possible hazards and the potential magnitude of direct and indirect effects these hazards might have on your facility.

Action Steps:

Complete the *Hazard Vulnerability Assessment Form*. Take the top-ranked hazard (the one with the highest score) and have the emergency preparedness planning team brainstorm how a disaster of this type might affect your facility. Don't hesitate to consider extreme scenarios featuring the hazard.

Next, brainstorm possible strategies to cope with the potential impacts of the hazard. Repeat this process with lower ranked hazards; this is useful for revealing contingencies that need to be planned for.

Hazard Vulnerability Assessment

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

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

flush out strategies and details.

Facility Profile

The *Facility Profile* provides in one place a brief description of your organization, the residents you serve and their specific vulnerabilities, and your facility's current level of readiness. The *Facility Profile* will also assist Tarrant County Public Health and other state and local agencies in mounting an emergency response on your behalf. The information contained in the profile will facilitate more rapid communication between these agencies and your facility, as well as assist emergency responders in understanding the impact events may have on your facility.

Action Steps:

The facility's director/chief executive should complete the *Facility Profile* and give a copy of it to the facility's Emergency Preparedness Planning Team.

Long Term Care and Residential Care Facilities

FACILITY PROFILE FOR EMERGENCY PREPAREDNESS PLANNING

Facility Name: _____

Facility Type: _____

Mailing Address: _____

Physical Address (if different from above): _____

Phone: _____

Fax: _____

Primary contact person able to discuss emergency plans:

Name: _____

Phone: _____

Email: _____

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

Name: _____

Phone: _____

Email: _____

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

Name: _____

Phone: _____

Email: _____

Does the facility care for or have the ability to care for special populations, for example, residents on ventilators, dialysis, with dementia, mobility impairments, etc.? If YES, please list the special populations.

☐ Yes ☐ No

Special Populations this facility has capacity to care for:

_____

Average number of residents in the facility at any one time: _____

Capacity: Please indicate the capacity of your facility based upon licensing: _____

Surge capacity: Please indicate the maximum number of residents which could be accommodated regardless of licensing requirements. _____

Approximate number of staff (full time equivalents): _____

Does your facility have a backup generator? ☐ Yes ☐ No

If No, is your facility wired to receive a backup generator? _____

Facility's Food Supplies Vendor/Contractor(s):

Name:		Name:	
Address:		Address:	
Phone:		Phone:	

Facility's Pharmacy/Medical Supplies Vendor/Contractor(s):

Name:		Name:	
Address:		Address:	
Phone:		Phone:	

Facility's Transportation Contractor(s):

Name:		Name:	
Address:		Address:	
Phone:		Phone:	

Brief description of Vehicles Owned by the Facility: Please indicate which vehicles are equipped to transport residents.

_____

_____

_____

Please indicate the types of emergency planning your facility has completed (check all that apply):

- ☐ Establishing Chain of Command and Roles for Emergencies
- ☐ Setting Up Redundant Communications Systems
- ☐ Back-up Staffing Plan for Emergencies
- ☐ Planning for Sheltering in Place
- ☐ Planning for Evacuation

Coordination with Local and State Level Emergency Management Partners

Before a disaster occurs, it is important to know whom your facility will contact to find out what is happening, request specific help or rescue, and keep updated as the situation unfolds. Knowing who to call and how to reach them will greatly increase the speed of response and help to minimize the effect of the incident on your facility and its residents. The Texas Division of Emergency Management (TDEM) has established the State of Texas Emergency Assistance Registry (STEAR) Program. This program is a free registry that provides local emergency planners and emergency responders with additional information on the unique needs of long term care facilities and the clients they serve during an emergency. Additional agencies that you are encouraged to collaborate with include local police, fire and EMS services, Tarrant County Public Health, nearby hospitals, local emergency planning councils, and the Tarrant County Office of Emergency Management. In addition to simply knowing who to call in an emergency, it is important to establish a relationship with these agencies. Make an effort to consult with these agencies as you develop and refine your facility's emergency preparedness plans and share with them any concerns you may have regarding your facility and its residents.

Action Steps:
Complete the *Local and State Partners Contact Sheet.*

Schedule meetings with the partners listed on your contact sheet, to draw upon their expertise and experience before you firm up your emergency preparedness plans, and/or to have them review the plans you have already developed.

Texas Department of Aging
and Disability Services

Form 1085
March 2013

State of Texas Emergency Assistance Registry (STEAR)

Contact Information for Data Collector

Organization:	Contact Name:
Contact Area Code and Telephone No.	Contact Email:

STEAR Facility Registration Form – For use by assisted living facilities, nursing homes, etc.
One form should be completed for each facility.

1. Name of the facility	
2. Street address	Apt/Suite No.
3. City	
4. ZIP code	
5. County	
6. Contact area code and telephone	
7. Estimated daily average census	
8. Do you have an evacuation plan for your facility residents if there is an emergency?..... ☐ Yes ☐ No	
9. Are there any additional comments or notes I should enter into your record?	
Fax completed form to 866-557-1074	Forms can be filled electronically using Adobe Reader or Acrobat and saved as uniquely named PDF files.

Contact Sheet

LOCAL AND STATE PARTNERS FOR EMERGENCY PLANNING AND RESPONSE

Facility Name and City/County: _____

Local Contacts

Police
Liaison Name _____ Phone Number _____

Fire Department
Liaison Name _____ Phone Number _____

Local Hospital Safety Officer _____
Liaison Name _____ Phone Number _____

Local Emergency Planning Council _____
Liaison Name _____ Phone Number _____

Tarrant County Emergency Management Coordinator _____
Liaison Name _____ Phone Number _____

Tarrant County Public Health Emergency Preparedness Coordinator _____
Liaison Name _____ Phone Number _____

Tarrant County Public Health Epidemiology Unit Contact _____
Liaison name _____ Phone Number _____

Texas Department of Aging & Disability Services _____
Liaison name _____ Phone Number _____

Other Partner

Name of Agency _____
Contact Name _____ Phone Number _____

Name of Agency _____
Contact Name _____ Phone Number _____

Name of Agency _____
Contact Name Phone Number

Name of Agency _____
Contact Name _____ Phone Number _____

Section III. Critical Emergency Planning Areas

"Stay, Leave, Connect" is a phrase sometimes used by emergency management professionals to describe the essence of emergency preparedness planning.
If your facility is prepared to "stay" (shelter in place), "leave" if necessary (evacuate) and "connect" (communicate) both internally and with outside emergency responders, you will be ready to respond effectively to almost any type of emergency (all hazards planning). In order to carry out your plans to "stay, leave, connect", you must have in place a chain of command and the human resources to direct and implement your emergency response. This section of the manual focuses on all of these critical areas of emergency preparedness planning:

- Establishing Chain of Command and Roles for Emergencies
- Setting Up Redundant Communications Systems
- Human Resources: Staffing During Emergencies
- Planning for Sheltering in Place
- Planning for Evacuation
- Responding to public health emergencies and/or communicable disease outbreaks

For each critical planning area, we begin with a brief overview of the key issues for your facility's Emergency Preparedness Planning Team to consider as you develop your emergency preparedness plans. These overviews are based on both the recommendations of emergency management experts and lessons learned by long term care facilities that have survived disaster situations.
Immediately following the overview of issues to consider for each planning area, you will find detailed checklists and worksheets to guide you through the specific steps to take to prepare your facility to respond effectively to all manner of emergencies and hazards.

Establishing Chain of Command and Roles for an Emergency

During an emergency all staff must know who is in charge overall and who reports to whom. Each individual must understand his or her role and what specific tasks s/he is responsible for doing. The *Incident Command Structure* is a term that emergency management specialists use to describe the chain of command and the essential roles to be carried out in response to a disaster/crisis.

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

For residential care facilities there are at least five critical areas of responsibility to be carried out during an emergency:

- Overall management of emergency response (also called "incident command")
- Communications, both internal and external
- Resident care, both clinical care and psychosocial care
- Facility operations, which encompasses physical plant operations and food services, and business operations, covering finances and expenditures during the emergency, payroll, insurance claims, etc.

During an emergency each of these areas of responsibility must have a leader or "chief" who directs activities within it. In smaller facilities it may be necessary for individuals to take on more than one of these leadership roles. In large facilities, there may be a number of "unit leaders" who report to each "chief" during the emergency (*See Appendix II for a detailed Incident Command Structure for large nursing homes*). The roles of each "chief' during an emergency are briefly described below.

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

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

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

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

Business Operations Chief: Monitors the utilization of financial assets and the accounting for financial expenditures; supervises the documentation of expenditures and cost reimbursement activities.

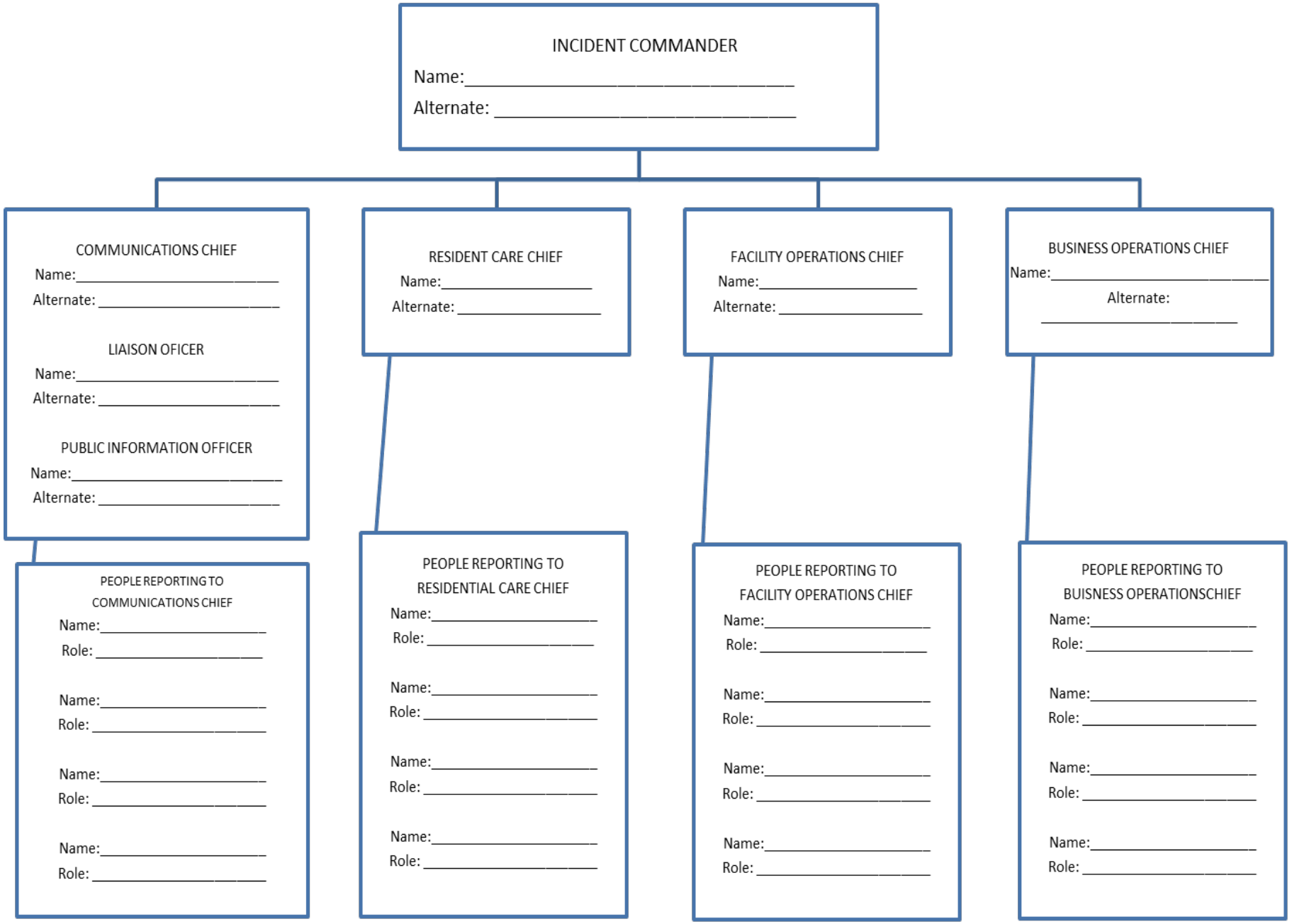
As part of your facility's emergency preparedness plan, your planning team should determine who is to fulfill each of these essential roles in the *Incident Command Structure*.

Who Steps In? Alternates for Critical Roles

Your emergency preparedness plans should also acknowledge that under emergency conditions individuals, for a variety of reasons, may not be able to fulfill their roles. Emergency plans should specify alternates for each role, and there should be, in writing, the orders of succession for the key leadership positions in the *Incident Command Structure*.

Action Step:

Work with your facility's emergency planning team to fill out the *Chain of Command Chart* by inserting the names of the people assigned to each role. In each box, include the name of an alternate person to fill the role in case the first person is not available.


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

Setting Up Redundant Communications Systems

A strong communications system is the backbone of emergency response and disaster management. The ability to send and receive vital information and to coordinate actions with partners and emergency responders is critical during an emergency. Long term care facilities' emergency plans must include strategies for communicating with:

- Emergency management authorities, on both the local and state levels
- Local emergency responders (police, fire, EMTs)
- Facility staff
- Patients' families
- Other local health care facilities
- Regulatory agencies
- Suppliers
- Others (parent company, media, etc.)

There are four key components of planning for emergency communications:

1. Understand your facility's communications equipment / technology

Inventory all the methods your facility has available to communicate both internally and with the outside world, including: telephone system, email, voicemail, computer networks and internet connection, fax, automated dialing programs, cell phones, wireless messaging, pagers, internal two-way radios, and more. Work with your IT team or vendor to understand the strengths and limitations of each technology for communicating under emergency conditions. AM/FM radios and TVs are also critical for receiving emergency alerts, evacuation orders and news.

2. Build relationships and partnerships

As discussed in Section II, it is important to think ahead of time about who will be contacting you, and who you will need information and assistance from during an emergency (see the list above). Before a disaster strikes, you should know who, specifically, to call and different ways to reach them. By building relationships with your Local Emergency Planning Council and other partners ahead of time, these partners will better understand your facility's needs as well as how and when to contact you with emergency information.

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

Facility leaders should decide ahead of time who will be the voice of the facility to the outside world (families, media), who will be in charge of communications with staff, and who will be the point person for communicating with emergency management authorities, Tarrant County Public Health and other agencies. These roles should be assigned within the Incident Command Structure (*see Chain of Command Chart*).

4. Devise back-up plans for communications.

A communications system with back-up communications channels built into it is known as a "redundant communications system". In a widespread disaster, cell phone and landline circuits may be overloaded. Phones, internet and fax may go down. Think about your fallback options for these situations. Long-term care facilities that have survived real disasters recommend:

- Two-way radios for internal communications
- A satellite phone for the facility
- Connecting with a local amateur radio (ham radio) operator. Ham radio operators are licensed by the FCC and volunteer to provide back-up communications in emergency and disaster situations. (*See Appendix III for contact information for ham radio operator groups in Tarrant County*).

Action Step:

Review the *Emergency Communications Planning Checklist* with your Emergency Preparedness Planning Team, to assess your level of emergency readiness in the area of communications. For all tasks identified as 'not started' or 'in progress'; assign responsibility and specify a deadline for completion of the task.

Emergency Communications Planning Checklist

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Establish and maintain contact lists				
Contact list established for all staff	☐ not started ☐ in progress ☐ done			
Contact list established for families of patients/residents	☐ not started ☐ in progress ☐ done			
Contact list established for local emergency responders, e.g. local emergency management, police, fire, EMTs, local hospital	☐ not started ☐ in progress ☐ done			
Contact list established for state agencies e.g. DSHS, TDEM, DADS	☐ not started ☐ in progress ☐ done			
Contact list established for health care provider partners, e.g. sister facilities	☐ not started ☐ in progress ☐ done			
Contact list established for critical vendors and suppliers, e.g. transportation, pharmacy, food, lab	☐ not started ☐ in progress ☐ done			
Staff call tree established for use in emergencies	☐ not started ☐ in progress ☐ done			

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Plan for situational awareness				
Have weather radio	☐ not started ☐ in progress ☐ done			
Have battery powered radio(s) or TV(s) and batteries	☐ not started ☐ in progress ☐ done			
Facility is part of Emergency Alert Network	☐ not started ☐ in progress ☐ done			
Protocol is established for communicating with TDEM	☐ not started ☐ in progress ☐ done			
Protocol established for communicating with DSHS and DADS	☐ not started ☐ in progress ☐ done			
Plan for back-up communications (if landlines and cell phones are out)				
Facility's back-up communications methods/equipment are inventoried	☐ not started ☐ in progress ☐ done			
Additional back-up communications system or equipment obtained/established if necessary	☐ not started ☐ in progress ☐ done			
Facility's back-up communication methods have been tested	☐ not started ☐ in progress ☐ done			

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Plan for managing communications during an emergency				
Liaison Officer* designated	☐ not started ☐ in progress ☐ done			
Public Information Officer* designated	☐ not started ☐ in progress ☐ done			
Set up a dedicated number for key contacts to call to access recorded status messages in an emergency.	☐ not started ☐ in progress ☐ done			
Discussion exercises held to test emergency communications.	☐ not started ☐ in progress ☐ done			

Human Resources: Staffing in an Emergency

During a disaster, your facility may face staffing shortages for a variety of reasons—staff may not be able to get in to work, may be ill, or may need to take care of their own families during the emergency. In planning to have adequate staffing during an emergency, the first step is to have a mechanism for notifying staff about the emergency and for calling in off-duty staff.

Another important step is to have a policy in place regarding families of staff. Your facility needs to decide whether, in a community wide emergency, family members of staff can shelter in place at your facility, or even evacuate with your facility. Provision for family members may be a key factor in keeping staff on the job during a widespread emergency.

To be most prepared for an emergency, staff should be cross-trained to fulfill different roles in case the primary person responsible for a given function is not available. This requires a significant investment of time and resources on the part of the facility, but can be built in as part of ongoing in-service training and professional education. Ideally, the facility would also hold training exercises/emergency response drills, to prepare staff for a real disaster, and to expose the "gaps" in the facility's emergency plans.
Finally you may want to consider whether volunteers would be able to fulfill some staff functions in the event of a severe staffing shortage, and develop guidelines specifying which tasks volunteers can and cannot do.

Action Steps:

Work with your Emergency Preparedness Planning Team to complete the *Staffing Back-Up Plan Worksheet*. Have a mechanism for updating this sheet as staff turnover.

Work with your facility's Emergency Preparedness Planning Team to develop a policy on immediate family of staff sheltering at the facility, and/or evacuating with the facility.

Consider how cross-training of staff might be provided in your facility.
Clarify your policy on the role of volunteers during an emergency.

Staffing Back Up Plan

List staff responsible for performing essential functions and back up staff who are cross trained to perform the function in an emergency. It may be helpful to refer back to the *essential functions worksheet* you filed out in Section II.

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

Planning for Sheltering In Place

In an emergency such as a blizzard, ice storm or flood, your facility may be cut off from the outside world for a period of several days. It may be unsafe for anyone to leave the facility, and emergency responders, power companies and suppliers may be unable to reach you. External communications may or may not be disrupted. To prepare for such a situation, you must build your facility's capacity to function self-sufficiently for several days—to "shelter in place" providing your own power, food and water, medications and supplies.

Emergency Power

Power outages are not an uncommon occurrence in Texas and your facility likely has some plans in place for dealing with short-term loss of electricity. In a disaster situation power may be cut off for days, so it is important to assess whether your current plans are sufficient should power be out for a longer time.

If your facility has a generator; it is essential to check it regularly, have more than one person trained to operate and maintain it, have a fuel supply always in place, and periodically assess whether the generator's capacity remains sufficient to cover your current power needs (for example: beds, space or equipment may have been added to your facility recently which increases your power needs).

Another important aspect of emergency planning for loss of power is to meet with and educate your local emergency management authorities and your power company about the needs of your residents. Make it understood that your residents are similar to hospital patients (i.e. high acuity, vulnerable, equipment dependent)—this may push your power company to place your facility on a priority list for power restoration.

Food and Water

Facilities should have an emergency stockpile of food and water adequate to cover everyone in the facility for at least 72 hours and ideally, up to a week. When planning quantities; remember to count staff that will be sheltering in place as well as residents. Stockpile food that requires no refrigeration and little or no cooking, and remember to account for special dietary needs when assembling emergency food supplies. As for water supplies, discuss quantities needed and storage of water with your local emergency planning council, or health department.

Medication and Medical Supplies

Facilities should have an emergency stockpile of medications and medical supplies adequate to cover all residents in the facility for at least 72 hours and ideally, up to a week. In the case of both food and medications/supplies, facility leaders should give some thought to supply chains during an emergency, and have purchasing agreements with more than one vendor. Be aware that in a widespread emergency however, all vendors will be serving multiple facilities, delivery may be difficult or impossible, and supplies may be scarce—this is another reason to have adequate stockpiles.

Security

In a disaster, residential care facilities like nursing or group homes may be some of the few local buildings with power, food, water and medicine. Security measures may be needed to protect patients, staff, supplies and property. As a first step, facility leaders should talk with local law enforcement officials about ways to meet security needs during an emergency. Facility leaders should also consider providing all staff with basic security training. FEMA offers a Workplace Security Awareness independent study course (IS-906) that would be beneficial to staff during an emergency.*

Action Step:

Review the *Shelter-in-Place Planning Checklist* with your Emergency Preparedness Planning Team, to assess your level of emergency readiness to shelter in place. For all tasks identified as 'not started' or 'in progress'; assign responsibility and specify a deadline for completion of the task.

**Available at the following link:*
http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-906

Shelter in Place Planning Checklist

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Shelter in Place Decision				
Criteria for making shelter-in-place vs. evacuation decision established	☐ not started ☐ in progress ☐ done			
Procedure established for consulting with local emergency management re: shelter-in-place decision	☐ not started ☐ in progress ☐ done			
Policy established re: whether staff families can shelter at facility	☐ not started ☐ in progress ☐ done			
Emergency Power Plan				
Facility has generator adequate to its specific power needs	☐ not started ☐ in progress ☐ done			
If no generator, facility is "quick connect" ready	☐ not started ☐ in progress ☐ done			
Facility has 4-5 day fuel supply for generator	☐ not started ☐ in progress ☐ done			
Procedures established for regular checking and maintenance of generator	☐ not started ☐ in progress ☐ done			
Facility has back-up manual versions of important medical equipment	☐ not started ☐ in progress ☐ done			
Facility leaders have met with local emergency management to discuss power needs of the facility	☐ not started ☐ in progress ☐ done			
Facility leaders have met with power company to discuss power needs of the facility	☐ not started ☐ in progress ☐ done			

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Emergency Food 7 Water Supplies				
Facility has 5-7 days food stockpile for max number of residents and staff	☐ not started ☐ in progress ☐ done			
Facility has adequate supply of potable water	☐ not started ☐ in progress ☐ done			
Emergency food supplies are inspected and rotated as needed	☐ not started ☐ in progress ☐ done			
Facility has active contracts with multiple food suppliers, incl. one located out of area	☐ not started ☐ in progress ☐ done			
Medications and Medical Supplies Stockpile				
Facility has 5-7 day stockpile of common medications	☐ not started ☐ in progress ☐ done			
Facility has 5-7 day supply of medications for each resident	☐ not started ☐ in progress ☐ done			
Facility has 5-7 day stockpile of medical supplies needed to care for residents	☐ not started ☐ in progress ☐ done			
Facility has extra supplies of IV fluids	☐ not started ☐ in progress ☐ done			
Facility has active contracts with multiple pharmacy suppliers, incl. one located out of area	☐ not started ☐ in progress ☐ done			
Facility has active contracts with multiple vendors of medical suppliers, incl. one located out of area	☐ not started ☐ in progress ☐ done			

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Security Plan				
Facility Leaders have discussed emergency security	☐ not started ☐ in progress ☐ done			
Discussions held with local law enforcement re: facility security	☐ not started ☐ in progress ☐ done			
Lockdown procedure established	☐ not started ☐ in progress ☐ done			
Facility has access to cash in event of money supply disruption	☐ not started ☐ in progress ☐ done			
Facility has on hand basic tools and materials to make emergency repairs/shore up structure	☐ not started ☐ in progress ☐ done			

Planning For Evacuation

Evacuation and relocation of the residents of a facility for elderly or disabled persons, many of whom are ill or frail, have special needs, mobility limitations or cognitive deficits, is an arduous process to manage, and potentially unsafe for high acuity residents. Long term care administrators who have experienced facility evacuations and many emergency management experts agree that it is highly preferable to shelter in place if at all possible. However, in the case of some disasters, for example a flood, evacuation may be the best or only option.

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

- Recommendations or orders of local and state emergency management authorities
- Location of facility in a storm surge or flood zone
- Resident acuity levels
- Availability of a "like" facility to relocate to
- Evacuation transport time

Alternate Facility

The most important aspect of planning for evacuation is to have an alternate facility to relocate to. Very few emergency shelters can accommodate people with chronic medical problems or special needs. It is best for your facility to have a specific, written agreement with a "like" facility, another health care or residential facility that provides the same level of care or higher. Depending on the number of residents you have and potential host sites' capacities, you may need to make agreements with more than one alternate facility. It is recommended that one of your alternate facilities be located at least 50 miles away.

Transportation

Transportation has been called the "Achilles heel" of evacuation. In a widespread disaster, transportation resources will be strained. Experience in hurricane zones has shown that many transportation companies make contracts with multiple facilities for emergency transportation and are unable to honor them all. So, while your facility should have such a transportation contract in place, it is essential to explore a wide range of other transportation options when making your emergency preparedness plans. Consider partnership with local churches to use their vans. Establish relationships with motor charter services in your area. Work with other long term care facilities in the area to see whether you can borrow their transportation resources (in the event that only your facility needs to evacuate). A last resort transportation plan would be to use staff's personal vehicles.
Finally, when making your plans, remember that all evacuation vehicles will need fuel, maps and a means of communication.

Resident Specific Information

It is essential that identifying information and critical medical information accompany each resident being evacuated. This vital information must be somehow secured so that it stays with the resident—possibilities include bracelets (print or electronic), a waterproof wrist tag, or a waterproof envelope with documents carried by the resident. Information that should accompany each resident includes: name, date of birth, social security number, diagnoses, primary care provider, current drug regimen, health insurance provider, family contact information, and a photograph.

Training and Practice

Evacuation of residents and staff is a complex and difficult process. Facilities will be much better prepared in the event of a real emergency if staff has been given opportunities to practice evacuation procedures. Evacuation drills also help to expose weaknesses and gaps in the facility's evacuation plans.

Action Step:

Review the *Evacuation Planning Checklist* with your Emergency Preparedness Planning Team, to assess your level of emergency readiness to evacuate. For all tasks identified as 'not started' or 'in progress'; assign responsibility and specify a deadline for completion of the task.

Evacuation Planning Checklist

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Evacuation Decision				
Criteria for making shelter-in-place vs. evacuation decision established	☐ not started ☐ in progress ☐ done			
Procedure established for consulting with local emergency management re: shelter-in-place decision	☐ not started ☐ in progress ☐ done			
Reliable channels established for receipt of evacuation orders	☐ not started ☐ in progress ☐ done			
Policy established re: whether staff families can shelter at facility	☐ not started ☐ in progress ☐ done			
Alternate Facility				
An alternate "like" facility(s) to which residents can relocate has been identified	☐ not started ☐ in progress ☐ done			
Memorandum of Understanding signed with alternate facility(s)	☐ not started ☐ in progress ☐ done			
Procedures established for discharging some (lower acuity) patients to their families if feasible	☐ not started ☐ in progress ☐ done			
Transportation				
Multiple transportation resources have been identified, considered and listed with contact information	☐ not started ☐ in progress ☐ done			
Transportation contracts have been signed with more than one transportation vendor	☐ not started ☐ in progress ☐ done			
Fallback transportation plans made, e.g. staff vehicles, church vans	☐ not started ☐ in progress ☐ done			

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Evacuation route (and secondary route) to alternate facility has been identified	☐ not started ☐ in progress ☐ done			
Maps and mobile communication devices are available to go with each vehicle	☐ not started ☐ in progress ☐ done			
Evacuation Procedures				
Staging and loading areas identified	☐ not started ☐ in progress ☐ done			
Procedures established for readying residents for journey—informing, attaching ID info, packing	☐ not started ☐ in progress ☐ done			
Patients identified who will need most assistance, or are most complicated to move	☐ not started ☐ in progress ☐ done			
Procedures established for orderly, systematic loading of residents onto vehicles	☐ not started ☐ in progress ☐ done			
Number and types of staff to accompany residents in evacuation vehicles specified	☐ not started ☐ in progress ☐ done			
Procedures established to account for all residents and staff (no one left behind)	☐ not started ☐ in progress ☐ done			
Procedures established to communicate with residents' families re: the evacuation	☐ not started ☐ in progress ☐ done			

COMMUNICATIONS PLANNING TASK	STATUS (CHECK ONE)	PERSON(S) RESPONSIBLE	DEADLINE	NOTES
Resident Specific Information				
Method for transferring identifying info and essential health info with each patient is specified (e.g. bracelet, triage tag)	☐ not started ☐ in progress ☐ done			
Plan describes procedures for transporting/transferring patient medical records	☐ not started ☐ in progress ☐ done			
Evacuation Supplies				
Plan describes types and amount of food to take for the journey	☐ not started ☐ in progress ☐ done			
Plan describes procedures for packing food and distributing it among transport vehicles	☐ not started ☐ in progress ☐ done			
Plan describes amount of drinking water to bring on journey	☐ not started ☐ in progress ☐ done			
Plan describes logistics for carrying water and distributing it among transport vehicles	☐ not started ☐ in progress ☐ done			
Plan describes amounts and types of medications to bring along with procedures for transporting them	☐ not started ☐ in progress ☐ done			
Plan describes other critical supplies (e.g. oxygen, incontinent supplies) and equipment to bring	☐ not started ☐ in progress ☐ done			
Plan considers provisions to be brought or ordered and delivered to the host facility	☐ not started ☐ in progress ☐ done			
Facility has adequate equipment to move people (e.g. stretchers, portable ramps)	☐ not started ☐ in progress ☐ done			
Training and Practice				
Staff have been trained in evacuation procedures	☐ not started ☐ in progress ☐ done			
Drills/exercises have been held with staff to practice evacuation procedures	☐ not started ☐ in progress ☐ done			

Section IV. Public Health Emergencies and Communicable Disease

In an emergency such as an infectious disease outbreak or the release of a biological agent, your facility will need to coordinate with public health officials to ensure appropriate prevention and control measures are implemented.

Outbreak Prevention and Control Measures

Facilities need to know when and who to call in order to determine if an acute illness cluster is occurring in their facility or if an outbreak is occurring in their community. Epidemiologists are public health officials dedicated to monitoring infectious diseases in the community and provide guidance on control and prevention of diseases. There are numerous conditions which are reportable by law to public health including any outbreak or unusual group expression of disease. Of particular importance to long-term care facilities are the potential for multi-drug resistant organism. Certain drug resistant organism and healthcare associated infection (HAI) outbreaks should be reported to public health immediately.

Strategic National Stockpile and Medical Countermeasure Dispensing

The Strategic National Stockpile is a federal program that has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, earthquake, etc.) severe enough to cause local supplies to run out. Once federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. in time for them to be effective. Tarrant County Public Health has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible.

Your facility will be required to dispense medical countermeasures to your staff and residents in the event of a widespread public health emergency. It is important for business continuity during an emergency that your residents and staff be protected from an infectious disease outbreak. Tarrant County Public Health has coordinated with local emergency management to ensure that each jurisdiction has processes to dispense medical countermeasures to the public during an event that requires deployment of the Strategic National Stockpile. It is imperative that your facility develop a plan for safely dispensing medications that includes how you will pick up or receive medications. Tarrant County Public Health has training resources that can assist you with developing a plan, training your staff, and eventually exercising your plan.

Action Steps:

Review the Texas Notifiable Conditions list. Include the 24/7 reporting number in procedures related to infectious disease and provide this number to staff in your facility. Establish and maintain contact with the Tarrant County Epidemiology staff and report all notifiable conditions and suspected clusters or outbreaks in your facility immediately.

Review the *Long Term Healthcare Facilities-SNS Contact Sheet* with your Emergency Preparedness Planning Team, and assign responsibilities to designated staff in your facility. Schedule annual reviews of your procedures to ensure readiness to request, receive and dispense medical countermeasures.

LONG TERM HEALTHCARE FACILITIES - SNS CONTACT

FROM		TO	
	Point of Contact		Matthew Honza SNS Coordinator
	Company		Tarrant County Public Health Department
	Address		1101 South Main Street
	City/State/Zip		Fort Worth TX 76104
	Phone		817-321-5459

Patients Covered: _____
Employees Covered: _____
Others Covered*: _____
Family Members**: _____
Total Covered: _____

*Describe Others:

SNS Delivery Location

Street Address
Suite/Room No.
City
State/Zip

Delivery Details:

Contact Information (for Delivery) — **Primary Contact**

First Name — Work Phone:
Last Name — Home Phone:
Work E-mail — Cell Phone:
Personal E-mail — Fax Phone:

Contact Information (for Delivery) — **Alternate Contact**

First Name — Work Phone:
Last Name — Home Phone:
Work E-mail — Cell Phone:
Personal E-mail — Fax Phone:

Contact Information (for Delivery) — **Second Alternate Contact**

First Name — Work Phone:
Last Name — Home Phone:
Work E-mail — Cell Phone:
Personal E-mail — Fax Phone:

The above information is submitted for the coordination of SNS assets delivery for the facility mentioned above by an authorized agent of the company.

PRINT NAME _____
COMPANY NAME _____
TITLE _____
DATE _____

** If you do not know the exact number of family members, you can assume an average of three dependents for each patient, employee or other person(s) that you wish to cover at this facility.

APPENDIX I: The following resources were used in the development of this guide

Emergency Preparedness Planning

Texas Division of Emergency Management (TDEM)
www.txdps.state.tx.us/dem/

American Red Cross
- Preparing Your Business for the Unthinkable

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

Federal Emergency Management Agency (FEMA)
Continuity of Operations Programs (COOP)
www.fema.gov/government/coop/index.shtm#0

Disability.gov
Emergency Preparedness
https://www.disability.gov/?s=&fq=topics_taxonomy:"Emergency+Preparedness%5E%5E"

Texas Hams
- Amateur Radio in Texas

http://texashams.org/

Agency for Healthcare Research and Quality (AHRQ)
Emergency Preparedness
www.ahrq.gov/prep

Center for Medicare and Medicaid Services (CMS)
Emergency Preparedness
www.cms.hhs.gov/surveycertemergprep

Centers for Disease Control and Prevention (CDC)
Emergency Preparedness
www.bt.cdc.gov

Florida Health Care Association
- Caring for Vulnerable Elders during a Disaster: National Findings of the Nursing Home Hurricane Summit 2007

http://www.ahcancal.org/facility_operations/disaster_planning/Documents/Hurricane_Summit_May2007.pdf

AHRQ, USDHHS 2007
- Nursing Homes in Public Health Emergencies: Special Needs and Potential Roles

www.ahrq.gov/prep/nursinghomes/nhomerep.pdf

Vermont Agency of Human Services Department of Disabilities, Aging & Independent Living

- Emergency Preparedness Planning for Nursing Homes and Residential Care Settings in Vermont

http://www.dlp.vermont.gov/forms/emergency-preparedness-planning

Infection Prevention

Centers for Disease Control and Prevention

- Healthcare-associated Infections (HAIs): Long-term Care Settings (2013)

http://www.cdc.gov/HAI/settings/ltc_settings.html

- CRE Toolkit-Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE) (2012)

http://www.cdc.gov/hai/organisms/cre/cre-toolkit/

- Management of Multi-drug Resistant Organisms in Healthcare Settings (2006)

http://www.cdc.gov/hicpac/pdf/MDRO/MDROGuideline2006.pdf

American Medical Directors Association (AMDA)

- Common Infections in the Long-term Care Setting

http://www.guideline.gov/content.aspx?id=32667

Association for Professionals in Infection Control and Epidemiology (APIC) and Society for Healthcare Epidemiology of America (SHEA)

- Infection Prevention and Control in the Long-term Care Facility

http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf

United States Department of Health and Human Services (HHS)

- National Action Plan to Prevent Healthcare Associated Infections: Road Map to Elimination Phase 3-Long-term care facilities (2013)

http://www.health.gov/hai/pdfs/hai-action-plan-ltcf.pdf

Pandemic Flu

Texas Department of State Health Services
http://www.texasflu.org/

Centers for Disease Control and Prevention
www.cdc.gov/H1N1FLU
http://www.cdc.gov/flu/pandemic-resources/

Flu.gov
http://www.flu.gov/planning-preparedness/index.html

APPENDIX II: Example Incident Command Structure for Large Long Term Care Facilities

INCIDENT COMMANDER
Mission: *Organize and direct the facility's emergency operations. Give overall direction for facility operations and make evacuation and sheltering in place decisions.*

LIAISON OFFICER (reports to Incident Commander)
Mission: *Function as the incident contact person in the facility for representatives from other agencies, such as the local emergency management office, police, hospitals and the licensing agency.*

PUBLIC INFORMATION OFFICER (reports to Incident Commander)
Mission: *Serve as the conduit for information to internal and external stakeholders, including staff, visitors and families, and the news media.*

SAFETY OFFICER (reports to Incident Commander)
Mission: *Ensure safety of staff, patients, and visitors, monitor and correct hazardous conditions. Have authority to halt any operation that poses immediate threat to life and health.*

OPERATIONS CHIEF (reports to Incident Commander)
Mission: *Oversee the direct implementation of resident care and services, dietary services, and environmental services.*

RESIDENT SERVICES BRANCH DIRECTOR (reports to Operations Chief)
Mission: *Coordinate and supervise all aspects of resident care, services, and movement into and out of the facility. Coordinate Unit Leaders under Resident Services Branch.*

NURSING SERVICES UNIT LEADER (reports to Resident Services Branch Director)
Mission: *Organize and direct nursing services, including management of high acuity and special needs residents as well as routine nursing services including medication passes. Organize and direct activities of daily living for residents. Coordinate and supervise direct care staff. Evaluate supplies, equipment, and medication levels to support resident care needs.*

TRANSFER & DISCHARGE UNIT LEADER (reports to Resident Services Branch Director)
Mission: *Organize and direct resident transfer and discharge according to facility policies and procedures. Implement and monitor the facility's resident identification and tracking system for either incoming residents who are sheltering in place or for facility residents evacuating to an offsite destination.*

PSYCHOSOCIAL UNIT LEADER (reports to Resident Services Branch Director)
Mission: *Organize, direct, and supervise those services associated with the social and psychological needs of the residents, staff, and dependents.*

SOCIAL SERVICES MANAGER (reports to Psychosocial Unit Leader)
Mission: *Assure the medically related emotional and social needs of residents are maintained. Communicate transfer and discharge actions with residents' family members.*

ACTIVITIES MANAGER (reports to Psychosocial Unit Leader)
Mission: *Within the limitations and scope of the incident, involve residents in a program of activities that are designed to appeal to their interests, promote self-esteem, and are pleasurable. Obtain from Psychosocial Unit Leader updated messages to communicate to residents to ensure they are given the best information possible about the incident.*

INFRASTRUCTURE BRANCH DIRECTOR (reports to Operations Chief)
Mission: Organize and manage the services required to sustain and repair the nursing home's infrastructure operations, including: power/lighting, water/sewer, HVAC, buildings and grounds, medical gases, medical devices, structural integrity, environmental services, and food services.

DIETARY SERVICES UNIT LEADER (reports to Infrastructure Branch Director)
Mission: *Organize, provide, and safeguard food and water stores to allow for the facility's self-sufficiency for at least one week. Implement the facility's emergency menu. Provide Incident Command with inventory levels and projected needs.*

ENVIRONMENTAL SERVICES UNIT LEADER (reports to Infrastructure Branch Director)
Mission: *Ensure proper cleaning and disinfection of nursing home environment. Supervise housekeeping activities and laundry department.*

MAINTENANCE UNIT LEADER (reports to Infrastructure Branch Director)
Mission: *Maintain power and lighting to the nursing home facilities. Ensure adequate generator fuel. Evaluate and monitor the integrity of existing water, sewage, and sanitation systems. Enact pre-established alternate methods of waste disposal if necessary. Organize and manage the services required to sustain and repair the facility's buildings and grounds.*

SECURITY UNIT LEADER (reports to Infrastructure Branch Director)
Mission: *Coordinate all of the activities related to personnel and facility security, such as access control, crowd and traffic control, and law enforcement interface.*

OTHER POSSIBLE UNIT LEADERS (report to Service Branch Director)

COMMUNICATION HARDWARE UNIT LEADER
Mission: *Organize and coordinate internal and external communications connectivity.*

IT/IS UNIT LEADER
Mission: *Provide computer hardware, software and infrastructure support to staff.*

STAFFING/SCHEDULING UNIT LEADER
Mission: *Organize and inventory available staff. Make contact with off-duty staff as appropriate for scheduling. Receive requests and assign available staff as needed. Maintain adequate numbers of both medical and non-medical personnel. Assist in the maintenance of staff morale and well-being.*

CENTRAL SUPPLY UNIT LEADER
Mission: *Acquire, inventory, maintain, and provide medical and non-medical care equipment, supplies, and pharmaceuticals.*

DEPENDENT CARE UNIT LEADER
Mission: *Initiate and direct the sheltering and feeding of staff dependents. Contribute to overall staff morale and efficacy by providing a safe, engaging environment for their dependents.*

TRANSPORTATION UNIT LEADER
Mission: *Organize and coordinate the transportation of all ambulatory and non-ambulatory residents within or without the facility. Arrange for the transportation of human and material resources within or without the facility.*

FINANCE/ADMINISTRATION CHIEF (reports to Incident Commander)
Mission: *Monitor the utilization of financial assets and the accounting for financial expenditures. Supervise the documentation of expenditures and cost reimbursement activities. Coordinate and supervise the units within the Finance/Admin Section.*

BUSINESS CONTINUITY UNIT LEADER (reports to Finance/Administration Chief)
Mission: *Ensure business functions are maintained, restored or augmented to meet recovery objectives. Limit interruptions to continuity of essential business operations to the extent possible.*

OTHER POSSIBLE UNIT LEADERS *(continued)*

PROCUREMENT UNIT LEADER (reports to Finance/Administration Chief)
Mission: *Responsible for administering accounts receivable and payable to contract and non-contract vendors.*

COST UNIT LEADER (reports to Finance/Administration Chief)
Mission: *Responsible for providing cost analysis data for the declared emergency incident and maintenance of accurate records of incident cost.*

EMPLOYEE TIME UNIT LEADER (reports to Finance/Administration Chief)
Mission: *Responsible for the documentation of personnel time records. Monitor and report on regular and overtime hours worked/volunteered.*

COMPENSATION/CLAIMS UNIT LEADER (reports to Finance/Administration Chief)
Mission: *Responsible for receiving, investigating and documenting all claims reported to the nursing home during the emergency incident, which are alleged to be the result of an accident or action on nursing home property.*

APPENDIX III: Amateur Radio Contacts

Tarrant County HAM Radio Contacts			
Agency	Contact Name	Phone Number	Email
Tarrant County Public Health	Jose Aguilar	817-321-4895	jdaguilar@TarrantCounty.com
Tarrant County Public Health	Mark Fulmer	817-321-5366	smfulmer@tarrantcounty.com
Tarrant County Public Health	Kelly Hanes	817-321-5306	dkhanes@tarrantcounty.com
Tarrant County Public Health	Matthew Honza	817-321-5459	mrhonza@tarrantcounty.com
Tarrant County Emergency Management	William Wessel	817-884-2906	wtwessel@tarrantcounty.com
Texas Department of State Health Services	Bart Thom	817-264-4661	bart.thom@dshs.state.tx.us

NOTES

NOTES

Tarrant County Public Health-Epidemiology and Health Information Division

Introduction

Welcome to the Epidemiology and Health Information Division's Ready Health Information. Epidemiology is concerned with **the frequency and pattern of health events in a population**. One of the ways that we are able to collect the surveillance data required to establish that picture is through *reportable health conditions and outbreaks/clusters of disease*. As that information is processed within the division, the reports are compared to established epidemiology case criteria guides that qualify the data into reportable numbers. This does not always match to a providers diagnostic criteria but it does serve to provide the parameters for how data is reported. That forms the picture used year to year to look for changes in the health of an entire population.

In addition to providing the scope and depth of disease within our community, the reporting of requested health conditions and clusters allows for **public health interventions** to be provided to the community in a timely and productive manner. Examples of this would be: establishing the timely prophylaxis of household members to a *Neisseria meningiditis* case, spraying for mosquitos where there is an abundance of West Nile Human cases reported, following food borne diseases that may be linked to specific foods within our supermarkets, Norovirus outbreaks in congregate setting, and notification of the community of any concerns related to waterborne diseases isolated to specific water activities.

As a reporter of health conditions and unusual expressions of disease in our community, whether or not they are mandated as reportable, assists us and other healthcare providers in the community provide appropriate care and follow up to all patients and helps provide an accurate picture of what is circulating within our community during seasons or years. We appreciate the information that you provide and have enclosed forms and references to make accessing our department as easy as possible.

A general case history of a gastrointestinal disease in a Long Term Care Facility in Tarrant County:

Over the last 24-48 hours, 2 staff members who have either direct or indirect care of patients have called in for work to say they are ill with nausea and vomiting. At report this morning the nursing staff have been informed that 3 patients have been up all night with either nausea, vomiting or diarrheal symptoms. After initiating medical follow up for the patients, the next call is to the local health department to report a cluster of illness that has not been diagnosed at this time. A line list of the suspected cases should be started and appropriate interventions initiated. Those interventions will be reviewed with the epidemiologist assigned to the case. Over the following days to weeks, the epidemiologist will stay in contact with the representative of the facility to evaluate for continued disease and to assist with development of additional interventions as needed. [Included in this book are the forms for this scenario: a census and general report form, a line list of patients with demographic data and onset dates, EPA registered cleaning solutions effective for Noro Virus and a daily update form.]

The next page is the 2016 Texas Reportable Conditions List. This list may change in January of subsequent years. You will find an updated one at www.dshs.state.tx.us

Texas Notifiable Conditions

Report confirmed and suspected cases to Tarrant County Public Health

Tarrant County Public Health
1101 S. Main St • Ft Worth, TXs 76104
(817) 321-5350
After Hours (817) 994-3708
Safeguarding our community's health

A – I	When to Report	L – Y	When to Report
*Acquired immune deficiency syndrome (AIDS)[1,2]	Within 1 week	***Lead, child blood, any level & adult blood, any level**[3]	**Call/Fax Immediately**
Amebiasis[4]	Within 1 week	Legionellosis[4]	Within 1 week
Amebic meningitis and encephalitis[4]	Within 1 week	Leishmaniasis[4]	Within 1 week
Anaplasmosis[4]	Within 1 week	Listeriosis[4,5]	Within 1 week
Anthrax[4, 5]	**Call Immediately**	Lyme disease[4]	Within 1 week
Arbovirus infection[4,6]	Within 1 week	Malaria[4]	Within 1 week
*Asbestosis[7]	Within 1 week	**Measles (rubeola)**[4]	**Call Immediately**
Ascariasis[4]	Within 1 week	**Meningococcal infections, invasive (Neisseria meningitidis)**[4,5]	**Call Immediately**
Babesiosis[4]	Within 1 week	**Multidrug-resistant *Acinetobacter* (MDR-A)**[4,8]	**Within 1 work day**
***Botulism (adult and infant)** [4,5,9]	**Call Immediately**	Mumps[4]	Within 1 week
Brucellosis[4, 5]	**Within 1 work day**	Paragonimiasis[4]	Within 1 week
Campylobacteriosis[4]	Within 1 week	**Pertussis**[4]	**Within 1 work day**
*Cancer[10]	See rules[10]	*Pesticide poisoning, acute occupational[11]	Within 1 week
Carbapenem resistant *Enterobacteriaceae* (CRE)[4,12]	**Within 1 work day**	**Plague (*Yersinia pestis*)**[4,5]	**Call Immediately**
Chagas disease[4]	Within 1 week	**Poliomyelitis, acute paralytic**[4]	**Call Immediately**
*Chancroid[1]	Within 1 week	**Poliovirus infection, non-paralytic**[4]	**Within 1 work day**
Chickenpox (varicella)[13]	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD)[4,14]	Within 1 week
**Chlamydia trachomatis* infection[1]	Within 1 week	**Q fever**[4]	**Within 1 work day**
*Contaminated sharps injury[15]	Within 1 month	**Rabies, human**[4]	**Call Immediately**
***Controlled substance overdose**[16]	**Call Immediately**	**Rubella (including congenital)**[4]	**Within 1 work day**
Coronavirus, novel[4,17]	**Call Immediately**	Salmonellosis, including typhoid fever[4]	Within 1 week
Cryptosporidiosis[4]	Within 1 week	Shiga toxin-producing *Escherichia coli* [4, 5]	Within 1 week
Cyclosporiasis[4]	Within 1 week	Shigellosis[4]	Within 1 week
Cysticercosis[4]	Within 1 week	*Silicosis[18]	Within 1 week
*Cytogenetic results (fetus and infant only)[19]	See rules[19]	**Smallpox**[4]	**Call Immediately**
Diphtheria[4]	**Call Immediately**	*Spinal cord injury[20]	Within 10 work days
*Drowning/near drowning[20]	Within 10 work days	Spotted fever group rickettsioses[3]	Within 1 week
Echinococcosis[4]	Within 1 week	***Staphylococcus aureus*, VISA and VRSA**[4, 5]	**Call Immediately**
Ehrlichiosis[4]	Within 1 week	Streptococcal disease (group A, B; *S. pneumo*), invasive[4]	Within 1 week
Fascioliasis[4]	Within 1 week	***Syphilis – primary and secondary stages**[1,21]	**Within 1 work day**
*Gonorrhea[1]	Within 1 week	*Syphilis – all other stages [1,21]	Within 1 week
Haemophilus influenzae, invasive[4]	Within 1 week	*Taenia solium* and undifferentiated *Taenia* infection[4]	Within 1 week
Hansen's disease (leprosy)[4]	Within 1 week	Tetanus[4]	Within 1 week
Hantavirus infection[4]	Within 1 week	*Traumatic brain injury[20]	Within 10 work days
Hemolytic uremic syndrome (HUS)[4]	Within 1 week	Trichinosis[4]	Within 1 week
Hepatitis A[4]	**Within 1 work day**	Trichuriasis[4]	Within 1 week
Hepatitis B, C, and E (acute)[4]	Within 1 week	**Tuberculosis *(Mycobacterium tuberculosis complex)*** [5,22]	**Within 1 work day**
Hepatitis B infection identified prenatally or at delivery[4]	Within 1 week	Tuberculosis infection[23]	Within 1 week
Hepatitis B, perinatal (HBsAg+ < 24 months old)[4]	**Within 1 work day**	**Tularemia**[4,5]	**Call Immediately**
Hookworm (ancylostomiasis)[4]	Within 1 week	Typhus[4]	Within 1 week
***Human immunodeficiency virus (HIV), acute infection**[1, 2, 24]	**Within 1 work day**	***Vibrio* infection, including cholera**[4,5]	**Within 1 work day**
*Human immunodeficiency virus (HIV), non-acute infection[1, 2, 24]	Within 1 week	**Viral hemorrhagic fever, including Ebola**[4]	**Call Immediately**
Influenza-associated pediatric mortality[4]	**Within 1 work day**	**Yellow fever**[4]	**Call Immediately**
Influenza, Novel[4]	**Call Immediately**	Yersiniosis[4]	Within 1 week

In addition to specified reportable conditions, ***any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported*** *by the most expeditious means available.*

***See condition-specific footnote for reporting contact information**

1 Please refer to specific rules and regulations for HIV/STD reporting and who to report to at: http://www.dshs.state.tx.us/hivstd/healthcare/reporting.shtm.
2 Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3132 for details.
3 For lead reporting information see http://www.dshs.state.tx.us/lead/default.shtm.
4 Reporting forms are available at http://www.dshs.state.tx.us/idcu/investigation/forms/.and investigation forms at http://www.dshs.state.tx.us/idcu/investigation/ Call as indicated for immediately reportable conditions.
5 Lab isolate must be sent to DSHS lab. For specifications see *Texas Administrative Code (TAC) §97.3(a) (4)*. Call 512-776-7598 for specimen submission information.
6 Arboviral infections including, but not limited to, those caused by California serogroup virus, chikungunya virus, dengue virus, Eastern equine encephalitis (EEE) virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, West Nile (WN) virus and Zika.
7 For asbestos reporting information see http://www.dshs.state.tx.us/epitox/asbestosis.shtm.
8 See additional MDR-A reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc.
9 Report suspected botulism immediately by phone to 888-963-7111.
10 Please refer to specific rules and regulations for cancer reporting and who to report to at http://www.dshs.state.tx.us/tcr/reporting.shtm.
11 For pesticide reporting information see http://www.dshs.state.tx.us/epitox/Pesticide-Exposure/%23reporting#reporting
12 See additional CRE reporting information at http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/Reporting-CRE.doc.
13 Call your local health department for a copy of the Varicella Reporting Form with their fax number. The Varicella (chickenpox) Reporting Form should be used instead of an Epi-1 or Epi-2 morbidity report form.
14 For purposes of surveillance, CJD notification also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial insomnia (FFI), sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr) and any novel prion disease affecting humans.
15 Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/.
16 To report controlled substance overdose, contact local poison center at 1-800-222-1222. For instructions, see http://www.dshs.state.tx.us/epidemiology/epipoison.shtm.
17 Novel coronavirus causing severe acute respiratory disease includes Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).
18 For silicosis reporting information see http://www.dshs.state.tx.us/epitox/silicosis.shtm.
19 Report cytogenetic results including routine karyotype and cytogenetic microarray testing (fetus and infant only). Please refer to specific rules and regulations for birth defects reporting and who to report to at http://www.dshs.state.tx.us/birthdefects/BD_LawRules.shtm.
20 Please refer to specific rules and regulations for injury reporting and who to report to at http://www.dshs.state.tx.us/injury/rules.shtm.
21 Laboratories should report syphilis test results within 3 work days of the testing outcome.
22 Reportable tuberculosis disease includes the following: suspected tuberculosis disease pending final laboratory results; positive nucleic acid amplification tests; clinically or laboratory-confirmed tuberculosis disease; and all *Mycobacterium tuberculosis (M.tb)* complex including *M. tuberculosis, M. bovis, M. africanum, M. canettii, M. microti, M. caprae, and M. pinnipedii.* See rules at http://www.dshs.state.tx.us/idcu/disease/tb/reporting/.
23 TB infection is determined by a positive result from an Interferon-Gamma Release Assay (IGRA) test such as T-Spot® TB or QuantiFERON®- TB GOLD In-Tube (QFT-G) or a tuberculin skin test (TST), a normal chest radiograph with no presenting symptoms of TB disease.
24 Any person suspected of having HIV should be reported, including HIV exposed infants.

Tarrant County Public Health – Office of Epidemiology and Health Information
Business Hours (817) 321-5330 / After Hours (817) 994-3708 / Fax (817) 850-8921
Sexually Transmitted Disease (STD) may be faxed to (817) 321-4801
Tuberculosis may be reported at (817) 321-4947 or faxed to (817) 850-8511

E59-11364 (Rev. 12/15) Expires 1/31/17 -- Go to http://www.dshs.state.tx.us/idcu/investigation/conditions/ or call Tarrant County Public Health for updates

TEXAS Department of State Health Services

Initial Provider Infectious Disease Report

Form is published at
http://www.dshs.state.tx.us/idcu/investigation/conditions/

General Instructions

This form may be used to ***report suspected cases and cases of notifiable conditions*** in Texas, listed with their reporting timeframes on the current *Texas Notifiable Conditions List* available at http://www.dshs.state.tx.us/idcu/investigation/conditions/. In addition to specified reportable conditions, ***any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported*** *by the most expeditious means available*. A health department epidemiologist may contact you to further investigate this Infectious Disease Report.

Suspected cases and cases should be reported to your local or regional health department.

Contact information for your local or regional health department can be found at:
http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/

As needed, cases may be reported to the Department of State Health Services by calling 1-800-252-8239.

Disease or Condition	Date: _____ (*Check type*) *(Please fill in onset or closest known date)*		☐ Onset ☐ Specimen collection ☐ Absence ☐ Office visit	
Physician Name	Physician Address ☐ See Facility address below		Physician Phone ☐ See Facility phone below (_____) _____ - _____	
Diagnostic Criteria (Diagnostic Lab Test Type, Result, and Specimen Source if applicable and/or Clinical Indicators)				
Patient Name (Last)	(First)	(MI)	Telephone (_____) _____ - _____	
Address (Street)	City	State	Zip Code	County
Date of Birth (mm/dd/yyyy)	Age	Sex ☐ Male ☐ Female	Ethnicity ☐ Hispanic ☐ Not Hispanic	Race ☐ White ☐ Black ☐ Asian ☐ Other ☐ Unknown
Notes, comments, or additional information such as other lab results/clinical info, pregnancy status, occupation (food handler), school name/grade, travel history				
Name of Reporting Facility	Address			
Name of Person Reporting	Title	Phone Number (_____) _____ - _____ extension _____		
Date of Report (mm/dd/yyyy)	E-mail			

Health Department (local, regional, or state) use only

☐ Confirmed ☐ Probable ☐ Suspected ☐ Dropped ☐ Duplicate, with new information

Above Information is CONFIDENTIAL. Please notify sender if received in error and return or destroy.

TARRANT COUNTY PUBLIC HEALTH
Division of Epidemiology & Health Information
(817) 321-5350 Phone
(817) 850-8921 Secure Fax

Gastrointestinal Illness Outbreak Intake Form

Date_____

Facility Information

Facility Name_____

Facility Address_____

Facility Phone_____

Facility Contact Person_____

Illness Information

Total Number of Residents ill (since the event started) _____

Total Bed/current population census (as of today)_____ _____

Total Number of Staff ill currently (since the event started)_____

Total number of staff that work in facility_____

Onset date of first case_____

Last date of onset_____

Typical symptoms _____

Duration of illness _____

Any hospitalizations/ER visits_____

Exclusion policy for ill employees_____

_____

TARRANT COUNTY PUBLIC HEALTH
Division of Epidemiology & Health Information
(817) 321-5350 Phone
(817) 850-8921 Secure Fax

LINE LIST OF RESIDENTS AND STAFF ILL WITH DIARRHEA AND/OR VOMITING

Last Name	First Name	Age	Sex	Room #	Resident (R)/Staff (S)	Onset Date	Last date of Illness	Symptoms*	STAFF work ON day of onset (Y/N)	For STAFF: Dates Absent From Work	For STAFF: Job Role	Hospital/Provide visit (Y/N) and if Yes name
Example	Kay	45	F	212	S	3/10	3/14	D,V,N	Y	3/12, 3/13	Cook	

REV KS-1

TARRANT COUNTY PUBLIC HEALTH
Division of Epidemiology & Health Information
(817) 321-5350 Phone
(817) 850-8921 Secure Fax

** D = Diarrhea, V = Vomiting, N = Nausea, F = Fever, AC = Abdominal Cramps												

Today's Date_____ Total Resident Census_____ Name of contact person filling out form_____

REV KS-1

TARRANT COUNTY PUBLIC HEALTH
Division of Epidemiology & Health Information
(817) 321-5350 Phone
(817) 850-8921 Secure Fax

Control Measures for Facilities Experiencing an Increased Number of Patients with Gastrointestinal (GI) Illness

Below is a list of general control measures that have been implemented in area facilities during a cluster of GI illness.

General

- All disease in unusual numbers is required to be reported to a local health department immediately.
- Temporarily suspend new patient admissions and transfers
- Cancel group activities until 48 hours after the last person illness has stopped by no longer exhibit diarrhea and vomiting
- Meals should be eaten in patients' rooms and not the dining room until 48 hours after the last person illness has stopped by no longer exhibit diarrhea and vomiting
- Disposable plates, cups, and utensils should be provided for meals
- Encourage ill resident movement to respective room until 48 hours after symptoms have ended
- Insure employees are informed they are not to return to work until 48 hours after symptoms have ended and are not on anti-diarrheal or anti-pyretic medication
- Discourage visitor access to residents and postpone any non-essential visits (e.g. tours and any external groups)
- Send a letter or contact families of all resident and inform them of steps that have been taken
- Post a sign on the front door alerting people to the symptoms patients are experiencing
- Where possible separate staff who are caring for ill residents versus those caring for non-ill residents.

Cleaning

- Sanitize all surfaces especially high touch areas (e.g. doorknobs, railings, tabletops) as often as possible, at least twice day using bleach solution or EPA registered disinfectant against Norovirus
- Use proper measures for cleaning surfaces soiled with feces/vomit. Then disinfect area with appropriate product using label directions. Process linens or other solid articles to limit spread of infection.

TARRANT COUNTY PUBLIC HEALTH
Division of Epidemiology & Health Information
(817) 321-5350 Phone
(817) 850-8921 Secure Fax

- Recommend the use of bagging for the movement of soiled linens from a resident room to the laundry to prevent soiling of staff clothing.
- Housekeeping staff cleaning after ill patients should use contact precautions including gloves, gowns, and face masks
- Stress hand washing to all staff and residents. Note that alcohol based sanitizers are not effective against Norovirus.
- Make alcohol-based hand sanitizer readily available throughout facility but hand washing is MOST effective.

US Environmental Protection Agency
Office of Pesticide Programs

List G: EPA Registered Hospital Disinfectants Effective Against Norovirus (Norwalk-like virus)

October 22, 2015

EPA	Primary Product Name
777-99	BRACE
1677-21	MIKRO-QUAT
1677-216	EXSPOR BASE CONCENTRATE
1677-226	VIRASEPT
1677-237	FF-ATH
1677-238	PEROXIDE MULTI SURFACE CLEANER AND DISINFECTANT
1677-241	HYDRIS
1839-79	NP 4.5 DETERGENT/DISINFECTANT
1839-95	NP 4.5 (D & F) DETERGENT/DISINFECTANT
1839-188	AEROSOL SDAS
5741-28	TUMULT
5813-100	PUMA
6659-3	SPRAY NINE
6836-77	LONZA FORMULATION S-18
6836-78	LONZA FORMULATION R-82
6836-139	LONZA FORMULATION R-82F
6836-140	LONZA FORMULATION S-21F
6836-152	LONZA FORMULATION DC-103
6836-245	CSP-46
6836-266	BARDAC 205M-10
6836-333	MMR-4U
6836-346	LONZAGARD RCS-256
6836-347	LONZAGARD RCS-128
6836-348	LONZAGARD RCS-128 PLUS
6836-349	LONZAGARD RCS-256 PLUS
9480-8	PDI SANI-CLOTH BLEACH WIPES
10324-58	MAQUAT 128
10324-81	MAQUAT 7.5-M
10324-214	MAGUARD 5626
34810-36	CLEAN-CIDE WIPES
46781-12	CAVICIDE 1
56392-7	DISPATCH HOSPITAL CLEANER DISINFECTANT WITH BLEACH
65402-3	VIGOROX SP-15 ANTIMICROBIAL AGENT
67619-12	CPPC TSUNAMI
67619-13	CPPC STORM
67619-17	SHIELD
67619-24	BLONDIE
67619-25	DAGWOOD
67619-30	GNR
70060-19	ASEPTROL S10-TAB
70271-13	PURE BRIGHT GERMICIDAL ULTRA BLEACH
70271-24	TECUMSEH B
70590-1	HYPE-WIPE
70590-2	BLEACH-RITE DISINFECTING SPRAY WITH BLEACH
70627-56	OXIVIR TB
70627-58	OXY-TEAM DISINFECTANT CLEANER
70627-60	OXIVIR WIPES

71654-7	VIRKON
71847-2	KLOR-KLEEN
72977-3	AXEN(R) 30
73232-1	ALPET D2
74559-1	ACCEL TB
74559-8	Accel 5 RTU
74986-4	SELECTROCIDE 2L500
82972-1	VITAL-OXIDE
84526-1	SANOSIL S010
87518-1	HSP2O
88089-4	PERIDOX RTU (TM)

Help Prevent the Spread of Norovirus ("Stomach Bug")

IF NOROVIRUS IS AFFECTING YOUR COMMUNITY, HERE ARE SOME ACTIONS YOU CAN TAKE TO HELP PREVENT FURTHER ILLNESS

1 Clean up surfaces

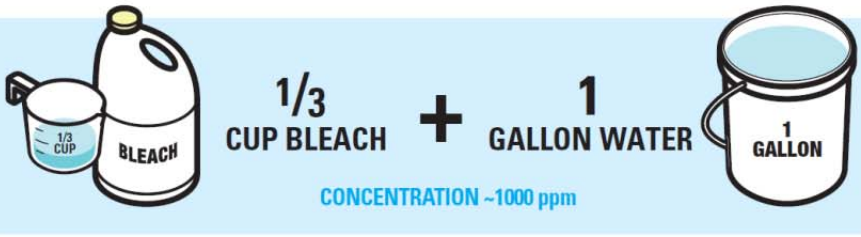
a. Clean frequently touched surfaces with soapy water
b. Rinse thoroughly with plain water
c. Wipe dry with paper towels
d. Dispose of paper towels

DON'T STOP HERE: GERMS CAN REMAIN ON SURFACES EVEN AFTER CLEANING!

2 Disinfect surfaces

a. **Prepare and apply a chlorine bleach solution**

Make bleach solutions fresh daily; keep out of reach of children; never mix bleach solution with other cleaners



b. Air dry surfaces unlikely to have food or mouth contact

or…

c. Rinse all surfaces intended for food or mouth contact with plain water before use

3 Wash your hands thoroughly with soap and water

Hand sanitizers may not be effective against norovirus

Facts about Norovirus

Norovirus is the leading cause of outbreaks of diarrhea and vomiting in the US, and it spreads quickly.

Norovirus spreads by contact with an infected person or by touching a contaminated surface or eating contaminated food or drinking contaminated water. Norovirus particles can even float through the air and then settle on surfaces, spreading contamination

Norovirus particles are extremely small and billions of them are in the stool and vomit of infected people.

Any vomit or diarrhea may contain norovirus and should be treated as though it does.

People can transfer norovirus to others for at least three days after being sick.

Scientific experts from the U.S. Centers for Disease Control and Prevention (CDC) helped to develop this poster.
For more information on norovirus prevention, please see http://www.cdc.gov/norovirus/preventing-infection.html.

tarrantcounty.com

neha.org

waterandhealth.org

americanchemistry.com

disinfect-for-health.org

Division of Epidemiology & Health Information

Speakers Request Form

Please fill out the information below and e-mail to: SKManning@tarrantcounty.com OR
Fax (817-850-8921) Attn: Sandra Manning

TODAY'S DATE: _____ **REQUESTOR:** _____

ORGANIZATION: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____ **E-MAIL:** _____

ABOUT YOUR COMPANY / GROUP / SCHOOL / ORGANIZATION:

_____

Will CEU be provided? : ***(List Agency and Number of Credits)***

_____

MEETING/EVENT- Subject of Meeting/Event:

_____

Type of presentation: ____ **PowerPoint** ____ **Oral Presentation** ____ **Educational Booth** (circle/highlight one)

Approximate Length of presentation and meeting/event: _____

WHEN (date and time): _____

Will event facilities support a PowerPoint presentation? (Screen/ computer/ electricity?) _____

WHERE (street address, city, state, zip):

_____

ANNUAL EVENT: Yes ____ **No** ____ **EVENT: Indoor** ____ **Outdoor** ____

Audience Type & Number (e.g. - 50 children, 12 healthcare workers): _____

COMMENTS:

_____

Tarrant County Public Health-Epidemiology Division Contact Information:

Main Office Reporting number during office hours: 817-321-5350

Emergency Reporting number for evenings and weekends: 817-994-3708

Reporting Fax number: 817-850-8921 or 817-850-2366

Chief Epidemiologist	Office number 817-321-5333
Epidemiologist	Office number 817-321-5333
Disease Surveillance Coordinator	Office number 817-321-5375
Health Information and Data Coordinator/Biostatistician	Office number 817-321-4877

Reference:

www.cdc.gov

http://www.dshs.state.tx.us/

http://access.tarrantcounty.com/en/public-health.html

NOTES

NOTES

Environmental Health Emergency Shelter Overview

Tarrant County Public Health – Environmental Division, handles a variety of situations dealing with the health and safety of people from an environmental standpoint. Areas such as safe water, proper sewage disposal and safe food to eat are subjects that affect people every day but come into sharp focus when emergency housing is being considered. A safe and adequate supply of food and water is often one of the first considerations during an emergency but the adequate disposal of sewage, an unpleasant subject for many, is often overlooked but is absolutely vital. After the first few days another problem quickly arises, the storage and disposal of garbage. It must be noted that there is a difference between garbage and trash or debris. After a disaster there may be downed trees, partially destroyed buildings and the like resulting in debris that must be removed but this is not the same as putrefiable materials such as food waste that will breed flies.

The Centers for Disease Control have provided a shelter assessment checklist (attached) that lists principal items of concern and may be utilized at any time to make sure that key areas are not being forgotten or overlooked.

1) Facility – Any facility used as a shelter must be structurally sound and not compromised by the disaster. If water is available to the facility, is the source safe or has it been compromised (wells contaminated by flooding). Is there hot water available/ Is the electricity for the structure working or is a generator in use. IF A GENERATOR IS USED IT MUST BE PROPERLY VENTILATED. If a generator is utilized the storage of any gasoline must be carefully considered to prevent fires or explosion hazards to the shelter. Ventilation of the structure must be possible and if the ventilation uses open windows and doors there should be screens available for insect control. Provisions should be made to check people in and out of the facility should be made to prevent predators and other people with bad intentions from preying on the residents of a shelter.
2) Food – During a disaster many well meaning people will want to bring food to the shelter. The need for food must be weighed against the possibility of disease transmission in a confined area. The provision of food should be done by people familiar with feeding large groups in situations similar to what is available. Safe food handling practices and temperatures are noted in attachments. Food provided from unknown sources may be perfectly safe but it may just as easily have been mishandled and people that are already under stress will be especially susceptible to food borne illnesses.
3) Solid waste disposal. Methods of solid waste storage and disposal will vary greatly on the disaster conditions. Material that may lead to fly breeding should be stored in sealed bags and other containers to limit access by insects and rodents. Such putrefiable material must take precedence over dry, solid waste when making arrangements for removal.
4) Animals will often be brought to shelters as they are important to the mental wellbeing of survivors. Care must be taken to adequately house the animals without presenting a danger to the human residents. Proof of vaccination when possible should be maintained, adequate waste disposal physical restraint must be considered.
5) Sewage disposal will depend greatly on whether the disaster has damaged the municipal infrastructure related to sewage collection. If the facility has adequate toilet facilities

connected to a functioning sewage system then maintenance of the facilities will be a key point. If adequate working facilities are not available then portable toilets can be used. Availability of adequate numbers of units and of maintenance (pumping) trucks will be of concern.

6) Small children and infants require both security and special waste disposal considerations. A secure area with proper diaper changing space available is a significant need in shelters with large numbers of small children and infants. Handwashing and area sanitization are key to the prevention of the spread of illnesses.
7) Handwashing stations should be made available to the people staying in the shelter as simple handwashing may make the difference in preventing disease outbreaks such as Norovirus. In cases of illness within a shelter please referrer to the Epidemiology section of this document. Sanitizing surfaces whether food contact surfaces, children's toys or just common contact areas, will require an appropriate procedure of cleaning and sanitizing. Sanitizing guidelines are attached.
8) Special needs residents of the shelter must be taken into consideration. A most simple example is that simply posting a written sign will not help a shelter resident that has a visual impairment. It is vital that when people enter the shelter any special needs are noted and addressed.

State Logo

ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR SHELTERS

For Rapid Assessment of Shelter Conditions during Disasters

I. ASSESSING AGENCY DATA

[1]Agency /Organization Name _____ [90]Immediate Needs Identified: ☐ Yes ☐ No

[2]Assessor Name/Title _____

[3]Phone ___ ___ - ___ ___ ___ - ___ ___ ___ ___ [4]Email or Other Contact _____

II. FACILITY TYPE, NAME AND CENSUS DATA

[5]Shelter Type ☐ Community/Recovery ☐ Special Needs ☐ Other _____ [6]ARC Facility ☐ Yes ☐ No ☐ Unk/NA [7]ARC Code _____

[8]Date Shelter Opened ___ ___/___ ___/___ ___ (mm/dd/yr) [9]Date Assessed ___ ___/___ ___/___ ___ (mm/dd/yr) [10]Time Assessed ___ ___ : ___ ___ ☐ am ☐ pm

[11]Reason for Assessment ☐ Preoperational ☐ Initial ☐ Routine ☐ Other _____

[12]Location Name and Description _____

[13]Street Address _____

[14]City / County _____ [15]State ___ ___ [16]Zip Code ___ ___ ___ ___ [17]Latitude/Longitude _____/_____

[18]Facility Contact / Title _____ [19]Facility Type ☐ School ☐ Arena/Convention center ☐ Other_____

[20]Phone ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___ [21]Fax ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___ [22]E-mail or Other Contact _____

[23]Current Census _____ [24]Estimated Capacity _____ [25]Number of Residents _____ [26]Number of Staff / Volunteers _____

III. FACILITY

[27]Structural damage	☐ Yes	☐ No	☐ Unk/NA
[28]Security / law enforcement available	☐ Yes	☐ No	☐ Unk/NA
[29]Water system operational	☐ Yes	☐ No	☐ Unk/NA
[30]Hot water available	☐ Yes	☐ No	☐ Unk/NA
[31]HVAC system operational	☐ Yes	☐ No	☐ Unk/NA
[32]Adequate ventilation	☐ Yes	☐ No	☐ Unk/NA
[33]Adequate space per person	☐ Yes	☐ No	☐ Unk/NA
[34]Free of injury /occupational hazards	☐ Yes	☐ No	☐ Unk/NA
[35]Free of pest / vector issues	☐ Yes	☐ No	☐ Unk/NA
[36]Acceptable level of cleanliness	☐ Yes	☐ No	☐ Unk/NA
[37]Electrical grid system operational	☐ Yes	☐ No	☐ Unk/NA
[38]Generator in use, [39] If yes, Type_____	☐ Yes	☐ No	☐ Unk/NA
[40]Indoor temperature _____ °F			☐ Unk/NA

IV. FOOD

[41]Preparation on site	☐ Yes	☐ No	☐ Unk/NA
[42]Served on site	☐ Yes	☐ No	☐ Unk/NA
[43]Safe food source	☐ Yes	☐ No	☐ Unk/NA
[44]Adequate supply	☐ Yes	☐ No	☐ Unk/NA
[45]Appropriate storage	☐ Yes	☐ No	☐ Unk/NA
[46]Appropriate temperatures	☐ Yes	☐ No	☐ Unk/NA
[47]Hand-washing facilities available	☐ Yes	☐ No	☐ Unk/NA
[48]Safe food handling	☐ Yes	☐ No	☐ Unk/NA
[49]Dishwashing facilities available	☐ Yes	☐ No	☐ Unk/NA
[50]Clean kitchen area	☐ Yes	☐ No	☐ Unk/NA

V. DRINKING WATER AND ICE

[51]Adequate water supply	☐ Yes	☐ No	☐ Unk/NA
[52]Adequate ice supply	☐ Yes	☐ No	☐ Unk/NA
[53]Safe water source	☐ Yes	☐ No	☐ Unk/NA
[54]Safe ice source	☐ Yes	☐ No	☐ Unk/NA

VI. HEALTH / MEDICAL

[55]Reported outbreaks, unusual illness / injuries	☐ Yes	☐ No	☐ Unk/NA
[56]Medical care services on site	☐ Yes	☐ No	☐ Unk/NA
[57]Counseling services available	☐ Yes	☐ No	☐ Unk/NA

VII. SANITATION

[58]Adequate laundry services	☐ Yes	☐ No	☐ Unk/NA
[59]Adequate number of toilets	☐ Yes	☐ No	☐ Unk/NA
[60]Adequate number of showers	☐ Yes	☐ No	☐ Unk/NA
[61]Adequate number of hand-washing stations	☐ Yes	☐ No	☐ Unk/NA
[62]Hand-washing supplies available	☐ Yes	☐ No	☐ Unk/NA
[63]Toilet supplies available	☐ Yes	☐ No	☐ Unk/NA
[64]Acceptable level of cleanliness	☐ Yes	☐ No	☐ Unk/NA
[65]Sewage system type ☐ Community ☐ On site ☐ Portable			☐ Unk/NA

VIII. SOLID WASTE GENERATED

[66]Adequate number of collection receptacles	☐ Yes	☐ No	☐ Unk/NA
[67]Appropriate separation	☐ Yes	☐ No	☐ Unk/NA
[68]Appropriate disposal	☐ Yes	☐ No	☐ Unk/NA
[69]Appropriate storage	☐ Yes	☐ No	☐ Unk/NA
[70]Timely removal	☐ Yes	☐ No	☐ Unk/NA
[71]Types ☐ Solid ☐ Hazardous ☐ Medical			☐ Unk/NA

IX. CHILDCARE AREA

[72]Clean diaper-changing facilities	☐ Yes	☐ No	☐ Unk/NA
[73]Hand-washing facilities available	☐ Yes	☐ No	☐ Unk/NA
[74]Adequate toy hygiene	☐ Yes	☐ No	☐ Unk/NA
[75]Safe toys	☐ Yes	☐ No	☐ Unk/NA
[76]Clean food/bottle preparation area	☐ Yes	☐ No	☐ Unk/NA
[77]Adequate child/caregiver ratio	☐ Yes	☐ No	☐ Unk/NA
[78]Acceptable level of cleanliness	☐ Yes	☐ No	☐ Unk/NA

X. SLEEPING AREA

[79]Adequate number of cots/beds/mats	☐ Yes	☐ No	☐ Unk/NA
[80]Adequate supply of bedding	☐ Yes	☐ No	☐ Unk/NA
[81]Bedding changed regularly	☐ Yes	☐ No	☐ Unk/NA
[82]Adequate spacing	☐ Yes	☐ No	☐ Unk/NA
[83]Acceptable level of cleanliness	☐ Yes	☐ No	☐ Unk/NA

XI. COMPANION ANIMALS

[84]Companion animals present	☐ Yes	☐ No	☐ Unk/NA
[85]Animal care available	☐ Yes	☐ No	☐ Unk/NA
[86]Designated animal area	☐ Yes	☐ No	☐ Unk/NA
[87]Acceptable level of cleanliness	☐ Yes	☐ No	☐ Unk/NA

XII. OTHER CONSIDERATIONS

[88]Handicap accessibility	☐ Yes	☐ No	☐ Unk/NA
[89]Designated smoking areas	☐ Yes	☐ No	☐ Unk/NA

XIII. COMMENTS *(List Critical Needs on Immediate Needs Sheet)*

Environmental Health Shelter Assessment Form Instruction Sheet

I. ASSESSING AGENCY DATA

1. Assessing Agency/Organization Name: self-explanatory.
2. Assessor Name/Title: self-explanatory.
3. Assessor Phone contact: self-explanatory.
4. Email or Other Contact: Note email or describe any other means of communication for assessor (e.g., radio, pager).

II. FACILITY TYPE, NAME and DATA

5. Shelter Type. "Community/Recovery": general public. "Special Needs": population with specific medical requirements. "Other": relief workers base camp, etc.
6. ARC Facility: Is the shelter managed by the American Red Cross?
7. If #6 is yes, indicate ARC Facility code.
8. Date Shelter Opened: self-explanatory.
9. Date Assessed: self-explanatory.
10. Time Assessed: self-explanatory.
11. Reason for Assessment. "Preoperational": before opening. "Initial": first assessment after opening. "Routine": assessments occurring on a regular basis (e.g., daily, weekly). "Other": occurrence such as an outbreak or a complaint.
12. Location Name and Description. Example: "Rockville Elementary School - brown building next to the police station."
13. Street Address: self-explanatory.
14. City/County: self-explanatory.
15. State: two-letter Postal Code abbreviation.
16. Zip Code: five-digit US Zip Code.
17. Latitude/Longitude of facility location: self-explanatory.
18. Facility Contact/Title: name of responsible contact person, such as a facility manager or designated person in charge, and his or her title.
19. Facility Type: self-explanatory.
20. Phone: self-explanatory.
21. Fax: self-explanatory.
22. Email or Other Contact: note email or describe any other contact means for shelter manager, director, or supervisor (e.g., radio, pager).
23. Current Census: estimated number of persons, including workers, in shelter at the time of inspection.
24. Estimated Capacity: maximum number of persons allowed in facility, for use as a shelter, if known.
25. Number of Residents: number of permanent or registered residents at the time of assessment.
26. Number of Staff/Volunteers: number of persons working in the facility at the time of assessment.

III. FACILITY

27. Structural damage: note damage to physical structure (e.g., roof, windows, walls, etc).
28. Security/law enforcement available: security guards or police officers available at facility site.
29. Water system operational: self-explanatory.
30. Hot water available: self-explanatory.
31. HVAC system operational: self-explanatory.
32. Adequate ventilation: facility well-ventilated and free of air hazards such as smoke, fumes, etc.
33. Adequate space per person in sleeping area:
    a. evacuation shelters, 20 ft^2 per person;
    b. general shelters, 40 ft^2 per person;
    c. special needs shelters, 60–100 ft^2 per person.
34. Free of injury/occupational hazards: With regard to general safety, some examples include:
    a. Is the facility free of frayed or exposed electrical wires, carbon monoxide hazards, hazardous materials, etc.?
    b. Are on-duty staff and members wearing PPE?
35. Free of pest/vector issues: note presence of mosquitoes, fleas, flies, roaches, rodents, etc.
36. Acceptable level of cleanliness: self-explanatory.
37. Electrical grid system operational: self-explanatory.
38. If generator in use: check for appropriate location, capacity, adequate fuel and ventilation.
39. If #38 is yes, indicate whether the generator fuel type is gas, diesel, solar, etc.
40. Indoor temperature (°F): temperature measurement from a random location inside facility (ASCE standard for temperatures in buildings).

IV. FOOD

41. Preparation on site: self-explanatory.
42. Served on site: self-explanatory.
43. Safe food source: source of the food from a licensed contractor or caterer.
44. Adequate supply: self-explanatory.
45. Appropriate storage: food stored according to safe storage practices to prevent contamination or spoilage – refer to local code or US Food Code.
46. Appropriate temperatures: hot food kept above 135 °F; cold food kept below 40 °F. Or refer to local code or US Food Code.
47. Hand-washing facilities available: fixed or portable, as long as they are operational.
48. Safe food handling: food preparers are using gloves, avoiding cross contamination, using appropriate utensils, etc. – refer to local code.
49. Dishwashing facilities available: place to wash, rinse and sanitize kitchen utensils and cooking equipment.
50. Clean kitchen area: self-explanatory.

V. DRINKING WATER AND ICE

51. Adequate water supply: drinking water in the range of 1–2 gallons/per person/per day, for all uses 3-5 gallons/per person/per day.
52. Adequate ice supply: ice supply sufficient to maintain cold food temperatures.
53. Safe water from an approved source.
54. Safe ice from an approved source.

VI. HEALTH/MEDICAL

55. Outbreaks, unusual illness/injuries: note any reports of illness/injuries or outbreaks of violence among residents, workers, or visitors.
56. Medical care services available: If yes, list type of care available in comments section.
57. Counseling services available: If yes, list type of mental/social services available in comments.

VII. SANITATION (*Augment with off site and /or portable facilities as needed.)

58. *Adequate laundry services: provided with separate areas for soiled and clean laundry.
59. *Adequate number of operational toilets: minimum 1 per 20 persons or as specified by sex.
60. *Adequate number of operational showers/bathing facilities: 1 per 15 persons.
61. *Adequate number of operational hand-washing stations: 1 per 15 persons.
62. Hand-washing supplies available: water, soap, and paper towels; if water is unavailable, hand sanitizers (at least 60% alcohol).
63. Toilet supplies available: toilet paper, feminine hygiene supplies, and diapers/pads for children and adults.
64. Acceptable level of cleanliness: self-explanatory.
65. Sewage system type: self-explanatory.

VIII. SOLID WASTE GENERATED

66. Adequate collection receptacles: minimum 1 (30-gal) container for every 10 persons.
67. Appropriate separation between medical/infectious waste and general refuse.
68. Appropriate disposal and labeling in approved containers.
69. Appropriate storage and separation from common areas.
70. Timely removal of waste – collected regularly.
71. Check all types of waste generated at facility (e.g., solid, hazardous, medical).

IX. CHILDCARE AREA

72. Clean diaper-changing facilities: self-explanatory.
73. Hand-washing facilities available: for adults and children with paper towels, soap, and water.
74. Adequate toy hygiene: toys cleaned with a nontoxic, approved disinfectant. Refer to local code.
75. Safe toys: should adhere to applicable age group standards.
76. Clean food/bottle preparation area: self-explanatory.
77. Adequate child/caregiver supervision ratio:
    a. birth–12 months (3:1), e. 4–5 year olds (8:1),
    b. 13–30 months (4:1), f. 6–8 year olds (10:1),
    c. 31–35 months (5:1), g. 9–12 year olds (12:1).
    d. 3 years (7:1),
78. Acceptable level of cleanliness: self-explanatory.

X. SLEEPING AREA

79. Adequate cots/beds/mats for each resident/staff.
80. Adequate bedding for each cot, bed, or mat.
81. Clean bedding available: self-explanatory.
82. Adequate spacing: at least 2.5 - 3 ft between cots/beds/mats.
83. Acceptable level of cleanliness: self-explanatory.

XI. COMPANION ANIMALS

84. Companion animals present: animals in facility.
85. Animal care available: animals have clean, fresh water and food.
86. Designated animal area: animals located away from people and separately housed.
87. Acceptable level of cleanliness: self-explanatory.

XII. OTHER CONSIDERATIONS

88. Handicap accessibility: self-explanatory.
89. Designated smoking areas: space is marked, maintained, and away from general shelter population.
90. Check box at top of form regarding immediate needs identified.

XIII. GENERAL COMMENTS

Add any general comments or additional notes about any sections.

XIV. IMMEDIATE NEEDS SHEET

List any identified critical needs or items, including the respective item numbers.

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • http://www.dshs.state.tx.us
TDD: 512-458-7708

EMERGENCY SHELTER SANITATION GUIDELINES

It is critical to clean and sanitize articles and surfaces to reduce the spread of infections to residents and staff.

- Cleaning and sanitizing requires a four-step process. For the sanitizing process to be effective, you must follow these steps in order:
  (1) Wash with water and soap;
  (2) Rinse with clear water;
  (3) Use disinfecting solution:
    - For small articles such as toys, soak in solution for at least 10 minutes.
    - For large items such as counter tops, railings, and cots, spray surface with solution until entire surface is coated with the liquid.
  (4) Allow the article or surface to air-dry.

- A disinfecting solution may be:
  (1) a self-made solution, prepared as follows:
    - One tablespoon of regular strength unscented liquid household bleach to each gallon of water used for disinfecting such items as cots, crib rails, toys, countertops, and eating utensils; or
    - One-fourth cup of regular strength liquid household bleach to each gallon of water used for disinfecting surfaces such as bathrooms and diaper-changing tables; and
    - Prepare each solution daily and place it in a closed and labeled container; or
  (2) a commercial product that meets the Environmental Protection Agency's (EPA) standards for "hospital grade" germicides (solutions that kill germs). Follow product label directions for application. If the label warns of any toxic substances, do not use on surfaces likely to be mouthed by children, like crib rails and toys.

- If any object or surface is soiled with bodily fluids, immediately wash, rinse, and sanitize.

- Diaper changing surfaces should be washed, cleaned, and sanitized after each use. However, if you are changing diapers on a number of children consecutively, you may cover the surface with a non-absorbent paper liner that is disposed of between each diaper change or wipe the surface dry after approximately 2 minutes of contact with the sanitizing solution.

September 2008

Tarrant County Public Health

5 HAND WASHING TIPS

Keep your hands clean

Wash your hands frequently!

1. Hand washing stops the spread of germs.

2. Don't touch your eyes, nose and mouth if you are not able to wash your hands often.

3. Make sure you wash before eating.

4. Make sure you wash after going to the bathroom.

5. Hand washing keeps us healthy.

Tarrant County Environmental Health

Contact numbers

Main office number	817-321-4960
FAX	817-321-4961
Division Manager	817-321-4969
Consumer Safety Supervisor	817-321-4970

Resources

Centers for Disease Control Environmental Shelter Checklist
https://emergency.cdc.gov/shelterassessment/

Training for the shelter assessment tool (written and audio)
https://emergency.cdc.gov/shelterassessment/training.asp

American Red Cross Disaster Training
http://www.redcross.org/take-a-class/disaster-training

NOTES

NOTES