

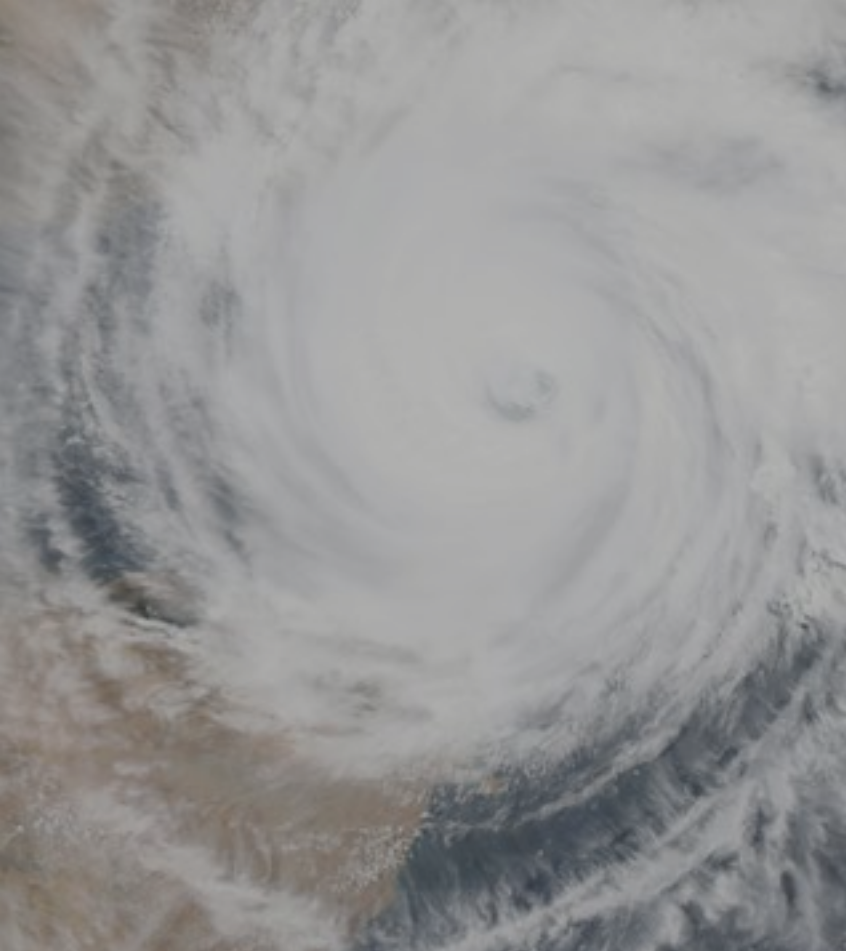
TAKING THE DISASTER OUT OF DISASTER PLANNING

A step-by-step
guide to creating
your emergency
preparedness
communications plan.

cliniconex

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INTRODUCTION

We've all heard, have experienced or had loved ones impacted by hurricanes, tornadoes, floods, wildfires, drought, and massive heat waves. They've devastated communities, displaced millions and resulted in countless lives lost throughout the world.

According to a recent report by the [United Nations Office of Disaster Reduction and Belgium's Centre for Research on the Epidemiology of Disasters](#), there's been a 74 per cent increase in disasters over the past two decades. About 1.23 million people have died with more than 4 billion impacted in total, some more than once.

Nora O'Brien, an emergency management and business continuity planning expert at [Connect Consulting Services](#) of Sacramento, California says: "These types of natural disasters are not going away anytime soon. This means emergency planning, preparing and recovery plans have never been so urgent."

Recent research by the LeadingAge LTSS Center @UMass Boston [The Impact of Climate Change: Why Older Adults are Vulnerable](#) says people 65 and older are particularly vulnerable to the effects of climate change. "Advancing age and the prevalence of special needs increases the vulnerability of these individuals to climate stressors and risks," the report says. "Older adults who have chronic illnesses, live with functional impairments, or receive long-term services and supports (LTSS) are at high risk for negative health outcomes from climate change and may experience disruptions in critical services both during a climate event and over the long-term."

The report cites the following examples

2.6%

Adults residing in nursing homes during a hurricane had a 2.6 per cent higher risk of 90-day mortality compared to non-hurricane periods

200,000+

More than 200,000 people with chronic illness were displaced or isolated due to flooding during Hurricane Katrina and were unable to access medical care and take medications



Nursing home residents with severe cognitive impairment, evacuated during Hurricane Gustav, were at increased risk of death 30-and-90 days post-move



WHERE EXACTLY DO WE GO FROM HERE?

Like O'Brien, Lauren Knieser has dedicated her career to helping organizations build resiliency through emergency preparedness. She knows what it's like to be on the front lines and see the same mistakes being made over and over again.

She's worked in policy, education, training and operational response. As a Section Information Chief with the U.S. Department of Health and Services, she led a team responsible for collating and analyzing data and information from across government agencies, hospitals, public health departments and news media. The purpose: to generate actionable, data-driven insights on how to best deploy federal resources during an emergency.

"I had a front row seat to the faulty data reporting and sharing systems within public health and health care. When asked for up-to-date counts of available beds, staffing, or supplies, hospitals largely relied on a system of manual data reporting that required individuals to either log in to a web portal and fill out a form or upload an excel spreadsheet," she explains.

"As anyone who has worked with data knows, that methodology is extremely error-prone. It's also untimely, since reporting generally happens only once a day. In the throes of a disaster, conditions change minute to minute."

This led Knieser to take on a new role as Senior Director for Emergency Preparedness and Response at [Audacious Inquiry](#). [Audacious Inquiry](#) is a leader in connected healthcare information technology solutions. She saw how IT solutions can be used to support her health care community, especially during an emergency.

For the purpose of this white paper, we will focus on emergency preparedness for long-term care facilities or seniors' homes and emergency shelters—where some of the most vulnerable in our communities reside.



WHERE DO WE START?

Emergency preparedness experts like O'Brien and Knieser agree you need a well-thought-out plan that is continuously tested, updated and refined.

“**It has to be easily accessible, easily understood and actionable,**” says O'Brien. **“I've seen beautifully collated, color-coded 1,200-page reports that were never cracked open during an emergency because their only practical use was as a door stopper when evacuating a building.”**

Instead, she says, focus on the basics and then test and test again.

F.E.A.R. has 2 meanings:

Forget	Face
Everything	Everything
And	And
Run	Rise

The choice is yours.



O'Brien recommends following these five basic steps to build an effective disaster and recovery plan:

1. **Mitigate:** This is where you assess the vulnerabilities facing your institution. What kinds of natural disasters are common in your area? Are you located near a port, airport, or nuclear plant? Do you understand the impacts from a flood or power outage on each of your business lines; how critical those business lines are to protecting your residents and running your business, and what timelines are optimal to get them back up and running? What about your residents? Will they have access to food, water, medication or treatments? How can you communicate with residents, staff, families and emergency services when communications networks fail?
2. **Prevent:** The vulnerability assessment guides the creation of your Emergency Preparedness Plan (EPP) which includes training programs and exercises to prepare for each possible scenario.
3. **Prepare:** You need to continuously test your plan through a cycle of emergency planning, staff, resident and family training and exercises. Assess what went right and what went wrong, and adjust accordingly.
4. **Respond:** This is where your plans prove their worth (or not). It's a trial-by-fire testing of your prevention and preparation plan.
5. **Recover:** Part of your vulnerability assessment is to set your priorities. What needs to be addressed first and within what time frame? How fast can you get back to full operations? Is there damage to your building? Do you need to stay in your emergency location (assuming you had to evacuate) and what are the consequences of that in terms of service, communications, and financial impact? Who is responsible for what on your recovery team?



The [Centers for Medicare and Medicaid Services](#) (CMS) provides health coverage to more than 100 million Americans through Medicare, Medicaid, the Children’s Health Insurance Program and the Health Insurance Marketplace. If you are a supplier of Medicare and Medicaid Services, you are required to follow national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordinate with federal, state, tribal, regional and local emergency preparedness systems.

Companies such as [Connect Consulting](#) have a comprehensive library of resources to help with your planning including the downloadable [CMS Emergency Preparedness Compliance Toolkit](#). The toolkit covers the four core elements you need to follow to be compliant:



Emergency Operations Plan



Policies and Procedures



Communications Plan



Training and Exercise Program

When CMS receives a complaint, the covered entity is notified and given an opportunity to comply or to submit a corrective action plan. CMS can conduct compliance reviews or on-site evaluations of a company’s procedures and practices and impose financial penalties for violations of up to \$1.5 million in one calendar year.

STEP ONE

Mitigate: Assess your vulnerabilities

It does not do to leave a dragon out of your calculations if you live near him. - J.R.R. Tolkien

Before you can plan anything, you need to conduct a thorough vulnerability assessment to determine how your people and property would be impacted by a variety of natural disasters or unanticipated events such as an active shooter or hostage situation.

When working with clients—governments, non-profits and businesses—O'Brien says her company takes a holistic approach to emergency management, business continuity and disaster recovery. "We support our clients to prepare for, learn the skills to respond to, and recover from disaster through our customized and effective emergency preparedness planning, training and exercise services, she says.

One of the first critical steps, she says, is to meet and learn from every business unit to understand the consequences of a disaster on those business lines. What's critical and what's not? What timeframes and in what order do the operations have to get back online? This research sets the stage for emergency operations and for backup contingency plans.

“These plans have to be very specific. What needs to happen immediately, within an hour, a day, a week, O'Brien says. Building in this kind of operational resiliency will help you protect your people, your business return on investment and reputation.”

You need to ask; how do we mitigate against each of these potential threats? What resources are needed to help create a detailed plan? What state and local guidelines are you expected to follow? What buy-in do you need from families, residents and staff? What equipment or supplies do you need? How can you reach out for the help you need?

Did your analysis take into consideration the geo-zones where you live and work? Are you in hurricane or flooding zones; are there local points of interest such as army bases, ports, dams, levies and power plants? Are there hospitals or shelters nearby? Do you need transportation standing by, and if so, how many buses/vehicles are required and how do you accommodate those with mobility or cognitive limitations?

If you need to shelter in place or face an emergency lockdown, can your facility operate self-sufficiently? Do you have the needed staff, water, food, medicine, medical equipment, backup communications devices (i.e. two-way radios), fuel supplies, and generators?

DID YOU KNOW

The **Federal Emergency Management Agency** (FEMA) has a national risk index which identifies areas of the United States most at risk of 18 national disasters. Its website is a rich source of information on disasters and assistance, grants, floods and maps and emergency management.

STEP TWO

Prevent: Putting pen to paper

Give me six hours to chop down a tree and I will spend the first four sharpening the axe.
- Abraham Lincoln

Put a team in place

The senior Incident Commander needs to first identify their Emergency Chain of Command with key members responsible for:

- Resident care
- Health and safety
- Facility management
- Business operations
- Communications
- Recovery operations

Identify backups for each critical role and ensure the backups are trained and know their responsibilities. Ensure that everyone knows who these people are and how to contact them. Contact information should be included in any training materials.

When assigning responsibilities, keep in mind you need people to:

- track all issues and maintain timelines
- review policies and procedures and update accordingly
- determine backups/plans for location, emergency shelters, data centers, vendors, and emergency staff including volunteers
- provide applications support
- plan how you are going to communicate with all stakeholders
- gather emergency supplies



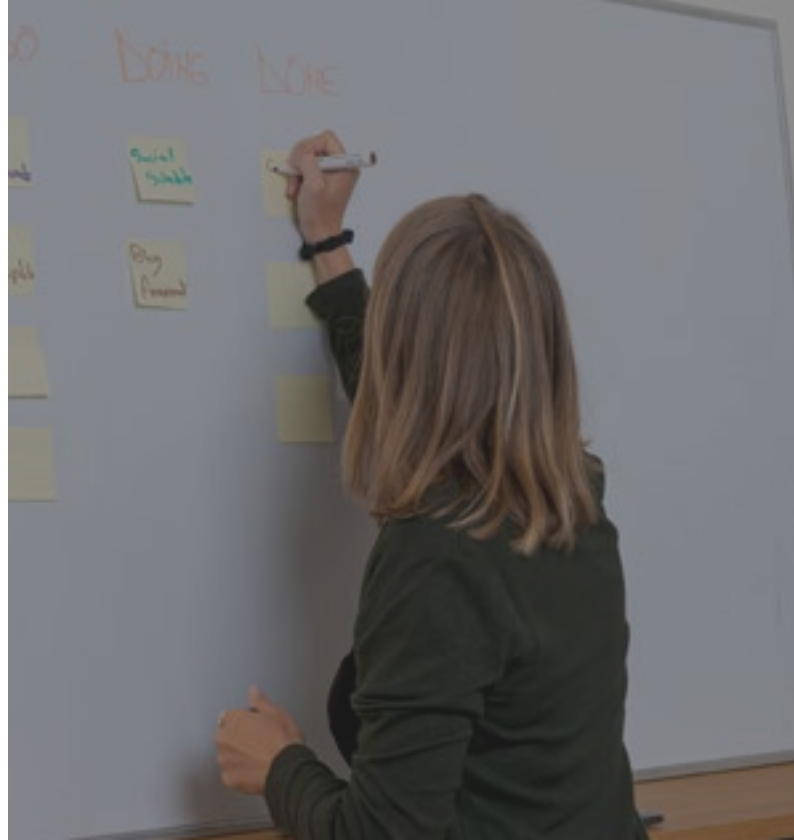
Review/revise your policies

Two key policies to review are your evacuation and your shelter-in-place protocols. Are families permitted to stay if there's a lockdown? Does your evacuation plan have built-in contingencies? Do you have clear signage? Has everyone been trained and gone through practical emergency drills?

Carefully review your policies against the following considerations:

- Do you have ways to communicate with stakeholders in an emergency?
- Do you keep critical and current medical information on your residents, accessible in a variety of formats while respecting their right to privacy?
- Do you have detailed and accessible contact information for assistance, rescue, local police, local state authorities, emergency state officials, and resident families. Is it easily accessible?
- What about residents, their families, staff and volunteers. Do you have detailed contact information for each? Is it kept in a secure, accessible place, available both electronically and in print? Are there copies at your temporary emergency site?

Need a fast, reliable way to provide updates to all of your stakeholders? Consider an automated broadcast notification system such as [Cliniconex's Automated Care Messaging](#) which sends out targeted messages to residents, families and staff within minutes via voice, text or email.



Evaluating your evacuation plan

Have you tested your evacuation plan recently? Has anything changed such as an exit blocked off for repairs? How are you going to account for your residents as they are moved? Do you have records on the medical care each resident requires? Have you considered how to inform emergency services, employees and families if evacuation is necessary?

Do you have a robust plan and agreement with your emergency shelter to provide the care that is required? How long does the agreement last? For example, if extensive repairs or a rebuild is needed, can the shelter accommodate residents for months or even years? If not, what's your backup plan?

Does the temporary shelter have the equipment and resources to handle the multiple medical, physical and cognitive issues your residents might face?

Do you have robust records on the vulnerabilities of each patient (respiratory, pain management, infections, diet restrictions, wound care, falls, behavioral issues)? Does the temporary site have copies or ways to access this information?



When it is time to evacuate have you considered:

- How to alert an emergency shelter or hospital of your arrival? What if the internet and telephone lines are down?
- Transportation needs and availability? What happens if transportation can't get to you because of flooding or traffic (people trying to get out of the city, for example).
- Do you have a full list of residents, their medical needs and family contact information to move with each resident and backups at the emergency site?
- Have you accounted for mobility and cognitive challenges?
- Does the emergency shelter have the needed medicine, medical equipment, supplies and people needed to provide care?

Finally, you need to ensure that your emergency shelter has done its own due diligence and has a robust emergency preparedness plan.

If you can't evacuate, are you self-sufficient?

There are a number of reasons why it might not be practical or safe to evacuate your building. Then the question becomes, are you prepared to stand it alone?

Your contingency plans need to ensure that you have:

- water, medicine, food, medical equipment and supplies
- emergency backup systems so medical equipment can continue to function
- alternate power sources
- data backups
- fuel supply
- detailed contact information for, and ways to, communicate with families, emergency responders and staff
- enough staff on-site and on standby to take care of residents



Getting accurate information on patients is a major challenge facing emergency shelters and hospitals. Without access to medical records, they often have to depend on a patient's memory. Given that the Centre for Disease Control and Prevention and the [Merck Manual on Aging and Drugs](#) shows that 60 per cent of adults have a chronic disease and 36 per cent regularly take at least five prescription drugs, this can be a challenge.

This is where technology makes a difference, says Knieser. "Audacious's [PULSE Enterprise](#) allows public health and emergency management authorities to securely query for a patient's clinical and medication histories from across several national health information networks."

"It arms them with real-time information about a patient's pre-existing and chronic conditions, allergies, and other clinical histories to provide safe and timely medical care for displaced individuals," she says.

Today, the system leverages national networks that include clinical data for more than 205 million people and medication history for 324 million.

Audacious also recognized another gap: during the Hurricane Katrina and Hurricane Rita disasters of 2005, more than 12,500 adults and 5,000 children were registered as missing, with efforts to reunify children with their families sometimes taking over six months. Moreover, some children had to remain in pediatric centers because they could not be reunited with their families.

Audacious Inquiry's [Emergency Census](#) now leverages its [ENS solution](#) to provide a consolidated view of hospital and emergency department admits and discharges. It operates with [PULSE Enterprise](#) which displays admits and discharges from shelters and alternate care facilities. Users can upload a list and when a missing person is identified, they receive an alert that a match has been made.



Track against your plan

During an emergency, it's critical to track successes and failures because this is important information for refining your plans and to help with the post-recovery.

Look at:

- workforce needs
- communications effectiveness (residents, staff, families, emergency partners)
- supplies (adequate food, medicine, medical supplies, water, medical equipment)
- technology failures or successes
- transportation issues during evacuation
- pros/cons of emergency off site

Nothing works without clear communications

Studies show that during an emergency, information is as critically important to people as food or water. Not only can accurate information mean the difference between life and death, but it can also provide reassurance that response and recovery are truly underway.

The bottom line is that well-conceived and effectively delivered emergency messages can help ensure public safety, protect property, facilitate response efforts, elicit cooperation, instill public confidence and help families reunite. These are all excellent reasons to put as much effort into your emergency communications plan as you do during the entire emergency planning exercise.

The first step is to ensure that an experienced communications leader is appointed as part of the Emergency Chain of Command team. This person, and an experienced and trained backup, need to know the emergency preparedness plan inside and out so they can write accurate, timely and targeted messaging for both internal and external stakeholders.

“ **A crisis communication plan involves a number of elements but should be kept as simple as possible. During times of crisis, people need a document that is easily understandable. Keep the plan clean and simple, addressing only the critical issues and place any supporting information in standalone appendices.** ”

It needs to clearly outline how your organization will communicate about the crisis. Who is your crisis communications team and who are their backups? Who has overall responsibility for putting the plan into action? Is that person the same one handling the media and the family inquiries? Lines of responsibility need to be clearly drawn.

Overall, communications plans need to cover three distinct steps:

- Before an emergency
- During an emergency
- After an emergency

Before an emergency

Successful warnings are those that are taken seriously and responded to in a timely and effective manner.

There are a number of reasons why someone may or may not listen to you:

- **Individual characteristics:** age, education, language, access and functional needs, family composition, and length of residency
- **Perception:** previous experience with a hazard and perceptions of proximity and risk
- **Message source:** who issues the warning, credibility of the warning source, and the level of trust in that source
- **The message itself:** accuracy, clarity, timeliness, consistency, and specificity of the message; and its focus on immediate needs


With this in mind, consider:

- **Your audience:** the different groups you need to reach (residents, families, staff, emergency responders, Emergency Chain of Command Members, government officials, emergency offsite, media, etc.)
- **How urgent is your message?**
- **How reliable is your communications tool(s)?**
- **What resources do you need?**

The tool you use has to reach your target audience quickly, get them the information they need when they need it, be reliable, get the message across clearly and can be accessed with limited resources.

You also need to think about tailoring your messaging for each stage. Did you create messaging for a variety of scenarios and for different audiences? Having messages prepared for circumstances such as active weather, lockdowns and power outages can save valuable time when in the middle of a crisis, while daily updates reassure families that their loved one is well cared for.

Consider how you are going to reach your staff during an emergency; via voice-mail, meetings, or company intranet? How can you reach them if these channels are not available? Bringing in extra staff might be critical in an emergency so it's important to have backup plans (e.g. two-way radios, call-in emergency numbers). Make sure staff knows who is responsible for your organization's media policy and they know who to contact if they are approached.



Cliniconex has created **messaging templates** based on the before/during/after an event tailored to specific events

Determine the urgency of your messages. Are you issuing a watch or a warning? A watch is used when a hazardous event has increased significantly but its occurrence, location and/or timing is still uncertain. It is intended to provide enough lead time to put a plan in motion. A warning is when the event poses an immediate threat to life or property, is imminent and has a high likelihood of occurring.

Don't forget the media. Give them easy access to pre-packaged information, making it available in both print and electronically.

Include:

- Company overview and mission statement
- Facts on facility, residents, staff, partners and volunteers
- Summary of the emergency plan, procedures and training
- Plans to deal with food, water, medicine, medical supplies, power, security, extra staff, etc.
- Outline shelter-in-place and evacuation plans
- Common questions and answers

During an emergency

There's an old adage in public relations: if you don't tell the story, someone else will. And if that story's negative, it can be very difficult to change the narrative. The critical thing in an emergency then is to get out in front of the story with fast, clear and accurate information. With social media, residents, families, staff, emergency responders and media have come to expect answers and expect them quickly.



Be sure to document your actions and the results as much as you can during the emergency so that you can come back later and determine what worked and what didn't.

At the outset, gather as much information as you can about what happened. What are the specifics? When did it happen and where? What is the extent of any damage, injuries or potential injuries? Are you evacuating or sheltering in place?

Put your crisis communications plan into action. Contact the team members and begin updating key messages and other important information. Clear messaging with legal and the Incident Commander.

In all cases, your messaging should be:

- Specific to the audience and spell out who, what, when, where, why and how
- Consistent in that it says the same thing across channels and audiences
- Certain by confining your messages to what you know and what you don't know
- Free of guesses or speculation
- Clear by using straight forward language that avoids technical terminology, jargon or acronyms
- Accurate by clearly stating the facts
- Translated into different languages, depending on your audience
- Compliant with all legal requirements (e.g. sharing of patient information)



If at all possible, make it your goal to communicate daily (especially with residents, families and staff) even if it is to say that there are no updates.

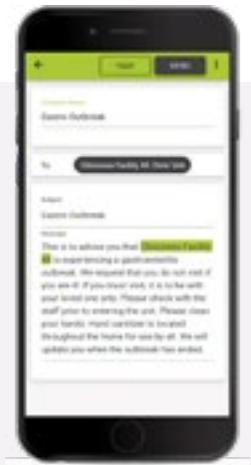


After an emergency

There are a number of ways to determine the effectiveness of your crisis communications plan. While some aspects may be challenging to quantify, the most important metric to track will depend on the business's post-crisis goals and the decisions senior leaders know they must make to mitigate the risk of such a crisis happening again.

Some factors to consider include:

- Assessing how well prepared you were to deal with the crisis. Consider surveying different audiences or hold focus groups with residents, staff, families or emergency responders. Quantitative and qualitative research can provide critical insight into reputational damage that might need to be repaired. Cliniconex's messaging system, for example, provides a centralized way to share surveys for post-event feedback and to send messages to specific targeted groups. You can view the messages sent and get detailed reports showing outcomes.
- Instead of focusing solely on ROI metrics, look to measure resolution and positive change instead. Did your communications help those most impacted by the crisis? Did your response prompt change to prevent future crises?
- Evaluating any media coverage.
- Assessing your communications tools. For example, if you used an automated system such as **Cliniconex's Automated Care Messaging** measure the success by looking at whether it:
 - Reduced inbound family phone calls
 - Minimized in-person visits
 - Improved responses/aid when requested such as calling in extra staff



Consider the benefits of using an automated broadcast notification such as **Cliniconex's Automated Care Messaging** (ACM) which sends out targeted messages to residents, families and staff in minutes via voice, text or email; logs all communications in resident's charts; syncs family contacts with your EHR; and, automates day-to-day messaging with workflow rules.

The Routine Module of ACM allows you to automatically trigger notifications to families when an event is added to the resident's calendar. Families can then confirm, cancel or request a callback and workflows can be triggered based on responses.

Cliniconex works in partnership with **PointClickCare** which is the leading healthcare technology platform enabling meaningful collaboration and access to real-time insights at any stage of a patient's healthcare journey. More than 22,000 long-term post-acute care providers and 1,600 hospitals use **PointClickCare** today, enabling care collaboration and value-based care delivery for millions of lives across North America.

Beryl Collingwood, RN, MAPC, ICD.D. Vice-President of Long-Term Care, Southbridge Care Home, has implemented the platform across all 27 of their homes. "Our processes have been streamlined and we have realized efficiency, most noticeable in mass communications. In the event of an outbreak or an emergency, we have been able to enhance our process ensuring effective communication without diverting team members from other duties."



LEARN MORE ON HOW TO BUILD A STRONG COMMUNICATIONS PLAN.

STEP THREE

PREPARE: Take your plan out of the boardroom

Fail spectacularly. Use drills and exercises to fail spectacularly. That way you can correct everything before the real emergency or disaster. - Nora O'Brien

In order to truly test your plan, it has to come out of the boardroom. The true test is mirroring the steps you would take in an actual emergency.

Each test should start with a clear objective. What is it you are trying to achieve? Do you want to test your equipment? Are you enacting an evacuation or a shelter in place exercise to see how your policies hold up under an actual emergency?

What about testing the effectiveness of your communications when trying to reach emergency staff, contact families, bring in emergency services, or get in touch with your emergency site?

Think about testing whether or not your staff, residents, families, and emergency offsite fully understand their roles during an emergency?

The tests don't have to be complicated like a full-on emergency evacuation drill, says O'Brien, although those do have their place in any testing program.

Sometimes it can be as simple as sending an email or voicemail to staff asking them to get back to you within 15 minutes, she says. How many responded? How many emails bounced back?

“**There's a lot of staff turn-over in resident care facilities,” says O'Brien. “You need to review your lists constantly. Integrate emergency training into your onboarding program and ensure that simple instructional manuals are easily available.”**

For more full-blown drills and exercises, consider separating the team responsible for planning and designing the drill from those responsible for execution. There are advantages to keeping it secret, like being able to better assess your team's response in an actual emergency.

However, this is only something you'd want to do if your emergency response planning is at a fairly mature stage and that staff, residents, families and external partners have been adequately trained.

Because you have done your vulnerability assessment, you know which emergencies are most likely to hit your organization. This is where to concentrate your testing. For example, a fire has resulted in a release of hazardous materials? What do you do? There's been a power outage and you're relying on backup generators. Have they been checked recently? Do they rely on fuel; do you have enough for the long haul? What if a flood destroys your food and medicine? Do you have backup supplies?

Whether you notify people in advance or not, everyone involved needs to understand the critical importance of treating the drill as a real emergency.

People need to be actively engaged, staying in their role for the duration of the drill and demonstrating how they would actually respond in an emergency.

Ultimately, the point of any drill is to reveal the flaws in a safe environment, says O'Brien.

STEP FOUR

RESPOND: Be prepared for the unexpected

By failing to prepare, you are preparing to fail. - Benjamin Franklin

You've drafted your plan, and completed rigorous testing and training. But each situation is unique and chances are something unexpected is bound to happen.

First and foremost, don't panic. Chances are that a well-thought-out and tested plan will have elements and protocols that will help you deal with an unexpected situation. Keep in mind that the underlying objective of the emergency plan is to protect residents and staff.



Contact the Emergency Chain of Command team and let them know what you are facing.



In the interim, examine the root cause and assess how people are affected. What immediate steps can you take to protect those in your care? It could be evacuating a particular floor. Contacting emergency services to relocate some residents. Bringing in extra staff to help handle any overflow needs.



Keep notes on the steps you took because it needs to be included in the plan update.



STEP FIVE

RECOVER: Getting back to business

Good fortune is what happens when opportunity meets with planning. - Thomas Edison

The recovery operations lead, a key role in your Emergency Chain of Command, needs to appoint members to assess how different types of emergencies can impact the organization. This is based on the results of the vulnerability assessment.

They plan which business lines get first priority and establish the timelines to get them up and running. What resources, budget and outside services are required to ensure the deadlines can be met?

Detailed supplier agreements are required to deal with infrastructure damage, a method to quickly bring in needed staff, and additional food, water, medicine, medical equipment and supplies. A detailed plan also needs to be reached with the emergency shelter for short-term and long-term care depending on repairs needed.



If a new build is required, a costing assessment needs to be completed and emergency funds earmarked for that risk. How does facility insurance play a role?



If the building has only sustained minimal damage, when and how do you deal with the logistics of moving the residents back in?

During the actual emergency, the team also needs to keep a close eye on all of the information collected as part of the monitoring process to see the impact on:

- Staffing needs
- Damage to infrastructure, equipment, supplies and systems
- Data loss
- Supply chain issues: food, medicine, medical supplies
- Technology failures
- Transportation failures





EMERGENCY PLAN

CONCLUSION

Save time when you need it most

By preparing for all contingencies in advance and closely monitoring the impact on both the operations and facility during the emergency, you will be able to reprioritize or develop new plans as required. Most of all, your team needs to be flexible and respond to, and create contingencies, for the unexpected.

Rules to Live By



- Emergency preparedness activities need to be done **year-round**.



- Consider it a continuous cycle of **process improvement** that's built into your business operations.



- **Document gaps** in your emergency preparedness capacity so improvements can be made to your policies and systems.



- Build **regularly-scheduled preparedness activities** into your calendar. Also, **be spontaneous** to test response times.



- These activities drive your **preparedness cycle**.

Whether you're experiencing an emergency you planned for – or one you did not – you need to respond to a crisis quickly. How you respond to and communicate a situation can lead to a more successful resolution of the emergency, but also result in a positive evaluation from stakeholders.

HELPFUL RESOURCES

Emergency Chain of Command

ROLE	RESPONSIBILITIES	TYPICAL JOB FUNCTION
Incident Commander	<ul style="list-style-type: none"> Leads the response Approves key plans and actions Enacts shelter in place/evacuation policies Approves internal/external communications Gathers information, thinks ahead, makes and revises action plans Keeps all team members informed and communicating 	CEO, Administrator, Director of Nursing
Health and Safety Lead	<ul style="list-style-type: none"> Ensures safety of resident, staff, visitors, families Monitors and corrects hazardous conditions Authorized to halt any operation that poses an immediate threat to health and safety Primary contact for supporting agencies assisting the facility 	Human Resources, Health and Safety, Security
Coordination of Care Lead	<ul style="list-style-type: none"> Coordinates resident care to ensure ongoing medical needs are met Ensures nutritional requirements respected Ensures ongoing medical treatments are carried out Coordinates the move of the residents into temporary facility, including ensuring medical files are current and family members informed 	Director of Nursing
Business Operations Lead	<ul style="list-style-type: none"> Responsible for maintaining the overall operations of the business during an emergency including tracking all expenses, claims, activities and personnel time Record keeper for the incident 	CFO, Controller, Accounts department, Payroll
Facility Management Lead	<ul style="list-style-type: none"> Ensures all systems and emergency backup systems are functional Ensures medicine, food, water and medical equipment are adequate and protected Has adequate fuel supplies Has contingency supply chain backup for all of the above 	Vice-President, Facility Management/ Operations, Maintenance Supervisor
Communications Lead	<ul style="list-style-type: none"> Creates strong communications plan with pre-packaged messaging for all audiences and all incidents (flooding, hurricane, power outages, active shooter, moving residents to emergency offsite) Communicates with all stakeholders throughout the emergency, daily if possible Works directly with Incident Commander for timing and messaging of communications 	Communications Manager, Human Resources Manager
Recovery Operations Lead	<ul style="list-style-type: none"> Assesses impact on organization of different emergency scenarios Determine priorities for getting priority business lines back online Negotiates supplier agreements for possible infrastructure damage Coordinates return of residents 	Vice-President Facility Management/ Operations, Maintenance Supervisor

HELPFUL RESOURCES

EPP Check List

There are five basic steps to building a disaster and recovery plan:

Mitigate	<p>Assess vulnerabilities and how to mitigate them</p> <p>e.g. common natural disasters; situated near a port, nuclear facility? impacts of flood, power outage on critical business lines; access to food, medicine, medical equipment, staff</p>
Prevent	<p>Vulnerability assessment guides the creation of EPP</p> <p>e.g. disaster training programs, backup systems, backup supplies, evacuation procedures</p>
Prepare	<p>Continuously test your plan</p> <p>e.g. emergency planning, staff, resident and family training and exercises</p>
Respond	<p>Testing of your plan during an actual emergency</p>
Recover	<p>Vulnerability assessment set priorities up front</p> <p>e.g. assess priorities for essential business operations; determine damage and put supplier plans into action</p>

Communications Checklist

A Communications Plan need to cover three distinct steps:

Before an emergency	<ul style="list-style-type: none"> • Assign a communications lead and backup • Create messaging for each audience and based on each scenario • Determine what communications tool(s) to use • Create media kits • Ensure you have current contact lists for families, staff, emergency responders, media
During an emergency	<ul style="list-style-type: none"> • Gather as much information as possible; revise messaging accordingly • Stick to the facts, make your messaging clear and simple • Try to communicate daily if possible • Document your actions and the results
After an emergency	<ul style="list-style-type: none"> • Review documentation of actions/results and revise plan accordingly • Assess how well prepared you were by surveying residents, staff, families, emergency responders, media • Conduct quantitative and qualitative research