



DISASTER READY

Behavioral Care Tool Kit

COMMUNITY PARTNERS



ARIZONA DEPARTMENT
OF HEALTH SERVICES





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Tool Kit Introduction

Introduction to Disaster Ready Behavioral Care Tool Kit

The development of this *Disaster Ready* Behavioral Care Tool Kit was one of the key recommendations of the *Disaster Ready* Behavioral Care Pilot conducted in 2018/19. You will find an Executive Summary of the Pilot following this introduction, which will give you context for this Tool Kit. The driving force behind both the Pilot Study and this Tool Kit is the growth of behavioral care in long term care, and the significance of emergency preparedness for the vulnerable population served.

Many skilled nursing facilities now have behavioral care units, serving individuals with geropsychiatric issues or behaviors associated with dementia. All skilled facilities deal with behaviors in some form, even with the “traditional” nursing home population. We learned from the Pilot Study that there are unique and intensive concerns in dealing with behavioral care in long term care settings.

The frequency of *non-compliance* exemplified in the population of residents with mental illness and psychiatric disorders was one of the leading concerns expressed, and this has significant ramifications for decisions related to shelter in place, evacuation and facility transfers. Included in the Tool Kit is a document that will serve as a decision-making guide in an emergency. Studying this guide in your emergency preparedness efforts and promoting dialogue with your leadership team in advance of a disaster will serve you well.

The heightened concern about elopement was repeatedly emphasized in the Pilot Study. With a younger, more ambulatory population the elopement risk soars. Within this Tool Kit, you will find best practices in managing elopement with a behavioral population. This resource was developed by the Arizona Health Care Association in collaboration with clinical leaders of behavioral care facilities.

We also became aware in our Pilot Study Behavioral Tabletop Exercise that some of the Nursing Home Incident Command System Forms did not adequately meet the needs of behavioral care facilities, thus you will find revised NHICS forms in this Tool Kit. These revised forms delineate specific characteristics of behavioral residents, will facilitate your future exercises and will also be useful in an actual emergency.

One of the great benefits of the *Disaster Ready* program and specifically the Pilot Study, was the opportunity for behavioral care facility leaders to network with each other. We encourage you to actively participate in opportunities to meet with your peers in the behavioral arena. Each organization is different, and there is much to be learned through the exchange of ideas and practices.

Our hope is that this Tool Kit will be a helpful resource for all facilities providing some form of behavioral care. We know that you are caring for the most vulnerable long term care residents. We also know that you are some of the leading experts in the field and have much to share. We plan to make this a “living document” with new additions and revisions as we move forward. So please share your insight and feedback to allow us to strengthen this tool.



Pilot Study Executive Summary and Recommendations



Disaster Ready Skilled Nursing Facility Behavioral Pilot Study 2018/19

Executive Summary & Recommendations

Pilot Impetus and Objective

The *Disaster Ready (DR)* program has been funded since 2011 by the Hospital Preparedness Program (HPP) Grant administered by the Arizona Department of Health Services (ADHS). The funding has been received and administered by the Arizona Health Care Association which has led the charge in development of the *Disaster Ready* model.

The seed for the *Disaster Ready* program was planted as a growing state and national concern emerged in the last decade regarding the degree of emergency preparedness of long term care facilities. There was a dawning recognition that some of our most vulnerable citizens reside in skilled nursing facilities (SNFs), where emergency preparedness was a priority.

The *Disaster Ready* program has evolved over the past eight years on all fronts, including the delivery of education, advocacy and technical assistance. Through the delivery of *Disaster Ready* technical assistance provided, we recognized the growing trend of behavioral care in long term care in Arizona. More individuals with chronic and serious mental illness and behaviors associated with advanced dementia were being served in SNFs. With this awareness, *unique concerns about evacuation and sheltering in place with a behavioral population* emerged. It became clear that the care of individuals with advanced dementia behaviors and mental health issues in a long term care setting **adds an extra layer of complexity to preparedness**. The time seemed right in 2018/19 to study this issue more intensively and create a roadmap for the future. In a national scan of resources, there was clearly a scarcity of behavioral long term care emergency preparedness resources. This white paper attempts to draw out the road map.

This pilot study concentrates on three skilled nursing facilities based in central Phoenix serving a high proportion of behavioral and gero-psych residents. Our essential goal was to **understand, evaluate and assess the unique emergency preparedness needs of skilled nursing facilities serving the gero-psych and behavioral resident population**. *Our assumption was that there may be a very specific need for disaster readiness for residents with long and short term mental health disorders and chronic behavioral issues*, and this pilot project was designed to consider if that was, indeed, the case. If it was determined to be so, our plan was to answer these questions:

- What gaps currently exist in their readiness?
- What additional resources, if any, are necessary?

This behavioral pilot study was conducted over a course of eight months in the 2018/2019 HPP grant year. The study design and final report includes an introduction and overview of behavioral care in long term care, and a detailed description of the study action steps. The implementation plan for the study was comprised of the following key components:

- Behavioral facility and resident profiles
- Behavioral facility emergency operations plan assessment and gap analysis
- Completion of a behavioral facility specific table top exercise, and
- Community outreach and stakeholder dialogue

Recommendations

1. **Recommendation:** *The findings of this study indicate a need for further technical assistance for SNFs serving the behavioral population.* The HPP grant should continue to address this need. Ideally, a “Behavioral Best Practice Tool Kit” should be developed addressing the components identified in these subsequent recommendations.
2. **Recommendation:** *Ensure all behavioral SNFs have participated in Nursing Home Incident Command System (NHICS) training.* The vast majority of all Arizona SNFs have participated at least once in NHICS training. However, it must be acknowledged that there is substantial turnover in long term care and new leadership and staff must all be trained in each facility. To address this turnover concern, developing a “Train the Trainer” model of NHICS would be valuable.
3. **Recommendation:** *Behavioral facilities should evaluate their unique composition and location and create and implement additional Hazard Vulnerability Assessment (HVA) scenarios that are specific to their exposure.* Implementing HVA scenarios that are finely tuned to their unique facility needs will increase their capacity to protect vulnerable behavioral residents in an emergency.
4. **Recommendation:** *Create a version of the current NHICS 260 form that allows for specific information about behavioral residents to be noted on the tracking document.* This would include such information as their elopement risk, propensity for violence toward others or self-harm and special environmental considerations to be addressed. This new tracking resource would also ensure a smoother transition of a behavioral resident to a new site following evacuation.
5. **Recommendation:** *Ensure that all behavioral facilities have transfer agreements that may be executed locally. These agreements should ensure that there is similar behavioral care provided at the receiving facility.* Meeting the basic regulatory compliance requirement to have *any type of transfer agreement* is insufficient for true preparedness for behavioral facilities. They must transfer to “like” behavioral facilities if at all possible. All behavioral facilities should have transfer agreements with each other, within reasonable geographic boundaries. It would also be helpful to have all transfer agreements identify payer sources and contracted health plans to assure synchronicity in payment.

6. **Recommendation:** *All pilot and other behavioral facilities should be educated about the bed poll.* The *Disaster Ready* program should monitor the degree of their participation in the statewide bed poll system to ensure acute and post-acute occupancy information is available to SNFs in a disaster scenario.
7. **Recommendation:** *Behavioral facilities should register with their utility providers to receive advance warnings of outages in a given area.* Most have a “Medical Care Preparedness Program” and provide this information to registered health care providers. (A sample link can be found at: <https://www.aps.com/en/Pages/MedicalContactForm.aspx>). Given the extreme heat, power outages rank high among the major disaster concerns of all Arizonans.
8. **Recommendation:** *Clarify and educate SNFs on the need for a formal Memorandum of Understanding (MOU) with their regional coalition.* Some of the coalitions have both a “participation agreement” and a separate MOU. It seems that the participation agreements satisfy the compliance with state survey, but the MOU itself is critical in specifically identifying strategies for sharing resources between acute and post-acute partners in an emergency.
9. **Recommendation:** *Review state or federal financial resources to assist qualifying facilities in securing generator upgrades.* It is essential to go “beyond compliance” in protecting the health and welfare of the vulnerable behavioral population in a shelter in place scenario.
10. **Recommendation:** *Provide additional training for first responders on SNF behavioral care. Connect behavioral care facilities to their local fire and police departments.* Most behavioral facilities are routinely in contact with first responders and tend to be considered “high utilizers” of these services. That said, resources may be necessary to further develop these strategic partnerships. First responders also acknowledge the need for education in managing the behavioral care population, and the lack of available resources to address this need.
11. **Recommendation:** *The Disaster Ready program should work with clinical and regulatory experts to create a best practice protocol to reduce elopement risk during a disaster.* Elopement is by far the greatest concern of all of the participating facilities. Behavioral residents generally are younger and more ambulatory, and the risk of elopement in a disaster scenario exponentially grows. This protocol could be a series of exercise scenarios, tips and tools for monitoring and staff training strategies specific to behavioral care facilities.
12. **Recommendation:** *Create a forum for facility managers of behavioral facilities to connect and communicate, either through an on-line discussion group or regular in person meetings.* This will allow for sharing of resources and best practices among essential key leaders who are often overlooked.
13. **Recommendation:** *Identify mental health associations that have volunteer programs in place.* Partnership with such an organization may be of benefit to behavioral care facilities. It may also be valuable to create a template of volunteer behavioral care training that facilities could employ.

14. Recommendation: *Expand and evaluate emergency transportation agreements for behavioral SNFs.*

Transportation is a significant concern if evacuation is necessary. Some residents cannot sit next to each other or behaviors will erupt. Some residents are not mobile enough to board a bus and others would need a whole row of seats to ensure their compliance. Behavioral residents may also present significant medical complexity and be in need of durable medical equipment such as wheelchairs, walkers and oxygen. Transportation agreements with bus companies and partner organizations must be evaluated and expanded as necessary to address these additional concerns.

15. Recommendation: *Behavioral SNFs should work with their electronic health record (EHR) vendor to ensure the ability to access the EHR in an emergency, within HIPAA guidelines.*

Not all SNFs utilize the same EHR program and access to medical records should be addressed in all transfer agreements. This is especially important due to the high rate of administration of psychotropic medications in this population. Participation in the regional Health Information Exchange (HIE) through Health Current is optimal, though few SNFs currently participate. Arizona is, however, moving steadily in this direction.

16. Recommendation: *Acknowledge what is truly needed in emergency kits for behavioral care facilities.*

Every administrator reported that snacks and cigarettes were uniquely important in incentivizing and modifying behaviors for this specific population in a crisis. Most behavioral facilities currently allow for limited and supervised smoking, within regulations. Even with the incidence of special diets, snacks can also serve as an inducement. It is important to be realistic and ensure these are recommended items in all behavioral facility emergency kits.

17. Recommendation: *Include necessary components of disaster readiness in existing behavioral care plans.*

Behavioral care plans for each individual resident are required by state and federal regulations and payer sources, but they do not always address specific strategies for managing these individual residents in an emergency situation. *Are there concerns about non-compliance for a specific resident in an emergency? Are there unique personal or medical items that should accompany the resident in an emergency transfer?* These types of issues could be further addressed in behavioral care plans and help assure and expedite care in a crisis.

18. Recommendation: *Conduct an annual behavioral long term care facility table top exercise.*

The pilot study demonstrated value in bringing together like facilities in a table top exercise. Simulated practice in managing this population in an emergency is important. This will enhance coordination and crisis management when transfer to another behavioral facility is necessary.

19. Recommendation: *Ensure frontline participation in all disaster readiness efforts in behavioral care facilities.*

Certified Nursing Assistants (CNAs) are the frontline, direct care staff in skilled nursing and they are universally acknowledged by administrators as the key to managing the behaviors of the residents they serve. Those frontline staff relationships are essential in ensuring compliance and personal safety for behavioral residents in an emergency. Yet, they are not always included in disaster readiness training, and/or advised of emergency preparation strategies. There should be ample orientation and training of all CNAs on disaster readiness. They are a crucial and irreplaceable component of successful management of behaviors in any catastrophic situation.

- 20. Recommendation:** *Initiate high level dialogue with Managed Care Organizations (MCO) leadership about emergency preparedness partnership with behavioral SNFs.* MCOs pay for the vast majority of care in behavioral SNFs through Arizona’s Medicaid program known as the Arizona Health Care Cost Containment (AHCCCS) program. Yet, the pilot study found a demonstrable lack of communication between facility and plan partners. There must be a directive from AHCCCS MCO leadership to drive change from the top down and ensure case managers are active participants in the emergency preparedness process. This is especially important in behavioral SNFs, given the distinctive vulnerability of the residents and the challenges of evacuation.

Conclusion

The pilot study of behavioral SNFs was a successful endeavor. It allowed us to closely examine the existing gaps in resources and potential for improvement in readiness. The cooperation of the three participating facilities is to be acknowledged and commended. They are true behavioral care pioneers and their investment of time and effort was the key ingredient in this success!

Moreover, we learned that the behavioral facilities are more alike than different from traditional skilled nursing facilities. They face the same concerns about preparedness and accompanying evacuation and shelter in place scenarios. They operate largely under the same regulatory model. *But what is strikingly different about these behavioral care SNFs is the vulnerability of the population they serve.* Resident profiles bear this out. These residents have all of the assumed medical complexity of skilled nursing residents, but the overlay of gero-psych conditions, mental illness and dementia behaviors make them extraordinarily different. More challenging to be sure. Given that, **this study speaks to a compelling need for further close examination of emergency preparedness strategies for behavioral facilities and the development of additional resources to assist these facilities in disaster readiness.**



Elopement Risk Best Practices



Elopement Best Practices for Behavioral Care Facilities

Background

Elopement of residents in a disaster was one of the main concerns of clinical and administrative leaders in the 2019 *Disaster Ready Behavioral Pilot Study*. Many of the residents in behavioral care settings are younger and more ambulatory. Many tend to be “exit seeking” and this is only exacerbated in a disaster scenario. We also know that 31% of residents with dementia in skilled nursing wander at least once. Wandering behavior is so common that one in five residents are estimated to exhibit such tendencies*.

We all recognize that elopement for humans can be life threatening and have negative consequences for organizations. Human beings can experience physical harm and much emotional distress, while organizations can face regulatory and survey issues and lawsuits.

Safeguarding wanderers from elopement risk is the truest form of person-centered care. It involves intensive and individualized direct care for those we know to be at risk. It is likely that the individuals at risk of elopement have already been identified in our resident population. The question is ... *how do we best manage these individuals in a disaster to prevent elopement?*

In order to answer this question, the *Disaster Ready* team invited clinical leaders in behavioral skilled nursing units to the table to discuss their recommendations. Their thoughts and insights are represented below along with some of the current research in this arena.

Best Practice: **Conduct Elopement Risk Assessment upon Admission**

On admission conduct an elopement risk assessment for each resident.

1. Review history prior to admission and be aware of prior elopements and exit seeking behavior.
2. Identify individual resident behaviors that put them at risk. Are they self-destructive? Tendency toward violence? Are they often non-compliant?
3. Identify triggers for behaviors for each resident. Are there certain residents that incite their behavior? Certain staff? Are there medical issues that may trigger behaviors?
4. Understand the medication regimen for each resident- especially antipsychotics.
5. Prepare your residents for possible need to evacuate by taking them on supervised outings.
6. Identify which residents would require nursing staff to monitor (due to behaviors or medical needs). Consider comfort needs, pain- “well-being” behavior triggers.
7. Identify how many staff the facility would need to care and monitor the resident during and after the transfer. Are there specific staff members that work best with the residents with elopement risk?

Best Practice: *In the Beginning... Triage Efforts*

In an emergency, whether it is shelter in place or evacuation, here are some quick triage questions to ask and answer immediately. It will help assess vulnerabilities to elopement.

- Do a head count by unit. Make sure key parties are aware of the current census in the behavioral unit.
- Conduct a location check- where are the current residents with elopement risk? Sleeping? Eating? In activities? Deploy staff immediately to focus on those residents.
- Monitor all wander guards and locked doors. Are they still operative? Assign staff to assess and monitor.
- Identify staff to concentrate on decreasing agitation with individuals at risk. Monitor noise level. Coach individuals to move forward in desired action, if they are non-compliant.
- Adjust PRN medications, monitor for toileting needs and comfort issues. Individual attention to those residents at highest risk for elopement is critical.

Best Practice: *Advance Planning...Network with other Behavioral Facilities*

Prepare for an emergency by identifying locations to evacuate to by networking with hospitals, “sister” facilities and other facilities with behavioral units. Networking is essential in identifying facilities that have a secured unit/area that would be large enough to take another complete behavioral unit. Networking in advance would also provide information as to the whether a facility has staff who are sufficiently trained to care for behavioral residents. Ideally, if evacuation is required, the best practice would be to keep the behavioral unit together in one facility and deploy the existing staff so that the residents are familiar with the care providers. Evacuation of a behavioral population should not be based on geography, rather should be based on the ability to transfer to a “like” facility with comparable behavioral competence. In order to make that happen there should be advance meetings between clinical and administrative leadership and transfer agreements in place.

Best Practice: *Engage your Plan Partners in Preparedness*

The Arizona Medicaid Managed Care Plans all have behavioral specialty programs. These programs define scope of service, rates, staffing levels and more. The behavioral case managers are actively involved with specialty care residents and should be part of your preparedness process.

- Can the Behavioral Case Manager assist you in identifying elopement risk upon admission and/or on their behavioral care plan? Are there any agreed upon strategies for mitigating exit seeking behavior in an emergency? All of this can be discussed in advance.
- You should also be aware of which Plans are contracted with potential evacuation sites. Your Case Managers can assist in providing this information.
- Invite your Behavioral Case Managers to participate in fire drills and tabletop emergency preparedness exercises. They will appreciate being included and can monitor residents at risk.
- Resident safety comes first, but when the crisis has settled down... contact your Case Managers and update them on the event, the resulting action and the status of their member residents.

Best Practice: *Conduct a Readiness Assessment*

Managing a behavioral population in an emergency is challenging beyond measure. That said, assessing your capacity in advance will give you reassurance of your readiness

- Do you have memorandums of agreement for transfer to like facilities with behavioral capacity?
- Do you have transportation agreements in place? Will you need additional transport given the potential for resident to resident altercations with the behavioral population?
- How will medication be transported in an evacuation? Who is responsible for the emergency kit?
- Where are the behavioral care plans and how can they be accessed?
- Who has access to medical records, medication records and, if electronic, how can this information be accessed in an emergency?
- Do you have a monitoring system in place? Bracelet or electronic identification? How will you track evacuated residents?
- Do you have a checklist for needed activities supplies? Do you have an activity kit that includes snacks, cigarettes, blankets, games, music? Who is responsible for this and where is it located?
- Who has access to petty cash if needed in an emergency, in case other systems are inoperative?
- If power goes out, how will locked doors be monitored?
- When possible, and if sheltering in place, how can we keep the resident schedule and staff assignments as consistent and normal as possible in order to maintain a calm environment?

Best Practice: *Staff Training and Supervised Outings/Practice Runs*

Conducting practice runs is always helpful. Though it may be difficult to take behavioral residents on outings, it may provide important insights. You may be able to better identify which residents are compliant and which residents are exit seeking. You will also be able to assess resident's behavior in a group transport situation.

- Train your staff to be comfortable working with behavioral residents outside of the facility by having them conduct supervised outings. This is helpful practice for a potential evacuation.
- Staff relationships with behavioral residents are key to successful management. Make sure you are clear on who works best with whom and discuss this at a leadership level in advance of an emergency. Test it out on the practice runs and supervised outings.
- Supervised outings may also decrease resident agitation about leaving the comfortable setting of the facility.
- In an outing you may be able to better assess how many staff are needed (and which are best) in addressing care of a resident who is an elopement risk.
- Bring your activity kit (snacks, cigarettes, games) and see what is helpful and what is missing.
- Sit residents together on transport in the same way they sit in the dining room. See if this lessens agitation. Skip a row of seats in placing behavioral residents in the bus so there is adequate space for the resident, and also for the staff to intervene.

- Create identification bands for supervised outings and test how they work. Do the residents keep them on? What is most comfortable and reliable for tracking?
- Conduct a drill for a “lost resident” scenario. What are the first steps? Who is in charge and what first contacts should be made?

Best Practice: *Focus on Activities*

Engagement of residents with behaviors is absolutely critical in the best of times and is most essential in emergencies. Without engagement, resident-to-resident altercations are more likely to erupt. Think diversion. Create an activity kit that has meaning and utility for this special population. Make sure the kit is portable and ready to go.

Here are a few suggestions:

- The basics: snacks – both sweet and salty and finger foods
- Cigarettes and matches
- Games, cards, photo albums
- Adult coloring books, paper, crayons and markers
- Electronics such as headphones, music, iPad
- Blankets and pillows

Elopement is universally the greatest fear in disasters. Preparation and advance planning are the key to risk prevention and successful implementation of emergency plans.

*Resources: “A Framework for Managing Wandering and Preventing Elopement”. American Journal of Alzheimer’s Disease & Other Dementias Volume 24 Number 3 June/July 2009 208-219; *Wandering and Elopement in Nursing Homes. Annals of Long-Term Care: Clinical Care and Aging*. 2012;20(3):32-36



Evacuation/Shelter in Place Decision Making Guide

Criteria for Evacuation Decision-Making of a Behavioral Care Facility

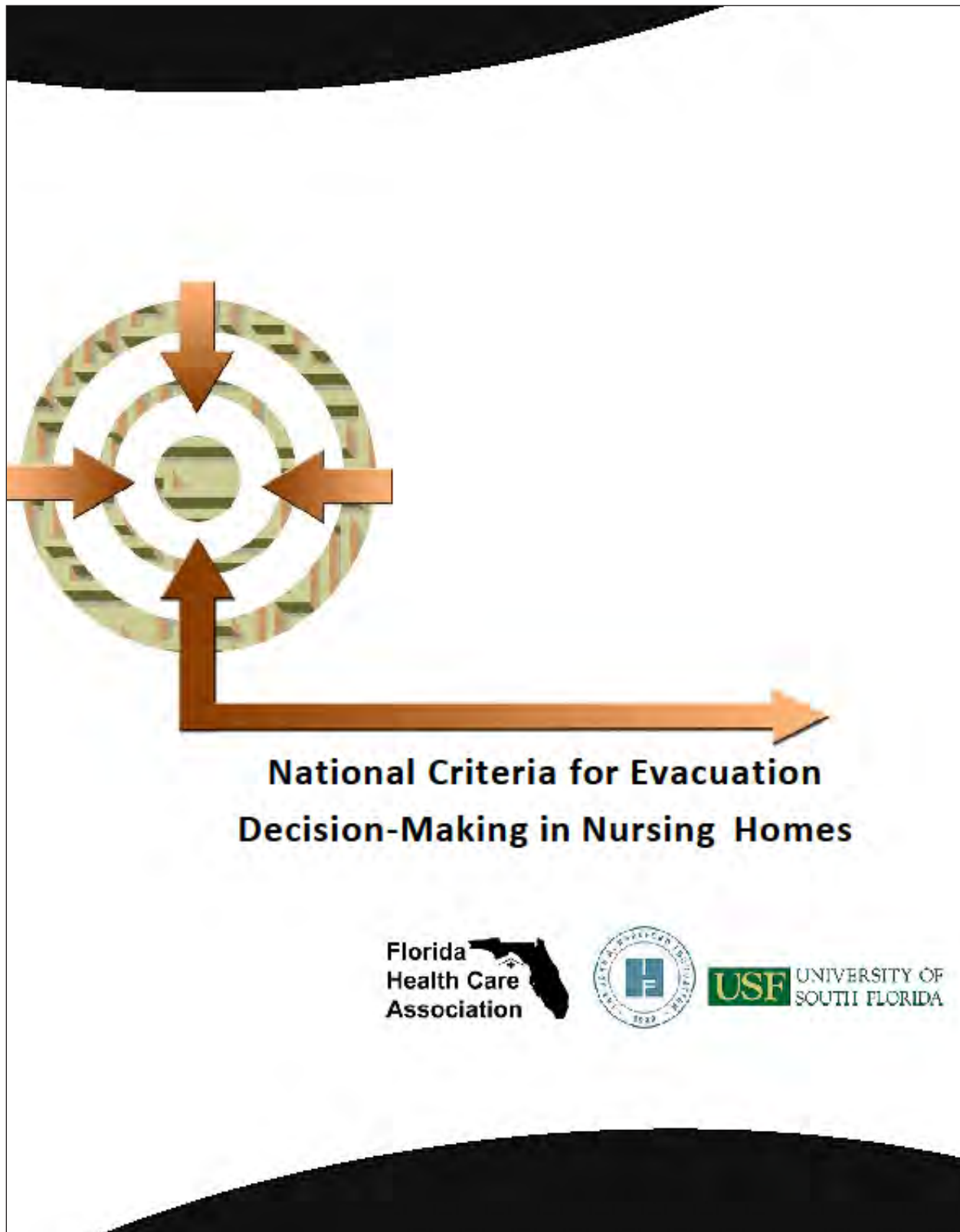
The decision to evacuate a long term care facility of any type during an emergency or disaster is one of the most profound decisions that an Incident Commander and Incident Management Team (IMT) may have to consider. Complex factors in this decision-making process include the physical, mental and behavioral acuity associated with the types of residents and patients that reside both permanently or temporarily within a stricken facility.

A facility that serves residents or patients exclusively or primarily with behavioral issues requires a refined focus on the consequences of the decision to either evacuate or to shelter in place. The central factor that must always be considered is the option (evacuation or sheltering in place) that will provide the safest environment of care for the residents or patients of the facility. It is understood that many providers of behavioral care serve residents with multifaceted geropsychiatric disorders or behaviors associated with dementia. This adds an additional layer of complexity when making a decision to stay or go.

There will be critical situations that require an immediate decision to evacuate based on extreme danger like an internal fire, uncontrollable gas leak or fast moving wildfire threatening the facility. Conversely, there will be incidents where some amount of time will be available to initiate a formalized decision-making process to help determine the best course of action. Less immediate, emergent situations like an extended utility failure, internal HVAC failure, physical / infrastructure damage resulting from a storm or similar scenarios will likely provide the Incident Commander and IMT a reasonable amount of time to make an informed decision based on specific decision-making criteria.

A specific process for decision-making is outlined in a document known as the *“National Criteria for Evacuation Decision Making in Nursing Homes.”* This guidance was developed through a partnership of several stakeholders that are required to routinely consider evacuation as an option in health care facilities. The guidance illustrated in this document will provide health care facilities with a process of factors to consider when determining if evacuation is the appropriate response to an emergency or disaster.

The Behavioral Care Tool Kit recommends the use of this document by long term care providers that exclusively or primarily serve this vulnerable population. It is further recommended that individual facilities also factor in any unique elements of operations, security and resident characteristics that will help determine if evacuation of a behavioral care facility is the appropriate response to an emergency or disaster.



Preface

This national guide for evacuation decision-making in nursing homes is one of several tools developed through a two-year grant funded by the John A. Hartford Foundation to the Florida Health Care Association Education and Development Foundation. The project's overall goal is to ensure the safety and quality of care of frail elders living in nursing homes during a natural disaster. Partners in the project include the University of South Florida, the Florida Department of Health Office of Emergency Operations and the Florida Health Care Association Disaster Preparedness Committee. Many national experts and advisors in long-term care, emergency management, ethics, and transportation have also contributed greatly to this work. The Hartford-funded project will produce several additional products, which will be available in the fall of 2008, including an emergency management software application specifically for nursing homes and a long-term care facility translation of the national Incident Command System. Additional information about this project is provided at the end of this guide.

Readers of this document are encouraged to use and disseminate this information widely, with proper acknowledgement and citation of the source. In addition, we request that you complete and return the Reader Feedback and Utilization Survey on the following page. The information you provide will be used to develop and disseminate future updates to the guide.

Citation: *Florida Health Care Education and Development Foundation, 2008, National Criteria for Evacuation Decision-Making in Nursing Homes, developed through a project funded by the John A. Hartford Foundation. For further information, please visit www.fhca.org.*

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Internal Factors

Evacuation Decision-Making Reader Feedback and Utilization Survey

Thank you for using the National Criteria for Evacuation Decision-Making in Nursing Homes. To gather valuable feedback and learn more about how and where the criteria are being used, we need you to complete the following brief survey. Those who complete the survey will automatically receive updates about the Hurricane and Disaster Preparedness for Long-Term Care project funded by the John A. Hartford Foundation.

Please email, mail or fax your completed survey to:
 Hurricane and Disaster Preparedness for Long-Term Care
 Florida Health Care Association
 PO Box 1459, Tallahassee, FL 32302
 Telephone (850) 224-3907
 Email: ahenkel@fhca.org Fax (850) 224-9155

Name: _____ Title: _____
 Organization: _____
 Address: _____
 City/State/Zip: _____
 Tele.: _____ Email: _____

How did you obtain a copy of the National Criteria for Evacuation Decision-Making in Nursing Homes?

On a scale of 1 to 4, where 1 represents "Extremely useful" & 4 represents "Not useful at all", circle the response to indicate the usefulness of this guide. If no opinion, please circle "don't know."					
	<u>Extremely useful</u>	<u>Very useful</u>	<u>Somewhat useful</u>	<u>Not useful at all</u>	Don't know
1. As a decision-making tool for evacuation of Nursing Homes?	1	2	3	4	Don't know
2. For training long-term care staff?	1	2	3	4	Don't know
3. For training staff in other LTC organizations?	1	2	3	4	Don't know
4. To help the resident family members understand evacuation decision-making?	1	2	3	4	Don't know
5. To share with others outside of LTC to improve understanding of evacuation decision-making? Please describe: _____	1	2	3	4	Don't know

Please describe other ways you have used or intend to use this guide:

Please provide any comments you may have about the guide in the space below and/or on an additional page.

Thank you.

Internal Factors

Overview

The evacuation of a nursing home is an extremely serious undertaking with inherent risks to the residents the facility seeks to protect. The mass movement of persons during an emergency event who are often extremely frail, bed-ridden, comatose, cognitively impaired, and/or dependent upon ventilators or intravenous feeding or hydration equipment has considerable health implications.

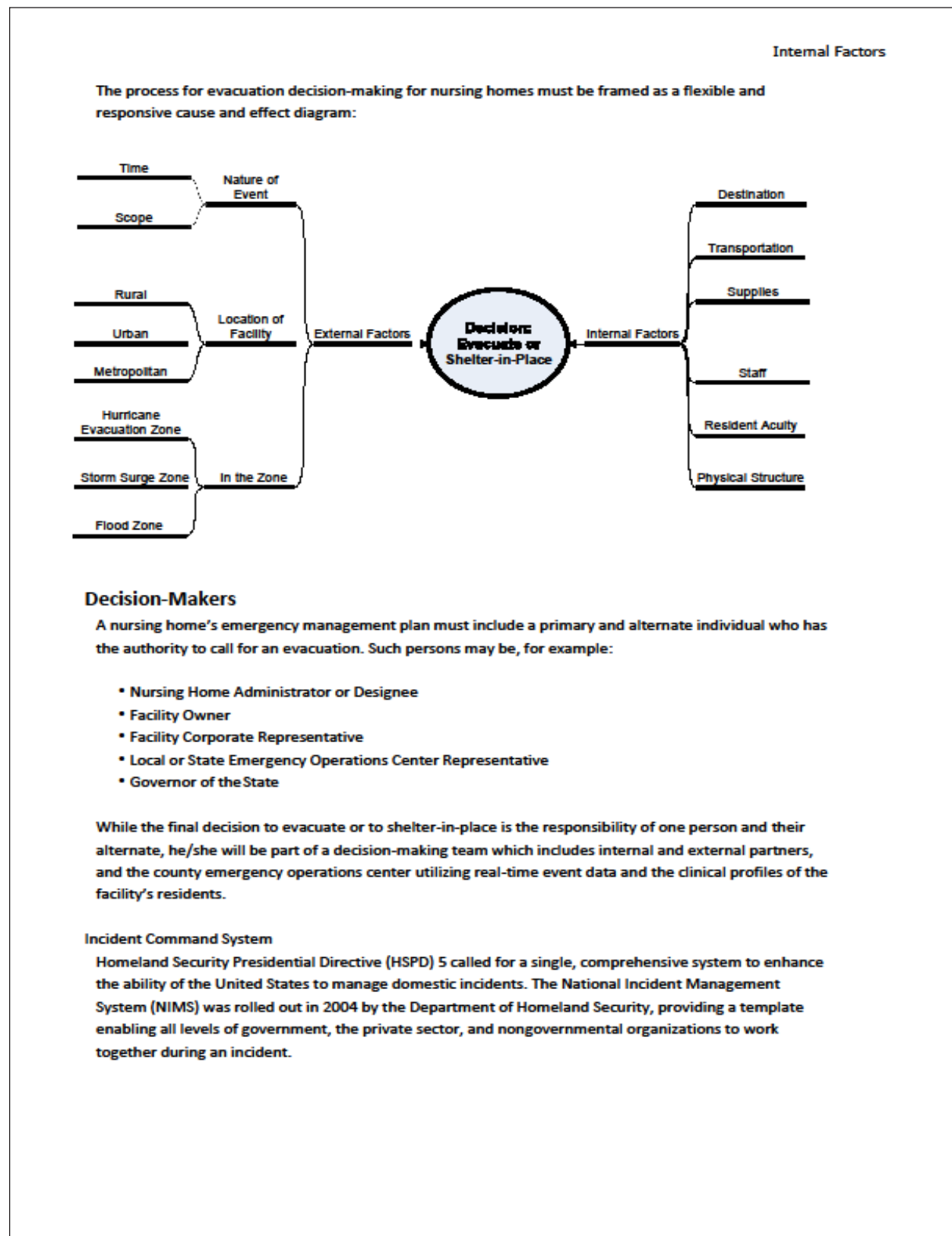
Nursing home residents have higher disaster-associated risks than other populations. Moving them out of harm's way may well become a community imperative. As practitioners providing care for the frail elderly and persons with disabilities, nursing homes have a moral, legal, and professional responsibility to plan and prepare for emergency operations, including the decision to evacuate or shelter-in-place.

In addition to moving residents to safety, the evacuation of a nursing home also includes moving medical records, medications, medical equipment, disposable products, and food and water. Further, staff must also be available to move with the residents to the destination location. Evacuation of a nursing home is time-consuming, complex, and expensive and must be thoughtfully addressed in the facility's emergency management plan.

Because of the unexpected nature of emergencies, there is no single evacuation formula on which nursing home leaders may rely. Evacuation decision-making is rarely a straightforward, linear process; but rather, simultaneously involves a myriad of factors. This first national criteria for evacuation decision-making in nursing homes assists administrators and health care professionals to determine whether to evacuate or shelter-in-place during disasters, with guidance on the evacuation process.

Key Considerations

The decision to evacuate or to shelter-in-place is a part of any facility's comprehensive emergency management plan and will be a major focus when the plan is activated. The *National Criteria for Evacuation Decision-Making in Nursing Homes* identifies key decision-making markers which may be used in any emergency event, with a special focus on tropical cyclones (i.e., hurricanes, tropical storms or tropical depressions).



Internal Factors

A cornerstone of NIMS is the Incident Command System (ICS). Developed in the 70's, the ICS is a standardized, all-hazard incident management concept, allowing its users to adopt an integrated organizational structure. This common structure can be used by an organization of any size, providing greater efficiency, better coordination, and more effective communication. The framework of the Incident Command System supports critical decision-making by defining well-established lines of communication and responsibilities.

The Incident Command System is structured to support five major functional areas: command, finance, logistics, operations, and planning. These five areas comprise "Incident Command."

Internal Factors

Internal factors influencing the decision to evacuate, or shelter-in-place are unique to a specific nursing home. Two nursing homes in the same geographic location facing the same emergency event may make different evacuation decisions based on their internal factors, and both decisions may be valid.

Resident Acuity

Resident acuity is an internal, facility-specific condition influencing the decision to evacuate all or some of the residents in the facility. Clinical decisions occur in conjunction with the Administrator, Director of Nursing, Medical Director and related medical professionals.

Consideration of an acuity-based, partial evacuation may occur prior to any mandatory evacuation orders being issued. Partial evacuation may come into play when there is the potential for a planned evacuation related to an anticipated emergency event such as a hurricane. Partial evacuations are considered when there are residents whose conditions are complex and could become compromised if transport from the facility is jeopardized during or after the storm.

Residents with complex and potentially unstable conditions who are receiving special care may need to be evacuated to a hospital:

- Radiation therapy
- Chemotherapy
- Dialysis
- Intravenous therapy, newly acquired parenteral or enteral nutrition, and/or blood transfusion
- Vents or unstable tracheotomies
- Unstable respiratory or cardiac conditions
- Unstable Infectious Conditions not responding to current aggressive treatment

Residents with special care needs will be individually assessed to ensure stability of their condition(s). Residents with the following special care needs may be managed safely in the nursing home if their conditions are stable:

- Hospice care
- Respiratory treatment
- Receiving intermittent suctioning
- Pressure ulcer(s)
- Resolving Infections
- Stable IVs, parenteral or enteral nutrition

Internal Factors

The nursing home will make the decision to evacuate based on these acuties as well as other internal and external factors.

Physical Structure

The facility's structural ability to withstand the impending event influences the decision to evacuate or to shelter-in-place. The ability of the structure to withstand wind, debris impact, and shaking determines the shelter-in-place capabilities of the structure during the event and the ability to remain a safe and viable shelter after the disaster. Evacuation is necessary if it is anticipated that a structure will be unable to withstand the event or provide protection in the aftermath.

Physical Structure Factors

- **Hardening the Facility**
 - Structures are built to national, state, and, local codes which often take significant regional hazards into consideration. Additional modifications may be necessary to further ensure the integrity of the structure during and after a disaster.
 - Building hardening is the process of retrofitting or remodeling existing structures and upgrading components within so they will be stronger and more resilient in adverse conditions. This hardening can include the use of the state's building code standard rated hurricane windows, shutters, and doors to protect openings (in Florida, use the Florida Building Code High Velocity Hurricane Zone). Roof structures can be secured to the walls using hurricane brackets and the walls can be secured to the foundation. Other locations may require structural reinforcement to counter the impact of shaking due to earthquakes.
- **The Lay-down Factor**
 - Hazards immediately around the facility, specifically trees which can fall onto the structure, can cause catastrophic failure of the structure. If the property has a high "lay down" factor (e.g. a number of trees that can fall onto the structure), trim them to mitigate the danger. If there is a cell tower next to the facility, it will have been constructed to withstand certain winds. Obtain the performance standards for the tower and include this factor in your plan.
- **Emergency Power Capacity**
 - An evaluation must be made regarding the facility's emergency power capacity. The generator should support critical care functions and maintain lights and air temperature in at least a safe zone where residents can be congregated. The anticipated longevity of the facility's emergency power system will influence the evacuation decision. Further, a local power outage usually results in a quicker restoration time while a community-wide power outage may result in longer restoration times and may put more strain on the facility's emergency power.
- **Security**
 - Security must be sufficient to protect residents, staff, and facility resources and property. In a community-wide emergency event, nursing homes with food, water, and emergency power, become conspicuous beacons of normalcy in a sea of chaos. Desperate individuals may try to forcefully take provisions. A loss of facility resources or threats to residents and/or staff may necessitate an evacuation.

Hurricane and Disaster Preparedness Project Summary

Transportation

Even when a decision to evacuate has been made, it cannot occur without a means of transport. Some emergency events such as tornadoes and earthquakes may require post-event evacuations and other impending emergency events may necessitate a planned evacuation. Regardless, the lack of transportation can abort the evacuation attempt. Nursing homes are advised to identify three transportation providers.

There are many reasons why an evacuation may not occur due to a lack of ground transportation:

- Poor planning by the facility
- Incorrect assumptions regarding vehicle sources and availability
 - ▮ Too great a demand for too few vehicles
- Vehicles are destroyed in the disaster
- Vehicles cannot respond into the region
 - Distance too great
 - Impassable roads
- Vehicle size or type
 - An insufficient number of vehicles may require several trips, causing an evacuation to take more time to complete than is available, forcing some residents to shelter-in-place
 - Vehicles that are difficult to load and unload will require more time for evacuations
 - Loading and travel times must be less than the time available to travel safely in deteriorating conditions, such as the onset of tropical storm-force winds (39-73 mph)
- Fuel source and availability

If a nursing home has exhausted their organizational resources, their transportation vendors cannot meet their obligations for whatever reason, and the facility cannot obtain transportation after a decision to evacuate has been made, the local emergency operations center should be contacted and made aware of the urgent situation. The local emergency operations center may be able to help secure transportation.

Destination

Even when a decision to evacuate has been made, it cannot occur without a place to go. Destination locations will be identified in the facility's emergency management plan and should include three destination location types.

Destination Location Types

- Close Proximity – serves an unplanned, immediate evacuation
- Within Area – serves an unplanned or planned evacuation
- Outside of Area – serves a planned evacuation

The availability and structural integrity of the destination location will impact the nursing home's ability to carry out its evacuation decision. Nursing homes are advised to plan "three-deep": that is, identifying three destination locations per proximity. At least one destination should be at least 50 miles away.

The impact of the emergency event on the "home" facility may necessitate a long term stay at the destination facility or a transfer to another more permanent care location. The public shelter is a choice of last resort; conditions may be poor, and the health of residents may be threatened.

Hurricane and Disaster Preparedness Project Summary

Staff

The availability of staff to be contacted and to return to work is an important factor influencing the decision to evacuate or shelter-in-place.

There are many reasons which may affect staff's ability to respond when called back to work:

- Impassable roads
- Injured, ill, or deceased family members
- Availability and role of non-nursing staff to support direct care, hands-on nursing staff in the evacuation process
- Concerns about dependent family members
- Concerns about pet safety
- Family members of staff
- Inability to communicate – cell towers/phone lines down.

Supplies

A decision to shelter-in-place requires the ability of a facility to be self-sufficient. Sheltering-in-place requires a significant quantity of supplies: alternate energy sources, food, potable water, medications, hygiene supplies, and other necessities. If sufficient quantities cannot be acquired prior to an event, evacuation may be warranted. Requirements vary from state to state. Florida's state requirements are noted below, along with recommendations.

Florida Requirements and Recommendations

Supply Type	2008 Florida Requirements Florida Administrative Code (FAC)	Recommendations
Dietary: Non-perishable food & supplies	One-week, s. 59A-4.110(4), FAC	7-10 days
Drinkable water supply	3 gallons per resident per day during and after a disaster which is defined as 72 hours, 59A-4.133 (18), FAC 1 gallon per staff member per day during and after a disaster which is defined as 72 hours, 59A-4.133 (18), FAC	7-10 days
Essential supplies	72 hours, s. 59A-4.126 (2)(b), FAC and AHCA Form 3110-6006, March, 1994	7-10 days

It may also be that supplies are sufficient to shelter-in-place during and immediately after the event, but because of disrupted supply chains, re-supply after the event may not be possible. In this situation, an evacuation, after the event is over and the threat has passed, may be required.

Projected event scope might also predict the availability of supplies post disaster (see Scope section). A wide-spread emergency might significantly disrupt transportation and communications to such degree that remaining in the facility is not feasible.

Hurricane and Disaster Preparedness Project Summary

In considering quantities of supplies, the nursing home must assess the potential for an increase in facility population, such as an influx of staff dependents, incoming residents, and other staff seeking shelter.

External Factors

External factors influencing the decision to evacuate, or shelter-in-place are beyond the facility's control and tend to pose the same threat across a geographical area. External factors are described in terms of the nature of the event, time and scope, and the facility's location and geographic vulnerability.

Nature of Emergency Event

Emergency events are unpredictable and may occur in many forms. From the impending hurricane which gives hours or even days of preparation time and impacts multiple counties, to the fire outbreak which gives only minutes and impacts only a single nursing home, varying emergency types demand different facility responses.

As a first step, the facility's Incident Command will make a hazard assessment, determining the immediacy of the threat to the residents and staff and the likely scope of the emergency. The hazard assessment will weigh the risks of not evacuating with the possible harm the act of evacuating may cause residents.

The nature of emergency events influences the decision to evacuate in two general ways:

1. Time – Immediate threat vs. Impending threat
2. Scope – Facility-specific vs. Community-wide

Time: Emergency events may be immediate or impending.

Immediate emergency incidents (fire, gas leak):

- Occur with little or no warning
- Allow for very little planning time for Incident Command
- Response relies more heavily on training rather than immediate direction from supervisors
- Allow for no time to conduct an off-site external evacuation, though the facility population may evacuate from one portion of the building to another or from the building to outside
- Force a temporary shelter-in-place decision

Impending disasters (hurricane, winter storm, wildfires)

- Are tracked for some period of time prior to impact
- Allow communication beforehand with outside stakeholders, especially local emergency operations centers
- Allow some time for Incident Command to meet, formally activate disaster plans, weigh options and prepare
- Allow some consideration to pinpoint a time by which a decision to evacuate must be made in order to allow for safe evacuation by considering the following:
 - Estimated time of arrival of tropical storm winds of sustained 39 mph or at the onset of storm surge inundations, whichever occurs first
 - Time required to mobilize residents, transport them, and move them into the evacuation destination location

Hurricane and Disaster Preparedness Project Summary

Scope: The scope of the emergency event refers to the geographic impact of the incident and may be facility-specific, local, or widespread. The decision to evacuate or to shelter-in-place will be influenced by the scope of the emergency.

Facility-specific

Emergency events may be facility-specific or relevant to only a local neighborhood.

Characteristics of facility-specific emergencies include:

- immediacy
- evacuation decision made by the facility's Incident Commander rather than outside direction
- short distance to the evacuation destination, often within the community
- municipal utility services will likely continue uninterrupted
- an evacuation made within the facility, a partial evacuation of residents, or complete abandonment of the structure, depending on the damage to the structure
- an evacuation duration which is very short (hours to days) unless damage is significant

Local

Localized events will impact limited areas, including multiple city blocks or specific counties.

Characteristics of local emergencies include:

- evacuation direction will come from local officials (either voluntary or mandatory)
- immediate or impending
- evacuation destination to occur over shorter distances
 - distances within 50 miles (60 miles under extenuating circumstances)
 - travel duration between 45 minutes and 2 hours (not including load/unload time)
- evacuation may be partial or complete
- evacuation duration will generally be of shorter duration (days to weeks), although some specific circumstances could be longer
 - after the event, repairs to local infrastructure should occur relatively quickly and supply chains will experience minimal disruption

Widespread

Generally, a widespread event impacts broad geographic regions, for example, multiple counties or states. Widespread events will be powerful and highly disruptive. These events will often be impending events, occurring with advance warning.

Characteristics of these widespread emergencies include:

- mandatory evacuations ordered by government authorities
- long distance travel will be required
 - distances greater than 50 miles
 - travel duration over 2 hours (not including load/unload time)
- complete evacuation of residents and staff
- evacuations which may be of an extended duration, possibly measured in months
 - after the event, supply systems and infrastructure will be significantly damaged or destroyed and services will not be restored quickly
 - facility damage is likely to be significant

Hurricane and Disaster Preparedness Project Summary

Location of Facility

The location of the facility is a factor in deciding to shelter-in-place or evacuate.

- Rural
- Urban
- Metropolitan

A facility that is isolated in a rural area may have a buffer of distance from certain industrial or commercial accidents, civil unrest, or negative impacts of destroyed infrastructure. However, the same distance could be a liability as restoration of utility services and arrival of relief and supplies could take a considerably longer time.

Likewise, a facility in an urban or metropolitan area would likely experience greater attention on the restoration of utilities and supply chains during the post event recovery phase. However, these areas may be more vulnerable to uncontrolled fire, civil unrest, and other threats associated with the breakdown of municipal services. The ability to evacuate may be made much more difficult or even impossible in certain municipalities.

In the Zone

A facility's hurricane evacuation zone, storm surge zone, and flood zone will contribute to the decision to evacuate or to shelter-in-place. Determined in advance by local emergency operations centers, these zone designations will influence when and where to evacuate. While knowing whether your facility is in a designated zone is essential, real-time monitoring of the emergency event is required for evacuation decision-making.

Hurricane Evacuation Zone

Hurricane evacuation zones are usually determined as part of a state's Hurricane Evacuation Study, a federal program which develops tools and information that assist State and County Emergency Management Offices decide who should evacuate during a hurricane threat and when the evacuation order should be given to insure all evacuees have enough time to get to safety.

The Hurricane Evacuation Zone is determined by considering an area's:

- Geologic, bathymetric, and topographic features
- Transportation and Population
- Specific hazards analyses, including the likelihood of surge

Hurricane Evacuation Zone Definitions:

- Evacuation Zone A – Highest risk of flooding from a hurricane's storm surge. Zone A includes all low-lying coastal areas and other areas that could experience storm surge from ANY hurricane making landfall close to a hurricane evacuation zone county.
- Evacuation Zone B – may experience storm surge flooding from a MODERATE (Category 2 and higher) hurricane.
- No Evacuation Zone areas lie outside a hurricane evacuation zone and are not expected to face a risk of storm surge flooding from a hurricane.

Storm Surge Zone

The greatest potential for loss of life related to a hurricane is from storm surge. A Surge Zone (also referred to as a Storm Surge Zone) is a geographic area that will be inundated by the storm surge of a

Hurricane and Disaster Preparedness Project Summary

hurricane or tsunami. The surge zone is different for each category of storm, growing as the intensity of the storm increases. The storm surge will consist of saltwater unless occurring along a large freshwater lake. A hurricane's predicted landfall is crucial to determining which areas will be affected by storm surge. When not associated with a tropical system, the storm surge may also be referred to as coastal flooding. Coastal flooding can occur from the combination of high tides and strong on-shore winds.

The Storm Surge information informs the assignment of hurricane evacuation zones and is impacted by incident-specific considerations such as:

- Central barometric pressure at 6-hour intervals
- Latitude and longitude of storm positions at 6-hour intervals for a 72-hour track
- Storm size measured from the center (eye) to the region of maximum winds, commonly referred to as the radius of maximum winds.
- Height of the water surface well before the storm directly affects the area of interest

Flood Zone

A Flood Zone is an area that will be inundated by water. This excess water can come from torrential rain, snow melt, dam breaches, water ponding in low lying areas, and failure of flood control devices. Flooding can occur from sources hundreds of miles away; the facility does not need to be experiencing adverse weather to experience flooding. Flood water will likely be fresh water, will carry debris and contaminants, and might not quickly drain, thereby becoming stagnant. Flood zones are determined by emergency management and insurance professionals (Flood Insurance Rate Maps) and should be ascertained before a threat is imminent.

Conclusion

Nursing homes and assisted living facilities caring for vulnerable elders and persons with disabilities are responsible for comprehensive plans for their care and protection and, when conditions warrant, facilities must take quick, decisive action to follow through on those plans. Emergencies can be relatively localized events like tornadoes or may encompass large geographic regions as in the case of earthquakes, hurricanes, and wildfires. The speed at which events unfold can vary greatly. Hurricane Katrina was tracked as a monster storm for two to three days prior to landfall, while other storms intensified explosively, catching many off-guard.

While planning for every scenario is impossible, the disaster mitigation and response plans developed and maintained by nursing homes and assisted living facilities are comprehensive by design, incorporating extensive protocols and agreements to facilitate sheltering-in-place, or if necessary, complete evacuation. Laws and regulations require comprehensive planning to ensure the protection of long term care facility residents; their proper nutrition and hydration; adequate staffing before, during, and after an event; and maintenance of essential communications with both families and government officials. There are also requirements for the safe transportation of our most frail, least ambulatory residents in the event conditions warrant swift relocation.

Redundancy in disaster planning is strongly encouraged as it is certain that resources will be stretched thin by constantly changing conditions. Facilities are encouraged to implement a *three-deep* philosophy, entering into contracts with multiple vendors for the provision of food, water, emergency power, transportation, and emergency destinations.

Hurricane and Disaster Preparedness Project Summary

Most importantly, a facility's Incident Command must be prepared to consider and act on a facility's evacuation decision-making criteria.

Hurricane and Disaster Preparedness Project Summary

In February 2006, The John A. Hartford Foundation (JAHF) funded a Nursing Home "Hurricane Summit," sponsored by Florida Health Care Association, of representatives from the six Gulf Coast States affected by hurricane damage during 2005 (Louisiana, Mississippi, Alabama, Texas and Florida), including Georgia, a receiving state for hurricane evacuees. The Summit evaluated disaster—preparedness, response and recovery of nursing homes and identified gaps that impeded safe resident evacuation and disaster response. The meeting identified emergency response system issues that require improved coordination between nursing homes and State and local emergency responders. The Hurricane and Disaster Preparedness for Long-Term Care Facilities project builds on the knowledge gained at the Nursing Home Hurricane Summit, the experience of emergency management staff during the four 2004 Florida hurricanes and the 2005 Hurricanes (Katrina and Rita), as well as the Federal Government's interest in improving disaster preparedness.

Primary Objective: This project's primary objective is to ensure the safety and quality of care of frail elders living in nursing homes during a natural disaster by helping nursing homes and state and local emergency responders improve disaster preparedness, response, and recovery.

Goals: To achieve this objective, the project will:

- I. Develop a new nursing home Disaster Planning Guide and software for national use,
- II. Develop and test nursing home disaster training materials, and
- III. Disseminate these materials regionally at the 2007 gulf coast state Hurricane Summit, and nationally in 2008 in partnership with American Health Care Association at their annual meeting and other national meetings.



Sample Transportation Memorandum of Understanding (MOU)

Transportation Provider SERVICE AGREEMENT

Agreement Effective Date:

Month/Day/ Year _____

Facility:

Facility Name _____

Your Name _____

Address _____

Phone _____

Service Provider:

Transportation Provider _____

Address _____

Phone _____

THIS INDEPENDENT SERVICES AGREEMENT is made and entered into by and between the above-named Facility and Service Provider with each individually (a Party) and collectively (the Parties), as of the Agreement Effective Date (Effective Date), with respect to the following:

RECITALS

WHEREAS, Facility desires for Services Provider to render services as set forth in Exhibit A attached hereto and incorporated by reference (Services) to the Facility, located at the Facility address set forth above (the Facility Premises) and;

WHEREAS, Service Provider desires to render such Services to Facility and or Facility's patients or residents in connection with Facility's operation.

Now Therefore, in consideration of the promises and for other good and valuable consideration, the receipt and sufficiency of which the Parties hereby mutually acknowledge, the Parties agree:

1. **Services Providers Duties.** Services Provider agrees to render the Services set forth within **Exhibit A** during the term of this Agreement and to perform its duties hereunder in a professional manner.

A. General Duties Required of Both parties

- i. Service Provider shall provide Services with all applicable federal and state laws and within the established policies of Facility, in effect from time to time.
- ii. Upon request, Service Provider will prepare complete service records and or logs of all Services rendered to Facility.
- iii. Facility shall make clear to all third parties, with whom it deals in the employee, partner, agent, joint venture or affiliate of Facility.
- iv. Service Provider shall provide to Facility and its staff, residents and/or patients, the specific services listed in **Exhibit A**. In the event of any conflict between the terms and conditions of any exhibit attached to this Agreement, and the terms contained within the main body of this Agreement, the terms of the main body of this Agreement shall rule and supersede any Exhibit.
- v. Service Provider staff shall be trained to meet and exceed the reasonable requirements of routine transportation services in accordance with Arizona state laws. Service Providers technicians have undergone a Department of Motor Vehicles record check, a criminal background check and maintain a clean record and are trained in the use and supply of oxygen in transportation settings.

2. **Facility's Duties**

- i. Facility shall not unreasonably restrict or limit Service Providers right to exercise its independent professional judgement, including the right for Service Provider to recommend necessary Services.
- ii. Facility shall furnish Service Provider with such necessary supplies and materials as might ordinarily be expected for the preparation of reports, remarks or consultations.
- iii. If any authorization or documentation is required, it is Facility's responsibility to obtain the required authorization or documentation prior to scheduling transportation with Service Provider.
- iv. It shall be the responsibility of the Facility to notify the Service Provider in the event a transport patient/resident has a Do Not Resuscitate (DNR) certificate. **Facility recognizes that Service Provider is duly recognized as a non-medical, non-emergency transportation provider, for routine transport service and provides no medical services other than the supply of Oxygen as notified. For DNR customer/patients/residents, it is the responsibility of the Facility to provide the signed DNR certificate to Service Provider prior to the transport.** *Verbiage should be corrected based on service providers capabilities.*

3. **Compensation.**

- i. Service Provider shall directly bill Facility or its patients/residents or the respective third-party payor(s) for all services rendered. Facility charges are pursuant to Exhibit A.
- ii. Facility will reasonably assist Service Provider in obtaining accurate patient/resident third party billing information. For Services billed directly to Facility, Facility shall directly compensate Service Provider for all completed services on a net 30 basis upon receipt of Service Providers approved invoice.

- iii. Service Provider shall submit a billing summary weekly. Summary billing shall include: Date of service, level of service, Patient/resident name and transport charges. Service Provider shall maintain records of all services rendered for 24 months from the date of the service rendered.
 - iv. Changes to the rates in Exhibit A shall occur 45 days prior to the renewal date through 45 days following any such contract renewal. Requests for rate renegotiations for a renewal contract shall be in accordance with Section 16, Notices.
 - v. Facility agrees to pay as liquidated damages, an amount equal to 1.5% per month of the amount of the unpaid balance plus accruals on all invoices over 30 days past due from the payment due date.
- 4. **Insurance.** Service Provider agrees to maintain general and professional liability and errors and omissions insurance throughout the term of this agreement, in an amount of not less than One Million Dollars (1,000,000) per claim and Three Million Dollars (3,000,000) in aggregate.
- 5. **Terms and Conditions.** The term of this Agreement shall commence on the Agreement Effective date and shall continue thereafter for a period of one year (Term). This Agreement shall automatically extend for additional terms of one (1) year each (Additional Term), unless written notice of termination is given by either Party. Notwithstanding, anything contained herein, either Party may terminate this Agreement and the Term hereof, at any time during the Term or Additional Term, upon providing 30 days of written notice, pursuant to Article 16 herein. Facility may immediately terminate this Agreement upon any breach, violation of law regulation, or loss or failure of license or licensure, if applicable to the inaction or omission of, by or involving Service Provider which, in the reasonable opinion of Facility constitutes a threat the health, safety and welfare of the Facility, any patient/resident or violation of any law.
- 6. **Regulatory Changes.** The Parties mutually agree, that if; local, state or federal government agencies promulgate regulations which materially affect the terms of this Agreement, this Agreement shall be immediately subject to renegotiation upon the initiative of either Party.
- 7. **Licensure, Eligibility, and Compliance.** If licensure, certification or any other approval by any state, federal or quasi-governmental entity having jurisdiction over Facility or Service Provider is required for service Provider to legally render Services hereunder, Service Provider and any employee of Service Provider rendering Services hereunder, shall at all times during the term of this Agreement, be duly licensed, certified or approved and shall provide satisfactory evidence of continuing licensure certification, and or approval to the Facility upon the execution of the Agreement and thereafter upon request of Facility from time to time.
- 8. **Exclusion.** Service Providers represents and warrants that neither Service Provider nor any individual or entity with a direct or indirect ownership or control interest of 5% or more in Service Provider, nor any director, officer, agent or employee of such party, is debarred, suspended or excluded under any state or federal health care program for which it is currently eligible to participate in, including but not limited to; Medicare and Medicaid. Service Provider agrees to disclose any actual or threatened fed-

eral, state or local investigations or imposed sanctions of any kind. In progress or initiated subsequent to the date of entering into this Agreement. Service Provider certifies and warrants it is not currently sanctioned under any applicable state or federal fraud and abuse statutes including exclusion from any state or federal health care program.

9. **Service Providers Location, Schedule and Availability.** Service Provider will provide available equipment and personnel for routine transport service to Clients resident/patient. Service is available 24 hours a day, 7 days a week, including national holidays, including New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas Day. Service Provider shall maintain a base of operation [enter location]. Service Providers present base of operation is located at {enter location}. Service Provider may change its base location without notice to facility, provided it remains in the {enter area} and that such change does not adversely impact the transportation services to be provided hereunder.
10. **Independent Contractor.** It is expressly acknowledged by both Parties that Service Provider is an independent contractor. Nothing herein is intended to be construed to create an employer-employee, partnership, joint venture or any relationship between the Provider and Facility. No provision of this Agreement shall create any right in Facility to exercise control or direction over the manner or method by which Service Provider performs its duties or renders Services hereunder; provided always that those services will be provided following all applicable laws, rules and regulations of all governmental authorities, and Facility's then current Corporate Compliance Program (if one exists). Facility will not withhold compensation payable to Service Provider hereunder; or be in anyway responsible for any sums for income tax, employment insurance, Social Security or any other agency tax or fee and Service Provider agrees that the payment of all such amounts as may be required by law are and shall be the responsibility of Service Provider.
11. **Fair Market Value.** The amounts to be paid to Service Provider by Facility have been determined by the Parties through good faith and arm's length bargaining to be the fair market value for Services to be rendered hereunder. No amount paid or to be paid hereunder is intended to be nor will it be construed as ; an offer, inducement or payment, whether directly or indirectly, overtly or covertly, for the referral of patients/residents by Service Provider to Facility or by Facility to Service Provider, or for the recommending or arranging of the purchase, lease or order of any item or service. For purposes of this section, Service Provider and Facility will include each such person or entity and any affiliate thereof. Specifically, no referrals are required under this agreement.
12. **Indemnification.** Each party agrees to defend, indemnify and hold the other party, its corporate parent, subsidiaries, affiliated and related companies, directors, officers, employees and agents, wholly harmless for, from and against any and all costs (including without limitation reasonable attorney's fees and costs of suit), liabilities claims, losses, lawsuit, settlements, demands, causes, judgements and expenses arising from or connected with acts or omissions of the indemnifying party, to the extent that such costs and liabilities are alleged to result from the negligence or willful misconduct. The indemnifying party explicitly agrees not to admit fault on behalf of the other party without expressed written consent of the indemnified party. A party receiving notice of a claim or potential claim, loss, lawsuit or demand shall send written notice to the other within 10 business days and shall fully cooperate in the defense thereof, by counsel mutually acceptable by both parties. The indemnified

party shall have the right but not the responsibility and at its own cost and expense to retain separate counsel of its choosing. The parties right to indemnification set forth in this Article 12 are non-exclusive and are not intended to affect in any way any other rights of the parties to indemnification under applicable federal or state, local laws and regulations.

13. Access to Book and Records.

Pursuant to 42 U.S.C. 1395x(V)(1)(I), during the ____ year period after completion of the Services hereunder, Facility and Service Provider will upon written request, make available to the Secretary of Health and Human Services or to the Comptroller General, or their duly authorized representatives, the Agreement and any books documents and records that are necessary to certify the nature and extent of the costs incurred by the Facility under the provisions of this Agreement. This provision shall be in force for anywhere between 12-month period during which the total value of Services provided or goods delivered hereunder is at \$10,000 or more.

14. HIPAA Applicability and Compliance.

- i. Service Provider may be a “Covered Entity” and may be required to comply with the applicable provisions of the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA) and the regulations and guidelines pertaining thereto (collectively with HIPAA the HIPAA Rules), and to obtain sufficient assurances that its contracting parties will appropriately safeguard patients’ Protected Health Information (PHI) as defined within the HIPAA Rules. Both Facility and service Provider agree maintain the security and confidentiality of Facility patients/residents PHI according to the HIPAA Rules and all other applicable laws and regulations.
- ii. Service Provider will comply with all laws including Title VI of the Civil Rights Act of 1964 Section 504 of the Rehabilitation Act of 1973, The Age Discrimination in Employment Act, Federal Executive Order 11246, regarding discrimination on the basis of race, color, religion, creed, sex, sexual orientation, handicap, national origin, political affiliation, or belief in the course of providing services at or for the Facilities Patients/residents.

- 15. Confidential Information.** Service Provider shall take commercially reasonable care to preserve the confidentiality of all private, confidential and/or proprietary information disclosed to or discovered by Service Provider in connection with this Agreement, including, without limitation, non-public financial information , manuals, protocols, policies, procedures marketing or strategic information, Facility lists, computer software, training materials, resident/patient health information, resident/patient records and resident/patient care outcomes data (Confidential Information) as required by this Agreement and the applicable law. Service Provider shall not use for its own benefit or disclose or otherwise disseminate to third parties, directly or indirectly any Confidential Information without prior written consent of Facility. Upon termination of this Agreement or sooner if requested by Facility, all CI, and copies thereof in the possession or control of Service Provider shall be returned to the Facility. Service Provider and Facility shall comply with applicable federal state and local laws and regulations with respect to all CI, including, but not limited to, any disclosures by Facility thereof pursuant to this paragraph.

16. **Notices.** All notices which are required or which may be given pursuant to this Agreement, shall be in writing and shall be sufficient in all respects, if given in writing and delivered personally or by registered or certified mail, return receipt requested, or by a comparable commercial delivery system, and notice shall be deemed to be given on the date hand delivered or on the date which is three (3) business days after the date deposited in the U.S. mail or with a comparable commercial delivery system, with postage or other delivery charges thereon prepaid, at the addressees first set forth herein above or such other addresses as the parties may designate by written notice to the other from time to time. For a notice to Service Provider to Facility to become effective, a true and complete copy of such notice shall be simultaneously delivered by Service Provider to {enter name and address of Service Provider here}

17. Dispute Resolution/Arbitration

- i. The Parties agree to meet and confer in good faith to resolve any dispute(s) that may arise out of and or relate to this Agreement. If such dispute(s) remain unresolved, the Parties mutually agree that such disputes will be resolved exclusively by arbitration in accordance with the provisions of this Article 17. Either Party may commence arbitration by sending a written demand for arbitration to the other Party, setting forth the nature of the controversy, the dollar amount involved, if any, the remedies sought, and attaching to such demand a copy of this fully executed Agreement. The Parties agree that such arbitration shall be administered by the [List the Arbitration process/vendor]
- ii. Notwithstanding the foregoing, because time is of the essence in this Agreement, the Parties (i) specifically reserve the right to seek a judicial temporary restraining order, preliminary injunction or other short term equitable relief, and grant the arbitrator the right to make final determination of the Parties rights including to make permanent or dissolve such court order (ii) any and all arbitration proceedings are conditional upon such proceedings being covered within the Parties respective risk insurance policies, (iii) the Parties shall not be required to arbitrate malpractice or any third party claims.

18. Miscellaneous Provision

- i. Both Parties agree that this Agreement has been negotiated by and between Service Provider and Facility in an arms-length negotiation, and both Parties are responsible for its drafting. Both Parties have reviewed this Agreement with appropriate counsel, or have waived their right to do so, and the Parties hereby mutually irrevocably agree that this Agreement shall be construed neither for or against either Party, in accordance with the plain language and intent hereof. The invalidity or unenforceability of any provision of the Agreement shall not affect the other provisions hereto, and this Agreement shall be construed in all respects as if such invalid or unenforceable provisions were omitted. Headings are used herein for convenience only and shall play no part in the construction of any provision of this Agreement.
- ii. With respect to any Services provided under the Agreement which are payable to Medicare Part A (Non-Covered Services) the rate of payment that Service Provider will charge the Facility for Non-Covered Services (the Negotiated Rate) inclusive of any applicable discounts, rebates, or other price reducing allowance which fall within the definition of discount which fall under 42 CFR 1001.952(h)(5) (in the aggregate, Discounts), shall exceed Service Providers costs in providing such Non-Covered Services and shall be consistent with fair market

value . Upon request of either party at the end of each Contract Year Facility shall reconcile the amounts that Facility has paid for the Non-Covered Services during the preceding Contract Year against Service Providers disclosed cost, which shall be provided to Facility by Service Provider for such Non-Covered Services. To the extent such reconciliation suggests that the Negotiated Rates the Facility paid to Service Provider during the preceding contract year did not exceed Service Providers costs or was not consistent with fair market value, the parties shall renegotiate the aggregate over the then current Contract Year, will exceed Service Provider costs to provide the Non-Covered Services and will be consistent with fair market value.

- iii. The parties agree that all Services, goods and/or equipment delivered pursuant to this Agreement are delivered in the state where the Facility is physically located. Any state of federal or local franchise, sales, use gross receipts income, and/or any other taxes, levies, charges, fees or licenses payable or necessary in connection with such goods, services and/or equipment are the sole responsibility of Service Provider.
- iv. This Agreement is intended to be in compliance with the discount safe harbor provisions of the Anti-Kickback Statute and its implementing regulations, 42CFR 1001.952(h). All discounts and rebates will be provided based on purchases of goods/services within a single fiscal year of facility and the terms of discounts and rebates are fixed and set forth herein. Service Provider shall disclose the amounts of any discounts and rebates in writing to Facility at the time of invoice or at such time as the discounts or rebates are ascertainable.
- v. All Parties who are agents or contractors of the Facility are required to report suspicion of a crime against any individual who is a patient/resident of or is receiving care from Facility to the Secretary of the U.S. Department of Health and Human Services and one or more law enforcement entities for the political subdivision in which the Facility is located. If the events that cause the suspicion result in serious bodily injury, the report shall be made no later than 2 hours after forming the suspicion. If the events that cause the suspicion do not result in serious bodily injury, the report shall be made no later than 24 hours after forming the suspicions or as otherwise required by law.
- vi. This Agreement shall be governed by the laws of the State of Arizona
- vii. Time is of the essence of this Agreement and every term and condition hereof. The waiver by any Party hereto of a breach of any provision of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach by any Party.
- viii. This Agreement shall be binding upon the Parties hereto, their heirs, successors and assigns. Notwithstanding the foregoing, Service Provider acknowledges that a material and substantial consideration in Facility's execution of the Agreement is the identity and reputation of the Service Provider, and Facility's subjective perception of Service Providers value to and compatibility with Facility and its officers, employees, facilities and residents. As such, notwithstanding anything contained herein to the contrary, this Agreement and the rights of Service Provider hereunder are personal to the Service Provider, and may not be assigned or subcontracted to, nor shall the duties and responsibilities of Service Provider hereunder be delegated to or rendered by, any other person or entity without the express prior written consent of Facility, which consent may be granted or denied, conditionally or unconditionally, by the Facility in its sole absolute and unfettered discretion. Notwithstanding anything con-

tained herein, Facility may transfer the Agreement to a subsidiary or affiliate upon written notice to Service Provider.

- ix. This Agreement represents the entire agreement and understanding of the Parties with respect to the subject matter hereof and supersedes and negates any previous contracts or agreements whether written or oral between Facility and service Provider. Facility and Service Provider mutually agree no term or provision of this Agreement may be changed, waived, discharged or terminated orally, by telephone or by any other means except by an agreement, in writing, signed by both Parties.
- x. 18.10 This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same instrument.

19. Billing Instructions

- i. Billing Department Email: _____
- ii. Billing Department Direct Line: _____
- iii. Provide the following information to the Billing Department
 - a. Contact Name _____
 - b. Contact Email _____
 - c. Contact Mailing Address _____
 - d. Contact Business Phone _____
 - e. Billing Portal/website _____
- iv. Where payments should be sent _____

IN WITNESSES WHEREOF, The Parties have affixed their signatures to this Independent Services Agreement.

Agreement as of the dates set forth below

Facility	Service Provider
Signature: _____	_____
Authorized Agent: _____	_____
Date: _____	_____

EXHIBIT A

Direct Services Provided to Facility

Compensation. The parties hereto agree that the Services performed by Service Provider on behalf of the Facility's residents pursuant to this agreement will be separately billed to the resident's commercial medical insurance company, the intermediary for the Medicare program, or applicable state agency for the Medicaid program, as appropriate and necessary. Facility will assist Service Provider in proper billing by providing Service Provider with the necessary information Service provider may reasonably require. For Services direct billed to Facility, Facility shall remit payment to Service Provider within 30 Days of receipt of statement, including those residents who are receiving Services reimbursable under Medicare Part A, HMO (if the Facility is responsible) private and Medicaid non-covered services.

DISASTER AVAILABILITY

Service Provider will provide support and transportation in the event of a major disaster requiring the evacuation of the Facility's Resident/Customer/Patient utilizing all available Service Provider resources, subject to availability and scope of disaster.

MINIMUM REQUIREMENTS

Service Provider will provide available equipment and personnel for routine transport service to Facility's resident/patients. Service is available 24 hours a day, 7 days a week, including national holidays, including New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas Day.

Services	FACILITY RATES	
	Preferred	
Availability	24/7	
Insurance Coverage	\$3 Million (example)	
Wait Time	30 min (example)	
Fuel Surcharge	None (example)	
Billable Cancellations	Base Rate Only (example)	
Weekend Surcharge	None (example) Holiday	
Surcharge	None (example)	
Overnight Fee (10 PM to 5:00 AM)	\$25 (example)	
Stat Fee (P/U < 1 hour)	\$25	"
AHCCCS Plan Coverage	YES	"
Booking	Priority	"
Missed Appointment Guarantee	2 free	"
Ambulatory	\$25	"
Wheelchair	\$25	"
Stretcher/Gurney	\$50	"
Bariatric Wheelchair (>300lbs)	\$60	"
Bariatric Stretcher (>300lbs)	\$120	"
Oxygen (up to 15 liters)	\$20	"
Mileage	10 miles (free after \$2 per)	
Extra Technician	\$30	"

Facility: _____

Address: _____

Phone: _____

Emergency Operations Plan
Memorandum of Understanding
Transportation Provider

This is an agreement between your facility and transportation provider to provide non-emergency, emergency transportation to residents to a facility listed in your facility Emergency Operations Plan.

Residents may have varying levels of mental health issues and behavioral disorders including PTSD, bi-polar disorder, schizophrenia, dementia and other geropsychiatric condition. This may make transportation and supervision of residents more challenging. Transportation Provider can also anticipate transporting ambulatory residents with walkers; residents in wheelchairs; and stretcher transports (under ____pounds).

Point of contact and phone number for transport provider: _____

Signed by Facility Representative: _____

Date: _____

Signed by Transport Provider Representative: _____

Date: _____



Registered Utility Providers

Registered Electric Providers

Company	Address	City	State	Zip	Phone	Phone 2	Website	Notes
City of Mesa	640 N Mesa Drive	Mesa	AZ	85201	(480) 644-2151		https://www.mesaaz.gov/residents/energy-resources/electric	City has small service area / Will notify customers of planned outages 24 hours in
Salt River Project (SRP)	61500 N Mill Avenue	Tempe	AZ		(602) 236-8833	(602) 236-3333	https://www.srpnet.com/billing/home/enotes.aspx	
Arizona Public Service Company (APS) Navopache Electric Cooperative, Inc.	400 N 5th Street	Phoenix	AZ	85004	(602) 371-7171 (928) 368-5118	(602) 731-3680	https://www.aps.com/en/Residential/Account/Assistance-Programs/Medical-Equipment-Preparedness/Mailed-Form	Use the website given to register for the Medical Care Preparedness Program
Dixie Escalante Rural Electric Association Inc.	71 E UT-56	Beryl	UT	84714	(435) 439-5331		www.dixiepower.com	Provider will contact customers of planned outages
Morenci Water and Electric Company	4521 N US Highway 19	Morenci	AZ	85540	928-865-2229		www.morencitown.com	Provider will contact customers of planned outages
Tucson Electric Power Company	PO Box 711 MS: SC122	Tucson	AZ	85702-0711	(520) 623-7711	(520) 623-3451	https://www.tep.com/	Complete Authorization form and have physician complete certification form.
Arizona Electric Power Cooperative, Inc	1000 S Highway 80	Benson	AZ	85602	(520) 586-3631	(520) 586-5465	http://www.azgcp.org/	Does not notify end use customer of outages
Columbus Electric Cooperative, Inc	PO Box 631	Deming	NM	88031	(800) 950-2667			Provider will contact customers of planned outages

Registered Electric Providers

Company	Address	City	State	Zip	Phone	Phone 2	Website	Notes
Duncan Valley Electric Cooperative, Inc	PO Box 440	Duncan	AZ	85534	(928) 359-2503	(800) 669-2503		
Trico Electric Cooperative, Inc.	8600 W Tangerine Rd	Marana	AZ	85658	(520) 744-2944	(866) 337-2052	https://www.trico.coop/	To be notified of planned power outages, customers must register online and enter account number under SMART HUB
Graham County Electric Cooperative, Inc.	9 W Center Street	Pima	AZ	85543	(928) 485-2451			Provider will contact customers of planned outages
Sulphur Springs Valley Electric Cooperative, Inc.	311 E Wilcox Drive	Sierra Vista	AZ	85635	(520) 458-4691			To be notified of a planned outage, a critical load form must be completed and submitted, forms can be picked up at the office or mailed upon request
Mohave Electric Cooperative, Inc.	928 Hancock Road	Bullhead City	AZ	86442	(928) 763-1100		https://www.mohaveelectric.com/	Provider will contact customers of planned outages
Garkane Energy Cooperative, Inc.	120 W 22	S. Loa	UT	84747	(435) 836-2795		www.GarkaneEnergy.com	Garkane uses a life
Calpine Energy solutions, LLC					1 (877)-273-6772		customerservice@calpinesolutions.com	Use phone number or send email to contact / Does not notify end use customer of outages



Mental Health Resources

**MENTAL HEALTH
& SUBSTANCE USE INFO**

Most public mental health/substance use services require AHCCCS (state public health insurance program).

Private Insurance: Contact member services to see what is offered.

If you are not on AHCCCS, or are not sure if you are eligible - contact Mercy Care at: 602-586-1841

Want to apply for Medicaid/AHCCCS? Visit: www.healthearizonaplus.gov or call 855-432-7587

You can also search online for a community assistor.

**MENTAL HEALTH & SUBSTANCE
USE SERVICES**

St. Luke's Behavioral Health Center (Phoenix)
602-251-8535
Touchstone Health Services (Youth) (Phoenix & Mesa)
866-207-3882
Terros Health (Glendale)
602-685-6000
Trumpet Behavioral Health (Peoria)
602-535-8341
Copper Springs (Avondale)
480-565-3035
Aurora Behavioral Health (Tempe)
480-345-5400
Banner Behavioral Health Hospital (Scottsdale)
480-244-4949
Marc Center Outpatient Clinic (Mesa)
480-218-6569
Center for Behavioral Health (Tempe)
480-897-7044

For more information about publicly-funded behavioral health services in Maricopa County contact: Mercy Care Customer Service at 602-586-1841.

Resource Directories
Find Help Phx- www.findhelpphx.org

Mercy Maricopa Community Resource Guide-
www.mercymaricopa.org/community-guide

Southwest Network Help Book-
www.southwestnetwork.org/nt19rg/

HSAG Resource Guide-
www.hsag.com/community-bh-resources

Simply dial 211 to access a comprehensive information and referral directory for all sorts of health and

SUPPORT & RECOVERY

CHEERS Recovery Center
602-246-7607
Stand Together and Recover Centers (S.T.A.R.)
602-231-0071
Recovery Empowerment Network
602-248-0368
RI International
602-650-1212
Hope Lives- Vive La Esperanza
1-855-747-6522

—Mental Health Guild's list of free Peer Support Groups
www.mentalhealthaz.org/support-groups/

—National Alliance on Mental Illness' list of free Family Support Groups
www.namiaz.com/page13/index.html

Marc Community Resources, Inc. can provide additional mental and behavioral health information and resources. The Information & Resources Coordinator, Andy Arnowitz, can be reached at 480-994-4407.

Pocket Guide
Compliments of:
Mental Health America of
Arizona
www.mhaarizona.org

MHA Info 480-982-5305
Info & Referrals 480-994-4407

**2019
POCKET GUIDE**

**Mental Health, Substance
Abuse, Support Groups,
and Recovery Services**

Maricopa County

**What to do in a Mental Health
Crisis or Emergency:**

Call 911 if experiencing a life-threatening emergency.

Tell them it is a mental health crisis, who is in crisis, and ask that a Crisis Intervention Team officer be provided.

Central Arizona Crisis Line

24 hours, 7 days a week
800-631-1314
602-222-9444
TTY 800-327-9254

Mobile Acute Crisis services may be coordinated through the Crisis Line.

Non-Crisis Warm Line
(602) 347-1100

**DOMESTIC AND/OR SEXUAL
VIOLENCE**

Arizona Coalition to End Sexual and Domestic Violence Services Helpline
602-279-2900 or 800-782-6400
Maricopa County Shelter Line
480-890-3039
National 24-hour Domestic Violence Hotline
800-799-7233
National Sexual Assault Hotline
RAINN
800-656-4673
National Teen Dating Abuse Hotline
866-331-9474
STRONGHEARTS Native Helpline
844-762-8483
National Human Trafficking Hotline
888-373-7888
Visit www.acesdv.org for a complete list of Arizona DV/SV resources

Southwest Behavioral & Health Services

Southwest Behavioral & Health Services

Contact/Locations

Main Office
3450 N. 3rd Street
Phoenix, Arizona 85012
Phone: 602-565-8338

Contact Us / Schedule Appointment

To contact any of our service sites directly, please see the links listed below:
For information about Southwest Behavioral & Health Services' programs and services, or to schedule an appointment or obtain assistance contacting any of our sites, call 602-565-8338. To access live Telecommunications Relay Service for the Deaf and Hard of Hearing, dial 7-1-1.
Interpreter services are available at any of our clinics.

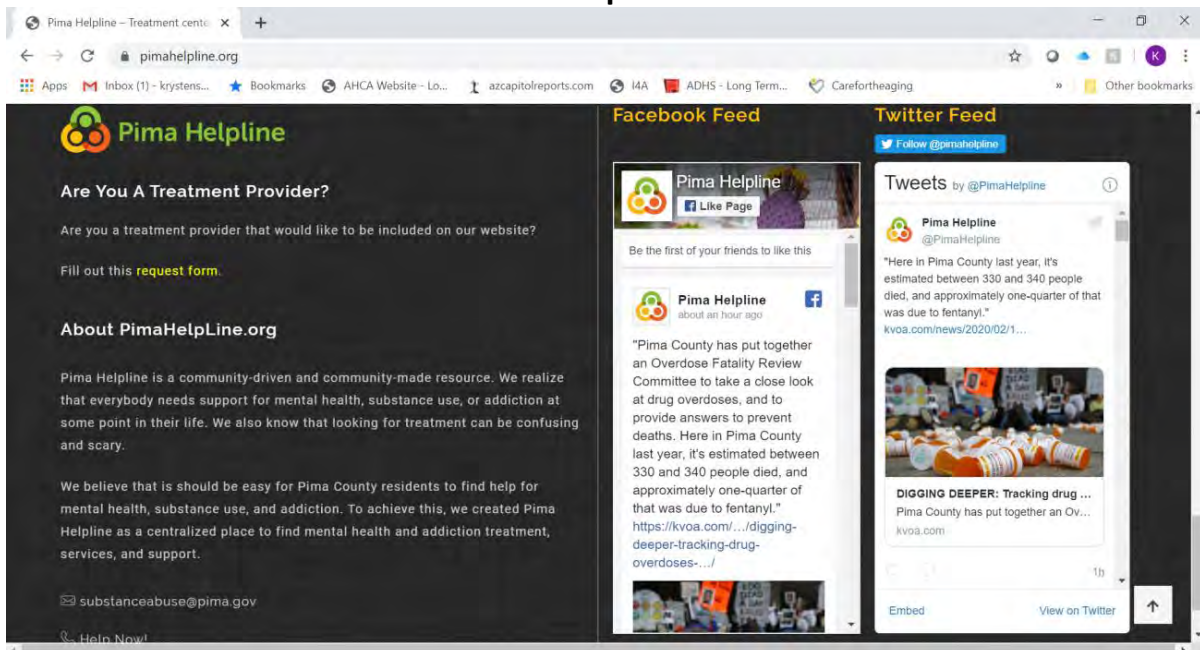
Complaints:
Individuals who wish to file a complaint may utilize the following links:
[File a Complaint](#)
[File a Complaint](#)

Our Administration Office provides the following services:
Support and services to all programs, including:
→ Administrative Services
→ Compliance
→ Facilities Management
→ Financial Management
→ Human Resources Management
→ Information Systems and Technology Management
→ Public Relations and Events

Arizona Behavioral Health Corporation



Pima Helpline



National Alliance on Mental Illness

The screenshot shows the NAMI website homepage. At the top, there is a navigation bar with links: About NAMI, Convention, NAMI Leaders, Join, Renew, Sign In, and En Español. Below this is a search bar. The main header features the NAMI logo and four primary action buttons: LEARN MORE, FIND SUPPORT, GET INVOLVED, and DONATE NOW. A dark navigation bar below the header contains a breadcrumb trail: Home > About NAMI. The main content area is divided into three columns. The left column, titled 'IN THIS SECTION', lists various links: Meet the Staff, Meet the Board, Our Structure, Our Finances, Our Partners, Policy Platform, NAMI News, Publications & Reports, Press & Media, and Work at NAMI. The middle column, titled 'About NAMI', contains sections for 'Our Vision' (NAMI envisions a world where all people affected by mental illness live healthy, fulfilling lives supported by a community that cares), 'Our Mission' (NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives), and 'Our Values'. The right column is a teal sidebar with a 'FIND YOUR LOCAL NAMI' section featuring a dropdown menu for 'Your State' and a 'GO' button. Below this is the 'CALL THE NAMI HELPLINE' section with the number 800-950-NAMI, the email info@nami.org, and the hours M-F, 10 AM - 6 PM ET. At the bottom of the sidebar is the 'FIND HELP IN A CRISIS OR TEXT "NAMI" TO 741741' section.

NAMI
National Alliance on Mental Illness

About NAMI Convention NAMI Leaders Join Renew Sign In En Español

Search

LEARN MORE FIND SUPPORT GET INVOLVED DONATE NOW

Home > About NAMI

IN THIS SECTION

- Meet the Staff
- Meet the Board
- Our Structure
- Our Finances
- Our Partners
- Policy Platform
- NAMI News
- Publications & Reports
- Press & Media
- Work at NAMI

About NAMI

Our Vision

NAMI envisions a world where all people affected by mental illness live healthy, fulfilling lives supported by a community that cares.

Our Mission

NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives.

Our Values

FIND YOUR LOCAL NAMI

Your State GO

CALL THE NAMI HELPLINE

800-950-NAMI
info@nami.org
M-F, 10 AM - 6 PM ET

FIND HELP IN A CRISIS OR
TEXT "NAMI" TO 741741

Peer Support Groups

(sponsored by Mental Health Guild)

There is no charge or registration requirement to attend. Because this listing is updated periodically & the groups are subject to change, you are encouraged to contact Andy at 480-994-4407 to verify meeting times and dates. The peer support groups are facilitated by trained mental health consumers and focus on adult (18+) consumer issues. Website: mentalhealthaz.org

Revised 7-2-19

*Support groups are not meant to be a substitute for professional advice. We only offer help by sharing our own experience.

Group Name	Focus	City	Day/Time	Meeting Location & Directions
Ed's Exes Eating Disorder Group	Eating Disorders	Peoria	Sunday 1:30-3:30pm	West Valley Center for Spiritual Living, 9745 W. Peoria Ave., Peoria 85345. On W. Peoria Ave., west of the 101. It's a 2-story building on the south side of Peoria Ave. with purple and peach colors. Park on the south side of the building & enter through the purple door marked "Papke Hall." The meeting room is right there when you enter that door.
Hope	Any Mental Disorder	Goodyear	Monday 5:30-7:30pm	Christ Evangelical Lutheran Church, 918 S. Litchfield Road, Goodyear 85338, Classroom B. 1.5 miles south of I-10 & Litchfield Rd. on the west side. Go behind the church & park behind the building in the rear. Follow the walk on left side of the building all the way around the building to the 2nd door. Classroom B is the second room on the left when entering the building.
First Light	Bipolar Depression	Sun City West	Tuesday 5:30-7:30pm	Lord of Life Lutheran Church, 13724 W. Meeker Blvd., Sun City West, 85375, Room #1. Take either Meeker or RH Johnson Blvd. to the intersection of Meeker & RH Johnson. The church is across the street from the clocktower. From the parking lot of the church, follow signs to the meeting rooms in the courtyard. The group meets in room #1.
New Dawn	Any Mental Disorder	Phoenix	Tuesday 7:00-9:00pm	PSA Behavioral Health Agency, 2255 W. Northern Ave., Phoenix, 85021, Suite B100. 23rd Ave. & Northern Ave. On the south side of Northern. Park in adjacent parking lot on the east side of the bldg. Enter thru the door furthest to the right, which is the door closest to Northern.
Obsessive Compulsive Disorders Group	Obsessive Compulsive Disorders	Scottsdale	2nd & 4th Tuesday 6:45-8:45pm	Granite Reef Senior Center, 1700 N. Granite Reef Rd., Scottsdale, 85257, Room 8. Granite Reef Rd. is between Hayden & west of the 101. Granite Reef Senior Center is 1 block north of McDowell on the west side of Granite Reef Rd. behind the AM/PM gas station. Group meets in room number 8.
Being Heard	Any Mental Disorder	Mesa	Wednesday 7:00-9:00pm	Marc Ridge, 737 W. Guadalupe Rd., Suite 122, Mesa, AZ 85210. It is between S. Extension Rd. & S. Country Club Dr. There is a parking lot.

Crisis Line 602-222-9444

(Non-crisis) Warm Line 602-347-1100

Group Name	Focus	City	Day/Time	Meeting Location & Directions
Bipolar Bears	Bipolar Depression	Phoenix	Wednesday 7:00-9:00pm	St. Luke's Behavioral Health Center, 1800 E. Van Buren St., Phoenix, 85006. Behavioral Auditorium Room. From 18th St. & Van Buren, go north on 18th St. to the AIM parking lot. Walk up ramp. Then follow signs to Behavioral Auditorium Room.
Guiding Light	Bipolar Depression	Scottsdale	Friday 3:00-4:45pm	Via Linda Senior Center, 10440 E. Via Linda, Scottsdale, 85258, Conf. Room 8. 101 to Shea Blvd. Go east on Shea to Via Linda. Go south on Via Linda to the Scottsdale Senior Center. Turn rt. into parking lot. Go in Senior Center & ask at front desk where conf. room 8 is.
Finding Balance	Bipolar Depression	Glendale	Friday 4:00-6:00pm	Abrazo Arrowhead Campus/Arrowhead Physicians Plaza, 18699 N. 67th Ave., Glendale, 85308, Palo Verde Room. (67th Ave. & Union Hills Dr.) Pull in main entrance of Abrazo Arrowhead Campus & park. To the right of the main entrance of Abrazo Arrowhead Campus is the entrance for the Arrowhead Physicians Plaza. Enter the Arrowhead Physicians Plaza & go to the elevator. Take the elevator to the 3rd floor. Turn left when you get off the elevator & go down the hallway. At the end of the hallway, go left at the fork. Then turn right at the conference room door & enter the Palo Verde Room.
Together For Wellness	Any Mental Disorder	Mesa	Friday 7:00-9:00pm	Desert Medical Pavilion, 1432 S. Dobson Rd., Mesa 85202, Rosati Education Center, Ocotillo Room Go to main entrance on Dobson. Pull in & come to stop sign. Turn left and then a right into the parking garage. Go thru the garage to the opposite end and park. Enter doors to the right (Rosati Education Center). Then turn right & go straight ahead to the Ocotillo Room.

Crisis Line 602-222-9444

(Non-crisis) Warm Line 602-347-1100

ARIZONA FACILITY ID	ARIZONA LICENSED HOSPITALS REQUIRED TO REPORT FINANCIAL DATA TO ADHS
	~ UPDATED February 2018 ~
MED4487	ABRAZO ARIZONA HEART HOSPITAL
MED0209	ABRAZO ARROWHEAD CAMPUS
MED0228	ABRAZO CENTRAL CAMPUS
MED0224	ABRAZO MARYVALE CAMPUS
MED2149	ABRAZO SCOTTSDALE CAMPUS
MED2640	ABRAZO WEST CAMPUS
MED2787	ARIZONA SPECIALTY HOSPITAL
MED2312	ARIZONA SPINE AND JOINT HOSPITAL
MED4736	ARIZONA STATE FORENSIC HOSPITAL
MED0208	ARIZONA STATE HOSPITAL
MED3301	AURORA BEHAVIORAL HEALTH SYSTEM
MED4271	AURORA BEHAVIORAL HEALTHCARE-TEMPE
MED0219	BANNER - UNIVERSITY MEDICAL CENTER PHOENIX
MED7024	BANNER - UNIVERSITY MEDICINE FAMILY MEDICINE
MED0239	BANNER BAYWOOD MEDICAL CENTER
MED0211	BANNER BEHAVIORAL HEALTH HOSPITAL
MED0241	BANNER BOSWELL MEDICAL CENTER
MED0258	BANNER CASA GRANDE MEDICAL CENTER
MED0217	BANNER DEL E. WEBB MEDICAL CENTER
MED0216	BANNER DESERT MEDICAL CENTER
MED2910	BANNER ESTRELLA MEDICAL CENTER
MED3557	BANNER GATEWAY MEDICAL CENTER
MED5288	BANNER GOLDFIELD MEDICAL CENTER
MED2157	BANNER HEART HOSPITAL
MED4420	BANNER IRONWOOD MEDICAL CENTER
MED0204	BANNER PAYSON MEDICAL CENTER
MED0238	BANNER THUNDERBIRD MEDICAL CENTER
MED2863	BANNER-UNIVERSITY MEDICAL CENTER SOUTH CAMPUS
MED0257	BANNER-UNIVERSITY MEDICAL CENTER TUCSON CAMPUS
MED0194	BENSON HOSPITAL

ARIZONA DEPARTMENT OF HEALTH

ARIZONA FACILITY ID	ARIZONA LICENSED HOSPITALS REQUIRED TO REPORT FINANCIAL DATA TO ADHS
	~ UPDATED February 2018 ~
MED0198	CANYON VISTA MEDICAL CENTER
MED2124	CHANDLER REGIONAL MEDICAL CENTER
MED4019	CHANGEPOINT PSYCHIATRIC HOSPITAL
MED1397	CHG HOSPITAL TUCSON, LLC
MED6250	COBALT REHABILITATION HOSPITAL IV, LLC
MED0205	COBRE VALLEY REGIONAL MEDICAL CENTER
MED3242	COPPER QUEEN COMMUNITY HOSPITAL
MED6578	COPPER SPRINGS HOSPITAL, LLC
MED1864	CORE INSTITUTE SPECIALTY HOSPITAL, THE
MED6462	CORNERSTONE BEHAVIORAL HEALTH EL DORADO
MED3573	CURAHEALTH NORTHWEST PHOENIX
MED0340	CURAHEALTH PHOENIX NW
MED0565	CURAHEALTH TUCSON
MED5829	DIGNITY HEALTH - ARIZONA GENERAL HOSPITAL
MED6729	DIGNITY HEALTH EAST VALLEY REHABILITATION HOSPITAL
MED0201	FLAGSTAFF MEDICAL CENTER
MED4766	FLORENCE HOSPITAL AT ANTHEM, LLC
MED3150	GILBERT HOSPITAL
MED5416	GLOBALREHAB - SCOTTSDALE, LLC
MED6142	GREEN VALLEY HOSPITAL
MED2568	GREENBAUM SPECIALITY SURGICAL HOSPITAL
MED1078	GUIDANCE CENTER, THE
MED6181	HACIENDA CHILDREN'S HOSPITAL, INC.
MED0244	HAVASU REGIONAL MEDICAL CENTER
MED2205	HAVEN SENIOR HORIZONS
MED4071	HEALTHSOUTH EAST VALLEY REHABILITATION HOSPITAL
MED0342	HEALTHSOUTH REHABILITATION INSTITUTE OF TUCSON
MED0225	HEALTHSOUTH SCOTTSDALE REHABILITATION HOSPITAL
MED0240	HEALTHSOUTH VALLEY OF THE SUN REHABILITATION
MED3310	HOLY CROSS HOSPITAL

<http://www.azdhs.gov/preparedness/public-health-statistics/health-facility-cost-reporting/index.php>

ARI ZONA DEPARTMENT OF HEALTH

ARIZONA FACILITY ID	ARIZONA LICENSED HOSPITALS REQUIRED TO REPORT FINANCIAL DATA TO ADHS
	~ UPDATED February 2018 ~
MED0230	HONORHEALTH DEER VALLEY MEDICAL CENTER
MED0222	JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
MED5161	KINGMAN REGIONAL MED CTR-HUALAPAI MOUNTAIN CAMPUS
MED0245	KINGMAN REGIONAL MEDICAL CENTER
MED0207	LA PAZ REGIONAL HOSPITAL
MED0247	LITTLE COLORADO MEDICAL CENTER
MED0483	LOS NINOS HOSPITAL, INC.
MED0223	MARICOPA MEDICAL CENTER
MED1574	MAYO CLINIC HOSPITAL
MED3311	MERCY GILBERT MEDICAL CENTER
MED3289	MOUNTAIN VALLEY REGIONAL REHABILITATION HOSPITAL
MED3488	MOUNTAIN VISTA MEDICAL CENTER, LP
MED0206	MT. GRAHAM REGIONAL MEDICAL CENTER
MED0196	NORTHERN COCHISE COMMUNITY HOSPITAL, INC.
MED0251	NORTHWEST MEDICAL CENTER
MED4535	O.A.S.I.S. HOSPITAL
MED5523	OASIS BEHAVIORAL HEALTH HOSPITAL
MED2944	ORO VALLEY HOSPITAL
MED0203	PAGE HOSPITAL
MED5527	PALO VERDE BEHAVIORAL HEALTH
MED2170	PHOENIX CHILDREN'S HOSPITAL
MED5828	PHOENIX CHILDREN'S HOSPITAL - MERCY GILBERT MED CT
MED3279	PROMISE HOSPITAL OF PHOENIX, INC.
MED5753	QUAIL RUN BEHAVIORAL HEALTH
MED0192	SAGE MEMORIAL HOSPITAL
MED6365	SCOTTSDALE LIBERTY HOSPITAL
MED0235	SCOTTSDALE OSBORN MEDICAL CENTER
MED0236	SCOTTSDALE SHEA MEDICAL CENTER
MED3513	SCOTTSDALE THOMPSON PEAK MEDICAL CENTER
MED1724	SELECT SPECIALTY HOSPITAL ARIZONA

<http://www.azdhs.gov/preparedness/public-health-statistics/health-facility-cost-reporting/index.php>

ARIZONA FACILITY ID	ARIZONA LICENSED HOSPITALS REQUIRED TO REPORT FINANCIAL DATA TO ADHS
	~ UPDATED February 2018 ~
MED0532	SELECT SPECIALTY HOSPITAL PHOENIX
MED2151	SELECT SPECIALTY HOSPITAL-ARIZONA-PHOENIX (032005)
MED1840	SONORA BEHAVIORAL HEALTH HOSPITAL
MED0454	SOUTHERN ARIZONA REGIONAL REHABILITATION HOSPITAL
MED0253	ST JOSEPH'S HOSPITAL
MED5520	ST JOSEPH'S WESTGATE MEDICAL CENTER (030024)
MED0234	ST LUKE'S MEDICAL CENTER
MED2125	ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER
MED0233	ST. LUKE'S BEHAVIORAL HOSPITAL, LP
MED0254	ST. MARY'S HOSPITAL
MED0246	SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER
MED3833	TEMPE ST LUKE'S HOSPITAL, A CAMPUS OF ST LUKE'S ME
MED5972	TMC GEROPSYCHIATRIC CENTER AT HANDMAKER
MED0256	TUCSON MEDICAL CENTER
MED4385	VALLEY HOSPITAL
MED3174	VALLEY VIEW MEDICAL CENTER
MED0260	VERDE VALLEY MEDICAL CENTER
MED0243	WESTERN ARIZONA REGIONAL MEDICAL CENTER
MED4469	WESTERN REGIONAL MEDICAL CENTER
MED0193	WHITE MOUNTAIN REGIONAL MEDICAL CENTER
MED2277	WICKENBURG COMMUNITY HOSPITAL
MED3734	WINDHAVEN PSYCHIATRIC HOSPITAL
MED0261	YAVAPAI REGIONAL MEDICAL CENTER
MED6924	YAVAPAI REGIONAL MEDICAL CENTER-EAST CAMPUS
MED0262	YUMA REGIONAL MEDICAL CENTER
MED2543	YUMA REHABILITATION HOSPITAL



Health Information Exchange



healthcurrent

IMAGINE FULLY INFORMED HEALTH

ABOUT US

Health Current is *the* health information exchange (HIE) that helps partners transform care by bringing together communities and information across Arizona.

As Arizona's HIE, Health Current fully integrates behavioral and physical health information, connecting a complete continuum of Arizona organizations from hospitals, labs, health plans, community behavioral health and physical health providers to first responders, correctional facilities, post-acute care and hospice providers.

BENEFITS of the HIE

- ✓ Improve health care quality and patient outcomes by reducing medication and medical errors.
- ✓ Reduce unnecessary tests and services and improve the efficiency of care by ensuring everyone involved in a patient's care has access to the same information.
- ✓ Reduce administrative costs by making tasks more simple and more efficient.
- ✓ Follow up with patients using real-time notifications which include discharge summaries.

Services

Health Current offers a range of HIE services designed to integrate more complete patient information into the care delivery of HIE participants. Services include: Alerts, Direct Email, Portal, Data Exchange, Clinical Summary, and Controlled Substances PMP Program.

EMR Connectivity

The Health Current Gateway, powered by Votro Health, provides an HIE Connection through a simple desktop application enabling the secure movement of data between Health Current Participants and Health Current, without the need for a complex interface between Health Current and a Participant's computer or electronic health record (EHR) system.

HIE Onboarding

Through funding available from the Arizona Health Care Cost Containment System (AHCCCS), Health Current offers the HIE Onboarding Program to support the participation of eligible AHCCCS hospitals and providers in the HIE. The program provides an administrative offset in recognition of the costs the eligible HIE participant has incurred to complete bidirectional HIE connectivity. Due to limited funding, this program is available on a first come, first served basis.

Find Out More: To obtain additional information and to determine your organization's eligibility, contact Health Current at recruitment@healthcurrent.org or (602) 688-7200.



HIE Onboarding Program

An AHCCCS-funded program that supports bidirectional HIE connectivity

Through funding available from the Arizona Health Care Cost Containment System (AHCCCS), Health Current offers the **HIE Onboarding Program** to support the participation of eligible AHCCCS hospitals and providers in statewide health information exchange (HIE).

The program provides an administrative offset in recognition of the costs the eligible HIE participant has incurred to complete bidirectional HIE connectivity. Due to limited funding, this program is available on a first come, first served basis.

Program Benefits

- Improves care coordination and transitions of care
- Reduces duplicate tests and procedures
- Helps avoid costly mistakes and improves patient safety
- Saves time by eliminating calls, faxes to other providers
- Reduces costs and improves health outcomes

"The HIE Onboarding Program is an excellent opportunity for eligible AHCCCS Medicaid providers to receive support for bidirectional HIE connectivity."
Melissa Kotrys, CEO, Health Current

"The HIE Onboarding Program supports bi-directional connectivity and prepares organizations for the interoperable world of value-based healthcare. In addition, this connectivity promotes advanced care coordination that can improve healthcare quality and reduce costs."

Jami Snyder, Director, AHCCCS

Program Information

Who Qualifies: Eligible participants are defined as AHCCCS hospitals and providers that meet certain requirements.

Administrative Offset Payments

HIE participants who participate in the HIE Onboarding Program will receive an administrative offset payment once bidirectional connectivity is complete. The financial payments are as follows:

Community Provider (SNF/AL providers)	\$5,000	Hospital	\$20,000
Community Provider (26+ providers)	\$10,000	FQHC, FQHC Look-Alike & RHC	\$10,000

Find Out More: To obtain additional program information and to determine your organization's eligibility, contact Health Current by email at recruitment@healthcurrent.org or by phone at (602) 688-7215.





Emergency Preparedness Kit Inventory List



Emergency Preparedness Emergency Kit *Inventory List for SNF Behavioral Care*

- 2-Port Ultra-Portable Charger
- 20 Purell Hand Sanitizing Wipes
- 8 LED Flashlights
- 2 Emergency Hand Crank Self Powered AM/FM NOAA Solar Weather Radio with LED Flashlight, 1000mAh Power Bank
- Ever Ready First Aid Fully Stocked First Responder Kit
 - Tool Kit – A collection of essential gear to treat a wide variety of injuries and emergencies.
- Double Bandage Kit
 - Two bandage kits
 - Gauze
- Dual tube stethoscope
- Blood pressure cuff
- Adult/child CPR mask
- 16/3 Vinyl 50-Foot Extension Cord
- 2 – 6 Outlet Surge Protector Power Strips
- Handheld Bullhorn Loudspeaker
- Basic Tool Kit
- ICS Vests
- ID Bracelets/ nametags
- Blankets
- Water
- Survival Snacks
 - Nuts, Cliff Bars / Protein Bars, Emergency Meals
 - Beef Jerky, protein drinks
 - Sweet snacks; candy, Skittles, (no hard candy due to choking risk)
 - Cereal, crackers
- Smoking supplies: smoking aprons, cigarettes, matches and or lighter, vape pens
- Games; puzzles, cards, IPads, electronic games, paper and writing tools, coloring books, crayons
- Music and headphones



ALTCS Managed Care Information

Medicaid Managed Care Resources

The majority of skilled nursing facilities are contracted with all or some of the ALTCS Medicaid plans. This is especially true of those serving behavioral care residents. These plan partners should be an integral part of your emergency preparedness plan. The plan Case Managers assigned to serve behavioral care members know them well. They are aware of elopement risk, medical history and current care concerns. They should be considered a resource in decisions regarding evacuation and/or shelter in place. It is also an important consideration to understand which facilities are contracted with which plans, in order to ensure payment for care. Payment should never be the first consideration; safety of residents should be your principal focus. The plans contract with you to ensure this protection and recognize that you are the primary decision maker in an emergency. That said, transition may be eased by engagement of plan partners in any disaster scenario.

The *Disaster Ready* leadership met with the leadership of all three major ALTCS plans to discuss the Pilot Study and the development of this Tool Kit. All were supportive and agree that there is great opportunity to further collaborate with their contracted providers in their emergency preparedness.

The following information clarifies the service delivery area of the ALTCS Plans, and delineates contact information.

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ALTCS Contracts, which became effective October 1, 2017, are awarded for up to seven years. Awarded contracts are listed below by Geographic Service Area:

- **Central GSA** (Maricopa, Gila and Pinal Counties)
  - Banner-University Family Care
  - Southwest Catholic Health Network Corporation dba Mercy Care Plan
  - UnitedHealthcare Community Plan
- **South GSA** (Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma Counties)
  - Banner-University Family Care
  - Southwest Catholic Health Network Corporation dba Mercy Care Plan (PimaCounty only)
- **North GSA** (Mohave, Coconino, Apache, Navajo, and Yavapai Counties)
  - UnitedHealthcare Community Plan

| Mercy Care Plan Contact Information (12/2019) |                                    |                                                                                 |                                                                            |              |            |
|-----------------------------------------------|------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------|------------|
| Name                                          | Title                              | Office Address                                                                  | Email                                                                      | Office Phone | Cell Phone |
| Mercy Care Main Line                          |                                    | 4755 S. 44th Place, Phoenix, AZ 85040<br>3535 E. Valencia Rd., Tucson, AZ 85706 |                                                                            | 800-624-3879 |            |
| Lorry Bottrill                                | Chief Executive Officer            | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:BottrillL@MercyCareAZ.org">BottrillL@MercyCareAZ.org</a>   | 602-453-8361 |            |
| Tad Gary                                      | Chief Operating Officer            | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:GaryT@MercyCareAZ.org">GaryT@MercyCareAZ.org</a>           | 602-798-2504 |            |
| Randy Ek                                      | Chief Financial Officer            | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:EkR@MercyCareAZ.org">EkR@MercyCareAZ.org</a>               | 602-659-1457 |            |
| Charlton Wilson, MD                           | Senior Medical Director            | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:WilsonC9@MercyCareAZ.org">WilsonC9@MercyCareAZ.org</a>     | 602-453-6007 |            |
| Sandra Wendt                                  | Vice President, Quality Management | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:WendtS@MercyCareAZ.org">WendtS@MercyCareAZ.org</a>         | 602-453-8007 |            |
| Kellie Manders                                | Compliance Director                | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:MandersK@MercyCareAZ.org">MandersK@MercyCareAZ.org</a>     | 602-453-8309 |            |
| Chad Corbett                                  | Vice President, Long Term Care     | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:CorbettC2@MercyCareAZ.org">CorbettC2@MercyCareAZ.org</a>   | 602-453-6065 |            |
| Charlotte Whitmore                            | Director, Contracting              | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:WhitmoreC@MercyCareAZ.org">WhitmoreC@MercyCareAZ.org</a>   | 602-453-6186 |            |
| Patricia Weidman                              | Director, Provider Relations       | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:WeidmanP@MercyCareAZ.org">WeidmanP@MercyCareAZ.org</a>     | 602-453-6043 |            |
| Yolanda Usery (ALC Providers)                 | Manager, Provider Relations        | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:UseryY@MercyCareAZ.org">UseryY@MercyCareAZ.org</a>         | 602-453-6150 |            |
| Mike Miranda                                  | Manager, Provider Relations        | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:MirandaM@MercyCareAZ.org">MirandaM@MercyCareAZ.org</a>     | 602-453-8487 |            |
| Sahar Osman                                   | Manager, Provider Relations        | 4755 S. 44th Place, Phoenix, AZ 85040                                           | <a href="mailto:MohammedS2@MercyCareAZ.org">MohammedS2@MercyCareAZ.org</a> | 602-414-7503 |            |

| Banner University Health Plan Contact Information (2/14/2020) |                                                 |                                                                                              |              |
|---------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|
| Name                                                          | Office Address                                  | Email                                                                                        | Office Phone |
| James R. Stringham                                            | 2701 East Elvira Road, Tucson, AZ 85756         | <a href="mailto:james.stringham2@bannerhealth.com">james.stringham2@bannerhealth.com</a>     | 520-874-5531 |
| Larry O'Connor                                                | 525 West Brown Road - 8th Floor, Mesa, AZ 85201 | <a href="mailto:lawrence.oconnor@bannerhealth.com">lawrence.oconnor@bannerhealth.com</a>     | 480-827-5875 |
| Felicity Gutierrez                                            | 525 West Brown Road - 8th Floor, Mesa, AZ 85201 | <a href="mailto:felicity.gutierrez@bannerhealth.com">felicity.gutierrez@bannerhealth.com</a> | 480-684-8393 |
| Anita Jordan                                                  | 525 West Brown Road - 8th Floor, Mesa, AZ 85201 | <a href="mailto:anita.jordan@bannerhealth.com">anita.jordan@bannerhealth.com</a>             | 480-684-8363 |
| Carri Kelly                                                   | 525 West Brown Road - 8th Floor, Mesa, AZ 85201 | <a href="mailto:carri.kelly@bannerhealth.com">carri.kelly@bannerhealth.com</a>               | 480-827-5947 |
| Theresa Dorazio                                               | 525 West Brown Road - 8th Floor, Mesa, AZ 85201 | <a href="mailto:theresa.dorazio@bannerhealth.com">theresa.dorazio@bannerhealth.com</a>       | 520-874-2847 |
| Alan Nesbit                                                   | 525 West Brown Road - 8th Floor, Mesa, AZ 85201 | <a href="mailto:alan.nesbit@bannerhealth.com">alan.nesbit@bannerhealth.com</a>               | 480-712-4580 |

UnitedHealthcare Community Plan Contact Information (12/1/2019)

| Name                   | Title                                 | Office Address                               | Email                                                                    | Office Phone |
|------------------------|---------------------------------------|----------------------------------------------|--------------------------------------------------------------------------|--------------|
| Amy Pawlowski          | Executive Director Complex Care       | 1 E. Washington Suite 900 Phoenix, AZ 85004  | <a href="mailto:amy_chriswell@uhc.com">amy_chriswell@uhc.com</a>         | 602-255-8867 |
| R. Mark Russell, MD    | Medical Director LTC                  | 1 E. Washington Suite 900 Phoenix, AZ 85004  | <a href="mailto:robert_russell@uhc.com">robert_russell@uhc.com</a>       | N/A          |
| Francine Pechnik       | Executive Director of LTC             | 1 E. Washington Suite 900 Phoenix, AZ 85004  | <a href="mailto:francine_pechnik@uhc.com">francine_pechnik@uhc.com</a>   | 602-255-8059 |
| Olivia Patton          | UHCCP Compliance Officer              | 1 E. Washington Suite 900 Phoenix, AZ 85004  | <a href="mailto:olivia.patton@uhc.com">olivia.patton@uhc.com</a>         | 602-255-8305 |
| Melissa Bullock        | Director, Network Development<br>HCBS | 1 E. Washington Suite 1700 Phoenix, AZ 85004 | <a href="mailto:melissa_bullock@uhc.com">melissa_bullock@uhc.com</a>     | 602-255-8444 |
| Toby Hall              | VP Quality                            | 1 E. Washington Suite 900 Phoenix, AZ 85004  | <a href="mailto:toby_hall@uhc.com">toby_hall@uhc.com</a>                 | 602-255-1711 |
| Nathan Musgrove PharmD | Director of Pharmacy                  | 1 E. Washington Suite 900 Phoenix, AZ 85004  | <a href="mailto:nathan_musgrove@uhc.com">nathan_musgrove@uhc.com</a>     | 602-255-8042 |
| Helen Bronski          | Director of Operations                | 1 E. Washington Suite 900 Phoenix, AZ 85004  | <a href="mailto:helen_bronski@uhc.com">helen_bronski@uhc.com</a>         | 602-255-8061 |
| Heidi Esposito         | Director Member Services              | 1 E. Washington Suite 900 Phoenix, AZ 85004  | <a href="mailto:heidi_esposito@uhc.com">heidi_esposito@uhc.com</a>       | 602-255-8747 |
| Tony Flanagan          | Nursing Facility/Network Manager      | 20414 N. 27th Ave, Phoenix, AZ 85087         | <a href="mailto:tony_a_flanagan@optum.com">tony_a_flanagan@optum.com</a> | 602-651-6155 |





# **Behavioral Tabletop Exercise Scenarios**



## Sample Resident Profiles for Behavioral Tabletop Exercises

*Consider using these sample resident profiles while conducting the emergency preparedness Tabletop exercise for your facility*

1. Sam Smith is a 60 year old male with Autism, non-communicative. He does not like to be touched and does not like to leave his room, under any circumstances.
2. Nancy James is a 35 year old female who is agitated very easily. She recently broke a window in her room and has several severe cuts on her arm. The cuts required sutures. She gets very angry if she does not get a routine smoke break.
3. John Jones is a 58 year old male. He is ambulatory, exit seeking, and has been homeless in the past. John is also schizophrenic and is often agitated and noncompliant.
4. Mary Ann Washington is a 70 year old female who is a double amputee and has severe bipolar disorder. A mechanical soft diet is required for Mary Ann.
5. Richard Patrick is a 50 year old male, who is both ambulatory and agitated. He also has panic disorder and is an elopement risk. Richard has kidney disease and requires dialysis.
6. Maria Bundy is a 55 year old female who is schizophrenic and delusional. She is a smoker and prone to outbursts and frequently attempts to bite. She has a history of aggressive behavior and responds only to certain staff members.
7. Daniel Adams is an 82 year old male with COPD and severe depression. He is very frail. Daniel also becomes very irritated and aggressive if he is near another resident, Richard Patrick.
8. Sandra Martin is an 80 year old female who is very manipulative. She also has severe anxiety and uses both oxygen and a walker.
9. Andi Fernow is a 40 year old transgender male. Andi has PTSD and anger management problems. He is very mobile ambulatory and prone to elopement
10. Mark Clemons is a 52 year old male, who has Alzheimer' disease and exhibits confusion and aggressive behaviors. Mark requires constant monitoring.
11. Rita Moore is a 73 year old female with kidney disease and bipolar disorder. Rita becomes violent when she is called by her name, as she wants to be called Moana. She responds to certain staff members only and is an elopement risk.
12. Victor Varick is a 68 year old male who weighs 480 pounds. He is diabetic and has seizures when he sees flashing lights. Victor requires almost constant one-on-one care, manipulative and aggressive.

## Active Shooter Scenario

This form shall be used to design and facilitate a Behavioral Tabletop Exercise as well as provide appropriate documentation of performance and findings during the exercise.

**Key Concept:** A Behavioral Tabletop Exercise (BTTX) involves administrative staff, department heads and other key personnel in an informal group discussion focused on a hypothetical situation.

The general purpose of the BTTX is to test existing plans, policies and procedures without incurring significant costs and time commitment required to deploy and test actual resources. A BTTX allows participants to thoroughly work through a problem in a controlled environment at a slow pace in compressed or simulated time without the pressures of an operations-based exercise.

It is recommended that BTTX be developed and completed on a regular basis for potential threats and perils that have been identified in the facility's Hazard Vulnerability Assessment.

### Goals:

Participants in a BTTX will:

- Identify strengths and opportunities for improvement
- Enhance understanding of new concepts
- Change attitudes and perspectives

Conduct Characteristics:

- Requires an experienced person to facilitate the BTTX
- Promotes in-depth discussions
- Involves slow-paced problem solving in simulated / compressed time

|                             |  |
|-----------------------------|--|
| <b>Date:</b>                |  |
| <b>Name of Facility:</b>    |  |
| <b>Name of Facilitator:</b> |  |

*\* See attached sign-in sheet for names of participants and departments represented*



## Active Shooter Scenario

### Plans, Policies, Procedures Referenced for BTTX:

Staffing and call back procedures  
AzCHER communication plan  
Resident transfer procedures

### Facilitator Guidelines:

This information is to be completed by the facilitator in order to establish the overall purpose of the BTTX.

### Purpose (Provide a statement summarizing the broad goal of the BTTX):

Determine readiness and planning of the facility's and staff ability to manage a violent event occurring near the property. Assess staff's ability to address specific residents' reaction to sights, sounds

### Target Capabilities (Describe the desired performance of the operation to be tested):

#1 Foundation for Health Care and Medical Readiness  
Phase 3, Objective 4  
Train and prepare Health Care and Medical Workforce

### Exercise Objectives (Describe desired performance of participants to address target capabilities):

Establish a strong, visible, continuous command presence  
Review facility's lock down procedures  
Determine what communications will occur between all stakeholders (residents, staff, family members, responsible parties, etc.)  
Evaluate effectiveness of the facilities lock down procedures based on discussion

## Active Shooter Scenario

### Behavioral Tabletop Exercise Information:

This information is to be filled out by the facilitator and used as guideline for the BTTX.

### It Scenario (Describe the storyline including time parameters that drives the exercise):

#### **Sunday morning, September 15<sup>th</sup> at 9:30 a.m.**

It is a clear day, 85 degrees and emergency vehicles race by your facility with lights, sirens and horns blaring. You observe that the streets around your facility are slowly getting blocked off, limiting access. Many of your residents have family members visiting and they are all outside taking advantage of the beautiful weather. All the commotion is having a negative impact on your resident's behaviors.

What are your initial actions? What are your objectives for the next 30 to 60 minutes?

Partial resident profiles:

60 year old male with autism

50 year old elopement risk

Active Shooter Scenario

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Identify Operational Period:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Identify Objectives for Operational Period:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Identify Tasks that Need to be Performed to Meet Objectives:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Identify NHICS Positions Activated & their Roles in Incident Management:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>Insert #1</b> (Describe a new circumstance impacting the original scenario):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Sunday morning, September 15<sup>th</sup> at 10:00 a.m.</b><br>News reports indicate that a place of worship near your facility has had an active shooter event. The sirens have subsided, but the noise of helicopters outside make it sound like the helicopters are landing on top of the facility. There is no specific news on the shooter or shooters. Residents are becoming increasingly agitated and family members are expressing concern for the safety of all facility occupants. Based on all this information, what the further discussion is needed for command and control of the incident? Have different objectives been established? |  |
| Identify New Operational Period:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Identify Objectives for New Operational Period:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Identify Tasks that Need to be Performed to Meet New Objectives:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Identify NHICS Positions Activated and their Roles in Incident Management:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |

## Active Shooter Scenario

**Insert #2** (Describe a new circumstance impacting the original scenario):

**Sunday morning, September 15<sup>th</sup> at 10:30 a.m.**

Law Enforcement authorities have informed you in person that the place of worship has experienced an active shooter incident and at least fifteen (15) people have been injured or killed. The officer asks for your cooperation in keeping residents and family inside the facility. The shooter has not been apprehended.

Identify New Operational Period:

Identify Objectives for New Operational Period:

Identify Tasks that Need to be Performed to Meet New Objectives:

Identify NHICS Positions Activated and their Roles in Incident Management:

**Insert #3** (Describe a new circumstance impacting the original scenario):

**Sunday morning, September 15<sup>th</sup> at 11:00 a.m.**

New reports indicate that the assailant has been apprehended, at a building adjacent to your facility. Law enforcement took lethal action to prevent any further injury or death. Several of your residents, family and staff witnessed and heard law enforcement's final actions. Does your plan contain any provisions for recovery after an incident of this nature affecting residents, family and staff?

Identify New Operational Period:

Identify Objectives for New Operational Period:

Identify Tasks that Need to be Performed to Meet New Objectives:

Identify NHICS Positions Activated and their Roles in Incident Management:

Active Shooter Scenario

|                                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Behavioral Tabletop Exercise Evaluation:<br>Performance Narrative (Facilitator to provide a summary of participant performance during the BTTX): |  |
| Identify Areas of Strength:                                                                                                                      |  |
| Identify Opportunities for Improvement:                                                                                                          |  |
| Identify Role of NHICS in the TTX:                                                                                                               |  |
| Identify any Operational Changes that may be instituted as a result of the TTX:                                                                  |  |

|                                  |  |       |       |
|----------------------------------|--|-------|-------|
| Signatures                       |  |       |       |
| Facilitator                      |  | Date: | _____ |
| Administrator/Executive Director |  | Date: | _____ |

|                                     |
|-------------------------------------|
| Participants <i>(see next page)</i> |
|-------------------------------------|

Active Shooter Scenario

PLEASE PRINT LEGIBLY

| NAME (FIRST NAME & LAST NAME) | DEPARTMENT OR AGENCY | POSITION | SIGNATURE |
|-------------------------------|----------------------|----------|-----------|
|                               |                      |          |           |
|                               |                      |          |           |
|                               |                      |          |           |
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|                               |                      |          |           |
|                               |                      |          |           |
|                               |                      |          |           |

Infectious Disease

This form shall be used to design and facilitate a Behavioral Tabletop Exercise as well as provide appropriate documentation of performance and findings during the exercise.

Key Concept: A Behavioral Tabletop Exercise (BTTX) involves administrative staff, department heads and other key personnel in an informal group discussion focused on a hypothetical situation.

The general purpose of the BTTX is to test existing plans, policies and procedures without incurring significant costs and time commitment required to deploy and test actual resources. A BTTX allows participants to thoroughly work through a problem in a controlled environment at a slow pace in compressed or simulated time without the pressures of an operations-based exercise.

It is recommended that BTTX be developed and completed on a regular basis for potential threats and perils that have been identified in the facility’s Hazard Vulnerability Assessment.

Goals:

- Participants in a BTTX will:
- Identify strengths and opportunities for improvement
  - Enhance understanding of new concepts
  - Change attitudes and perspectives
- Conduct Characteristics:
- Requires an experienced person to facilitate the BTTX
  - Promotes in-depth discussions
  - Involves slow-paced problem solving in simulated / compressed time

|                      |  |
|----------------------|--|
| Date:                |  |
| Name of Facility:    |  |
| Name of Facilitator: |  |

*\* See attached sign-in sheet for names of participants and departments represented*

## Infectious Disease

### Plans, Policies, Procedures Referenced for BTTX:

Staffing call back procedures  
 AzCHER communication plan  
 Resident transfer procedures  
 Infectious disease procedures

### Facilitator Guidelines:

This information is to be completed by the facilitator in order to establish the overall purpose of the BTTX.

### Purpose (Provide a statement summarizing the broad goal of the BTTX):

Determine readiness and planning of the facility's ability to effectively manage an infectious disease event lasting more than 90 days.

### Target Capabilities (Describe the desired performance of the operation to be tested):

Capability #1 Foundation for Health Care and Medical Readiness  
 Phase 3, Objective 4  
 Train and prepare Health Care and Medical Workforce  
 Capability 2: Health Care and Medical Response Coordination.  
 Phase 2 Objective 3  
 Coordinate response strategy, resources and communication

### Exercise Objectives (Describe desired performance of participants to address target capabilities):

Establish a strong, visible, continuous command presence.  
 Review the Arizona Bed Poll protocols.  
 Discuss procedures relating to decontamination as well as internal and external and supply chain effectiveness.



## Infectious Disease

### Behavioral Tabletop Exercise Information:

This information is to be filled out by the facilitator and used as guideline for the BTTX.

#### **It Scenario** (Describe the storyline including time parameters that drives the exercise):

##### **Monday morning, September 15<sup>th</sup>**

The entire region is experiencing an unprecedented 90 day H5N1 Flu outbreak. Your facility as well as other health care providers of all types are experiencing 30%-35% shortages due to illness affecting staff and their family members. Based on the CDC and WHO, The Arizona Department of Health Services (ADHS) expects the situation to last at least 30 more days.

Discuss the value (pros and cons) on changing/combining work schedules to a 10- or 12-hour shift schedule to accommodate staff shortages.

|                                                                          |  |
|--------------------------------------------------------------------------|--|
| Identify Operational Period:                                             |  |
| Identify Objectives for Operational Period:                              |  |
| Identify Tasks that Need to be Performed to Meet Objectives:             |  |
| Identify NHICS Positions Activated & their Roles in Incident Management: |  |

#### **Insert #1** (Describe a new circumstance impacting the original scenario):

##### **Thursday, September 18<sup>th</sup>**

Hospitals in the area are at 110% capacity and your facility has received requests to accept 10 non-infected patients.

Review your facility's policies and procedures regarding the admission of these types of patients under the current health emergency scenario and focus on items such as, staffing, transportation, equipment, supplies, PPE, etc.

|                                                                            |  |
|----------------------------------------------------------------------------|--|
| Identify New Operational Period:                                           |  |
| Identify Objectives for New Operational Period:                            |  |
| Identify Tasks that Need to be Performed to Meet New Objectives:           |  |
| Identify NHICS Positions Activated and their Roles in Incident Management: |  |

## Infectious Disease

**Insert #2** (Describe a new circumstance impacting the original scenario):

**Saturday, September 20<sup>th</sup>**

The County is evaluating ways to distribute medication to residents within the jurisdiction. The Public Health Emergency Preparedness Officer (PHEP) is requesting all long term care facilities become a Closed Point of Dispensing (Closed POD).

Has anyone in your organization participated in POD training?

What approval would be needed for your facility to become a POD?

Identify New Operational Period:

Identify Objectives for New Operational Period:

Identify Tasks that Need to be Performed to Meet New Objectives:

Identify NHICS Positions Activated and their Roles in Incident Management:

**Insert #3** (Describe a new circumstance impacting the original scenario):

**Sunday September 21<sup>st</sup>**

The County has sent out a Essential Elements of Information (EEI) Survey seeking data on what the needs of the health care community are. (The EEI seeks information on staff needs, medication availability, equipment needs, communication method needs, transportation needs, facility census, financial impact- immediate and long term, etc.).

Who would be responsible for gathering data for your facility and completing the EEI survey?

What do you anticipate your needs would be after 95 days in a Flu epidemic?

Identify New Operational Period:

Identify Objectives for New Operational Period:

Identify Tasks that Need to be Performed to Meet New Objectives:

Identify NHICS Positions Activated and their Roles in Incident Management:

Infectious Disease

Behavioral Tabletop Exercise Evaluation:  
Performance Narrative (Facilitator to provide a summary of participant performance during the BTTX):

|                                                                                 |  |
|---------------------------------------------------------------------------------|--|
| Identify Areas of Strength:                                                     |  |
| Identify Opportunities for Improvement:                                         |  |
| Identify Role of NHICS in the TTX:                                              |  |
| Identify any Operational Changes that may be instituted as a result of the TTX: |  |

Signatures

|                                  |  |       |       |
|----------------------------------|--|-------|-------|
| Facilitator                      |  | Date: | _____ |
| Administrator/Executive Director |  | Date: | _____ |

Participants *(see next page)*

Infectious Disease

PLEASE PRINT LEGIBLY

| NAME (FIRST NAME & LAST NAME) | DEPARTMENT OR AGENCY | POSITION | SIGNATURE |
|-------------------------------|----------------------|----------|-----------|
|                               |                      |          |           |
|                               |                      |          |           |
|                               |                      |          |           |
|                               |                      |          |           |
|                               |                      |          |           |
|                               |                      |          |           |
|                               |                      |          |           |
|                               |                      |          |           |
|                               |                      |          |           |



# **Nursing Home Incident Command System (NHICS) Forms-Revised for Behavioral Care**

**NHICS 255-B | Master Behavioral Resident Evacuation Tracking**

**NHICS 258-B | Behavioral Facility Resource Directory**

**NHICS 260-B | Behavioral Resident Evacuation Tracking Form**



## NHICS 255 - B | MASTER BEHAVIORAL RESIDENT EVACUATION TRACKING



| 1. INCIDENT NAME                                                                                                                                  |                   | NHICS 255 - B MASTER BEHAVIORAL RESIDENT EVACUATION TRACKING |                                                          |                                        |                                          | 2. OPERATIONAL PERIOD                                                       |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------|----------------------------------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|
|                                                                                                                                                   |                   |                                                              |                                                          |                                        |                                          | DATE: FROM: TO:                                                             |                                                                          |
|                                                                                                                                                   |                   |                                                              |                                                          |                                        |                                          | TIME: FROM: TO:                                                             |                                                                          |
| 3. BEHAVIORAL RESIDENT EVACUATION INFORMATION                                                                                                     |                   |                                                              |                                                          |                                        |                                          |                                                                             |                                                                          |
| RESIDENT NAME                                                                                                                                     |                   |                                                              |                                                          | MEDICAL RECORD #                       |                                          |                                                                             | MED RECORD SENT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DISPOSITION                                                                                                                                       | MODE OF TRANSPORT | ACCEPTING FACILITY NAME & CONTACT INFO                       | BEHAVIORAL UNIT PLACEMENT                                | TIME FACILITY CONTACTED & REPORT GIVEN | TRANSFER INITIATED (TIME/ TRANSPORT CO.) | MEDICATION SENT <input type="checkbox"/> YES <input type="checkbox"/> NO    |                                                                          |
| <input type="checkbox"/> HOME<br><input type="checkbox"/> FACILITY<br><input type="checkbox"/> TRANSFER<br><input type="checkbox"/> TEMP. SHELTER |                   |                                                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                        |                                          | MD/FAMILY NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                          |
|                                                                                                                                                   |                   |                                                              |                                                          |                                        |                                          | ARRIVAL CONFIRMED <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                                                          |
| RESIDENT NAME                                                                                                                                     |                   |                                                              |                                                          | MEDICAL RECORD #                       |                                          |                                                                             | MED RECORD SENT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DISPOSITION                                                                                                                                       | MODE OF TRANSPORT | ACCEPTING FACILITY NAME & CONTACT INFO                       | BEHAVIORAL UNIT PLACEMENT                                | TIME FACILITY CONTACTED & REPORT GIVEN | TRANSFER INITIATED (TIME/ TRANSPORT CO.) | MEDICATION SENT <input type="checkbox"/> YES <input type="checkbox"/> NO    |                                                                          |
| <input type="checkbox"/> HOME<br><input type="checkbox"/> FACILITY<br><input type="checkbox"/> TRANSFER<br><input type="checkbox"/> TEMP. SHELTER |                   |                                                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |                                        |                                          | MD/FAMILY NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                          |
|                                                                                                                                                   |                   |                                                              |                                                          |                                        |                                          | ARRIVAL CONFIRMED <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                                                          |

PURPOSE: RECORD INFORMATION CONCERNING RESIDENT DISPOSITION DURING A FACILITY EVACUATION  
 ORIGINATION: RESIDENT SERVICES BRANCH DIRECTOR  
 COPIES TO: OPERATIONS AND PLANNING SECTION CHIEF

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**NHICS 255 -B | MASTER BEHAVIORAL RESIDENT EVACUATION TRACKING****INSTRUCTIONS**

- PURPOSE:** Records the disposition of residents during a facility evacuation.
- ORIGINATION:** Resident Services Branch Director
- COPIES TO:** Operations Section Chief and Planning Section Chief
- NOTES:** Completed with information taken from each NHICS 260-B Resident Evacuation Tracking form. If additional pages are needed, use a blank NHICS 255-B and repaginate as needed

| NUMBER | TITLE                                             | INSTRUCTIONS                                                                                                                      |
|--------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 1      | <b>Incident Name</b>                              | Enter the name assigned to the incident.                                                                                          |
| 2      | <b>Operational Period</b>                         | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| 3      | <b>Resident Name</b>                              | Enter the full name of the resident.                                                                                              |
|        | <b>Medical Record #</b>                           | Enter medical record number.                                                                                                      |
|        | <b>Medical Record Sent</b>                        | Indicate yes or no.                                                                                                               |
|        | <b>Disposition</b>                                | Indicate the resident's disposition.                                                                                              |
|        | <b>Mode of Transport</b>                          | Indicate the mode of transport (CCT, ALS, BLS, Van, Bus, Car).                                                                    |
|        | <b>Accepting Facility Name and Contact Info</b>   | Enter accepting (receiving) facility name and contact information.                                                                |
|        | <b>Behavioral Unit Placement</b>                  | Indicate if the receiving facility has placed resident in a behavioral unit.                                                      |
|        | <b>Time Facility Contacted &amp; Report Given</b> | Enter time prepared (24-hour clock).                                                                                              |
|        | <b>Transfer Initiated (Time/Transport Co.)</b>    | Enter time, vehicle company, and identification number.                                                                           |
|        | <b>Medication Sent</b>                            | Indicate yes or no.                                                                                                               |
|        | <b>MD/Family Notified</b>                         | Indicate yes or no.                                                                                                               |
|        | <b>Arrival Confirmed</b>                          | Indicate yes or no.                                                                                                               |
| 4      | <b>Prepared by</b>                                | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.   |

**PURPOSE:** RECORD INFORMATION CONCERNING RESIDENT DISPOSITION DURING A FACILITY EVACUATION  
**ORIGINATION:** RESIDENT SERVICES BRANCH DIRECTOR  
**COPIES TO:** OPERATIONS AND PLANNING SECTION CHIEF

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## NHICS 258 - B | BEHAVIORAL FACILITY RESOURCE DIRECTORY



|                                                          |                                                      |           |                        |                       |                 |
|----------------------------------------------------------|------------------------------------------------------|-----------|------------------------|-----------------------|-----------------|
| 1. INCIDENT NAME                                         | NHICS 258-B FACILITY RESOURCE DIRECTORY - BEHAVIORAL |           |                        | 2. OPERATIONAL PERIOD |                 |
|                                                          |                                                      |           |                        | DATE: FROM: TO:       | TIME: FROM: TO: |
| 3. CONTACT INFORMATION                                   |                                                      |           |                        |                       |                 |
| COMPANY/AGENCY                                           | COMPANY/AGENCY/<br>NAME (24/7 contact)               | TELEPHONE | ALTERNATE<br>TELEPHONE | E-MAIL                | FAX / WEBSITE   |
| Agency for Toxic Substances and Disease Registry (ATSDR) |                                                      |           |                        |                       |                 |
| Ambulance/EMS                                            |                                                      |           |                        |                       |                 |
| American Red Cross                                       |                                                      |           |                        |                       |                 |
| Biohazard Waste Company                                  |                                                      |           |                        |                       |                 |
| Buses                                                    |                                                      |           |                        |                       |                 |
| Cab, City                                                |                                                      |           |                        |                       |                 |
| Emergency Management Agency                              |                                                      |           |                        |                       |                 |
| CDC                                                      |                                                      |           |                        |                       |                 |
| Clinics                                                  |                                                      |           |                        |                       |                 |
| Coroner/Medical Examiner                                 |                                                      |           |                        |                       |                 |
| Dispatcher - 911                                         |                                                      |           |                        |                       |                 |
| Emergency Operations Center (EOC), Local                 |                                                      |           |                        |                       |                 |
| Emergency Operations Center (EOC), State                 |                                                      |           |                        |                       |                 |
| Engineers:                                               |                                                      |           |                        |                       |                 |
| HVAC                                                     |                                                      |           |                        |                       |                 |
| Mechanical                                               |                                                      |           |                        |                       |                 |

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT  
 ORIGINATOR: PLANNING SECTION CHIEF  
 COPIES TO: ALL IMT STAFF  
 NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

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## NHICS 258 - B | BEHAVIORAL FACILITY RESOURCE DIRECTORY



| COMPANY/AGENCY                            | COMPANY/AGENCY/<br>NAME (24/7 contact) | TELEPHONE | ALTERNATE<br>TELEPHONE | E-MAIL | FAX / WEBSITE |
|-------------------------------------------|----------------------------------------|-----------|------------------------|--------|---------------|
| Seismic                                   |                                        |           |                        |        |               |
| Structural                                |                                        |           |                        |        |               |
| Environmental Protection<br>Agency (EPA)  |                                        |           |                        |        |               |
| Epidemiologist                            |                                        |           |                        |        |               |
| Family/Guardian                           | SEE FAMILY/GUARDIAN<br>CONTACT LIST    |           |                        |        |               |
| Fire Department                           |                                        |           |                        |        |               |
| Food Service                              |                                        |           |                        |        |               |
| Fuel distributor                          |                                        |           |                        |        |               |
| Fuel trucks                               |                                        |           |                        |        |               |
| Funeral Homes/Mortuary<br>Services        |                                        |           |                        |        |               |
| Generators                                |                                        |           |                        |        |               |
| HazMat Team                               |                                        |           |                        |        |               |
| Health Department, Local                  |                                        |           |                        |        |               |
| Heavy Equipment (e.g.,<br>Backhoes, etc.) |                                        |           |                        |        |               |
| Home Repair/Construction<br>Supplies:     |                                        |           |                        |        |               |
|                                           |                                        |           |                        |        |               |
| Hospitals:                                |                                        |           |                        |        |               |
|                                           |                                        |           |                        |        |               |

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT.  
ORIGINATOR: PLANNING SECTION CHIEF  
COPIES TO: ALL IMT STAFF  
NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

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## NHICS 258 - B | BEHAVIORAL FACILITY RESOURCE DIRECTORY



| COMPANY/AGENCY                               | COMPANY/AGENCY/<br>NAME (24/7 contact) | TELEPHONE | ALTERNATE<br>TELEPHONE | E-MAIL | FAX / WEBSITE |
|----------------------------------------------|----------------------------------------|-----------|------------------------|--------|---------------|
| Hotel/motel                                  |                                        |           |                        |        |               |
| Housing, Temporary                           |                                        |           |                        |        |               |
| Ice, Commercial                              |                                        |           |                        |        |               |
| Laboratory Response Network                  |                                        |           |                        |        |               |
| Laundry/Linen Service                        |                                        |           |                        |        |               |
| Law Enforcement:                             |                                        |           |                        |        |               |
| City Police                                  |                                        |           |                        |        |               |
| County Sheriff                               |                                        |           |                        |        |               |
| Highway Patrol                               |                                        |           |                        |        |               |
| Licensing & Certification<br>District Office |                                        |           |                        |        |               |
| Licensing & Certification<br>After-Hour Line |                                        |           |                        |        |               |
| Local Office of Emergency<br>Services        |                                        |           |                        |        |               |
| Long-Term Care Facilities:                   |                                        |           |                        |        |               |
|                                              |                                        |           |                        |        |               |
|                                              |                                        |           |                        |        |               |
| Long-Term Care Behavioral<br>Units:          |                                        |           |                        |        |               |
|                                              |                                        |           |                        |        |               |
|                                              |                                        |           |                        |        |               |
| Media:                                       |                                        |           |                        |        |               |
| Print                                        |                                        |           |                        |        |               |

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT  
 ORIGINATOR: PLANNING SECTION CHIEF  
 COPIES TO: ALL IMT STAFF  
 NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

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## NHICS 258 - B | BEHAVIORAL FACILITY RESOURCE DIRECTORY



| COMPANY/AGENCY           | COMPANY/AGENCY/ NAME<br>(24/7 CONTACT) | TELEPHONE | ALTERNATE<br>TELEPHONE | E-MAIL | FAX / WEBSITE |
|--------------------------|----------------------------------------|-----------|------------------------|--------|---------------|
| Radio                    |                                        |           |                        |        |               |
| Radio                    |                                        |           |                        |        |               |
| TV                       |                                        |           |                        |        |               |
| TV                       |                                        |           |                        |        |               |
| TV                       |                                        |           |                        |        |               |
| Medical Gases:           |                                        |           |                        |        |               |
| Medical Supply:          |                                        |           |                        |        |               |
|                          |                                        |           |                        |        |               |
|                          |                                        |           |                        |        |               |
| Medication, Distributor: |                                        |           |                        |        |               |
|                          |                                        |           |                        |        |               |
|                          |                                        |           |                        |        |               |
| Moving Company:          |                                        |           |                        |        |               |
|                          |                                        |           |                        |        |               |
| Pharmacy, Commercial:    |                                        |           |                        |        |               |
|                          |                                        |           |                        |        |               |
| Poison Control Center    |                                        |           |                        |        |               |
| Portable Toilets         |                                        |           |                        |        |               |

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT  
 ORIGINATOR: PLANNING SECTION CHIEF  
 COPIES TO: ALL BWT STAFF  
 NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

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## NHICS 258 - B | BEHAVIORAL FACILITY RESOURCE DIRECTORY



| COMPANY/AGENCY                              | COMPANY/AGENCY/<br>NAME (24/7 CONTACT) | TELEPHONE      | ALTERNATE<br>TELEPHONE | E-MAIL | FAX / WEBSITE |
|---------------------------------------------|----------------------------------------|----------------|------------------------|--------|---------------|
| Radios:                                     |                                        |                |                        |        |               |
| Amateur Radio Group                         |                                        |                |                        |        |               |
| Service Provider (e.g., Nextel)             |                                        |                |                        |        |               |
| Walkie-Talkie                               |                                        |                |                        |        |               |
| Repair Services:                            |                                        |                |                        |        |               |
| Beds                                        |                                        |                |                        |        |               |
| Biomedical Devices                          |                                        |                |                        |        |               |
| Gardeners/landscapers                       |                                        |                |                        |        |               |
| Medical Equipment                           |                                        |                |                        |        |               |
| Oxygen Devices                              |                                        |                |                        |        |               |
| Radios                                      |                                        |                |                        |        |               |
| Roadways/sidewalks                          |                                        |                |                        |        |               |
| Restoration Services (e.g., Service Master) |                                        |                |                        |        |               |
| Road Conditions                             | CALTRANS                               | 1-800-427-7623 |                        |        |               |
| Salvation Army                              |                                        |                |                        |        |               |
| Shelter Sites                               |                                        |                |                        |        |               |
| Behavioral Shelter Sites                    |                                        |                |                        |        |               |
| Staff                                       | SEE STAFF CONTACT LIST                 |                |                        |        |               |
| Surge Facilities                            |                                        |                |                        |        |               |

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT  
 ORIGINATOR: PLANNING SECTION CHIEF  
 COVERED TO: ALL IMT STAFF  
 NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

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# NHICS 258 - B | BEHAVIORAL FACILITY RESOURCE DIRECTORY



| COMPANY/AGENCY                               | COMPANY/AGENCY/<br>NAME (24/7 CONTACT)                                 | TELEPHONE | ALTERNATE<br>TELEPHONE | E-MAIL | FAX / WEBSITE |
|----------------------------------------------|------------------------------------------------------------------------|-----------|------------------------|--------|---------------|
| Traffic Control/Department of Transportation |                                                                        |           |                        |        |               |
| Trucks:                                      |                                                                        |           |                        |        |               |
| Refrigeration                                |                                                                        |           |                        |        |               |
| Towing                                       |                                                                        |           |                        |        |               |
| Utilities:                                   |                                                                        |           |                        |        |               |
| Gas/Electricity                              |                                                                        |           |                        |        |               |
| Power                                        |                                                                        |           |                        |        |               |
| Sewage                                       |                                                                        |           |                        |        |               |
| Telephone                                    |                                                                        |           |                        |        |               |
| Water, municipal                             |                                                                        |           |                        |        |               |
| Ventilators                                  |                                                                        |           |                        |        |               |
| Water Vendor - Potable                       |                                                                        |           |                        |        |               |
| Water, non-potable                           |                                                                        |           |                        |        |               |
| Other:                                       |                                                                        |           |                        |        |               |
| Other:                                       |                                                                        |           |                        |        |               |
| Other:                                       |                                                                        |           |                        |        |               |
| 1. DATE LAST UPDATED                         |                                                                        |           |                        |        |               |
| 2. PREPARED BY PLANNING<br>SECTION CHIEF     | PRINT NAME: _____ SIGNATURE: _____<br>DATE/TIME: _____ FACILITY: _____ |           |                        |        |               |

PURPOSE: LIST RESOURCES TO CONTACT DURING AN INCIDENT.  
 ORIGINATOR: PLANNING SECTION CHIEF  
 COPIES TO: ALL IMT STAFF  
 NOTE: MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

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**NHICS 258-B | BEHAVIORAL FACILITY RESOURCE DIRECTORY****INSTRUCTIONS**

- PURPOSE:** Lists all methods of contact for nursing home resources for an incident
- ORIGINATION:** Planning Section Chief
- COPIES TO:** All IMT staff and posted as necessary.
- NOTES:** If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release. If additional pages are needed, use a blank NHICS 258-B and repaginate as needed.

| NUMBER | TITLE                          | INSTRUCTIONS                                                                                                                                     |
|--------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | <b>Incident Name</b>           | Enter the name assigned to the incident.                                                                                                         |
| 2      | <b>Operational Period</b>      | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.                |
| 3      | <b>Contact Information</b>     |                                                                                                                                                  |
|        | <b>Company / Agency</b>        | Type of company or agency.                                                                                                                       |
|        | <b>Company / Agency / Name</b> | List the name of the company/agency. List the name of the point of contact if available.                                                         |
|        | <b>Telephone</b>               | Enter the telephone number.                                                                                                                      |
|        | <b>Alternate Telephone</b>     | Enter the alternate telephone number.                                                                                                            |
|        | <b>Email</b>                   | Enter the email, if available.                                                                                                                   |
|        | <b>Fax / Website</b>           | Enter the fax number and/or website.                                                                                                             |
| 4      | <b>Date Last Updated</b>       | If the document is completed prior to an incident, the last update should be entered (m/d/y). The directory should be updated at least annually. |
| 5      | <b>Prepared by</b>             | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.                  |

**PURPOSE:** LIST RESOURCES TO CONTACT DURING AN INCIDENT  
**ORIGINATION:** PLANNING SECTION CHIEF  
**COPIES TO:** ALL IMT STAFF  
**NOTE:** MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

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## NHICS 260 - B | BEHAVIORAL RESIDENT EVACUATION TRACKING FORM



|                                                                                                                                                                                                     |  |                                                                                                                                                                                                                 |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. DATE                                                                                                                                                                                             |  | 2. FACILITY NAME                                                                                                                                                                                                |                     |
| 3. RESIDENT NAME                                                                                                                                                                                    |  | 4. AGE                                                                                                                                                                                                          | 5. MEDICAL RECORD # |
| 6. SIGNIFICANT MEDICAL / BEHAVIORAL HISTORY                                                                                                                                                         |  | 7. ATTENDING PHYSICIAN                                                                                                                                                                                          |                     |
| 8. FAMILY/GUARDIAN NOTIFIED                                                                                                                                                                         |  | NAME/CONTACT INFORMATION                                                                                                                                                                                        |                     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                            |  |                                                                                                                                                                                                                 |                     |
| 9. TRANSPORTATION EQUIPMENT                                                                                                                                                                         |  | 10. ACCOMPANYING EQUIPMENT (CHECK THOSE THAT APPLY):                                                                                                                                                            |                     |
| <input type="checkbox"/> HOSPITAL BED<br><input type="checkbox"/> GURNEY<br><input type="checkbox"/> WHEELCHAIR<br><input type="checkbox"/> AMBULATORY<br><input type="checkbox"/> SPECIAL MATTRESS |  | <input type="checkbox"/> IV PUMPS<br><input type="checkbox"/> OXYGEN<br><input type="checkbox"/> VENTILATOR<br><input type="checkbox"/> BLOOD GLUCOSE MONITOR<br><input type="checkbox"/> RESPIRATORY EQUIPMENT |                     |
| <input type="checkbox"/> SERVICE ANIMAL<br><input type="checkbox"/> G TUBE PUMP<br><input type="checkbox"/> MONITOR<br><input type="checkbox"/> FOLEY CATHETER<br><input type="checkbox"/> OTHER    |  | List "OTHER" below:<br>_____<br>_____                                                                                                                                                                           |                     |
| 11. SPECIAL NEEDS / BEHAVIORAL CHARACTERISTICS                                                                                                                                                      |  |                                                                                                                                                                                                                 |                     |
| 12. ISOLATION                                                                                                                                                                                       |  | TYPE:                                                                                                                                                                                                           |                     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                            |  |                                                                                                                                                                                                                 |                     |
| 13. ELOPEMENT RISK                                                                                                                                                                                  |  | REASON:                                                                                                                                                                                                         |                     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                            |  |                                                                                                                                                                                                                 |                     |
| 14. EVACUATING LOCATION                                                                                                                                                                             |  | 15. ARRIVING LOCATION                                                                                                                                                                                           |                     |
| ROOM#                                                                                                                                                                                               |  | ROOM#                                                                                                                                                                                                           |                     |
| TIME                                                                                                                                                                                                |  | TIME                                                                                                                                                                                                            |                     |
| BEHAVIORAL UNIT                                                                                                                                                                                     |  | BEHAVIORAL UNIT                                                                                                                                                                                                 |                     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                            |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                        |                     |
| ID BAND CONFIRMED                                                                                                                                                                                   |  | ID BAND CONFIRMED                                                                                                                                                                                               |                     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                            |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                        |                     |
| BY                                                                                                                                                                                                  |  | BY                                                                                                                                                                                                              |                     |
| MEDICAL RECORD SENT                                                                                                                                                                                 |  | MEDICAL RECORD RECEIVED                                                                                                                                                                                         |                     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                            |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                        |                     |
| FACE SHEET/TRANSFER TAG SENT                                                                                                                                                                        |  | FACE SHEET/TRANSFER TAG RECEIVED                                                                                                                                                                                |                     |
| <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                            |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                        |                     |
| BELONGINGS                                                                                                                                                                                          |  | BELONGINGS RECEIVED                                                                                                                                                                                             |                     |
| <input type="checkbox"/> WITH RESIDENT<br><input type="checkbox"/> LEFT IN ROOM<br><input type="checkbox"/> NONE                                                                                    |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                                                                                     |                     |
| VALUABLES                                                                                                                                                                                           |  | VALUABLES RECEIVED                                                                                                                                                                                              |                     |
| <input type="checkbox"/> WITH RESIDENT<br><input type="checkbox"/> LEFT IN ROOM<br><input type="checkbox"/> NONE                                                                                    |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                                                                                     |                     |
| MEDICATIONS                                                                                                                                                                                         |  | MEDICATIONS RECEIVED                                                                                                                                                                                            |                     |
| <input type="checkbox"/> WITH RESIDENT<br><input type="checkbox"/> LEFT IN ROOM<br><input type="checkbox"/> NONE                                                                                    |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                                                                                     |                     |
| 16. TRANSFERRING TO ANOTHER FACILITY/ LOCATION                                                                                                                                                      |  |                                                                                                                                                                                                                 |                     |
| TIME TO STAGING AREA                                                                                                                                                                                |  | TIME DEPARTING TO RECEIVING FACILITY                                                                                                                                                                            |                     |
| DESTINATION                                                                                                                                                                                         |  | DEPARTURE TIME:                                                                                                                                                                                                 |                     |



**INSTRUCTIONS**

**PURPOSE:** Documents and accounts for residents transferred to another facility.

**ORIGINATION:** Resident Services Branch Director, Operations Section Chief and/or IMT staff as appropriate

**COPIES TO:** Planning Section Chief and the evacuating clinical location. Original is kept with the resident.

**NOTES:** The information on this form may be used to complete NHICS 255-B, Master Resident Evacuation Tracking Form. Additions or deletions may be made to the form to meet the organization's needs

| NUMBER | TITLE                                      | INSTRUCTIONS                                                                                                                                   |
|--------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Date                                       | Enter the date of the evacuation.                                                                                                              |
| 2      | Facility Name                              | Enter the Facility Name the resident is leaving from.                                                                                          |
| 3      | Resident Name                              | Enter the resident's full name.                                                                                                                |
| 4      | Age                                        | Enter the resident's age.                                                                                                                      |
| 5      | Medical Record #                           | Enter the resident's medical record number.                                                                                                    |
| 6      | Significant Medical / Behavioral History   | Enter significant medical and behavioral history.                                                                                              |
| 7      | Attending Physician                        | Enter the name of the resident's attending physician.                                                                                          |
| 8      | Family/Guardian Notified                   | Check yes or no; enter family/guardian contact information.                                                                                    |
| 9      | Transportation Equipment                   | Identify type of transportation equipment (e.g., wheelchair, gurney) needed.                                                                   |
| 10     | Accompanying Equipment                     | Check appropriate boxes for any equipment being transferred with the resident.                                                                 |
| 11     | Special Needs / Behavioral Characteristics | Indicate if the resident has special needs, behavioral characteristics, needs assistance, or special requirements.                             |
| 12     | Isolation                                  | Indicate if isolation is required, the type, and the reason.                                                                                   |
| 13     | Elopement Risk                             | Indicate elopement risk and ambulatory status.                                                                                                 |
| 14     | Evacuating Location                        | Fill in information and check boxes to indicate originating room and what was sent with the resident (records, medications, and belongings).   |
| 15     | Arriving Location                          | Fill in information and check boxes to indicate resident's arrival at new location and whether materials sent with the resident were received. |
| 16     | Transferring to another Facility/ Location | Document arrival and departure from the staging area, confirmation of ID band, and mode of transportation used.                                |
| 17     | Prepared by                                | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.                |

## MISSING BEHAVIORAL RESIDENT

| MISSION                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| To manage the process of locating and recovering a lost or abducted behavioral resident, from the skilled nursing facility.                                                                                                                                                                                                                                                                                                                       |                                                                                                                              |
| DIRECTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                              |
| Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.<br><i>Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.</i> |                                                                                                                              |
| OBJECTIVES                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                              |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                          | Ensure the safety of residents, staff, and visitors while initiating search procedures.                                      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                          | Coordinate with law enforcement in the response to and recovery of a vulnerable missing resident with behavioral care needs. |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                          | Provide behavioral health support to residents, staff, and families.                                                         |

| RAPID RESPONSE CHECKLIST |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Record the time that the behavioral resident was discovered missing and when and where he/she was last seen.                                                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> | Verify that the behavioral resident has not signed out. If behavioral resident family members are onsite, ask them.                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> | Activate the facility's EOP and appoint a Facility Incident Commander (IC) if warranted.                                                                                                                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> | Search the facility's grounds for the behavioral resident. Identify previous elopement attempts and assess accordingly. If necessary, distribute copies of the resident's photograph to the staff searching the grounds. Keep a record of the areas searched. Be sure to check: <ul style="list-style-type: none"> <li>• Closets</li> <li>• Walk-In Refrigerators/Freezers</li> <li>• Storage Rooms</li> <li>• Under Beds and Behind Furniture</li> </ul> |
| <input type="checkbox"/> | If the missing behavioral resident is not found following an expedient search (approximately 30 minutes), call 9-1-1 and provide: <ul style="list-style-type: none"> <li>• Name and description of missing resident</li> <li>• Description of clothing, ambulation method, cognitive status and specific behavioral issues.</li> <li>• Photo if available</li> </ul>                                                                                      |
| <input type="checkbox"/> | Notify: <ul style="list-style-type: none"> <li>• Responsible party / next of kin that resident is missing and search is underway</li> <li>• Notify appropriate state survey agency to report an unusual occurrence and activation of facility's EOP.</li> </ul>                                                                                                                                                                                           |
| <input type="checkbox"/> | Coordinate with public safety agencies in searching for the missing resident.                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> | Once the resident is found, notify the responsible party/next of kin, facility staff and public safety agency representative.                                                                                                                                                                                                                                                                                                                             |

## INCIDENT RESPONSE GUIDE

### MISSING BEHAVIORAL RESIDENT



#### RAPID RESPONSE CHECKLIST

☐

Add other response actions here consistent with the facility EOP.

#### Immediate Response (0 – 2 hours)

| IMT Position       | Action                                                                                                                                                                                                                                                                                                                                                                                                                            | Initials |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Incident Commander | Confirm that a missing behavioral resident incident has occurred.                                                                                                                                                                                                                                                                                                                                                                 |          |
|                    | Activate lockdown procedures, Incident Management Team, and Nursing Home Command Center.                                                                                                                                                                                                                                                                                                                                          |          |
|                    | Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.                                                                                                                                                                                                                                                                  |          |
|                    | Notify law enforcement and provide details of the incident.                                                                                                                                                                                                                                                                                                                                                                       |          |
|                    | Establish operational periods, objectives, and regular briefing schedule. Consider using the NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident.                                                                                                                                                                                                                                         |          |
| Liaison/PIO        | Activate the communication plan and respond to media inquiries in coordination with law enforcement and the Incident Commander.                                                                                                                                                                                                                                                                                                   |          |
|                    | Develop information for release to the media with law enforcement. Ensure the family/guardian of the lost or abducted person is aware prior to the release of any information.                                                                                                                                                                                                                                                    |          |
|                    | Coordinate with law enforcement to issue a "Silver Alert."                                                                                                                                                                                                                                                                                                                                                                        |          |
|                    | Monitor media outlets for updates on the incident and possible impacts on the nursing home. Communicate information via regular briefings to Section Chiefs and Incident Commander.                                                                                                                                                                                                                                               |          |
|                    | Notify community partners in accordance with local policies and procedures (e.g., consider local emergency operations center, other area nursing homes, local emergency medical services, public safety officials, and healthcare coalition coordinator), to determine incident details, community status, and establish contacts for requesting supplies, equipment, or personnel not available in the nursing home.             |          |
| Safety Officer     | Ensure the safety of residents, staff and visitors during nursing home and campus search procedures.                                                                                                                                                                                                                                                                                                                              |          |
|                    | Secure the nursing home and campus:<br><input type="checkbox"/> Deny entry or exit to all but known responders<br><input type="checkbox"/> Direct all persons trying to leave the building or campus to a holding site<br><input type="checkbox"/> Coordinate movement with law enforcement                                                                                                                                       |          |
|                    | In coordination with the Operations Section Chief, ensure activation of search procedure:<br><input type="checkbox"/> Assign staff to conduct a floor-to-floor and room-by-room search<br><input type="checkbox"/> Coordinate all search results and provide information to law enforcement on arrival<br><input type="checkbox"/> Provide all staff involved in search with basic information about missing or abducted resident |          |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |

## INCIDENT RESPONSE GUIDE

### MISSING BEHAVIORAL RESIDENT



| Immediate Response (0 – 2 hours)                     |                                                                                                                                                                                                                                                                                                                                                               |          |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| IMT Position                                         | Action                                                                                                                                                                                                                                                                                                                                                        | Initials |
|                                                      | Provide law enforcement with missing resident information including:<br><input type="checkbox"/> Height, weight, hair color, etc.<br><input type="checkbox"/> Any available photos<br><input type="checkbox"/> Distinguishing features<br><input type="checkbox"/> Clothing worn; articles carried<br><input type="checkbox"/> Medical equipment in use, etc. |          |
|                                                      | Provide law enforcement with surveillance camera footage, facility maps, blueprints, master keys, card access, search grids, and other data as requested.                                                                                                                                                                                                     |          |
|                                                      | Conduct staff and family/guardian interviews to gather information and evidence in conjunction with law enforcement.                                                                                                                                                                                                                                          |          |
|                                                      | Complete NHICS 215A to assign, direct, and ensure safety actions are adhered to and completed.                                                                                                                                                                                                                                                                |          |
| <b>Operations<br/>Section Chief</b>                  | Ensure continuation of resident care and essential services.                                                                                                                                                                                                                                                                                                  |          |
|                                                      | Support the search procedure in coordination with the Safety Officer.                                                                                                                                                                                                                                                                                         |          |
|                                                      | Coordinate with the Safety Officer to secure the nursing home and implement limited visitation policy.                                                                                                                                                                                                                                                        |          |
|                                                      | Implement tasks listed below if Branches are not activated.                                                                                                                                                                                                                                                                                                   |          |
| <b>Resident Services<br/>Branch Director</b>         | Monitor resident care activities.                                                                                                                                                                                                                                                                                                                             |          |
|                                                      | Identify staff familiar with behavioral residents' characteristics and special care needs.                                                                                                                                                                                                                                                                    |          |
| <b>Infrastructure<br/>Branch Director</b>            | Refer to the Job Action Sheet for the appropriate tasks.                                                                                                                                                                                                                                                                                                      |          |
| <b>Planning Section<br/>Chief</b>                    | Establish operational periods, incident objectives, and the NHICS 200: Incident Action Plan (IAP) Quick Start in collaboration with Command and General staff.                                                                                                                                                                                                |          |
|                                                      | Gather critical information, policies activated, blueprints, search grids, and other critical data for inclusion in the Incident Action Plan.                                                                                                                                                                                                                 |          |
|                                                      | Gather internal situation status including supply and equipment status, current staff and visitor census.                                                                                                                                                                                                                                                     |          |
|                                                      | Initiate the tracking of residents, staff, and visitors. Provide tracking data to law enforcement in coordination with the Safety Officer.                                                                                                                                                                                                                    |          |
| <b>Logistics Section<br/>Chief</b>                   | Provide the logistics needs of nursing home staff and law enforcement personnel.                                                                                                                                                                                                                                                                              |          |
|                                                      | Gather information on planned or expected deliveries or pickups for the day; provide this information to the Safety Officer.                                                                                                                                                                                                                                  |          |
|                                                      | Notify operators of planned deliveries or pickups of the need to postpone or reschedule.                                                                                                                                                                                                                                                                      |          |
| All Activated Positions – Refer to Job Action Sheets |                                                                                                                                                                                                                                                                                                                                                               |          |

## INCIDENT RESPONSE GUIDE

### MISSING BEHAVIORAL RESIDENT



| Intermediate Response (2 - 12 hours) |                                                                                                                                                                                                      |          |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| IMT Position                         | Action                                                                                                                                                                                               | Initials |
| Incident Commander                   | Determine the need to cancel or postpone visiting hours based on the projected length of the incident.                                                                                               |          |
|                                      | Activate Medical Director/Specialist if needed (e.g., Risk Management, Legal).                                                                                                                       |          |
|                                      | Ensure residents, staff, visitors, and senior leadership are briefed on the incident and any alterations in services.                                                                                |          |
| Liaison/PIO                          | Continue media briefings and updates; work within the Joint Information Center if activated.                                                                                                         |          |
|                                      | Update social media sites if in use for incident.                                                                                                                                                    |          |
|                                      | Continue to update key stakeholders and local officials of the incident and the status of response.                                                                                                  |          |
| Safety Officer                       | Conduct an ongoing analysis of executed response actions for safety issues; implement corrective actions and update NHICS 215A.                                                                      |          |
|                                      | Ensure the safety of residents, staff, and visitors during the closure of entry and exit points; coordinate with law enforcement as needed.                                                          |          |
| Safety Officer                       | In consultation with law enforcement, determine the need to continue the search and the use of nursing home staff at entry points. If staff are released, ensure briefing of personnel.              |          |
|                                      | Work with law enforcement to ensure continued security of nursing home and ongoing operations.                                                                                                       |          |
| Operations Section Chief             | Ensure continuation of resident care and essential services.                                                                                                                                         |          |
|                                      | Implement tasks listed below if Branches are not activated.                                                                                                                                          |          |
| Resident Services Branch Director    | Consider moving the family/guardian away from the missing resident room to a secure location.                                                                                                        |          |
|                                      | Plan for the safe and confidential reunification of the lost or missing resident with family/guardian.                                                                                               |          |
|                                      | Assign a staff member to check in with family/guardians and provide a safe location for the resident's family/guardian to ensure confidentiality while providing access to information and services. |          |
|                                      | Continue to assess residents for change in condition.                                                                                                                                                |          |
|                                      | Provide behavioral health support to the impacted families/guardians of residents as needed.                                                                                                         |          |
|                                      | Identify staff familiar with behavioral residents' characteristics and special care needs.                                                                                                           |          |
| Infrastructure Branch Director       | Ensure nursing home cleanliness. Initiate special cleaning as necessary.                                                                                                                             |          |
|                                      | Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications.                                                                 |          |
| Planning Section Chief               | Plan for the next operational period and shift change, including staff patterns, location of labor pool if activated, nursing home campus entry and exit in view of lockdown.                        |          |
|                                      | Continue resident and bed tracking.                                                                                                                                                                  |          |
|                                      | Initiate staff and equipment tracking.                                                                                                                                                               |          |

## INCIDENT RESPONSE GUIDE

### MISSING BEHAVIORAL RESIDENT



| Intermediate Response (2 - 12 hours)                 |                                                                                                                                          |          |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------|
| IMT Position                                         | Action                                                                                                                                   | Initials |
| Logistics Section Chief                              | If the campus lockdown continues, consider the impact on scheduled deliveries and pickups.                                               |          |
|                                                      | Contact vendors to ensure provision of needed supplies, equipment, medications, and water and food to residents, visitors, and families. |          |
| Finance/<br>Administration<br>Section Chief          | Track costs and expenditures of the response; include estimates of lost revenue.                                                         |          |
|                                                      | Initiate screening and tracking of incoming volunteers and/or new personnel.                                                             |          |
|                                                      | Begin to track hours associated with the emergency response.                                                                             |          |
| All Activated Positions – Refer to Job Action Sheets |                                                                                                                                          |          |

| Extended Response (greater than 12 hours) |                                                                                                                                                                                                         |          |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| IMT Position                              | Action                                                                                                                                                                                                  | Initials |
| Incident Commander                        | Continue to monitor operations, consider the length of onsite operations, and determine the need for demobilization.                                                                                    |          |
|                                           | With the Liaison/PIO, prepare to speak with residents, staff, visitors, and stakeholders.                                                                                                               |          |
|                                           | Update the nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status.                                    |          |
| Liaison/PIO                               | Continue to hold regularly scheduled media briefings in conjunction with Joint Information Center (if activated).                                                                                       |          |
|                                           | Address social media issues as warranted; use social media for messaging as situation dictates.                                                                                                         |          |
|                                           | Ensure continued updates of appropriate information to partner organizations, local authorities, and others as determined by Incident Commander.                                                        |          |
| Safety Officer                            | Update the Incident Action Plan Safety Analysis (NHICS 215A) for extended operations based on modifications in entry and exit points, visiting hours, entry onto campus, etc. for inclusion in the IAP. |          |
|                                           | In coordination with the Operations Section Chief, continue to assess impact on clinical operations of modifications to entry and exit points.                                                          |          |
|                                           | Modify security procedures as needed and in conjunction with law enforcement.                                                                                                                           |          |
| Operations Section Chief                  | Observe and communicate the impact of modifications to entry and exit points on clinical operations.                                                                                                    |          |
|                                           | Implement tasks listed below if Branches are not activated.                                                                                                                                             |          |
| Resident Services<br>Branch Director      | Assess impact on clinical operations of restricted movement, delayed vendor deliveries and pickups.                                                                                                     |          |
|                                           | Provide behavioral health support for residents, families/guardians, and staff as needed.                                                                                                               |          |
|                                           | Identify staff familiar with behavioral residents' characteristics and special care needs.                                                                                                              |          |

## INCIDENT RESPONSE GUIDE

### MISSING BEHAVIORAL RESIDENT



| Extended Response (greater than 12 hours)            |                                                                                                                             |          |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------|
| IMT Position                                         | Action                                                                                                                      | Initials |
| Planning Section Chief                               | Ensure that updated information and intelligence is incorporated into the Incident Action Plan. Prepare for demobilization. |          |
| Logistics Section Chief                              | With Operations Section, assess impact on clinical operations of delayed vendor deliveries and pickups.                     |          |
|                                                      | When approved by Incident Commander, reschedule all delayed deliveries and pickups.                                         |          |
| Finance/ Administration Section Chief                | Continue to record the ongoing and projected costs from modifications in normal operations.                                 |          |
| All Activated Positions – Refer to Job Action Sheets |                                                                                                                             |          |

| Demobilization/System Recovery    |                                                                                                                                                                                     |          |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| IMT Position                      | Action                                                                                                                                                                              | Initials |
| Incident Commander                | Ensure notification to all impacted persons of the missing person incident resolution.                                                                                              |          |
|                                   | Approve the procedures for demobilization.                                                                                                                                          |          |
|                                   | Oversee the nursing home's return to normal operations.                                                                                                                             |          |
|                                   | With the Liaison/PIO prepare to speak with media.                                                                                                                                   |          |
| Liaison/PIO                       | Conduct media briefing to provide incident resolution.                                                                                                                              |          |
|                                   | Ensure that all stakeholders, response partners and state survey agency are notified of incident resolution.                                                                        |          |
| Safety Officer                    | Oversee the resolution of response actions that impacted operations; ensure entry and exit points are open and functioning. Ensure that fire doors and alarms are in working order. |          |
|                                   | Schedule and oversee a test of the nursing home alarm systems.                                                                                                                      |          |
|                                   | Restore normal security operations and demobilize non security personnel staffing, if activated.                                                                                    |          |
|                                   | Report staff injury and illness for follow up by Finance/ Administration Section Chief.                                                                                             |          |
| Operations Section Chief          | Initiate activities to restore normal operations; work with the Planning Section to identify activities that were altered for restoration to normal.                                |          |
|                                   | Restore visiting hours if suspended; determine the need to expand normal hours and ensure behavioral health support for residents and visitors as needed.                           |          |
|                                   | Implement tasks listed below if Branches are not activated.                                                                                                                         |          |
| Resident Services Branch Director | Ensure that impacted behavioral resident care areas that may have been out of service due to evidence collection are returned to service.                                           |          |
| Planning Section Chief            | Finalize and distribute steps for demobilization in the Incident Action Plan.                                                                                                       |          |

# INCIDENT RESPONSE GUIDE

## MISSING BEHAVIORAL RESIDENT



| Demobilization/System Recovery                       |                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| IMT Position                                         | Action                                                                                                                                                                                                                                                                                                                                                                                                                       | Initials |
| Planning Section Chief                               | Conduct debriefings or hot wash with:<br><input type="checkbox"/> Command Staff and section personnel<br><input type="checkbox"/> Administrative personnel<br><input type="checkbox"/> All staff<br><input type="checkbox"/> All volunteers                                                                                                                                                                                  |          |
|                                                      | Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include:<br><input type="checkbox"/> Summary of the incident<br><input type="checkbox"/> Summary of actions taken<br><input type="checkbox"/> Actions that went well<br><input type="checkbox"/> Actions that could be improved<br><input type="checkbox"/> Recommendations for future response actions |          |
|                                                      | Prepare summary of the status and location of all incident residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate.                                                                                                                                                                                                                                                             |          |
| Logistics Section Chief                              | Oversee the resumption of scheduled deliveries and pickups. Communicate delays in deliveries with the Operations and Planning Section.                                                                                                                                                                                                                                                                                       |          |
|                                                      | Provide a cost summary due to delays in deliveries, additional charges, rescheduled pickups, etc., with the Finance/ Administration Section Chief.                                                                                                                                                                                                                                                                           |          |
|                                                      | Inventory all Nursing Home Command Center and nursing home supplies and replenish them as necessary, appropriate, and available.                                                                                                                                                                                                                                                                                             |          |
| Finance/ Administration Section Chief                | Submit all section documentation to Planning Section for compilation in After Action Report.                                                                                                                                                                                                                                                                                                                                 |          |
|                                                      | Document all costs, including claims and insurance reports, lost revenue, and expanded services, and provide report to Command Staff.                                                                                                                                                                                                                                                                                        |          |
|                                                      | Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event.                                                                                                                                                                                                                                                                                       |          |
|                                                      | Contact the insurance carriers to initiate reimbursement and claims procedures, if necessary.                                                                                                                                                                                                                                                                                                                                |          |
| All Activated Positions – Refer to Job Action Sheets |                                                                                                                                                                                                                                                                                                                                                                                                                              |          |



## INCIDENT RESPONSE GUIDE

### MISSING BEHAVIORAL RESIDENT



| Documents and Tools                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Nursing Home Emergency Operations Plan, including:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Communication plan</li> <li><input type="checkbox"/> Security procedures</li> <li><input type="checkbox"/> Behavioral care special needs</li> <li><input type="checkbox"/> Behavioral health support procedures</li> <li><input type="checkbox"/> Lockdown procedures</li> </ul> |
| <b>Forms, including:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> NHICS 200 – Incident Action Plan (IAP) Quick Start</li> <li><input type="checkbox"/> NHICS 205 – Communications List</li> <li><input type="checkbox"/> NHICS 214 – Activity Log</li> <li><input type="checkbox"/> NHICS 215A – Incident Action Plan (IAP) Safety Analysis</li> </ul>                              |
| Job Action Sheets                                                                                                                                                                                                                                                                                                                                                                                          |
| Paper forms for down-time documentation, data entry, etc.                                                                                                                                                                                                                                                                                                                                                  |
| Access to nursing home organization chart                                                                                                                                                                                                                                                                                                                                                                  |
| Campus floor plans, maps, and evacuation routes                                                                                                                                                                                                                                                                                                                                                            |
| Television/radio/internet to monitor news                                                                                                                                                                                                                                                                                                                                                                  |
| Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication                                                                                                                                                                                                                                                                                                                  |





# **Disaster Ready Website Resources**

<https://www.disasterreadyaz.org/>





## Disaster Ready Website Resource List

[www.disasterreadyaz.org](http://www.disasterreadyaz.org)

### Prepare

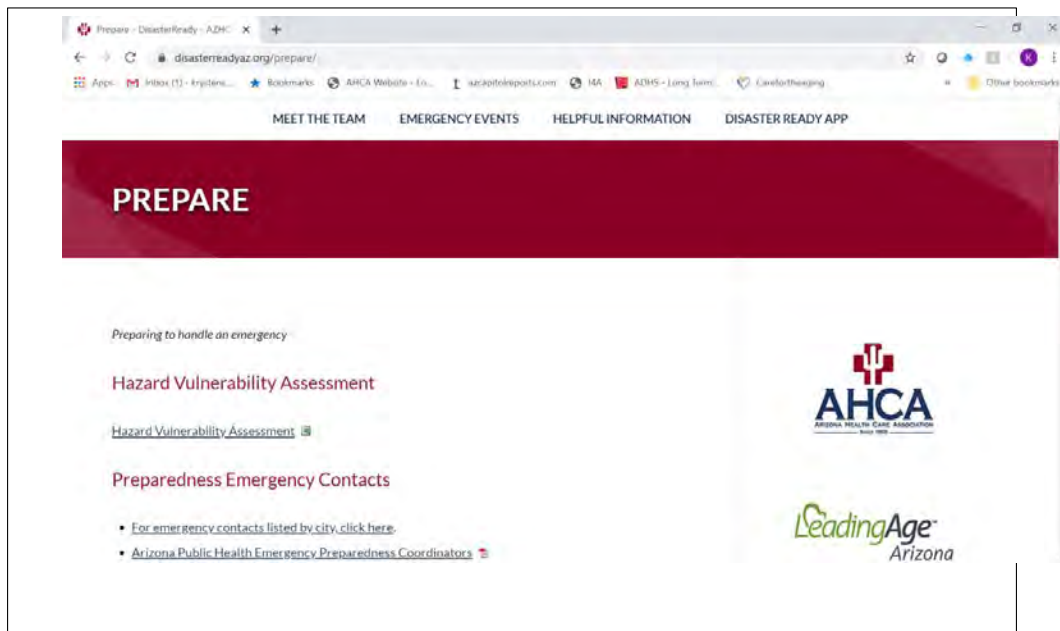
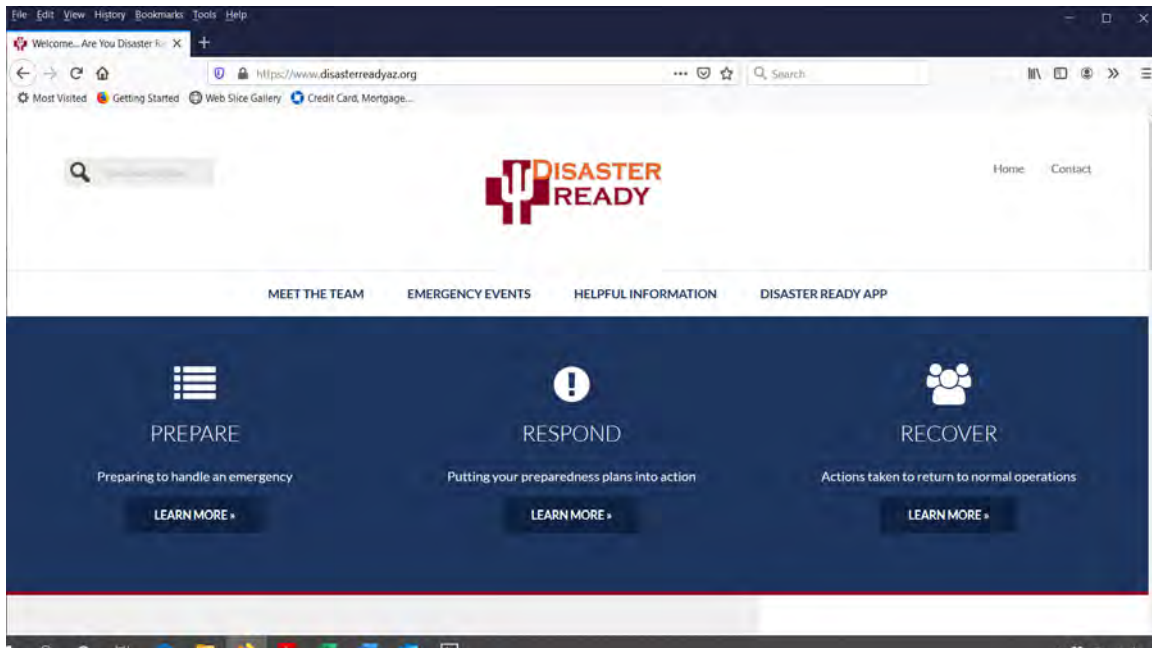
- Hazard Vulnerability Assessment
- Preparedness Emergency Contacts
- Disaster Planning 101
- Arizona Bed Poll
- The Arizona Health Alert Network
- Infectious Disease
- Shelter in Place & Evacuation Tools
- Weather Related Resources
- Tabletop Exercises Training Resources
- Compliance Resources
- Tools and Checklists
- Personal Preparedness

### Respond

- Nursing Home Incident Command System (NHICS)
- National Emergency Communication Plan
- Incident Command Post Information
- Active Shooter
- 1135 Waiver Resources

### Recover

- COOP Planning & Templates
- Post-Incident Damage Assessment Checklist
- Working without technology
- CDC-Flood Recovery Fact Sheet



For more information about the Disaster Ready Program, please contact Dave Voepel, CEO at 602-265-5331 or [dvoepel@azhca.org](mailto:dvoepel@azhca.org).



