



CEDAR SINAI PARK

love. honor. respect.

DISASTER PLAN

ORGANIZATION INFORMATION

Cedar Sinai Park

6125 SW Boundary St.

Portland, Oregon 97221

Phone: 503-535-4300 Fax: 503-535-4330

Chief Executive Officer

Name: David Fuks

Home Phone Number: (503) 246-6643

Cell Phone Number: (503) 504-5256

E-mail: david.fuks@cedarsinainpark.org

Emergency Resource Call List

Contact	Name	Number (indicate at least 2 phone numbers for each contact as applicable)
Local Emergency Response System		911
Internal Contacts:		
Administrator	Kim Fuson David Kohnstamm	503-504-5277 cell 503-504-3533 cell 503-636-0106 home
Director of Nursing	Laurie Wilson, RN (RJHC)	503-939-9613 cell 503-297-2638 home
Director of Health Services	Stefani Corona, RN (RSM)	503-593-8559 cell 503- 387-3788 home
Safety Officer	Tammy Heard	971-219-8594 cell 503-788-5110 home
Infection Control Officer	Melissa Dick	503-648-1449 home
Medical Director	Dr. Paula Folger	503-347-6059 cell
Other Staff (as appropriate)	Bill Stinnett David Fuks	503-504-5210 cell 503-244-6840 home 503-504-5256 cell 503-246-6643 home
External Contacts:		
Fire Department (first responders)		911
Police or Sheriff's Department (first responders)		911
Local Hospital/Emergency Room	St. Vincent Hospital	503-216-2361
Local Health Department		503-988-3674
State Health Department		971-673-1222
FBI Field Office		503-224-4181
CDC BT Emergency Hotline		770-488-7100
CDC Hospital Infections Program		404-639-6413
Local FEMA Office	Oregon Emergency Management Department of State Police	503-378-2911
Local Red Cross Office	Red Cross	503-284-1234
Area Agency on Aging	Client Care Monitoring Unit	503-691-6587
Local Electrical Power Provider	PGE	503-464-7777
Local Water Department	City of Portland Water Bureau	503-823-4874
Local Telephone Company	AT & T Accolade Technologies	800-829-1011 503-650-2814
Local Natural/Propane Gas Supplier	NW Natural Gas	503-226-4211
Sanitation supplies; Porta-potties, sinks, showers etc.	United Site Services	1-800-252-1300

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INTRODUCTION TO THE PLAN

PURPOSE: To continue providing quality care to residents of Cedar Sinai Park during times of major emergencies actual or pending by having a strong plan in place, adequate supplies on hand, trained staff who have been oriented to the plan and maintaining close coordination and planning links with local emergency response organizations on an ongoing basis.

The two most senior staff on campus must communicate and conference as to initiating the disaster plan if they feel a disaster has taken place or is imminent. It will be the responsibility of the highest ranking staff person on duty to declare a situation a disaster and activate the disaster plan.

The disaster plan may be activated in the event a fire, earthquake, severe storm, electrical power outage, explosion, bomb threat, hazardous material spills or releases, or any other situation that would threaten service disruption or warrant evacuation of Cedar Sinai Park in order to protect the lives and safety of residents and staff. This disaster plan is to be implemented under the above circumstances.

AUTHORITIES AND REFERENCES

Emergency Response Roles

Each role listed in the emergency response Chain of Command and Control Team has specific duties to perform should the Emergency Preparedness Plan be implemented. Although there are specific personnel which would best to fill a position, that individual may not be on site when a disaster occurs; therefore, each job does not necessarily require a specific person to fill the position. In addition, one person may need to take responsibility for the functions of more than one job until relieved.

The main priority is to begin the functions until additional or more qualified personnel are available to fulfill these duties. In the event the emergency occurs on off-shifts or weekends designate which staff will hold key roles until the designated personnel arrive on site.

1. **CEO and Community Spokesperson** - Manages the overall response and communications with the external community (generally filled by the organization's chief administrator/executive director)

Name: David Fuks

Home Number: (503) 246-6643

Cell Phone Number: (503) 504-5256

E-mail: david.fuks@cedarsianipark.org

Assistant CEO- Responsible for CEO and communication in the event the initial designee is unable to assume responsibility.

Name: Bill Stinnett

Home Number: (503) 244-6840

Cell Phone Number: (503) 504-4302

E-mail: bill.stinnett@cedarsinaipark.org

2. **Incident Commander** – Directs carrying out of the initial response functions including delegation of other functions (i.e., utility checks, fire suppression, search and rescue, and first aid).

Name: David Kohnstamm

Home Number: (503) 636-0106

Cell Phone Number: (503) 504-3533

E-mail: david.kohnstamm@cedarsinaipark.org

3. **Logistics Manager** – Acquires resources needed for operations to ensure the safety of residents and staff (i.e., obtains everything operations needs to function to ensure health and safety of residents, staff, and volunteers).

Name: Tammy Heard

Home Phone Number: (503) 788-5110

Cell Phone Number: (917) 219-8594

E-mail: tammy.heard@cedarsinainpark.org

4. **Finance Manager** – Tracks all activities and costs including ensuring there are safe backup copies of the organization's documents including: articles of incorporation, photographs documenting the interior and exterior of buildings, insurance documents, licensing documentation, and current mission statement.

Name: Richard Horsford

Home Phone Number: (503) 522-7257

Cell Phone Number: (503) 522-7257

E-mail: Richard.horsford@cedarsinainpark.org

5. **Information/Planning Manager-** Gathers facts and provides information on the status of the disaster/emergency situation. Projects short (i.e. priorities for the next 24 hours) and long term needs for recovery.

Name: Deborah Elliott

Home Phone Number: (503) 675-3546

Cell Phone Number: (503) 913-3716

E-mail: deborah.elliott@cedarsinainpark.org

6. **Physician First Responder-** Provides and oversees health care provided to residents, staff, and other victims.

Name: Dr. Paula Folger, Medical Director through Legacy

Phone Number: (503) 413-7074

After Hours: (503) 419-7711

Pager: (503) 938-1160

Fax: (503) 413-6769

7. **Other On-Call Physicians**

Physician family members may be willing to assist.

CEO Duties

CEO:
Alternate 1:

David Fuks
Bill Stinnett

1. Provide overall leadership for all aspects of emergency management.
2. Receive information from incident managers necessary to make decisions.
3. Serve as primary spokesperson to the external community, especially the media.
4. Coordinate with command and control team the assignment/delegation of tasks identified to address emergency situation.

Incident Commander Duties

Incident Commander:

Alternate 1:

Alternate 2:

David Kohnstamm

Laurie Wilson

Kimberly Fuson

1. Establish Command Center at RJHC Nursing Administration/Reception
2. Receive information from team leaders to determine extent of emergency situation.
3. Designate a Logistics Manager to record personnel and equipment as assigned out.
4. Assign two-way radios/cell phones/pagers.
5. Assign personnel in teams of two, as available, in following priority order to emergency area:
 - (1) Check each floor of each building
 - (2) Fire Fighting
 - (3) Gas & Water Evaluation and Shut Down if necessary
 - (4) Search & Rescue/Stretchers
 - (5) Hazardous Materials
6. When above is complete, assign personnel to:
 - (6) Damage Repair
 - (7) Security
 - (8) Water Tank Evaluation
 - (9) Sanitation
7. Coordinate with command and control team the assignment/delegation identified to address emergency situations.

Logistics Manager Duties

Logistics Manager:

Alternate 1:

Alternate 2:

Tammy Heard

Sean Carey

Kathy Tipsord

1. Obtains supplies, equipment or human resources necessary for Operations to function during emergency situation. Acquisition of resources includes both from internal supplies as well as off-campus purchasing, renting or other means of acquisition.
2. Works closely with Operations Manager to maintain up to date understanding of resource needs.
3. Deliver acquired resources get to their intended destination in a timely manner.
4. Contact utilities: electric, gas, water, phone, sanitary district companies to report problems. Emergency telephone numbers are located under separate heading in this manual. Check index for location.

Finance Manager Duties

Finance Manager:

Richard Horsford

Alternate 1:

Bill Stinnett

Alternate 2:

Brian Hadfield

1. **Contact** with the Operations Manager at RJHC Reception (4300 or by radio) to determine extent of emergency situation.
2. **Protect** valuable information:
 - Shut down computers.
 - Put valuable papers away to protect them.
 - Lock safe, file cabinets, etc.
 - Lock doors before leaving the office area.
3. **Assist other staff** in immediate emergency procedures as requested.

Transport essential documents, a supply of blank checks, and set up in new, secure location.

If power lines are down, ask if auxiliary generator power is available.

A full backup is deposited in Health Center safe each day. CSP is working on saving network off site. This is currently not available.

If no auxiliary power is available, be prepared to:

- Supply department heads with manual time cards. (Automated time clocks have battery backup and existing information stored may be retrievable.)
- Defer any requests for changes in payroll status, etc. until later.
- Verify possible offsite backup computer for payroll. If none available, be prepared to cut payroll checks manually on typewriter or by hand.
- Staff support is crucial in a major emergency. Be prepared to meet payroll schedule on time.

Be prepared to cut checks manually for COD deliveries of medical supplies, food, etc. if providers are able to get through. Providers may service only customers who can provide immediate payment.

Critical bills should be paid promptly to assure continued supply of essentials. Residents should be billed promptly to assure continued cash flow.

Reporting on current financial operation is crucial in the event of a disaster. Cedar Sinai Park's resident billing capability and status, cash collection, cash operating reserves and outstanding accounts payable obligations will be reported at the beginning of each day. Obstacles to the collection of information and billing for services as well as any obstacles to the timely and accurate recording and payment of current obligation will be addressed daily.

EQUIPMENT NEEDED:

Manual typewriter, solar calculator, manual accounting material, etc.

Information/Planning Manager Duties
--

Information/Planning Manger:

Deborah Elliott

Alternate 1:

Bill Stinnett

Alternate 2:

Kimberly Fuson

- 1 . Maintains communications with internal and external resources to gather information on the status of the disaster/emergency situation.
- 2 . Utilizes alternative means of communication as necessary to obtain needed information and communicate campus needs to external resources, for example, HAM radio operators.
- 3 . Project resource needs for both near term and sustained recovery.
- 4 . Coordinate the procurement of resources.

INTRODUCTION TO TEAM SYSTEM

In the event that the disaster plan is initiated, an Incident Commander (IC) will be designated. One of the first responsibilities of the IC is to establish the following teams as appropriate. Each team will have a team leader. Teams will be made up of specific departments as well as individuals that the IC assigns to a team.

TEAM 1: Facilities Assessment and Stabilization and Rescue

TEAM 2: Medical Response

TEAM 3: Food Services

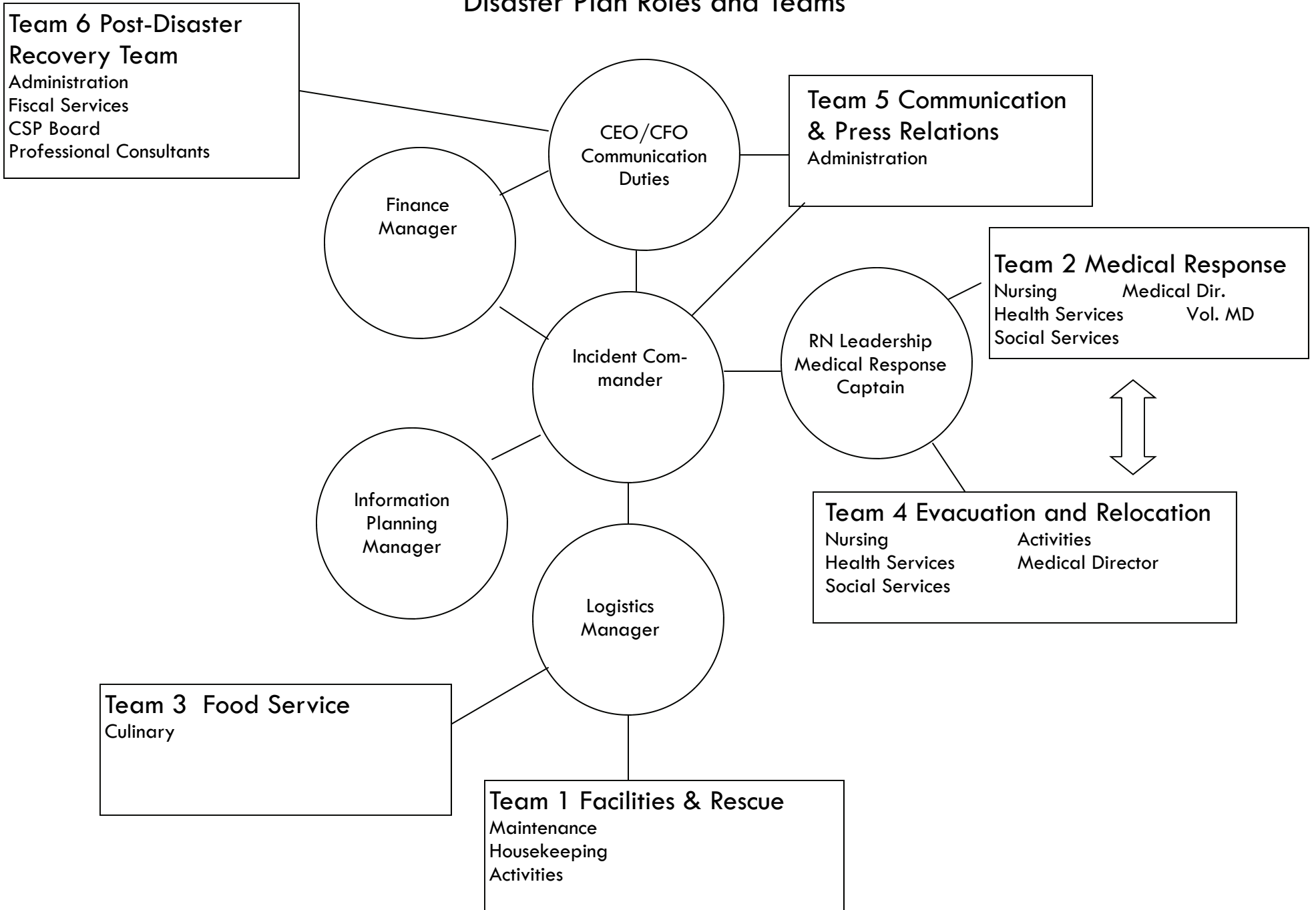
TEAM 4: Evacuation and Relocation

TEAM 5: Communication and Press Relations

TEAM 6: Post Disaster Recovery

A visual schematic is included to help staff understand the structure of the teams and how the reporting responsibilities will work.

Disaster Plan Roles and Teams



TEAM 1: FACILITIES & RESCUE (Maintenance)

TEAM LEADER: Tammy Heard
ALTERNATE 1: Frank Fisher

<p>IMMEDIATE EMERGENCY TASK ASSIGNMENTS</p>
--

PRIORITIES

1. Check Each Floor, Each Building
2. Containment
3. Gas & Water Evaluation
4. Search & Rescue/Stretchers
5. Hazardous Materials
6. Damage Repair
7. Security
8. Hot Water Tank Evaluation
9. Sanitation

These priority tasks are detailed in the following pages.

TEAM 1: FACILITIES & RESCUE (Maintenance)

**PRIORITY 1:
CHECK EACH FLOOR OF EACH BUILDING
Assigned by Team Leader (Tammy Heard)**

1. Assign number of floors according to number of personnel available. Attempt to assign search teams in pairs if possible.
RSM/May Apt.: 5 wings
RJHC: 7 halls & common areas including basement
ADS: Monday – Friday
2. Assign two-way radios/cell phones/pagers.
3. Make quick survey for fire, injuries, structural damage.
4. Report findings by radio/cell phone/regular phone to team leader.
5. Request further instructions from team leader.

Note:

E Batteries stored in E-shed

Future equipment to purchase:

Satellite Phones (2)

Satellite internet equipment

TEAM 1: FACILITIES & RESCUE (Maintenance)

**PRIORITY 2:
FIRE CONTROL
Assigned by Team Leader (Tammy Heard)**

1. Report to Incident Commander at Switchboard for instructions.
2. Prepare to obtain tools from emergency storage area.
3. Proceed to fire location.
4. Evacuate residents from danger area.
5. Secure area if fire is out of control. Fire management should be done.
6. Report to team leader for further instructions

EQUIPMENT AVAILABLE (sets or otherwise as noted): located in Maintenance Shop

(4) Fire Extinguishers	(1) Axe
(4) Pairs of Gloves	(1) Hatchet
(4) Pairs of Boots	
(4) Helmets	
(4) Eye Equipment	

TEAM 1: FACILITIES & RESCUE (Maintenance)

**PRIORITY 3:
GAS & WATER EVALUATION
Assigned by Team Leader (Tammy Heard)**

GAS EVALUATION:

1. Report to Incident Commander at RJHC Reception desk, 4300 for instructions.
2. Investigate reports of gas smell.
3. Investigate likely areas for gas leaks. Report finding by radio to Team Leader immediately and await instructions.
4. Shut gas off to a building only if necessary and only if instructed by Team Leader.
5. Return to RJHC Reception and report to Team Leader for further instructions.

WATER EVALUATION:

1. Report to Incident Commander at RJHC Reception (4300) for instructions.
2. Investigate reports of water leaks. Report finding by radio to Team Leader immediately and await instructions.
3. Shut off water near source of leak if necessary and only if instructed by Team Leader.
4. Shut off water main to building only if necessary and only if instructed by Team Leader.
5. Return to RJHC Reception and report to Team Leader for further instructions.

EQUIPMENT AVAILABLE:

Gas.....Shut off Wrench will be attached (this must be done) Laminated sign will instruct
back up tool
location

Water..... Shut off Wrench will be attached (this must be done) Laminated sign will instruct
back up tool
location

EQUIPMENT LOCATED IN: Maintenance shops Emergency Box

- | | |
|-------------|------------------------|
| (1) Hatchet | (2) Pair of Boots |
| (2) Helmets | (4) Fire Extinguishers |
| (1) Axe | |

TEAM 1: FACILITIES & RESCUE (Maintenance)

<p>PRIORITY 4: SEARCH & RESCUE / STRETCHERS Assigned by Team Leader (Tammy Heard)</p>
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1. Report to Incident Commander at RJHC Reception (4300 or by radio) for instructions.
2. Get tools/stretchers from (location under review)
3. Stretcher will always be accompanied by medical team
4. Proceed to site of damage or injury
5. Medical team member assess whether victim can be moved
6. Move injured person to First Aid site: RJHC Living Room & RSM Zidell Hall
7. If injured person is trapped, report conditions to Team Leader & attempt rescue unless instructed otherwise
8. Report to Team Leader for further instructions

EQUIPMENT AVAILABLE: located in Maintenance Shop

- | | |
|----------------------------------|-----------------------|
| (6) Stretchers (to be purchased) | (4) Sets of gloves |
| (4) Foam pads (to be purchased) | - 150 ft of rope |
| (4) Helmets (to be purchased) | - Assorted Hand Tools |
| (4) Safety Glasses | |
| (4) Flashlights w/batteries | |

TEAM 1: FACILITIES & RESCUE (Maintenance)

<p>PRIORITY 5: HAZARDOUS MATERIALS Assigned by Team Leader (Tammy Heard)</p>

1. Report to Incident Commander at RJHC Reception (4300 or by radio) for instructions.
2. Get equipment from (location under review).
3. Check location of major hazardous materials.

Rose Schnitzer Manor

- Housekeeping / Food Service storage (ground floor)

Robison Jewish Health Center

- Housekeeping storage
- Laundry
- Central Supply/Pharmacy
- O2 Storage

IF SPILLS ARE LOCATED:

4. Evacuate residents or staff in exposed areas as instructed by Team Leader.
5. Use yellow tape to isolate the area.
6. Use appropriate techniques to alleviate the problem as instructed by Team Leader.
7. Report to Team Leader at RJHC Reception for further instructions.

EQUIPMENT AVAILABLE: located in Maintenance Shop

- (3) Sets of gloves
- (3) **Pairs of Boots** (to be purchased)
- (3) **Respiratory masks with cartridges** (to be purchased)
- (3) **AProtective@ paper suits ... one use only.** (to be purchased)

TEAM 1: FACILITIES & RESCUE (Maintenance)

**PRIORITY 6:
DAMAGE REPAIR
Assigned by Team Leader (Tammy Heard)**

1. Report to Incident Commander at RJHC Reception (4300 or by radio) for instructions.
2. Get tools from Emergency Shed or Maintenance shop as instructed by Team Leader.
3. Install temporary materials to keep weather and intruders out (plastic, tarp, etc.).
4. Report to Team Leader at RJHC Reception for further instructions.

EQUIPMENT AVAILABLE: located in Maintenance Shop

- | | |
|------------------------------|---------------------------------------|
| (4) Fire Extinguishers | (1) Axe |
| (2) Pairs of Gloves | (2) 150 ft electrical extension cords |
| (2) Pairs of Boots | (1) Hatchet |
| (2) Helmets | |
| (1) Gas or propane generator | |

TEAM 1: FACILITIES & RESCUE (Maintenance)

**PRIORITY 7:
SECURITY**

Assigned by Team Leader (Tammy Heard)

1. Report to Incident Commander at RJHC Reception (4300 or by radio) for instructions.
2. Tape off areas dangerous to residents as instructed by Team Leader.
3. Tape off entry driveways if advisable.
4. Be prepared to stand guard at entries.
5. Report to Team Leader at RJHC Reception for further instructions.
6. Work closely with Incident Commander and Logistics to determine population surge capacity, implementing any security measures to limit population surge capacity to agreed upon levels, including signage, barricades and standing guard at campus entrances.

EQUIPMENT AVAILABLE: located in Maintenance Shop

- (15) Rolls 150 ft. plastic fencing (to be purchased)
- (5) Sawhorses
- (15) Bundles 4 ft. Wooden stakes (to be purchased)
- (3) Orange Security vests (to be purchased)
- (3) Yellow helmets (to be purchased)
- (6) Flashlights with batteries
- (2) Mega horn (to be purchased)
- (6) Rolls duct tape

TEAM 1: FACILITIES & RESCUE (Maintenance)

<p>PRIORITY 8: WATER TANK EVALUATION Assigned by Team Leader (Tammy Heard)</p>

1. Report to Incident Commander at RJHC Reception (4300 or by radio) Switchboard for instructions.
2. Determine whether water supply to any building has been shut off.
3. Refer to "Emergency Management Procedures" manual, "Hot Water Tank Shut-off" section.
4. Follow procedures to shut off electric circulating pumps and water tank outlets as instructed by Team Leader.

NOTE:

- >> RSM Residents have some emergency water in apartments, so it should not be necessary to distribute water immediately.
- >> RSM has water stored in laundry rooms and RA closets.
- >> When water distribution begins, have paper and pen available to keep records.
- >> Record resident name, apartment number and date when water is distributed. An RSM phone sheet can also be used to check off names.
- >> Potable water may be gathered from the backs of RSM room toilets assuming that the main water supply has not been contaminated.

EQUIPMENT AVAILABLE:

Bathing wipes

TEAM 1: FACILITIES & RESCUE (Maintenance)

PRIORITY 9: SANITATION

Assigned by Team Leader (Tammy Heard)

1. Report to Incident Commander at RJHC Reception (4300 or by radio) for instructions.
2. Contact supplier of porta-potties "United Site Services". CSP is already in their system to supply Toilets, Sinks, Showers, Containers in case of emergency. Telephone number is: (800) 252-1300.
3. Ask whether water supply to any building has been shut off.
4. Ask whether sewer lines in any building are broken.
5. If above conditions exist, contact United Site Services re supplying Porta Potties etc.
6. If Porta Potties unavailable, the following sanitation plan goes into effect:
 - Biodegradable plastic bags are delivered to apartments to be put into toilet.
 - Develop a schedule for collecting plastic bags and delivering fresh ones.
 - Bedside commodes can also be used if this works better.
 - Use tractor, or available tools, to dig large hole in a location to be determined by the Team Leader.
 - Bury used plastic bags in hole.
7. Report to Team Leader at RJHC Reception for further instructions.

EQUIPMENT AVAILABLE: located in Housekeeping

This list needs to be doubled for each facility

(4) Trash cans

(6) Sets of gloves

(24) Aprons

- Bucket of tie straps for liners (to be purchased)

(2000) Biodegradable plastic bags needed (to be purchased)

TEAM 2: MEDICAL RESPONSE

RSM TEAM LEADER:

Stefani Corona

RJHC TEAM LEADER:

Laurie Wilson

1. Incident Commander to establish a Medical Response Team Leader charged with assessing and beginning triage for injured residents and staff. (This should be an RN if at all possible.)
 3. Establish contact with doctor(s).
 - 1st call Medical Director
 - 2nd call Legacy Geriatric Clinic: 503-413-7074
 - 3rd call doctor in the community TBD
 5. Assign staff to assist and immediately begin a review of the building areas to identify any injuries or other medical emergencies. Medical Response Team Leader will report any transport needs and critical injuries discovered to the Incident Commander.
 6. Assign staff to accompany Search & Rescue Teams for the other buildings.
 - Be prepared to administer First Aid as needed.
 - Determine whether person is safe to be left in place or moved to triage center.
 - Transfer injured person to the triage center if appropriate or move on to next person.
 7. Assign staff to ongoing care for injured in holding area, Incident Commander will determine best locations for triage centers. (RSM: Zidell Hall, Goodman dining room
RJHC: Living Room, Main Dining room)
1. Incident Commander will maintain contact with Medical Response Team Leader.
 2. Medical Response Team Leader will report status and disposition to receptionist to update the facility log. If residents are transferred out of the facility tracking bracelets are to be placed on resident with name of facility, name of resident, birth date.

**EQUIPMENT LOCATED IN: RJHC Pharmacy/Central Supply
RSM Health Services**

TEAM 3: FOOD SERVICE

TEAM LEADER: Sean Carey
ALTERNATE 1: James Ferris
ALTERNATE 2: Margaret Leontyev

1. Establish contact with Incident Commander at RJHC Reception (4300 or by radio) to determine status of:
 - a. Water supply (pipes broken?)
bottled water supply
 - b. Hot water supply (hot water tanks available?)
 - c. Natural gas supply (pipes broken?)
2. Contact food managers in both facilities & arrange immediate meeting.
3. Pool resources (supplies & labor) and work together jointly. Priority goes to CSP residents and staff.
4. Determine which kitchens & pantries are available.
5. Kitchen Emergency Protocol to be initiated.
6. Inventory food supplies on hand including any in emergency storage
7. Keep food supplies locked when you are not present.
8. Inventory disposable plates and plastic "silverware" supplies.
9. Begin menu planning to make available food last 5 days
10. Plan two meals a day except for diabetic & other special dietary requirements. Remember, it is likely we will have neighbors coming in for meals.

>Volume:	<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>
Residents	300	300	300
Staff	100	100	100
Others	<u>50</u>	<u>100</u>	<u>150</u>
Total	440	490	540

11. Use breakfast supplies for lunches or dinners if necessary.
12. Use styrofoam shells for carry out.

EQUIPMENT AVAILABLE:

- Freeze-dried food (to be purchased)
- Paper plates, plastic "silverware"
- Tent for cover
- Propane BBQ
- (2) Portable Butane stoves (to be purchased)
- 130 gal bottled water (to be purchased)

EQUIPMENT LOCATION: Food storage areas

See supplemental information attached

Committee ideas Peanut butter, crackers, powdered milk, MRE

ROSE SCHNITZER MANOR KITCHEN EMERGENCY PROTOCOLS
Supplemental information

Scenario

Some form of disaster (e.g. earthquake) strikes. For one week, the kitchen operates under the following constraints:

- Backup generator provides sufficient power to operate lights only
- No gas or power to ovens
- No power to coolers or freezers
- No food deliveries during this period. The only stock available for meal preparation is that already in-house
- Running water is unavailable

Added Equipment/ Supplies Needed

- 10 propane containers (to be purchased)
- Disposable products (approx. 1000/pc/ day)
- Water (recommendation is 1 gal/ person= 2500 gallons per week) (added water to be purchased)

General Organization

All food is to be removed from reach-in coolers and low-boys. Product which is not spoiled is transferred to the main walk-ins.

- Frozen products are moved from the walk-in freezers to the walk-in refrigerators; as much product as is possible should be relocated: the temperature from frozen foodstuffs will reduce the ambient temperature in the refrigerators. Refrigerator and freezer doors to be kept closed at all times; additional layers of insulation (tablecloths, newspapers) to be used in walk-ins around doors and product where practical. It should be possible to keep the reach-in refrigerator in the 35F – 45F range for several days.

- Semi-perishable items (many fruits and vegetables) which are usually kept refrigerated but do not suffer from rapid spoilage should be moved to a cool area outside of the refrigerators.
- Highly perishable items in coolers (meat, fish, dairy products) are marked for immediate consumption.
- All water is to be drained from pipes and held in sterilized plastic and stainless steel receptacles. This water can be used for cooking: inclusion in stews, soups etc., but more importantly, for steaming of fish and vegetables. Water for sanitation would also be drawn from this supply.

Sanitation and Observing Kashrut

To the extent that it is possible, applicable kosher food laws should still be observed. Meat and dairy products should be stored separately; meals which combine meat and dairy products would only be offered *in extremis*.

Sanitation of dishes and cooking implements is achieved with a bleach + cold water solution; degreasing can be achieved with a regular surfactant (e.g. pink pan soap) and cold water. All dishes to be air dried or dried manually with towels.

Paper goods and plastic silverware would be used instead of dishes to conserve water.

Barbeque

Team Leader to determine appropriate use of BBQ based on available propane. Under no circumstance should the BBQ be used indoors due to carbon monoxide poisoning and risk of fire.

Starch

All stocked breads are pareve. As the only form of starch which is readily available (all others need to be cooked), an immediate tally of all bread items should be made.

Rice is the most calorie-intensive starch carried in-house, and represents the best investment of water and energy resources to produce.

Meat Meals

The order of meat meals should be organized on the basis of *fastest defrost → use first*. This pertains especially to raw meats; frozen cooked meats (deli meats) can be used last of all, particularly if they're also cured or smoked (corned beef, pastrami, turkey), as these items have greater longevity.

Suggested Menu for Emergency Scenario

Day No	Breakfast	Lunch	Dinner
1	Hot and Cold Cereal; Fresh Fruit; Yogurt	Cheese-intensive dishes	Refrigerated meats
2	Hot and Cold Cereal; Fresh Fruit; Yogurt	Cheese-intensive dishes	Refrigerated meats
3	Hot and Cold Cereal; Fresh Fruit		IQF meats, chicken pieces
4	Hot and Cold Cereal; Canned Fruit		
5	Hot Cereal; Cold Cereal (Soy Milk); Canned Fruit	Pasta/ Canned Sauces	Whole muscle meats
6	Hot Cereal; Canned Fruit	Tuna/ PB Sandwiches	Hot Dog, Sauerkraut
7	Hot Cereal; Canned Fruit	Tuna/ PB Sandwiches	Deli Meats

Use of the Barbeque

- **Hot Cereal.** Cook in stock pots on BBQ.
- **Steamed Fish.** Use 4-inch hotel pans with 2” perforated inserts.
- **Steamed Vegetables.** Use 6-inch hotel pans with 4” perforated inserts
- **Soup.** Use 5-gallon stock pots
- **Rice.** Use 4-gallon stock pots
- **Hot Dogs.** Cook on BBQ

TEAM 4: EVACUATION & RELOCATION

RSM TEAM LEADER:

Stefani Corona

RJHC TEAM LEADER:

Laurie Wilson

1. Establish contact with Incident Commander at RJHC Reception (4300 or by radio) to determine extent of emergency situation.
2. ORDER TO EVACUATE MUST BE MADE BY CHIEF EXECUTIVE OFFICER, LEADERSHIP ALTERNATE OR EMERGENCY AGENCIES ONLY.
3. Multnomah County Disaster Planning Department may direct us where to take residents if buildings need to be evacuated:
Emergency Contact Phone Numbers:
Transfer agreements exist. See full and partial evacuation sections of Emergency Plan.
4. Transport residents via CSP buses, vans and private cars as available.
5. Log resident's name and the location to which he/she has been taken on rosters (phone list).
6. Evacuate residents in apartments within a building or to another building on campus.
7. Provide temporary staff housing on campus where appropriate.

TEAM 5: COMMUNICATION & PRESS RELATIONS

TEAM LEADER: David Fuks
ALTERNATE 1: Bill Stinnett
ALTERNATE 2: Kim Fuson or David Kohnstamm

1. Establish contact with Incident Commander at RJHC Reception (4300 or by radio) to determine extent of emergency situation.
2. Establish communication center at Office area behind RJHC Switchboard or elsewhere as determined appropriate.
3. Establish contact with RJHC and RSM to answer questions from concerned family members. Depending on the disaster families may need support and reassurance as well as information. Two family waiting areas will be designated for family visitors on campus, the RJHC Activity Room and the RSM Goodman Dining Room will be used if spaces are available. If possible CSP MSW staff will be on sight for grief counseling and assisting distraught families. If possible JFCS staff will be called in to assist as well.
4. Be prepared to answer questions from board of directors and media. Involve Chief Executive Officer or an administrator as spokesperson if possible.
5. Be prepared to deal with rumors among the residents.
6. Every effort will be made to track all residents. However if residents are not able to be located be prepared to keep track of missing persons.
7. Facilitate use of alternative means of communication. If land line phones inoperable, try cell phones and email. Text messaging may work even if cell phone calls are not working. If they are inoperable, rely on two way radios for internal communication.

COMMUNICATION PLAN OVERVIEW

The CSP Disaster Plan includes a 24-hour, 7-day per week communications network with internal and external components.

Additionally, as traditional communication systems may not function in an emergency or disaster (i.e., telephone lines down or cellular phones not functioning), Cedar Sinai Park has identified mechanisms for alternate communications as back-up.

The following tabs have various internal and external call lists.

Components of Communication Plan:

1. Incident Command Meeting
2. Phone
3. Walkie-talkies
4. Runner / Messenger designated by operations manager
5. Computer
6. Crank Radio
7. Cell phones & Text Messaging
8. Pay Phone
9. Ham Radio (not yet in place)
10. Satellite Phone (not yet in place)
11. Text Blast to all employees (not yet in place)

Incident Command Meeting

In the event of a disaster the CSP Incident Commander will transform the RJHC morning Stand Up meeting into an Incident Command meeting. This meeting will take place every morning at a location and time determined by the Incident Commander. 10 am at the RJHC nursing conference room is a suggested time and place. RSM Management team is included in this team.

Back up Forms and Resources

A Gmail account has been created for Cedar Sinai Park. This account is to allow managers and staff first responders access to important documents through Google Docs. This account will store documents that the organization can retrieve remotely if our servers are affected in a disaster.

Account: cspdisasterplan@gmail.com

Password is: robisonrose

Staff Call Up Procedure

The first priority in a disaster or emergency after initial response of on site staff is to start communicating to staff who are off site and calling them to campus. A list of telephone numbers of staff for emergency contact is located in each department. Numbers by department are included in this manual. Use phone, cell phone numbers, email and text message to try to reach all staff possible. Up to date call lists are located in this manual at the end of this section. During an emergency, the Incident Commander will designate the facility reception or designee is responsible for contacting staff to report for duty.

Two times a year fiscal services will update emergency contact numbers for their department. Corrections will be entered by Payroll.

Resident Family Notification Procedure

During an emergency, care givers and aids will be communicating to residents about what is happening and provide reassurance. After adequate staff has been acquired the next priority is to communicate with family members regarding the plan and the wellbeing of their loved one at CSP. A list of telephone numbers of resident emergency contacts is located in the RSM business office file and RSM med room charts. RJHC contact information is located in each nursing station as well as the Social Services offices. The Incident Commander (IC) will establish staff to make these calls. Provide a written copy of the plan for residents and families.

When possible, efforts should be made to locate residents who were away from the campus when the disaster or emergency occurred. Using the sign out sheets and information given to facility by residents the Reception or designee should call locations and communicate the situation.

Community Resources Call Protocol

During an emergency, Logistics Manager is responsible for notifying community resources (i.e., Red Cross, Area Agency on Aging, etc.).

RJHC STAFF EMERGENCY TELEPHONE CALLING LIST

Staff Mobilization Protocol

In this Disaster Plan manual there is to be a current phone list of employees in each department. In the event the Disaster Plan is activated each department will use these lists to call up staff.

In case of an emergency, the Nurse Supervisor will immediately designate a person to telephone the following Staff members. The person calling will continue calling down the list until they speak personally with one of the following individuals.

- | | |
|---|--|
| 1. Tammy Heard
Building/Environmental Services
Director | H: (503) 788-5110
C: (971) 219-8594 |
| 2. Kimberly Fuson
RJHC Administrator | C: (503) 504-5277 |
| 3. Laurie Wilson
Director of Nursing Services | H: (503) 297-2638
C: (503) 939-9613 |
| 4. Bill Stinnett
Asst. CEO/Chief Financial Officer | H: (503) 244-6840
C: (503) 504-5210 |
| 5. David Fuks
CEO | H: (503) 246-6643
C: (503) 504-5256 |

The Person calling will announce:

**“This is _____ from the Robison Jewish Health Center calling. There is a
_____ emergency at the Health Center. Please advise!”**

RSM STAFF EMERGENCY TELEPHONE CALLING LIST

Staff Mobilization Protocol

In this emergency manual there is to be kept a current phone list of employees in each department. In the event of an emergency each department will use these lists to call up staff.

In case of an emergency, the Manager on Duty (Health Care Coordinator after hours) will immediately designate a person to telephone the following Staff members. The person calling will continue calling down the list until they speak personally with one of the following individuals.

- | | |
|---|--|
| 1. Tammy Heard
Building/Environmental Services
Director | H: (503) 788-5110
C: (971) 219-8594 |
| 2. David Kohnstamm
RSM Administrator | H: (503) 636-0106
C: (503) 504-3533 |
| 3. Stefani Corona
Health Services Director | H: (503) 387-3788
C: (503) 593-8559 |
| 4. Deborah Elliott
Marketing Director | H: (503) 675-3546
C: (503) 913-3716 |
| 5. Bill Stinnett
Asst. CEO/Chief Financial Officer | H: (503) 244-6840
C: (503) 504-5210 |
| 6. David Fuks
CEO | H: (503) 246-6643
C: (503) 504-5256 |

The Person calling will announce:

**“This is _____ from the Rose Schnitzer Manor calling. There is a
_____ emergency at RSM. Please advise!”**

STAFF AND FAMILY COMMUNICATION PROCEDURES

Staff Call Up Procedure

The first priority in a disaster or emergency after initial response of on site staff is to start communicating to staff who are off site and calling them to campus. A list of telephone numbers of staff for emergency contact is located in each department. Numbers by department are included in this manual. Use phone, cell phone numbers, email and text message to try to reach all staff possible. Up to date call lists are located in this manual at the end of this section. During an emergency, the Incident Commander will designate the facility reception or designee is responsible for contacting staff to report for duty.

Two times a year fiscal services will update emergency contact numbers for their department. Corrections will be entered by Payroll.

Resident Family Notification Procedure

During an emergency, care givers and aids will be communicating to residents about what is happening and provide reassurance. After adequate staff has been acquired the next priority is to communicate with family members regarding the plan and the wellbeing of their loved one at CSP. A list of telephone numbers of resident emergency contacts is located in the RSM business office file and RSM med room charts. RJHC contact information is located in each nursing station as well as the Social Services offices. The Incident Commander (IC) will establish staff to make these calls. Provide a written copy of the plan for residents and families.

When possible, efforts should be made to locate residents who were away from the campus when the disaster or emergency occurred. Using the sign out sheets and information given to facility by residents the Reception or designee should call locations and communicate the situation.

Community Resources Call Protocol

During an emergency, Logistics Manager is responsible for notifying community resources (i.e., Red Cross, Area Agency on Aging, etc.).

Resident Family Notification

During an emergency, Team 5 will be responsible to set up communication systems and messages for family communications. Team 5 will help distribute language that will be useful for staff to communicate to residents about what is happening and what they can expect. Communicating to family members regarding a plan and the wellbeing of their loved one at CSP is a priority. An up to date list of family telephone numbers is located in the RSM emergency drawer (this is updated quarterly). An up to date list of Robison family telephone numbers is located in _____ This communication should be done by the manager on duty or their designee. Provide a written copy of the plan for residents and families.

When possible, efforts should be made to locate residents who were away from the campus when the disaster or emergency occurred. Using the sign out sheets and information given to facility by residents the Reception or designee should call locations and communicate the situation.

Family/Visitor Procedures

In a disaster families will be coming to campus to get information. Depending on the disaster families may need support and reassurance as well as information. Two family waiting areas will be designated for family visitors on campus, the RJHC Activity Room and the RSM Goodman Dining Room will be used if spaces are available. If possible CSP MSW staff will be on sight for grief counseling and assisting distraught families. If possible JFCS staff will be called in to assist as well.

Team 5 will be responsible for setting up family communication areas.

INVENTORY OF EMERGENCY RESOURCES

The following is the location at each facility where the following items, in working condition, may be found. Quarterly safety inspections check the following items and are reported to the safety committee. Numbers represent the required minimum quantity.

Emergency Resources - Number Available	Indicate Location
1 CSP Emergency Services Manual, 4 Universal Precaution Kits, 3 Biohazard bags, 1 First Aid Kit, 6 Flashlights, 4 Two-Way Radios, 2 Five Gallon Water Bottles, Up to 25 Quarts Drinking Water Germicidal Tablets, 1 Box Gloves, 2 pair Leather Gloves, 1 Crank Radio, 1 container Antibacterial Wipes	RSM Reception
1 CSP Emergency Services Manual, Flashlights, Batteries, Universal Precaution Kits, First Aid Kits, Gloves, 1 Crank Radio	RSM Health Services Third Floor RSM
1 CSP Emergency Services Manual, 2 Flashlights, 1 Box Batteries, 1 First Aid Kit, 1 Fire Extinguisher	Executive/Business/Development Office
1 CSP Emergency Services Manual, First Aid Kit, 13 Flashlights with batteries, 2.5 Boxes Batteries, 1 Crank Flashlight, 1 Crank Radio, 1 Box Gloves, Masks (in pharmacy), First Aid Kit (in pharmacy), Infection Control Kit (in pharmacy), Gowns (on every hall)	RJHC Reception desk
Batteries, 2 Universal Infection Control Kits, 1 Fire Extinguisher, 1 First Aid Kit, 5 Blankets, 2 Flashlights, 1 Crank or Battery Operated Radio, 2 Storage Containers, 20 Thermal Blankets, 1 Cell Phone and Charger	RSM Bus
1 CSP Emergency Services Manual, 2 Flashlights, 4 Batteries, 1 Universal Infection Control Kit, 1 Gallon Water, 1 Storage Container	RSM Activities
1 CSP Emergency Services Manual, 2 Flashlights, Batteries, 1 Universal Infection Control Kit, 1 Fire Extinguisher, 1 Fire Blanket, 1- 24 Pack Bottled Water, 1 Storage Container	RJHC Activities
2 Flashlights, 8 Batteries, 1 First Aid Kit, 2 Universal Infection Control Kit, 1 Fire Extinguisher, 8 Blankets, 1- 24 Pack Bottled Water, 1 Storage Container, 1 Crank or Battery Radio, 20 Thermal Blankets	RJHC Bus

<p>1 CSP Emergency Services Manual, 2 Flashlights, 4 Batteries, 3 Universal Infection Control Kits, 12 Pair Work Gloves, 1 First Aid Kit, 12 Band Aids, Crank Radio</p>	<p>Adult Day Services</p>
<p>1 CSP Emergency Services Manual, 1 Universal Precaution Kit, 5 Flashlights, Extra Flashlight Batteries, 4 Two- Way Radios, 1 First Aid Kit, 1 Box Gloves, 8 Pair Leather Gloves, 1 Emergency Tool Box, 1 Dust Mask, 2 Pair Safety Goggles, Earplugs, 2 Hard Hats</p>	<p>RSM Building Services</p>
<p>1 CSP Emergency Services Manual, 8 Flashlights, 24 Batteries, 1 Emergency Box, 2 Pair Chemical Resistant Gloves, 2 Pair Work Gloves, 1 Wrench, 2 Pair Goggles</p>	<p>RJHC Building Services</p>
<p>1 CSP Emergency Services Manual, 2 Flashlights, 6 Batteries, 1 First Aid Kit, Universal Precaution Kit, 10 Gowns, 50 Masks, 50 Gloves, 50 Shoe Covers, 3 Infectious Linen Bags, 1 Crank Radio</p>	<p>RJHC Culinary Services</p>
<p>1 CSP Emergency Services Manual, 2 Flashlights, 6 Batteries, 1 First Aid Kit, Universal Infection Control Kit, 10 Gowns, 1 Box Masks, 1 Box Gloves, 50 Shoe Covers, 5 Infectious Linen Bags, 1 Crank Radio</p>	<p>RSM Culinary Services</p>

DISPATCH COORDINATOR

Position: Dispatch Coordinator

Purpose: To provide information, coordination and communication regarding employee shuttle services during a disaster event. This position is in addition to and does not substitute for the daily receptionist duties.

Description: This position is designated during a disaster event (including but not limited to weather or other perilous condition that may interfere with usual transportation to and from work for employees). The (DC) Dispatch Coordinator(s) position is activated by the (IC) Incident Commander. Individuals staffing this position may be at an off- site location. An adequate number of individuals will be selected to enable the position to be staffed twenty four hours per day for the duration of the incident. Eligible employees will have or perform the following:

1. Working phone with voice mail and message capability, back up cell phone, computer access to internet.
2. Record/track all calls and requests in a daily log.
3. Plot shuttle pick up and drop off requests based on efficiencies for mileage; work schedules and CSP operational needs. DC will clarify priority staff with IC.
4. Communicate and coordinate directly with shuttle drivers as well as IC.
5. Be primary source of communication with drivers to minimize driver calls.

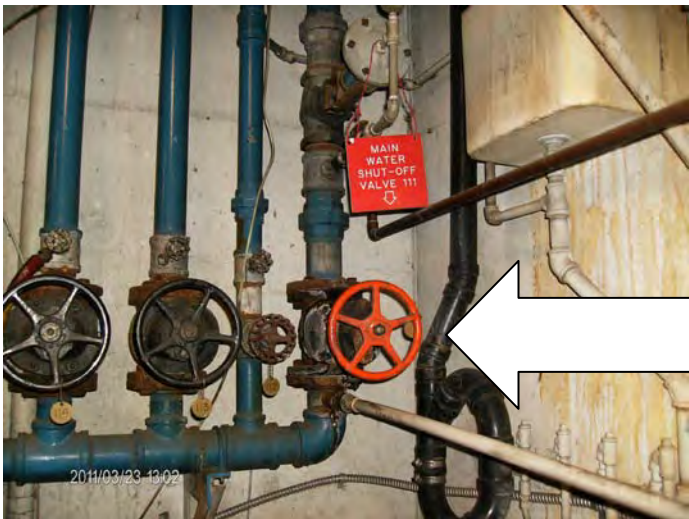
The DC cell phone numbers and shuttle driver's cell phone numbers will not be given out to employees. IC will notify receptionists at RJHC and RSM of the names and contact information for each DC. Receptionists at RJHC and RSM will forward or transfer all calls and requests for rides to DC.

CEDAR SINAI PARK UTILITY SHUTOFF LOCATIONS

Robison Jewish Health Center
6125 SW Boundary, Portland, OR 97221

UTILITY SHUTOFF LOCATIONS:

WATER: Boiler Room first floor



Turn orange valve completely to the right.

Use the wrench from emergency tool box in maintenance to shut off gas. Twist valve so the notch is perpendicular to the pipe

GAS: 1) Outside on East Wall of Miriam Suite



GAS: 2) Outside Shipping/Delivery Entrance



ELECTRICITY: 1) Mechanical Room (Rubin Hall)



In the event the power must be turned off, pull each of these levers down

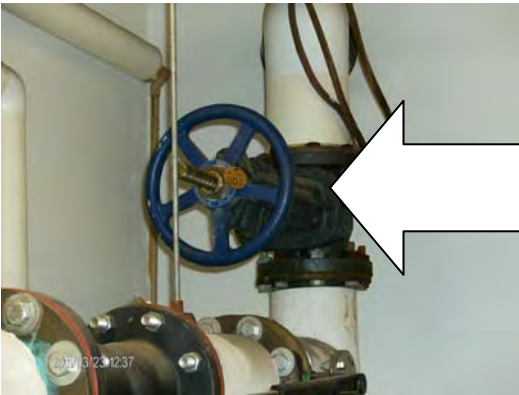
2) Laundry Room (first floor near Maintenance shop)



Rose Schnitzer Manor
6140 SW Boundary St, Portland, OR 97221

UTILITY SHUTOFF LOCATIONS:

WATER: RSM Boiler Room first floor



In the event the main water needs to be shut off, twist blue valve completely to the right

GAS: 1) Outside Between C & D Wings



Use wrench to turn valve to the right. Wrench is located in the emergency box in the maintenance shop on first floor.

GAS: 2) May Apartment Tunnel Exit to Patio



Use wrench to turn valve to the right. Wrench is located in the emergency box in the maintenance shop on first floor.

ELECTRICITY: RSM Electrical Room first floor (in the service corridor by the kitchen)



In the event the power must be turned off, pull each of these levers down

ELECTRICITY: May Electrical Room (just before the tunnel doors)

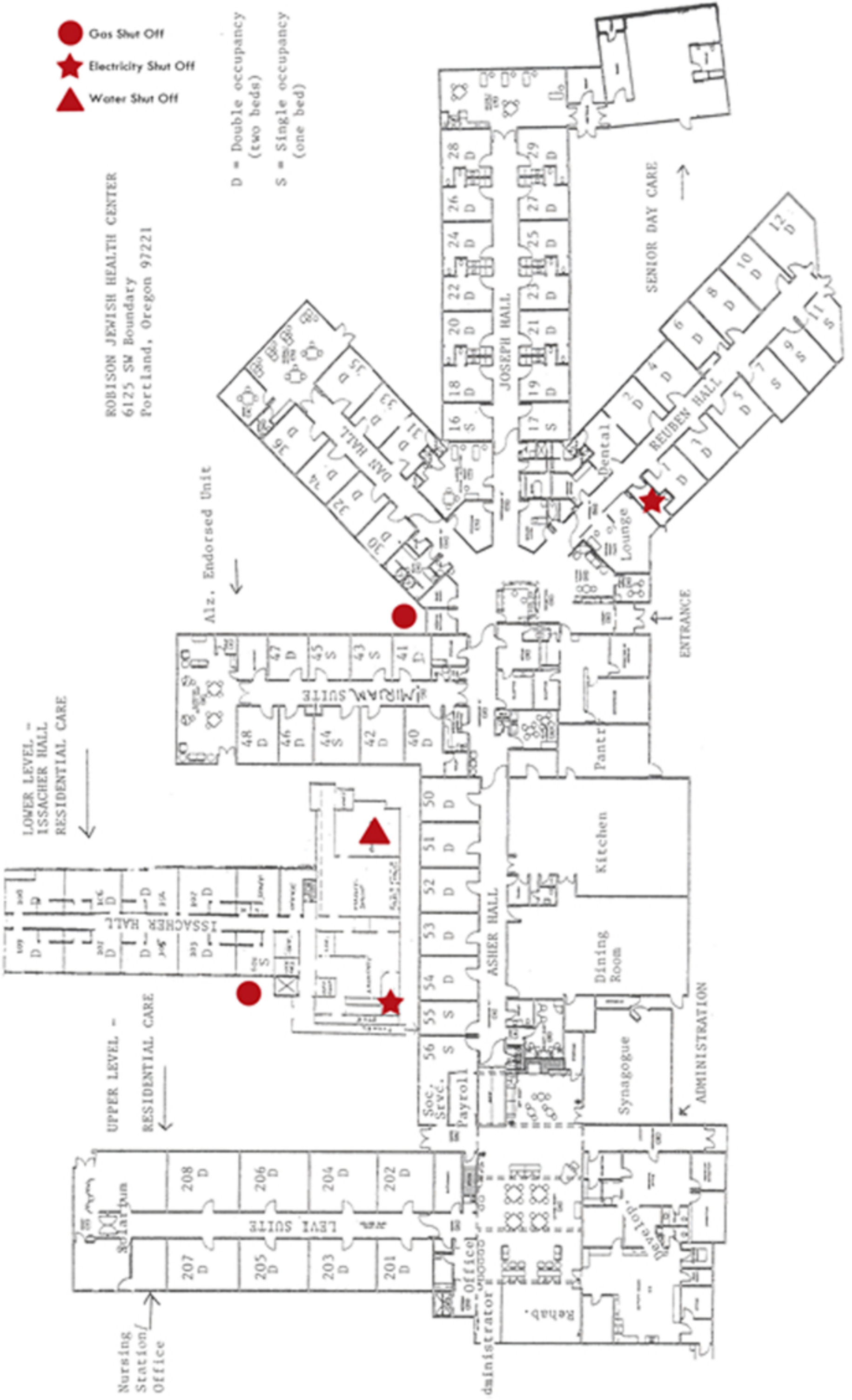


In the event the power must be turned off, pull each of these levers down

-  Gas Shut Off
-  Electricity Shut Off
-  Water Shut Off

D = Double occupancy
(two beds)
S = Single occupancy
(one bed)

ROBISON JEWISH HEALTH CENTER
6125 SW Boundary
Portland, Oregon 97221



ALTERNATE TRANSPORTATION

BUS TRANSPORTATION

RAZ Bus Transportation.....(503) 684-3322 x 777

TRI-MET:

24-Hour Emergency Number(503) 962-7666

Tri-Met Lift.....(503) 802-8000

TAXI COMPANIES:

Broadway.....(503) 227-1234

Radio Cab.....(503) 227-1212

Rose City.....(503) 282-7707

AMBULANCE:

Metro West Ambulance Service.....(503) 648-6656

AMR (non-urgent).....(503) 231-6300

Community Ambulance..... (503) 241-7283

OTHER:

Kaiser1-800-394-2408

Red Cross Volunteer(503) 284-1234 x 189

Medicaid Transportation(503) 802-8700

EVACUATION PROCEDURE

This evacuation procedure is written so that there are clear guidelines for providing resident and staff safety in the event of a disaster. It is important to know that each situation is going to be different, and that a situation may not allow for the following procedure to be implemented in this specific order.

1. In the event of an emergency, the shift supervisor shall immediately contact the Administrator, Director of Nursing, and the Maintenance Supervisor.
2. Once the Administrator, Director of Nursing, or Maintenance Supervisor determines that the emergency plan should be activated an Incident Commander (IC) is selected.
3. The IC will set up a command center in a convenient location out of the line of danger.
4. The IC will determine the level of evacuation needed (wing, building, campus) based upon the situation and coordinate this process.

PARTIAL EVACUATION OF RESIDENTS (within facility)

To be initiated in the event of explosion, fire, chemical spill or any event that jeopardizes the safety of the residents in one area of the facility: **Call Administrator on cell.**

- A. A Red Dot system will be used (Robison Residents and Rose Schnitzer Manor) to identify each room that has been evacuated.
- B. Evacuate residents closest to the danger point first.
- C. Walking residents should be removed second.
- D. Wheelchair residents should be removed third.
- E. Bed ridden residents should be removed last.

RJHC Main Living Room designated for emergency triage location if necessary. RSM Zidell Hall or Goodman Dining room designated for emergency triage location if necessary

NOTE: Do not permit re-entry into the area following evacuation until it is declared safe by administrator and local law/fire officials

Total Facility Evacuation (evacuating residents to an off-campus location):

1. The decision to evacuate the facility to an offsite location must be made by the Chief Executive Officer, Leadership Alternative, or Emergency Agencies Only.
2. IC will determine the destination to be evacuated based upon the situation, contacts with emergency agencies, and current transfer agreements.
3. The IC will designate a temporary shelter in order to move residents out of immediate danger while awaiting transportation to evacuation site.
4. Residents in immediate danger will be evacuated to the temporary shelter, using the Red Dot system to identify each room that has been evacuated. Residents not in danger should remain in their room ready for evacuation.
5. The IC will designate someone to coordinate transportation. CSP buses, vans, and private cars will be used as available.
6. Once transportation and an off campus evacuation site are arranged, the residents will be evacuated from the campus in an orderly fashion. All department personnel shall report at this time for assignment of the following responsibilities/items to be brought along for the evacuation:
 - A. Resident Roster. A Resident Roster will be kept to identify where each resident is, and that all residents are accounted for.
 - B. Resident Identification. All residents must receive a name tag or wrist band upon evacuation.
 - C. Medical Record. Medical Records must be transported with each resident.
 - D. Medications and the Medication Administration Record.
 - E. Specialty dietary supplies.
 - F. Linens and supplies for resident care as necessary.
 - G. Employee roster, schedules, and contact information, as well as important business office supplies and records.
 - H. Family Contact information.
 - I. Oxygen.
 - J. First Aid Kits.
7. Residents should be evacuated in an orderly fashion as follows:
 - A. Red Dot system will be used to identify each room that has been evacuated.
 - B. Evacuate residents closest to the danger point first.
 - C. Walking residents should be removed second.
 - D. Wheelchair residents should be removed third.
 - E. Bed ridden residents should be removed last.
8. Residents may be released to family upon consent of MD and/or administrator, authorization must be in writing. All such releases to be noted on the resident roster along with contact information for where resident will be.

Procedures for Pets

Residents with pets should specify arrangements for their pets in the event the building is evacuated. The Pet Preparation form is filed in the RSM Administration office. This form has preplanned arrangements for pets.

Agreements for transporting residents to evacuation sites have been made with the following transportation and ambulance companies (include copies of the written agreements with the plan):

Transportation Company

Name of Company: RAZ Transportation

Company Address: 11655 SW Pacific Hwy, Portland OR, 97223

Company Phone Number: 503-684-3322

Alternate Company: Blue Star Transportation

Company Address: _____

Company Phone Number: 503-249-1837

Ambulance Company

Name of Company: Metro West

Company Address: 5475 NE Dawson Creek Dr, Hillsboro, OR 97124

Company Phone Number: 503-684-6656

Alternate Company: AMR

Company Address: One SE 2nd Ave., Portland, Or 97214

Company Phone Number: 503-736-3425 and 503-231-6300

Evacuation Logistics

Transportation

- Residents who are independent in ambulation: will be directed by a designated staff member to the designated mode of transportation.
- Residents who require assistance with ambulation: will be accompanied by designated staff member to the designated mode of transportation.
- Residents who are non-ambulatory: will be transferred by designated staff members via the designated mode of transportation.
- Residents with cognitive impairments: will be accompanied by an assigned staff member via the designated mode of transportation.
- Residents with equipment/prosthetics: equipment/prosthetics should accompany residents and should be securely stored in the designated mode of transportation.

Medical Records and Medications

Medical Response Captain will assign staff to prepare records and medication to accompany each Resident. At a minimum, each resident will be evacuated with a copy of their Service/Care Plan and Face Sheet. If possible they should also have a copy of their Medication Administration Record (MAR) & Treatment Administration Record (TAR)

Each resident will be evacuated with a minimum of a 3-day supply of medications. If medications require refrigeration, indicate plan to keep medications cool.

Resident Identification and Information System

Medical Response Captain will be responsible for insuring that all residents have a current Emergency Information paperwork. Each resident will need a copy of their Service Plan or Care Plan, Face Sheets, If possible a copy of the Med Sheets, and Treatment Sheet as well. Each resident will be given a wrist band with CSP information and their name written with a permanent marker. Residents who ordinarily have good memories may be more impaired during an emergency.

Resident Tracking System

During a disaster/emergency situation a list of all residents and their locations will be developed and updated by the Front Desk Receptionist in each facility and kept at the front desk. Each resident will get a wrist band as they check out of the facility. This wrist band will have the campus contact information as well as the resident's name.

Resident Justification

Indicate who is responsible for making a final check and head count of residents to ensure all residents have been evacuated.

Evacuation Routes/Destinations

Attach copies of maps with the primary and secondary routes and destinations.

ADMISSION AND DISCHARGE PROTOCOLS

In the event that the facility needs to discharge residents or accommodate displaced residents, or discharges from hospitals. Evacuation and Relocation Team will be responsible for reviewing a roster of current residents and developing a list of those that are appropriate for discharge.

Discharge criteria include:

1. Any resident with family willing and able to take resident and with whom the resident is willing to reside.
2. Residents who are not a threat to the community because of a Biohazard/Communicable Disease
3. Triage lower acuity residents to a facility who could handle

Resident Identification and Information System

Medical Response Captain will be responsible for insuring that all residents have a current Emergency Information paperwork. Each resident will need a copy of their Service Plan or Care Plan, Face Sheets, If possible a copy of the Med Sheets, and Treatment Sheet as well.

Resident Tracking System

During a disaster/emergency situation a list of all residents and their locations will be developed and updated by the Front Desk Receptionist in each facility and kept at the front desk. Each resident will get a wrist band as they check out of the facility. This wrist band will have the campus contact information as well as the resident's name.

Surge Capacity Plan

Outline a plan for dealing with surge capacity describing methods to increase admission capacity in non-resident care areas and to facilitate rapid transfers and/or discharges.

The following table may be used as a template to identify areas during an emergency/disaster situation where the decision is made to shelter others.

Extra cots, mats and bedding is to be stored in the emergency storage shed located behind the D wing of RSM and near the trail head. The emergency storage key will be kept at the reception desk in both facilities.

Bed Capacity in Following Areas (modify below areas based on your LTC community's environment)	Current Staffed Beds (based on your current operational capacity)	Approximate Surge Bed Capacity (estimate maximum number of additional staffed beds created in 12 hours)
RSM Zidell Hall		
RSM Brown Activity Room		
RSM Exercise Room		
Adult Day Services		
RJHC Solariums		
RJHC Synagogue		

If necessary the Incident Commander should identify areas to be used for isolation. In the situation of an influenza outbreak, hospitals may be at overcapacity, and thus may not be able to accept transfers from CSP.

Areas/Units that May be Used for Isolation Areas/Units	Current Staffed Beds (based on your current operational capacity)	Unaffected Residents May be Moved to:

If non-resident care areas are used for emergency overflow of victims (i.e., lobby, dining room, activity room) in the event of a declared disaster, access to the following services, supplies, and equipment needs to be considered.

Do overflow areas have ready access to:	Yes	No	Unknown
Beds or cots			
Running water			
Toilets			
Hand washing areas			
Food supplies			
Medical supplies			
Medications			
Telephones			
Radio			

BUILDING SECURITY

Building Access

During an emergency/disaster, the point of access is: The front doors of Rose Schnitzer Manor and the Nursing Administration doors of Robison Jewish Health Center. *The entry point designated for staff, emergency responders and volunteers is: The front doors of Rose Schnitzer Manor and the Nursing Administration doors of Robison Jewish Health Center.*

In the event of a power outage all key pad doors must be manually locked down. Without power these doors are unlocked.

All staff will be required to show a staff photo Identification Badge to gain entry to buildings.

Access to the building may be limited based on the Incident Commander discretion. The sign-in book will be used as a way of keeping track of family members and volunteers.

CSP staff who has been assigned to act as security staff will be provided instruction as to who will be allowed access to building(s) with photo identification.

If the main entrances to the facilities are over burdened a secondary entry point can be established by the incident commander. Some possibilities for support agency vehicles: The May doors of RSM as well as the Administrative doors of RJHC.

Delivery vehicles will have access at: The loading dock areas of each facility.

USE OF VOLUNTEERS

Volunteers from agencies providing mutual aid will be assigned to duties by the Incident Commander.

To support the work of staff in an emergency/disaster, we will use volunteers for the following activities:

1. Running for supplies
2. Reassuring Residents & Families
3. Assisting staff within the department (i.e. food prep, laundry, resident care, social activities)
- 4, Transporting personnel if possible (residents, supplies and equipment)
5. Security/ Stay with residents who could wander
6. Other duties as assigned

A list of trained volunteers will be developed and updated annually by: The Volunteer Coordinator, Kathy Tipsord.



CEDAR SINAI PARK
love. honor. respect.

POST- DISASTER RECOVERY

The Designated Recovery Officer is the CFO. Responsibilities for this position include coordinating:

- damage control,
- temporary weatherization and security of campus buildings,
- physical plant and equipment restoration.

The following list is to be used as a guide and reporting format:

Yes	No	N/A	Task
			Assist with the evacuation and protection of residents, staff and guests.
			Self-inspect plant.
			Notify insurance carrier.
			File application for business interruption insurance & inquire about insurance fund availability.
			Assess the need for consulting engineers.
			Contact and engage appropriate: Moisture clean-up and damage specialist
			City building inspector
			Structural engineer
			General contractor
			Utility companies
			Architect
			Obtain from architect "as-built" drawings for all buildings.
			Communicate with CEO and Board Executive Committee the post disaster recovery status.
			Schedule follow-up meetings with consultants, executive staff and Board.

BIOTERRORISM THREATS

Reporting Requirements and Contact Information

In the event a bioterrorism (BT) event is suspected, Incident Commander should be established and emergency plan should be activated. Notification should immediately include all INTERNAL CONTACTS, and prompt communication with all EXTERNAL CONTACTS:

INTERNAL CONTACTS:

NURSE PRACTICE COMMITTEE CO-CHAIRS	Stefani Corona, RN	503-593-8559
	Laurie Wilson, RN	503-939-9613
BUILDING SERVICES DIRECTOR	Tammy Heard,	971-219-8584
RSM ADMINISTRATOR	David Kohnstamm,	503-504-3533
RJHC ADMINSTRATOR	Kimberly Fuson,	503-504-5277
CEO	David Fuks	503-504-5256

EXTERNAL CONTACTS:

LOCAL HEALTH DEPARTMENT	503-988-3674
STATE HEALTH DEPARTMENT	971-673-1222
FBI FIELD OFFICE	503-224-4181
BIOTERRORISM EMERGENCY NUMBER, CDC Emergency Response Office	770-488-7100
CDC HOSPITAL INFECTIONS PROGRAM	404-639-6413

Detection of Outbreaks Caused by Agents of BT

BT occurs as covert events, in which persons are unknowingly exposed and an outbreak is suspected only upon recognition of unusual disease clusters or symptoms. BT may also occur as announced events, in which persons are warned that an exposure has occurred. A number of announced BT events have occurred in the United States during 1998-1999, but these were determined to have been "hoaxes;" that is, there were no true exposures to BT agents. A healthcare facility's BT Readiness Plan should include details for management of both types of scenarios: suspicion of a BT outbreak potentially associated with a covert event and announced BT events or threats. The possibility of a BT event should be ruled out with the assistance of the FBI and state health officials.

Infection Control Practices for Resident Management

Agents of BT are generally not transmitted from person to person; re-aerosolization of these agents is unlikely. **All** persons, including symptomatic patients with suspected or confirmed BT-related illnesses, should be managed utilizing **Standard Precautions**. Standard Precautions are designed to reduce transmission from both recognized and unrecognized sources of infection, and are recommended for all persons receiving care, regardless of their diagnosis or presumed infection status. **For certain diseases or syndromes (e.g., smallpox and pneumonic plague), additional precautions may be needed to reduce the likelihood for transmission.**

Standard Precautions prevent direct contact with all body fluids (including blood), secretions, excretions, nonintact skin (including rashes), and mucous membranes. Standard Precautions routinely practiced by healthcare providers include:

- **Hand Washing**

Hands are washed after touching blood, body fluids, excretions, secretions, or items contaminated with such body fluids, whether or not gloves are worn. Hands are washed immediately after gloves are removed, between contacts, and as appropriate to avoid transfer of microorganisms to others and the environment. Either plain or antimicrobial-containing soaps may be used according to policy.

- **Gloves**

Clean, non-sterile gloves are worn when touching blood, body fluids, excretions, secretions, or items contaminated with such body fluids. Clean gloves are put on just before touching mucous membranes and nonintact skin. Gloves are changed between tasks and between procedures on the same person if contact occurs with contaminated material. Hands are washed promptly after removing gloves.

- **Masks/Eye Protection or Face Shields**

A mask and eye protection (or face shield) are worn to protect mucous membranes of the eyes, nose, and mouth while performing procedures and care activities that may cause splashes of blood, body fluids, excretions, or secretions.

- **Gowns**

A gown is worn to protect skin and prevent soiling of clothing during procedures and care activities that are likely to generate splashes or sprays of blood, body fluids, excretions, or secretions. Selection of gowns and gown materials should be suitable for the activity and amount of body fluid likely to be encountered. Soiled gowns are removed promptly and hands are washed to avoid transfer of microorganisms to others.

Post Exposure Management

The need for decontamination depends on the suspected exposure and in most cases will not be necessary. The goal of decontamination after a potential exposure to a BT agent is to reduce the extent of external contamination of the residents and contain the contamination to prevent further spread.

Decontamination should only be considered in instances of gross contamination. Decisions regarding the need for decontamination should be made in consultation with state and local health departments. Decontamination of exposed individuals prior to receiving them in the healthcare facility may be necessary to ensure the safety of residents and staff while providing care.

Depending on the agent, the likelihood for re-aerosolization, or a risk associated with cutaneous exposure, clothing of exposed persons may need to be removed. After removal of contaminated clothing, people should be instructed (or assisted if necessary) to immediately shower with soap

and water. **Potentially harmful practices, such as bathing residents with bleach solutions, are unnecessary and should be avoided.** Clean water, saline solution, or commercial ophthalmic solutions are recommended for rinsing eyes. If indicated, after removal at the decontamination site, patient clothing should be handled only by personnel wearing appropriate personal protective equipment, and placed in an impervious bag to prevent further environmental contamination.

Psychological aspects of BT

Following a BT-related event, fear and panic can be expected from both residents and healthcare providers. Psychological responses following a BT event may include horror, anger, panic, unrealistic concerns about infection, fear of contagion, paranoia, social isolation, or demoralization. Health care professionals should develop prior working relationships with mental health support personnel (e.g., psychiatrists, psychologists, social workers, clergy, and volunteer groups) and assist in their collaboration with emergency response agencies and the media. Local, state, and federal media experts can provide assistance with communications needs.

Consider the following to address resident and general public fears:

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

Consider the following to address healthcare worker fears:

- Provide BT readiness education, including frank discussions of potential risks and plans for protecting healthcare providers.
- Invite active, voluntary involvement in the BT readiness planning process.

BOMB THREAT POLICY AND PROCEDURE

Purpose: The purpose of this policy is to inform staff of precautions to be taken in the event of a bomb threat.

It is impossible to know if a bomb threat is real or a hoax. Therefore, precautions need to be taken for the safety of residents and employees.

Procedure: If you receive a bomb threat over the phone, follow these procedures:

1. Keep the caller on the line as long as possible.
2. Ask the caller to repeat the message.
3. Ask the caller his name.
4. Ask the caller where the bomb is located.
5. As much as possible write every word spoken by the person making the call.
6. Record time call was received and terminated.
7. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.
8. Complete the bomb threat form, attached, to record the caller's characteristics.

If possible, during the call, try to notify the charge nurse (RJHC) or Manager on Duty (RSM) immediately. They shall:

1. Call the Police Department at 911.
2. Call the Administrator if not present.
3. Organize staff to evacuate residents upon police or administrative order.

Once the Police have arrived:

- Keys shall be available so that searchers can inspect all rooms. Employee lockers are subject to search. If padlocked, padlock will be cut off.
- The Administrator or designee shall remain with the Search Commander during the entire search to provide assistance and counsel during the search.
- If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.



BOMB THREAT – TELEPHONE PROCEDURES

Use the following template in the situation of a potential bomb threat.

PROCEDURE: Listen – Do Not Interrupt Caller Except to Ask			
When will it go off?		Location	
Where is it planted?		Time Remaining	
What does it look like?		Area	
Did caller seem familiar with building by the description of bomb location?			
Your Name		Time of Call	Date
CALLER'S IDENTITY:	Male	Female	Approximate Age
VOICE CHARACTERISTICS	Loud		Soft
High Pitch	Deep	Fast	Excellent
Raspy	Pleasant	Slow	Good
Intoxicated	Distinct	Stutter	Fair
Nasal	Foul	Slurred	Poor
Other			
ORIGIN OF CALL:	Local	Long Distance	Booth
Internal (from within the building)			
ACCENT:	Local	Not Local	Foreign
Regional	Rage	Calm	Angry
Rational	Irrational	Coherent	Incoherent
Emotional	Laughing	Deliberate	Righteous
Other			
BACKGROUND NOISES:	Quiet		Voices
Music	Animals	Mixed	Party
Airplanes	Bedlam	Office Machines	Factory Machines
Street Traffic	Other		

CIVIL DISTURBANCE (Riot/Sniper)

During

1. Call 911.
2. Stay in building.
3. Call Administrator on cell.
4. Establish Incident Commander
5. Lock front doors and secure everyone in a safe place within the building as far away from windows as possible.
6. Calm all staff and residents.
7. Utilize radio and/or TV to gain information as to progress of situation – rely on authorities for guidance on how to respond.
8. Do not allow anyone to leave the facility until being assured it is safe to do so.
9. Administer medication, first aid, and/or CPR as necessary.
10. If disturbance erupts in vicinity of CSP use Staff Call Up protocol to contact staff that are off campus to inform them to stay away until it is safe. IC to designate staff (may be off site staff) to notify resident families of situation.

COMPUTER SABOTAGE OR FAILURE

1. If servers fail Contact Brian Hadfield Campus IT Coordinator at (503) 439-1212 or Lloyd Betts at (503) 705-5656.
2. Server and application software is secured in the accounting safe. Contact Brian Hadfield or Rich Horsford (503) 535-4224 for access.
3. Backup tapes are stored in multiple locations. Contact Brian Hadfield or Rich Horsford for access to backup tapes.
4. If server sabotage occurs, utilize back-up tapes and manual reports to reconstruct from the point where data can be confirmed as reliable.
5. Utilize manual reports to produce payroll and handwrite checks if failure occurs on payroll day.
6. Utilize manual/hard copy reports to continue business as usual utilizing manual system.

EARTHQUAKE, VOLCANIC ERUPTION AND/OR STRUCTUAL DAMAGE

During

1. Stay in building, take cover in doorway or next to sturdy furniture, stay away from windows, objects that could fall over such as bookcases, equipment, etc., and hold on. Brace yourself against an inside doorway or corner. Do not run outside.
2. If outdoors, stay there, move away from buildings, utility poles & wires.
3. If in a vehicle, stop as safety permits, stay in vehicle. Avoid stopping near or under buildings, trees, overpasses, wires.
4. Remember that aftershocks often occur immediately after a large earthquake.
5. Be careful of lights and electrical lines.
6. Expect fire alarm and sprinkler system to activate & possible electrical outage.
7. Do not use elevators or move to another floor during quake.

Immediately After

1. Call Administrator
2. Determine if disaster plan should be initiated. If there is any disruption of utilities or damage to buildings it is appropriate to initiate the disaster plan.
3. Call or establish Incident Commander
4. Incident Commander to assess damage and determine if building needs to be evacuated or if 911 is to be called.
5. Refer to team lists and establish which teams must be activated.
 - Check for gas leaks.
 - Attend to any fire, flooding or injuries that may have occurred.
 - Turn off main electrical outlets once shaking stops.
 - Turn on battery powered radio. (Location front desk)
 - Put on heavy shoes for walking and gloves if they are available.
 - Clean up dangerous spills such as gasoline, chemicals, bleach, dye, etc.
 - Do not use candles or open flames in case of gas leaks.
 - If building is safe, stay put and utilize radio to gain information and ascertain any emergency instructions.

- Calm all residents, family and staff and maintain the group in the safest area of the facility.
- Listen to radio or television reports to determine extent of damage to surrounding areas.
- In large earthquake, do not utilize phones, except for emergencies. Use alternate means, or phone trees to contact family. If possible, contact any emergency numbers necessary.

In Case of Volcanic Eruption and Ash

1. Falling ash may affect air quality.
2. Distribute paper masks as needed.
3. Keep all doors and windows shut.
4. HVAC dampers should be closed.
5. HVAC equipment should be covered and sealed
6. Air vents should be closed

After

1. Check building(s) for damages – structural, utilities, water pipes, sewer, etc.
2. Open cabinets cautiously.
3. Stay off streets; if already outside be aware of hazards.
4. Stay away from damaged areas.
5. If necessary, secure building from looting.

EXPLOSION

IN THE EVENT OF AN EXPLOSION, THE FOLLOWING PROCEDURES APPLY:

Call 911.

Call Administrator on cell.

If necessary establish Incident Commander (IC) and activate disaster plan.

IC may activate Teams in disaster plan as appropriate.

Emergency Medical Personnel on the scene will help determine where injured residents and staff will be transferred.

If necessary, call Multnomah County Emergency Management Division (503) 248-3220.

Recall off-duty personnel as needed.

Establish security of area until law enforcement arrives.

Have damaged or potential damaged utilities shut off at main controls.

Evacuate residents as necessary.

Have all areas of the facility inspected for damage before returning residents. If necessary, County Emergency Management Division can give the names of emergency service representatives who can assist.

Have gas, electricity, water, and fuel systems checked for damage before returning residents to the facility.

PROCEDURE FOR FIRE

PURPOSE: The fire procedure is intended to protect the lives of all residents at Cedar Sinai Park. The person who discovers the fire needs to know the following steps so immediate action can be taken for resident safety.

POLICY: The primary purpose of the Fire Policy and Procedure is to provide a course of action for all personnel to follow in the event of a fire.

PROCEDURE:

The first five responsibilities of the person discovering the fire are: RACE

R - Rescue anyone in immediate danger. Evacuate the resident(s) from fire area and shut door.

A - Alert other staff members of the fire and location over the intercom system. Pull the nearest fire **alarm**. The Person in Charge shall contact the fire department by calling 911.

C - Contain the fire. Close all doors and windows adjacent to the fire. Close all fire doors. Shut off all fans, ventilators and air conditioners, as these will feed the fire and spread smoke throughout the building.

E - Extinguish if the fire is small. The extinguisher should be aimed low at the base of the fire, and move slowly upward with a sweeping motion.

- Never aim high at the middle or top of the flames as this will cause the fire to spread.
- If you cannot extinguish the fire, **evacuate** the building immediately.

Special Note: The most common cause of death in a fire is smoke, and not the flames. Keep low to the floor and avoid inhaling too much smoke.

All other facility personnel report to the Nursing Reception (RJHC) or Front Desk (RSM) for further instructions from administrator/designee (nurse supervisor on evenings or night shift) who will delegate staff to the following tasks. (The fire alarm control panel will indicate location of fire).

- A. Report immediately to fire area.
- B. Assist in evacuating all residents in fire area to a point beyond nearest smoke barrier doors.
- C. Clear hallways of food carts, housekeeping equipment, etc., so fire equipment can have clear access.

D. Call Administrator on cell

E. The senior fire authority and the administrator/designee will, from this point on, make coordinating decisions for resident safety.

Priority for evacuation of all resident in the fire area:

A. Residents must be evacuated to a point beyond the nearest smoke barrier.

B. First, remove residents in room adjacent to fire;

C. Second, remove walking residents;

D. Third, remove wheel-chair bound residents;

E. Fourth, remove bed-confined residents;

F. If building is to be evacuated, use procedure for “Disaster/Emergency Evacuation Procedure”.

GENERAL INFORMATION

1. At Robison the decision to shut off oxygen in the area must be evaluated by person discovering the fire. Oxygen shut off located and labeled on each hall (RJHC only)
2. At Rose Schnitzer Manor and Robison Residents use red dot system to indicate resident’s rooms and apartments that have been searched and known to be empty. This will ensure that time is not wasted checking spaces more than once. Use clipboards to check off who has been accounted for.

GAS OUTAGE

1. If situation warrants, call 911.
 - A. Call Tammy Heard, Building/Environmental Services Director, at cell (971) 219-8594, home (503) 788-5110.
 - B. Call NW Natural Gas at (503) 226-4211 and obtain the following:
 1. Estimated time of outage.
 2. What assistance they can render the facility.
 - C. Notify Administrator on cell

RJHC LOCATION OF MASTER CONTROLS

1. The main (Master) control valve for all gas entering RJHC is located:
 - Outside – on east wall of Miriam Suite *and*
 - Outside Shipping/Delivery Entrance

RSM LOCATION OF MASTER CONTROLS

2. The main (Master) control valve for all gas entering RSM is located:
 - Outside – Between C & D Wings *and*
 - Outside May Apartment T UNNEL Exit to Patio

CHEMICAL SPILLS AND HAZARDOUS MATERIALS

Purpose: To inform staff of action to be taken in the event of an outdoor chemical spill.

Policy: The following action will be taken in the event of a chemical spill.

ON-SITE SPILL:

1. Immediately contact Administrator on Cell
2. Call Building/Environmental Services Director, at cell (971) 219-8594, (503) 788-5110 home.
3. If necessary initiate Disaster Plan by establishing an Incident Commander (IC)
4. The IC will determine which agencies need to be contacted, if building needs to be evacuated, and what first aid procedures should be followed if needed.
5. Stay away from spill.
6. If necessary, evacuate building according to Evacuation Plan and follow instructions. Partial or total evacuation will be determined by IC.

OFF-SITE NEARBY SPILL:

1. Shut down outside intake ventilation.
2. Close all doors to the outside and close and lock all windows.
3. Maintenance staff should set all ventilation systems to 100% recirculation so that no outside air is drawn into the building. When this is not possible, ventilation systems should be turned off. This is accomplished by pulling the fire alarm.
4. Turn off all heating systems.
5. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.
6. Turn off all exhaust fans in kitchens and bathrooms.
7. Close as many internal doors as possible in the building.
8. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.

9. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you. For a higher degree of protection, go into the bathroom, close the door and turn on the shower in a strong spray to wash the air.
10. If an explosion is possible outdoors, close drapes, curtains or shades over windows. Stay away from external windows to prevent injury from flying glass.
11. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.
12. Evacuate, if asked to do so.
13. Strictly follow all instructions by emergency authorities.
14. Keep body fully clothed; avoid any contact with spilled materials, mist or solid deposit.

AFTER SPILL:

1. Building should only be re-entered when Incident Commander declares it is safe to do so.
2. If building cannot be re-entered, implement business continuation plans at alternate site.
3. Upon return, open windows, vents, turn on ventilation system.
4. Find out from local authorities how to clean-up land & property.
5. Report lingering vapors or other hazards to authorities.

HEAT AND HUMIDITY POLICY AND PROCEDURE

Purpose: The purpose of this policy is to provide precautionary and preventative measures for our residents during the hot and humid summer months. Older adults are extremely vulnerable to heat related disorders.

Definitions:

Heat Exhaustion: A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.

There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, pulse and breathing are rapid.

Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.

The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.

Precautionary Procedures:

1. Post notices regarding "Heat Advisory" advising and instructing residents and visitors
2. Keep the air circulating.
3. Close all shades, blinds and curtains in common areas and resident apartments/rooms when exposed to direct sunlight.
4. Encourage residents to move from areas that are exposed to direct sunlight.
5. Keep outdoor activities to a minimum.
6. Check to see that residents are appropriately dressed and recommend alternatives.
7. Provide ample fluids. Hospitality bar should be well stocked and monitored, Staff to offer and suggest fluids as appropriate.
8. Advise residents to consider baths or showers to help stay cool. Assist when necessary.
9. Place fans in hallways to increase circulation.
10. Report any changes in the resident's condition such as edema, confusion, shortness of breath, the skin being hot or dry.
11. Assure resident windows are closed.
12. Report any broken air-conditioning units to Building Services immediately. Broken air-conditioning needs to be treated as an urgent matter and repaired or replaced as soon as possible.

POWER OUTAGE POLICY AND PROCEDURE

Purpose: It is the policy of Cedar Sinai Park to provide auxiliary power to designated areas within the community to operate life-support equipment should our normal power supply fail.

Cedar Sinai Park has multiple emergency generators that should be automatically activated in the event of a power outage. The generators operate on diesel fuel, and as long as the fuel is not disrupted, the generator is capable of providing the community with a minimal supply of electricity.

Procedure: In the event of a power outage, the following steps should be followed:

1. Call PGE emergency services at (503) 464-7777 and obtain the following information:
 - Estimated time of outage,
 - What assistance they can render the facility.
2. Immediately identify any residents that require oxygen concentrators or other life support equipment. Move the resident to areas supplied with emergency power (outlets marked red).
3. Gather all flashlights and other needed supplies. Check on all residents to ensure their safety. Calm any residents experiencing distress.

Community Generator DOES NOT...

- Provide Heat or Cooling
- Provide Power to Laundry or Kitchen
- Operate Fire Alarm System (this is on its own battery back-up system)
- Operate the phone system

Areas Equipped with Emergency Lighting:

- Front Lobby
- Hallways
- Break room
- Laundry Room
- Boiler Room
- Stairways
- C wing elevator (RSM)

Extended Power Outage due to Community Wide Disaster

2 Gas generators will be available to back up facility generators
These generators will be stored in the Emergency Storage Container

PHONE PROCEDURE DURING POWER OUTAGE

1. Call telephone company, Consultants for Everyone, at (503) 830-1035 and notify them of outage.
2. For further instructions, notify the following individuals:
 - A. Building/Environmental Services Director, at
(971) 219-8594.
 - B. Administrator on cell
 1. Building Services will maintain cell phone list and 2-Way radio location list. Refer to Tab 10 and 11
 2. Emergency cell phones located on desk in Maintenance Office.

SEVERE WEATHER

(Snow, Freezing Rain)

Before

1. Refer to Cedar Sinai Park Personnel Policy #412.
2. Communicate policy to employees as part of orientation and again in late fall, early winter.
3. Establish a procedure for notifying employees of closure.
4. If winter storm is known to be coming, chain vehicles the night prior as a safety measure.
5. If winter storm has affected or is likely to affect transportation the Incident commander will initiate the dispatcher position. See “**Dispatcher**” under “**Resources**”
6. Have Snow Melt on hand.
7. Communicate employee expectation regarding identification of alternate means of travel to work, i.e., public transportation, etc. Advise them to plan on leaving for work earlier.

During and After

1. Notify office and/or family of delays.
2. Chain vehicles.
3. Apply Sno Melt to walkways. If time permits, remove snow and ice from the main walkways.
4. Remove any windblown debris from area.
5. Secure the building. Repair or call for repair, for any damage to the facility.
6. Attempt to maintain heat within the workplace.
7. If weather is severe enough to cause damage to facility, prepare to evacuate and move records, computers and other items within your facility to another location. (One concern would be protection of confidential employment and business records.)
8. Arrange for alternative transportation if weather conditions occur after arrival.
9. Maintain easy reference system (phone numbers, etc.).
10. Operate with a skeleton staff if roads are so hazardous that it is unsafe to travel.
11. If public transit is not operating, utilize home stations to dial in to the network and perform any work possible.

WINDSTORM PROCEDURE

Keep radio and/or television turned on and listen for latest advisories.

If necessary call and or establish Incident Commander

Move all residents inside; reassure and calm them.

Secure outdoor objects such as furniture, trash cans, tools, etc., to prevent them from becoming flying objects during a windstorm.

The maintenance department will be responsible for boarding up, taping or installing shutters on windows in common areas that could be used for triage areas, if time permits. Spaces may include (RSM) Zidell Hall, Goodman. (RJHC) living room is a windowless space ideal for a triage space in wind storm.

Prepare and check auxiliary power and fuel units for use should electric or gas utilities be lost. If emergency power is required for oxygen equipment this will require moving residents into an area equipped with emergency electrical outlet. See Electrical Outage Policy

Ready flashlights

Store records in a safe, locked place.

Maintain liaison with County Emergency Management Division at (503) 248-3220 to learn if evacuation of facility may be anticipated.

If necessary, move residents into hallways and away from windows.

Call off-duty personnel as required. See Staff Mobilization Protocol.

THREATENING PHONE CALLS

RECEPTIONIST:

1. After caller hang-up, dial "911" and inform authorities of type of threat.
2. Report call to Nurse Supervisor (RJHC) or Manager on Duty (RSM).
3. Phone the following personnel in order listed:

Building/Environmental Services Director

Administrator

BOMB THREATS

If a bomb threat is received by telephone, get as much information as you can. If possible, the information should include: location, size, type, when it will explode, and who is calling. It is also possible that you may locate an unidentifiable object that you suspect is a bomb. In either situation, immediately do the following:

1. Call 911 and report exact location and description of the object. Follow instruction given to you by bomb enforcement officials.
2. Call Administrator on cell
3. Initiate "Partial Evacuation of Residents" or "Total Evacuation of Facility" if necessary.

NURSE SUPERVISOR or MANAGER ON DUTY:

1. Have designated employees spread out and check premises thoroughly for any suspicious bags, parcels, boxes, briefcases, etc. **This is a visual check only! No item is to be touched by an employee. Upon arrival, police shall be directed to any suspicious item so identified.**
2. Employees will keep watch at all exits and take Police / Fire Department / Bomb Squad to suspected location.
3. If evacuation required, follow "**Evacuation Procedures.**"

TRESPASSERS/THREATENING VISITORS

DAILY SECURITY AND OBSERVATION

All staff must be aware that threatening visitors can appear at any time. Threats may include suspicious individuals, groups or vehicles coming to campus. All staff are trained that this must be reported to Administrator immediately and steps must be taken to investigate and assure safety without delay. All CSP employees must wear name badges at all times, all visitors must sign in and wear visitor tag. Staff is trained that exterior doors should never be left propped open as this jeopardizes building security. Door codes must be changed quarterly or as needed after an event. Employees must not give out this code to unauthorized individuals as this also jeopardizes building security.

KNOWN THREAT

When a visitor or family member is known to CSP to be a potential threat, the Administrator will:

1. Inform all staff via email the description of person of concern. A photo will be distributed if possible.
2. Reception desks will print out photo and be on alert for the person of concern. Security cameras should be monitored when possible for suspicious person.

UNKNOWN POTENTIAL THREAT

In the event that an unknown potential threat is identified, the Administrator will:

1. Inform all staff through campus email of the potential threat. Heightened security measures may be put in place at Administrator's discretion.

THREATENING VISITOR

In the event of a threatening visitor:

1. Firmly and calmly request person leave premises
2. Briefly document name (if known) and physical description.
3. Dial "911" and inform authorities of trespasser/threatening visitor.
4. Report to RJHC Nurse Supervisor or RSM manager on duty
5. Notify Receptionists at both RJHC and RSM
6. Phone the following personnel in order listed:

Administrator

Building/Environmental Services Director

7. Send out relevant details to all CSP staff through email.

UNWELCOME VISITOR

In the event that a visitor to the campus has no legitimate purpose here:

1. Firmly and calmly request person leave premises.
2. Inform facility administrator, who will determine if additional action is required.

PANDEMIC AND VIRAL OUT BREAK

1. Establish Viral Outbreak command centers and clinical leadership at each facility: DNS (Nursing Dept) at RJHC and HSD Director (Health Services Dept) at RSM.
2. Once an outbreak has been identified by Clinical Leaders (DNS and HSDDRN) a specific infection control program will be activated.
3. CLs direct an infection control program that incorporates both structure and function of surveillance systems based on systematic data collection, outbreak control, resident care and employee health.
4. CLs direct and coordinate together and with respective facility administrators to notify and keep all staff, residents, visitors and public health department informed of outbreak containment measures.
5. CL's direct and ensure surveillance systems to include the following:
 - *Data Collection* (and reporting) includes investigation of each person's symptoms to differentiate from pre-existing condition; recording symptoms and duration; obtaining and ensuring proper labeling and identification of laboratory location for specimen collections.
 - *Outbreak Control* includes education of all populations about risks and spread of illness and specific measures to prevent it including proper disinfection and cleaning along with use of personal protective clothing and equipment and other containment measures that may include but are not limited to the following: 1) Temporary suspension of any or all group activities such as entertainment, games or hobby groups; dining room meals; adult day care program. 2) Restricting and directing visitors and private caregivers working for more than one resident at a time.
 - *Resident Care* includes specific measures for treatment, isolation and prevention of complications. CL's direct staff and (to) coordinate with families, medical director (RJHC), primary care physicians (RSM), public health department, laboratory and hospitals.
 - *Employee Health* includes providing necessary information and equipment and supplies to all employees to prevent contracting or spreading the virus. CL's work with all department heads and administrators to train staff in advance and during an outbreak. CL's coordinate with department managers to identify and track all employee illnesses; advise and direct on return to work status based on established clinical recommendations.

EMERGENCY PROCEDURES DURING DISCONTINUATION OF WATER SUPPLY

Purpose: To ensure that there will be adequate water supply on hand to supply residents with water for personal and hygienic needs.

Procedure: If water supply is suddenly disrupted for any reason, the following steps will be taken by staff on duty during the time of the discontinuation of water supply.

1. Notify the Administrator or Administrator's designee and the Building/Environmental Services Director
 - cell (971) 219-8594, home (503) 788-5110.
2. Call City of Portland Water Bureau 24 hr. Emergency Dispatch at
 - (503) 823-4874 and obtain the following:
 - Estimated time of outage.
 - What assistance they can render the facility.
3. All attempts will be made to determine the cause for water disruption and the probable length of shutdown.
4. Immediately restrict the use of available water in the facility.
 - Water to be for consumption and basic hygiene only.
5. Dietary department will give out juices and other fluids that are on hand for consumption by residents.
6. Disposable dishes and utensils may be used during emergencies.
7. If necessary, auxiliary water will be brought in and dispensed as needed. If possible Alpenrose Dairy will bring water in a tanker. Other requests will be made through emergency government.
8. If it becomes apparent that a water shortage will last for an undetermined length of time, the Incident Commander (IC) will order emergency measures taken to ensure proper care for ill residents and for those whose treatment has been disrupted by lack of water supply.
 - Arrangements may need to be made to transfer those residents to hospitals or other long term care facilities for care.

If auxiliary water is not available and water outage is to be of extended duration, the Incident Commander and CEO will determine if facility should be evacuated. IC shall assure alternate sources of water supply. Extra water supplies can be used from the backs of toilets, the water tanks can be drained as well as stored bottled water throughout the facility.

SEWAGE AND LOCAL FLOODING CONDITIONS

1. Building services
2. Call Administrator
3. If necessary call 911
 - a. Emergency Personnel may have vacuum pumps for water removal; to be used if other equipment is inadequate.
 - b. Robison Jewish Health Center and Rose Schnitzer Manor each has its own wet vacuum.
 - c. In necessary disaster recovery company can be a resource
 - i. HAR-BRO 1-800-266-5677
 - ii. Dow Columbia 1-800-524-5570.
 - d. If exposure to sewage is a health concern the local health department should be consulted.

LOCATION OF MASTER CONTROLS

1. The main (Master) control valve for all water entering RJHC and RSM is located in the first floor Boiler Room of each building.

WORKPLACE VIOLENCE

During

1. Report to Supervisor.
2. Call 911.
3. Call Administrator on cell.

DISASTER PLAN REVIEW CHECKLIST

Each year when the Disaster Plan is reviewed by the committee the following check list will be used to ensure systems are still in place.

Emergency Planning Checklist	Resources and Arrangement Made	Written Agreement?
What arrangements are in place to obtain additional sources for bottled water?		
What arrangements are in place to obtain additional sources for food?		
What arrangements are in place to obtain additional sources for emergency supplies?		
What arrangements are in place to obtain additional sources for medical equipment?		
What immediate medical staff is available?		
What arrangements are in place for prescription delivery services?		
What arrangements are in place on site for separate heating/cooling units for food and medications?		
What arrangements are in place to protect records and documents (i.e., paper and electronic)?		
What arrangements are in place to protect equipment?		
What resources are in place to provide baths, clean clothes, and/or personal care at your site?		
What arrangements/training are in place for volunteers to assist with persons with memory disorders, mental/behavioral problems, or to help with activities of daily living?		
What arrangements are in place to accommodate oversized wheelchairs?		
What arrangements are in place for residents with hearing impairments or language barriers?		
What arrangements are in place with hospitals for transfer of patients with less acute health care needs to your site?		

OCEM & OHCA SPECIAL NEEDS FACILITY FORUM
TABLETOP EXERCISE
OCTOBER 25, 2006

RESIDENTIAL CARE/ASSISTED LIVING FACILITY AND NURSING HOME

Objectives

- Identify requirements needed to effect a safe and timely evacuation of residents and staff from the facility
- Define Public Safety roles in supporting evacuation of special needs populations
- Identify Washington County roles and responsibilities in evacuation of special needs populations
- Identify planning and resource differences between sheltering in place and evacuating to another facility
- Identify planning and resource differences between localized emergency affecting a single facility and a region wide disaster/emergency.
- Identify additional planning and training needs

TABLETOP EXERCISE PART 1

Situation

- Ambient conditions are as is currently the case (i.e., time, date, weather, resource availability).
- The facility is single-story with three wings,
 - [Assisted Living/Residential Care Facility – Include that one wing handles the Alzheimer's patients

Initial scenario

Staff members are investigating the smell of smoke in the facility. The fire alarm system subsequently is triggered, but a fire has not been confirmed.

- What are your initial response procedures?
- What information might be of benefit to the emergency responders?
- What notifications need to be made (if any)?
- What are your typical staffing patterns?

Update #1

A staff member discovers a fire in a utility closet in the middle wing of the facility.

- How does this change your response?
- How might your facility design provide you more or fewer response options?
- What additional information might be of benefit to the emergency responders?
- What additional notifications may need to be made (if any)?

Update #2

The first fire units arrive and make entry: the fire has spread above the ceiling in the middle wing and will be difficult to access and control. There is already substantial smoke in the largely-vacated portion of the middle wing. In consultation with the on-duty administrator at the facility, Command determines that residents in the involved wing will have to be evacuated – a total of 50 nonambulatory residents. If the fire is not contained soon, it is possible that all 150 residents will have to be evacuated.

- How does this change your response?
- How might your facility design provide you more or fewer response options?
- What additional information might be of benefit to the emergency responders?
- What notifications might be required or needed (Emergency Management, DAVS, State)?

Update #3

The fire is difficult to control, and the entire facility is threatened, at least by smoke. A complete evacuation must be initiated, with areas most immediately threatened to be evacuated first.

- How does this change your response?
- What additional resources are needed?
- What additional information might be of benefit to the emergency responders?
- What is involved in an evacuation of residents? What are the critical actions and how are they carried out?
- What notifications might be required or needed (Emergency Management, DAVS, State)?
- What happens to the residents once they have been evacuated?

TABLETOP EXERCISE PART 2

Situation

- Ambient conditions are as is currently the case (i.e., time, date, weather, resource availability).
- The facility is single-story with three wings,
 - [Assisted Living/Residential Care Facility – Include that one wing handles the Alzheimer's patients

Initial scenario

A moderate earthquake registering a 5.5 has occurred under the West Hills.

- What are your initial actions during the quake and immediately after the shaking stops?

Update #1

Your facility has sustained some damages, with some major structural damage apparent in the east wing. Ten residents and 3 staff members have sustained minor cuts and bruises from falling items. You are unable to get through to 911. You have no commercial electricity, gas, or running water.

The majority of the bridges and overpasses throughout the Portland Metro area show some level of damage and are closed pending inspections. Gas, water, and electrical utilities have been disrupted, and Telephone and Cell phone systems are overloaded with only 1 in 20 calls being completed. Reports of fires, entrapments, and collapsed structures have overwhelmed emergency responders.

- What key decisions need to be made?
- What additional information do you need to make the decisions?
- What actions need to be taken?
- If available, what type of outside assistance or resources would you need?
- What would determine whether you sheltered in place or needed to evacuate to another facility?

Update #2

Extensive damage is being reported on the radio and TV throughout the Portland Metro area. Emergency Officials are indicating that it could be as much as a week before they have enough resources to handle all the requests for assistance and to make noticeable progress in rebuilding infrastructure.

- What key decisions need to be made?
- What actions can be taken now, prior to a major event, that would facilitate your response and recovery operations?

ADDITIONAL DISCUSSION POINTS

- How does your staffing change between day and night shifts?
- How will the numbers of residents you have and the level of their abilities/mobility affect your planning and response?
- Are there any expectations or procedural requirements for off-duty staff to respond during emergencies?
- How would you communicate with off-shift staff?
- How would you support/maintain your staff who are at the facility, particularly in a protracted event like an earthquake?
- What levels of supplies are maintained on-site; how long could you operate?
- Do you have food for staff and possibly their family members?
- How will you deal with family members of residents and employees?

INFORMATION, TRAINING, AND EXERCISE

The Disaster Plan will be located in each department on campus as well as the reception desk of each facility. In addition the department managers will be issued a Disaster Manual for them to reference from home.

Staff training on the specifics of the Disaster Plan including their roles will be required of all staff on annual basis and included in orientation for all new staff.

Emergency Disaster training exercises will be held on an annual basis. The Disaster/Safety Committee will be responsible for planning and critiquing the exercises. After the critique of the exercise, the Disaster Committee will develop a written plan to address noted deficiencies.

Provide all staff an outline for an individual/family emergency plan (see Module 11) and encourage them to complete it.

Plan for Updating the Disaster Plan

This disaster plan will be reviewed and updated every six months by the following staff:

Disaster Plan Review Schedule	
Date	Responsible Personnel
July 1, 2010	Disaster Prep Committee
December 1, 2010	Disaster Prep Committee
July 1, 2011	Disaster Prep Committee
December 1, 2011	Disaster Prep Committee

Facility Preparation

Physical Plant Risk Assessment is completed Biannually

Physical Plant Risk Assessment Schedule:

- July 1
- December 1

Physical Plant Risk Assessment includes (develop checklist for these items):

- Check clearly marked gas and water shut-off valves with legible instructions how to shut off each
- Available tools to facilitate prompt gas shut-off
- Check gas shut off-valves and generators to insure proper operation
- Evaluate heating, ventilating, and air conditioning function and control options
- Assess ducted and non-ducted return air systems
- Building air tightness
- Preventive maintenance of HVAC system
- Community's evacuation plan in area accessible to the public

A plan to have Protected Cash on hand is in place.

Petty cash is stored in safes in the business office, RJHC Administrator's office and RSM Administrator's office. Cash is essential in a disaster and the maximum amount of cash on hand while still maintaining proper controls and safeguards will be important. Cash on hand should be reviewed each time the plan is reviewed.

BOOK LOCATIONS

The **Robison Jewish Health Center** Disaster/Emergency Plan books can be found in the following locations:

- Nursing Reception Desk (below fire panel)
- RCM Nursing Offices
- Residential Care Nursing Office
- Nursing Administration office (on top of lateral cabinet)
- Dietary Department (in the center of the kitchen above the hand washing sink)
- Maintenance Office
- Housekeeping Office
- Activities Department
- Adult Day Services
- Administrators Office
- Executive Office (next to the Fax machine)
- Building/Environmental Services Director's Office (at RSM)

The **Rose Schnitzer Manor** Disaster/Emergency Plan books can be found in the following locations:

- Front Desk
- Director's Office
- Assistant Director's Office
- Health Services Director's Office
- Health Services Med-Room
- Director of Campus Cuisine's Office
- Culinary Services Supervisor Office
- Building Services Director's Office
- Maintenance Office
- Housekeeping Office
- Activities Director's Office
- Activities Department

CEDAR SINAI PARK

DISASTER PLAN ANNUAL REVIEW

It is the policy of Cedar Sinai Park that this Disaster / Emergency Plan will be reviewed/revised on an annual basis.

This plan has been revised and deemed current:

DATE: _____

Disaster Preparedness Committee Representative:

ROSE SCHNITZER MANOR PET PREPARATION FORM

I, _____ have made the following arrangements for my pet in the event there is a disaster/emergency or if my health declines and I am not able to take care of my pet. I am aware of the fact that some temporary shelters do not allow pets to be housed. Therefore I have made the following arrangements:

Type of Pet: _____ **Age of Pet:** _____

Name of Pet: _____

Name of Kennel/Relative/Friend taking responsibility for my pet: _____

Address: _____

Telephone Number: _____

Pet's special Needs: _____