3. Communication Plan

Emergency Preparedness

Element 3

**Communication Plan**

**Element 3**

The third element of an effective emergency preparedness program is a strong communications plan. Facilities should develop a written emergency preparedness communication plan aligning with local, state, and federal requirements. The communications plan is a document that provides guidelines, contact information and procedures for how information should be shared during all phases of an unexpected occurrence that requires immediate action.

A strong communications plan provides step-by-step instructions for how to deal with a crisis. It identifies important individuals/incident commanders and their back up’s and explains how information should be communicated, with whom and document what procedures are enacted to track and share facility, resident and employee information. It should also address both electronic and non-electronic communication channels.

The Communication Plan should be readily available and accessible to the facility leadership by the emergency preparedness coordinator (or person identified as responsible for the emergency preparedness program and management during an emergency). “During the creation process for communication plans, facilities should also consult their applicable state and local emergency and pandemic plans.”1  The Emergency Preparedness Communication Plan must be reviewed and updated at least annually.

The communication plan should include processes to protect resident health and safety in the event of a disaster related to:

* How the facility coordinates resident care within the facility and externally,
* How the facility will coordinate care across other health care providers,
* How the facility will collaborate with both State and local public health departments,
* How the facility interacts and coordinates with emergency management agencies,
* How the facility communicates resident and staff information while protecting privacy,
* How the facility communicates its response to the emergency, and
* How the facility coordinates with officials and other health care providers.

Facilities that are in either rural or remote areas that have limited connectivity to the Internet, World Wide Web, or cellular capabilities, will address in their communication plan, alternative communication methods they will utilize to communicate to and/or alert local and State emergency officials and comply to emergency communication plan requirements.

For facilities that use electronic data storage, the facility should provide evidence of data back-up with hard copies to have the capability to reproduce contact lists or access data during an emergency.

In accordance with Appendix Z of the State Operations Manual (SOM), the Communication Plan associated with Emergency Preparedness should be compliant with federal, state, and local laws and incorporate the following:

* Contact information – for internal and external partners
* Methods to communicate essential information with residents, families and representatives, staff, community resources, etc.
* Methods to share protected patient information (HIPAA)
* Primary and alternate means of communication

**Contact Information**

Contact information will be reviewed and updated as necessary and at least annually. Updated contact information throughout the year will include incoming new staff, departing staff and any other changes to individuals or entities on the contact list.

Names and contact information for:

* Residents
* Resident Representatives
* Staff
* Entities providing services under arrangement
* Residents’ physicians
* Volunteers
* Other health care providers/facilities

External Resources

* Federal, State, Tribal, Regional, and local emergency preparedness staff
  + Local
    - Fire
    - Police
    - Public Health
    - Etc.
  + State and Federal
    - FEMA, ASPR, DHS, CMS
* The State Licensing and Certification Agency
* The Office of the State Long-Term Care Ombudsman
* The State Protection and Advocacy Agency
* Other sources of assistance
* Transfer entities
* Transportation entities
* Vendors and service providers

Information should be current, accessible, and readily available. All contact information will be reviewed and updated at least annually.

**Methods to Communicate Essential Information**

The facility is required to have primary and alternative means for communicating with staff, Federal, State, tribal, regional, and local emergency management agencies. The facility will identify procedures regarding when and how the alternate communication methods will be used and who will use them. Additionally, the facility should ensure that the secondary or alternate methods of communication is compatible with the communication systems of those on their contact list. The facility should identify both primary and alternate means:

* Examples include:
  + Telephone
  + Cell phones
  + Social media channels
  + E Communication if applicable
  + Curriers
  + Radio transceivers
  + NOAA Weather Radio
  + Amateur Ration Operators’ System
  + Satellite Telephone Communications Systems

For facilities in remote areas, address challenges and alternate communication systems and how they will function in an emergency in the communication plan.

Included in the plan should be contact information related to local, state, regional and federal emergency authorities as well as contact information and corresponding agreements with other partners (providers, agency staffing organizations, vendors) who are part of the facility’s emergency preparedness plan. Additionally, the facility should ensure that the secondary or alternate methods of communication is compatible with the communication systems of those on their contact list.

**Methods to Share Protected Patient Information**

The facility communication plan should include methods for medical and financial information sharing requirements to maintain continuity of care whether the resident is relocated or if sheltered in place. The timeframe for receiving facility to obtain resident care information should allow for effective resident treatment and continuity of care. Do not delay resident transfer in the event of an emergency to assemble all resident records. Initial documentation that should be sent with the resident should include:

* Resident Name
* Age, Date of Birth
* Allergies
* Current Medications and treatments
* Medical Diagnoses
* Reason for Admission
* Blood Type if known
* Advance Directives
* Resident Representative/Emergency Contact

The facility should include in the plan the primary and alternative methods, in case of loss or failure, in which resident medical information and records are shared with agreed upon entities. These processes need to be in alignment with HIPAA and HITECH requirements. Review of the facility HIPAA compliant policies and procedures should include interventions of sharing information in case of an emergency as well as evacuation. The facility policies should be reviewed and revised to include the required transfer notice and documentation processes per the requirements of participation.

Facility communication plan should include a process for providing facility specific information, the general condition and location of residents under the care of the facility, occupancy needs, which is readily accessible for emergency management authorities, including:

* Occupancy/Census
* Resident population demographics
* Emerging Infectious Disease (EID) Threat
* Specialty programs and special needs of residents including specialty equipment if applicable
* Assistance with evacuation needs
* Supply and pharmaceutical contingency
  + (i.e., PPE needs)
* Transportation needs
* Staffing Shortages
* Other

It is recommended that the facility share the overview of the emergency plan with residents, resident representatives and stakeholders so that they are informed of the plan and emergency processes. The facility may develop a fact sheet outlining key components of the plan and the roles/responsibilities of staff as well as communication processes including how to contact the facility during an emergency.

***Reporting of a Facility’s Ability to Provide Assistance***

The facility will pre-plan and collaborate with emergency officials to communicate process to report ability to provide assistance, and capabilities in the event of an emergency:

* Bed availability/occupancy
* Care equipment
* PPE availability
* Availability to care for electricity-dependent medical and assistive equipment
* Staffing availability

**Primary and Alternate Means of Communication**

The facility communication plan needs to include primary and alternative means for communicating. (See “Methods to Communicate Essential Information” on page 3.) Additionally, the facility should ensure that the secondary or alternate methods of communication are compatible with the communication systems of those on their contact list.

**Additional Information and Resources**

When an emergency occurs, the need to respond is immediate and communication should be clear and concise. If operations are disrupted, internal and external customers will want to know how they will be impacted. Regulators may need to be notified and local government officials will want to know what is going on in their community.

An important component of the Emergency Preparedness program is the crisis communications plan. A facility must be able to respond promptly, accurately, and confidently during an emergency in the hours and days that follow. Many different audiences must be reached with information specific to their interests and needs. The image of the facility can be positively or negatively impacted by public perceptions of the handling of the incident. Understanding potential audiences is key. Guidance for scripting messages that are specific to the interests of the audience is another element of the communication plan.

**Audiences**

Understanding the audiences that a facility needs to reach during an emergency is one of the first steps in the development of a crisis communications plan. There are many potential audiences that will want information during and following an incident and each has its own needs for information. The challenge is to identify potential audiences, determine their need for information and then identify who within the facility is best able to communicate with that audience.

Potential audiences include:

* Residents
* Resident Representatives and/or Family members of residents
* Employees
* Family members of employees
* Responders and Emergency Management
* News media
* Community – especially neighbors living near the facility
* Company management, directors, and investors
* Government officials, regulators, and other authorities
* Suppliers

**Contact Information**

Contact information for each audience should be compiled and immediately accessible during an incident. Existing information such as resident representative, supplier, and employee contact information may be exportable from existing databases. Include as much information for each contact as possible (*e.g.,* organization name, contact name, business telephone number, cell number, fax number, and email address).

Lists should be updated regularly (not just annually), secured to protect confidential information, and available to authorized users at the emergency operations center or an alternate location for use by members of the crisis communications team. Electronic lists can also be hosted on a secure server for remote access with a web browser. Hard copies of lists should also be available at the alternate location.

**Residents and Their Family Members**

Customers are the life of a business, so customer contact is a top priority. Customers may become aware of a problem as soon as their phone calls are not answered or their electronic communications are not acknowledged. A business continuity plan should include action to redirect incoming telephone calls to a second call center (if available) or to a voice message indicating that the business is experiencing a temporary problem.

The COVID-19 PHE demonstrated how essential immediate and long-term communication, visitation, and relationship building/maintenance are. A successful communication plan will prioritize establishing methods and assigning persons to communicate with the audience.

**Suppliers**

The crisis communication or business continuity plan should include documented procedures for notification of suppliers. The procedures should identify when, how, and by whom they should be notified. Wide-spread emergencies may require suppliers to reach beyond local and regional distribution sites and to work with state or federal sources.

**Management**

Protocols for when to notify management should be clearly understood and documented. It should be clear to staff what situations require immediate notification of management regardless of the time of day. If a “manager on duty” system is used, the manager must make themselves available to respond to emergency calls from the facility even in the middle of night or on a holiday weekend.

Similar protocols and procedures should be established for notification of directors, investors, and other like stakeholders. Management does not want to learn about a problem from the news media.

**Government Official and Regulators**

Communications with government officials depends upon the nature and severity of the incident and regulatory requirements. Facilities that fail to notify a regulator within the prescribed time risk incurring a fine. Occupational Safety and Health Administration (OSHA) regulations require notification to OSHA when there are three or more hospitalizations from an accident or if there is a fatality. Environmental regulations require notification if there is a chemical spill or release that exceeds threshold quantities. Other regulators may need to be notified if there is an incident involving product tampering, contamination, or quality. Notification requirements specified in regulations should be documented in the crisis communication plan.

**Employees, Victims, and Their Families**

Human Resources (HR) is responsible for the day-to-day communications with employees regarding employment issues and benefits administration. HR management should assume a similar role on the crisis communications team. HR should coordinate communications with management, supervisors, employees, and employee families. HR should also coordinate communications with those involved with the care of employees and the provision of benefits to employees and their families. Close coordination between management, company spokesperson, public agencies, and HR is needed when managing the sensitive nature of communications related to an incident involving death or serious injury.

**The Community**

If there are hazards at a facility that could impact the surrounding community, then the community becomes an important audience. If so, community outreach should be part of the crisis communications plan. The plan should include coordination with public safety officials to develop protocols and procedures for advising the public of any hazards and the most appropriate protective action that should be taken if warned.

**News Media**

If the incident is serious, then the news media will be on scene or calling to obtain details. There may be numerous requests for information from local, regional, or national media. The challenge of managing large numbers of requests for information, interviews, and public statements can be overwhelming. Prioritization of requests for information and development of press releases and talking points can assist with the need to communicate quickly and effectively.

Develop a company policy that only authorized spokespersons are permitted to speak to the news media. Communicate the policy to all employees explaining that it is best to speak with one informed voice.

Determine in advance who will speak to the news media and prepare that spokesperson with talking points, so they can speak clearly and effectively in terms that can be easily understood.

**Messages**

Ready.gov includes the following advice regarding preparing messages for various audiences.

During and following an incident, each audience will seek information that is specific to them. “How does the incident affect my family member, job, safety, community …?” These questions need to be answered when communicating with each audience.

After identifying the audiences and the spokesperson assigned to communicate with each audience, the next step is to script messages. Writing messages during an incident can be challenging due to the pressure caused by “too much to do” and “too little time.” Therefore, it is best to script message templates in advance if possible.

Pre-scripted messages should be prepared using information developed during the risk assessment. The risk assessment process should identify scenarios that would require communications with stakeholders. There may be many different scenarios but the need for communications will relate more to the impacts or potential impacts of an incident:

* Accidents that injure employees or others
* Property damage to facilities
* Liability associated injury to or damage sustained by others
* Service interruptions
* Chemical spills or releases with potential off-site consequences, including environmental
* Care quality issues

Messages should be scripted to address the specific needs of each audience, which may include:

* Resident/Resident Representative - “Is it safe?”
* Employee – “When should I report to work?” “Will I have a job?” “Will I get paid during the shutdown or can I collect unemployment?” “Will overtime be mandated?” “What happened to my co-worker?” “What are you going to do to address my safety? My family’s safety?” “Is it safe to go back to work?”
* Government Regulator – “When did it happen?” What happened (details about the incident)?” “What are the impacts (injuries, deaths, environmental contamination, safety of residents, etc.)?”
* Elected Official – “What is the impact on the community (hazards and economy)?” “How many employees will be affected?” “When will you be back up and running?”
* Suppliers – “When should we resume deliveries and where should we ship them?” “How many and how soon do you need emergencies supplies?”
* Management – “What happened?” “When did it happen?” “Was anyone injured?” “How bad is the property damage?” “How long do you think service will be down?”
* Neighbors in the Community – “How can I be sure it’s safe to go outside?” “What are you going to do to prevent this from happening again?” “How do I get paid for the loss I incurred?”
* News Media - “What happened?” “Who was injured?” “What is the estimated loss?” “What caused the incident?” “What are you going to do to prevent it from happening again?” “Who is responsible?”
  + The California Department of Public Health “Crisis and Emergency Risk Communication Toolkit” available at: <https://www.calhospitalprepare.org/communications> has helpful information for crafting messages, especially for news media.

Messages can be pre-scripted as templates with blanks to be filled in when needed. Pre-scripted messages can be developed, approved by the management team, and stored on a remotely accessible server for quick editing and release when needed.

Another important element of the crisis communications plan is the need to coordinate the release of information. When there is an emergency or a major impact on the facility, there may be limited information about the incident or its potential impacts. The “story” may change many times as new information becomes available.

One of the aims of the crisis communication plan is to ensure consistency of message. If you tell one audience one story and another audience a different story, it will raise questions of competency and credibility. Protocols need to be established to ensure that the core of each message is consistent while addressing the specific questions from each audience.

**Contact and Information Centers**

Communications before, during, and following an emergency is bi-directional. Stakeholders or audiences will ask questions and request information. The facility will answer questions and will provide information. This flow of information should be managed through a communication hub. (See diagram on next page.)

Diagram

Description automatically generated

From: <https://www.ready.gov/crisis-communications-plan>

Contact and Information Centers form the “hub” of the crisis communications plan. The centers receive requests for information from each audience and disseminate information to each audience. Employees from multiple departments may be assigned to communicate with a specific audience.

The “contact center” fields inquiries from everyone; therefore, it should be properly equipped and staffed by personnel to answer requests for information. The staff working within the contact center should be provided with scripts and a “frequently asked questions” (FAQ) document to answer questions consistently and accurately.

The “information center” consists of existing staff and technologies (*e.g.,* website, call center, bulletin boards, etc.) that field requests for information during normal business hours. The information center and its technologies can be used to push information out to audiences and post information for online reading.

The crisis communications team, consisting of members of the management team, should operate in an office environment to support the contact and information centers. The offices may be clustered near the emergency operations center or at an alternate site if the primary site cannot be occupied. The goal of the crisis communications team is to gather information about the incident. This should include monitoring the types of questions posed to call center operators or staff in the office; emails received by customer service; social media chatter or stories broadcast by the news media.

Using this input, the crisis communications team can inform management about the issues that are being raised by stakeholders. In turn, management should provide input into the messages generated by the crisis communications team. The team can then create appropriate messages and disseminate information approved for release.

**Resources for Crisis Communications**

Resources should be available within the primary business site and provisions should be made to set up similar capabilities within an alternate site in case the primary site cannot be occupied.

* Telephones with dedicated or addressable lines for incoming calls and separate lines for outgoing calls
* Access to any electronic notification system used to inform residents and/or employees
* Electronic mail
* Fax machine (preferably one for sending and one for receiving)
* Webmaster access to company website to post updates
* Access to social media accounts
* Access to local area network, secure remote server, message template library and printers
* Hard copies of emergency response, business continuity, and crisis communications plan
* Site and building diagrams, information related to business processes and loss prevention programs (*e.g.,* safety and health, property loss prevention, physical and information/cyber security, fleet safety, environmental management, and care quality)
* Copiers
* Forms for documenting events as they unfold
* Message boards (flipcharts, white boards, etc.
* Pens, pencils, paper, clipboards, and other stationery supplies

**HIPAA in Emergency Situations: Preparedness, Planning, and Response**

The Privacy Rule protects individually identifiable health information from uses and disclosures that unnecessarily compromise the privacy of an individual. The Rule is carefully designed to protect the privacy of health information, while allowing important health care communications to occur.

The process chart on the following page addresses the release of protected health information for planning or response activities in emergency situations.  It can be found at: <https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/emergencyprepdisclose.pdf>

Additional information can be obtained at: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/decision-tool-overview/index.html> and at: <https://www.phe.gov/about/OPP/dhsp/Pages/hipaa-policybrief.aspx#:~:text=In%20addition%20to%20disclosures%20to,notifying%20appropriate%20authorities%20to%20prevent>

Additional information addresses the following:

* Who is the source of the information to be disclosed?
  + A covered entity
  + The individual consumer
  + Other agency or organization that is not a covered entity
* To whom is the information being disclosed?
  + Public Health Authority
  + A health care provider for treatment
  + Other agency for public health purposes
  + Other person(s)/agency
* Has the individual consumer signed an authorization permitting disclose?
  + Yes
  + No

**Waivers**

If the President declares an emergency or disaster and the Secretary of HHS declares a public health emergency, the Secretary may waive sanctions and penalties against a covered healthcare facility that does not comply with certain provisions of the Privacy Rule. The Privacy Rule remains in effect. The waivers are limited and apply only for limited periods of time.

Additional information regarding HIPAA waivers can be obtained at <https://www.hhs.gov/hipaa/for-professionals/faq/1068/is-hipaa-suspended-during-a-national-or-public-health-emergency/index.html> and also at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/OCR-Emergency-Prep-HIPPA-Disclose.pdf>

**Note:** HIPAA and COVID-19 information for professionals can be found at: <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>

**Resources and References:**

1The Centers for Medicare and Medicaid Services Emergency Preparedness Rule Resource Site: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>

Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual (SOM) Ref: QSO-21-15-ALL <https://www.cms.gov/files/document/qso-20-41-all-revised-05262022.pdf>

Revisions to the State Operations Manual (SOM) Appendix Z – Emergency Preparedness Transmittal: 204 issued April 16, 2021 <https://www.cms.gov/files/document/r204soma.pdf>

The Centers for Medicare and Medicaid Services. Health Care Coalitions. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/State-resources>

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>

United States Health and Human Services. Visio-Emergency Preparedness Disclosures. At a Glance: <https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/emergencyprepdisclose.pdf>

United States. Ready. Crisis Communications Plan. <https://www.ready.gov/crisis-communications-plan>

**SAMPLE Incident Command Roster Form Emergency Preparedness Plan**

|  |  |
| --- | --- |
| ICS Position | Title of Facility Position |
| Facility Incident Commander |  |
| Communications/Information Office |  |
| Liaison Officer |  |
| Safety & Security Officer |  |
| Logistics Lead |  |
| Supplies and Resources Lead |  |
| Medical/Clinical Lead |  |
| Staff/Employee Lead |  |
| Continuity of Operations Lead |  |
| Finance Lead |  |
|  |  |
|  |  |

**SAMPLE Collaboration and Coordination of Partners – Information Grid**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Organization Name** | **Contact information** | **MOU, Agreement, Contract effective date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SAMPLE Primary and Alternate Communication System Grid**

| **Communications System** | | | | |
| --- | --- | --- | --- | --- |
| **Type** | **Location** | **Vendor or Supporting Service** | **Back Up Redundant Service** | **Staff Responsible** |
| Business Switchboard |  |  |  |  |
| Business Cell Phone |  |  |  |  |
| 2-way Radio |  |  |  |  |
| Pagers |  |  |  |  |
| Weather Radio |  |  |  |  |
| IP Phone |  |  |  |  |
| Internet Access |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SAMPLE Primary and Alternate Communication Process for Key Contacts**

|  |  |  |
| --- | --- | --- |
| **Primary and Alternate Communication Process for Key Contacts** | | |
| **Contact** | **Primary Method** | **Secondary Method** |
| Residents |  |  |
| Resident Representatives |  |  |
| Physicians |  |  |
| Medical Director |  |  |
| Key Management Team |  |  |
| Staff |  |  |
| Local EMS |  |  |
| Public Health |  |  |
| State EMS |  |  |
| State Public Health |  |  |
| State DHSS |  |  |
| Federal – CMS |  |  |
| FEMA |  |  |
| ASPR |  |  |

**SAMPLE Critical Phone Numbers**

|  |  |  |
| --- | --- | --- |
| **Name/Title** | **Primary Telephone** | **Secondary Telephone** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SAMPLE Facility Profile**

| **Area** | **Description and Location** |
| --- | --- |
| Facility Name |  |
| Facility Address |  |
| Facility Location (Cross streets, Landmarks, Longitude and Latitude Coordinates) |  |
| Facility Telephone # |  |
| Facility Fax # |  |
| Facility Email |  |
| Facility Web Address |  |
| Administrator/Phone # |  |
| Emergency Contact Person/Phone # |  |
| Maintenance Coordinator/Phone # |  |
| Insurance Agent/Phone # |  |
| Owner/Phone # |  |
| Attorney/Phone # |  |
| Year Facility Built |  |
| Fire Alarm System/Contact # |  |
| Security Alarm System/Contact # |  |
| # of Licensed Beds/Average Census |  |
| Average # of Staff – Days |  |
| Average # of Staff - Evenings |  |
| Average # of Staff – Nights |  |
| Emergency Power Generator |  |
| Type Emergency Power Generator Fuel |  |
| Type of Generator Fuel |  |
| Emergency Communication System |  |
| Medical records system and back up |  |
| Financial records system and back up |  |
| Payroll/HR records system and back up |  |
| Medical Supplies |  |
| PPE |  |
| Medical Equipment |  |
| Food and water supplier |  |
| Staff Roster |  |
| Resident and Family Foster |  |
| Emergency Supplies – Storage, Maintenance and Use |  |
| Standard Operating Procedures |  |
| Security Procedures |  |
| Evacuation Procedures |  |
| Like‐Facility #1 for Resident Evacuation\*(within 10 miles)/Phone # |  |
| Like‐Facility #2 for Resident Evacuation (within 10 miles)/Phone # |  |
| Like‐Facility for Resident Evacuation (beyond 25 miles)/Phone # |  |
| Like‐Facility for Resident Evacuation (beyond 25 miles)/Phone # |  |
| Other |  |
| \*Our facility has a Memorandum of Understanding (MOU) and/or Mutual Aid Agreements with at least \_\_\_\_\_\_\_\_\_\_\_\_ facility(ies) (within 10 miles) and one out‐of‐the‐immediate‐area facility (beyond 25 miles) to accept evacuated residents, if able to do so.  *\*\*Make sure the following provisions are in the MOU/MAA and attach copies to the EP Plan:*   * Roles and responsibilities of individual parties * Emergency procedures for requesting and providing assistance * Procedures, authorities and rules for payment, reimbursement and cost allocations * Notification procedures * Protocols for communications * Relationships with other agreements * Workers compensation, if applicable * Treatment of liability and immunity * Transfer and sharing of protected information * Recognition of qualifications and certifications * Sharing of agreements, as required | |

**SAMPLE Emergency Contacts**

|  |  |  |
| --- | --- | --- |
| **Type** | **Telephone #/Email** | **Contact Name**  **(if known)** |
| Police |  |  |
| Fire |  |  |
| State Nursing Facility Licensing Agency |  |  |
| Emergency Medical System |  |  |
| Local Emergency Management Agency |  |  |
| Local Medical and Health Coordinator |  |  |
| Ambulance Company #1 |  |  |
| Ambulance Company #2 |  |  |
| Other Transportation |  |  |
| Power Company |  |  |
| Telephone Company |  |  |
| Water System |  |  |
| Sewer System |  |  |
| Fire Alarm System |  |  |
| Fire Protection – Sprinkler System |  |  |
| Security Alarm System |  |  |
| Emergency Water Supply |  |  |
| Additional Staff |  |  |
| Other |  |  |

**Staff Emergency Contact Roster**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facility Staff Emergency Contact** | | | | | |
| **Name** | **Department** | **Contact #** | **Email** | **Staff Role in Emergency** | **Contacted Staff Family?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**SAMPLE Resident Physician Contact Roster**

|  |  |  |  |
| --- | --- | --- | --- |
| **Resident Physician Contact** | | | |
| **Resident Name** | **Physician** | **Contact Date** | **Documented** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SAMPLE Volunteer Emergency Contact Roster**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Volunteer Emergency Contact** | | | | | |
| **Name** | **Department** | **Contact #** | **Email** | **Staff Role in Emergency** | **Contacted Volunteer Family?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**This Page Intentionally Left Blank**