**HURRICANE[[1]](#footnote-1)**



**OVERVIEW**

One of healthcare’s greatest threats is that of a tropical storm or hurricane. The typical season is June 1 – November 30, with the greatest number of hurricanes occurring in August, September, and early October.

**TERMINOLOGY**

Warnings and watches are two levels of an alert issued by the National Weather Service forecasting the imminent approach of a tropical cyclone or tropical storm of hurricane intensity.

 **TROPICAL STORM WATCH:** Issued when tropical storm conditions, including winds from 39 to 73 mph, pose a possible threat to a specified coastal area within 36 hours.

 **HURRICANE WATCH**: A hurricane watch is issued for a specified area for which a hurricane or hurricane-related hazard is a possible threat within 36 hours.

 **HURRICANE WARNING:**  A hurricane warning is issued when a hurricane with sustained winds of 74 mph or higher is expected in a specified coastal area in 24 hours or less.

 **STORM CATEGORIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY** | **WIND** | **APPROX. STORM SURGE** | **EXPECTED DAMAGE** |
| **Tropical Storm** | 39-73 mph |  | Flooding Possible |
| **Hurricane I** | 74-95 mph | 4-5 feet | Minimal |
| **Hurricane II** | 96-110 mph | 6-8 feet | Moderate |
| **Hurricane III** | 111-130 mph | 9-12 feet | Extensive |
| **Hurricane IV** | 131-155 mph | 13-18 feet | Extreme |
| **Hurricane V** | >156 mph | > 18 feet | Catastrophic |

* If a hurricane does impact the area, it may result in disruption to the provision of supplies and services. All departments should always be prepared for a minimum of a 3-5 day isolation period, assuming no supplies coming into the facility from outside sources. When there is an advanced warning, such as during the hurricane season, departments should “stock up” for the possibility of a 5-7 day[[2]](#footnote-2) isolation period, if deemed necessary.
* The facility will try to protect residents, staff, and their families, when appropriate, within the facility. It may become necessary to evacuate. This decision will be made by the Administration/Incident Commander at the time of the event notification in coordination with local emergency officials.
* Continuous informational updates will be provided to residents through briefings provided by designated leadership staff.

**GENERAL ACTIONS TO BE TAKEN BEFORE THE STORM**

**ANNUAL PREPARATION**

* Annually, **Department Directors/Managers** should prepare for the upcoming hurricane season by reviewing with their employees preparedness procedures.
	+ General preparedness includes:
		- Conduct annual reviews of Emergency Procedures and department-specific plans, including the updating of staff phone lists.
		- Review insurance plans.
		- Review responsibilities with management and staff.
		- Order, store, and/or pre-position for a 7-day[[3]](#footnote-3) supply of food, water, and other logistical/medical supplies, if deemed necessary. Top off all fuel tanks, including the generator and vehicles, as practical.
		- Confirm evacuation transportation agreements and evacuation routes.
		- Confirm evacuation agreements with other healthcare nursing facilities that have agreed to accept evacuated residents.
		- Confirm/review agreements, if any, with local Police, National Guard, Security Contractors, etc., regarding the protection of staff, buildings, or the entire campus.
		- Review procedures and supplies needed for physical building preparations, including agreements for backup generators and fuel supplies.
		- Test emergency communications (radios, cell phones, etc.).
			* During the hurricane season, the facility will monitor local weather forecasts and the weather alert radio when severe weather is anticipated.

**PREPARATION FOR THE HURRICANE SEASON**

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| --- | --- | --- |
| **POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS** | **ACTIONS TO BE TAKEN****IN ORDER OF IMPORTANCE** | **Check when completed** |
| **ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS** | Review emergency procedures, supplies, and equipment on a regular basis to ensure information is up to date, supplies are at adequate levels, and equipment used for disaster/emergency incidents is in good operating condition. |  |
| Review responsibilities with your staff. |  |
| Order, store, and/or pre-position for a 5-7 day[[4]](#footnote-4) supply of food, water, and other logistical / medical supplies, if necessary.  |  |
| Confirm backup vendors/services for Pharmacy, Medical Supplies, etc.  |  |
| Top off all fuel tanks, including the generator and vehicles, as practical. |  |
| Review internal evacuation procedures for residents.  |  |
| Review Insurance Plans. |  |
| Review emergency sanitary waste and biohazard storage and disposal procedures. |  |
| Establish discharge review procedures. |  |
| Review procedures and supplies needed for physical building preparations. This includes agreements for backup generators. |  |
| Test emergency communications. |  |
| Monitor National Weather Service. |  |
| Review agreements with Police and National Guard regarding protection of building and staff, if applicable. |  |

**HURRICANE WATCH**

**ADMINISTRATOR / INCIDENT COMMANDER**

* Implement a “Hurricane Watch Alert” whenever a reasonable probability exists that your area is in the path of a potential hurricane. A Hurricane Watch is issued by the National Weather Service. A watch indicates hurricane conditions are a real possibility, usually within 24-36 hours, but it does not mean that it will happen. When the watch is issued, each department and Incident Command position should address the following and continue to monitor NWS advisories.
* Activate the Incident Command System, as necessary, and assemble the Command Center staff. The Command Center staff will assess the situation, review plans, and take preventive measures.
	+ Keep staff advised of hurricane development.
	+ Confirm the following:
		- The facility is not a general population shelter, although some community members may be sheltered at the discretion of the Incident Commander.
		- Determine the location of community shelters and/or evacuation pickup sites (if any). It is helpful to have the information available for staff and persons who may call the facility.
* Determine the need to order cots and other supplies and equipment before the storm.
* Determine the need to cancel non-essential services and activities based on storm predictions. This may include transportation, doctor runs, etc. Update residents regarding facility preparations through regular resident briefings.
* The facility will go under a hurricane watch as a Tropical Storm or Hurricane enters the region. If it is projected to possibly result in a Category 4 storm, and your facility is in the projected path of landfall, consider:
	+ Restricting admissions, limiting access to visitors and family members.
	+ Discharging residents (as selected by clinical staff).
	+ Evacuating high acuity and Dialysis[[5]](#footnote-5) residents.
	+ Directing resident relocation to safe areas in the facility.

**NOTE: If contemplating Evacuation, refer to the Full Building Evacuation Plan.**

All evacuation procedures must be completed before the onset of tropical/hurricane storm winds in the area. The facility must determine how long it will take to complete a full-scale evacuation. The amount of time it takes to evacuate the facility, then travel to the sheltering facility should be multiplied by x3 to account for evacuation traffic. Given the differences in storm tracks and speed, you must calculate and estimate this to the best of your ability.

* Test and inventory emergency communications[[6]](#footnote-6):
	+ Facility cellular phones
	+ Facility pagers
	+ Portable radios
* Have **Public Information Officer** advise:
	+ Public, residents, and family members of facility status throughout the storm
	+ Community Sheltering information (obtain through the **Safety/Security/Liaison Officer**), stressing that the facility is not a public shelter
* Determine if any residents from other areas of the campus will be evacuated into the main building. Refer to Influx of People procedures if evacuees will be sheltered in the main building[[7]](#footnote-7).
* Have **Department Directors / Managers** follow their department-specific tasks, as well as the following general guidelines:
* Be prepared to remain in the facility for the duration of the hurricane emergency should a hurricane warning alert be implemented.
	+ - * + Exceptions will be determined on a case-by-case basis.
				+ Confirm staffing needs and implement Staff Recall Plan: Disasters have shown that it may become impossible for staff to return to the facility after the hurricane makes landfall. Staffing needs will be supplied as necessary and available from the Labor Pool, which will be coordinated by the **Labor Pool Unit Leader.**
* Check emergency supplies such as food, water, flashlights & batteries, etc.
* Review Hurricane Plan, including department-specific tasks, where applicable, with staff. For departments and supplies subject to flooding, start relocations as applicable.
* Confirm and designate sheltering areas for staff and their family members, if authorized by the Incident Commander. Send an email reminding staff and families of what can / cannot be brought into facility shelters:

|  |  |
| --- | --- |
| **Items to Bring** | **Do Not Bring** |
| Sleeping bag, blanket, pillow | Alcoholic beverages |
| Personal toiletries and a towel | Firearms |
| Change of clothing | Flammable or flame producing items |
| Prescription and Over the Counter meds for 3-5 days | TVs/Radios, DVD players, or Laptops – Unless battery operated |
| Nonperishable food items to last for 3-5 days, per shelteree | Open food or food requiring refrigeration |
| Bottled water (1 gallon per shelteree per day) | Other electrical-powered appliances (hairdryers, etc.) |
| Flashlight with extra batteries | Other: |

* Check on-hand supplies and inventories. Request deliveries for inadequate levels. Ensure appropriate supplies for 3-5 days[[8]](#footnote-8). Consider conservation and substitution plans.

**NURSING[[9]](#footnote-9)**

* Analyze staffing needs for the next 3-5 days[[10]](#footnote-10).
* Check department inventories and stock up for 5 days. Report results to Command Center.
* Review charts from Resident Care Units to coordinate feasible discharges with the attending physician.
* Note family / responsible party contact numbers
* Prepare discharge instructions and supplies
* With the possibility of lower staffing, predetermine what resident care changes could be reduced or eliminated.
* If Incident Command directs (based on storm size and tracking), start:
* Early discharging and/or evacuation of High Acuity residents
* Relocation of residents to safer areas in the facility
* Moving residents from high wind exposure rooms to corridors
* Drawing curtains in resident rooms to lessen anxiety
* Moving residents as far away from windows as possible
* Covering windows with blankets to protect residents from flying glass
* Provide an updated resident census to the Command Center as requested. Update as resident census changes.

**HOUSEKEEPING[[11]](#footnote-11)**

* Analyze staffing needs for the next 3-5 days[[12]](#footnote-12).
* Check department inventories and stock up for 5 days[[13]](#footnote-13). Report results to Command Center.
* Contact contractor for garbage, sewage, and bio-hazardous waste pick-up prior to the storm.
* Review plans to manage garbage and bio-hazardous waste during storms when pick-up is not possible.
* Request a 5-day[[14]](#footnote-14) supply of linen supplies, as available.
* Secure a 5-day[[15]](#footnote-15) supply of:
* Red bags
* Trash bags
* Gallon size zip-lock bags

**FINANCE**

* Analyze staffing needs for the next 3-5 days[[16]](#footnote-16).
* Advise each department to track staff hours and extra supplies used using tracking forms in the Incident Command System section.
* Ensure your department can financially support all departments as they acquire supplies and services.
* Make arrangements to secure cash in the event the storm forces banks and ATMs to close. Cash will be needed to make necessary purchases and help staff in the event they cannot get or cash their paychecks.

**DINING SERVICES[[17]](#footnote-17)**

* Analyze staffing needs for the next 3-5 days[[18]](#footnote-18).
* Check department inventories and stock up for 5 days[[19]](#footnote-19). Report results to Command Center.
* Implement procedures to receive food/service orders with system vendors.
* Review rationing and conservation procedures, as well as emergency non-cooking menus. Inventory available food, water, and other supplies and try to estimate the number of meals that can be served taking into consideration extra staff in the facility and any family members being sheltered.
* Drinking water supply for resident and staff meal service only.

**SOCIAL SERVICES[[20]](#footnote-20)**

* Analyze staffing needs for the next 3-5 days[[21]](#footnote-21).
* Check department inventories and stock up for 5 days[[22]](#footnote-22). Report results to Command Center.
* Contact responsible parties for pick-up of discharged residents.

**MAINTENANCE[[23]](#footnote-23)**

* Analyze staffing needs for the next 3-5 days[[24]](#footnote-24).
* Check department inventories and stock up for 5 days[[25]](#footnote-25). Report results to Command Center.
* Start the pre-planned boarding of windows and, where applicable, flood prevention procedures and/or sand bagging of doors.

 NOTE: Bracing behind doors takes the pressure off the latches. This is especially true for double doors with pins at the top and bottom.

* Check roof drains to ensure they are clear, and remove any debris from the roof.
* Check the patio area to ensure the furniture and other articles have been removed.
* Secure appropriate objects outside:
	+ Eliminate / Secure loose debris and trash cans
	+ Remove / lay down antennas and communication dishes[[26]](#footnote-26)
* Top off generator and vehicle fuel tanks. Confirm fuel delivery from sources out of the region.
* Review agreements for backup generators and their connection to your building, should the need arise. See Loss of Electric procedures.
* Attain gasoline powered generator and fill safety cans of gas, if applicable.
* Attain portable air conditioning units, if applicable.
* Attain 50-100 feet commercial grade extension cords, if necessary.
* Attain flashlights and batteries to last for 5 days[[27]](#footnote-27).
* Attain wet vacuums, if necessary.

**SECURITY[[28]](#footnote-28)**

* Analyze staffing needs for the next 3-5 days[[29]](#footnote-29).
* Check department inventories and stock up for 5 days[[30]](#footnote-30). Report results to Command Center.
* Limit access to facility grounds to essential traffic only.
* If resident evacuation is being planned, set up a vehicle staging area for evacuated resident pick-up. Refer to the Full Building Evacuation Plan.
* Secure parking for physicians and staff. An off-site parking plan may have to be activated. Refer to the Loss of Parking procedures.
* Post Staff at Main Entrance doors to allow discharged residents to depart.
* Place directional signage on entrances to guide people to the correct entrance.

**HURRICANE “WATCH”**

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| **POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS** | **ACTIONS TO BE TAKEN****IN ORDER OF IMPORTANCE** | **Check when completed** |
| **ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS** | Activate Incident Command Center and assign positions. |  |
| Establish liaison (communications) with City / State Emergency Operations Center, and other Healthcare facilities. |  |
| Consider starting evacuation of selected residents, if deemed necessary. |  |
| Test and inventory communications. |  |
| Advise local health department of facility status. |  |
| Ensure 5-7 days[[31]](#footnote-31) of supplies.  |  |
| If items, articles, records, or equipment is subject to flooding, move to a safe location.  |  |
| Confirm shelter plan for staff and families, if deemed necessary.  |  |
| Call in staff, as necessary.  |  |
| Complete department-specific plans. |  |
| Arrange for garbage and bio-hazardous waste pick-up before storm. Review how to manage garbage and bio-hazardous waste during storm. |  |
| Ensure food and liquid supplies for 5-7 days[[32]](#footnote-32). |  |
| Start pre-planned boarding and/or bracing of windows and doors, if applicable. |  |
| Secure outside items, including antennas and furniture/canopies. |  |
| Prepare portable units (air conditioners, etc.) and generators for power loss. |  |
| Monitor National Weather Service. |  |
| Limit access to facility grounds and entrance. |  |

**HURRICANE WARNING**

A hurricane warning is issued when there is a high probability that the immediate area may be at or near the storm’s landfall. A hurricane warning is normally issued 24 hours before the storm’s anticipated landfall.

Once the warning is issued, all necessary precautions that were initiated with the hurricane watch should be **completed**. Residents should be relocated to safer areas within the facility, or evacuated out of the facility, depending on the pre-plan for your specific facility.

**ADMINISTRATOR / INCIDENT COMMANDER**

* Consider activating the Command Center and assigning positions to manage the incident and ensure all other guidelines of this procedure are carried out. If not, all actions of the plan must be accomplished by on-duty administrative staff.
* Command Center staff should be given the NWS’s landfall probability predictions. The team reviews hurricane preparations, resident reduction and evacuation, identified shortfalls, staffing problems, staff call-back, etc. The following types of actions and decisions are addressed and/or implemented by the team:
* If you have not already activated resident movement, make decisions on the following:
	+ Relocate residents to safer areas within the facility
	+ Consider “Early Discharge” for appropriate residents
	+ Evacuate pre-selected high acuity level residents and Dialysis residents
	+ Evacuate all residents – Refer to Full Building Evacuation Plan.

**SAFETY/SECURITY/LIAISON OFFICER**

* Update communications with:
	+ Local Emergency Operations Center
	+ Keep Command Center staff advised of hurricane development.
	+ Confirm the following:
		- The facility is not a general population shelter unless authorized by the Incident Commander at the time of the event
		- Location of community shelters and/or evacuation pickup sites (if any)
			* Test and inventory emergency communications[[33]](#footnote-33):
		- Facility cellular phones
		- Facility pagers
		- Portable radios

**SECURITY / MAINTENANCE[[34]](#footnote-34)**

* Lock down the facility, with the exception of the Main Entrance[[35]](#footnote-35).
* Complete boarding and Flooding Prevention measures (i.e., sandbagging) as outlined under Hurricane Watch.
* As landfall draws near, consider shutdown of electrical services and elevators[[36]](#footnote-36) subject to flooding. Keep off until dry. Move elevators to Second Floor or higher.

**NURSING**

* Check emergency supplies in each resident care area, including, but not limited to: flashlights & batteries, food, water, linens, medical and other supplies.
* Ensure sufficient supplies of resident medications for 5-7 days[[37]](#footnote-37). As necessary, contact the pharmacy and order medication refills and stock items.
* Provide current resident census to the Command Center, and update as necessary.
* As requested, provide a list of higher acuity residents who may need to be transferred to a higher level of care.
* Ensure all residents have identification bracelets in place.
* Distribute oxygen tanks to resident care areas, as applicable.
* Complete or direct and assist in resident relocation and evacuation, when advised by the Command Center. Refer to the Full Building Evacuation Plan.
* Close windows, shades, and drapes.
* Fill bathtubs and all available containers with water for bathing and toilet use.
* Place all loose items and materials in closets and ensure doors are closed and latched.

**FINANCE**

* Ensure sufficient cash is accessible to key department heads. They should have sufficient cash resources to perform their necessary functions during the course of the disaster. The storm may shut down banks, ATMs, and credit card machines. Cash may be needed to make necessary purchases and help staff if they cannot cash their paychecks.
* If time allows, additional ATM and facility credit cards should be ordered so that multiple authorized signers would have access to purchasing in this manner. At a minimum, increased credit limits should be requested to ensure the availability of credit throughout the disaster. A list should always be maintained reflecting all individuals with cards, and purchases should be monitored after the fact. This is a good source of documentation for filing insurance claims and requests for reimbursements.
* As you may require the ability to process checks to acquire supplies or pay employees after a disaster, it is necessary to ensure that an adequate supply of checks is available on all bank accounts, maintained in a secure location.
* In order to preserve important financial history and support claims for insurance, tax, and reimbursement claims, it is necessary to secure historical records.

**SOCIAL SERVICES[[38]](#footnote-38)**

* Contact responsible parties of residents who have been approved for discharge and pick-up, if not already done.
* Contact out of state resident family members and reassure. Request phone calls are held until after the storm subsides.

**HURRICANE “WARNING”**

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| --- | --- | --- |
| **POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS** | **ACTIONS TO BE TAKEN****IN ORDER OF IMPORTANCE** | **Check when completed** |
| **ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS** | Assemble Incident Command Team. Review landfall probability and facility preparation. |  |
| Request assistance from local/state emergency agencies:* When your operations are overwhelmed
* Assistance with evacuation is needed
* Assistance with determining receiving facilities
* Assistance with transportation resources
* Assistance with supplies
 |  |
| Update all communications. |  |
| Keep Department Managers advised of hurricane development. |  |
| Complete or activate resident movement. |  |
| Complete and/or Activate:* Supply and conservation plans
* Staff recall
 |  |
| Complete boarding of windows and doors, and sand-bagging operations. |  |
| Shut down electrical machinery and appliances subject to flooding. |  |
| Monitor National Weather Service. |  |
| Close windows, shades, and drapes. Fill bathtubs with water. Place loose items in closets. |  |
| Lock down facility. |  |
| Preparations should be made to increase credit limits with all suppliers of goods and services. Additional vendors should be contacted to allow for the contingency of availability. |  |
| Ensure sufficient cash is accessible to key department heads.  |  |
| If time allows, additional ATM and facility credit cards should be ordered. At a minimum, increased credit limits should be requested. |  |

**LANDFALL**

**ADMINISTRATOR / INCIDENT COMMANDER**

* Emergency actions are coordinated by the Command Center to counter adverse conditions resulting from the hurricane’s impact. Staff members must remain flexible and prepared to respond decisively during this difficult and unpredictable period. In preparation for landfall, be ready to move residents to the safest available place, such as hallways.
* Instruct staff not to go outside of the building. After the first part of the storm passes, there may be a lull in the storm, but the rest of the storm usually follows shortly after the first impact. Monitor the local media on the radio to await the “All Clear.”
* In conjunction with local, state, and federal agencies, will determine if there is a need for a full or partial evacuation of the facility.
* The decision to evacuate after landfall will be based on the building’s ability to function. Refer to Recovery Plan.
* Evacuations before landfall are selective (i.e., high acuity residents). After the hurricane passes, the priority of resident evacuation may change.
	+ What utilities are lost?
	+ What part of the building is damaged?
	+ What facility services are not operating?
	+ Can we control the evacuation, or must we move many residents quickly? If we must evacuate many residents quickly, the lowest acuity residents are evacuated first.
* Transportation for the resident will be arranged through your contracted transportation vendor and/or ambulance provider.
* When determined to be necessary (evacuation is a strong possibility based on predictions of the storm), the facility should contact a truck rental company in their immediate area to move selected equipment and files. (Depending upon the location of the sheltering facility, transport could be a very short or quite lengthy trip. Prepare residents, staff, and transport vehicles accordingly.)
* When the facility is ready to evacuate, follow the Full Building Evacuation Plan.
* Modes of transportation that may be used:
	+ Fixed-wing aircraft and/or helicopter
	+ Ambulances – Advanced or Basic Life Support
	+ Vans / buses
	+ Private vehicles
* Nursing Staff will likely be required to accompany residents during transport and may be asked to care for residents by the receiving facility.
* The Command Center will keep staff apprised of key information in order to reduce anxiety and assure everyone is working with the same level of information. The Command Center will provide communication to residents and families.

**LANDFALL**

|  |  |  |
| --- | --- | --- |
| **POSITION RESPONSIBLE TO ACCOMPLISH SPECIFIC ACTIONS** | **ACTIONS TO BE TAKEN****IN ORDER OF IMPORTANCE** | **Check when completed** |
| **ADMINISTRATION, DEPARTMENT DIRECTORS AND MANAGERS** | Once residents are secure as possible, go to a safe place. |  |
| Evaluate residents for medical needs. Report results to the Command Center. |  |
| Evaluate the ability of department operations to continue. Report results to the Command Center.  |  |
| Evaluate the physical building and utilities. |  |
| Monitor the National Weather Service. |  |
| Make decision to evacuate or recover-in-place. See Full Building Evacuation. |  |
| Develop Recovery Plan.  |  |
| Monitor the National Weather Service. |  |

**RETURN TO NORMAL OPERATIONS / RECOVERY**

All Recovery Planning and guidelines will be developed in the Command Center:

* Ensure staff do not step in pools of water where there is the danger of loose or dangling electrical wires.
* Post-storm, residents will be moved back into rooms, if possible. Employees will work in shifts to be available to relieve one another.
* Command Center will oversee the labor pool of returning Employees and assign them accordingly.
* All departments, as applicable, will re-supply medical, food, equipment, and other items necessary for normal operations.
* Plan and conduct other appropriate actions deemed necessary to restore the facility to normal operations.
* Consult with the City/State Emergency Operations Center[[39]](#footnote-39) and issue the “All Clear.”
* Have the Finance Section capture costs for reimbursement.
* Develop a full report for critique.
* Close down Incident Command.
* Critique reports and make necessary Plan updates.
* **Maintenance[[40]](#footnote-40):**
	+ Survey building and utilities.
	+ Re-establish communications.
	+ Test water supplies.
	+ Use emergency supplies of water until authorities announce the water is potable.
	+ Remove boards from windows as soon as possible to reduce the growth of mold and mildew.

**ADDITIONAL REFERENCES:**

Section D – Full Building Evacuation Plan

1. Delete Procedure if not at risk from the effects of a hurricane [↑](#footnote-ref-1)
2. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-2)
3. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-3)
4. Determine an appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-4)
5. Delete if not applicable [↑](#footnote-ref-5)
6. Revise list to reflect devices used [↑](#footnote-ref-6)
7. Typically used for Continuing Care Communities with IL/AL and SNF residents. Revise, as necessary. [↑](#footnote-ref-7)
8. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-8)
9. Revise position title if necessary [↑](#footnote-ref-9)
10. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-10)
11. Revise position title if necessary [↑](#footnote-ref-11)
12. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-12)
13. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-13)
14. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-14)
15. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-15)
16. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-16)
17. Revise position title if necessary [↑](#footnote-ref-17)
18. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-18)
19. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-19)
20. Revise position title if necessary [↑](#footnote-ref-20)
21. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-21)
22. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-22)
23. Revise position title if necessary [↑](#footnote-ref-23)
24. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-24)
25. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-25)
26. Revise as applicable [↑](#footnote-ref-26)
27. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-27)
28. Revise, as necessary. If no security assign responsibilities to another department such as maintenance [↑](#footnote-ref-28)
29. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-29)
30. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-30)
31. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-31)
32. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-32)
33. Revise to reflect what is in use in the facility [↑](#footnote-ref-33)
34. Revise position titles, if necessary, delete security if none [↑](#footnote-ref-34)
35. Revise as necessary [↑](#footnote-ref-35)
36. Delete if no elevators [↑](#footnote-ref-36)
37. Determine appropriate time frame for your facility and revise as necessary throughout this procedure. A minimum of 3 days is recommended [↑](#footnote-ref-37)
38. Revise position title if necessary [↑](#footnote-ref-38)
39. Revise as necessary [↑](#footnote-ref-39)
40. Revise position title if necessary [↑](#footnote-ref-40)