



Michigan Masonic Home Emergency Operations Plan April 2023

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I. PURPOSE

- A. The purpose of the Emergency Operations Plan (EOP) is to describe the coordinated response and recovery to the wide range of natural and manmade events that may disrupt normal operations and require a preplanned response to internal and external emergencies and disasters. The EOP highlights the basic strategies and mechanisms Michigan Masonic Home (“The Home”) will use to mobilize resources and conduct activities to support emergency management efforts.
- B. The intention of the emergency management program is:
1. To provide maximum safety and protection from injury for residents, visitors, and staff.
 2. To attend promptly and efficiently to all individuals requiring medical attention in an emergency situation.
 3. To provide a chain of command to enable maximum use of resources.
 4. To maintain and restore essential services as quickly as possible following an emergency incident or disaster.
 5. To protect property, facilities, and equipment.
 6. To satisfy all applicable regulatory and accreditation requirements.

II. SCOPE

- A. The Emergency Operations Plan (EOP) applies to the continuation of resident care operations and support functions during a Home or community-wide incident. The plan was developed as an “all hazards” approach to be adaptable to respond to a variety of scenarios that might occur. This EOP consists of procedures and other reference data, as well as the attachments, which address high-risk hazards identified by the Hazard Vulnerability Analysis (HVA). The EOP is a living plan and will be revised as needed to reflect facility changes and federal, state, or local changes in policies, procedures, or regulatory requirements.

- B. This Emergency Operation Plan describes the processes for coordinating six critical areas including:
 - 1. Emergency communication strategies.
 - 2. Managing resources and assets during emergencies.
 - 3. Safety and security during emergencies.
 - 4. Staff roles and responsibilities.
 - 5. Managing utilities during emergencies.
 - 6. Resident clinical and support activities during emergencies.

- C. The Emergency Operation Plan and associated procedures and processes are designed to comply with the Joint Commission Emergency Management standard requirements, Centers for Medicare and Medicaid Services (CMS) requirements, and the National Incident Management System (NIMS) objectives.

III. ORGANIZATION DATA

The EOP is designed to assure appropriate staff response to a wide variety of emergency situations. The primary emphasis is on short-term management of critical resident care and business operation disruptions. The program is designed to address the emergency response needs of all resident care and business operations of Michigan Masonic Home. The EOP applies to all staff, licensed independent practitioners, volunteers, students, and contract employees.

A. Business Identification

Subject	Business Information
Address	1200 Wright Avenue Alma, MI 48801
Telephone Number	Phone (989) 466-3141
Website address	www.masonicpathways.com
Masonic Pathways Leadership	Robin Whitmore President/CEO
Incident Commander and Authorized Personnel to execute EOP	Administrator-on-call (AOC) Alternate: CEO, Nursing Home Administrator, Emergency Preparedness Manager, Nursing Clinical Supervisor on duty, Safety Officer, Facilities Manager
Jack F. Sanders Health Care Center (JFSHCC) – Licensed Beds	JFSHCC – 86 Beds Assisted Breathing Unit – 24 Beds
Home for the Aged (HFA)– Licensed Beds	HFA – 90
Masonic Village Estates(MVE) -	MVE – 36 homes

IV. DEFINITIONS

Terminology	Definition
All Hazards	The Homeland Security Presidential Directive defines “all-hazards” as preparedness for domestic terrorist attacks, major disasters, and other emergencies.
Disaster	A crisis response beyond the scope of local resources and usually overwhelms the community. Disasters are distinguished from emergencies by the greater level of response required.
Emergency	A dangerous event that normally can be managed by the Medical Center. An emergency can be internal and external disruptions, natural or man-made disasters, events or catastrophes that significantly disrupt patient care and treatment, or that results in sudden or increased demands for Michigan Masonic Home.
Emergency Management Agency (EMA)	A government agency whose function is to assist during an Emergency - may be local, state, or federal.
Emergency Management and Homeland Security Division (EMHSD)	The Emergency Management & Homeland Security Division fosters, promotes, and maintains partnerships to protect Michigan from all hazards through prevention, preparedness, response and recovery from emergencies, disasters, and threats to homeland safety and security. The Emergency Management and Homeland Security Division coordinates a number of planning activities designed to improve the capabilities of Michigan State Government to mitigate, prepare for, respond to, and recover from natural, technological, and human-related disasters and emergencies.
Health Alert Network (HAN)	Health Alert Network (HAN) is an internet-based system designed to broadcast warnings of an impending or current emergency and links hospitals, long term cares, paramedics, dispatch centers, law enforcement, public health officials and other healthcare system participants within local and regional communities
Michigan Masonic Home Command Center (MMHCC)	The location where The Michigan Masonic Home Incident Command team coordinates activities during an emergency. It is managed using the Incident Command

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Terminology	Definition
	System (ICS).
Incident Command System (ICS)	The management system used to manage and coordinate activities during an emergency.
Incident Commander	The person responsible for all aspects of an emergency response; including developing incident objectives, managing all incident operations, application of resources, and responsibility for all persons involved.
Job Action Sheet	A document that includes an identification title, purpose, to who they report to, and critical action tasks. Job Action Sheets include action steps listed by time periods and the format allows for personnel to document each action undertaken and record decision timeframes.
Michigan Department of Community Health - Emergency Medical Services (EMS)	Oversees and coordinates all components of the statewide emergency medical system.
Gratiot County Office of Emergency Management	Provides the City of Alma with emergency management services.

Common Acronyms	Definitions
EMHSD	Emergency Management and Homeland Security Division
EOC	Emergency Operations Center
HAN	Health Alert Network
HCC	Hospital Command Center
ICS	Incident Command System
IC	Incident Commander
ICS	Incident Command System
JAS	Job Action Sheet
JIC	Joint Information Center
JIS	Joint Information System
LIP	Licensed Independent Practitioner
NIMS	National Incident Management System

Common Acronyms	Definitions
MMH	Michigan Masonic Home (The Home)
MOU/MAA	Memorandum of Understanding/Mutual Aid Agreement
PIO	Public Information Officer
MMHCC	Michigan Masonic Home Command Center

V. HAZARD VULNERABILITY ANALYSIS (HVA)

A. Process

The Emergency Preparedness Committee conducts a hazard vulnerability analysis (HVA) of The Home and outlying buildings to identify human, technological and natural vulnerability risks. Facility specific risks, hazards and vulnerabilities are identified based on the probability of the occurrence. Probability is determined by the historical frequency of events in the community (e.g., fires, severe weather) as well as the consideration of the geographic location of the site to flood plains, major transportation routes and neighboring sites. The level of preparedness, which is defined by what resources are available, offsets severity of the impact to the organization. A percentage is assigned to the hazard to make risk-based choices to address vulnerabilities, mitigate hazards, prepare for, respond to and recover from emergencies/disaster events. A summary of the results provides a way of prioritizing hazards and drives hazard specific planning. The Emergency Preparedness Committee analyzes the risk assessment, evaluates reports, approves actions to address identified issues, implement policies and procedures, and provides resources and planning efforts in the appropriate area(s). The HVA is also presented to Gratiot County Emergency Management, District 1 Regional Response Coalition and the Local Emergency Planning Committee for input and approval.

See attachment – Hazard vulnerability Analysis.

See attachment – Emergency Preparedness Committee Members

VI. 96 HOUR CAPABILITIES AND SUSTAINABILITY

Michigan Masonic Home has conducted a 96-hour capabilities and sustainability assessment. This process is used to determine how long the Home can sustain operations when the community cannot support the Home. In this event, the Federal systems and the community are unable to support the Home for at least 96 hours, the command team would assess critical supplies, medical care needs, staff resources and, in partnership with the Gratiot County Office of Emergency Management, consider whether to close or evacuate portions or all the facility, or continue under altered standards of care. Factors that limit continued services include the lack of resources (e.g., water, food, medical supplies). The command team will make every effort to extend the use of the resources (e.g., conservation of resources, service reduction, partial staged evacuation and full evacuation, if necessary).

The assessment below assumes that no external support would be available within 96 hours.

CAPABILITIES	0	8	16	24	32	40	48	56	64	72	80	88	96
Loss of Power	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Complete Loss of Water Pressure or Water	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Steam Generation (winter)	Green	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Steam Generation (summer)	Green	Green	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red
Natural Gas	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Chiller Failure (Summer)	Green	Green	Green	Green	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red
Major Air Handler Failure	Green	Green	Green	Green	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red
Sewage System	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Loss of Bulk Oxygen	Green	Green	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red
Medical Vacuum	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Computer Server Failure	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red
Telephone Switch Failure	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red
Failure of Elevators	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow
Nutrition Supplies	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Blood units	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Red	Red	Red
Pharmaceutical Supplies	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red
IV Solutions	Green	Green	Green	Green	Green	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red

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CAPABILITIES	0	8	16	24	32	40	48	56	64	72	80	88	96						
General Patient Supplies	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Red	Red	Red	Red	Red	Red
Personal Protective Equipment (Biological)	Green	Green	Green	Green	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Personal Protective Equipment (Chemical)	Green	Green	Green	Green	Yellow	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Linen	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red
Fuel for Transportation	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red

Key	
Green	Able to sustain ability to function
Yellow	In window to start evacuations or close to running out of supplies.
Red	Unable to support critical life support services

From the conclusion of this chart regarding HVAC (Heating & Cooling) capabilities, the timeline of when we will have to evacuate will depend on the temperature at the time of the disaster. When temperatures are warm (late spring, summer, early fall) we can sustain ourselves for 36 hours before evacuation occurs. If the temperatures are cold (early spring, winter, late fall) we will have to start evacuation within 8 hours.

VII. NATIONAL INCIDENT MANAGEMENT SYSTEM

- A. To align with the Federal, State, and local entities, Michigan Masonic Home has integrated the National Incident Management System (NIMS) objectives into the organization's plan to provide an effective and efficient structure for preparedness, incident management, and emergency response. The Emergency Operation Plan and corresponding policies, procedures and annexes were developed to address the emergency management phases:
1. The **Mitigation phase** of emergency management involves proactive efforts to minimize the severity and impact of a potential disaster and reduce the potential for an event to occur. Michigan Masonic Home activities designed to reduce the risk and potential damage include:
 - a. Structural construction projects e.g., reinforcement, bracing, anchoring, bolting, strengthening or replacement of the building.
 - b. Non-structural hazard mitigation efforts include segregated storage of hazardous materials in secondary containment; conformance to building and fire codes; and inspection, testing and maintenance of emergency systems (e.g., uninterruptable power supply (UPS) and back up of information systems data).
 2. The **Preparedness phase** involves planning and training exercises, equipment acquisition, and other management activities that build Michigan Masonic Home capacity to manage the effects of emergencies, as well as mobilize essential resources.
 3. The **Response phase** involves putting preparedness plans into action. Michigan Masonic Home mobilizes its resources and focuses on tactical activities to address a disaster event. The following response components include:
 - a. Assuming Command and activation of the Home Command Center.
 - b. Staff is called through the overhead page system, pagers, and recall phone list.
 - c. Utilize the Incident Command System (ICS) to ensure there is a clear chain of command for effective management. Assign staff to Home incident command staff positions and provide an initial briefing.
 - d. Responders review incident action plans; obtain briefing(s); work to meet incident objectives using procedures, annexes, checklists, and forms; and initiate interim contingency plans to deal with system failures.
 - e. Allocation of scarce resources and coordination with the local response agencies.
 - f. Request additional assistance from mutual aid partners, and the State. In the event that response efforts in the local community cannot support the Home, the Home will strive to continue to sustain services.

The Home Command Team will assess the situation throughout the incident and determine whether evacuation or facility closure is feasible and reasonable based on the following criteria:

- i. Resident and staff safety
- ii. Staffing ratios
- iii. Resources and supplies availability
- iv. Local authority mandate (e.g., Uniform Command)

4. **Recovery phase** involves those efforts to resume critical support functions, continue the provision of care, and secure reimbursement funds if appropriate. The facility procedures, job action sheets and forms include demobilization/recovery actions to restore the services to normal conditions based on the manageable resident census using normal staffing patterns and resources and/or when other community responders begin their demobilization. Once the systems are restored for resuming normal treatment, the incident is evaluated to identify opportunities for improvement and develop initiatives to mitigate the effects of future incidents.

B. Staff Reporting Structure

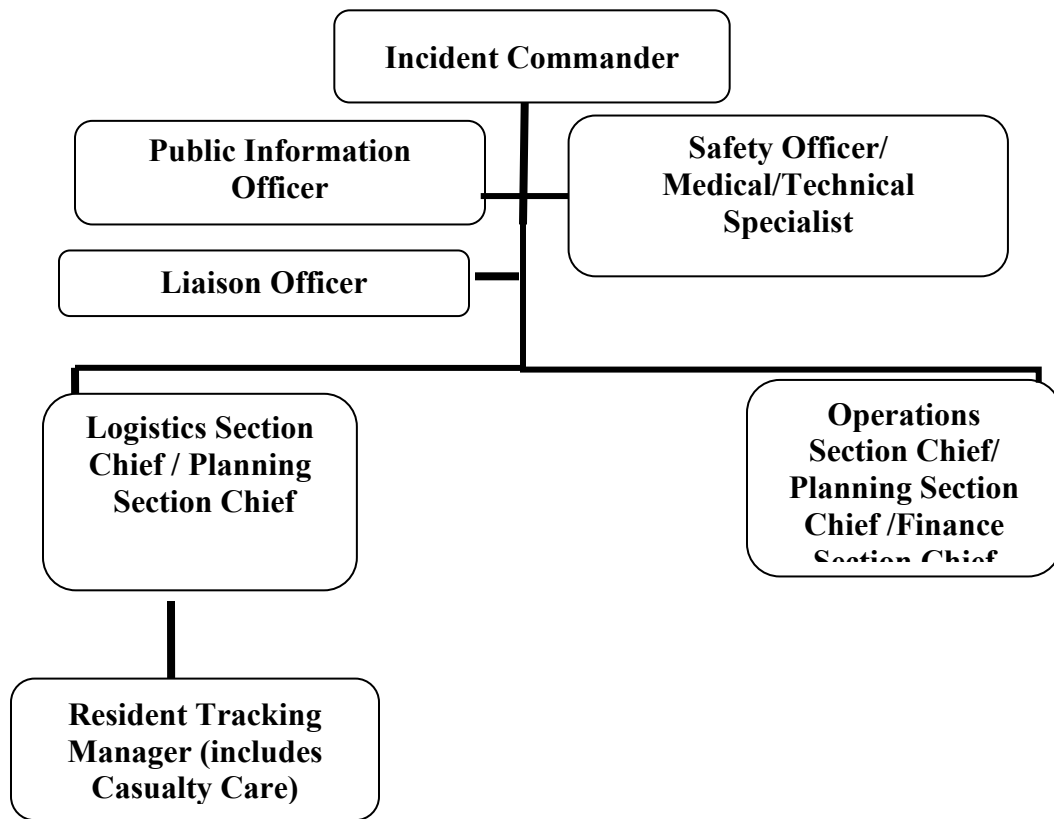
The EOP is based on these key organizational systems:

1. The Incident Command System (ICS) is utilized as an effort to coordinate with the community responders. The Incident Command System is adaptable to meet the size and complexity of an incident by using recognized lines of authority and the model is in direct correlation with the Gratiot County Office of Emergency Management, local Fire Department, local Police Departments, and neighboring nursing homes and hospital incident command system (ICS) structures. Staff report to the Incident Commander, who is defined as being in charge of the response.
2. The Multi-agency Coordination System provides interactive management components and the organizational structure of supporting agencies at the Federal, State, local, and regional levels through mutual-aid agreements and other assistance arrangements.
3. The Public Information System is used for communicating timely and accurate information to the public during emergency situations.
4. Unified Command is in place when more than one agency or organization has command responsibilities. For example, a hazardous material release may involve the fire department, the Environmental Protection Agency (EPA), local water quality authority and The Home; who have to work together to analyze information, develop a common set of objectives, and coordinate a response.

5. To ensure clear and accurate information is maintained, the ICS 213 Incident Message Form is utilized by Command Staff as the standardized method for recording messages received by phone or radio.

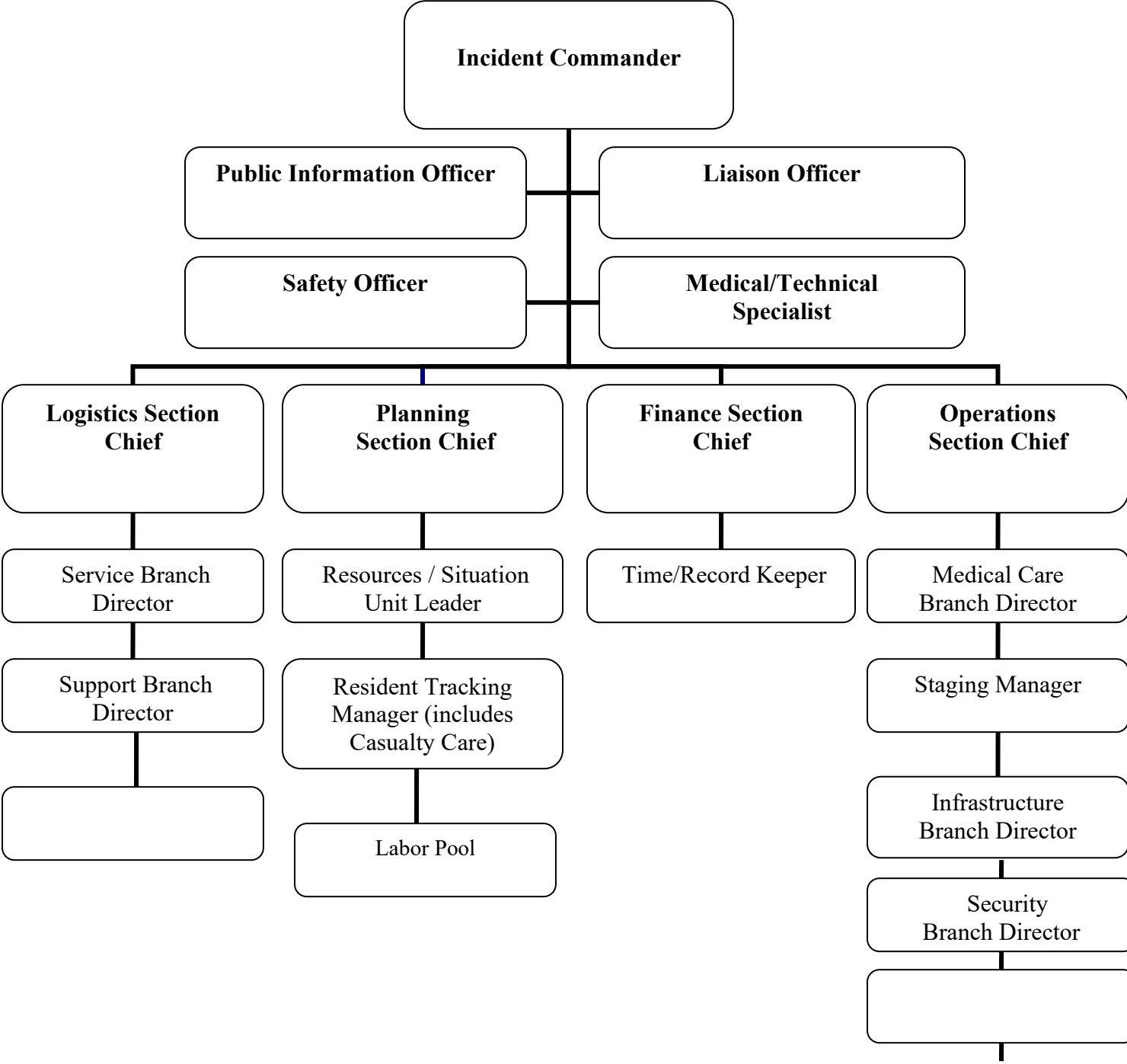
VIII. ALL HAZARDS COMMAND STRUCTURE

The Incident Command System (ICS) is an organizational and management framework used to execute a response to an incident/event and it is consistent with the emergency management system used in the community. The specific organizational structure established for any given incident will be based upon the needs of that incident. The Incident Action Plans will be developed, as appropriate, to the scope and duration of the incident. The Incident Command System (ICS) organizational structure described below is consistent with NIMS requirements and identifies key positions and lines of authority in response to an internal or external disaster situation. An ICS organization is composed of the Incident Commander (IC), Command Staff, and the general staff with functions as shown below. The ICS Form 207 Organization Chart is utilized during incidents to document assigned HICS positions.



An extended duration incident organization chart is described below.

INCIDENT MANAGEMENT
Essential Positions
(Extended Duration Incident >4 hours)



IX. RESPONSIBILITIES & AUTHORITY

- A. The Emergency Preparedness Manager is responsible for the overall management of the emergency management program including program development; implementation and assessment; identification and control of risks; staff educational needs; and consultation, monitoring, and assistance.
- B. The CEO and Nursing Home Administrator represent the medical staff in participating in planning activities prior to and in the development of the Emergency Operation Plan. Medical Staff and Administration ensure there is involvement with the organization leaders to plan and respond to emergencies.
- C. The Emergency Preparedness Manager represents Michigan Masonic Home at the District 1 Regional Medical Response Coalition planning meetings, Gratiot County Emergency Management and Gratiot County Local Emergency Planning Committee.
- D. The Emergency Preparedness Committee is a multidisciplinary improvement team, who is responsible for implementing and maintaining the Emergency Operation Plan and associated attachments and procedures, the annual evaluation, the Hazard Vulnerability Analysis, Exercise documentation and performance improvement activities.
- E. Department Managers are responsible for orienting staff to the department and facility-wide Emergency Operation Plan procedures. Managers are also responsible for the development and management of specific department disaster policies and procedures (as applicable), ensuring that they are evaluated and revised (as appropriate), verifying all staff are trained on their individual roles and responsibilities consistent with the emergency operation plan; and staff participate in the implementation of the plan.
- F. Employees are responsible for participating in training and demonstrating core competencies in the emergency management program. Employees receive Emergency response training upon hire and annually thereafter. Employees must ensure their behaviors, work practices and operations are safe, and in accordance with departmental procedures, the provisions of the emergency response plan, and clinical judgment.

X. COMMUNICATION PLAN

A. Modes of Communication Available

Communication Type	Definition/Capabilities
Textemail Service	This service allows us to send mas notification messages to all of The Home's staff including LIP's
Amateur Radio Operators (HAM)	Amateur radio , often called HAM radio , is a service in which participants, use various types of radio communications equipment to communicate with other radio amateurs for public services, and self-training. Amateur radio operation is licensed by an appropriate government entity (for example, by the Federal Communications Commission in the United States) as coordinated through the International Telecommunication Union. HAMs can relay information to another facility, across the region, or the state.
Cellular telephones	Cellular telephones may be used for person-to-person communication, text messaging, instant messaging, or email.
Email	May be used to send messages, charts, images, etc. to one or more persons or facilities.
EMSystem	EMSystem is an online product that allows hospitals, nursing homes, and EMS to monitor activities at surrounding hospitals.
Landline telephones	Landlines may be used for person-to-person communication or facsimile transmission.
Michigan Health Alert Network (MIHAN)	The MIHAN provides critical messaging capabilities between public health and community partners. Users can receive health emergency alerts and messages via the internet, and phones.
Overhead paging system	Can be used to quickly distribute emergency

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Communication Type	Definition/Capabilities
	information to large numbers of staff, patients, and patient families.
Two-Way Radios	A two-way radio is kept in key departments and is used as an internal communication tool in emergencies.
Television Broadcast	Michigan Masonic Home Public Information Officer or designee will utilize local television media as a mass notification system for all of The Home staff.
Phone Trees	Each department is responsible for a staff call tree that will be initiated in the event of a disaster. The departments will report the available staff and ETA to the Labor Pool Unit Leader. This information will be utilized to staff needed areas during a disaster.
Power-fail phone	These phones are red and are analog phones that are not tied to the Mitel phone system.
Government Emergency Telecommunications Service (GETS)	This service is provided by Region 1 Health Care Coalition. This is a federal emergency telephone service provided by a division of the Department of Homeland Security. We have the cards for usage and they will be utilized by incident command.

B. Notification When Emergency Response Measures Are Initiated

1. Alert/Notification Emergency Incident Codes are:

Alert / Notification Emergency Incident Code	Meaning
Internal & External Disasters	<p><u>Disaster</u> - any incident, natural or man-made that causes or poses widespread danger to occupants and property to the extent that normal services are disrupted.</p> <p><u>Internal Disaster</u> - occurs on The Home's Campus (e.g., utility failure).</p> <p><u>External Disaster</u> - occurs elsewhere in the community (e.g., multi casualty / multi-vehicle accident, tornado, earthquake, flood, nuclear biological chemical incident).</p>
Bomb Threat	Notification of a potential or real threat of of bomb threat to the facility
Hazardous Material Incident	Hazardous Material Spill/Release
Code Blue	Cardiac or Respiratory Arrest-Adult
Code Red	Fire or Smoke Emergency
Shelter In Place	Snow/Ice Storm
Active Threat	Combative person
Code Secure	Facility Lock-down to be initiated
Code Green	Adult elopement
Active Shooter	A Person actively shooting a firearm in the medical center
Severe Weather	A Severe weather-related incident

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2. The Activation and termination of this plan is under the authority and direction of the Incident Commander. After a decision has been reached by the Incident Commander, that a Emergency Operations Plan (EOP) needs to be activated, the switchboard operator will be contacted and instructed to announce a “ **Internal or External, Event Status Actual or Event Status Exercise**”. The Switchboard operator will also be informed of the type of disaster. The Incident Commander designees in order of preference are:
 - a. the Administrator-on-Call
 - b. CEO
 - c. Nursing Home Administrator
 - d. Emergency Preparedness Manager
 - e. Facilities Director/Safety Officer
 - f. Director of Nursing – Skilled Nursing
 - g. Residential Services Director

3. The Incident Commander will gather the following incident information:
 - a. The name and telephone number of the person reporting the disaster.
 - b. The time of the incident.
 - c. The location of the incident.
 - d. Whether a chemical or radiological substance was released.
 - e. The number of casualties and types of injuries.
 - f. The number of trauma victims if applicable
 - g. Whether decontamination is needed or being conducted on site.
 - h. The types of treatment given.The information will be documented on the HICS 201 – Incident Briefing Form.

4. The Incident Commander will establish The Home Command Center and will delegate Incident Command positions as needed for the incident.

5. The Home Command Center (HCC) will be established in the Shared Services Multipurpose Room C1-103 (or alternative location if needed at the time of the event). The HCC contains preprinted HICS forms, Job action sheets, procedures, and annexes; telephones and fax machines; computers with internet access; general office supplies; and a photocopier. There is a phone available within the HCC. All internal five (5) digit and outside numbers, including long distance, can be called from the HCC.

6. Every Incident must have an Incident Action Plan (IAP) and will be documented on the HICS 201: Incident Briefing Form by the Planning Section Chief. The purpose of the IAP is to establish accountability and provide incident personnel with direction for taking actions based on measurable objectives to be achieved during an operational period. The

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Planning Section Chief will also define objectives and issues for the operational period on the HICS 202: Incident Objectives Form.

7. The Labor Pool is established in the Doig Chapel Foyer (or alternative location assigned at time of incident, phone number TBD). The phone number is 989-466-4256 or 14256 -. The Labor Pool Leader will be assigned by the Incident Commander or as needed. All available non-nursing personnel will report to this location. Employee assignments will be determined as indicated by the type of event. Nursing personnel will stay at their station and will be provided an assignment by the Director of Nursing or the Assistant Director of Nursing.
8. The Information Center will be established in the Marketing Department. The Public Information Officer will be designated as The Home's spokesperson and will staff the Information Center, this person will work with the Incident Commander to coordinate the dissemination of information both internally and externally to serve as the main source for information to internal personnel and external organizations and the media.
 - a. The Public Information Officer (PIO) operates to establish policies, procedures, and protocols for gathering and disseminating information. The PIO ensures that all messages are approved by the Incident Commander and documents activities on HICS Form 214: Operational Log. The information that will go to the community will come from the PIO with Incident Commander approval.
9. Resident Information: The Information Center, as described above, will provide family members with information regarding residents at The Home. The Resident Tracking Manager has current information regarding resident location and makes this information available to The Home Command Center personnel as well as with the local Emergency Operations Center and other appropriate external agencies through the Liaison Officer. All information regarding the number of disaster victims and their identification will be communicated by the MMHCC to the Information Center at 989-466-4211 or 14211.
10. Employees are notified when the plan is activated as follows:
 - a. The Incident Commander will notify The Home Operator to alert the staff of the emergency by announcing the appropriate Code/incident, usually by overhead paging systems.
 - b. The Staff will also be notified through intranet messages and Call Lists.
 - c. Alternate communications to staff may include notification through the Public Information Officer by radio or television, depending on the situation.
 - d. Communication systems may include the following:

- i. Internal telephone system: Internal communications will be limited to disaster-related issues only once an emergency has been initiated. **THE OPERATOR SHOULD NOT BE CALLED FOR INFORMATION.**
- ii. Radios: If it is determined that there is a need for handheld radios, the Logistics Chief will assist in the distribution of radios.
- iii. E-mail, public address system, inter-departmental radios, inter-facility radio network, fax, cellular telephones, runners, and other methods (i.e., Ham radio operators) may be used.
- e. Call lists are maintained and updated as needed.
 - i. Staff call lists are maintained by the departments.
 - ii. Administrative call lists are maintained by the Administrative Assistant.
 - iii. Physician call lists are maintained by the manager of the clinic.
- f. The Logistics Section Chief /Planning Section Chief will be responsible for documenting communication equipment to be used within the facility on the HICS 205 – Incident Communications Plan (Internal) Form.

C. Ongoing Communication of Information and Instructions To Staff

1. Once the emergency response measures are initiated, additional staff may be called in by:
 - a. Telephones: landline and cellular
 - b. Overhead paging system
 - c. Email
 - d. Textmail Service
 - e. Television media
2. Staff and LIP information and instructions can be distributed by:
 - a. Telephones: landline and cellular
 - b. Overhead paging system
 - c. Email
3. During an area-wide disaster (e.g., severe weather), the phones may be overloaded with calls, or it may be impractical to call each staff member individually, therefore the following alternative modes of communication may be used:
 - a. Email
 - b. Cell phones
 - c. Intranet postings/Works As One
 - d. Textmail Service
 - e. Television media
4. Internal communication is accomplished by obtaining information from different departments by:
 - a. Telephones

- b. Cell phones
- c. Two-way radios
- d. Textmail Service
- e. Email
- f. Overhead paging
- g. Runners
- h. Fax machines

HICS Form 205 – Incident Communications Plan will document what communication equipment is used and HICS Form 213 Incident Message Form provides a standardized approach for recording messages received.

5. Additional communication available for communicating externally includes:

- a. **Amateur Radio Operators (HAM).**
HAM radio operators are available and trained in emergency communications as members of the Amateur Radio Emergency Services. They are sanctioned by Gratiot County Emergency Services to work in areas that may otherwise be restricted. This group can be used to provide communications both internally and externally. They bring in their own equipment, which operates completely outside of the normal communications infrastructure. They can be reached through the Gratiot County Emergency Manager or by calling Central Dispatch (9911).
- b. **EMSystem**
EMSystem is an online product that allows long term care and EMS to monitor activities at surrounding hospitals. When a hospital or region is on diversion, involved in a disaster response, or any other situation that impacts its ability to function at a normal level, information can be placed on EMSystem. This information can then be used to determine resource allocations and resident routing.
- c. **Michigan Health Alert Network (MIHAN)**
MIHAN was established to provide critical messaging capabilities between public health and community partners. Users can receive health emergency alerts and messages via the internet, textmail service and phones.
- d. The table below lists external agency phone contact information.

Agency	Contact Information
Police, Fire and EMS	9911
If 911 system is down or for a non-emergency, call:	426-9284

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Agency	Contact Information
State Police Ithaca Post	989-875-4111
Emergency Management & Homeland Security Division	517-336-6198
FBI	313-965-2323
U.S. Department of Justice	989-892-6525
CDC Emergency Response (24/7 Emergency Operations Center)	770-488-7100
Mid-Michigan District Health Department - Ithaca Administrative Services Communicable Disease Clinic After hours contact	989-875-3681 989- 831-5237 989- 276-0260
Emergency Operations Center Health Department Seat EMS Seat Emergency Manager Seat Human Services Seat Red Cross Seat	989-875-5280
District 1 Regional Healthcare Preparedness Office District 1 Regional Healthcare Coalition 2123 University Park Drive #110 Okemos, Mi 48864	(517) 256-6634 – Matthew Price cell (517) 324-4404 Office
Useful E-mail sites: For information on chemicals, the National Institute for Occupational Safety and Health (NIOSH) Pocket Guide to Chemical Hazards: For local river water levels, the NOAA Advanced Hydrologic Prediction	www.cdc.gov/niosh/npg http://water.weather.gov/ahps2/index.php?wfo=dtx

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Agency	Contact Information
Service:	

6. During an emergency or incident, standard terminology and plain language will be used for all communications.
7. The Incident Commander will assign responsibilities. HICS 203 Form Organization Assignment List and HICS 204 Branch Assignment List will be utilized when assignments are made.
8. Staff utilizes and completes the HICS forms to provide regular situation updates (e.g., HICS 201 Incident Briefing Form, 202 Incident Objective Form, HICS 251 Facility Systems Status Report).

D. Notifying External Authorities of Emergencies

The Home Incident Commander will assign a Liaison Officer to ensure external authorities are notified and necessary communication is maintained. The Gratiot County Office of Emergency Management and District 1 Regional Healthcare Coalition will be notified of any incident that overwhelms or has potential to deplete local resources.

1. All appropriate external authorities will be notified to facilitate effective response, continuing operations and recovery from an emergency that disrupts the normal resident care and/or business operations of the organization.
2. When an emergency plan is initiated, the appropriate external authorities and community resources will be notified.
3. External authorities include, but are not limited to:

Agency	Contact Information
Office of Emergency Management (OEM) Fire Department Law Enforcement Agencies EMS	911
FBI	(313)-965-2323
MidMichigan District Health Department	(989) 875-3681
Regional Medical Coordination Center	(989) 222-9946
Centers for Disease Control	(770) 488-7100
American Red Cross	(989) 631-3262

E. Communicating With External Authorities Once Response Is Initiated

To ensure connectivity between The Home and the regional area once response measures are initiated, the Liaison Officer will provide regular communication updates to the Gratiot County Office of Emergency Management and the ECC providing situation status and objectives, priorities and resource needs, and resource availability (personnel and equipment). In addition, teleconferencing is utilized for communication updates.

F. Communicating with Healthcare Organizations in The Geographic Area and Essential Elements in Command Structure

Michigan Masonic Home meets regularly with the LEPC to ensure cooperative planning among healthcare organizations that provide services to a contiguous geographic area thus facilitating the timely sharing of information. Michigan Masonic Home shall be contacted directly.

Communication with other regional healthcare organizations shall be made through the Regional Medical Coordination Center (RMCC). The following information will be shared.

1. Essential elements of their command structures and command centers for emergency response.
2. Names, roles, and telephone numbers of individuals in their command structures.
3. Resources and assets that could potentially be shared or pooled in an emergency response.
4. Names of residents and deceased individuals brought to their organizations to facilitate identification and location of victims of the emergency.
5. Usage of common communication equipment and data sources to allow for communications when the infrastructures (i.e., phone lines, computer lines) have been impacted. The Resource Directory (HICS Form 258) is utilized.
6. The above information is kept in the Emergency Preparedness Manager's office. To ensure that the command structure information is current, the Emergency Preparedness Manager is responsible for managing this task.

G. Communication with Residents, Including Relocation to Alternate Care Sites

1. Resident communication is coordinated through The Home Command Center.
2. Outpatients and their families receive information through:
 - a. Messengers

- b. Telephone calls to family members
 - c. Information posted on The Home's extranet site
 - d. Press releases through the Public Information Officer (PIO)
3. Residents will receive briefings of pertinent information by:
- a. Messengers
 - b. Flyers delivered with meal trays
 - c. Overhead page announcements
 - d. If residents are relocated to an alternate care site, residents and their families will receive regular briefings consistent with regulations regarding confidentiality information including:
 - i. The general condition of the resident
 - ii. The alternate care site name and address
 - iii. The anticipated timeframe for relocation to the alternate care site.

H. Family Re-Unification/Assistance Center (FAC)

A family support center may be established to coordinate the needs of and information to family members of residents, to coordinate the information of the location of residents, and to provide critical incident stress debriefings. A community FAC may be set-up in collaboration with the Gratiot County Office of Emergency Management and the American Red Cross will coordinate, manage and staff the Family Assistance Center (FAC). Local agencies, faith-based organizations, churches, and other applicable organizations work collaboratively to provide emotional support services and interpreter services (based on impacted population). Michigan Masonic Home may provide information and resources to the local Family Assistance Center (FAC) to support the family/friends and to provide answers to questions, concerns and assist with family reunification services. In the event the Family Assistance Center must be located at The Home, this area will be in a private location away from the media.

- 1. Under the Logistics Section with the Support Branch, the Family Unit Leader (normally Social Work and Transition Planning or EAP provider) will set up procedures for the patient's families.
 - 2. There will be a direct communication with the Resident Tracking Manager.
 - 3. The immediate emergency contact family member, if not present with the resident, will be contacted with the location of the resident once they are moved.
- I. **The Visitor Waiting Area** will be established in the DOIG conference room (or alternative location if deemed necessary., directed by the Social Work & Transition Planning Department and the Public Information Officer.

J. Communication with Alternate Care Sites

The Evacuation Plan includes MidMichigan Medical Center-Gratiot as the designated alternate care site(s) to accommodate overflow of acutely ill residents who would otherwise be admitted to a hospital. The Command staff will determine, in collaboration with the Gratiot County Office of Emergency Management, any off-site alternate care sites that would meet the needs of Michigan Masonic Home's residents. The Home's Command Center will provide the alternate care site with briefings as to the status of the operational capability, and the anticipated need for assistance to receive residents should it become necessary. See the Evacuation Plan for details. The Home shall use all means necessary to communicate with offsite care locations. These systems shall include, but not be limited to:

1. Telephone
2. FAX machines
3. GETS card
4. Cell phones
5. The Internet
6. Radio systems, high band or MPSC 800MHz
7. HAM radio operators
8. Runners

K. Communication with the News Media - Circumstances and Plans

The Public Information Officer (PIO) has the responsibility for media and public information as it pertains to an event that involves The Home. The PIO has established working relationships with local media, emergency management office, and public health prior to an event.

1. Michigan Masonic Home maintains a cooperative relationship with the news media, which balances the public need for information with the responsibility to safeguard the resident's right for privacy.
2. The Information Center will be set up in an area determined by Incident Command at the time of the incident. Communication is coordinated through the assigned Public Information Officer. The PIO is responsible for developing informational summaries for reporters so that timely and accurate information is provided to the public during emergency situations. In addition, the PIO is the spokesperson for Michigan Masonic Home and is responsible for media and public inquiries, rumor response and media monitoring.
3. All information regarding the number of disaster victims and their identification will be communicated by the MMHCC to the Information Center. The media will be informed of the number of victims and types of emergencies. No names will be released without the Incident Commanders approval.

4. Media personnel will use their own communication systems.
5. Handling questions from the media is addressed in the following policies: Administration Policy, Release of Information to News Media, Accident Reporting and Photography.
6. If a Joint Information Center (JIC) is established, the PIO will participate in addressing communication and public education efforts.
7. The Michigan Masonic Home's media center will be the responsibility of the PIO. The Safety Officer/designee will ensure that all members of the media are confined to the area determined for media.
8. Media camera trucks will not be allowed to park in any of the parking lots, they will be directed to the space across the street from the Facilities garage. No media vehicles will be allowed in any other area of The Home's campus.

L. Communication with Purveyors of Essential Supplies

The Home has developed a list of purveyors, including vendors, contractors and consultants that can provide specific services before, during and after an emergency event. The list will be maintained by the Materials Management Team and the Manager of Facilities Services and updated periodically. The Logistics Section Chief and Operations Section Chief will contact vendors that provide essential resources and supplies.

M. Backup Communication

In the event that the community infrastructure is damaged and/or Michigan Masonic Home experiences a communication failure, redundant and alternative communication systems are in place. Michigan Masonic Home meets regularly with the Office of Emergency Management of Gratiot County and the State of Michigan District 1 Healthcare Preparedness Network to ensure there is a coordination of common equipment and data sources in the event infrastructures (i.e., phone lines, computer lines) are negatively impacted. Common resources have been established with the local hospitals to be used during incident response. The Home will maintain a current listing of backup communication systems or devices.

1. Internal

a. Internal Phone System Failure/Power Fail Phones

The Home has installed Power Failure Phones in designated areas of the facility that are to be utilized in the event of an internal phone system failure. For a list of these phones, (see Attachment – Power-fail phone numers).

These phones are identified by the letters "PF" and a phone number on the phone jack to distinguish them from regular in-house phones. The

phones can be used to make both external and internal calls. For external calls, **do not** dial a "9" first. The phones are only to be used for The Home business. Personal phone calls during a system failure are not permitted.

b. Cell Phones

Cell phones may be used in The Home to facilitate disaster communications. Currently we have no equipment identified as cell phone sensitive. Coverage within the buildings is unknown and would have to be evaluated at the time of attempted use.

c. Intranet/Internet

There is a computer connection available in the Command Center. This allows for internal and external E-mail and Internet connection. Additional computers will be brought in if needed.

d. HAM Radio Operators

HAM radio operators are available and trained in emergency communications as members of the Amateur Radio Emergency Services. They are sanctioned by Gratiot County Emergency Services to work in areas that may otherwise be restricted. This group can be used to provide communications both internally and externally. They bring in their own equipment, which operates completely outside of the normal communications infrastructure. They can be reached through the ECC or by calling Central Dispatch (911).

e. **Government Emergency Telecommunications Service (GETS)**

This service is provided by Region 1 Health Care Coalition. This is a federal emergency telephone service provided by a division of the Department of Homeland Security. We have the cards for usage, and they will be utilized by incident command.

HAM radio operators are available and trained in emergency communications as members of the Amateur Radio Emergency Services. They are sanctioned by Gratiot County Emergency Services to work in areas that may otherwise be restricted. This group can be used to provide communications both internally and externally. They bring in their own equipment, which operates completely outside of the normal communications infrastructure. They can be reached through the ECC or by calling Central Dispatch (911).

f. Runners

If all other communication fails, runners can be used to relay information from one point to another. The Incident Commander will send someone to the Labor Pool to request Runners, if needed.

g. EMSsystem

EMSsystem is an online product that allows hospitals, nursing homes and EMS to monitor activities at surrounding hospitals. When a hospital, nursing home or region is on diversion, involved in a disaster response, or any other situation that impacts its ability to function at a normal level, information can be placed on EMSsystem. This information can then be used to determine resource allocations and patient routing.

h. Video Conferencing

Video conferencing is available viz TEAMS or Zoom. These are available in all conference rooms in The Home as well as all individual offices.

i. Michigan Health Alert Network (MIHAN)

The MIHAN was established to provide critical messaging capabilities between public health and community partners. Users are able to receive health emergency alerts and messages via the internet, pagers and phones. (See Attachment – Staff Receiving MIHan Notifications)

XI. RESOURCES AND ASSETS

A. Obtaining Required Supplies at Onset Of Response

1. Key aspects of a disaster response are pre-designated in advance through the Emergency Preparedness/Emergency Preparedness/Safety Committee. During an emergency response, The Home Command Center will coordinate the allocation of resources, based on need and priority. Logistics is managed through the Logistics section within The Home Incident Command System. Memorandum of Understanding (MOUS) for additional supplies, equipment and food have been established. These include, but are not limited to:
 - a. Generators
 - b. Medications
 - c. Water
 - d. Fuel
 - e. Medical supplies
 - f. Food
 - g. Batteries
 - h. Linen
 - i. CotsThese MOUS are located in the Materials Management Department &/or Facilities
2. When the existing inventory of critical supplies are at minimal par levels, outside vendors will be contacted. The Gratiot County Office of Emergency Management or District 1 Healthcare Coalition can be contacted to facilitate access and distribution of additional supplies.

B. Replenishing Pharmaceutical Supplies

Michigan Masonic Home can obtain additional pharmaceuticals as needed Through Region 1 Health Care Coalition. In addition, The Home collaborates with local community pharmacies.

There are 24 hours of pharmacy supplies on site. The Strategic National Stockpile (SNS) is a cache of chemical antidotes, drugs & medical supplies deployed after a biological, radiological, or chemical attack if needed. The Chempack program provides a Strategic National Stockpile of nerve agent antidotes throughout the nation to assist medical personnel in their response to a nerve agent terrorist attack. This is available to the Pharmacists if needed. The ChemPacks can be accessed by going through the Regional Medical Control Center (RMCC). The Region also has a MedRun pack that can be accessed through the RMCC, as well as calling for the Strategic National Stockpile. (See Attachment : Medrun/Chempack Request Flow Schematic)

C. Replenishing Non-Medical Supplies

1. Food: The food supply is available on site for residents and staff and will last approximately 3 days.
2. Linen: A 24-hour day par level is maintained on site.
3. If drinking water is needed until normal service can be restored, available vendors will be contacted.
4. On-site oxygen (O₂) supply is 20 days. This estimate is related to current, normal operations and would be considerably less in an increased occupancy situation. This type of situation could also cause the depletion of some supplies faster than others.
5. Transportation resources on site include:
 - Michigan Masonic Home” Vehicles
 - Handicapped vans
 - MOUs for transportation with community providers
6. Available personal protective equipment resources are listed on the Emergency Supply Inventory. The quantity of PPE available on-site would last approximately 72 hours.

D. Managing Staff and Volunteers

1. HICS Form 252 - Section Personnel Time Sheet is used to record each Section’s personnel time and activity.
 - a. Department Disaster Plans
 - i. Each department will activate the Disaster Plan specific to their area. This plan may be in more detail than the department plan included in this document.
 - ii. Departments will request the Labor Pool for additional staffing when needed.
2. **Medical Staff Bylaws Credentialing Policy** for emergency credentialing of medical staff and other volunteers will be utilized to augment staff if needed through the Labor Pool and Credentialing Unit.
3. The Incident Commander is empowered to authorize volunteer caregivers to assist The Home staff in the event that the organization is unable to meet immediate patient needs without the volunteers.
4. The CEO, Chairman of the Medical Executive Committee or his/her designee(s) is responsible for granting privileges to the Volunteer Licensed Independent Practitioners (LIP) and this is outlined in the MidMichigan Medical Center-Gladwin Medical Staff Bylaws Credentialing Policy.

5. The Medical Staff shall oversee the performance of volunteers by direct observation, mentoring, clinical records review or by whatever means is feasible given the circumstances.
6. Michigan Masonic Home will decide (based on information obtained regarding the professional practice of the volunteer, from oversight) within 72 hours related to continuation of the disaster privileges initially granted.
7. The medical staff will address the verification process as a high priority and the verification process of the credentials and privileges of individuals who received emergency privileges will begin as soon as the immediate situation is under control and is completed within 72 hours or as soon as possible. If verification cannot be completed within 72 hours, the medical staff will document the following:
 - a. Reason why it could not be done within the 72 hours.
 - b. Evidence that the volunteer demonstrated the ability to continue providing adequate care, treatment, and services.
 - c. Evidence of the The Home's attempt to perform verification.
 - d. See Medical Staff Bylaws Credentialing Policy.
8. Before a volunteer practitioner (those licensed and those who are not licensed independent practitioners) is considered eligible to function as a volunteer. The Home will obtain from the prospective volunteer confirmation of his/her identity by visually inspecting a photo ID such as a driver's license or passport. In addition, the volunteer must present identification that attests to his/her licensure and ability to practice. This requirement can be satisfied by one of the following:
 - a. A current facility picture ID that clearly identifies professional designation.
 - b. A current license or registration.
 - c. Primary source verification of licensure, certification, or registration.
 - d. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), Medical Reserve Corp. (MCR), emergency system for advance registration of volunteer health professions (ESAR-VHP), or other recognized state or federal organizations or groups.
 - e. Identification indicates that the individual has been granted authority to render resident care in emergency circumstances, such authority having been granted by a federal, state, or municipal entity.
 - f. Identification by current organization member(s) who possess personal knowledge regarding the volunteer practitioner's qualifications.
 - g. See Medical Staff Bylaws Credentialing Policy Emergency Situations and Mass Disaster Situations for Emergency Credentialing of Medical Staff.

9. HICS Form 253 - Volunteer Staff Registration is used for Volunteers to sign-in for an operational period.

E. Managing Staff Support Activities

During activations of the EOP, various modifications and accommodations are made for staff to assist them in coming to The Home to provide needed services. Additional resources are requested through the Gratiot County Office of Emergency Management and District 1 Helathcare Preparedness Network. Current available resources include:

1. Transportation resources in the local area include bus and shuttle service. Employees who need transportation to and from The Home may request assistance.
2. The Logistics Chief is authorized to modify the normal use of The Home's space, fitness center or conference rooms, and/or to work with local hotels and motels to provide accommodation for staff. Meal service for staff will be provided.
3. The Home will be prepared for incident stress debriefings. These areas will be staffed by Michigan Masonic Home staff, staff from community mental health services, clergy and others trained in incident stress debriefing.

F. Managing Staff Family Support Needs

Staff Family Support activities are under the jurisdiction of the logistics section. The following support activities are in place:

1. Employees will be able to call family to ensure their safety.
2. Someone assigned from Labor Pool will be available to assist employees with locating family members in emergency situations.
3. Local hotels/motels will be utilized for housing of staff families if the need arises.
4. The staff that needs accommodation(s) for their dependent(s) such as a child or adult care will give this information to their recall caller. The caller will then notify the Staff Food and Water Leader that accommodation will need to be established. Childcare will be provided and located in the Grand Auditorium area. Elder/Adult care will be provided and located on campus if possible. Staff is encouraged to have dependent care plans in advance and to have a backpack for each dependent that contains, as applicable:
 - a. A change of clothing,
 - b. Toys or other comfort items (e.g., blanket),
 - c. Photo and any copies of pertinent medical records (e.g., allergies).
 - d. All medications are in their original containers.
 - e. Immunization Records (under 4 years) if available.

- f. Emergency contact other than parent.
 - g. Diapers and wipes.
 - h. Baby food, formula, and bottles.
5. Local pet shelters will be utilized for staff pets if needed. Protection from the elements will be provided (heating in the winter and shade from the sun). The space will be used for exercising the pets. Staff is encouraged to have plans for their pets prior to an emergency. For example, the pet should have a kit that includes a carrier; crate and leash; a waterproof container (e.g., plastic bag) that houses a photo of the pet along with veterinary records including proof of immunizations, pet food for 96 hours, water and food bowls, medications, toys and a blanket. Time will be given to employees to care for their pets.

G. Potential Sharing of Resources Outside of The Community

Coordination of healthcare resources and assets outside of the operational area during an event is the function and responsibility of the Gratiot County Office of Emergency Management. The County EOC ensures that those who are located at the scene have the resources (e.g., personnel, tools, and equipment) they need for the response and also acts as a liaison between local responders and the State. Chempack is one of the mutual aid resources that may be deployed to other nearby sites.

H. Transporting Residents, Meds and Equipment to Alternate Care Sites

The Home has identified alternative treatment and service sites as follows:

- 1. In the event that the main entrance becomes contaminated, non-contaminated residents will be directed to enter through the skilled nursing entrance, the home for the aged, or the shared services entrances.
- 2. If The Home is no longer available to receive residents, residents will be diverted to other facilities.
- 3. If further alternative sites are needed, The Home will coordinate with the County EOC and Health Department for the establishment of alternate care centers. If these resources are not sufficient, The Home will coordinate with other long-term facilities through the Regional Medical Coordination Center and the Regional Mutual Aid Agreement.
- 4. Alternate Care site(s) are:

MyMichigan Medical Center - Gratiot

- 5. Evacuation procedures for complete and partial evacuation of The Home are current and are reviewed regularly. In the event of a fire or other

internal emergency, residents will be relocated to the same floor (horizontally) from the immediate area of the emergency into a smoke compartment (area of safety) unaffected by the emergency. Refer to the Michigan Masonic Home Evacuation Plan for details.

6. In the event The Home is deemed unsuitable for continued occupancy or cannot support adequate resident care, the Incident Commander will authorize evacuation. The Operations Section Job Action Sheet and the Evacuation Plan provides guidance for preparing residents records, medications, biomedical equipment and valuables for transfer, as well as confirms the transfer and timeline with accepting hospitals.
 7. Evacuation equipment includes: MedSleds, gurneys, and wheelchairs.
 8. HICS 255 - Master Evacuation Tracking Form is utilized by the Resident Tracking Manager to record information concerning all residents disposition during an evacuation. The Medical Care Branch Director utilizes the HICS Form 260 Evacuation Tracking Form to document details and account for each resident transferred to another facility.
- I. Transporting Clinical Information to Alternate Care Sites**
- The Operations Section is responsible for providing resident information as appropriate and ensuring the family is notified of the resident transfer. The Planning section tracks residents and personnel to the alternate care site. The HICS-254 Disaster Victim/Resident Tracking Form is used to account for victims seeking medical attention. HICS 260 Form: Evacuation Tracking will document details and account for residents transferred to another facility. Qualified Home staff will accompany the residents. Periodic information sharing will occur between the hospital receiving victims through telephone or other communication methods (e.g. internet). Michigan Masonic Home staff will take appropriate steps to ensure resident information remains confidential even during emergency conditions.

J. Transportation resources for transporting residents include the following:

RESOURCE TYPE	CONTACT #
Ground Services Ambulances	<ul style="list-style-type: none">• MMR Ambulances 758-2911
	<ul style="list-style-type: none">• Michigan Masonic Home busses• PACE Central Michigan busses• Dial-a-Ride 426-6514• Other Resources Gratiot County - Emergency Management Director 989875-5280- or 911
Air Services Helicopter	Air Ambulances: Life Net (1-800-583-1212) and Flight Care (1-800-367-3822) Saginaw 989-558-2911
Airports	MBS International Airport Bishop International Airport, Flint

XII. SAFETY AND SECURITY

A. Internal Security and Safety Operations

Michigan Masonic Home maintains a safe and secure environment through the use of restricting access, locks on doors after hours, emergency alarms, staff training using the CPI methodology and employee situational awareness. Local Law Enforcement is also utilized during potentially threatening situations. During time of disaster or increased needs, the Safety Officer will be assigned as part of the Incident Command Structure.

Even with these internal resources, it is imperative that staff be expected, and empowered, to monitor and report security issues and support security and safety measures throughout The Home.

1. Safety is a priority at Michigan Masonic Home. The assigned Safety Officer will document actions taken to mitigate hazards on HICS Form 261 Incident Action Safety Analysis.
2. Security access, crowd control and traffic functions are managed through the Security Branch Director position of HICS. Depending on the type of incident, increased vigilance/patrolling; increased monitoring of ID badges and the securing of non-critical doors will be implemented. Ongoing security measures are in place for identifying staff, visitors, and residents: identification badge, resident ID badges, staff identification badges, HICS vests, visitor badges, and contractor badges.
3. Staff are required to wear their I.D. Badges when working in the facility. I.D. Badges can be obtained from the Maintenance Department (Vendors) or Human Resources.
4. All employees must immediately report any suspicious person(s) to the manager or supervisor.
5. Michigan Masonic Home has a process for locking down the facility.
6. Resident belongings during a surge incident will be stored with the resident if possible.
7. In incidents of special circumstances (e.g., bomb threat) chain-of-custody procedures will be followed. Evidence will be stored in The Home's safe (located in the Finance department).

B. Roles of Community Security Agencies and Coordination

1. The Home works collaboratively with the local Police departments. The Police Department provides Michigan Masonic Home with prompt response when needed and shares local crime statistics and informational warnings to ensure Michigan Masonic Home has current local information. These groups are included in activities at the Medical Center including tours, construction updates, emergency plan development and exercises. During a situation that requires law enforcement presence, The Home will work with these agencies to provide a safe and secure environment for the residents, visitors, employees, and facility. This process will work through a Unified Incident Command, allowing the right people to make decisions in their area of expertise and control.
2. The Facilities Manager will identify material resources for rent or purchase (e.g., barriers, fencing, and storage) and notify the local EOC of the current situation.
3. Requests for community security functions will be placed through the Gratiot County Office of Emergency Management/EOC.
4. The Unified Command system will be established between Michigan Masonic Home and the responding agencies to ensure a safe and effective response. In the event external law enforcement agencies are utilized, the Incident Commander will act as the liaison with the lead officer of the agency.

C. Process For Managing Hazardous Materials and Waste - Radioactive, Biological and Chemical

1. Hazardous materials and waste are handled through a combined effort of Housekeeping and Maintenance. Plans, procedures, and facilities are identified and maintained by these departments.
 - a. Staff that have received training and have practiced decontamination procedures are the only authorized staff to work with residents contaminated by hazardous materials. Residents will be decontaminated prior to receiving care unless lifesaving interventions are necessary first.
2. The Home maintains one level of response to decontamination:
 - a. If isolation requirements exceed the ability of the Designated isolation area, the 2 North Haal has been designated as the mass isolation area. The Region 1 ACC trailer would be sent to the County EOC to assist with this type of situation.
 - b. Contaminated resident belongings will be labeled and stored in lined containers that are labeled appropriately to avoid cross-contamination.

4. Biological exposures: Infection Control will be notified and provide consultation as needed. If the agent is communicable, the resident will be placed into an isolation room or cohorted with residents that have similar symptoms/diagnosis. See Chemical, Biological, and Other Weapons of Mass Destruction Plan for more details.

D. Control Movement of Individuals Within Health Care Facility

1. The need to, and level of, restricting movement inside the facility will be determined by The Home's Command Center. Controls could include manual locking of doors and staff present to direct and control movement.
2. The Home staff shall secure all doors into the facility. The only entrance to The Home will be the Skilled Nursing entrance and the Home for the Aged entrance. Both areas will be staffed by Michigan Masonic Home employees who will monitor these access points. The amount and type of traffic allowed to enter or leave the facility will be dictated by the situation. If a total "lockdown" is in place, all doors will be locked, and no one will be allowed in or out. Staff will be placed at main entrances to monitor and inform people of the situation.
3. Depending on the incident type, the Home Command Center will determine what controls (e.g., decontamination, isolation) will be put into place prior to residents entering the facility to ensure a secure and safe environment. The Home has triage tags for use in emergency situations to identify, process, and triage residents and provide a means to identify clothing and other personal property. Incoming resident information will be transmitted from triage to The Home Command Center. Resident care updates will be transmitted to the Command Center using a logging system implemented at each treatment unit. The Resident Information Officer and Risk Manager, working with the Family Assistance Center staff, will coordinate notification to the resident's family and release resident's information to the American Red Cross.

E. Control Traffic Accessing the Michigan Masonic Home Facility

1. Maintenance will be responsible for external vehicular flow of traffic, which would prioritize emergency vehicles, and all other necessary traffic flow to the area.
2. If more help is needed that cannot be provided by maintenance personnel, local law enforcement agencies or the County EOC will be contacted for assistance.
3. The Home will control vehicle access with barricades and staff at drives entering the campus. If necessary, the roads leading into the campus can

be closed by the Alma City Police Department and the Department of Public Works.

4. In the event of closure or rerouting of streets, staff, residents, and visitors will be notified through public media and detour signs will be obtained from the County EOC.

XIII. STAFF ROLES AND RESPONSIBILITIES

A. Staff Roles Are Defined in The Emergency Operation Plan

Roles and responsibilities of staff are outlined in the Emergency Operation Plan Manual and The Home Incident Command System is used to ensure there is a clear chain of command for effective management. Positions are filled based on the size of the incident and Job Action Sheets are used for defining and performing a specific emergency response functional role. Incident Action Plans are also used during an incident, which list decision considerations specific to managing that situation by timeframe and complement the facility procedures.

When the Incident Command System (ICS) is established The Home's ICS Organization Chart and Job Action Sheets will be used to assure critical task positions are filled first, and as other staff members become available, they are assigned to the most critical jobs remaining.

The Incident Command Staff is responsible for assuring that the critical tasks they manage are filled by the most appropriate available staff member and to assure that the tasks are performed as quickly and effectively as possible.

If staff is not available for handling critical tasks defined by the Job Action Sheets, staff will be drawn from the appropriate departments or, if none are available, from the Labor Pool.

As staff is called in, they will replace personnel at tasks they are better qualified to perform. If questions arise, the ICS Section Leaders will determine who will perform the task. The tasks are evaluated frequently to assure the most appropriate staff members available are being used, burnout or incident stress problems are identified, and staff members in these jobs are rotated as soon as possible.

B. Staff Training for Assigned Roles

1. The Emergency Preparedness Committee designs drills and exercises with scenarios and objectives based upon findings from the hazard vulnerability analysis and from critiques from past exercises and/or actual events. HICS is utilized during these events, which provides staff with the opportunity to practice and train for their roles during an emergency. Personnel are assigned to the various command positions and receive a briefing and a Job Action Sheet that outlines the responsibilities and actions for that specific assigned job function.
2. Go Packs are available for Incident Comman Positions.

3. NIMS training is provided to The Home's personnel that would have a role in emergency preparedness, incident management, and/or emergency response during an incident. This training prepares staff to assume one or more roles based on situational need and available resources.

C. Organization Communicates to Licensed Independent Practitioners

1. The Chief of Medical Staff represents the physicians in the Incident Command Structure.
2. Licensed Independent Practitioners have received documented training on HICS/NIMS and the EOP.
3. LIPs have roles and responsibilities defined on job action sheets (e.g., Operations Branch pertaining to patient care).
4. The Home will notify physicians of where they are to report during an evacuation. Physicians are provided with an education packet at appointment to the medical staff and at re-appointment, which covers their responsibility during activation of the EOP.

D. Process for Identifying Care Providers During an Emergency

1. The Home issues Identification Badges to all physicians, employees, and volunteers of Michigan Masonic Home. Employees are required to display their employee identification badges. If an employee does not have his/her badge or it cannot be located, temporary badges can be obtained through the Human Resources department upon verification that they are employees.
2. Personnel are assigned through The Home Command Center to cover positions and functions in The Home Incident Command System. Employees are provided with vests that clearly identify the HICS position title.
3. The Incident Commander is empowered to authorize volunteer caregivers to assist The Home's staff in the event that the organization is unable to fully meet immediate resident needs without the volunteers. The credentials of volunteer providers will be verified through the Medical Staff Officer.

XIV.MANAGING UTILITIES DURING EMERGENCIES

A. Alternative Means of Providing Utilities

In the event that utilities are compromised or disrupted, procedures and contingency plans are detailed in the Emergency Operation Plan Attachments for each specific utility. These plans are coordinated in advance to ensure to the extent practicable, there is uninterrupted service. External options and contracts for essential services are coordinated through The Home Command Center (Logistics section). The acquisition of equipment parts or outside contractors will be coordinated with the Support Branch.

The Maintenance Department has specific plans in place to address the following:

1. Alternative Means of Electricity

The emergency generators are located on the East side of the facility by the maintenance shop. Michigan Masonic Home is served by two 1750 KW diesel generators. See "Electrical Power Outage" policy for detailed listing of areas covered by these generators. If, due to weather conditions and resupply by truck is impossible, the possibility of evacuation may be considered.

2. Fuel for Generators

The generators operate on a blend of diesel fuel #1 and #2. Operating time per tank will vary, with a minimum run time of 24 hours. The tanks are locked at all times and have a built in alarm to prevent overfilling. Fuel will be purchased from Scotland Gas and Oil or Coine and Oil, both of which offer 24-hour service. See "Generators" policy for details.

3. Alternative Means of Water for Consumption, Care, Equipment And Sanitary Purposes

A backup source of water supply is provided by Absopure in Remus, Michigan. Water will be delivered in a stainless tank. See "Domestic Water" policy for further details.

4. Alternative Means for Medical Gas and Vacuum

The Home obtains its oxygen supply from a liquid tank outside of the Skilled Nursing Facility garage. This tank allows for approximately 20 days of operation under normal conditions. In the event that service from this tank fails, there are single resident tanks, with built-in regulators, located throughout the facility and in the medical gas storage room.

a. The Medical Vacuum system consists of two dual pump sets. Either of these pumps can provide the needed vacuum for the facility. If all of the pumps fail, a limited number of portable suction devices are available throughout the facility.

b. More detail on all these systems can be found in the Maintenance Department Policy and Procedure Manual.

5. Elevators

In an emergency, horizontal evacuation can be performed using the resident bed, wheelchairs, MedSled Evacuation Device, or walking.

In most situations, vertical evacuation may be performed by using the elevators. All elevators in the facility are on generator power and will work during a power outage. Remember, during a fire situation the Fire Department must be consulted for approval to use the elevators.

If the elevators are not available, walking residents down the stairs or using the MedSled Evacuation Device would be necessary for vertical evacuation. EMS also has evacuation chairs that can help with moving residents from one floor to another.

6. Heating

The heating for the Home is provided by two gas fired, low pressure steam boilers. If electrical power fails, all components of the system will operate on generator power.

7. Loss of Fire Alarm or Automatic Sprinkler System Plan: Fire Watch Policy

8. Call Back Procedures for staff

The Facilities Department has personnel on duty, 24 hours a day, 7 days a week, 365 days a year. Personnel currently on duty carry a cell phone and can be reached by the Switchboard or House Supervisor.

9. Emergency (After Hours) Vendor Information and Contact Numbers are located in the Maintenance Department Policy and Procedure Manual and throughout the Maintenance Department.

XV. MANAGING RESIDENT CLINICAL & SUPPORT ACTIVITIES

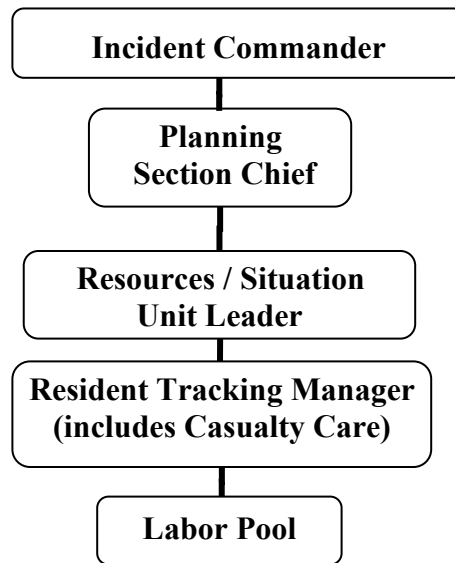
A. The Clinical Activities: Resident Scheduling, Triage, Assessment, Through Discharge

1. Scheduling, modifying or discontinuing services is under the coordination of the Operations section. Resident care schedules are reviewed to determine if regular appointments and elective surgeries can be postponed or alternative care would be more beneficial for the resident(s).
2. The Labor Pool may be activated to collect and inventory staff and volunteers. The Labor Pool, Human Resources & Credentialing Office will receive requests and assign available staff as needed and maintain adequate numbers of personnel to ensure resident care is appropriate.

B. Triage:

1. Triage is the determination of priority of resident care. The JFSHCC will serve only as an area designed for initial treatment of critically injured residents to carry out life-saving procedures.
2. The Logistics Section, Support Branch Director will complete HICS Form 206 - Staff Medical Plan. This form provides an outline of where the treatment area is located, who is assigned and what resources for the medical care of the injured/ill.
3. The resident's treatment area and the severity of the injuries are documented on a field triage tag. Field triage will be reported to the receiving Hospitals Emergency Department by color:
Red are priority one (1)
Yellow are priority two (2)
Green are walking wounded
Gray are expectant patients
Black for deceased at the scene
4. The Resident Tracking Manager (includes Casualty Care) who reports to the Operations Section Chief will coordinate triage and treatment activities and appoint team members to assigned areas as needed. Residents are triaged and tracked as follows:
 - a. All resident who requires emergency medical attention will be directed to other Triage Area, if possible, to await transport to the Hospital Emergency Department.
 - b. Residents will receive a Triage Disaster tag if not already tagged.
 - c. The residents transport time will be logged on the back of the Triage Disaster Tag.

C. Documenting and Tracking Resident Clinical Information



1. The Planning Section, Situation Unit Leader is responsible for collecting, processing, and organizing ongoing incident information and develop projections and forecasts of future events related to the incident. The Situation Unit Leader utilizes HICS 254 - Disaster Victim/Resident Tracking Form to account for victims of the event seeking medical attention. Copies should be distributed to the Operations Section Chief.
2. The Resident Tracking Manager reports to the Operations Section Chief. The Resident Tracking Manager will assign Resident Tracking team members to each treatment area (e.g., immediate, delayed etc.), resident arrival and location of residents at all times within The Home's care system, as well as track the destination of all residents departing the facility. The Resident Tracking Manager or designee, will also be responsible for managing information on the status, location, and availability of all resident beds, including disaster cots and stretchers.
 - a. The Home's Casualty/Fatality Report (HICS Form 259) is used to document the injuries and fatalities.
 - b. The Resident Tracking Manager tracks all residents' movements including transport to hospitals, transports to alternative care sites and residents going home with family/leave of absence.
3. Use of the Disaster Tag System:
 - a. The disaster tag will serve as the initial medical record of the disaster victim.
 - b. All triage treatment rendered, and medication given will be recorded within the nursing documentation.

- c. The destination of each resident/victim is determined by the triage personnel.
 - d. Every resident/victim leaving the triage area(s) will be listed on the HICS 254 - Disaster Victim/Resident Tracking Form by the Patient Tracking Manager or designee, recording the disaster tag number, diagnosis and destination of the victim.
4. Destination Guidelines
- a. Immediate Surgery – Requires Transfer
 - b. Surgery 0-2 hours – Requires Transfer
 - c. Surgery 2-12 hours – Requires Transfer
 - d. Walking Wounded – Grand Auditorium
 - e. Multiple Trauma – Requires Transfer
 - f. DOA's – To be determined at time of incident

D. Clinical Services for Vulnerable Populations

Residents that have clinical needs (e.g., memory care needs, chronic conditions) that fall outside of the scope of services or ability of the organization to care for them will be transferred to another healthcare facility with capable resources to provide appropriate care. In the event transferring a resident is not immediately possible, Planning and Operations will work together to obtain the appropriate resources (e.g., staff, medications, etc.) to maintain appropriate delivery of care.

E. Personal Hygiene and Sanitation Needs

The Operations Section Chief or designee is responsible for ensuring hygiene and sanitation needs are met. Infection Control will be included in decision-making processes. Hand sanitizers and baby wipes will be used.

Alternative means to sanitation, if toilets are inoperable, are kitty litter, bags in toilets, or bucket brigades. Limit changes of bed linen to those patients who have gross soiling from draining wounds, catheters, etc. Environmental Services' use of water may be curtailed to the extent of one change of water per day for mopping except in surgery, delivery rooms, and isolation areas.

F. Mortuary Services

The Home has limited abilities to hold deceased patients. The Home will contact the local medical examiner for the appropriate clearance and procedures. If the deceased overwhelm The Home's capabilities, an attempt to have the bodies released to local funeral homes will be made. If necessary, a refrigerated trailer shall be requested for securing bodies not able to be contained in the Medical Center or local funeral homes. This can be done through the County EOC in coordination with the Medical Examiner, Health Department and Emergency Management. The Medical Examiner will be notified when the refrigerated trailer is full, or the disaster has been cleared. District 1 Regional Healthcare

Preparedness Network has a supply of body bags if needed. Refer to the Mass Fatality Plan.

G. Disabled Victims /Seniors

1. Residents with disabilities include people who are vulnerable or at risk and cannot comfortably or safely use some of the standard resources offered in a disaster situation. All attempts will be made not to separate these victims from their families/support and to meet their needs. A point person(s) will be assigned to assist these victims/residents when possible. Information on all victims/residents with special needs will be reported to the HCC.

2. All efforts to contact organizations that represent the interests and rights of individuals with disabilities to request assistance in treatment and placement will be made. All residents transferred to another facility will have a list of their special needs to accompany them and if necessary, a volunteer to assist with the transfer. All residents discharged from the facility will be evaluated for any special needs required for home care, relocation for sheltering or temporary residence.

XVI. TESTING THE EMERGENCY OPERATIONS PLAN

A. The Organization Tests Its EOP Twice a Year

Drills and exercises are conducted at least two times each year, either in response to an actual emergency or in a planned exercise. Documentation is in the Emergency Preparedness/Emergency Preparedness/Safety Committee Binder.

B. Conduct At Least One Exercise A Year That Includes Escalation of all Departments

To ensure staff gains the opportunity of preparation for an emergency, at least one drill scenario includes an escalation of all departments. This process allows staff to practice using the disaster plan, as well as teaches them how to handle a large-scale disaster event.

At least one planned exercise involves an escalating event that includes a scenario where The Home cannot be supported by the local community. In addition, tabletop drills involving the community and hospitals are conducted to evaluate the community's emergency response plan.

C. Exercise Scenarios Are Realistic and Related to HVA Priorities

The Emergency Preparedness/Emergency Preparedness/Safety Committee designs drills and exercises with scenarios and objectives based upon

findings from the Hazard Vulnerability Analysis (HVA) and from critiques/after action reports from past exercises and/or actual events. In addition, Michigan Masonic Home participates in exercises designed by the State or County that have scenarios based on risk in the geographical location.

D. During Planned Exercises, An Individual Monitors Performance

During planned exercises, The Home designates a monitor to observe, at minimum, the following core performance areas on the monitor drill form.

1. Communication: the effectiveness of communication internally, as well as external communication with emergency response agencies, public health, and other healthcare organizations within the community.
2. Resource mobilization and availability including assets, personal protective equipment and supplies.
3. Safety and security.
4. Event notification: including activation of The Home Incident Command System (HICS); notification of staff and external authorities and staff roles and responsibilities.
5. Resident management: including triage activities, resident identification and tracking and support, staff roles and responsibilities.
6. Utility systems.
7. Resident, clinical and support care activities.

E. Annual review of the Emergency Management Program. This review is completed and sent to The Michigan Masonic Home Board of Trustees for approval.

F. Exercises Are Critiqued to Identify Deficiencies and Improvement
Once the exercise is concluded, it is critiqued through a multi-disciplinary process that includes administration, clinical (including physicians) and support staff. If any deficiencies or improvements are identified, the emergency management program is modified. In the event substantive resources cannot be accomplished by the next planned exercise, interim improvements are put into place until final resolution. The critiques/after action reports include performance and an evaluation of strengths and weaknesses. This report is communicated to the Emergency Preparedness/Emergency Preparedness/Safety Committee.

**Michigan Masonic Home
Emergency Operation Plan**

Attachment A: Hazard Vulnerability Analysis (HVA) Summary

MICHIGAN MASONIC HOME HAZARD AND VULNERABILITY ASSESSMENT TOOL EMERGENCY PREPAREDNESS								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	<i>Likelihood this will occur</i>	<i>HUMAN IMPACT</i>	<i>PROPERTY IMPACT</i>	<i>BUSINESS IMPACT</i>	<i>PREPAREDNESS</i>	<i>INTERNAL RESPONSE</i>	<i>EXTERNAL RESPONSE</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Assultive Behavior by residents & others to staff	3	2	1	1	1	1	0	33%
Active Shooter	1	3	1	2	1	1	1	17%
Labor Action	1	0	1	2	1	1	2	13%
Patient/Visitor/Employee Falls	2	2	0	1	1	1	0	19%
Total Disruption of Resident Care	1	1	1	3	1	1	2	17%
Theft Events	2	1	1	1	1	1	1	22%
AVERAGE SCORE								
*Threat increases with percentage.								
	0.63	0.56	0.31	0.63	0.38	0.38	0.38	3%
	RISK = PROBABILITY * SEVERITY							
	0.03	0.21	0.15					

Michigan Masonic Home Emergency Operation Plan

MICHIGAN MASONIC HOME									
HAZARD AND VULNERABILITY ASSESSMENT TOOL									
UTILITIES									
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK	
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE		
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%	
Commercial Power Failure < 1Hour	1	1	1	1	1	1	1	11%	
Chiller System failure	1	1	1	2	1	1	2	15%	
Electrical Distribution	1	2	1	2	1	1	1	15%	
Elevator Failure	1	1	1	3	2	1	3	20%	
HVAC Failure	1	1	1	2	1	1	1	13%	
Internal Electrical Dist. Failure	1	1	1	2	1	1	1	13%	
Lighting Damage resulting in failures	1	1	2	1	1	1	1	13%	
Medical Gases System Failure	1	2	1	2	1	1	2	17%	
Telephone	1	2	0	2	1	1	1	13%	
Steam/Boiler system failure	1	1	1	1	1	1	1	11%	
Sewer System Failure	1	1	2	2	1	1	1	15%	
Water System Contamination/or Loss	1	1	2	2	1	1	1	15%	
								0%	
								0%	
AVERAGE SCORE								0%	
<i>*Threat increases with percentage.</i>									
	0.75	0.94	0.88	1.38	0.81	0.75	1.00	8%	
				RISK = PROBABILITY * SEVERITY					
				0.08	0.25	0.32			

Michigan Masonic Home Emergency Operation Plan

MICHIGAN MASONIC HOME HAZARD AND VULNERABILITY ASSESSMENT TOOL LIFE SAFETY								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Fire Alarm System Failure	1	1	1	1	1	1	1	11%
Fire in the Facility	1	3	3	3	1	1	1	22%
Failure of portable extinguisher	1	1	1	1	1	1	1	11%
Facility Design and Construction Hazards	1	1	1	2	1	1	1	13%
Firewall Penetrations	2	1	1	1	2	1	0	22%
Generator systems failure	1	2	1	2	1	1	2	17%
Obstruction of means of egress	1	1	1	1	1	1	0	9%
Medical Waste Exposures	2	2	0	0	1	1	1	19%
AVERAGE SCORE								0%
*Threat increases with percentage.								0%
	0.63	0.75	0.56	0.69	0.56	0.50	0.44	4%

RISK = PROBABILITY * SEVERITY
0.04 0.21 0.19

Michigan Masonic Home Emergency Operation Plan

MICHIGAN MASONIC HOME HAZARD AND VULNERABILITY ASSESSMENT TOOL NATURAL HAZARDS								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Tornado	1	3	3	3	1	1	1	22%
Severe Thunderstorm	2	1	3	3	1	1	1	37%
Snow Fall	2	1	2	2	1	1	1	30%
Blizzard	1	2	3	2	1	1	1	19%
Ice Storm	2	3	3	3	1	1	1	44%
Heat/Humidity	3	2	0	1	1	1	1	33%
Drought	0	0	0	0	3	3	3	0%
Flood, External	1	0	1	1	3	3	1	17%
Wild Fire	0	1	1	1	3	3	3	0%
Pandemic/Epidemic	3	3	1	3	1	1	1	56%
AVERAGE SCORE								0%
<i>*Threat increases with percentage.</i>								
	0.94	1.00	1.06	1.19	1.00	1.00	0.88	11%
	RISK = PROBABILITY * SEVERITY							
		0.11	0.31	0.34				

Michigan Masonic Home Emergency Operation Plan

MICHIGAN MASONIC HOME HAZARD AND VULNERABILITY ASSESSMENT TOOL TECHNOLOGIC EVENTS								
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
	<i>Likelihood this will occur</i>	<i>Human Impact</i>	<i>Property Impact</i>	<i>Business Impact</i>	<i>Preparedness</i>	<i>Internal Response</i>	<i>External Response</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Electrical Failure	3	1	1	2	1	1	1	39%
Generator Failure	1	1	2	3	1	1	1	17%
Transportation Failure	1	1	0	1	1	1	1	9%
Fuel Shortage	1	1	0	2	1	1	1	11%
Communications Failure	2	1	0	3	1	1	1	26%
Information Systems Failure	2	1	0	2	1	1	1	22%
Fire, Internal	1	2	3	3	1	1	1	20%
Flood, Internal	2	1	3	3	1	1	1	37%
Hazmat Exposure, Internal	1	2	1	1	1	1	1	13%
Supply Shortage	1	2	1	2	1	1	1	15%
Structural Damage	1	0	1	3	2	2	2	19%
AVERAGE SCORE								0%
<i>*Threat increases with percentage.</i>								
								0%
								0%
								0%
								0%
								0%
								0%
								0%
	0.84	0.68	0.63	1.32	0.63	0.63	0.63	7%
	RISK = PROBABILITY * SEVERITY							
		0.07	0.28	0.25				

Michigan Masonic Home Emergency Operation Plan

MICHIGAN MASONIC HOME HAZARD AND VULNERABILITY ASSESSMENT TOOL HUMAN RELATED EVENTS

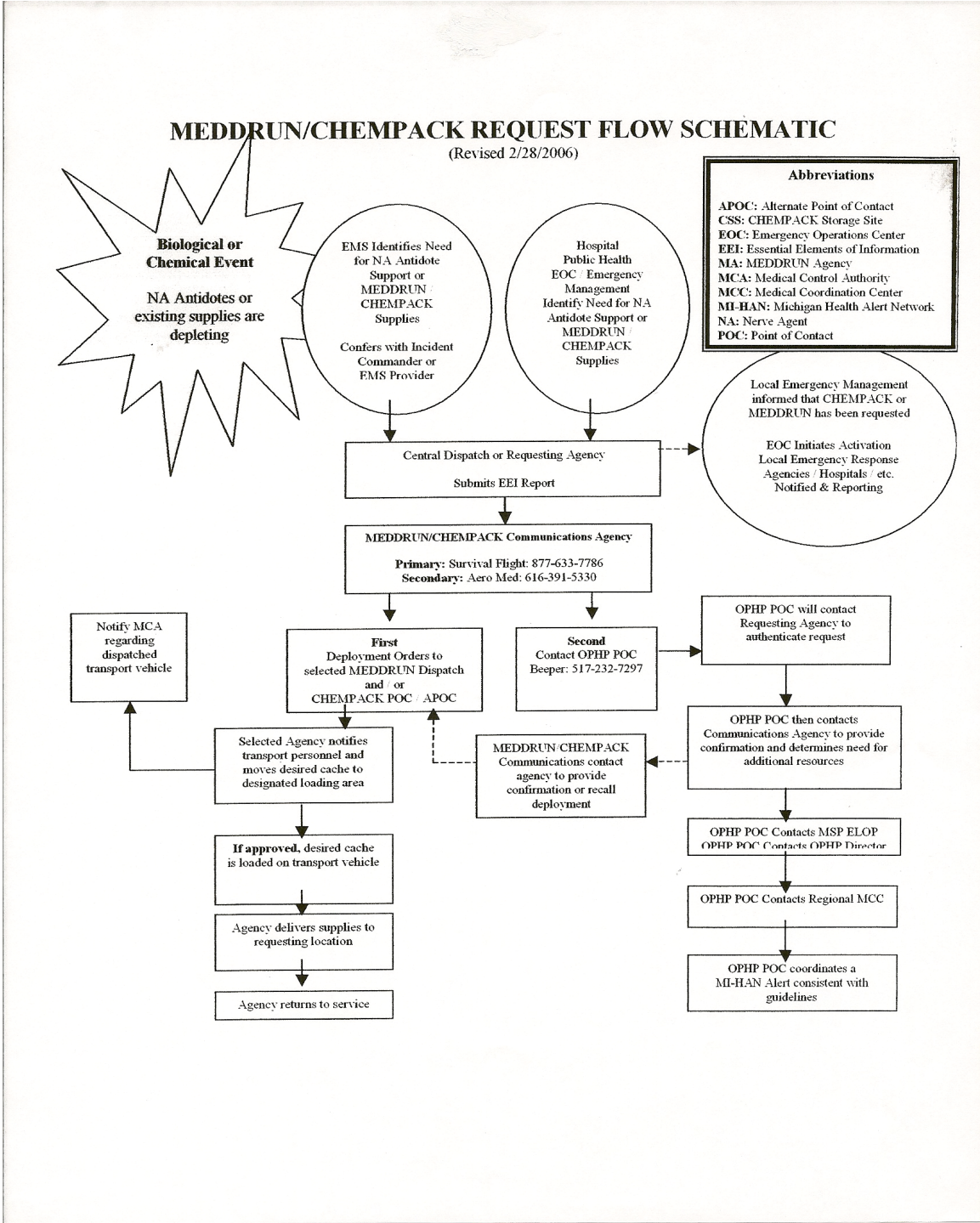
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resouces</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Incident (trauma)	1	2	2	2	1	1	1	17%
Mass Casualty Incident (medical/infectious)	2	3	1	3	1	1	2	41%
Terrorism, Biological	1	3	1	3	3	3	1	26%
VIP Situation	1	1	0	1	1	1	1	9%
Hostage Situation	1	2	0	2	1	1	1	13%
Civil Disturbance	1	1	1	1	1	1	2	13%
Missing Resident	2	2	1	2	1	1	1	30%
Bomb Threat	1	2	2	1	1	1	1	15%
AVERAGE								0%
<i>*Threat increases with percentage.</i>								0%
								0%
	1.00	1.60	0.80	1.50	1.00	1.00	1.00	14%
		RISK = PROBABILITY * SEVERITY						
		0.14	0.33	0.43				

**Michigan Masonic Home
Emergency Operation Plan**

**MICHIGAN MASONIC HOME
HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS**

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
		Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident <i>(From historic events at your LTC with >= 5 victims)</i>	1	2	1	2	3	2	1	20%
Small Casualty Hazmat Incident <i>(From historic events at your LTC with < 5 victims)</i>	1	2	1	2	3	2	1	20%
Chemical Exposure	1	2	1	2	1	1	1	15%
Terrorism	1	2	2	1	2	2	1	19%
Radiologic Exposure, External	1	1	1	1	3	3	1	19%
Terrorism, Radiologic	1	1	1	1	3	3	1	19%
AVERAGE								0%
								0%
*Threat increases with percentage.								0%
	0.67	1.11	0.78	1.00	1.67	1.44	0.67	8%
		RISK = PROBABILITY * SEVERITY						
		0.08	0.22	0.37				

Attachment



Abbreviations
APOC: Alternate Point of Contact
CSS: CHEMPACK Storage Site
EOC: Emergency Operations Center
EEI: Essential Elements of Information
MA: MEDDRUN Agency
MCA: Medical Control Authority
MCC: Medical Coordination Center
MI-HAN: Michigan Health Alert Network
NA: Nerve Agent
POC: Point of Contact

Attachment: Strategic National Stockpile (SNS) Policy & Procedure

Each healthcare entity within Michigan has an important role to play in any natural disaster or health emergency. The following policy and procedure will address how Michigan Masonic Home will request, internally and externally manage and track assets available from the Strategic National Stockpile. In addition, once the event has ended, the recovery phase will include the return of applicable material consistent with State of Michigan SNS plans.

Overarching Mission:

It is important to remember that assets from the Strategic National Stockpile may only be requested when all treatment, mass prophylaxis medications and other countermeasure management materials at the local, regional and state levels have been exhausted. Treatment Centers are to coordinate procurement of such materials, first from within their respective region and then across regions statewide. This coordination is to be done through the Medical Coordination Center (MCC) representing the region in which the treatment center resides.

The Michigan Department of Community Health (MDCH) Community Health Hospital Command Center (CHECC) maintains responsibility to keep the State Emergency Operation Center (SEOC) informed. The SEOC will communicate with the Local Emergency Operation Centers (LEOC) consistent with the established incident command structure. Once all needed local, regional and state countermeasure assets have been exhausted, then a treatment center may request assets from the Strategic National Stockpile.

INTRODUCTION

The Strategic National Stockpile (SNS) is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies and hospitals in the event of a national emergency. The SNS is organized for flexible response, with the first line of support being the immediate response **12-Hour Push Pack (PPK)**. These caches are designed to provide rapid delivery (within 12 hours of the federal decision to deploy) of a broad range of assets for an undefined threat in the early hours of an event. These Push Packages are pre-positioned in strategically located warehouses throughout the United States. **Managed Inventory** will be used if the threat is specific and the agent/situation well defined. Pharmaceuticals and/or medical supplies will be shipped from Managed Inventory to arrive 24-36 hours after requested. This inventory can be tailored for a specific event and products shipped can be specific for suspected/confirmed agents. Managed Inventory could be used as first or rapid response in place of the Push Pack.

Attachment : Strategic National Stockpile (SNS) Policy & Procedure (continued)

To address the critical time issues associated with distributing the SNS material to local jurisdictions, a “**node strategy model**” for distribution is utilized in the State of Michigan. This model provides for the delivery of SNS material by the State from the Receipt, Staging, and Storage site (RSS) to Treatment Centers (hospitals) and to one Distribution Node located within each local public health jurisdiction. At this time, the State retains responsibility for SNS distribution directly to Treatment Centers from the RSS.

TREATMENT CENTER SNS REQUEST PROCESS

- Michigan Masonic Home’s Incident Command will determine the need for additional medical resources, including the SNS.
- The Home will request these resources through the Regional Medical Coordination Center.
- The SNS Justification and Order Forms are attached to the end of this policy.

(5-2013)

Persons Authorized to Request SNS Materials on Behalf of the Treatment Center	
Name: Kari Conn	Title: Nursing Home Administratot
Work Phone: 989-466-4300	
Name: Mary Jo Beal	Title: Executive Assistant/Emergency Preparedness Specialist
Work Phone: 989-463-3801	
Home Phone:	
Name: Incident Command	Title: Liaison Officer
Work Phone: 989-463-3801	

RECEIPT OF SNS ASSETS

- A Drug Enforcement Agency (DEA) registrant must be available to sign for controlled substances. There are no licensing requirements for non-controlled substances.
- The individual receiving assets from the RSS delivery driver must sign an SNS State to Local Transfer Form.

Attachment: Strategic National Stockpile (SNS) Policy & Procedure (continued)

Persons Authorized to Receive SNS Assets	
Name: Dr Sarvepalli	Title: Medical Director
Work Phone: 989-463-3141	
Name: Incident Command Staff	Title: Along with a pharmacy representative meeting the licensing requirement above

INVENTORY OF SNS ASSETS

- An inventory of the materials will be taken upon arrival at The Home. This will be done using the Medical Center’s inventory management system. This inventory will include product, quantity, lot number and any other distinguishing characteristics that may be helpful in identifying and tracking the product. Pharmaceutical products will be managed and tracked by the pharmacy.
- Shipments from the RSS to the Medical Center will contain a copy of the original SNS Item List and a State to Local Transfer Form
- Should there be a discrepancy, contact the Regional Medical Coordination Center.

MANAGEMENT OF SNS ASSETS

- Receipt of SNS assets from the RSS
 - SNS assets will be delivered to
 - The above-named people will be responsible for signing for the delivery.
- Storage of Controlled Substances
 - Controlled substances will be stored in the pharmacy according to policy.
- Material Handling
 - Pallet jacks and a loading dock are available for unloading.
- Temperature Control

Attachment G: Strategic National Stockpile (SNS) Policy & Procedure (continued)

- SNS assets will be monitored to ensure the supplies remain at controlled room temperatures (59°F to 86°F).

FURTHER DISTRIBUTION OF RESOURCES

- The Home will coordinate allocations within the Michigan Masonic Home System
- The Home will ensure that the movement of resources is in collaboration with the Regional Healthcare Preparedness Network’s

Regional Medical Control Center (RMCC) whether throughout the region or for local distribution.

- Any items distributed to other locations will be tracked for the delivery location, type, quantity, and lot numbers of the distributed assets.

STAFFING CONSIDERATIONS

- Material Management staff will be needed to support the SNS operations and will operate any necessary equipment, such as pallet jacks. Pharmacy staff will be required to inventory, transport and store medications.
- The Home's Maintenance department will be responsible for securing the unloading and distribution area.
- Infection Prevention/Employee Health will be responsible for the prophylaxis of staff and family members if applicable.

TACTICAL COMMUNICATIONS

- Phones, high band radio frequencies, MPS 800 radios (these radios will be provided by Gratiot County Emergency Management or District 1 Regional Healthcare Preparedness Network), the Internet and FAX's may all be used for communication with the Regional Medical Coordination Center (RMCC) and local EOC.

SECURITY

- SNS pharmaceutical assets will be secured in the Pharmacy. Only individuals with access to that area may enter. Non-pharmaceutical supplies will be secured in Materials Management until they are delivered to the treatment areas.

TRANSPORTATION

- If transportation to an Acute Care Center or other off-site location becomes necessary, the supplies will be secured and transported by The Home's Facility Services.
- The primary site for the County's ACC is coordinated through the Health Department and would be the Gratiot County Road Commission facility. Additionally, the County has agreements in place with the local schools, local fire department facilities and township halls located in Gratiot County. Transportation of supplies will be coordinated with the Health Department and County Emergency Manager.

DEACTIVATION PLAN

- Unused pharmaceuticals will be stored in the Pharmacy until they can be picked-up by the State. Non-pharmaceutical items will be stored in Materials Management.

**Michigan Masonic Home
Emergency Operation Plan**

- If durable goods have been delivered to an Acute/Alternate Care Center(s) (ACC) or other delivery sites, our Courier Services will retrieve the inventoried items and return them to The Home.

**Michigan Masonic Home
Emergency Operation Plan**

ATTACHMENT – List of Staff Receiving MIHan Notification

Name	Department	ICS Courses
Beal, Mary Jo	Executive Assistant/Emergency Preparedness Specialist	100,200,300,400,700,800
Whitmore, Robin	CEO	100,200,700,800
Conn, Kari	Nursing Home Administrator	100,200,700,800
Goodrich, Monica	Director of Nursing	100,200,700,800
Rapelje, Gray	Assistant Manager of ABU/Respiratory Therapist	100,200,300,400,700,800
Shattuck, Joseph	Facilities Manager/Safety Officer	100.200.700.800

**Michigan Masonic Home
Emergency Operation Plan**

ATTACHMENT – Emergency Preparedness/Emergency Preparedness/Emergency Preparedness/Safety Committee Members

Name	Department
Beal, Mary Jo	Executive Assistant/Emergency Preparedness Specialist
Shattuck, Joseph	Facilities Manager/Safety Officer
Sparks, Nicole	Manager of Human Resources
Conn, Kari	Nursing Home Administrator
Dankenbring, Tammy	Hospitality Director
Flegel, Erica	Infection Prevention Manager
Goodrich, Monica	Director of Nursing
Seabrook, Kiriam	Director of Residential Services
Miller, Donovan	Director of Information Technology
Tigner, Benjamin	Manager of Marketing
Rummer, Randy	Manager of Materials Management
Cataline, Danielle	Director of Dining Services
Vaillancourt, Karri	Manager of Education and Organizational Development

**Michigan Masonic Home
Emergency Operation Plan**

ATTACHMENT – Power-fail phones (and fax lines that can be converted to phones)

Department	Phone Number
HFA Reception Desk	989-968-4101
HFA Clinic	989-968-4107
HFA Ashler	989-968-4108
1 North Nursing	989-968-4102
1 South Nursing	989-968-4103
2 North Nursing	989-968-4104
2 South Nursing	989-968-4105
Rehab Center Nursing	989-968-4106
Fax Phones that can be converted	
Human Resources	989-463-0057
Information Services (old)	989-466-3967
Maintenance	989-466-2713
Medical Records	989-466-8921
Nursing Administration	989-463-2049
The Hair Company	989-466-4253
Administration	989-463-1922
Materials Management	989-466-2925