

# UNION PLAZA CARE CENTER

## EMERGENCY NOTIFICATION CODES

Use the FOLLOWING codes TO ANNOUNCE below:

CODES	EMERGENCY CODE DEFINITIONS	
<b>DR RED</b>	<b>FIRE</b>	Communicate and mobilize a response to protect residents, families, visitors, staff, physicians, and property the event of smoke and/or fire.
<b>STAT</b>	Medical Emergency	Facilitate the arrival of equipment and specialized personnel to the location of a medical emergency. Provide life support and emergency care.
<b>CODE D</b>	Bomb Threat	Activate response to a bomb threat or the discovery of a suspicious package.
<b>DR FIND</b>	Missing Person	Activate response to locate a missing resident.
<b>CODE SILVER</b>	Person with Weapon	Activate facility and staff response to event in which staff members are confronted by: persons brandishing a weapon or who have taken hostages in the facility.
<b>CODE YELLOW</b>	Hazardous Material Spill	Identify unsafe exposure conditions, safely evacuate an area and protect others from exposure due to hazardous materials spill release. Perform procedures to be taken to a minor major spill.

# UNION PLAZA CARE CENTER

## EXTERNAL DISASTERS

### 1. Severe Weather

The facility has developed a Pre-Storm Mitigation Plan to be implemented in the event of severe weather such as hurricane, tornado, high wind advisory, winter storm, flood advisory. As soon as the facility is made aware of impending severe weather, all department heads will be notified and the Pre-Storm Mitigation Plan will be implemented. For unexpected events, the most senior charge person in the facility at the time will immediately notify the Administrator, DNS and Director of Environmental Services.

### 2. Transit Strike

#### Overview

If notice is given of impending strike by the New York City Transit Authority, the following plan will be implemented.

#### Notification Procedure

All department heads and staff will be immediately notified of impending transit strike.

#### Response Procedure

The facility has available a list of all employees address and emergency contact information.

All Department Heads will compile a list specifying each employee's means of transportation.

When possible, employees who commute by automobiles will be asked to carpool with other employees who live in the same area.

Staffing schedules will be adjusted to accommodate carpooling arrangements and other transportation arrangements.

In the case of key employees who are unable to get to work, the facility will set up specific pick-up/ drop-off locations and transport employees to and from facility.

The facility will contact its transportation provider and make arrangements for employees' transportation to and from the facility to specific pick-up/ drop-off locations.

#### Restoration of Service

Upon restoration of NYC Transit services, the facility will implement its usual staffing schedule.

## **B. INTERNAL DISASTERS**

### **1. Fire Safety Plan**

#### **Overview**

This facility shall be equipped, maintained and operated by personnel trained to effectively prevent, extinguish and confine fire/ products of combustion, safeguarding all persons by methods outlined in the facility Fire Safety Policy and Procedure Manual.

This facility shall comply with all applicable federal, state and local codes, rules and regulations regarding fire safety/ emergencies.

#### **Notification Process:**

The announcement of “**Dr. RED**” will be paged on the overhead speaker system.

#### Fire Alarm System

The fire alarm system is a reliable and automatic device for transmitting an alarm from any fire alarm pull box station automatically through the facility to the Fire Department. This fire alarm system has been installed for a quick and automatic fire alert to a central station (TYCO) that is manned 24 hours 7 days a week, who will transmit the alarm to the Fire Department.

There are three basic parts to the fire alarm system:

1. **PULL STATION:** Pull handle down all the way and release. This is a mechanical lever device (no glass) which must be pulled down to the lowest position and released to activate the alarm.
2. **ALARM:** Visual and auditory alarm stations are located throughout the building. When the fire alarm box is pulled and/or automatic detector activated, an alarm will automatically be transmitted throughout the entire nursing home and the Fire Department through TYCO.
3. **FIRE DETECTORS:** These devices consisting of smoke, heat and sprinkler heads will automatically detect and transmit an alarm condition upon activation.

When a person discovers the fire and pulls the alarm, they should notify the operator (Dial “0”) stating the exact location of the fire. If operator is not available, overhead page (Dial \*2) and announce “Dr. Red” and give the exact location of the fire, three times.

#### **Response Procedures**

Fire Safety training is a mandatory in-service education that must be completed during orientation for new employees and mandated annually thereafter.

Fire and evacuation drills will be conducted at least once per shift per quarter.

### **I. Responsibilities of Staff When Discovering Fire, Smoke, Excessive Heat, Sprinkler Activation (A.R.C.E.)**

**ALARM** - Upon discovery of a fire, the discoverer will cause the nearest alarm box to be transmitted or Dial “\*2” on a facility phone and announce “Dr. Red” three times over the paging system. If you are directly involved in the fire announce the code phrase “Dr. Red”. Any staff member hearing this phrase shall pull the nearest fire alarm and then go to the aid of that person.

**RESCUE** – Rescue any person in immediate danger if you can safely do so, and remove them to a safe place on the other side of the corridor barrier doors towards the nearest safe exit. Remove any compressed gasses and shut off any fans. All doors must be closed in the immediate hazardous area.

**EXTINGUISH & CONFINE** – Fight fire with proper extinguisher if possible. Close doors and windows in the hazardous area.

## II. STAFF RESPONSE to ALARMS

When ALARM sounds LISTEN to the alarm and COUNT the number of bells or listen for the operator's announcement for the location of the fire.

In the event a 10-1 alarm sequence has been sounded, **ALL STAFF** must conduct a search on the floor they are located on to determine the location of the activated sprinkler. Once the area has been located, notify the operator to announce the location overhead or you can DIAL “ \* 2 “ and make the announcement three times. Staff discovering hazardous situation, should follow staff discoverer responsibilities.

Staff should report to fire scene or pooling area according to departmental assignments. All employees are either part of the Response Team or the Personnel Pool. However, **ANY STAFF** discovering a hazardous condition should take immediate action in accordance to the discoverer's responsibilities as indicated above, whether you are part of the Personnel Pool or not.

### **Response Team**

The purpose of the facility response team, made up of designated employees (see below), is to provide to the emergency scene sufficient personnel to fight fire and safeguard residents, visitors and others.

#### Response Team Members:

- All maintenance department personnel
- All housekeeping department personnel
- Nursing staff – at least 1 CNA per non-affected floor not engaged in direct care or supervision at the time

Assigned Response Team members should immediately report to the fire scene with using appropriate stairways only. Use no elevators.

#### Response Team Personnel Pool (includes all other staff not part of the response team):

- All administrative office staff
- Dietary personnel except for manager and persons necessary for safety
- All Rehab, Recreation, Social Work, and all auxiliary staff.
- Any personnel pool staff involved with a resident(s) care, supervision or treatment must remain with the resident(s).

Personnel in the response team pool will report to the Incident Command Center in the LOBBY with sheets, blankets and fire extinguishers found nearby or enroute by using stairways only.

### **General fire response instructions:**

The following guidelines must be strictly adhered to in all fire emergency situations:

- Close all doors and windows, except in the room of 'origin' where windows may be left open if impossible to safely access them
- Attempt to extinguish the fire with extinguisher or materials at hand if possible.
- DO NOT use elevators unless authorized by Incident Commander or the Senior fire department official on the scene.
- DO NOT move beds into the corridor unless authorized by Incident Commander or Senior fire department official on the scene OR if other methods are not viable.

- Residents and visitors are to remain isolated in rooms, NOT in corridors and passageways. Movement of infirm or bed-ridden residents to other areas or to the exterior is not required unless endangered.
- In the search and evacuation of rooms, do not assume a room is vacated by viewing from the doorway. You must look in corners, under beds and in bathrooms. After completion of searching a resident's room, close the door and slide the room marker to "yellow" on the doorframe.
- All equipment (not necessary to the fire effort) must be removed from passageways, exits, doors and stairs.
- Move quickly and quietly along the RIGHT side of corridors and stairways.
- DO NOT use facility telephones or paging devices except for emergency reporting and announcements.
- Turn ALL lights ON at the fire scene.
- Reassure and comfort residents and visitors.

Department Specific Responsibilities and instructions are located in the Fire Safety Manual available in each department and nursing unit.

### Fire Evacuation Procedures

Whatever direction the fire, smoke or fumes are coming from, you will evacuate to the opposite direction from the fire, smoke or fumes.

### Methods of Evacuation:

PARTIAL: Transferring all occupants from one smoke compartment or floor to another.

HORIZONTAL: Transferring residents from one smoke compartment to another on the same floor.

VERTICAL: Transferring residents from one level/floor to another.

COMPLETE: Transferring all occupants completely out of the building. Occupants must be led to a place of shelter and out of the way of the Fire Department operations.

### Evacuation Equipment

<b>GENERAL EVACUATION EQUIPMENT</b>		
<b><i>EQUIPMENT</i></b>	<b><i>QUANTITY</i></b>	<b><i>STORAGE LOCATION (FOR 24 HOUR ACCESS)</i></b>
Wheelchairs	10	Basement Central Supply & Rehab storage room
		2 wheelchairs -1 <sup>st</sup> FL, 1 wheelchair FL 2-8
Resident Chart/ Medication Bags	280	Storage Carts in Nurses Lounge to be used for chart transport– (40 bags – 1 per resident floor)
<b>VERTICAL EVACUATION EQUIPMENT</b>		
Evacuation Sleds		
Stair Carry Chairs	2	1 North & 1 South Stairwell 9 <sup>th</sup> floor Wall
Portable Stretchers	3	Holding Room
<b>BARIATRIC EVACUATION EQUIPMENT</b>		
Wheelchairs	1	Basement Rehab storage room
Evacuation Sleds		
<b>EQUIPMENT STAGING LOCATION</b>		
<b>PRIMARY</b>		<b>ALTERNATE</b>
1 <sup>st</sup> Floor Recreation Room		9 <sup>th</sup> Floor Staff Development Room

## **Resident Evacuation Prioritization**

Determine evacuation prioritization for all units / departments with feedback from and in consultation with:

- Safety and/or Security
- Command Center Personnel (Section Chiefs)
- Emergency Services (Fire, EMS, etc.)

Evacuation of residents will be done by mobility status and acuity level as follows:

### **General Resident Population**

1. Ambulatory
2. Non-ambulatory, low acuity
3. Non-ambulatory bariatric (consider transferring non-ambulatory bariatric residents directly to EMS stretchers to avoid multiple transfers)

Union Plaza Care Center will hold higher acuity units for later evacuation since this gives a chance to assemble an evacuation.

### **Fire Evacuation General Instructions:**

1. Obtain evacuation emergency equipment from the lobby emergency closet.
2. Any occupant requiring a wheelchair or a stretcher will be moved by a blanket carry, if necessary or by using the emergency equipment.
3. Those nearest to danger should be moved first.
4. Supervisors will lead their sections out in a group. If necessary, form a chain by holding hands.
5. Before a person in charge of a section leaves, make certain no one is left behind.
6. Conduct a headcount of all residents and staff on the unit and assure all are accounted for.
7. Staff members away from their normal work areas will leave via the most direct exit or nearest alternate exit.
8. Everyone should be cautioned against attempting to retrieve personal belongings before leaving.
9. Every precaution should be taken to prevent re-entry of building by occupants.
10. If trapped in room, close door; try connecting doors. If exit is not possible, remain at windows and attract attention.

## **Restoration of Service**

The Incident Commander with the approval of the Fire Department Officer-in-Charge will notify the Security Officer when the emergency is over.

The Security Officer will then announce over the public address system three (3) times: “ALL CLEAR”

## UNION PLAZA CARE CENTER

### FIRE ALARM BELL & PULL STATION CODE CHART

(IN CASE OF FIRE, PULL LEVER DOWN AND LET GO)

FLOOR	STATION #	LOCATION	ALARM CODE	STATION #	LOCATION	ALARM CODE
Roof	42	ROOF BOILER ROOM	10-1-2	39	9 <sup>th</sup> FL MULTI-PURPOSE RM	9-1-3
9 <sup>th</sup> Floor	41	9 <sup>th</sup> FL PATIO BULKHEAD	10-1-1	38	9 <sup>th</sup> FL MULTI-PURPOSE RM	9-1-1
	40	9 <sup>th</sup> FL NORTH DOOR	9-1-2			
8 <sup>th</sup> Floor	37	8 <sup>th</sup> FL NORTH CORRIDOR	8-1-3	36	8 <sup>th</sup> FL MIDDLE CORRIDOR	8-1-2
	35	8 <sup>th</sup> FL SOUTH	8-1-1			
7 <sup>th</sup> Floor	34	7 <sup>th</sup> FL NORTH CORRIDOR	7-1-3	33	7 <sup>th</sup> FL MIDDLE CORRIDOR	7-1-2
	32	7 <sup>th</sup> FL SOUTH	7-1-1			
6 <sup>th</sup> Floor	31	6 <sup>th</sup> FL NORTH CORRIDOR	6-1-3	30	6 <sup>th</sup> FL MIDDLE CORRIDOR	6-1-2
	29	6 <sup>th</sup> FL SOUTH	6-1-1			
5 <sup>th</sup> Floor	28	5 <sup>th</sup> FL NORTH CORRIDOR	5-1-2	27	5 <sup>th</sup> FL MIDDLE CORRIDOR	5-1-3
	26	5 <sup>th</sup> FL SOUTH	5-1-1			
4 <sup>th</sup> Floor	25	4 <sup>th</sup> FL NORTH CORRIDOR	4-1-3	24	4 <sup>th</sup> FL MIDDLE CORRIDOR	4-1-2
	23	4 <sup>th</sup> FL SOUTH	4-1-1			
3 <sup>rd</sup> Floor	22	3 <sup>rd</sup> FL NORTH CORRIDOR	3-1-3	21	3 <sup>rd</sup> FL MIDDLE CORRIDOR	3-1-2
	20	3 <sup>rd</sup> FL SOUTH	3-1-1			
2 <sup>nd</sup> Floor	19	2 <sup>nd</sup> FL NORTH CORRIDOR	2-1-2	18	2 <sup>nd</sup> FL MIDDLE CORRIDOR	2-1-3
	17	2 <sup>nd</sup> FL SOUTH	2-1-1			
1 <sup>st</sup> FL GARAGE	16	1 <sup>st</sup> FL GARAGE NORTH	1-1-2	15	1 <sup>st</sup> FL GARAGE REAR	1-1-3
	14	1 <sup>st</sup> FL GARAGE SOUTH	1-1-1	13	1 <sup>st</sup> FL GARAGE MID	1-1-4
Lobby	12	LOBBY SERVICE HALL B-03	1-2-4	11	LOBBY NORTH ACCESS PARK B-39	1-2-5
	10	LOBBY MID ACCESS PARK B-39	1-2-6	9	LOBBY SOUTH ACCESS PARK B-39	1-2-7
	8	LOBBY SOUTH RECREATION RM B-6	1-2-1	7	LOBBY NORTH RECREATION RM B-6	1-2-2
	6	LOBBY B-6	1-2-3			
LOWER LEVEL	5	LOWER LEVEL NORTH SERVICE CORRDIOR	1-3-1	4	LOWER LEVEL MID SERVICE CORRDIOR	1-3-2
	3	LOWER LEVEL ELEVATOR LOBBY	1-3-3	2	LOWER LEVEL CORRIDOR C-39	1-3-4
	1	LOWER LEVEL CORRIDOR C-40	1-3-5			
SMOKE, HEAT & DUCT DETECTORS			10-2	WATERFLOWS		10-1

**Any persons tampering with this system or transmitting false alarms will be subject to arrest and/or fines - By order of the NYC Fire Department.**

## **2. Interruption of Utility Services**

### **A. Loss of Main Electrical Power**

#### **Overview:**

The facility is currently serviced by the local utility company, Con Edison, which provides the primary electrical power service, sized to service the total demand of the nursing home.

The facility has an autonomous emergency power source which is made up of one emergency stand-by generator which totals 250 KVA of available powers. For information and generator service, the Maintenance Supervisor/ Environmental Services Director will the servicing company.

Essential services include all systems, equipment and items necessary to provide services for the health and safety of all occupants.

#### **Notification Process:**

The Administrator/ Incident Commander will be notified immediately and appropriate action will be taken. Once the severity of the outage is determined, the Incident Commander will coordinate all necessary actions. The Administrator/ Incident Commander will notify the DOH if applicable.

#### **Response Procedures:**

1. Emergency stand-by generator starts automatically.
2. Administration/Maintenance shall perform the following:
  - Check each generator to ensure that it is running smoothly.
  - Check each automatic transfer switch to ensure that it transferred and closed.
  - Call Power Company to obtain power outage information.  
Con Edison 1-800-752-6633
  - Page and telephone: request reduction in loading by all departments
  - While waiting for assistance, record the following:
    - Generator voltages
    - Generator currents
    - Fuel levels
    - Continue to monitor and record each generator's characteristics as indicated on the instrument panels.

#### **Restoration of Service:**

- Call Con Edison to confirm status (1-800-752-6633)
- Check manual transfer switch for Radiology.
- Check all generators to termination on cool-down cycle.
- Check all areas to ensure normal operation.
- Check all motor control centers.
- Check all miscellaneous pump and motor controls.
- Check fuel tank for adequate capacity.



## **B. Loss of Phone Communications**

### **Overview**

In order to maintain communications during a telephone system failure, the facility's telecommunications system is connected to the emergency generator. In case of system failure, the facility will contact the phone carrier company (Appendix 21).

The facility has the following means available for communications to be utilized in the event of total or partial loss of phone communications, as appropriate:

- Standard pay phones
- Runners
- Portable radios – will be provided by the Environmental Services Director or Maintenance supervisor and are available at the Front Desk in the lobby.
- Email – access available on all staff computers
- See back up Communication Sheet

### **Notification Process**

- The Environmental Services Director/ Maintenance Supervisor will inform the Administrator/ Incident Commander of loss of communications services, and will communicate to determine the nature and potential duration of the communications outage.
- Environmental Services Director/ Maintenance Supervisor will contact the telecommunications and data systems provider - Empire to request repair and restoration services.
- All staff will be notified of communications outage.
- Facility staff will notify all residents currently in the facility of loss of communications services.

### **Response Procedures**

- In the event of a total phone communications failure, the back-up communications system will be initiated by the Incident Commander, Environmental Services Director or Maintenance Supervisor.
- Facility staff will limit telephone communications to critical operational and/or resident care issues only.
- Staff will use standard pay phones and/ email to communicate with service providers outside of the facility.
- The Environmental Services Director/ Maintenance supervisor will provide walkie-talkie radios to staff for internal communication.

### **Restoration of service**

Upon restoration of the telephone services, all residents currently in the facility will be notified immediately.

## **C. Failure of Water System, Potable Water Supply**

### **Overview**

A failure of the facility's water system/ potable water supply can imply total loss of or contamination of the facility's water supply, or partial loss/ contamination of water to a specific area/ floor/ unit.

The facility's emergency water supplier is Nestle Waters North America (914-460-2303). The Food Services Department is responsible for storage and distribution of potable water.

### **Notification Process**

The individual who discovered water system failure will immediately notify his/ her respective supervisor specifying the location and problem identified and affected area. The supervisor will then notify the Administrator/ Incident Commander, Environmental Services Director/ Maintenance Supervisor.

### **Response Process**

- Administrator/ Incident Commander and Environmental Services Director and Food Services Director will determine the extent and type of problem and the anticipated duration.
- The Environmental Services Director/ Maintenance Supervisor will check the main water supply, boiler water make up, hot water supply and sprinkler system and will proceed to repairs as necessary, or will contact a services provider for assistance if needed.
- The Environmental Services Director will contact the Fire Department for emergency procedures to be followed in order to maintain the proper operation of the sprinkler system.
- Food Services Director will contact the designated water provider, Nestle Waters North America to request emergency water delivery. Water deliveries will be made daily in tank trucks and 5/6 gallon containers.
- Emergency water rationing procedures will be implemented for the entire duration of the emergency. For drinking purposes, the following purification procedures will be followed;

- Water will be poured into small containers
- Water which is to be used for drinking or cooking, and does not come from an authorized source, (i.e. fire hydrant) shall be boiled and only used upon the direction of the Medical Director and the N.Y.S. Department of Health.

- The Fire Department will be contacted for emergency procedures to be followed in order to maintain the proper operation of the sprinkler system.
- If the utility failure involves the entire facility, the Incident Command System will be activated. The Incident Commander/ Administrator and Environmental Services Director will determine the length and extent of the water system failure and the facility's ability to provide services to residents.
- In the event when the facility can no longer provide care services to its residents, the Incident Commander will activate the Evacuation Plan.

### **Restoration of Service**

- Upon restoration of water system/ potable water supply services, the facility will resume services as prior to the incident.
- The Food Services Director will restock the emergency water supply.
- The Environmental Services Director/ Maintenance Supervisor will ensure that the water system/ potable water supply is fully operational.

## **D. Sewage System Failure**

### **Overview**

The emergency response to the problem of the facility's sewage system failure will depend on the type and condition of the problem. This could be total loss of utility to the nursing home, a partial loss of only one (1) portion (floor or unit) of the nursing home. Nursing Home Administration/Maintenance will advise all departments with responsibilities whether the loss is minor and limited to a specific area or is very extensive, possibly involving the entire Facility.

### **Notification Process**

Personnel discovering failure in the utility system should immediately contact the Maintenance Supervisor and provide the following information: name, location and telephone extension, location and problem identified.

The Maintenance Supervisor will notify the Director of Environmental Services and Administrator/Designee.

### **Response Procedures**

The Administrator/ Designee and Environmental Services Director will determine the extent and type of problem with the utility system failure and the anticipated duration.

The Environmental Services Director/ Maintenance Supervisor will undertake repairs as necessary, and/or will contact outside service providers to assist with repairs as needed.

If the problem involves the entire nursing home or is very extensive, the Incident Command System will be activated. The Administrator/ Incident Commander, Environmental Services Director and DNS will determine the facility's ability to provide care and services to residents.

In case of interruption of service, the Evacuation Plan will be activated and implemented.

### **Restoration of Service**

The Environmental Services Director/ Maintenance Supervisor and Administrator will ensure utility system is fully operational prior to reinstating services.

In case of partial failure of sewage system, heat, ventilation and air conditioning, the Incident Commander and Environmental Services will inform determine reinstatement of services.

In the event of evacuation due to total loss of utility, the facility will follow procedures for Recovery and Repatriation as specified in the Evacuation Plan.

## **E. Heat System Failure**

### **Overview**

The cold weather emergency response procedures will be implemented in the event of failure of the heating system during while outside temperature drops below 25 degrees Fahrenheit.

These procedures will be implemented in addition to the utilities system failure.

The Cold Weather Emergency will be divided into two phases: Plan "A," which will be the initial action, and Plan "B," which will be extensive action.

The Administrator/ Incident Commander will activate the plan and will determine appropriate response procedures based on the extent and estimated duration of the heat system failure.

## **Notification Procedure**

The following individuals must be notified immediately:

Administrator/ Designee, Environmental Services Director, Director of Nursing Services,  
Nursing Staff on affected units, Housekeeping Supervisor  
Notification to the appropriate authorities and DOH

## **Response Procedures- PLAN "A"**

Housekeeping will supply extra blankets to the nursing stations and check all windows for drafts. Curtains or drapes will be drawn to minimize drafts and air flow. Sealing of air leaks will be called to the attention of the Maintenance Department. The Maintenance Department staff will check all heating elements for maximum productivity. On notification of air leaks in or around windows or doors, sealant will be used by the maintenance department to effectuate stoppage.

All nursing staff will monitor patient room areas and patients on an ongoing basis. Patients will be checked for hypothermia signs and symptoms, room temperature will be checked on a one-hour basis. Patients that demonstrate any kind of discomfort will be called to the supervisor's attention and the physician's attention following vital signs being checked by the supervisor.

The Food Services Department will provide additional warm or hot fluids to be served to all patients. Cold fluids will not be used. All meals will be hot meals. Therapeutic Recreation Department will run activities according to schedule. Efforts should be made by the activities staff to motivate the patients to engage in activities that stimulate circulation. Social Service staff will assist in the monitoring of patients for complaints and/or concerns.

IF ROOM TEMPERATURE DROPS BELOW 60 DEGREES F, THEN PLAN B WILL BE IMPLEMENTED.

## **PLAN "B"**

Maintenance department will check room to determine if anything can be done to increase temperature.

Residents will be transferred to other rooms when partial heat loss.

In the event of total failure of heating system, the Incident Commander will determine the facility's ability to continue to provide services to residents or the need for transfer to other facilities or hospitals. In this case, the Evacuation Plan will be implemented as stated in this manual.

## **Restoration of Service**

The Environmental Services Director and Administrator/ Incident Commander will determine when affected area is safe for residents' return. Resident/s will return to their respective room when temperature is above 60 degree Fahrenheit.

## **F. Air conditioning System Failure**

### **Overview**

A spell of "high temperature weather", especially with high humidity is defined as a single day in-which ambient temperatures as recorded on thermometers at Nursing Stations are 85 degrees F or over, Humidity can be determined by radio reports and is to be considered high if over 50%. Temperatures at Nursing Stations will be recorded at noon daily and entered in the patient temperature book.

### **Notification Process**

The Administrator/ Designee, DNS, Environmental Services Director and Maintenance Director must be notified immediately of hot weather advisory/ emergency or failure of air conditioning system.

Staff on units will be notified in order to monitor residents' well-being as well as temperature on unit.

### **Response Procedures**

Additional fans and cooling devices will be installed in day rooms and by nurses' stations if needed.

Patients, as far as possible, should be dressed in light, loose and comfortable clothing.

Staff members working in direct patient contact must be aware of the signs and symptoms of heat exhaustion and take every precaution to prevent the initial stages from progressing, both in the patients/residents and in themselves.

Rooms should be kept as cool as possible by lowering shades, maintaining air circulation and keeping windows closed. Hall lights should be turned off and used only as needed to maintain safe visual passage.

Frequent offering of water or other types of fluids should be made with supervision of intake and output on all patients.

Physicians will be notified immediately of any patients are not taking sufficient fluids by mouth to maintain hydration status (1500cc. minimally in a 24 hour period) and obtain orders for intravenous hydration.

### **Restoration of Service**

The facility will resume activities as normal as soon as the hot weather advisory expires.

## **G. Elevator Service Failure**

### **Overview**

Failure in elevator service can cause disruption in resident care/ services. The facility has precise procedures to be followed in case of elevator service failure. The facility has two (2) operational staff/ resident elevator and a service elevator.

Category 1 tests are conducted annually to ensure safe operation of elevators. Maintenance/ Environmental Services Department conducts daily recall tests to ensure functionality.

The facility's elevators are connected to the generator as source of electrical power, to ensure continuous operation. If loss of elevator service is due to loss of electrical power, please refer to response procedures to be implemented in case of loss of electrical power if applicable.

If loss of elevator service is due to malfunction, the following procedures are to be implemented.

### **Notification Process**

The individual who discovered elevator service failure will immediately notify the Maintenance Supervisor/ Environmental Services Director.

The Environmental Services Director/ Maintenance Supervisor will notify the Administrator/ Incident Commander and front desk security officer.

The Environmental Services Director/ Maintenance Supervisor will post a visible sign on respective broken elevator.

The Administrator/ Environmental Services Director will determine the length of elevator service failure. If estimate time exceeds 72 hours, the Administrator will notify DOH.

### **Response Procedures**

The Environmental Services Director/ Maintenance Supervisor will contact elevator services company to request immediate repair services.

If service elevator is broken, staff will be redirected to temporarily use one of the functioning elevators.

If service is lost to one of the resident/ public elevators, the security guard will operate the service elevator and permit residents and other building occupants to access to upper floors.

Staff will be asked to use stairs for access to various floors and reduce elevator use to a minimum.

### **Restoration of Service**

The Environmental Services Director/ Maintenance Supervisor will ensure elevator is fully operational prior to reinstating for public use.

All building occupants will be informed upon restoration of elevator services.

### **3. Elopement of a Resident**

#### **Overview**

Elopement occurs when a resident successfully leaves the facility undetected and unsupervised, and enters into harm's way.

The facility has developed an Elopement Prevention Policy and Procedure in order to provide a safe and secure environment for its residents. This program is implemented to reduce the risk of unsafe wandering behaviors and adverse outcomes that can result from such behaviors.

The facility will assess all residents on admission, readmission and for any significant change to their health or mental status to determine if elopement risks are present, utilizing the Elopement Risk Assessment Tool. Residents determined to be at risk (see Risk Assessment tool), for unsafe wandering/elopement will immediately have a secure care bracelet applied and an individualized care plan developed.

The facility has set in place the following environmental protective warning systems:

1. Secure Care system with alarms at exit doors.
2. Security Guard/ Receptionist monitoring the front entrance and cameras 24hrs/day
3. Screening of visitors using sign-in book.
4. Names and pictures of residents identified at risk for wandering/elopement at the front desk.
5. Audible alarms on all stairwells and exit doors that are tied into a main panel at the front desk.
6. Security surveillance cameras are positioned to monitor exit doors and basement corridors. Cameras and tapes are monitored by the security/reception desk and are also periodically monitored by the Director of Environmental Services and Administration.
7. During the warmer weather months, trained Porch Sitters, under the Recreation Department, will be assigned to monitor the residents that go outside to the patio.

#### **Notification Process**

Determination that a resident is missing will be made after the Nursing Supervisor has completed and re-checked a full head count, paged the resident on the overhead system and checked that the resident didn't leave the facility with a family member.

The announcement of “**Dr. FIND**” will be paged on the overhead speaker system. The resident's name may be paged every 15 minutes for the next hour, if necessary.

Key notifications to be made immediately:

1. The Administrator and DNS must be notified immediately. The NYC Police Department will be called by the Incident Commander (109<sup>th</sup> Precinct Police at 718-321-2250)
2. The resident's designated representative or family member will also be notified immediately by the team leader or Director of Social Work.
3. The Attending Physician will be called as soon as it has been established that the resident is missing.
4. The Administrator/ DNS will immediately notify the DOH.

#### **Response Procedures**

Upon hearing the Code “Dr. Find”, all department heads will report to the reception desk for instructions from the Incident Commander who will be the Director of Environmental Services or Designee.

A full house search will be conducted as specified for each shift: (7-3, 3-11, 11-7)

Resident room check on each floor by nursing personnel assigned to that floor. The search will be made room to room starting at the far end of the corridor and concludes at the nursing station. Every bathroom, utility room/closet, storage closet, office, dayroom and pantry will be searched and secured. CNAs will report to RNS when search is finished, RNS will report to the team leader for further instructions.

In general, on the day shift, the following guidelines will be in effect:

- The outside grounds and roof will be immediately searched by the Maintenance and Housekeeping staff, including all stairwells.
- The recreation and office staff will search the main floor offices, storage areas and dining room.
- All other staff will assist in the search as directed by the team leader.

The Incident Commander/ Designee will initiate an incident report and time line with the following information gathered:

- Approximate time the resident was last seen
- Description of the resident's clothing
- Information on the resident's general condition and diagnosis
- Obtain a picture of the resident from the MAR or, if possible, the admissions office.
- Gather information on resident's previous address or customary habits.

### **Resolution**

If the resident is located:

1. The Incident Commander will announce "Cancel Dr. Find"
2. Notification of essential personnel will proceed as listed above the "Notifications" section, at the discretion of the Incident Commander, DNS and Administrator.
3. An investigation of occurrence will be immediately conducted with a breakdown of communication thoroughly assessed evaluated and corrected, where necessary.
4. The RNS will immediately clinically assess the resident for signs/symptoms of injury and/or any physical/mental findings and notify the Attending Physician.  
The resident will be examined by a physician within 72hrs.
5. The RNS will review current plan of care, under the guidance of the DNS/Designee, until the CCP team meets.
6. An emergency CCP will be conducted within 72hrs. to review and revise interventions in the plan of care. The resident's designated representative will be notified of any revisions.

Evaluation of Effectiveness of Response

1. An adhoc Q/A review of the Code Dr. Find response will be conducted within 72hrs post event, with a root cause analysis of the incident.
2. The critical areas of effective organizational responses to the elopement will be reviewed: leadership, policies, procedures and staff training. The QA team will make the necessary operational revisions.
3. All policies and procedures will be reviewed and revised if needed. All staff will be re-educated as needed.
4. Missing Resident Drills will be conducted on an annual basis, by the designated department.



## 4. Robbery

### Overview

In the event robbery occurs, the main objective is to reduce the risk of injury to employees and residents and get the robber out of the building as soon as possible.

### Notification Process

If any witnesses, they should notify the Security Officer, Administrator, Safety Officer and call 911. The individual affected must notify the Administrator/ Incident Commander and Safety Officer/ Environmental Services Director as soon as safe to do so.

The individual should call 911 if possible without endangering self or others.

The Administrator/ Incident Commander will notify:

Call “ 911”  
109<sup>th</sup> Precinct Police at 718-321-2250  
Safety Officer/ Environmental Services Director

### Response Procedures

The individual affected should:

- Be calm and courteous
- Do not make sudden moves
- Listen attentively
- Give up money/ valuables or objects requested by the robber
- Remain alert and try to remember details of the robber’s appearance, clothing, speech etc.
- If possible, watch the robber’s method and direction of escape.
- Begin documenting time line immediately
- If any witnesses, ask them to write detailed statements of events
- Contact the Administrator/ designee to inform them of the event and for further direction as needed.

### Resolution

The Administrator/ Environmental Services Director will assess safety of all facility occupants.

The Administrator/ Designee will assess well-being of the individual(s) involved.

The facility will assess any physical damages and losses.

The Administrator/ Environmental Services Director/ Security Officer will assess the facility’s safety and security system and evaluate their efficiency.

## 5. Bomb Threat

### Overview

This procedure provides guidelines for prompt and responsible action when a bomb threat is received. Generally, a bomb threat procedure is comprised of seven important phases: the threat, the search, the evacuation, the bomb or suspected object, traffic control, all clear, and filing the report.

### Notification Process

The announcement of “**CODE D**” will be paged on the overhead speaker system.

The individual receiving the call must immediately notify the Administrator/ Incident Commander and Safety Officer/ Environmental Services Director.

The Administrator/ Incident Commander will notify:

1. Fire Department – 911
2. 109<sup>th</sup> Precinct Police at 718-321-2250
3. NYS Department of Health Queens 1-800-462-6785; NYS After Hours Hotline (Monday-Friday 4pm to 8pm and Saturday & Sunday 10am to 6pm) 1-800-872-2777
4. Safety Officer/ Environmental Services Director

### Response Procedures

The actions to be taken in response to a bomb threat are described in terms of these phases.

#### 1. The Threat:

The operator or individual receiving the threat must remember the following:

- Be calm and courteous.
- Listen attentively.
- Begin documenting timeline.
- Do not interrupt the caller.
- Use the attached check list to obtain as much information as possible.

After receiving the threat, the individual receiving the call must immediately notify:

1. Administrator ext. 721 or Assistant Administrator ext. 722
2. 109<sup>th</sup> Precinct Police at 718-321-2250 and Fire Department – 911
3. Incident Commander
4. Department of Health
5. Safety Officer/ Environmental Services Director ext. 777

#### 2. The Search:

The Incident Commander or designee, after interviewing the individual who received the call, will immediately organize a search. Staff will be assigned specific areas to be searched.

A security officer will be assigned to meet the 109th Precinct Fire and Police Departments and direct them to the Incident Commander. On arrival, the Police should be told all available information. The Incident Commander will remain with the Police until an "All Clear" is given so that the Police can be immediately escorted to inspect any suspicious device which may be discovered.

The Incident Commander will be responsible for establishing a search plan for all areas and for designating a call list of personnel responsible for that search.

#### Search Technique

- Do not touch, handle, or move any suspicious objects!

- Pending the arrival of the fire/police, an area search will be conducted for suspicious packages, boxes, and objects. Give particular attention to elevators, hallways, rest rooms, waste baskets, false ceilings, and every other conceivable location where an explosive or incendiary device might be concealed.
- Search thoroughly, systematically, and discreetly.
- Anything of a strange or suspicious nature which is found will be reported to the Incident Commander/ designee and reported to the fire/police upon their arrival.
- The danger zone and surrounding area of approximately 300 feet should be blocked off or barricaded until the threat is removed.
- Sometimes the location given by the bomb threat caller will include an occupied area such as a floor, room, or office during the daytime. The Incident Commander/ designee may request the assistance of all facility personnel to help with the search process.
- If it is determined that a device may exist in a resident room, the Incident Commander, Administrator, Director of Nursing, Safety Officer, Supervisor or designee will be advised to proceed with the following precautionary measures:
  - (a) Move residents away from windows and attempt to cover windows to prevent flying glass.
  - (b) Open all doors within suspected area to allow the force of an explosion to be dissipated throughout the area.
  - (c) Do not alarm residents. Act as casually as possible and try to offer a logical explanation for the conducted activities.

### 3. Evacuation

- The Senior 109th Precinct Police Officer contacted or the Senior Fire Department Official contacted is authorized by law to evacuate buildings, or parts thereof. The decision to evacuate is only ordered after consultation with Incident Commander Designee. In addition, the Incident Commander/ designee is authorized to order an evacuation.
- In deciding whether to evacuate, various factors must be taken into consideration, including:
  - The specificity of the location
  - The time involved
  - The veracity of the caller
  - The risk to those to be evacuated
- The Incident Commander/ designee must be kept advised of all actions contemplated or taken as time and circumstance permit.
- If evacuation proves necessary, the facility will follow the Evacuation Plan.
- Act calmly and with care to avoid accidents and panic. Do not attempt to move the suspected bomb.

### 4. The Bomb or Suspicious Object

- Remove wrist watches near the vicinity of the object. Watches may trigger certain bombs.
- Never touch, handle, or move any suspicious object. Only the bomb squad should handle the object.
- The bomb or suspicious object may be of any size or type and be concealed in virtually any container.
- If a suspicious object is found, notify the bomb squad immediately. Do not use your radio in the vicinity of a suspected bomb. Radio transmissions can trigger certain bombs. Use the telephone instead.

### 5. Traffic Control

Security is responsible for traffic control and provides the following services:

- 1) Escorts the police to the area where the device has been located.

- 2) Ensures that the escort is in possession of keys necessary to allow police access to the area if secured.
- 3) Provides internal traffic control as required.

#### 6. All Clear

The "ALL CLEAR" must be given by Incident Commander or Administrator via the Senior 109th Precinct Police or Fire Officer present. Maintenance will advise, but cannot make this decision.

#### 7. Filling the Report

Once the "ALL CLEAR" has been given, the Incident Commander/ designee must file an Incident Report together with a completed Bomb Threat Checklist. The report must include the following information:

- include all actions taken
- identify all persons responding, including outside agencies
- identify all persons notified by the Security Department
- identify the time the "ALL CLEAR" was given
- identify who gave the "ALL CLEAR"
- include any other pertinent information.

**Union Plaza Care Center**

**Bomb Threat Checklist**

**INSTRUCTIONS:** Be calm. Be courteous. Listen. Do not interrupt the caller. Attempt to notify Incident Commander, Administrator, and/or Safety Officer while caller is on line. Begin documenting timeline.

Name of Operator: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Caller's Identity: Sex:  Male  Female  Adult  Juvenile Appr. Age  Yrs

Origin of Call:  Local  Long Distance  Booth  Internal - from within bldg

VOICE CHARACTERISTICS		SPEECH	
<input type="radio"/> Loud	<input type="radio"/> Soft	<input type="radio"/> Fast	<input type="radio"/> Slow
<input type="radio"/> High Pitch	<input type="radio"/> Deep	<input type="radio"/> Distinct	<input type="radio"/> Distorted
<input type="radio"/> Raspy	<input type="radio"/> Pleasant	<input type="radio"/> Stutter	<input type="radio"/> Nasal
<input type="radio"/> Intoxicated	<input type="radio"/> Other _____	<input type="radio"/> Slurred	<input type="radio"/> Limp

LANGUAGE		ACCENT	
<input type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Local	<input type="radio"/> Not Local
<input type="radio"/> Fair	<input type="radio"/> Poor	<input type="radio"/> Foreign	<input type="radio"/> Race
<input type="radio"/> Foul	<input type="radio"/> Other _____		

MANNER		BACKGROUND NOISES	
<input type="radio"/> Calm	<input type="radio"/> Angry	<input type="radio"/> Trains	<input type="radio"/> Animals
<input type="radio"/> Rational	<input type="radio"/> Irrational	<input type="radio"/> Bedlam	<input type="radio"/> Voices
<input type="radio"/> Coherent	<input type="radio"/> Incoherent	<input type="radio"/> Airplane	<input type="radio"/> Mixed
<input type="radio"/> Deliberate	<input type="radio"/> Emotional	<input type="radio"/> Quiet	<input type="radio"/> Street Traffic
<input type="radio"/> Righteous	<input type="radio"/> Laughing	<input type="radio"/> Party	<input type="radio"/> Office
		<input type="radio"/> Atmosphere	<input type="radio"/> Machines
		<input type="radio"/> Factory	<input type="radio"/> Music

**BOMB FACTS**

Pretend difficulty with hearing. Keep caller talking. If caller seems agreeable to further conversation, ask questions like:

- When will it go off? Certain Hour Time Remaining
- Where is it located? Building Area
- What kind of Bomb? Where are you now?
- How do you know so much about the bomb?
- What is your name and address?

Inform caller that detonation could cause injury or death. Did caller appear familiar with the facility by his/her description of the bomb location? Write out the message in its entirety and other comments.

**Immediately after the call:** Notify Administrator, Incident Commander, Safety Officer/ Environmental Services Director.

## **6. Bio-Terrorism – Mail**

### **Overview**

The facility has developed procedures to follow for safe handling of mail in order to protect the safety of employees and residents.

### **Notification Process**

The Administrator/ Designee and Director of Environmental Services will be immediately notified. In the event of real threat, the Administrator/ Designee will call 911.

### **Response Procedure**

All mail is inspected upon receipt for foreign bodies and/or powder.

Letters and packages should be opened using a letter opener, with a minimum of movement in order to avoid spilling of any potential content.

Suspicious Mail criteria:

- Any letters or packages with suspicious or threatening messages written on them
- Envelopes/ packages that are lopsided, rigid, bulky, discolored, with strange odor
- Envelopes/ packages with no return address or no postage
- Unexpected envelopes/ packages from foreign countries

Suspicious Mail Handling Protocol

- DO NOT OPEN envelope or package if suspicious
- Evacuate the room and keep others from entering area/ room
- Notify Administrator/ Designee and Director of Environmental Services
- If letter/ package was opened, proceed with caution.
- If possible, close down the building heating/ air conditioning/ ventilation system
- Keep a list of all individuals who had actual contact with the suspicious substance
- Contain the area to prevent visitors, residents and staff traffic
- The Administrator/ Incident Commander will consider the need for partial or total evacuation as directed by appropriate authorities.

### **Restoration of Services**

The Administrator/ Incident Commander will determine the safety of area and return to normal activities.

## 7. Chemical Spill/ Exposure

### Overview

In the event of chemical spill resulting in a fire, pull fire alarm and follow Fire Safety Procedures. Chemical spills are classified as low, medium, or high hazard incidents and are generally defined below. Response depends on incident classification.

#### Low Hazard Spill:

- Small volume of one gallon or less and incidental to ordinary use.
- Material identified and hazard characteristics do not require specialized response.

#### Medium Hazard Spill:

- Moderate Volume - possibly up to several gallons.
- Beyond capability for safe in-house response and/or presents possibilities for spread to on-site or off-site areas with hazards to public health, safety, or the environment.
- Incident localized to immediate area of release - no hazard to public health, safety, or environment.
- High hazard spills shall be handled by commercial emergency service providers with the required notifications to public authorities as described herein.

#### HIGH Hazard:

- Involves volumes larger than several gallons or severe or non-defined hazards
- Beyond capability for safe in-house response and/or presents possibilities for spread to on-site or off-site areas with hazards to public health, safety, or the environment.  
High hazard spills shall be handled by commercial emergency service providers with the required notifications to public authorities as described herein.

### Notification Process

The announcement of “**CODE YELLOW**” will be paged on the overhead speaker system. Notify appropriate personnel in adjacent areas.

Report chemical spills to the Incident Commander. Give your name, location, phone number, and a brief description of the incident.

### Response Procedure

- I. RESPONSE FOR LOW HAZARD SPILL
  - Address low hazard spills directly, as they occur.
  - Neutralize or otherwise treat, if necessary.
  - Absorb with paper towel, spill-pillow, sponge, or other material as appropriate (CHEMICAL SPILL KIT).
  - Contain spill materials; seal and label container.
  - Dispose of as hazardous chemical waste.
- II. RESPONSE FOR MEDIUM and high HAZARD SPILLS
  - Attend to injured personnel. Avoid injuring or contaminating oneself in the process.



- Prevent further injury.
- Render first aid.
- Help victims locate and operate emergency eyewashes, showers, etc.
- Obtain emergency medical assistance.
- Evacuate the area as necessary.
- Close doors to the area of incident.
- Restrict access to essential functions only.
- Limit the spread of the spill, if possible, and secure the area.
- Extinguish open flames and other sources of ignition.
- Stop spillage and leakage. Whenever possible and with appropriate precautions, tip leaking containers to stop flow, place catch basins under leaks, or secure valves.
- Wipe spills with an absorbent towel from spill kit
- Monitor the situation until help arrives.
- Control traffic into and through the area of incident.
- Post signs if needed to help prevent entry.
- Assess the extent of the spill. Consider volumes, chemical characteristics, and other pertinent data. Proceed as appropriate, and notify the 109th Precinct, Fire Department if the incident involves a flammable liquid.
- Confirm potential hazards to public health, safety, or the environment. Hazards shall include both direct and indirect effects of fire, explosion, corrosively, toxicity, and reactivity and any hazardous surface run-off from water or chemical agents used to control fire or heat-induced explosions.
- Contact one of the chemical emergency response service companies available 24 hours a day seven days a week
- Notify local, state and federal agencies as required if the incident presents a public hazard as described

## LOCAL AND GOVERNMENT AGENCIES

Fire Department	911
109th Precinct Police Department	911
Local Health Department	212-417-4999
NYSDOH	518-408-5300
Emergency Management Local Office	718-422-4800

## 8. EMPLOYEE STRIKE

### Overview

In the event that an employee strike/ labor action is anticipated, the facility has developed a detailed strike plan in order to provide for the ongoing quality care and treatment of residents, and to ensure that all residents' needs are met in accordance with the goals and objectives of his/ her individual plan of care.

Should an employee strike occur, the following Strike Plan will be activated and managed under the ICS.

### STRIKE PLAN

#### LABOR ACTION NOTIFICATION:

- On \_\_\_\_\_, Union Plaza Care Center (Union Plaza Care Center or the facility), received notification that all its employees covered under the 1199 Collective Bargaining Agreement will engage in a strike, picketing and other concerted refusal to work beginning at 6:00am on \_\_\_\_\_ and ending at 6:00am on \_\_\_\_\_.
- A management meeting was held \_\_\_\_\_, to review the implementation of the facility strike plan.

#### DEPARTMENTS AFFECTED BY THIS LABOR ACTION:

- Nursing (CNAs, some LPNs)
- Housekeeping/Laundry employees
- Recreation
- Dietary (Aides, Cooks)

**No Department Heads or Supervisors will be affected by the strike. Dieticians and Food Services Managers, Rehab personnel, Social Workers and Security are unaffected.**

### CENSUS

Census: Our bed capacity is 280, with 7 seven 40 bed units.

Current census is 263 occupied beds.

Union Plaza Care Center is a skilled nursing facility catering to long and short term care residents. We provide Wound care, IV therapy, Rehab Services including OT, PT, and ST.

**SERVICES PROVIDED BY INDEPENDENT CONTRACTORS WILL NOT BE AFFECTED BY THIS LABOR ACTION**

**All vendors will be notified for continuity of service**

**See Facility Assessment for a complete list of independent contractors and vendors**

- **Building Services Providers**
- **Staffing Agencies**
- **Medical Services**
- **Supplies and Equipment Vendors**

**The following plan will be implemented on \_\_\_\_\_ 6am to \_\_\_\_\_ 6am to provide appropriate staff coverage and services to our residents**

**STRIKE PLAN: Administration**

**OBJECTIVE:**

To provide for the ongoing, uninterrupted quality care and treatment of residents during an employee strike/ labor action. To ensure that all residents' needs are met in accordance with the goals and objectives of his or her individual plan of care. To ensure that all personnel are appropriately trained to maintain an environment of care that is clean and comfortable, and preserves the rights and dignity of the resident population.

**PROCEDURES:**

"Administration" refers to the Administrator, The Operations Director and all of the facility's Department Heads. Administration will provide the Facility all their telephone contact numbers and vehicle identification information. All administrative, management and care personnel must wear their ID badges at all times including upon entering and leaving the facility during any union work action.

**Period of Strike**

The strike plan will be activated as of 4am on \_\_\_\_\_ and will continue throughout the Labor Action.

The Administrator, Dr. Adinah Pelman is the facility's Strike Coordinator.

The Director of Nursing and the Assistant Director of Nurses will then follow as designated alternates.

The Command Post will be the Administrators Office, unless otherwise directed, which is located on the first floor. The Telephone number for the office is 718.430.0003. The conference room may be designated as an alternate Command Post and the telephone number is 718.430.0003.

The facility's main number is 718.670.0700 which is covered by a Receptionist and Security 24 hours a day 7 days a week.

In the event the switchboard is compromised, the following is available Cellular Phones, Pay Phones and Fax Machine Phones.

**Public Pay Phones**

- Lobby 646-448-2985
- 2<sup>nd</sup> floor 646-448-2986
- 3<sup>rd</sup> floor 646-448-2987
- 4<sup>th</sup> floor 646-448-2988
- 5<sup>th</sup> floor 646-448-2989
- 6<sup>th</sup> floor 646-448-2990
- 7<sup>th</sup> floor 646-448-2991
- 8<sup>th</sup> floor 646-448-2992

**Department Fax Numbers**

Administration 718-670-0726

Admissions	718-670-0701
Bookkeeping	718-670-0740
Dietary	718-670-0757
Nursing	718-670-0738
Rehab	718-670-0784
Social Services	718-670-0767

Security Desk phone number 718.670.0700 and paging is done through the facility's phone system by dialing "\* 2", and announcing the Page.

All facility phones are manned 24 hours a day, as all lines are direct line to various areas, such as offices and each of the 7 floors.

### **Role of Administration during Strike**

Continue to provide uninterrupted facility services to residents and families; maintain a safe and comfortable environment for residents, staff and visitors.

Provide residents and families with status updates re: continued delivery of care and operations of the Facility during the strike;

Provide supportive working employees/volunteers, residents, resident families to assist them in elevating any fear, anxiety, general stress generated by a work stoppage;

Provide support to residents, staff and visitors affected by the work stoppage;

Conduct informational meetings and speaking to individual staff members under the advice of Council.

Maintain log of all picket line incidents. Provide staff, visitors and residents' safe entrance/ exit to Facility.

### **Administrative/Designee Duties Prior to Strike**

Review strike plan with all departments.

Distribute list of names, addresses and telephone numbers of all management, supervisory and other non-union personnel.

Obtain list of other facilities from which non-union, professional personnel may be available

Compile list of emergency Vendors for Service and suppliers, and contact each to ensure that there will be no disruption in services or delivery throughout the strike. The list of vendors shall include, but not limited to, Pharmacy, X-Ray, Laboratory, Food and Supply Vendors, Transportation (Residents/Staff), Linen and Resident Clothing, Medical Supplies, Catering services. Security services will be further enhanced through contracting with an outside Security Company.

### **Strike Notice Given:**

Overall responsibility for direction to and coordination of all working personnel, volunteers, etc.

Administration will notify legal counsel: NYPD, FDNY, DOH, Family Council, Resident Council, vendors and local political representatives.

Arrange for alternate transportation in order to have "pick-up" points for staff and volunteers and rotate them daily. Handle press and community relations.

### **During Strike:**

Maintain reports of picket line incidents.

Maintain communicate with legal counsel.

Maintain communication with New York State Department of Health and the Union.

Direct office personnel/staff and other non-assigned staff and or volunteers.

Place ad in newspapers for additional staff and/or volunteers, if necessary.

Initiate and ensure the carrying out of each department's procedures as outlined in this plan.

Arrange for postal service, incoming and outgoing.

Arrange for ongoing communications with families and residents through letter and phone contact utilizing Social Services, Admissions and other non-designated personnel.

### **Other Exempt Personnel**

#### **Admissions**

The Director of Admissions is responsible to ensure that all potential admissions and readmissions are appropriately managed per facility policy. All required documentation and arrangements for receiving residents into the facility will be organized and maintained by the Director of Admissions/designee.

#### **Business Office**

No Business office personnel are affected by the strike. Resident Banking and Patient Funds services will not be interrupted and the regular schedule of services will remain. The staff at other times will be assigned duties as needed and assigned.

#### **Human Resources**

Human Resources will work directly with Administrator/designee to coordinate any and all new employees/ agency personnel and to assist in other areas as assigned as necessary. It will be the responsibility of the HR Coordinator to ensure that all temporary and replacement personnel have been properly screened in compliance with all Federal and State laws and regulations regarding Criminal History Record Checks and credentialing.

Will maintain an accurate list of all potential employees by discipline and job title for immediate hiring purposes.

#### **Staff Development**

The Staff Development Coordinator will work closely with HR, Nursing Administration and all other departments for orienting temporary staff, volunteers, families, etc. to basic functions including safety procedures. The Coordinator will ensure that all personnel have been fully oriented on the facility's mandatory in-services, including policies and procedures regarding abuse prevention prior to assuming job responsibilities.

#### **Medical Records**

The Medical Records coordinator will be responsible and assist in the replacement of personnel as well as training and orienting unassigned personnel to the basic medical record functions and requirements.

#### **Resident and Family Councils**

A resident council meeting was scheduled for \_\_\_\_\_ to inform the residents of the facility's strike plan and provide reassurance that there will be no interruption of services, and to answer any questions or concerns they may have.

A letter was sent to all residents and family members informing them of the pending strike.

The Family Council was notified and a meeting will be scheduled, as needed, to discuss any issues or concerns they may have.

**Period immediately following a strike**

As soon as practicable, the Administrator/staff will resume of normal operations at conclusion of strike, and the Administrator along with the Nursing Director, Medical Director will collaborate and make an assessment of the Facility and address any and all issues for a resumption of normal operations throughout the Facility.

Arrange for expression of gratitude to non-striking participants and volunteer groups.

**Hospital List According to Proximity**

Flushing Hospital Medical Center (1.7 Miles)  
4500 Parsons Blvd  
Flushing, NY 11355  
718-670-5000

Elmhurst Hospital (4.2 Miles from UPCC)  
79-01 Broadway  
Elmhurst, NY 11373  
718-334-4000

New York Presbyterian Queens (2.7 Miles)  
56-45 Main Street  
Flushing, NY 11355  
(718) 670-2000

Mount Sinai Queens (6.1 Miles from UPCC)  
25-10 30<sup>th</sup> Road  
Long Island City, NY 11102  
718-932-1000

Long Island Jewish Forest Hills (4.4 Miles)  
102-01 66<sup>th</sup> Road  
Forest Hills, NY 11375  
(718) 830-4000

## **STRIKE PLAN: Nursing Services**

### **OBJECTIVE:**

To provide ongoing daily nursing care, assessment, and management during a period of strike, without significant compromise of care.

A strike is likely to lead to increased stress generally and resultant increased tension among staff, even immediately after the event. Senior staff members will try to alleviate such stress and tension as much as possible, both at the individual level and also by cooperation between Departments in the implementation of Strike Plans.

### **PROCEDURES**

“Nursing Staff” refers to nursing administration including the Director of Nursing, Assistant Director of nursing, Nurse Supervisors, RNs, LPNs, CNAs, resident assessors, and the risk manager.

All non-nursing personnel have been requested to provide all their telephone contact numbers and vehicle identification information. This information will be available to Administration, Nursing Office, and Security.

All management staff must wear their ID badges at all times including upon entering and leaving the facility during any union work action.

### **Period of a Strike**

At all times, there must be readily accessible telephone contact between Nursing Staff and all other departments. The overhead paging system will be used to communicate within the building. The Director of Nursing and Assistant Director of Nursing will be available by cell phone at all times.

### **Nursing Management Coverage**

Nursing Management will work 7-12 hour shifts (as needed) covering both days and nights at the commencement of a strike and will continue to provide this coverage until the unit operations and coverage are resembling normal day-to-day operations. Once normal operations have been achieved, nursing management will return to an 8-hour a day work schedule.

The Director of Nursing/ designee will be responsible for the overall operations of the day shift for the nursing department and will be the contact with the NYS Department of Health. The Assistant Director of Nursing/ designee will be responsible for the overall operations of the night shift for the nursing department and will be the contact with the NYS Department of Health at that time during the interval of 12 hour shifts.

Should a Physician/NP/PA arrive at the Facility, the Director of Nursing/Nurse Supervisor or designee will request that particular Physician/NP/PA to attend to any urgent medical problems that cannot be deferred. The Physician/NP/PA will also be asked to sign any new prescriptions for restricted medications, but should not be asked to sign any routine orders or undertake routine or non-urgent medical evaluations. If a resident expires and no physician is able to come to the facility, the Director of Nursing/Nurse Supervisor or designee will endeavor to have the copies of the pertinent parts of the deceased resident’s chart/information required for the Physician on call.



### **Nursing Unit Coverage**

The nursing staffing scheduler will work with a number of staffing agencies to ensure that there are adequate numbers of licensed and unlicensed staff to care for the residents. The staffing patterns will be determined using our usual staffing patterns and then modifying the needs based on the unit census, acuity, and the skill levels required for the care of the residents on the unit.

Each unit will be covered by a specific, assigned agency to maintain continuity of care and efficiency in the assignment agency personnel.

There will be a comprehensive list of staffing agencies with phone numbers and addresses available in the nursing office. The contracts for each agency will also be available in the master strike plan policy manual in the administrator's office.

Each contract agency will be given a packet of the facility orientation and will be responsible for orienting the staff assigned to cover the facility at the agency. This will be done upon the facility receiving the 10-day strike notice so employees will be oriented prior to being needed.

The facility will then provide an onsite orientation to agency workers prior to the commencement of the strike to review special procedures including the fire alarm system, security systems, disaster codes, elopement policies and procedures, paging system, medication pass for nurses (etc.) Each agency will also be responsible for working with the human resource department to ensure that each agency employee has the necessary information (PPD testing, fingerprinting, etc.) prior to starting a facility work assignment.

Agency staff will be assigned to the same work assignment as much as possible to provide consistency to the worker as well as the residents and families. The nursing scheduler will be responsible for maintaining the daily staffing roster. The Assistant Director of Nursing will be responsible for reviewing the staffing to ensure that there are adequate numbers of staff or reporting shortages to the Director of Nursing and Administrator to ensure that adequate staffing can be provided.

### **Period immediately following a strike**

As soon as practicable, the union members will return to the usual schedule of attendance at the Facility. The master schedule will be given to the business agent of the union upon notice that the strike is over and will be posted at the designated locations within the facility. All staff members will be instructed that everyone is to be welcomed back and there is to be no dialogue about the events that have just taken place. The Strike Plan will then be reviewed, and modified as appropriate following discussions with Nursing Staff and Facility Heads of Departments.

## **STRIKE PLAN: MEDICAL SERVICES**

### **OBJECTIVE:**

To continue to provide medical services without compromise during a period of strike.

### **PROCEDURES:**

There will be no interruption in any medical service (Nurse Practitioners and Physician Assistants), including the Medical Director.

All Physicians and Mid-level Providers have provided the Facility with contact numbers and vehicle identification information. This information will be available to the Medical Director, Administration, Nursing Office, and Security.

All Physicians and Mid-level Providers have been requested to consider applying for a New York State Department of Health Physician Identification Card. The Physician Identification Card may allow for easier access when there are restrictions to travel and refueling of vehicles, and used for identification if Facility identification badges are not available.

### **Period of a Strike**

At all times, there must be readily accessible telephone contact between Nursing Staff and Medical Staff. The Director of Nursing/Nurse Supervisor or designate should have a line manned at all times.

It is anticipated that during any period of a strike, implementation of medical orders within the Facility may be compromised, as there may be limitations on the availability of staff, medications, other therapies and equipment. Therefore urgent medical problems will require hospital assessment more frequently than usual.

Medical Staff will endeavor to attend the Facility as per their usual schedule. In the event that Medical Staff is unable to reach the Facility as scheduled, Park Avenue Health Care Management will provide alternate coverage.

The Medical Director or designate will arrange a schedule so that a member of the Medical Staff is always on-call by telephone. The Medical Director will notify the Director of Nursing/Nurse Supervisor or designate of this schedule, and also which Physician is on call for Death Certificates. The Director of Nursing/Nurse Supervisor or designate will ensure that all Nursing Units are informed of this schedule, so that during periods when no Medical Staff can arrive at the Facility, the Physician/NP/PA on call will be contacted by telephone for any urgent medical matters.

### **Periods when an individual Physician/NP/PA cannot arrive at the Facility as scheduled**

The Physician/NP/PA will call the pre-arranged contact number of the Director of Nursing/Nurse Supervisor or designate. If there are any urgent medical problems relating to residents under the care of this particular Physician/NP/PA, then the Director of Nursing/Nurse Supervisor or designate will ascertain if there is another Physician/NP/PA in the Facility at that time. If so, then that Physician/NP/PA will be requested to assess these residents and their urgent medical problems.

If there is no Physician/NP/PA in the Facility at that time, then the Director of Nursing/Nurse Supervisor or designate will arrange for the abovementioned problems to be discussed by telephone with the Physician/NP/PA who had called in.

**Periods when it is difficult for any Physician/NP/PA to arrive at the Facility**

The Director of Nursing/Nurse Supervisor or designate will contact the Physician/NP/PA on call for any urgent medical matters. Nursing Staff will evaluate the Resident, and then present as much information as possible about the problem to the Physician/NP/PA on call.

The Director of Nursing/Nurse Supervisor or designate will evaluate reports of investigations and consultations to determine which reports require urgent medical review. These reports will then be faxed and/or telephoned to the Physician/NP/PA on call, who will arrange appropriate further action after discussing the case with Nursing Staff.

The Director of Nursing/Nurse Supervisor or designate will notify the Physician/NP/PA on call about any urgent prescriptions (mostly restricted medications), and provide the Physician/NP/PA on call with the required information for making a telephone prescription to the pharmacy.

Should a Physician/NP/PA manage to arrive at the Facility, then the Director of Nursing/Nurse Supervisor or designate will request that particular Physician/NP/PA to attend to any urgent medical problems that cannot be deferred. The Physician/NP/PA will also be asked to sign any new prescriptions for restricted medications, but should not be asked to sign any routine orders or undertake routine or non-urgent medical evaluations.

**Period immediately following a strike**

As soon as practicable, the Medical Staff will return to the usual schedule of attendance at the Facility. The Medical Director or designate, in collaboration with the Director of Nursing/Nurse Supervisor or designate, will arrange an order of priorities for Medical Staff to complete tasks that had been deferred. Again, initially only urgent medical assessments will be performed, but routine evaluations will be resumed as soon as possible.

As soon as practicable, the Medical Director will make an assessment of the impact of the strike on the medical conditions of residents of the Facility. The Strike Plan will then be reviewed, and modified as appropriate following discussions with Medical Staff and Facility Heads of Departments.

## **STRIKE PLAN: Social Services**

### **OBJECTIVE:**

To provide immediate and necessary social services to residents and families as indicated; Provide residents and families with status updates re: continued delivery of care and operations of the facility, Provide supportive counseling to residents and families re: fear, anxiety, general stress generated by a work stoppage; and provide supportive counseling to staff affected by the work stoppage;

A strike is likely to lead to increased stress generally and resultant increased tension among staff, even immediately after the event. Staff members will try to alleviate such stress and tension as much as possible, both at the individual level and also by cooperation between Departments in the implementation of Strike Plans.

### **PROCEDURES**

All Social Services staff will provide the Facility all their telephone contact numbers. This information will be available to the Social Services Director, Administration, Nursing Office, and Security.

### **Period of a Strike**

At all times, there must be readily accessible telephone contact between Nursing Staff and Social Service Staff. The Director of Nursing/Nurse Supervisor or designate should have a line manned at all times.

### **Roles of the Social Workers during a Strike:**

1. Continue to provide Social Work services to residents and families as indicated;
2. Provide residents and families with status updates re: continued delivery of care and operations of the facility during the strike;
3. Provide supportive counseling to residents and families re: fear, anxiety, general stress generated by a work stoppage;
4. Provide supportive counseling to staff affected by the work stoppage;
5. Man and answer telephones on the units and/or in the lobby;
6. Assist the Recreation Department in delivering programs and activities to residents;
7. Sort and deliver resident mail;
8. Assist the Food Services Department in delivering meal service to residents (serving trays, for example);
9. Man and supervise the Smoke Room;
10. Other duties as assigned by Administration;

The Social Service Staff will endeavor to attend the Facility as per their usual schedule. In the event that the Social Service Staff is unable to reach the Facility as scheduled, the following arrangements will be in place:

### **On-Call Schedule**

The Director of Social Services or designate will arrange a schedule so that there are at least 2-3 Social Workers in the facility at any given time. The other members of the Staff will be on-call by telephone. The Director of Social Services will notify the Administrator, Director of Nursing/Nurse Supervisor or designate of this schedule.

The Director of Nursing/Nurse Supervisor or designate will ensure that all Nursing Units are informed of this schedule.

**Periods when an individual Social Worker cannot arrive at the Facility as scheduled**

The Social Worker will call the pre-arranged contact number of the Director of Social Services or designate. If there are any urgent matters/ problems relating to residents the Director of Social Services will ascertain if there is another Social Worker in the Facility at that time. If so, that Social worker will be requested to assist the resident(s) with regards to their urgent matter(s).

If there is no Social Worker in the Facility at that time, then the Director of Social Services Nursing/Nurse Supervisor or designate will arrange for the above mentioned problems to be discussed by telephone with the one of the Social workers on call.

**Period immediately following a strike**

As soon as practicable, the Social Service Staff will return to the usual schedule of attendance at the Facility. The Director of Social Services, in collaboration with the Director of Nursing/Nurse Supervisor or designate, will arrange an order of priorities for the Social Service staff to complete tasks that had been deferred.

As soon as practicable, the Director of Social Services, along with the Medical Director, Director of Nurses and the Administrator will make an assessment of the impact of the strike on the psychosocial conditions of residents of the Facility. The Strike Plan will then be reviewed, and modified as appropriate following discussions with the Social Service Staff, the Administrator and the facility Heads of Departments.

## **STRIKE PLAN: Recreation Department**

### **OBJECTIVE:**

To provide meaningful activities for residents at all activity levels daily. To keep residents' daily activities to remain consistent and in keeping with the posted schedule of programs, as is possible. To maintain each resident's individual daily routine, as is possible. To offer encouragement, support and TLC often to keep residents as calm and stress free as possible.

### **PROCEDURES**

Recreation Director will recruit as many volunteers as possible. Ensure that all volunteer are fully oriented and educated regarding responsibilities during the strike. A list of volunteers will be prepared and up dated as appropriate. The volunteer list will consist of names, addresses and what they will be capable of covering during the strike.

#### **Roles of the Activity Leaders and volunteers during a strike:**

Activities will take place on a regular basis as scheduled. Recreation Staff/ Volunteers/ – Can/will provide/assist in the following:

- Continue to provide recreational programs to residents as scheduled;
- Activity 1:1 visits for residents – will be scheduled daily upon staff/volunteer availability each day;
- Help deliver meals (serving the trays);
- Any other miscellaneous jobs that volunteer/recreation staff is assigned by Administrator

## **STRIKE PLAN: Rehabilitation Department**

### **OBJECTIVE:**

To provide immediate and necessary rehabilitation services to residents as indicated;  
Provide residents and families with status updates as the customary and usual information regarding the resident on Program. Provide the necessary support to nursing and other departments which may be affected by work stoppage;

A strike is likely to lead to increased stress generally and resultant increased tension among staff, even immediately after the event. Staff members will try to alleviate such stress and tension as much as possible, both at the individual level and also by cooperation between Departments in the implementation of Strike Plans.

### **PROCEDURES**

“Rehabilitation staff” refers to the Director of Rehabilitation, Physical, Occupational and Speech Therapists, Physical Therapy Assistants, Certified Occupational Therapist Assistants, Rehab Aides as well as an individual assigned to the department for specialized duties, such as transporter.

All Department Therapists will provide the facility all their telephone contact numbers and vehicle identification information. This information will be available to the Rehabilitation Therapy Director, Administration, Nursing office and Security.

### **Period of a Strike**

At all times, there must be readily accessible telephone contact between Nursing Staff and Rehabilitation Therapy Staff.

All rehab personnel is not included in the Collective bargaining Unit that is covered by the union contract.

### **ROLES of the Therapist and the Assistants during Strike:**

1. Continue to provide Therapeutic Rehab services to residents as indicated;
2. Provide residents and families status updates re: continued delivery of care and operations of the facility during the strike
3. Provide supportive counseling to residents and families re: fear, anxiety, general stress generated by work stoppage.
4. Provide supportive counseling to staff affected by the work stoppage;
5. Ensure that the department carries out all of the duties and services
6. Assist other Departments as needed and or directed by the Director of Rehab, the Administrator or the Director of Nursing.

The Rehab Department Staff will endeavor to attend the facility as per their usual schedule. In the event that the department is unable to reach the facility as scheduled, the following arrangements will be in place:

### **On- Call Schedule**

The Director of Rehab or designate will arrange a schedule so that there are at least one Physical Therapist, Physical therapy assistant, Occupational Therapist and a Certified Occupational

Therapist and support staff in the facility at any given time. The other members of the Staff will be on-call by telephone. The Director of Rehab will notify the Administrator, Director of Nursing/ Nurse Supervisor or designate of this schedule.

**Periods when an Individual Therapist cannot arrive at the facility as scheduled.**

The Therapist will call the pre-arranged contact number of the Director of Rehab or designate. If there are any urgent matters/problems relating to residents, the Director of Rehab will ascertain if there is another Therapist in the facility at that time. If so, that Therapist will be requested to assist the resident(s) with regards to their urgent matter(s).

If there is no Therapist in the facility at that time, then the Nursing/Nurse Supervisor or designate will arrange for the above mentioned problems to be discussed by telephone with the one of the Therapist on-call.

**Period immediately following Strike**

As soon as practicable, the Rehab Staff will return to the usual schedule of attendance at the Facility. The Director of Rehab, in collaboration with the Director of Nursing/ Nurse Supervisor or designate, will arrange an order of priorities for the Rehab Staff to complete tasks that had been deferred.

As soon as practicable, the Director of Rehab along with the Medical Director, Director of Nursing, Director of Social Services and the Administrator will make an assessment of the impact of the strike on the conditions of residents of the Facility. The Strike Plan will then be reviewed, and modified as appropriate following discussions with the Rehab Staff, the Administrator and the facility Heads of Departments.



## **STRIKE PLAN: Dietary Department**

### **OBJECTIVE:**

To ensure that the Residents at Union Plaza Care Center Extended Care Facility continue to receive high quality and nutritious meals. To ensure provision of clinical nutrition services by the Dietitians according to regulations.

### **PROCEDURES**

1. Dietary management and other non-union employees will cover all areas of kitchen sanitation, food production and food transportation.
2. A strike menu has been prepared for utilization during the strike period. This menu will cover 7 days of breakfast, lunch and dinner. Food items will be purchased in advance of the strike.
3. All orders are placed through Central Care Solutions (phone # 908-912-2777). Central Care Solutions purchases all food items, disposables, chemicals and supplements for the food service department.
4. The Dietary Dept. will need 7 people to facilitate the tray-line. Coffee is delivered to the units in bulk with food trucks.
5. All disposable dishes, cups, flatware will be used. Regular coffee cups, adaptive equipment and trays will be used.
6. The Clinical Dietitians cover all areas of clinical nutrition care and documentation as required by the NYS health department. Additional assistance from a Consultant/ per-diem may be required. The Dietitians may be asked to assist in the kitchen as well.
7. The Food Service Director/ Supervisor will be responsible for printing daily meal tickets and nourishment labels as well as updating Geri Menu.
8. Food will also be provided to the staff. Meals will be pre-portioned into hinged plates and left in the staff dining room refrigerator.
9. Management staff will work 12 hour shifts to ensure all areas of the kitchen needs are met.

## **STRIKE PLAN: Housekeeping Department**

### **OBJECTIVE:**

To provide a safe, comfortable and clean environment. To ensure urgent and necessary provision of vital and non-vital equipment and services is conducted in a timely manner during a period of a strike without significant compromise to residents.

A strike is likely to lead to increased stress generally and result in increased tension among staff, even immediately after the event. Senior staff members will try to alleviate such stress and tension as much as possible, both at the individual level and also by cooperation between Departments in the implementation of Strike Plans.

### **PROCEDURES**

The Housekeeping Department will institute their normal Sat/Sun staffing schedule for all 7 days in the week during the 1<sup>st</sup> 60 days of the strike.

7 Housekeepers for patient units: 7:30AM – 3:30PM

Sweep and mop all bathroom, resident rooms, dining room and corridors.

- Remove all trash from the unit and place in soiled utility room
- Clean all dining room tables after meals
- Replenish all supplies needed in the rooms
- Clean all sinks and toilets
- Dust all flat surfaces as needed

One (1) Housekeeper 7:30AM – 3:30PM

LL and Lobby floor

- Remove all trash from 1<sup>st</sup> and 2<sup>nd</sup> floor offices and bathroom
- Clean all bathroom
- Clean CCP room Clean day room
- Sweep, mop, and vacuum all floors on the LL and Lobby floor
- Bathroom and locker rooms
- Receive deliveries
- Deliver housekeeping products to the resident floors
- Sweep and mop all corridors
- Load and deliver all clean linen and diapers to the resident units

Two (2) Utility Porters: 6AM – 2PM

- Removes all trash from resident floors and dump in container
- 3 times during shift
- Remove all medical waste trash from all units and store in special shed outside

One (1) Evening Porters: 3:30PM – 11:30PM

- Remove trash from entire facility and dump
- Deliver evening shift linen and diapers to all the units
- Clean all dining rooms after dinner
- Collect all soiled personal clothes from resident floor
- Empty soiled linen chute

One (1) Wheel Chair Cleaner: 11PM – 7AM – Once a week

- Clean all wheelchairs and med carts as per schedule
- Clean and buff staff dining room daily

After 60 days the facility needs to return to normal weekly staffing pattern for the Housekeeping Department.

### **Period of a Strike**

- Full census. If census is reduced, Housekeeping staff can be reduced accordingly
- Residents will be maintained in gowns provided by our laundry services

### **SCHEDULE:**

- Order sufficient paper supplies and garbage liners for two weeks
- Call linen company to advise them of strike. If they do not cross picket line, order two (2) weeks supply of linen.
- Prepare storage area to receive emergency supplies.
- Prepare storage area to keep dirty linen

## **STRIKE PLAN: Maintenance**

### **OBJECTIVE:**

To ensure a safe and comfortable environment for residents. To ensure urgent and necessary repairs of vital and non-vital equipment are conducted in a timely basis during a period of a strike without significant compromise to residents.

A strike is likely to lead to increased stress generally and resultant increased tension among staff, even immediately after the event. Senior staff members will try to alleviate such stress and tension as much as possible, both at the individual level and also by cooperation between Departments in the implementation of Strike Plans.

### **PROCEDURES**

“Maintenance Staff” refers to maintenance engineer including the, Supervisor/Designee and Director of Maintenance.

All maintenance personnel have been requested to provide all their telephone contact numbers and vehicle identification information. This information will be available to Administration and Security.

All management staff must wear their ID badges at all times including upon entering and leaving the facility during any union work action.

### **Period of a Strike**

At all times, there must be readily accessible telephone contact between Maintenance Staff and all other departments. The overhead paging system will be used to communicate within the building. In addition maintenance staff will be assigned two way radio transceivers to communicate. The Director of Maintenance will be available by cell phone at all times.

It is anticipated that during any period of a strike, implementation of equipment repair within the Facility may be compromised, as there may be limitations on the availability of staff. Therefore certain urgent equipment repairs will be outsourced to known vendors in the community during this time to avoid any potential negative outcomes.

### **Maintenance Director Coverage**

Maintenance Director and Supervisor will work 12 hour shifts covering both days and nights at the commencement of a strike and will continue to provide this coverage until the facilities operations and coverage resemble normal day-to-day operations. Once normal operations have been achieved, Maintenance management will return to an 8-hour a day work schedule.

The Director of Maintenance will be responsible for the overall operations of the day shift for the Maintenance department and will be in contact with the NYS Department of Health as needed. The Supervisor/ Designee will be responsible for the overall operations of the night shift for the Maintenance department and will be in contact with the Director of Maintenance and or Administrator should the need arise.

The Director of Maintenance will work with staffing agencies to make certain that there are adequate numbers of qualified staff to ensure the day to day operations of the facility. The staffing patterns will be determined using our usual staffing patterns and then modifying the schedule based on facility needs.

There will be a list of staffing agencies with phone numbers and addresses available in the maintenance office. The contracts for each agency will also be available in the master strike plan policy manual in the administrator's office.

Each contract agency will be given a packet of the facility orientation and will be responsible for orienting the staff assigned to cover the facility at the agency. This will be done upon the facility receiving the 10-day strike notice so employees will be oriented prior to being needed. The facility will then provide an onsite orientation to agency workers prior to the commencement of the strike to review special procedures including the fire alarm system, security systems, disaster codes, elopement policies and procedures, paging system (etc.). Each agency will also be responsible for working with the human resource department to ensure that each agency employee has the necessary information (PPD testing, fingerprinting, etc.) prior to starting a facility work assignment.

The Maintenance Director will be responsible for reviewing the staffing to ensure that there are adequate numbers of staff or reporting shortages to the Administrator to ensure that adequate staffing can be provided.

### **1. Prior to Strike**

- a. Arrange for service companies to check vital equipment, i.e., elevators, boilers, sprinklers, etc. and advise companies of impending strike: see attachment
- b. Change locks on all vital service rooms, i.e., boiler, sprinklers, and give new key only to Administrator.
- c. Have all tanks filled.
- d. Schedule pick up of garbage with Housekeeping Department.
- e. Close and lock all 1st floor windows.

### **2. During Strike**

- a. Maintain vital services and emergency repairs.
- b. Assume responsibility for private Guard Service.
- c. Monitor security of building.
- d. Work with Housekeeping and Dietary as needed.

### **Period immediately following a strike**

As soon as practicable, the union members will return to the usual schedule of attendance at the Facility. The master schedule will be given to the business agent of the union upon notice that the strike is over and will be posted at the designated locations within the facility. All staff members will be instructed that everyone is to be welcomed back and there is to be no dialogue about the events that have just taken place. The Strike Plan will then be reviewed, and modified as appropriate following discussions with Administrator.

## **STRIKE PLAN: Security**

### **OBJECTIVE:**

To ensure a safe, secure and comfortable environment for residents. To ensure urgent and necessary repairs of vital and non-vital equipment are conducted in a timely basis during a period of a strike without significant compromise to residents. A strike is likely to lead to increased stress generally and resultant increased tension among staff, even immediately after the event. Senior staff members will try to alleviate such stress and tension as much as possible, both at the individual level and also by cooperation between Departments in the implementation of Strike Plans.

### **PROCEDURES:**

- Following a review of the facility' contract with a Security Company for additional guards and develop a strike assignment to ensure security for staff, Residents and families.
- Security will be maintained 24 hours 7 days a week throughout the strike.
- Guards should be posted at the front door once strike is active.
- Guards will be trained and knowledge as to who is permitted inside the building.
- An authorized employee/volunteer list will be available and updated regularly to ensure utmost security.
- Special ID tags OR as Visitor Pass must be available to ensure proper access to the building and to ensure that off duty Employees cannot enter the building unless authorized.
- Has the authority and responsibility to ensure that, if an employee does not show or have ID and does not cooperate they cannot be permitted in the building and their name and description is reported to administration.
- Maintain communication with local police enforcement and Facility Administrator/Designee
- Maintain on-going surveillance of building and property for Security.
- Ensure safe entry and existing of staff, residents, and visitors.
- Monitor orderly conduct.
- Report any and all disruptions to Administration and/or police as necessary and/or directed.
- Provide shift to shift reports as well as daily reports to the Administrator.
- Attend informational meetings as necessary
- Conduct themselves with a customer service approach at all times.

All Security personnel will be thoroughly trained and familiar with the facility's policy and procedure with regard to the following:

- Abuse Prevention and Reporting
- Out On Pass for Residents
- Elopement prevention
- Admission process
- Transportation of Residents and Staff
- Door Alarms
- Access
- Vital Service areas
- Fire Emergency Procedures
- Bomb Threat Procedure

Security personnel are responsible to maintain full observation and monitoring of the grounds, building and individual actions and behaviors. (No loitering at end of shift, no congregating in the build or on the premises. No impediment to optimum security and surveillance

If there is safety issues a report must be made a submitted to Administration/designee and the Security Director.

**Period of Strike**

Security Guards                      Alboro Security                      Marcel Delatorre 646.860.5212

Vehicle Identification information - Authorized Entry

**LOCAL NYP – Precinct**

- NYPD-109<sup>th</sup> Precinct was contacted and will provide \_\_\_\_\_ metal barricades to set the demonstration perimeter. Officer \_\_\_\_\_ from the NYPD Community Affairs was contacted at (718) 321-2269 and indicated that their precinct will provide police officers during the labor action as previously arranged.

## **ADMINISTRATIVE STRIKE COUNTDOWN CHECKLIST**

### **A. Prior to Negotiations:**

- Review the issues anticipated in negotiations.
- The union's strike history and conduct and demands in the contemporaneous negotiations with other institutions.
- Assign accounting staff to identify the expected cost of a settlement based on settlements elsewhere.
- Assign accounting staff to evaluate financial and non-financial costs of taking a strike.
- Retain counsel expert in labor relations.
- Implement any capital improvements required to maintain security during a strike.
- Review strike plan with strike contingency plan council and department heads.
- Have members, operators or top management review and approve the strike plan and authorize expenditures associated with it.
- Develop and train potential volunteer staff to serve as temporary replacements in the event of a strike.
- Review emergency or catastrophe procedures and update.
- Review bomb threat procedure.
- Prepare emergency notification checklist.

### **B. Sixty (60) Days Prior To Anticipated Strike**

- Evaluate financial and non-financial cost of union demands and balance against cost of a strike.
- Consider the value of important concessions which might be made by the Union.
- Inventory existing vehicles which could be used to transport supplies or personnel over the picket line.
- Inventory all supervisory and managerial personnel having chauffeur's licenses and determine what kind of vehicles they can operate.
- Locate possible warehousing facilities away from the premises for pick-up of supplies.
- Make sure night lighting, perimeter fencing, gates, housing and other capital improvements are completed.
- Begin storing plywood or other materials which might be useful in covering glass which is near perimeters and susceptible to vandalism.
- Make an up-to-date assessment of personnel resources.
- Re-establish contact with medical pools and personnel agencies and advise them of potential needs.
- Update your bank of employment applications and begin making requests for employment references if you have not already done so.
- Develop materials for training supervisory and management personnel on how to cope with strike situation.



### **C. Thirty (30) Days Prior to Anticipated Strike**

- Develop expected orientation program for replacement personnel who will be brought in commencing with the day before the strike.
- Develop expedited orientation and training program for non-union personnel who will be temporarily transferred into the bargaining unit.
- Prepare a draft of the following pre-strike communications with the assistance of labor counsel
- A letter to bargaining unit employees concerning the final offer and your Right to continue operating in the event of a strike.
- A letter to non-bargaining unit personnel concerning your desire to protect their right to work and assurances of protection.
- A letter to physicians informing them of your receipt of a strike notice and requesting their support and cooperation.
- A letter to subcontractors requesting their cooperation in the event of a strike
- A letter to the patients' families assuring them of continued patient care
- Clear all communications with counsel.
- In the event of a possibility of a strike becomes a topic, meet with all managerial and supervisory personnel and give them guidance on how to legally respond to questions about the strike.
- Notify the State Health Department and inform them of your receipt of notice
- Contact strike security company and notify them of your need for coverage in 10 days.

### **D. Ten (10) Days before anticipated Strike**

- Set up a meeting with the security supervisor(s) within 72 hours of the anticipated strike to discuss schedules and last minute changes.
- Set up a meeting with the medical pools and personnel agencies you have selected for temporary replacement personnel.
- Define your needs for them and make sure they can deliver total coverage of bargaining unit positions. It is advisable to make arrangements with at least one backup agency.
- Contact and make reservation at local hotels in anticipation of the influx of personnel from other facilities and other out-of-town replacement personnel
- While avoiding stock piling, make sure all regularly scheduled deliveries of food and medical supplies are made in the week before the anticipate strike
- Anticipate and prepare for questions from the press concerning the anticipated Strike.
- Clear any releases with counsel in advance.
- Plug any possible security leaks that may exist in administrative offices.

### **E. Eight (8) Days Before the Anticipated Strike**

- Conduct meeting with supervisory personnel and give them an update on the negotiations.
- Advise them to make no comment or a limited comment concerning the negotiations.
- Do not discuss strike contingencies with supervisors at this point, but assure them that follow-up meeting will be held later, if the Strike appears to be likely. Review with supervisors what can and cannot be said about the strike.
- Obtain contracts with a bus company or lease buses and vans for transporting
- Non-striking personnel across the picket line.
- Obtain contracts with local warehousing companies, if necessary

## **F. Six (6) Days Before the Strike**

- Conduct meeting with Personnel Coordinator and any in-service training and work up a schedule for orienting and training staff and work up schedule for orienting and training (a) transferees from other facilities, (b) likely Transferees from non-bargaining unit positions within, (c) medical pool and Temporary agency personnel and (d) new hires from your application bank
- Make arrangements with other facilities and personnel agencies for transportation of such replacement personnel to site of pre-strike training
- Commence calls to new hires that can be hired and oriented through normal channels prior to the strike.

## **G. Three (3) Days Before the Strike**

- Send out letters to bargaining unit employees, non-bargaining unit employees, physicians, subcontractors, referral agencies, families, and other constituents
- Conduct meeting at least 48 hours before anticipate strike with security Consultant.
- Arrive at consensus concerning security coverage, clearance passes Security desks or gates and other details of operations.

## **H. 48-Hours Before the Strike**

- Security checks of sensitive equipment and areas should be intensified.
- Arrange to have locks on security sensitive areas changed the following day.
- Contact suppliers and make sure they will deliver through a picket line. (If not pressure them to use supervisors to drive.
- Map out pick-up points for transporting non-striking personnel across the picket line.
- Make sure strike documentation notebooks; kits, etc. have been obtained
- Contact Phone Company and repair services for elevators and other equipment and get assurances that they will come in during strike. Have Telephone Company install separate private line for task force coordinator.
- Notify Mayor's Office, District and City Attorneys and County Sheriff's Department of possible strike.

## **I. Day Before Anticipated Strike**

- Conduct a strike orientation and training session for supervisors and other Management personnel.
- Transport security personnel to off-site location for orientation and training
- Conduct security orientation and training for security personnel, maintenance supervisors, receptionists, etc.
- Discuss security preparations, special labor relations rules of conduct, procedure in the event of government investigation, bomb threat or catastrophe and discuss priority notification.
- Conduct meeting with non-bargaining unit personnel concerning problem of transportation, change in schedules, possible overtime, etc.
- Notify them to call facility in the morning concerning pick up locations
- Conduct special orientation on bargaining unit work for non-bargaining transferees.
- Have draft of communication prepared in the event of change in progress of negotiations or cancellation of strike.
- Plain clothes guards should begin duty to prevent sabotage on the day before the strike.

- Conduct orientation and training of out-of-town personnel at hotel or elsewhere off-the-premises
- Set up security desk or gate, check positing make sure fencing is ready
- Paint yellow property lines at all entrances or areas of possible picketing.

**J. Two hours before anticipated strike**

- Uniformed guards should be on duty.

Arrange to have the appropriate number of trained receptionists ready to answer calls on the morning of the strike and answer questions appropriately

**Attachment #1**

**Available Facilities/Agencies for Administrative & Staffing Support**

Meadowbrook Care Center  
320 West Merrick Road Freeport, NY 11520  
Phone:(516) 377-8200 Fax: (516) 377-8233

Blue Leaf Staffing  
40 W 37<sup>th</sup>, #402a, New York, NY 10018  
Phone:(212) 382-2935



**Attachment #3: STRIKE NURSING SCHEDULE**

**Nursing Management**

<b>6am-6pm</b>	<b>6pm-6am</b>

**7-3 (6-3\*) Staff Coverage**

<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
RN	RN	RN	RN	RN
LPN	LPN	CNA	CNA	LPN
CNA	CAN	CNA	RN	LPN
CNA	CAN	Adm	Adm	CNA
SW	SW	SW	Adm	Rehab

**3-11 Staff Coverage**

	LPN	RN	LPN	LPN
RN	LPN	LPN	CNA	LPN
CNA	CAN	CNA	CNA	CNA
CNA	CAN	CNA	CNA	CNA

**11-7 Staff Coverage**

RN	LPN	LPN	LPN	LPN
RN	CNA	CNA	CNA	CNA
CNA	CNA	CNA	CNA	CNA

\* NOTE\* Resident Care will be provided by all staff members with licensure and additional support to those members will be given by non-licensed staff members (Feeding, Transport, Entertainment, Meal Prep, etc).

**ATTACHMENT #4: NURSING STAFFING CONTRACTS**

**Staffing Agencies**

**County** (718) 782-5306                      **Towne** (718) 998-4660

**Five Star** (718) 534-7400                      **Blue Leaf** (212) 382-2935

The completed nursing schedule will be submitted to your office 24 hours prior to the commencing of the labor action.

On \_\_\_\_\_ staffing will begin at 6am.  
 All other days of the strike the staffing shifts will be from 7am to 7pm  
 Then 7pm to 7am.

**Attachment #5: STRIKE MEDICAL STAFF COVERAGE**

The following medical staff will provide medical care:

<b>Name</b>	<b>Unit</b>	<b>Pager &amp; Cell #</b>
Dr. Michael Tadros, M.D.	2 & 8	917-509-8705
Assigned Doctors	7	347-675-6723
Jae Hong, MD	3	718-838-0642
Jitendra Tolia, MD	6	917-683-2567
Dr. Neil Jaglall	4	347-803-3173
Bruce Lowell, MD	5	516-972-4728
Dr. Shao, Liang	Psychologist	212-365-4866
Dr. Yu, Wei Zhen	Psychologist	646-526-8162
Louisa Chan, NP	Psychiatry- Chinese Speaking	718-964-6161 x 103
Margarite Soh-Choe, NP	Psychiatry – Korean Speaking	718-964-6161 x 103
Emily Stern	OPTUM	646-734-0999
Franckel Taylor, NP	OPTUM	718-734-7492
After hours 5pm-8am Weekday 5pm-8am Weekend & Holidays	OPTUM	(877) 493-1469

**Attachment #6: STRIKE PLAN: SOCIAL SERVICES ADMINISTRATIVE STAFFING**

Social Workers will be scheduled to work from 8AM to 6PM Monday – Friday.  
 The Director of Social Work will provide evening and weekend coverage if necessary.

**STAFF**

Dr. Su Jeong Park, Director  
 718-670-0711

Jane Yeh, SW  
 (718) 670-0717

Clara Hahn, SW  
 718-670-0712

Peter Jang, SW  
 718-670-0715

**Attachment #7: THERAPEUTIC RECREATION SERVICES**

Recreation Department Staff Plan

Name	Title	Address	Phone	Schedule
Larissa Tadjiev	Director			For duration
				For duration
				For duration
				For duration
				For duration

**Companion**

			Social Visits Delivery Meal (serving trays)	Mon-Fri
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## **Attachment #8: FOOD SERVICES STAFFING & SCHEDULE**

The Food Service Director will be responsible to ensure that all food deliveries will be received without interruption.

Staffing, as needed, will be secured through backup on call staffing

**The following is a guideline of availability and coverage of the dietitians.  
All consultants can be left information regarding supplies.**

Chief Clinical Dietitians: Teresa Lee x 755 Juha Nam x 753

Dietitian: Rosie Wang x 752

Director of Food Services- Lennox White x 750

Asst. Director of Food Services- Betty Colon x 751

### **STARTER 6:30am – 8:00 pm**

6:30 – 7:00	fill cold water containers
7:00 – 8:00	work starter position breakfast tray line
8:00 – 8:45	break down, clean and refill tray line starter station, Prepare silverware
8:45 – 9:00	break
9:00 – 10:30	work dirty side of dish room; clean trucks
10:30 – 11:00	set up staff dining room (bread, milk, condiments) Set up trays with placemats
11:00 – 11:30	Lunch
11:30 – 12:30	work starter position lunch tray line
12:30 – 12:45	break down tray line, wipe clean Refill starter station
12:45 – 1:00	break
1:00 – 2:30	work dish room; clean trucks
2:30 – 3:00	prepare silverware
3:00 – 3:30	lunch
3:30 -4:00	cleaning
4:00 – 5:00	set up cereal; Prepare starter station
5:00 – 6:00	work starter position dinner tray line
6:00 – 6:15	call backs
6:15 – 8:00	dish room



### **LOADER 6:30 – 8:00**

6:30 – 7:00 prepare bowls applesauce for delivery to floors  
7:00 – 8:00 work loader station on breakfast tray line  
8:00 – 8:45 sweep and mop floor  
Answer call backs  
8:45 – 9:00 break  
9:00 – 10:30 load dish machine dirty function  
10:30 – 11:00 clean dish room (dish machine, floor, and drains)  
11:00 – 11:30 lunch  
11:30 – 12:30 work loader position for lunch tray line  
Set up area (hot cereal, pastina)  
12:30 – 12:45 clean work area  
12:45 – 1:00 break  
12:45 – 2:30 work dirty side dish machine  
Clean dish room (dish machine, floor, and drains)  
2:30 – 3:30 Lunch  
3:30 – 5:00 put placemats on trays; set up tray covers;  
cleaning  
5:00 – 6:00 work loader position for dinner tray line (cover trays and load)  
Set up area (hot cereal, soup)  
6:00 – 6:15 break  
6:15 – 8:00 bring trucks down from units  
Wash coffee carts

### **POT WASHER 6:30 – 8:00**

6:30 – 7:00 set up coffee cups  
Set up pot washer area  
7:00 – 8:00 transport trucks, coffee carts and juice  
8:00 – 8:45 sweep and mop  
8:45 – 9:00 break  
9:00 -10:30 bring trucks down  
Work clean side in dish room  
Sort silverware  
10:30 – 11:00 wash pots  
11:00 – 11:30 lunch  
11:30 – 12:30 bring lunch trucks upstairs  
12:30 – 2:15 wash pots; cleaning  
2:15 – 2:30 break  
2:30 – 3:00 pot washing; cleaning  
3:00 – 4:00 lunch  
4:00 – 6:00 set up pot area; wash pots  
6:00 – 6:15 break  
6:15 – 8:00 finish pot washing; clean steam take, sweep & mop

### **COLD STATION 6:30 – 8:00**

6:30 -7:00 set cold station for breakfast; portion out hot cereal  
7:00 – 8:00 work cold station for breakfast tray line  
8:00 -8:15 break  
8:15 – 9:00 set up cold station  
9:00 – 10:30 prepare desserts for supper, pudding, jello, applesauce, lactaid mil

10:30 – 11:00 set up food for staff salad bar (place in refrigerator)  
 11:00 – 11:30 lunch  
 11:30 -12:30 work cold station for lunch tray line  
 12:30 – 1:00 clean steam table  
 1:00 – 2:00 prepare desserts for lunch for next day  
 2:00 – 3:00 prepare silver ware  
 3:00 – 4:00 break  
 4:00 – 5:00 set cold station; make coffee  
 5:00 – 6:00 work cold station for dinner tray line  
 6:00 -6:15 break  
 6:15 – 8:00 clean up cold station; prepare stewed prunes, cottage cheese,  
 Sliced cheese for breakfast; make trays

**COOKS HELPER / RUNNER 6:30 – 8:00**

6:30- 7:00 set up serving utensils for breakfast tray line; assist in breakfast preparation  
 7:00 -8:00 serve breakfast tray line  
 8:00 – 8:15 break  
 8:15 – 10:00 assist cook with lunch meal  
 10:00 -12:30 make sandwiches for lunch and dinner  
 12:30 – 1:00 prepare nourishments for dinner delivery  
 1:00 -1:30 prepare items for salad bar for next day  
 Slice cold cuts; prepare cold salads for the next day  
 1:30 -1:45 break  
 1:45 – 3:00 prep meat, vegetables, and breakfast items for next day  
 Cleaning  
 3:00 – 4:00 Lunch  
 4:00 – 5:00 set up and deliver juice and cookies  
 Set up 7pm nourishments  
 Set up coffee carts  
 5:00 -6:00 deliver food carts  
 6:00 -6:15 break  
 6:15 – 8:00 bring down food trucks, coffee and water carts  
 Clean urns and carts  
 Work in dish room; clean dish room

**Attachment #9: STRIKE PLAN: HOUSEKEEPING SCHEDULE SERVICES**

Schedule Hours	Employee	Area of Coverage	Service to be Provided
6AM – 6PM	2	3 <sup>rd</sup> – 4 <sup>th</sup> Floors	<ol style="list-style-type: none"> <li>1. Pick up trash in all rooms, place in dirty utility room</li> <li>2. Sweep all rooms &amp; corridors</li> <li>3. Wash dining room tables and chairs</li> <li>4. Clean up spillages</li> <li>5. Replenish toilet tissue, paper towels and soap</li> <li>6. Take trash to compactor</li> </ol>
6AM – 6PM	2	1 <sup>st</sup> – 2 <sup>nd</sup> Floors	<ol style="list-style-type: none"> <li>1. Pick up trash in all rooms, place in dirty utility room</li> <li>2. Sweep all rooms 2<sup>nd</sup> floor including corridor &amp; dining room</li> <li>3. Sweep corridors 1<sup>st</sup> color &amp; basement including staff dining room</li> <li>4. Wash dining room tables and chairs and clean up spillages</li> <li>5. Replenish toilet tissue, paper towels and soap</li> <li>6. Vacuum 1<sup>st</sup> floor dining room</li> <li>7. Take trash to compactor</li> </ol>
5AM – 5PM	2	Linen/Laundry	<ol style="list-style-type: none"> <li>1. Pick up soiled linen from dirty utility room on resident floors and bring to soiled linen room shed</li> <li>2. Pick up dirty towels from resident floors and bring to laundry and launder unpack cleaned linen from commercial laundry</li> <li>3. Pack truck with clean linen according to pars</li> <li>4. Launder residents' personal laundry</li> </ol>
3PM – 12Mid	1	All Floors	<ol style="list-style-type: none"> <li>1. Pick up garbage from dining rooms and take to compactor</li> <li>2. Pick up all soiled linen and place in shed</li> <li>3. Pick up all bath towels and place in laundry room, clean all dining room tables and chairs including staff dining room</li> <li>4. Damp mop spillage</li> <li>5. Sweep 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> floor dining room</li> <li>6. Vacuum 1<sup>st</sup> floor dining room</li> </ol>

The following services will continue to be provided:

- Marking of resident laundry
- Mop floors
- Strip and re-wax
- Dusting
- Washing of sinks
- Washing of toilets
- Changing cubicle curtains, shower curtain cleaning
- Other general cleaning
- Office cleaning
- Supply deliveries with exception of laundry
- Cleaning of wheeled equipment such as wheelchairs, stretchers, I.V. poles, etc.

**Linen & Laundry Services:**

**All linen and resident laundry services will be provided by Unitex Inc. starting \_\_\_\_\_2018 for the entire duration of the strike.**

**Unitex, Inc.**

**866-UNITEX-9**

**VENDORS:**

All linen, clothes, paper and plastic goods, housekeeping supplies will be delivered on the normal schedule. Unitex will cross picket lines as needed to make normal deliveries.

- Action Waste will continue to do their normal garbage and card board removal scheduling during the strike
- Approved Hauling will continue their normal weekly medical waste removal
- A possible strike will in no way disrupt the services provided by the above vendors, provided they are able to access the building by crossing the picket lines safely

**STRIKE PLAN  
MORNING HOUSEKEEPING SCHEDULE 7AM – 3 PM**

<b>TIME</b>	<b>CHECK IF COMPLETED</b>	<b>ACTIVITY</b>
<b>7 AM – 8 AM</b>		<b>Collect garbage from resident rooms, pantry, day room, nurses station, locker room, staff toilet, shower room, tub room, utility rooms, and replace all liners</b>
<b>8 AM – 9 AM</b>		<b>Sweep, dust mop and high dust resident rooms and all corridors. Clean nurses station, utility room, water fountains, staff toilet, nurses office and locker room.</b>
<b>9 AM – 9:30 AM</b>		<b>Clean dining room tables, sweep and mop dining room. Clean pantry and day room toilet.</b>
<b>9:30 AM – 9:45 AM</b>		<b>Break</b>
<b>9:45 AM – 10:30 AM</b>		<b>Damp mop “A” wing, nurses’ station, elevator landings, utility corridor, staff locker room and nurses’ office.</b>
<b>10:30 AM – 11:30 AM</b>		<b>Clean resident rooms – mop resident rooms and bathrooms, high dust over bed lights and window sills, wipe over bed tables and bedside cabinets, clean sink, mirrors, toilets, walls &amp; IV poles.</b>
<b>11:30 AM – 12 NOON</b>		<b>Lunch</b>
<b>12 NOON – 1:30 PM</b>		<b>Clean resident rooms</b>
<b>1:30 PM – 1:45 PM</b>		<b>Wipe dining room tables, sweep and mop dining room, and clean day room toilet.</b>
<b>1:45 PM – 2 PM</b>		<b>Break</b>
<b>2 PM – 2:15 PM</b>		<b>Pull garbage in all resident rooms, pantry, dining room, clean utility room and soiled utility room.</b>
<b>2:15 PM – 2:45 PM</b>		<b>Damp mop corridors, mop shower room and tub room. Check paper towel dispensers, toilet paper and soap.</b>
<b>2:45 PM – 3</b>		<b>Inspect your work. Fill out and turn in the report to the supervisor.</b>

**STRIKE PLAN  
HOUSEKEEPING SCHEDULE  
3 PM – 11 PM**

<b>TIME</b>	<b>CHECK IF COMPLETED</b>	<b>ACTIVITY</b>
<b>3 PM – 4 PM</b>		<b>Deliver linen to all floors. Put out laundry pick up barrels per schedule. Pick up trash from all units, soil utility, pantry, and dining room; take trash out to compactor, boxes to dumpster and red bags to Biohazard room.</b>
<b>4 PM – 5 PM</b>		<b>Sweep, pick up trash in garage, garage stairway to parking lot and roadway to garage.</b>
<b>5 PM – 5:15 PM</b>		<b>Break</b>
<b>5:15 PM – 6 PM</b>		<b>Clean tables, pantry area, office and toilets on TN 7. Sweep and mop all floor surfaces on TN 7.</b>
<b>6 PM – 6:30 PM</b>		<b>Dinner break</b>
<b>6:30 PM – 7 PM</b>		<b>Clean tables, pick up trash from pantry and dining room, sweep and mop dining room floors, clean dining room toilet and clean pantry according to schedule.</b>
<b>7 PM – 7:30 PM</b>		<b>Same as above on next resident floor per schedule.</b>
<b>7:30 PM – 8 PM</b>		<b>Same as above on next resident floor per schedule.</b>
<b>8 PM – 8:30 PM</b>		<b>Clean tables, sweep and mop floor and pull garbage from cafeteria.</b>
<b>8:30 PM – 9:30 PM</b>		<b>Sweep and mop three day room floors per schedule. Wipe down chairs in day rooms. Deliver laundry barrels to laundry.</b>
<b>9:30 PM – 9:45 PM</b>		<b>Break</b>
<b>9:45 PM – 10:50 PM</b>		<b>Pick-up garbage, red bags, and isolation linen from all floors. Put garbage in compactor, break down boxes and put in dumpster, pack red bags in containers in Biohazard room. Mop soil utility room. Clean chute, check equipment and organize chute room.</b>
<b>10:50 PM – 11 PM</b>		<b>Check all doors to housekeeping areas and make sure all doors are locked. Fill out and turn in the report. Punch out</b>
<b>NOTES:</b>		

## APPENDICES AND FORMS

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# APPENDIX 1 – EVACUATION TASKERS

## 1.1 INCIDENT COMMANDER - TASKER

**Mission:** Give overall strategic direction for facility incident management and support activities, including emergency response and recovery. Authorize total facility evacuation.

<b>Date:</b> _____ <b>Start:</b> _____ <b>End:</b> _____ <b>Position Assigned to:</b> _____ <b>Telephone #:</b> _____ <b>Radio Title:</b> _____ Attached Forms and Information: <ul style="list-style-type: none"> <li>▪ Unit / Area Evacuation Status</li> </ul>
--

<b>Full Building Evacuation Related Actions:</b>	√
Activate the Full Building Evacuation Plan.	
Read this entire Tasker.	
Activate key incident command positions, if not already activated, including: <ul style="list-style-type: none"> <li>▪ Logistics Section Chief</li> <li>▪ Operations Section Chief</li> <li>▪ Planning Section Chief</li> </ul> Establish communications with all Section Chiefs.	
Designate a Liaison Officer to coordinate with emergency services and other healthcare facilities.	
Designate a Safety and Security Officer. Consider building lock down.	
Activate the Full Building Evacuation Plan via facility wide announcement.	
Ensure a Labor Pool has been established through the Logistics Section Chief.	
Ensure a Holding Area has been established through the Operations Section Chief.	
Ensure both internal and external transportation is being addressed through the Operations Section Chief and the Infrastructure Branch Director.	
Determine evacuation options and capacity through the Planning Section Chief and Liaison Officer.	
Determine evacuation priority and feasibility with input from Operations, Emergency Services, and Safety/Security. Utilize the “Resident Care Department / Unit Evacuation Status Form” (Appendix 11). Make extra copies as necessary.	
Ensure adequate staff and initiate staff call-back as necessary through the Logistics Section.	
Ensure evacuation floor plans and Resident Preparation Guide (for the units) is readily available.	
Commence evacuation once the Holding Area is established, evacuation groups are in place, and transportation is available.	
Monitor staff for exhaustion and psychological wellness.	
Move to recovery operations until reoccupied.	



## 1.2 OPERATIONS SECTION CHIEF - TASKER

**Mission:** Organize, assign, and supervise Medical Care, Infrastructure, Hazardous Materials, and Business Continuity resources. Ultimately oversee the clinical aspects of vertical evacuation and triage.

<b>Date:</b> _____ <b>Start:</b> _____ <b>End:</b> _____ <b>Position Assigned to:</b> _____ <b>Telephone #:</b> _____ <b>Radio Title:</b> _____ <b>Position Reports to: Incident Commander</b> Attached Forms and Information: <ul style="list-style-type: none"> <li>▪ Holding Area Locations and Resident Pick-up Points</li> </ul>
---

<b>Full Building Evacuation Related Actions:</b>	√
Read this entire Tasker.	
Activate key incident command positions, if not already activated, including: <ul style="list-style-type: none"> <li>▪ Medical Care Branch Director</li> <li>▪ Infrastructure Branch Director</li> </ul> Establish communications with Branch Directors.	
Through the Medical Care Branch Director, designate a Holding Unit Leader to set up and manage the Holding Area.	
Update the Incident Commander on the location of the Holding Area. Advise when the Holding Area is prepared to receive residents.	
Support the Holding Area by ensuring the necessary staffing and supplies through correspondence with the Logistics Section Chief.	
Provide input to the Liaison Officer on the number and type of transportation units needed based on in-house clinical needs.	
Determine clinical staffing needs. Authorize staff call back as necessary. Coordinate with the Logistics Section Chief.	
Assist Incident Commander in determining evacuation priority and feasibility. Utilize the “ <i>Resident Care Department / Unit Evacuation Status Form</i> ”(Appendix 11).	
Develop a plan to address the medications being packaged with residents.	
Monitor the status of the Holding Area throughout the evacuation. Keep Incident Commander advised when the Holding Area is full and when they can receive additional residents.	
Instruct the Infrastructure Branch Director to prepare a strategy for managing waste for the facility both during and post evacuation. Work with disposal vendors as necessary.	
Monitor staff for exhaustion and psychological wellness.	
Move to recovery operations until reoccupied.	

### 1.3 LOGISTICS SECTION CHIEF - TASKER

**Mission:** Organize and direct operations associated with the physical environment, human resources, materials, and services to support the incident activities. Oversee communication and transportation aspects of evacuation planning and activities.

<b>Date:</b> _____ <b>Start:</b> _____ <b>End:</b> _____ <b>Position Assigned to:</b> _____ <b>Telephone #:</b> _____ <b>Radio Title:</b> _____ <b>Reports to: Incident Commander</b> Attached Forms and Information - N/A
---

<b>Full Building Evacuation Related Actions:</b>	√
Read this entire Tasker.	
Complete the “ <i>Facility Systems Status Report</i> “ ( <i>Appendix 3</i> ).	
Activate key incident command positions, if not already activated, including: <ul style="list-style-type: none"> <li>▪ Transportation Unit Leader</li> <li>▪ Labor Pool Unit Leader</li> </ul> Establish communications with these positions.	
Dispatch the Labor Pool Unit Leader to establish the Labor Pool as soon as possible.	
Inform all Incident Command staff of the location of the Labor Pool.	
Ensure communications is available to all Command Center staff. Additionally, ensure communication with the Holding Unit Leader.	
Request frequent updates from the Labor Pool Unit Leader regarding the staffing status. Monitor staffing needs with the Operations Section Chief. Initiate staff call back as necessary.	
Assign Housekeeping Director/ Designee to gather supplies from units and prepare for transport to receiving facility. Utilize <i>Staff and Equipment Tracking Form</i> ( <i>Appendix 16</i> ) for inventory of supplies sent to receiving facility.	
Provide equipment and supplies to the Labor Pool(s) as necessary.	
Monitor internal evacuation equipment needs via the Transportation Unit Leader. Coordinate EMS equipment through the Liaison Officer.	
Monitor external transportation vehicle staging and pick-up points via the Transportation Unit Leader. Coordinate efforts with Safety and Security.	
Ensure the food preparation and meal delivery process continues for residents and staff. Supply the Holding Areas and/or stop over point as necessary.	
Provide equipment and staffing to the Holding Areas as necessary. Coordinate needs through the Operations Section Chief.	
Assist Incident Commander in determining evacuation priority and feasibility. Utilize the “ <i>Resident Care Department / Unit Evacuation Status Form</i> ”(Appendix 11).	
Monitor staff for exhaustion and psychological wellness.	
Move to recovery operations until reoccupied after completing the “ <i>Facility Recovery and Inspection Guidelines Report</i> “ ( <i>Appendix 10</i> ).	

## 1.4 PLANNING SECTION CHIEF - TASKER

**Mission:** Oversee all evacuation related data gathering and analysis. Develop alternatives for operations, conduct planning meetings, and prepare action plans for each operational period. Manage resident tracking.

<b>Date:</b> _____ <b>Start:</b> _____ <b>End:</b> _____ <b>Position Assigned to:</b> _____ <b>Telephone #:</b> _____ <b>Radio Title:</b> _____ <b>Reports to: Incident Commander</b> Attached Forms and Information: <ul style="list-style-type: none"> <li>▪ Evacuation Destination Form</li> </ul>
---

<b>Full Building Evacuation Related Actions:</b>	√
Read this entire Tasker.	
Oversee the tracking of residents as they leave the facility.	
Collaborate with the Holding Areas and the Operations Section Chief to determine the final destination of residents.	
Monitor the evacuation of staff and equipment with evacuating residents.	
Manage resident location data on the “ <i>Evacuation Destination Form</i> ”(Appendix 12).	
Coordinate messages to families and/or responsible parties with the Public Information Officer.	
Provide updates related to resident, staff and equipment tracking to the Incident Commander as requested.	
Monitor staff for exhaustion and psychological wellness.	
Move to recovery operations until reoccupied.	

## 1.5 LIAISON OFFICER - TASKER

**Mission:** Function as the incident contact person in the Command Center for representatives from other agencies (including emergency services and other healthcare facilities).

<b>Date:</b> _____ <b>Start:</b> _____ <b>End:</b> _____ <b>Position Assigned to:</b> _____ <b>Telephone #:</b> _____ <b>Radio Title:</b> _____ <b>Reports to: Incident Commander</b> Attached Forms and Information - N/A
---

<b>Full Building Evacuation Related Actions:</b>	√
Read this entire Tasker.	
Establish communication with other healthcare facilities, local Emergency Operations Center (EOC), and/or local response agencies (e.g., public health). Report current facility status.	
Consider need to deploy a representative to local EOC; make recommendation to the Incident Commander.	
Communicate with the Operations Section Chief regarding the number and type of transportation resources required.	
Request transportation resources via the local EOC or EMS/Fire.	
Request internal vertical evacuation equipment from EMS as needed. Coordinate needs with the Logistics Section Chief.	
Coordinate the number and acuity of residents to be evacuated with the Operations Section Chief.	
Coordinate evacuation receiving sites. Inform Holding Area of receiving sites and the type of resident they can accept.	
Place facility Public Information Officer in contact with Public Information Officers of other agencies.	
Monitor staff for exhaustion and psychological wellness.	
Move to recovery operations until reoccupied.	

## 1.6 PUBLIC INFORMATION OFFICER (PIO) - TASKER

**Mission:** Serve as the conduit for information to staff, visitors, families and the news media as approved by the Incident Commander

<b>Date:</b> _____ <b>Start:</b> _____ <b>End:</b> _____ <b>Position Assigned to:</b> _____ <b>Telephone #:</b> _____ <b>Radio Title:</b> _____ <b>Reports to:</b> Incident Commander Attached Forms and Information - N/A
---

<b>Full Building Evacuation Related Actions:</b>	√
Read this entire Tasker.	
Establish a media staging and briefing area located away from the Command Center, Holding Area and resident care activity areas. Inform on-site media of the physical areas to which they have access and those which are restricted. Coordinate designation of such areas with the Safety/Security.	
Contact external Public Information Officers from community and governmental agencies to ascertain and collaborate public information and media messages being developed by those entities to ensure consistent and collaborative messages.	
If other than yourself, identify appropriate spokespersons to deliver press briefings and public information announcements.	
Develop public information and media messages to be reviewed and approved by the Incident Commander before release to the news media and the public. Continue this process throughout the preparation, evacuation and recovery phases.	
Ensure communication with receiving facilities via the Liaison Officer prior to publicly announcing sites that are receiving evacuated residents.	
Ensure that proactive phone calls and other communications are taking place with Resident Responsible Parties.	
Utilize internal communications systems (e.g., email, intranet, phone, written report postings, etc.) to disseminate current information and status update messages to staff.	
Monitor staff for exhaustion and psychological wellness.	
Move to recovery operations until reoccupied.	

## 1.7 CHARGE NURSE / DEPARTMENT DIRECTOR - TASKER

**Mission:** Provide oversight and direction to unit/department staff during a full building evacuation.

<b>Date:</b> _____ <b>Start:</b> _____ <b>End:</b> _____ <b>Position Assigned to:</b> _____ <b>Telephone #:</b> _____ <b>Radio Title:</b> _____ <b>Position Reports to: Operations Section Chief</b> Attached Forms and Information: <ul style="list-style-type: none"> <li>▪ Resident Destination – To Holding</li> </ul>
--

<b>Full Building Evacuation Related Actions:</b>	√				
Read this entire Tasker.					
Direct non-resident care staff to the Labor Pool, unless needed on the unit.					
Direct resident care staff to return to their assigned unit.					
Direct staff to begin “preparation” of residents. See <i>Resident Packaging Guide</i> Appendix 8. Additionally, ensure the following: <ul style="list-style-type: none"> <li>▪ Complete a “<i>Resident Evacuation Critical Information and Tracking Form</i>” for each resident and place it in the front of the chart. This provides a summation of the resident for all future care givers. (Appendix 2)</li> <li>▪ Ensure all residents have ID.</li> <li>▪ Ensure the chart (including the MAR and nursing notes) is packaged with the resident.</li> <li>▪ Confirm the location of the Holding Area.</li> </ul>					
Assign a staff member to document each resident as they leave the unit, using the “ <i>Resident Destination – To Holding Area Form</i> ” (Appendix 13). Also note visitors, vendors and contractors.					
Evacuation should not commence until Evacuation Groups are in place on the unit, in the stairwell and in the elevator (if permitted for use). Upon notification from the Command Center, initiate evacuation. Residents should be handed off to the Floor Evacuation Group. Inform evacuation staff of the Holding Area location.					
Staff to resident ratios during evacuation will be determined by the Charge Nurse. Additional resources should be requested from the Labor Pool as to the type of personnel necessary.					
Unless otherwise notified, the Holding Area locations are as follows: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <tr> <td style="background-color: #cccccc; padding: 5px;"><b>HOLDING AREA</b></td> <td style="background-color: #cccccc; padding: 5px;"><b>ALTERNATE HOLDING AREA</b></td> </tr> <tr> <td style="padding: 5px;">Rehabilitation Room</td> <td style="padding: 5px;">2<sup>nd</sup> Floor Dayroom</td> </tr> </table>	<b>HOLDING AREA</b>	<b>ALTERNATE HOLDING AREA</b>	Rehabilitation Room	2 <sup>nd</sup> Floor Dayroom	
<b>HOLDING AREA</b>	<b>ALTERNATE HOLDING AREA</b>				
Rehabilitation Room	2 <sup>nd</sup> Floor Dayroom				
As resident rooms are evacuated, mark rooms with a <u>yellow room marker and yellow tape</u> to identify they are empty.					
Once evacuation of the unit is complete: <ul style="list-style-type: none"> <li>▪ Survey the area to ensure all residents have been evacuated.</li> <li>▪ Account for all staff.</li> <li>▪ Direct all staff to report to the Labor Pool.</li> <li>▪ Report the evacuation status to the Holding Areas and the Command Center.</li> <li>▪ Return the “<i>Resident Destination – To Holding Area Form</i>” to the Command Center (Appendix 13).</li> </ul>					

<b>Full Building Evacuation Related Actions:</b>		√
<p>Once evacuation of the unit is complete:</p> <ul style="list-style-type: none"> <li>▪ Survey the area to ensure all residents have been evacuated.</li> <li>▪ Account for all staff.</li> <li>▪ Direct all staff to report to the Labor Pool.</li> <li>▪ Report the evacuation status to the Holding Areas and the Command Center.</li> <li>▪ Return the “<i>Resident Destination – To Holding Area Form</i>” to the Command Center (Appendix 13).</li> </ul>		

## 1.8 LABOR POOL UNIT LEADER - TASKER

**Mission:** Manage the Labor Pool and maintain information on the status, location, and availability of on-duty staff and volunteer personnel.

<b>Date:</b> _____ <b>Start:</b> _____ <b>End:</b> _____ <b>Position Assigned to:</b> _____ <b>Telephone #:</b> _____ <b>Radio Title:</b> _____ <b>Position Reports to: Logistics Section Chief</b> Attached Forms and Information: <ul style="list-style-type: none"> <li>▪ Labor Pool Staff Log-In and Assignment Forms</li> <li>▪ Evacuation Team Log-In Form</li> <li>▪ Evacuation Team Handouts (Floor, Stair, Elevator, Discharge)</li> </ul>
--

<b>Full Building Evacuation Related Actions:</b>	√				
Receive appointment and briefing from the Logistics Section Chief.					
Read this entire Tasker.					
Notify your usual supervisor of your assignment.					
Establish a Labor Pool location. Unless otherwise indicated, the Labor Pool will be established in the lobby.					
Assign staff member(s) to log all staff in and out of the Labor Pool. Utilize the “ <i>Labor Pool Staff Log-In and Assignment Forms</i> ”(Appendix 14). Make extra copies as necessary.					
Assign staff to set-up and staff the Holding Area. Coordinate efforts with the Holding Unit Leader. Unless otherwise indicated, the Holding Area locations will be established as follows: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">HOLDING AREA</th> <th style="padding: 5px;">ALTERNATE HOLDING AREA</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Rehabilitation Room</td> <td style="padding: 5px;">2<sup>nd</sup> Floor Dayroom</td> </tr> </tbody> </table>	HOLDING AREA	ALTERNATE HOLDING AREA	Rehabilitation Room	2 <sup>nd</sup> Floor Dayroom	
HOLDING AREA	ALTERNATE HOLDING AREA				
Rehabilitation Room	2 <sup>nd</sup> Floor Dayroom				
Assign an Equipment Turn-Around Team as follows: <ul style="list-style-type: none"> <li>▪ Assign a Team Leader and 3-4 team members.</li> <li>▪ Direct Team to set-up an equipment cleaning station at the location determined by the Transportation Unit Leader. If feasible, consider in or adjacent to the Labor Pool.</li> <li>▪ Obtain appropriate cleaning materials.</li> </ul>					
Continually update the Logistics Section Chief with the number of staff / volunteers available in the Labor Pool.					
Assign Evacuation Group Leaders for the following groups: <ul style="list-style-type: none"> <li>▪ Evacuating Floor Horizontal Movement Team(s)</li> <li>▪ Elevator Vertical Movement Team(s)</li> <li>▪ Stairwell Vertical Movement Team(s)</li> <li>▪ Discharge Floor Horizontal Movement(s)</li> </ul> <p>Provide each Evacuation Team Leader with a portable radio, if available. Inform the Discharge Team Leaders of the Transportation Equipment Turn-Around Area.</p>					
Instruct Evacuation Team Leaders to assign personnel for their groups from the available Labor Pool Staff.					



<b>Full Building Evacuation Related Actions:</b>	√
Obtain elevator keys through the Operations Section and distribute elevator keys to the Elevator Team Leader as necessary.	
<p>Upon notification from the Command Center, direct Evacuation Teams to respond to their designated location based upon the site of evacuation. Inform Evacuation Teams that evacuation should not commence until directed through the Command Center.</p> <ul style="list-style-type: none"> <li>▪ Inform Floor Team Leader and the Transportation Unit Leader of the Evacuation Equipment Requirements for the Unit (equipment/supplies to be brought to the unit that is evacuating)</li> </ul>	
Consider the need to provide seating, food and beverage to staff for a mid to long term duration incident.	
Continue to maintain “ <i>Labor Pool Log-In and Assignment Forms</i> ” (Appendix 14) throughout the duration of the incident.	
Continue to advise the Logistics Section Chief of the status of the Labor Pool. Request the implementation of staff call-back if the Labor Pool cannot maintain enough staff or staff becomes overworked.	
When the Labor Pool is deactivated, take the “ <i>Labor Pool Log-In and Assignment Forms</i> ” (Appendix 14) to the Command Center.	

## 1.9 LOADING UNIT LEADER - TASKER

**Mission:** Manage the operation of the Holding Area(s) where residents will be tracked and triaged prior to actually leaving the building.

<p><b>Date:</b> _____ <b>Start:</b> _____ <b>End:</b> _____ <b>Position Assigned to:</b> _____</p> <p><b>Telephone #:</b> _____ <b>Radio Title:</b> _____</p> <p><b>Position Reports to: Operations Section Chief</b></p> <p>Attached Forms and Information:</p> <ul style="list-style-type: none"> <li>▪ Holding Area Arrival Tracking Form</li> <li>▪ Staff and Equipment Tracking Form – Holding Area</li> </ul>
---

<b>Full Building Evacuation Related Actions:</b>	√
Receive appointment and briefing from the Operations Section Chief.	
Read this entire Tasker.	
Notify your usual supervisor of your assignment.	
Set-up and manage a Holding Area as instructed by the Command Center.	
Request staff to operate the Holding Area from the Labor Pool Unit Leader. Unless otherwise indicated, the Holding Area location and Resident Pick-up Location are located immediately following this Tasker.	
Gather and/or request the following equipment for the Holding Area (see form immediately following this Tasker):	
Assign an individual(s) to track residents as they <b>ARRIVE</b> in the Holding Area. Provide them with the “ <i>Holding Area Arrival Tracking Form</i> ” (Appendix 15). Make additional copies as necessary (you may choose to track this on an eraser/white board). As residents arrive, ensure the residents medical records and personal belongings accompany them.	
Assign an individual(s) to track residents as they <b>DEPART</b> the Holding Area. Tracking will take place on the “ <i>Resident Evacuation Tracking Form</i> ”. This should be a triplicate form that accompanies the resident as they arrive. The bottom copy shall remain in the Holding Area while the top and middle copies will accompany the resident. As residents depart, ensure the following: <ul style="list-style-type: none"> <li>▪ The transportation vehicle driver/crew is aware of the preferred destination and any unique resident clinical needs.</li> <li>▪ The preferred destination is outlined on the “<i>Resident Evacuation Critical Information and Tracking Form</i>” (Appendix 2).</li> <li>▪ The top two copies of the “<i>Resident Evacuation Critical Information and Tracking Form</i>” are provided to the transportation vehicle driver/crew.</li> <li>▪ The bottom copy of the “<i>Resident Evacuation Critical Information and Tracking Form</i>” is maintained at the Holding Area.</li> <li>▪ If the resident is leaving with family or friends, retain all three copies of the “<i>Resident Evacuation Critical Information and Tracking Form</i>”.</li> </ul>	
Use the “Staff and Equipment Tracking Form” to document any staff leaving the facility to accompany residents.	
Continue to advise the Command Center of the status of the Holding Area. Request additional staff, as necessary, through the Labor Pool Unit Leader.	

<b>Full Building Evacuation Related Actions:</b>	√
Continue to advise the Triage Team Leader of the status of the Holding Area. Request additional staff as necessary through the Labor Pool Unit Leader.	
Monitor staff for exhaustion and psychological wellness. Request beverages and food to the Holding Area as necessary.	
When the Holding Area is deactivated, take the “ <i>Holding Area Arrival Tracking Forms</i> ” (Appendix 15), “ <i>Resident Evacuation Critical Information and Tracking Forms</i> ” (Appendix 2), “ <i>Staff and Equipment Tracking Forms</i> ” to the Command Center (Appendix 16).	

### 1.10 TRANSPORTATION UNIT LEADER - TASKER

**Mission:** Oversee and coordinate both external transportation resources and internal transportation equipment during an evacuation.

<b>Date:</b> _____ <b>Start:</b> _____ <b>End:</b> _____ <b>Position Assigned to:</b> _____ <b>Telephone #:</b> _____ <b>Radio Title:</b> _____ <b>Position Reports to: Infrastructure Branch Director</b> Attached Forms and Information – N/A
--

<b>Full Building Evacuation Related Actions (Internal vs. External):</b>	√						
Receive appointment and briefing from the Infrastructure Branch Director.							
Read this entire Tasker.							
Notify your usual supervisor of your assignment.							
<b>External</b> - Identify what facility owned vehicles could be utilized for external transportation.							
<b>External</b> - Assist the Liaison Officer in coordinating with external transportation resources (i.e. fire, EMS, ambulance services, buses, other healthcare facilities, etc.).							
<b>External</b> - Establish vehicle staging areas outside the Holding Area discharge location. Unless otherwise indicated, Holding Areas Loading Areas are: <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">HOLDING AREA</th> <th style="padding: 5px;">LOADING AREA</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Primary</td> <td style="padding: 5px;">Front of building</td> </tr> <tr> <td style="padding: 5px;">Alternate</td> <td style="padding: 5px;">Delivery driveway/ staff parking lots</td> </tr> </tbody> </table>	HOLDING AREA	LOADING AREA	Primary	Front of building	Alternate	Delivery driveway/ staff parking lots	
HOLDING AREA	LOADING AREA						
Primary	Front of building						
Alternate	Delivery driveway/ staff parking lots						
<b>External</b> - Continue to advise the Infrastructure Branch Director of the status of external transportation.							
<b>Internal</b> - Designate staff to collect vertical evacuation equipment and develop an equipment staging location. Consider a location in or near the Labor Pool.							
<b>Internal</b> - Direct the Labor Pool assigned Equipment Turn-Around Team as they focus on cleaning and re-allocating equipment throughout the evacuation process.							
<b>Internal</b> - Continually update the Infrastructure Branch Director with the number of staff / volunteers available in the Labor Pool.							
<b>Internal</b> - Continue to advise the Logistics Section Chief on the need for additional evacuation equipment.							

## **APPENDIX 2 - RESIDENT PACKAGING GUIDE**

### **RESIDENT NOTIFICATION**

Inform each resident of the pending evacuation situation and explain the general evacuation process.

### **RESIDENT IDENTIFICATION**

Ensure resident is properly identified by wristband or other method.

### **RESIDENT INFORMATION AND TRACKING**

Complete a “*Resident Evacuation Critical Information and Tracking Form*” for each resident prior to evacuation and attach to front of resident’s chart.

### **MOBILITY CATEGORIZATION**

Categorize residents by mobility level utilizing the NYSDOH Standardized Transportation Assistance Levels (TAL) (See Appendix F). Document TAL category for each resident on the “*Resident Evacuation Critical Information and Tracking Form*”. Report TAL category totals to the Command Center.

### **MEDICAL RECORDS**

Collect and prepare the resident’s hardcopy chart information including:

Medical Administration Record (MAR)

Physician Orders

Treatment Sheet

Interdisciplinary Care Plan

Advanced Directives and Healthcare Proxy

If the capability exists and time permits, print out key electronic resident information. Otherwise, this will be accomplished off-site.

Attach the “*Resident Evacuation Critical Information and Tracking Form*” to the front of the chart.

### **PERSONAL EFFECTS**

Personal effects (e.g. eyeglasses, dentures, hearing aids, etc.) are to be placed in a Personal Effects Bag, pillowcase or other bag and labeled to accompany the resident.

Resident prostheses shall be either be utilized by the resident or placed in a Personal Effects Bag, pillowcase or other bag and labeled to accompany the resident.

Valuables should be given to the resident’s responsible party or secured by facility, as applicable.

### **MEDICATIONS / SUPPLIES**

Any supplies or equipment needed for specialized treatment will be packaged and evacuated with the resident (bedside and special medications).

Resident medications to accompany resident, if possible:

- Must be dosage-specific for each resident.
- Must be identified with resident name.

All ordered controlled substances should be evacuated with a resident.

Anyone who is authorized by law to prescribe, dispense, or administer controlled substances may transport these medications.

If an authorized individual is not available to accompany a resident at the time of the evacuation, controlled substances may be taken to a receiving facility by an authorized individual after the evacuation is complete. A controlled substance count will be done and documented at the receiving facility.

### **SPECIAL CONSIDERATIONS**

Transmission based precautions shall be maintained where indicated throughout the evacuation process. Transmission Based Precaution signs from their resident room doors shall be packaged with the resident

As needed, request stretchers and wheelchairs, IV pumps and poles, oxygen cylinders with regulators, portable suction units and other applicable equipment from the Command Center.

Staff may need to go with certain resident to the Holding Area as necessary. Staff should then return to the unit. Staff should report to the Labor Pool once the unit evacuation is completed.

Family members/visitors should be taken to a Responsible Party (Resident Family) Area.



Identify any residents with a latex allergy and ensure latex allergy wristband is in place.

If resident is off the unit, gather personal effects, label with resident's name, and prepare to send with chart to area where they are at the time. The area the resident is in should coordinate this process.

### **HOLDING AREA**

- When notified by the Command Center, evacuate residents to the internal Holding Area. Staff with evacuation equipment will be sent to the unit to assist.

# APPENDIX 3 RESIDENT EVACUATION CRITICAL INFORMATION AND TRACKING FORM

	Facility Phone: _____ Facility Fax: _____		<b>Resident Evacuation Critical Information and Tracking Form</b>
<b>Receiving Facility</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>Movement Times</b> At Holding: _____ At Loading: _____ Left Facility: _____ Arrived Dest.: _____	Place patient identity label or imprint here or write in resident information Name: <small>Last</small> _____ <small>First</small> _____ Age: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F DOB: ____/____/____ Primary Physician: _____ Room or Bed # _____	
<b>Resident Mobility Level</b> / <b>Transportation Assistance Level</b>		<b>Minimum Staff to Loading Area</b> / <b>Transport Agency:</b> _____ <b>Unit/Vehicle #</b> _____	
<b>TAL</b> <input type="checkbox"/> Behavioral Health (blue)		<b>Transport Vehicle</b> / <b>Equipment / Items to Accompany Resident</b>	
<b>TAL1</b> <input type="checkbox"/> Ambulatory (green)		<input type="checkbox"/> Transit/School Bus	
<b>TAL2</b> <input type="checkbox"/> Wheelchair (yellow)		<input type="checkbox"/> Wheelchair Van / Ambulette	
<b>TAL3</b> <input type="checkbox"/> Non-Ambulatory (red)		<input type="checkbox"/> Other (specify) _____	
<b>TAL3</b> <input type="checkbox"/> Lowest Acuity		<input type="checkbox"/> BLS Ambulance	
<b>TAL3</b> <input type="checkbox"/> Moderate Acuity		<input type="checkbox"/> ALS Ambulance	
<b>TAL3</b> <input type="checkbox"/> Critical Care		<input type="checkbox"/> Air Ambulance / MedEvac	
<b>TAL3</b> <input type="checkbox"/> Interrupted Procedure (specify) _____		<input type="checkbox"/> Isolette / Neonatal Ambulance	
<b>TAL3</b> <input type="checkbox"/> Arm Carry		<input type="checkbox"/> Resident Accompanied by Guardian	
<b>Isolation Status</b>		<input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne	
<b>Advance Directives</b>		<input type="checkbox"/> Interpreter Needed? <input type="checkbox"/> ASL <input type="checkbox"/> Language: _____	
<input type="checkbox"/> DNR <input type="checkbox"/> DNI <input type="checkbox"/> Healthcare Proxy		<input type="checkbox"/> Living Will <input type="checkbox"/> MOLST <input type="checkbox"/> Copy Enclosed	
<b>Allergies</b>		<input type="checkbox"/> None <input type="checkbox"/> Latex <input type="checkbox"/> Other: _____	
<b>Mental Status</b>		<input type="checkbox"/> Oriented <input type="checkbox"/> Alert <input type="checkbox"/> Lethargic <input type="checkbox"/> Mildly Confused <input type="checkbox"/> Severely Confused	
<b>Behavior Problems/Safety Risk</b>		<input type="checkbox"/> None <input type="checkbox"/> Wanders <input type="checkbox"/> Elopement Risk <input type="checkbox"/> Verbally Abusive <input type="checkbox"/> Physically Abusive	
<b>Fall Risk</b>		<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> High	
<b>Restraint</b>		<input type="checkbox"/> Vest/Posey <input type="checkbox"/> Wrist/Mitt <input type="checkbox"/> 4-Point <input type="checkbox"/> Other _____ <b>Date / Time Applied:</b> _____	
<b>Special Requirements</b>		<input type="checkbox"/> Oxygen (mask) /pm _____ <input type="checkbox"/> Oxygen (cannulae) /pm _____ <input type="checkbox"/> Suction <input type="checkbox"/> Seizure Precautions	
<b>Transfers</b>		<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Partial Assist 1 <input type="checkbox"/> Partial Assist 2 <input type="checkbox"/> Total Assist	
<b>Activities of Daily Living</b>		<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Partial Assist <input type="checkbox"/> Total Assist	
<input type="checkbox"/> Continent <input type="checkbox"/> Incontinent Bowel <input type="checkbox"/> Incontinent Bladder <input type="checkbox"/> Other _____			
<b>Diet</b>		<b>Consistency</b> <input type="checkbox"/> Aspiration Precautions	
<input type="checkbox"/> NPO <input type="checkbox"/> Regular: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Ground <input type="checkbox"/> Pureed <input type="checkbox"/> Thickened <input type="checkbox"/> Liquid			
<b>Personal Assistive Devices with the Resident</b>		<input type="checkbox"/> None <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Personal Wheelchair <input type="checkbox"/> Glasses	
<input type="checkbox"/> Dentures <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Prosthesis Type: _____ <input type="checkbox"/> Other _____			
<b>Notifications (name/date/time)</b>		Family: _____ Private MD: _____	
<b>Last Actions Prior to Departure</b>		<b>Document time and findings</b>	
Last Temperature _____ Last Heart Rate _____ Last Blood Pressure _____ Last Accu-Check _____ Last Breath Sounds _____			
Last Medications Given (name/dose/route/time): _____		Last Meal (food/date/time): _____	
<b>Next Medications / Intervention Needed</b> <input type="checkbox"/> None until: _____			
Name	Day/Time Needed	Administered?	By _____ Date _____ Time _____
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Notes During Transit</b> <i>Document all care given or status updates. Use other side if needed.</i>			
Time	Note		

Receiving Facility to confirm receipt of the resident by faxing a copy of this form to: \_\_\_\_\_

## APPENDIX 4 – NYS TRANSPORTATION ASSISTANCE LEVELS (TAL)

NOTE: NYS DOH Transportation Assistance Levels (TAL) are intended to provide a standardized categorization method for use by all healthcare facilities (hospitals, nursing homes and adult care facilities) in New York State. Therefore, not all TAL categories may be applicable to all facility types. However, it is beneficial for all facilities to be familiar with all TAL categories.

TAL	Category	Criteria	Designation	Staffing	Transportation Asset	Accompaniment
1	Ambulatory	<p><i>Individuals with disabilities who are able to walk on their own</i></p> <p>Those who are able to walk the distance from their in-patient location to the designated relocation or loading area without physical assistance, and without any likelihood of resulting harm or impairment</p>	Fluorescent green surveyor's tape, wristband, tag, or label	Escorted by staff members, but may be moved in groups led by a single non-clinical staff member or hospital-designated person. The optimum staff-to-patient ratio is 1:5.	Can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto)	A single staff member or clinical provider (e.g., EMT or paramedic) appropriate to patient condition accompanying a group of patients
2	Wheelchair	<p><i>Individuals who cannot walk on their own but are able to sit for an extended period of time</i></p> <p>Those who are alert but unable to walk due to physical or medical condition. They are clinically stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment or medical gas other than oxygen, a maintenance intravenous infusion, an indwelling catheter or a PEG tube during their relocation or evacuation.</p>	Fluorescent yellow surveyor's tape, wristband, tag, or label	Safely managed by a single non-clinical staff member or hospital-designated person	May be transported as a group in a wheelchair-appropriate vehicle (e.g., medical transport van or ambulette)	A single staff member or clinical provider (e.g., EMT or paramedic) appropriate to patient condition accompanying a group of patients
3	Non-Ambulatory	<p><i>Individuals unable to travel in a sitting position (e.g. require stretcher transport)</i></p> <p>Those who require transport by hospital bed, gurney, or stretcher. For emergency movement down stairs, they may be transferred to backboards, basket litters, or other appropriate devices, or rescue-</p>	Fluorescent red surveyor's tape,	Require clinical observation ranging from intermittent to 1:1 nursing.	Require an ambulance or specialized vehicle (e.g., helicopter	Must be accompanied by one or more clinical provider(s)



T A L	Category	Criteria	Designation	Staffing	Transportation Asset	Accompaniment
		<p>dragged on their mattresses. These patients are clinically unable to be moved in a seated position, and may require equipment ranging from oxygen to mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during movement.</p> <p>Non-ambulatory patients may be sub-categorized based on clinical priority:</p> <ul style="list-style-type: none"> <li>• <b>Moderate acuity:</b> Patients who are hemodynamically stable, but at increased risk of deterioration. Examples include post-operative patients, or those who require biomedical equipment to accompany them.</li> <li>• <b>Critical care:</b> Patients who are hemodynamically unstable, require invasive monitoring or other life support equipment, and are at greatest risk of harm during evacuation. Shelter-in-place should always be considered as the best option for this group. Any movement should be as a last resort, when the risk of remaining outweighs the risk of evacuation.</li> <li>• <b>Interrupted procedure:</b> Patients who were in the midst of an operative or other invasive procedure which was interrupted to effect an emergency evacuation. In addition to their critical care status, these patients may need immediate relocation to a suitable operating suite for procedure continuation or other measures.</li> <li>• <b>Arm carry:</b> Neonatal, infant, or child patients who are hemodynamically stable, do not require life support equipment, and can be safely arm-carried without adverse health effect by a staff member or parent/legal guardian.</li> </ul>	wristband, tag, or label	Critical cases or interrupted procedures may require a team of physicians and/or clinical specialists to maintain continuity of care. Require a minimum of two staff members (one clinical, one non-clinical) for movement, with additional staff as needed to manage life support equipment.	medevac) for transport	(e.g., EMT, paramedic, nurse, or physician) appropriate to their condition

## APPENDIX 5 – FACILITY SYSTEMS STATUS REPORT

<b>FACILITY SYSTEM STATUS REPORT</b>			
<b>1. Operational Period Date/Time</b>	<b>2. Date Prepared</b>	<b>3. Time Prepared</b>	<b>4. Building Name:</b>
<b>5. SYSTEM STATUS CHECKLIST</b>			
COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS <i>(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)</i>	
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Information Technology System (email/registration/resident tracking and records/time card system/intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Paging - Public Address	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Radio Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Satellite System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, External	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Video-Television-Internet-Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS <i>(If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)</i>	
Campus Roadways	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Fire Detection/Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		

Structural Components (building integrity: columns, beams, walls, ceiling, roof)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Door Lockdown Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
UTILITIES, EXTERNAL SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Electrical Power-Primary Service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Supplies: Domestic	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Water Supplies: Industrial	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Water Removal Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Natural Gas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

## APPENDIX 6 – EVACUATION EXTENT MATRIX

<i>Scope</i>	<i>Definition/ Parameters</i>	<i>Urgency</i>	<i>Authority to Evacuate</i>	<i>Relocation Site</i>	<i>Notifications / Coordination</i>
<b>Level 1</b> <b>Alert for Potential Evacuation</b>	Information received indicating a situation or event that may require relocation of residents from all or a portion of the facility (e.g., National Weather Service issuance of a hurricane/tornado/flood watch or warning.)				County Office of Emergency Management, NYSDOH
<b>Level 2</b> <b>Limited Area/Horizontal Evacuation</b>	Need for horizontal evacuation of residents/visitors/staff from an area of a building (e.g., fire in a single room, storm damage to an isolated area)	Planned	Incident Commander	As planned	Emergency Services, NYSDOH
		Urgent	Incident Commander	As planned	
		Emergent	Person-in-charge in affected area	Adjacent compartment smoke	
<b>Level 3</b> <b>Limited Area/Vertical Evacuation</b>	Need for vertical evacuation of residents/visitors/staff from one floor of a building (e.g., smoke condition affecting an entire floor, storm damage affecting a floor)	Planned	Incident Commander	As planned	Emergency Services, County Office of Emergency Management, NYSDOH
		Urgent	Incident Commander	As planned	
		Emergent	Person-in-charge in affected area	Two (2) floors below emergency floor (not below grade)	
<b>Level 4A</b> <b>Large Area/Entire Building Evacuation</b>	Need for complete evacuation of residents/visitors/staff from multiple floors or an entire building (e.g., an uncontrolled fire; failure of a commercial power and generator power for an extended duration)	Planned	Incident Commander	As planned – another building on campus, or pre-planned relocation facility(ies)	Emergency Services, County Office of Emergency Management, NYSDOH
		Urgent	Incident Commander	Internal holding area followed by another campus building or transportation loading area pending onward relocation	

<i>Scope</i>	<i>Definition/ Parameters</i>	<i>Urgency</i>	<i>Authority to Evacuate</i>	<i>Relocation Site</i>	<i>Notifications / Coordination</i>
<b>Level 4B Entire Facility Evacuation</b>	Need for complete evacuation of residents/ visitors/ staff from the entire Facility (e.g. environmental emergency Requiring regional evacuation	<b>Planned Urgent Emergent</b>	Incident Commander	Pre-planned relocation facility (ies)	County Office of Emergency Management and NY State Department of Health

## APPENDIX 7 – PLAN NOTIFICATION MATRIX

Item #	Plan Reference	Notification To	Notification When	Contact Location	Info	When Made	Responsible Person	Tracked By
1		Emergency Services		Administration Office			Administrator/Designee	
2		Government Agencies (NYSDOH, Public Health, Office of Emergency Management)		Administration Office			Administrator/Designee	
3		Off duty staff		Receptionist			Administrator/Designee	
4		Receiving facilities		Adm. Office			Administrator/Designee	
5		Transportation resources		Adm. Office			Administrator/Designee	
6		Families / Responsible parties		Admission/ Social Service Office			Director of Social Services	
7		Media		Administration Office			Administrator/Designee	
8		Ombudsman		Administration Office			Administrator/Designee	
9		Primary physicians		Nursing office			DNS	
10		Vendors		Administration Office			Administrator/Designee	

## APPENDIX 8 – PLAN MAINTENANCE MATRIX

Item #	Plan Reference	Issue	How Maintained	Where Maintained	Review/ Maintenance Cycle	Responsible Person	Oversight
1		Receiving facility agreements	Disaster manual, office cabinet	Administrators office	As indicated or annually	Administrator	Administrator
2		Evacuation equipment	Storage room	Basement, resident units	As needed, quarterly	Director of Environmental Services	Administrator
3		Transportation resources	File cabinet	Administrators Office	As needed, Annually	Admin Asst	Administrator
4		Resident emergency contacts	Medical record, Admissions and Social Service files	Resident units, Admissions and Social Service office	As needed, at least quarterly	Director of Social services	Administrator
5		Notification scripts					
6		Resident specialized treatment supplies	Storage closet	Resident units	As needed	Unit Coordinator	DNS

## APPENDIX 9 – RECEIVING FACILITY AGREEMENTS

Local Facility	External Holding Area	Residents Accepted	Special Care Categories	MOU Date	Transportation Available					
					Bus	Seats	W/C	Van	Seats	w/c
Union Plaza Care Center Phone: 718-670-0700 Fax: 718-670-0726 Administrator: Dr. Adinah Pelman Facility email: <a href="mailto:unionplazacares@gmail.com">unionplazacares@gmail.com</a> or <a href="mailto:dluongo@unionplazacares.com">dluongo@unionplazacares.com</a> Facility Cell Phone: 9179223613	Meadowbrook Care Center	105	B,C,D,H,M, O							
		100	J,K							

A = Ventilator Care  
 B = IV Care, peripheral  
 C = Tube Feeders  
 D = Wandering Residents  
 E = Dementia – Locked Unit

F = Hickman Catheters  
 G = Daily Peritoneal Dialysis  
 H = Trach Care  
 I = Physically Aggressive  
 J = Rehab

K = Ortho  
 L = Post Traumatic Brain Injury  
 M = Bariatric Residents  
 N = Passy Muir Valve  
 O = PICC Line, Central Line

P = TPN  
 Q = Pediatric  
 R = Psychiatric Matters  
 S = CPR Certified Staff 24/7  
 T = Severe Behaviors



## **APPENDIX 10 – FACILITY RECOVERY AND INSPECTION GUIDELINES**

Prior to re-opening a healthcare facility (or portion thereof) that has undergone extensive water, wind, or other damage, or environmental contamination, inspections need to be conducted to determine if the building is salvageable. If the decision is made to proceed with recovery and remediation, building and life safety inspections must be completed before any restoration work is done to the facility. The following information describes those activities that need to be completed. This is followed by guidance for infection control review of facilities to be done before the facility can reopen.

Prior to re-occupying any portion of the facility, adequate support services need to be available to establish and maintain a safe, suitable environment of care. Contracting with outside services may be considered, and should be managed through the Finance Section.

### **Structural and Life Safety Inspections**

As conditions warrant, the following should be evaluated by facilities experts:

- Structural integrity and missing/damaged structural items
- Assessment of air quality, including testing for carbon monoxide, hazardous materials, or remnants of products of combustion
- Assessment of hidden moisture
- Electrical system damage, including high voltage, insulation, and power integrity
- Water distribution system damage
- Sewer system damage
- Fire emergency systems damage
- Air handling system damage
- Medical waste and sharps disposal system

### **Water Removal**

Water should be removed as soon as possible once the safety of the structure has been verified, using the following process:

- Pump out standing water
- Wet vacuum residual wetness from floors, carpets and hard surfaces
- Clean wet vacuums after use and allow to dry

### **Water Damage Assessment and Mold Remediation**

- Open the windows in the damaged areas of the building during remediation
- Remove porous items that have been submerged or have visible mold growth or damage
- Minimize dispersion of mold spores by covering the removed items and materials with plastic sheeting (dust-tight chutes leading to dumpsters outside the building may be helpful)
- Dispose of these items as construction waste
- Seal off the ventilation ducts to and from the remediation area and isolate the work area from occupied spaces, if the building is partially occupied

- Scrub and clean hard surfaces with detergents to remove evident mold growth (If a biocide is used, follow manufacturer's instructions for use and ventilate the area. Do not mix chlorine-containing biocides with detergents or biocides containing ammonia.)
- Dry the area and remaining items and surfaces
- Evaluate the success of drying and look for residual moisture in structural materials (Moisture detection devices [e.g., moisture meters] or borescopes could be used in this evaluation.)
- Remove and replace structural materials if they cannot be dried out within 48 hours

### **Inspect, Repair, Disinfect where Appropriate, or Replace Facility Infrastructure**

- HVAC system (motors, duct work, filters, insulation) inspection, disinfection, repair and replacement
- Water system (cold and hot water, sewer drainage, steam delivery, chillers, boilers)
- Steam sources (if piped in from other places e.g., utility companies it will impact autoclaves)
- Electrical system (wiring, lighting, paging and resident call systems, emergency generators, fire alarms)
- Electronic communication systems (telephones, paging and patient call systems, computers)
- Medical gas system
- Hazardous chemicals storage

### **General Inventory of Areas with Water, Wind, Mold, or Contaminant Damage**

Determine what furniture can be salvaged

- Discard wet porous furniture that cannot be dried and disinfected (including particle board furniture)
- Disinfect furniture with non-porous surfaces and salvage
- Discard upholstered furniture, drapery, and mattresses if they have been under water or have mold growth or odor
- Discard all items with questionable integrity or mold damage

Determine what supplies can be salvaged

- Salvage linens and curtains following adequate laundering
- Salvage prepackaged supplies in paper wraps that are not damaged, or have been exposed to water or extreme moisture/humidity, smoke, hazardous vapors, or were in a molded environment
- Discard items if there is any question about integrity, moisture, or mold exposure
- Dry essential paper files and records (professional conservators or recovery vendors may be contacted for assistance)

Inspect electrical medical/biomedical equipment

- Check motors, wiring and insulation for damage
- Inspect equipment for moisture damage
- Clean and disinfect equipment following manufacturers' instructions

- Do not connect wet electronic equipment to electricity sources

Inspect interior structures and surfaces

- Inspect, clean, repair, refinish, or replace wallboard, ceiling tiles, and flooring
- Repair, replace, and clean damaged structures

### **Review Issues for Reopening Facilities**

The following physical plant requirements must be addressed prior to re-opening a facility:

- Potable water
- Adequate sewage disposal
- Electrical power is restored and reliable
- Adequate waste and medical waste management
- All areas to be opened been thoroughly dried out, repaired, and cleaned
- The number of air exchanges in areas of the facility meet recommended standards

### **Post-Reoccupation Surveillance**

Focused microbial sampling may be indicated to determine if residents who are receiving care in the reopened facility acquire infections that are potentially healthcare-associated and that may be attributed to *Aspergillus* spp. or other fungi, non-tubercular mycobacterium, *Legionella*, or other waterborne microorganisms above expected levels.

Reference the following:

- The water in the facility's water distribution system meets the microbial quality of the Safe Drinking Water Act (<http://www.epa.gov/safewater/sdwa/index.html>)
- Mold remediation efforts were effective in reducing microbial contamination in the affected areas of the hospital ([http://www.epa.gov/mold/mold\\_remediation.html](http://www.epa.gov/mold/mold_remediation.html))

















**APPENDIX 18 - DISCHARGE FLOOR HORIZONTAL MOVEMENT TEAM – Leader**

A copy of this form should be provided to each Discharge Team Leader as he or she is assigned to a particular location.

**FUNCTION: To move residents from the stairwell or elevator to the appropriate Holding Area.**

NAME OF TEAM LEADER: \_\_\_\_\_

LOCATION ASSIGNMENT: 1<sup>st</sup> Floor Recreation Room

TRANSPORTATION EQUIPMENT TURN-AROUND AREA (cleaning): Lobby

MINIMUM # OF PERSONS NEEDED: 3

After forming the team, remain at the Labor Pool until directed to report to assigned area by the Labor Pool Unit Leader. Collect equipment (wheelchairs, oxygen cylinders, etc.) as directed by Labor Pool Unit Leader prior to responding to the discharge point of the stairwell / elevator.

Upon arrival at the assigned area, await the arrival of residents from the stairwell or elevator.

Discharge Floor Teams are to be given evacuation destination (Holding Area).

Once a designated resident has been transported to the Holding Area, return to the assigned area for transportation of the next resident. Continue this until transportation of all residents has been completed.

NOTE: If transportation equipment (wheelchair, etc.) requires cleaning after use, take the equipment to the Transportation Equipment Turn-Around area.

Once evacuation of the assigned area is complete, contact the Labor Pool for re-assignment or dismissal.

Team Member Name(s): -

**APPENDIX 19 - STAIRWELL VERTICAL MOVEMENT TEAM – Leader**

A copy of this form should be provided to each Stairwell Team Leader as he or she is assigned to a particular location.

**FUNCTION: To receive residents from the Floor Team and to move these residents via the stairs to the Holding Area.**

NAME OF TEAM LEADER: \_\_\_\_\_

LOCATION ASSIGNMENT: \_\_\_\_\_ Stairwell North or South \_\_\_\_\_ (circle one)

MINIMUM # OF PERSONS NEEDED: \_\_\_\_\_ 4/stairwell \_\_\_\_\_

\* Each stairwell should have a person assigned for observing and ensuring all safety practices.

\*\* This team should have at least one (1) trained person in using vertical evacuation equipment and in vertical evacuation carry techniques.

After collecting personnel, remain at the Labor Pool until directed to report to assigned stairwell by the Labor Pool Unit Leader.

Upon arrival at the assigned stairwell, distribute staff on various levels, as appropriate and await arrival of residents from the Floor Team. This Team will advise you of the specific Holding Area intended for each resident.

Each group of Stair Evacuation staff will pass residents down to the next group of staff, and will inform the next group of staff of the evacuation destination (Holding Area).

**Discharge:**

The Team Leader and the remaining Team personnel not in the stairwell will be at the discharge point of the stairwell. The residents coming out of the stairwell will be passed to the Discharge Horizontal Movement Team. Stairwell Evacuation staff are to inform the Discharge Teams of the evacuation destination (Holding Area).

Once evacuation of the assigned area is complete, contact the Labor Pool for re-assignment or dismissal.  
Team Member Names:

## APPENDIX 20 - EVACUATING FLOOR HORIZONTAL MOVEMENT TEAM

A copy of this form should be provided to each Evacuating Floor Team Leader as he or she is assigned to a particular location.

**FUNCTION: To move residents from the evacuating area to the Holding Area or appropriate stairs or elevator**

NAME OF TEAM LEADER: \_\_\_\_\_

LOCATION ASSIGNMENT: nurse's station

MINIMUM # OF PERSONS NEEDED: 2

After forming Evacuation Team, remain at the Labor Pool until directed to report to assigned area by the Labor Pool Unit Leader. Collect equipment (wheelchairs, oxygen cylinders, etc.) as directed by Labor Pool Leader prior to responding to the evacuating area.

Upon arrival at the assigned area, the Evacuation Team will be advised by the unit / area being evacuated when the movement of resident can begin, by which method each resident will be moved, and the evacuation destination (Holding Area).

Higher-acuity residents (non-ambulatory) will be evacuated via elevators, only if approved by the Emergency Authority (i.e. Fire Department). Floor Evacuation staff should inform the Stairwell / Elevator Evacuation Teams of the evacuation destination (Holding Area).

Once evacuation of the assigned area is complete, contact the Labor Pool for re-assignment or dismissal.

Team Member Names:

## APPENDIX 21 BUILDING SERVICES PROVIDERS

<b>Company Name</b>	<b>Service Provided</b>	<b>Phone Number</b>
Fire Suppression Services	Fire Pump & Sprinklers	516-608-8366
All Service	Kitchen Equipment Repair	718-528-7777
Action	Garbage Removal	201-376-5032
Digital Office Concepts	Copiers	718-854-4362
Reliatech/HOCS Consultants	Computers	718-377-0922
Spectrum business	Internet	877-227-8711
Parkway	Pest Control	1-800-220-7275
Tristate	Tube feeding equipment	718-624-7980 x 229
Day & Nite	Refrigerator Repair COLD Equip	516-3781176
All Service	Repairs (Kitchen HOT Equip)	516-378-1176
Windstream (Broadview)	Phone Carrier	516-348-2561
Protel	Phone/voicemail Hardware Repair	718-438-3232
Airtech	Air Conditioning Repairs	718-786-6200
ISPI Integrated Systems	Fire Alarm System	201-305-6728
Matt Haberlack	Landscape & Gardening	516-395-8320
Alboro Security	Security Services	929-280-9888
Paragon Inc.	Boiler/ Heating System	914-804-7578
Power House	Generator	877-322-0678
Star Satellites	Satellite TV	718-496-4552
Dover	Elevator Service	631-491-3111
APS, Inc.	Carendo & Marisa Lifts	516-444-5439
Sentry	Cameras	1-866-573-6879
Tyco	Fire Alarm	800-289-2647
Integrated Systems & Power	Fire Alarm Panel/System	212-358-2209
Filta Clean	Range/Hood Cleaning Repair	718-495-4747

## **APPENDIX 22 STAFFING AGENCIES**

<b>Company Name</b>	<b>Department</b>	<b>Phone Number</b>
Advance Care	All	718-305-6824
Five Star	Nursing	718-534-7400
Towne	Nursing	718-535-5485
Blue Leaf	Nursing	212-382-2935
White Glove	Nursing	718-387-8359
Favorite Agency	Nursing	212-682-1745
Staff Pro	Nursing	718-471-1122

## **APPENDIX 23 MEDICAL SERVICES PROVIDERS**

<b>Company Name</b>	<b>Service provided</b>	<b>Phone Number</b>
Americare	Home Care	347-432-0511
Revival Home Health Care	Home Care	347-495-0139
Virtair	Oxygen	718-847-8247
Hospice of New York	Hospice Care	718-472-1999
Calvary Home Health Care	Home Care	718-518-2465
Calvary Hospital Hospice	Hospice Care	718-518-2465
VNS of New York	Home Care	718-536-3700
Modern Diagnostic Laboratory Inc.	Laboratory	718-259-0088
Psych Associates	Psychological	212-851-8100
LogistiCare	Transportation	877-564-5924
Pharmascript	Pharmacy Services	908-389-1818
Senior Care	Transportation	718-430-9700
Patient Care Associates	Radiology	914-777-3333
MBS	Peg Tube	718-624-7980

## **APPENDIX 24 SUPPLIES AND EQUIPMENT VENDORS**

<b>Company Name</b>	<b>Service provided</b>	<b>Phone Number</b>
Advanced Care	Home Equipment	516-295-2092
Abaline	Paper Eat/Drink	732-582-0200
Unitex, Inc.	Laundry & Linen	732-442-3099
Ronbar	Housekeeping	718-937-6755
DELT	Hardware Supplies	888-645-6257
Grainger	Engineering Supplies	800-706-5501x233
Twin Med	Nursing/Resident	877-894-6633
Pechters	Breads/Baked	718-749-8280
Bertram	Food	908-862-8200 x 101
US Foods	Food	516-766-1802
Hershey's	Ice Cream/Deserts	631-462-0259
Med part	Medical Equipment	718-436-5100
Peter Meats	Meat /Food	718-659-6328
Island Meats	Meat / Food	631-434-2700
Nestle Waters	Potable Water	914-460-2303
Driscoll	Potable Water	973-672-9400 x119
SMD, Inc.	Bracelet Wanderguard	800-899-7264
Direct Supply	Engineering/Housekeeping	888-367-3690
Triple AHA Supplies	Salt	845-566-4200
USA Wholesale	Electrical Supplies	855-872-8444
Valmar Surgical	Home Equipment	888-596-3070



**APPENDIX 25 DEPARTMENT HEADS EMERGENCY CONTACT INFORMATION**

<b>INTERNAL CONTACT LIST</b>		
Adinah C. Pelman	Administrator	Cell (917) 992-2914
Charlton Rhee	Associate Administrator	Cell (917) 992-7697
Deborah Luongo	Assistant Administrator	Cell (917) 909-9709
Jenny Medina	Director of Nursing	Cell (917) 916-9452
Allana Murphy	Assistant Director of Nursing	Cell (631) 682-0097
John F. Kerney	Director of Maintenance	Cell (516) 581-8322 Home (516) 741-1983
Maria Montemayor	Inservice Coordinator	Cell 347-225-2968
Eric Martinez	Asst. Director of Housekeeping	Cell (917) 846-6213
Su Jeong Park	Director of Social Services	Cell (917) 609-9093
Nursing Supervisor	All Shifts	Dial "O" Operator, or *2 Overhead Page
John Kerney	Director of Housekeeping	Cell (516) 581-8322 Home (516) 741-1983
Larissa Tadjiev	Director of Recreation	(917) 769-5805
Lennox White	Director of Food Services	(646) 526-3752
Betty Colon	Asst. Director of Food Services	(646) 340-7374
Adeboyejo Adesemowo	Supervisor, Security	(929) 485-9148
	Front Desk Emergency Second-Line	(347) 732-9758