

EMERGENCY PREPAREDNESS PLAN

TREMPEALEAU COUNTY HEALTH CARE CENTER

- MAIN CAMPUS -

W20410 State Road 121

Whitehall, WI 54773

CONTENTS:	SECTION
Introduction/Emergency Numbers.....	1
Evacuation Procedures.....	2
Maps.....	3
Fire.....	4
Power Outage.....	5
Severe / Hazardous Weather Conditions.....	6
Staff Assistance.....	7
Locate Resident.....	8
Bomb Threat.....	9
Disaster.....	10
Intruder.....	11
Chemical Spill/Gas Smell.....	12

INTRODUCTION

The Trempealeau County Health Care Center (TCHCC) has developed this Emergency Preparedness Plan to provide staff and emergency officials with detailed, written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing residents.

This plan is communicated and periodically reviewed with employees and is readily available to all staff and necessary emergency officials.

Residents who are able to actively participate in drills are encouraged to do so, and the procedures are reviewed with them. Evacuation drills are held at least quarterly, each shift, and under varied conditions to ensure that all staff on all shifts are trained to properly follow written emergency procedures.

Special provisions are provided for evacuation of residents with physical disabilities.

All drills are documented, and evaluations completed. Corrective action is taken whenever a problem is identified.

This plan is reviewed regularly by the TCHCC Safety Committee as appropriate. It reflects suggestions and actions recommended by the staff and administration of the TCHCC. Any recommendations regarding the content or format of the plan should be directed to a Safety Committee member.

This Emergency Preparedness Plan, which includes evacuation procedures, has been reviewed and approved by:

Whitehall Fire Chief

Date

Executive Director, TCHCC

Date

Safety Chairperson, TCHCC

Date

SAFETY COMMITTEE

The Trempealeau County Health Care Center has an established Safety Committee. This committee consists of the Administrators, Directors of Nursing, and representatives from various departments of the health care center.

The Safety Committee is directly concerned with the safety and health of the employees, residents and visitors. The purpose of the committee is to observe and report unsafe conditions and accidents and to contribute ideas and suggestions for improvement of safety. It is desirable to create an active interest in safety and to be a means of safety communication. The function of the committee is advisory to management in the ways mentioned above. The committee meets, at minimum, quarterly. Fire Drill, and Incident/Accident Reports are formally reviewed at these meetings. As safety/risk management are important factors in assurance of quality care and services in the Health Care Center the committee also reports to the Quality Improvement Committee.

Any suggestions, concerns regarding safety issues should be brought to members of the safety committee.

SAFETY COMMITTEE MEMBERS

A member from each of the following departments are to be present at each meeting.

Maintenance, Administration, IMD Nursing, Nursing Home Nursing, Gero-Psych Nursing, Nutritional Services, Annex, Activities, Vocational, Laundry, Environment Services, Community, and Supportive Department (office).

EMERGENCY CALL CHART

If an emergency situation exists that requires more staff, the nurse in charge is to use the Emergency Call Chart to call off-duty staff (see next page for this chart).

The charge nurse or designee will call the first line of staff listed across the top of the chart. Each person on the Emergency Call Chart is to then call the person listed directly under their own name. If there is no answer, they are to proceed with the next person listed and so on.

Staff who respond should bring their employee identification badge and state **“CODE RED”** to emergency personnel in order to get onto the facility grounds, then proceed to the household they usually work on or respond to the nurse’s directive.

The Emergency Call Chart is kept in the following places:

- Front Reception Desk
- Maintenance Office
- Aspen Household Nurses’ Office
- Ash Household Nurses’ Office
- Birch Household Nurses’ Office
- Courage Household Nurses’ Office
- Dignity Household Nurses’ Office
- Excel Household Nurses’ Office
- Nutritional Services’ Office

MAIN CAMPUS EMERGENCY CALL CHART

If an emergency situation exists that requires more staff, the nurse in charge is to use the EMERGENCY CALL CHART to call off-duty staff. **Staff who respond should use “CODE RED” to get onto the grounds, bringing their employee I.D. badge if possible.** Staff should then proceed to the household they usually work on or respond to the nurse’s directive.

The charge nurse or designee will call the first line of staff listed across the top of the chart. Each person on the Emergency Call Chart is to then call the person listed directly under their own name. If there is no answer or if you get voicemail, call the next person listed.

	EMERGENCY	CALL LIST	
Lori Glauert Director of Finance 715-985-2116 715-797-1476 Lori	Terrie Sommer Administrator Cell: 715-210-5415	Bill Kirschner Plant Services Supervisor 608-484-1207	Jerry Deetz Administrator 715-695-3368 Cell: 715-533-1758
Randy Glauert Maintenance 715-985-2116 715-419-8439	Nathan Olson Maintenance 715-797-4695	Amber Smith Director of Nursing 608-864-1528	Monica Sobotta Director of Nursing 507-273-7249
Bernie Mai Maintenance 715-214-8068	Sue Ellen Fankhauser Human Resource Clerk 715-985-2773 Cell: 715-538-3811	Brian Long Maintenance 715-379-7464	Brian Sommer Maintenance 715-210-2482
Jason Rindahl RN 715-533-1946	Jon Nerdrum RN 715-577-0517	Tom Steele RN 715-530-0332	Randy Herman Admissions Coordinator 715-797-2944
Andrea Beaman RN 715-533-1415	Kim Clatt Human Resource Director 715-530-1667	Rebecca Woodke Activity Director 847-309-9740	Heidi Spittler RN 715-530-1463
Cathy Gunderson CNA 715-983-5797	Troy Pride CNA 715-533-4399	Stacy Martin 715-530-2959	Lisa Filla Scheduler 715-538-3467
Michelean Prokop Health Info. Systems Tech. 715-985-2593 Cell: 715-530-0058	John Berg Vocational Coordinator 715-530-0600	Lori Greenwold RN-Unit Leader 715-984-2594 715-533-4012	Patty Helgeson Lead Housekeeper 715-985-3443
Ann Kirschner Infection Control Nurse 608-484-1206	Kevin Peterson Vocational Assistant 715-533-3398	Erin Goerg RN 715-533-2550	Bethany Halama Registered Dietician Cell: 715-533-0897
David Witte Jr. CNA 715-797-0869 715-533-1795	Ben Hanson RN 715-533-3870	Traci Risberg RN 608-864-0739	Shelby Blaschko MIS Assistant 715-985-3816

IF TELEPHONE NUMBERS ON THIS LIST ARE INCORRECT OR IF YOU DO NOT WISH TO BE ON THIS LIST, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT.

EMERGENCY PHONE NUMBERS**Trempealeau County Health Care Center W20410 State Road 121 Whitehall, WI 54773**

Administration:	
Jerry Deetz	715-533-1758 (cell)
Curt Johnson	715-797-7119 (cell)
Terrie Sommer	715-210-5415 (cell)
Amber Smith	608-864-1528
Monica Sobotta	507-273-7249
Ambulance (emergency)	911
Ambulance (non-emergency)	715-538-4307
Annex	715-985-2337
Blair Apartments	608-989-9648 cell phone: 715-299-1213
Certified Adult Family Homes	715-538-9106 ext. 5020
Emergency Response Center	1-800-858-7811
Dept. of Health Services 24-Hour Emergency	(608) 258-0099
Emergency Call Chart	Located in each household, Maintenance, Reception desk, TCHCC-Employee Services website
Farnam	715-538-4518
Fire Department (emergency)	911
Fire Department (non-emergency)	715-538-4545
ClearPath – Service Department	1-262-563-1031 (Night menu after hours will direct you for help)
Maintenance Staff:	
Bill Kirschner	Cell: 608-484-1207
Randy Glaunert	Cell: 715-491-8439
Bernie Mai	Cell: 715-214-8068
Brian Sommer	Cell: 715-210-2482
Brian Long	Cell: 715-379-7464
Nathan Olson	Cell: 715-797-4695
Pigeon Falls Health Care Center	715-983-2293
Poison Control Center	Madison 1-800-815-8855
Police/Emergency/Sheriff	911
Sheriff (non-emergency)	715-538-4351
Transportation:	
Pape Bus Service	715-985-3688 (garage) 715-985-3067 (home) (715) 797-2578 (cell)
Tri-R Recycling	715-538-9106 ext. 5010
Gundersen Tri-County Hospital	715-538-4361
Jennifer Bielefeldt Regional Ombudsman	608-789-6365

EVACUATION PROCEDURES

In the event of total evacuation, notify staff at the Certified Adult Family Homes of the emergency as well as Tri-R Recycling:

- Certified Adult Family Homes: 715-538-9106 ext. 5020
- Tri-R Recycling: 715-538-9106 ext.5010

INTERIOR EVACUATION

Escort residents away from the fire and behind fire doors.

TOTAL EVACUATION

- **Residents are not to be escorted out of the building until there are enough staff present to assist to ensure safety and security.**

If total evacuation is advised, the nurse or designee calls the top names on the Emergency Call Chart – Section 1 of this manual. Firemen can help with the evacuation too. It is important that the correct exit areas are used for safety and ease of evacuation.

When total evacuation of the building is needed:

Zones A & B: Escort residents to the **Staff Parking** on the North side of the building.

Zones C, D, E: Escort residents to the **Visitor Parking** on the South side of the building.

Meeting location is based on the residents' living location, therefore, if they are in a different location of the building for an activity, they are to be escorted to the designated meeting place for the zone their household room is located.

- Nursing staff use census to ensure all residents are out and safe.
- Nurse must also keep contact with the fire department's command post.
- Arriving staff are to go to the households to help care for residents. It is important that residents have been taken to their household's evacuation areas once they are outside so that staff can find them, unless weather or other unforeseen circumstance has forced the nurse to deviate for the resident's safety, security, and welfare.
- Residents are not to return to the building until the decision is made by the fire department chief, charge nurse and administration. If residents cannot return to the building, the Disaster Plan will be put into effect.

SEE EVACUATION MAP IN NEXT SECTION...

Secure Mode/Lockdown of building or Shelter in place

Highlights	Policy Statement
	Disaster and safety of Building: The facility is initiated into secure mode/lockdown when determination of security needs to be heightened for safety of our residents and staff.
Policy:	Policy Interpretation and Implementation
Procedure:	TCHCC Main facilities new design is to have two unsecured exits and entrances.
	<ul style="list-style-type: none">• Staff entrance (Exit #1) in the rear part of the building which is only accessed by a card reader or key and are video recorded.• Main entrance (Exit #2) which is unsecured during business hours. After business hours this door is secured so individuals who desire to enter would have to utilize the telephone and directory that is attached to the wall. This entrance and exit is also video recorded.
	Examples of secure mode/lock down of facility initiation:
	<ul style="list-style-type: none">• Determined by an Administrator or designee• Security needs for safety of resident or staff (possibility of intruder)• Severe weather• Extreme weather conditions (cold or hot)• Preparing for evacuation• Definition of Shelter in place: Shelter in place means finding a safe location indoors and staying there until you are given an “all clear” or told to evacuate. You may be asked to shelter in place because of an active shooter; tornado; or chemical, radiological, or other hazard.
	Process:
	<ul style="list-style-type: none">• Identify need• Notify administrator for determination• If determination determined;• Have Nursing Home residents go behind double doors entering Ash/Aspen Household• IMD residents have them to their respective households as these units are secured.• Notify maintenance and MIS to ensure securement of Exit #1 and Exit #2
	Revised 1/17/2019

TREMPEALEAU COUNTY HEALTH CARE CENTER

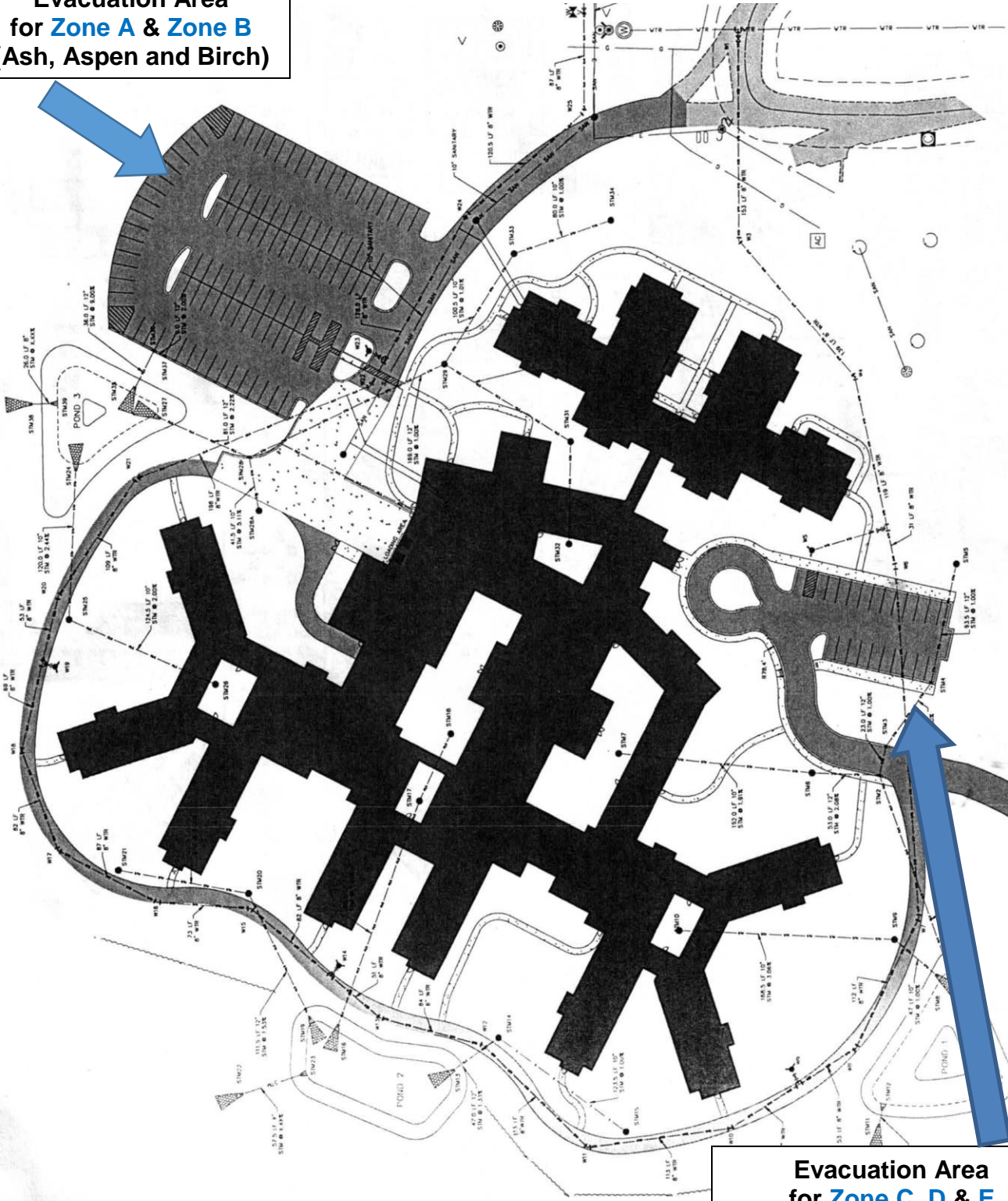
- Staff may continue to enter or exit the exits once, they would need to use their key or card reader and once they pass through, ensure the door secures behind them

All of our systems continue to be programmed in accordance with our emergency fire alarm system, so in the event of an emergency and the fire alarm system is initiated, the doors will continue to automatically unlock.

References	
Heaton Resources	Nursing Services Policy & Procedure Manual for Long-Term Care
Policy/Procedures Reviewed/Revised	Date:1/2015 _____ By:JDeetz_____ Date:9/2018 _____ By:Deetz/Kirschner _ Date:_____ By:07/2019 by JDeetz Date:_____ By: _____

MAPS

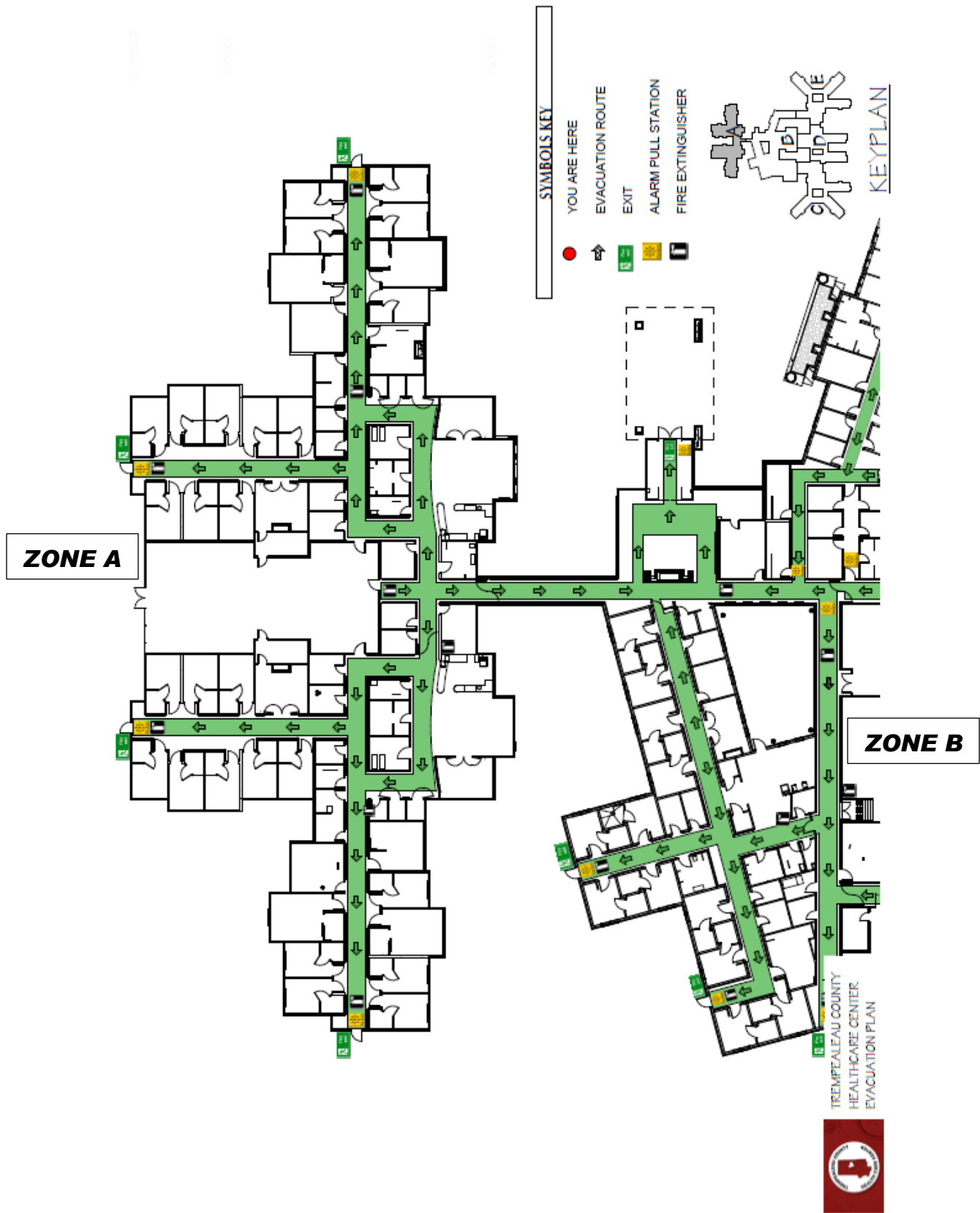
**Evacuation Area
for Zone A & Zone B
(Ash, Aspen and Birch)**



**Evacuation Area
for Zone C, D & E
(Courage, Dignity and
Excel)**

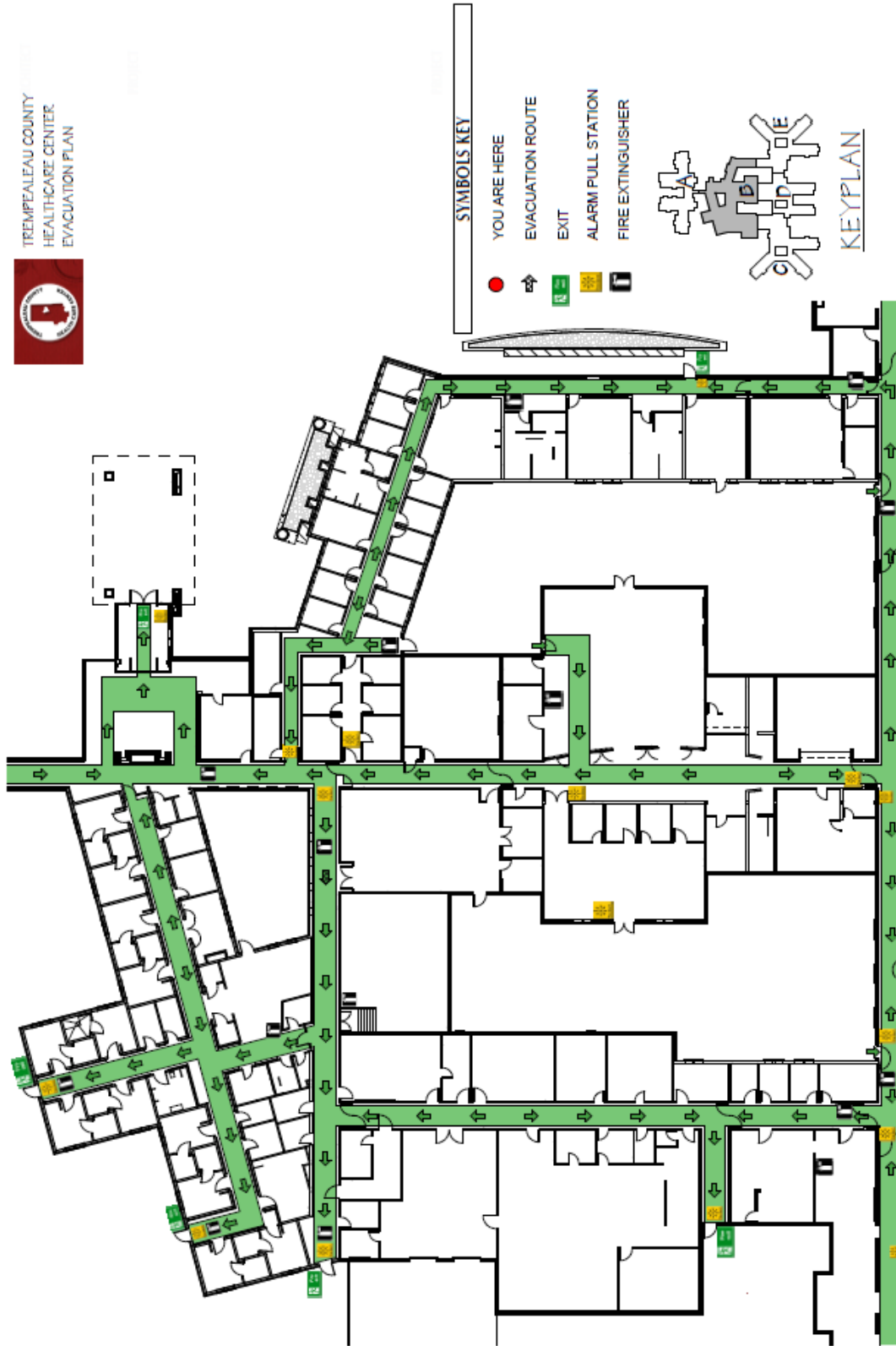
ZONE A & ZONE B

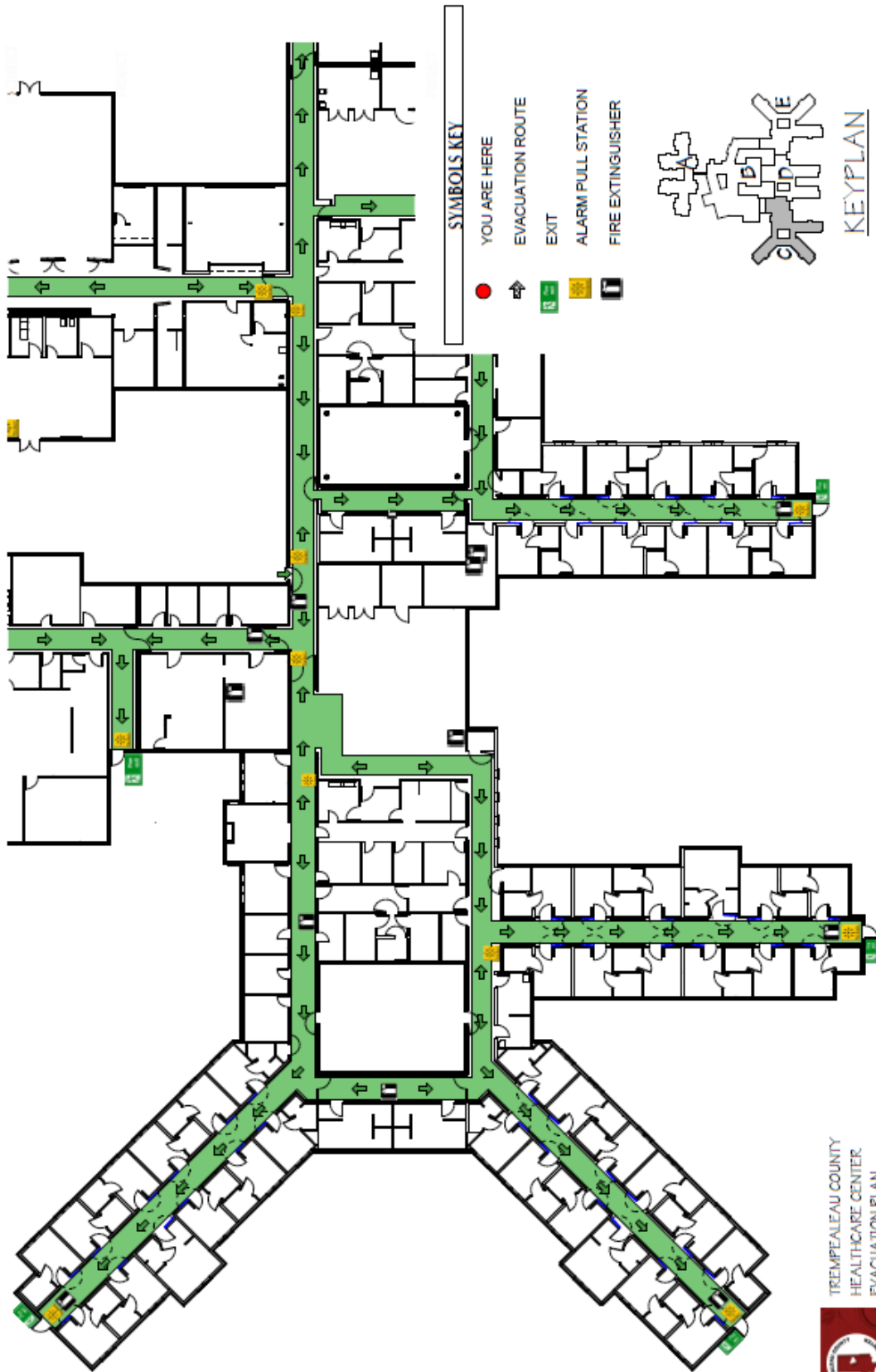
TREMPEALEAU COUNTY HEALTH CARE CENTER



ZONE B

TREMPEALEAU COUNTY HEALTH CARE CENTER



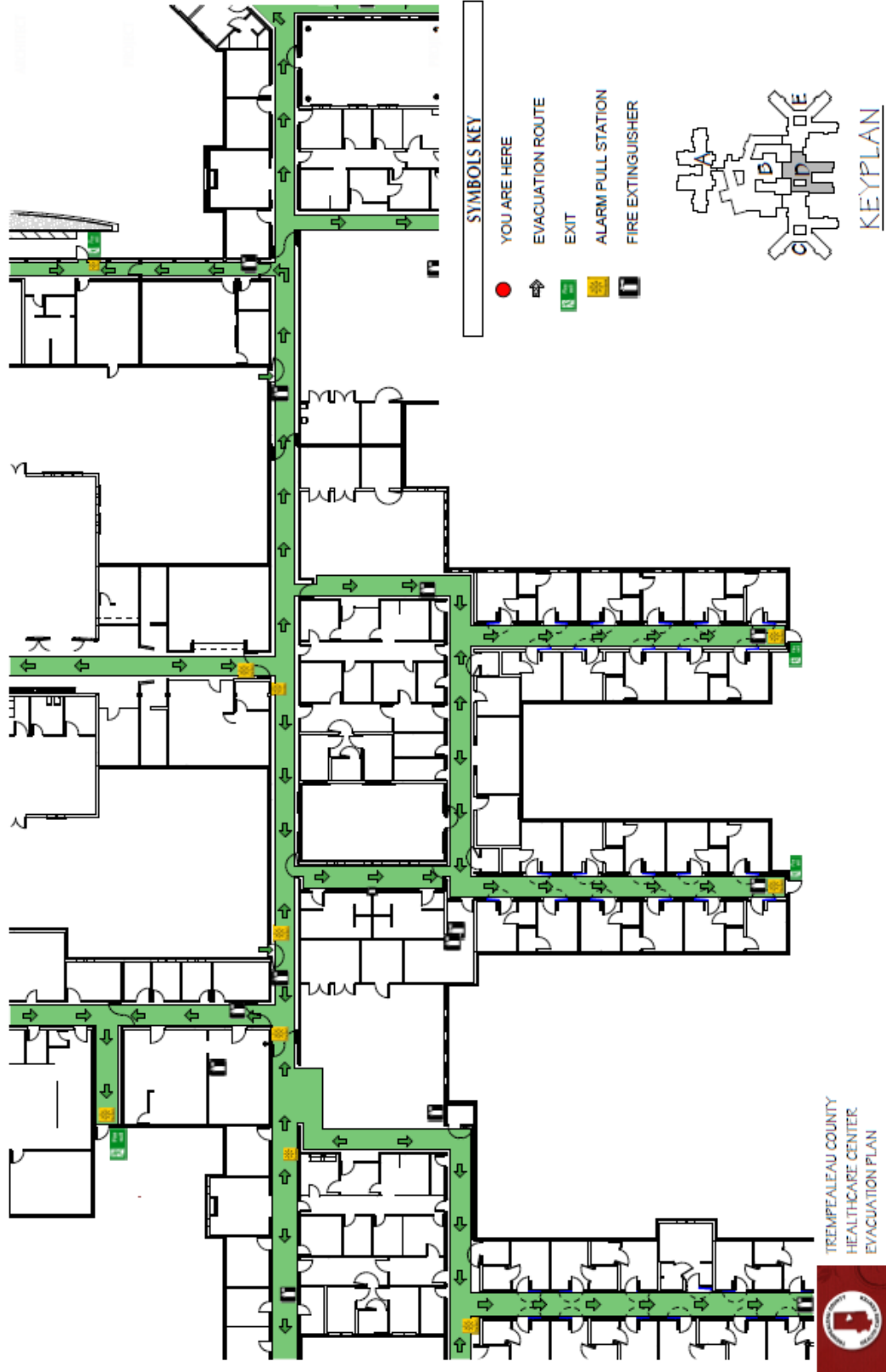


TREMPEALEAU COUNTY
HEALTHCARE CENTER
EVACUATION PLAN



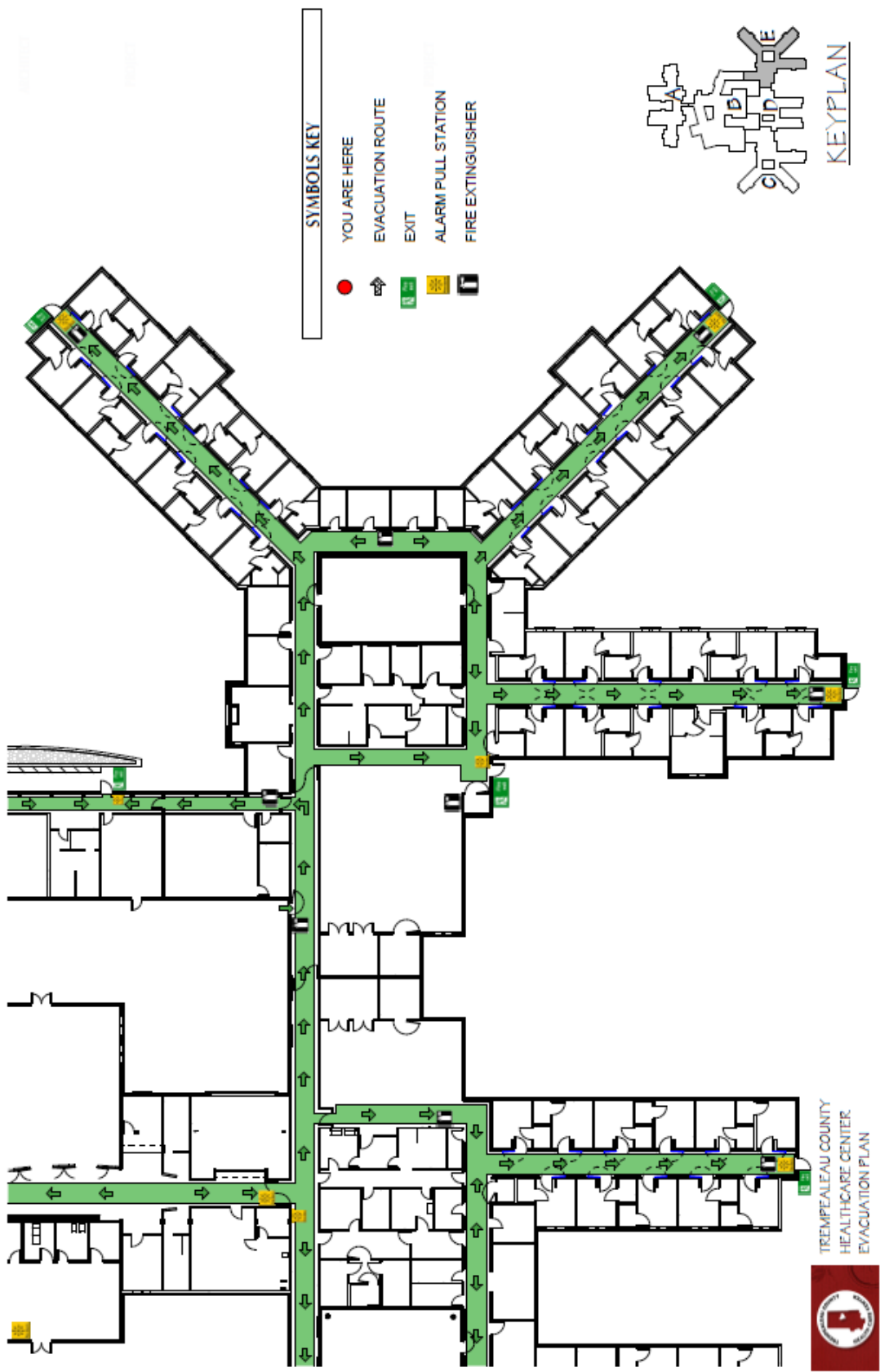
ZONE D

TREMPEALEAU COUNTY HEALTH CARE CENTER



ZONE E

TREMPEALEAU COUNTY HEALTH CARE CENTER



FIRE

IF YOU SEE OR SUSPECT FIRE, IMPLEMENT:

R..... **RESCUE & SEAL OFF the FIRE**

A..... **ALARM**

C..... **CONTAIN**

E..... **EVACUATE the ZONE or
EXTINGUISH the FIRE**

EXTINGUISHER INSTRUCTIONS

P....PULL THE PIN OF EXTINGUISHER

A....AIM AT THE BASE OF FIRE WITH THE HOSE

S....SQUEEZE THE HANDLE OF THE EXTINGUISHER

S....SWEEP FROM SIDE TO SIDE WITH THE HOSE



Fire extinguisher box for all
Nursing Home
Zone A Households
(Ash, Aspen & Birch)

Pull Open, use key to relock.



Fire extinguisher box for all
IMD
Zone C, D & E Households
(Courage, Dignity, Excel)

Use **BLUE covered key** to open

EMERGENCY FIRE PROCEDURES

Remove / Rescue People

from imminent danger by escorting them away from the fire and to the other side of fire doors. When you hear/receive an alarm, immediately report to your assigned household. All other departments must report and assist with Zone A Households.

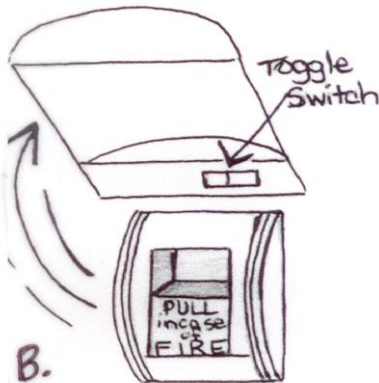
- A staff person is to be at each EXIT (doors automatically unlock when fire alarm is activated)
- Check rooms for residents
 - Turn off TV & Radio
 - Close door to room and place pillow/object outside the door to let others know the room has been checked.

Activate the Alarm



Zone C, D & E

Use **RED Covered Key**
Follow directions on Pull Station



Zone A & B

Manual Fire Pull Station

Lift Plastic Deterrent

Slide the Toggle Switch to
turn off deterrent sound

Pull to Active the Fire Alarm



Staff with a I-Phone device, press the **RED FIRE button**, found on the Emergency Screen.

Contain the Fire by closing the door to area the fire is located.

ANNOUNCEMENT

Annunciator Panel:

A Nurse must take the Annunciator Key that is located in the Household's Charting Room.

Go to one of the Fire Annunciator Panel

(one is located by the staff entrance & one is located in the main lobby's vestibule)

- Open annunciator panel
- Push the following buttons in the following order:
 - Acknowledge
 - Alarm silence
 - Panel silence
 - Reset
- Pick up the microphone
- Push "All Call" to activate the paging system
- Announce:

"Fire Alarm: The Panel indicates *(what is displayed on panel)*"

Repeat announcement **three** times.

Assessment by Nurse:

A household nurse accompanied with a staff carrying a fire extinguisher will assess the fire area.

Extinguish the fire if you can do so safely.

A household nurse will assess a fire alarm for their household, and in addition to:

- Birch Household nurse will assess fire alarms in the Service Area.
- Courage Household nurse will assess fire alarms in the Towne Center.
- Excel Household nurse will assess fire alarms in the Administrative Wing & Lobby Area.

When the fire alarm pull station is activated:

- Alarm rings in the Emergency Response Center.
- The Emergency Response computer automatically dispatches the fire department.
- The Emergency Response Center may call TCHCC.

The pass phrase to use is "Code Red".

Evacuate the Zone

Further directions will be communicated by the nurse that assesses the fire area.

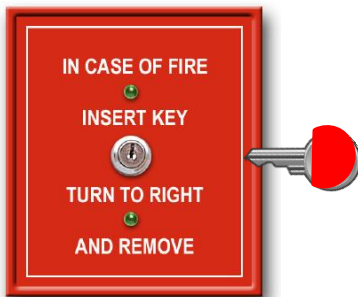
If directed to evacuate a zone; staff are to evacuate residents and visitors behind fire doors. Do not ask visitors to assist with resident evacuation.

Fire doors can contain a fire for approximately one hour. Further directions will be given by the nurse or the fire department.

Nurse and staff are in charge of the residents. The Fire Department is in charge of the building and the fire situation.

If the emergency situation requires additional staff, the charge nurse is to use the **EMERGENCY CALL CHART** to call off-duty staff.

RE-SETTING FIRE PULL STATIONS



Zone C, D & E

Using pull station **RED Covered Key**, insert, turn right, return key to center position & remove. This will reset the pull station to normal.



Zone A & B

Locate the **Pull Station Re-Set Key** in the Household's Charting Room.

Insert key to open front of panel.
Move toggle switch to **NORMAL** position.
Close front of panel.

RE-SETTING THE ANNUNCIATOR PANEL

Reset activated fire pull station on the household

Go back to the annunciator panel

- Pick up the microphone
- Push “All Call” to activate the paging system
- Announce:
 - **“Fire Alarm: ALL CLEAR”**
 - Repeat announcement ***three*** times.

- Push the following buttons in the following order:
 - Acknowledge
 - Alarm silence
 - Panel silence
 - Reset

- Lock the Annunciator panel door

NURSES FIRE AND FIRE DRILL CHECK LIST

This list should be initialed, dated by the charge nurse at each response and retained for one year.

Name of Person Completing List: _____ Date: _____

Date & Initial in the Spaces Provided		
Main Responsibilities		
1. Examine fire site with person who has fire extinguisher.		
2. Announce over the paging system additional information/direction as needed.		
3. Maintain order, safety and security and assign responsibilities to correspond with conditions.		
4. Other Duties:	Emergency Call List	
	Call Fire Department (911)	
	Resident Evacuation	
	Census List	
	Record Evacuation (if possible)	
Total Evacuation		
1. Keep track of residents and staff. Make sure all locations have been checked for people if it is not the fire area.		
2. Keep in touch with fire department command post. Safety check building with fire chief for safe re-entry and removal of materials involved in fire.		
3. Disaster Plan with assist of administration		
Other Areas of Awareness		
1. Telephones monitored		
2. All EXIT doors monitored		
3. TVs & Radios turned off		
4. Electric cords pulled out if appropriate and safe to do so.		
5. Residents behind fire doors and in safe areas.		
6. Evacuation of residents from fire areas, using the safest direction.		
7. Pillows on floor outside of doors that have been closed in the fire area.		

SUPERVISE ALL AREAS TO MAKE SURE FIRE & SAFETY RULES ARE FOLLOWED.

It is the staff's responsibility to respond to ALL DRILLS, disciplinary action will be given.

FIRE WATCH

If either of the following situations exist, the charge nurse must implement a FIRE WATCH. The fire watch must continue until the system(s) are back in working order.

- The **Fire Alarm System** is out of service for more than **4 hours** within a 24-hour period.
- The **Sprinkler System** is out of service for more than **10 hours** within a 24-hour period.

1. The charge nurse will contact the local fire department at **911** and also a member of Administration.
2. Call DHS: **715-836-4752**
3. The charge nurse will assign a staff person who is not currently working (a staff called in specifically for the fire watch) to walk through the facility constantly to investigate for smoke and /or fire.
4. The person assigned to do the fire watch will take a fire watch checklist with him/her to document the checks. Every 30 minutes, they must initial the checklist. There are copies of the fire watch checklist on file in each nurses' station and on the TCHCC website under Employee Services.
5. At the end of each shift the fire watch checklist will be given to the charge nurse. This nurse will then give it to the charge nurse for the next shift to continue the fire watch.
6. This will be done until the fire alarm system and sprinkler system are both in working order.
7. Maintenance staff will provide additional fire extinguishers if the sprinkler system and / or the fire alarm system is not operational.
8. The fire watch checklist will be turned into the Fire Safety Chairperson for filing.

FIRE WATCH CHECKLIST / DOCUMENTATION FORM

The staff person assigned to do fire watch checks is to go to all areas of the building and investigate for smoke and /or fire. Touch the doors to feel if they are warm, smell for smoke, visually check for signs of fire.

FIRE WATCH checks must be done continuously, with the checklist being initialed every 30 minutes until the systems are up and running.

Signature of Staff Doing FIRE WATCH checks	Signature of Staff Doing FIRE WATCH checks
Date of Fire Watch:	Date of Fire Watch:
0030	1230
0100	1300
0130	1330
0200	1400
0230	1430
0300	1500
0330	1530
0400	1600
0430	1630
0500	1700
0530	1730
0600	1800
0630	1830
0700	1900
0730	1930
0800	2000
0830	2030
0900	2100
0930	2130
1000	2200
1030	2230
1100	2300
1130	2330
1200	2400

FIRE ON THE TCHCC GROUNDS

WHEN THERE IS A FIRE ON THE GROUNDS, retain residents in the building and make sure residents from other areas on the grounds are brought into the building.

RECYCLING CENTER and GREENHOUSE FIRE & SAFETY PLAN

If fire alarms sound or there is an obvious sign of a fire, immediately **remove residents and staff and shut the door to the fire area.**

- **CALL 911** and give location of the fire.
- Use the **fire number W20410 State Road 121** and **indicate the recycling center** (there is not a separate fire number for recycling).

Staff and residents will leave via the nearest and safest exit away from the fire. Staff will take the nearest fire extinguisher to assure safe passage. Staff and residents will meet at the greenhouse where staff will check the list of working residents to make sure everyone has been safely evacuated and accounted for.

Staff's first responsibility is for the safety and the security of the residents.

If there is time to call the main office and notify them of the fire, this should be done, but not if it is at the expense of someone's safety.

After accounting for all residents, and if it is not dangerous to move residents due to fire engines arriving, etc., residents should be taken to the main building.

BASIC FIRE & SAFETY RULES FOR THE RECYCLING CENTER

1. Keep areas used as passageways for exiting (i.e. green arrowed areas marked on the maps) and doorways free of obstacles at ALL times.
2. Safe management of materials:
 - orderliness in areas
 - sweeping up any build-up of incendiary materials such as paper and paper dust and waste products
3. Keep smoke detectors clean and batteries in working condition.
4. Keep roster of working residents up to date and easily available.
5. Hold four (4) fire drills per year to acquaint residents with procedure. Make sure new workers are informed of the fire procedure.
6. Keep yellow tape that marks pathways in place and replace as needed.
7. Make sure residents wear protective clothing and shields suitable for the assigned work area and have received instructions as to the importance and reason for the use of the devices.

UNOCCUPIED HOURS IN THE RECYCLING BUILDING

Staff observing fire in the recycling building or near its premises will:

1. Activate R.A.C.E.
2. Call the fire department at **911**, give **W20410 State Road 121** recycling center for location. Be sure to give them the specific location of the fire.
2. Call the main building and communicate the situation to the nurse in charge.

POWER OUTAGE

ELECTRICAL OUTLETS

**ALL EMERGENCY ELECTRICAL
OUTLETS ARE**

COLORED RED

**AND ARE TO BE USED IN CASE OF
ELECTRICAL OUTAGE**

SEVERE/HAZARDOUS WEATHER CONDITIONS

Overhead Paging Instructions:

Press the “Page” button on the phone

You will hear a ring and then a beep.

Now ENTER the HOUSEHOLD CODE you need to page:

00 – All Households

01 – Aspen and Ash

02 – Birch

03 – Courage

04 – Dignity

05 – Excel

Severe weather communication will be received from the Trempealeau County Sheriff’s office. They will call the main office during business office hours or the charge nurse.

WATCH

The person receiving the call will communicate to all staff via SARA system. This person will then call Farnam, Tri-R Recycling, and the Annex during operational hours. These phone numbers are on page 1-5 of this book.

During severe weather watches, prepare for the possibility that the situation may turn into a warning. Ensure that staff and residents are able to take shelter quickly and safely.

WARNING

The person receiving the call will announce ***“We are under a Severe Thunderstorm Warning”*** over the paging system. This person will then call Farnam, Tri-R Recycling and the Annex during operational hours. These phone numbers are on page 1-5.

If a severe weather warning is announced, move all residents and staff to inside hallways that do not have windows.

Procedures for Recycling, Greenhouse, and other Outdoor areas

During the watch staff and residents may wish to come to the main building if the supervisor feels a warning is inevitable and conditions appear dangerous.

If severe weather approaches without enough time to get to the main building, find a ditch, low spot, get under a table or find an area that will protect you from flying and falling objects.

HEAT & HUMIDITY

Many people are extremely vulnerable to heat related disorders. Administration will determine if a lock-down situation must occur, which would cause all outdoor activities to be cancelled.

HEAT EXHAUSTION: A disorder resulting from overexposure to heat or to the sun. Early symptoms are headaches and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting. There may be cramps in the muscles of the arms, legs or abdomen. The person turns pale and perspires profusely, skin is cool and moist, and pulse and breathing are rapid. Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

HEAT STROKE: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air. The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases, it may be fatal.

COLD, WIND CHILL, WINTER STORMS

Cold temperatures and wind chill can present life-threatening conditions such as hypothermia and frostbite. Heavy snowfall and freezing rain can cause walking and other travel to be hazardous. Administration will determine if a lock-down situation must occur, which would cause all outdoor activities to be cancelled. Always encourage residents to dress appropriately for the weather, be aware of changing conditions and avoid icy, snow-covered areas. Educate them to be aware of warning signs of hypothermia and frostbite:

HYPOTHERMIA: Hypothermia is an unintentional lowering of the body temperature to 95 degrees (F) or below. Hypothermia is most likely to occur at very cold temperatures, however, it can occur even at cool temperatures above 40 degrees F if a person becomes chilled from rain, sweat, or submersion in cold water. Warning signs of hypothermia are shivering, confusion, memory loss, drowsiness, exhaustion, fumbling hands, and slurred speech.

FROSTBITE: Frostbite is an injury that is caused by freezing. Frostbite causes a loss of feeling and color in affected areas. It most often affects the nose, ears, cheeks, chin, fingers, or toes. Frostbite can permanently damage the body, and severe cases can lead to amputation. The risk of frostbite is increased in people with reduced blood circulation and among people who are not dressed properly for extreme cold temperatures. At the first signs of redness or pain in any skin area, get out of the cold or protect any exposed skin. Any of the following signs may indicate frostbite: white or grayish-yellow skin area, skin that feels unusually firm or waxy, numbness. A victim is often unaware of frostbite until someone else points it out because frozen tissue is numb.

STAFF ASSISTANCE

There are times when staff need to obtain additional personnel to a location for either a:

1. Medical Emergency Situation: All available staff are to respond.
2. A Physical Crisis Intervention: All available staff are to respond.



On your I-Phone device,
press the **STAFF ASSISTANCE blue button**,
found on the Emergency Screen.



Staff can wear a pendant button; staff can push their
PENDANT button that will alert that staff assistance is
needed at the location of the pendant.

CRISIS INTERVENTION

Resident's behavior may require additional staff to assist with and conduct Crisis Intervention techniques. The TCHCC provides Non-Violent Crisis Intervention training for all main center staff to help ensure the safety of the all residents, staff, and visitors.

Staff who have not completed the 8-hour certification training may not engage in hands-on techniques with an acting out resident, but may assist in tasks such as removing residents who may be in imminent danger, ensuring a safe environment by moving furniture which may pose a hazard, or send additional communications as needed or directed.

LOCATE RESIDENT

TREMPEALEAU COUNTY HEALTH CARE CENTER

Locate Resident Checklist

Resident _____
Date _____

___ 1. Determine that the resident's location is unknown, i.e. is not in a group, on an outing, at an appointment, with family, etc. Page resident to return to the household.



___ 2. On your I-Phone device, press the **MISSING RESIDENT green button**, found on the Emergency Screen.

Overhead Paging Instructions:

1. Press the "Page" button on the desk phone
2. You will hear a ring and then a beep.
Enter the **00** (This will page to ALL Households)

Announce all-facility page, repeating the statement three times,

"Locate Resident, (name), (Household)."

___ 3. Utilize the Locate Resident Procedure, forms, and maps.

Announce **"Locate Resident, all available staff come to (household name)."**

___ 4. Coordinating Nurse remain near a phone and a nurse must coordinate the procedure.

___ 5. Check off all areas of the building as search is being conducted. Be sure that all calls are received. Staff is to check all rooms, bathrooms, closets, linen rooms, utility rooms, laundry carts, and anywhere a person could hide. Once a search is complete, staff must communicate back to the Nurse ASAP.

- | | |
|-----------------------|----------------------------------|
| ___ Ash Household | ___ Excel Household |
| ___ Aspen Household | ___ Household Courtyards |
| ___ Birch Household | ___ Town Centre |
| ___ Courage Household | ___ Facility Services Department |
| ___ Dignity Household | ___ Office Complex |

___ 6. The Nurse in charge will send available staff in pairs with a floorplan map. If possible, staff are to take cell phones (may borrow from facility vehicles if not in use).

___ 7. Assign each pair of staff to the following areas (write names of staff; check off on return):

Outside Grounds: _____ Returned: _____

Drive Car to Whitehall: _____ Returned: _____

- Check Kwik Trip

Drive Car to Independence: _____ Returned: _____

- Check Highway Shop, Town of Lincoln Shop & County Road Q

BOMB THREAT PROCEDURE

If you receive a bomb threat on the telephone, **REMAIN CALM.**

1. Attempt to keep the person talking.

Ask questions:

Where is the bomb?
What time is it set to go off?
What kind of bomb is it ?
What kind of a package or box ?
What is your name ?
Where do you live ?
How old are you ?

2. Find out as much information as possible, i.e. background sounds, your impressions, male or female voice, determination to carry out the threat, identifying characteristics, etc.
3. Write down the information.
4. Immediately notify the nurse
5. Nurse or designee is to notify Administration and further direction will be given.

If direction is to contact the Sheriff's Department, do so and wait for their arrival and follow their instruction.

DISASTER PLAN

Policy: There shall be a systematic method to provide services and continued care for all residents and emergency medical care to injured residents and staff in the event of a disaster.

Purpose: To activate a systematic provision of services; to provide shelter and continued care for the residents; to provide medical care to injured residents and staff in the event of a disaster.

Definition: Disaster for the purpose of this policy is defined as:

An event which occurs within the Health Care Center which results in injury to a number of persons at the time of the disaster, or which jeopardizes safety or causes a disruption in services and continued care to residents, and may necessitate total or partial evacuation of the facility.

May include but is not limited to

:

- Physical damage to the facility by fire, tornado, explosion, flooding.
- Loss of power, water, telephone, heating/air conditioning.
- Chemical spill.

Nurse designated as Charge Nurse (or designee) at the time of the disaster is initially responsible to coordinate the disaster plan.

Duties:

- Assess the situation.
- Notify Administration.
 - Administration shall determine the degree of the disaster.
- Notify other staff as needed (maintenance, D.O.N.)
- Implement emergency call chart as needed.
- Utilize the Disaster Plan Checklist.
- Contact the cooperating agencies to inform them of the necessity of evacuation and transfer.
- Assign Staff duties as needed.

DISASTER PLAN CHECKLIST

Check off	Name of Person in Charge: _____ Date: _____ Time of Initiation of Disaster Plan: _____			
	1. Notify Administration <i>To declare the situation a disaster and activate the facility disaster plan.</i>	Jerry Deetz 715-533-1758	Curt Johnson 715-797-7119-C	Terrie Sommer 715-210-5415
		Emily Knudtson 715-695-3339 Shannon Killian 715-797-7742		
	2. Implement Emergency Call Chart	Located in the front of this Binder.		
	3. Notify TCHCC	715-538-4312	Evacuation Site if needed.	Have TCHCC send available staff with vans immediately.
	4. Call for Other Emergency Services	911	Emergency Government Coordinator: 715-538-2311 ext.215 Cell: 715-299-1824 Sheriff's Department 715-538-2311 (ext. 361)	Highway Department 715-538-2221 (if roads are bad)
	5. Inform Staff and Residents/Tenant	Communication using the TCHCC email system, I-Phone, and others will be used to notify all locations that a disaster situation has been declared.		
	6. Assess for injuries.	Nurse in Charge.	Transport to hospital as needed.	
	7. Evacuate Residents.	Follow evacuation procedure.	Before Evacuation-assign a staff person to: <ul style="list-style-type: none"> • Tag with name tag. • Check resident off list. Keep records of where everyone goes. • Send Charts & Meds (if able) • Send 1 or 2 staff with each load of residents. 	
	8. Arrange Transportation	TCHCC Vehicles	Gundersen Tri-County Hospital Van	Pape Bus Service 715-985-3688 (garage) 715-985-3067(home)
	9. Arrange Housing		Annex 715-985-2337	Gundersen Tri-County Hospital 715-538-4361
		Pigeon Falls Comm. Center 715-983-2293	City of Whitehall 715-538-4353	Whitehall High School 715-538-4364 Our Savior's Lutheran Church 715-538-4334
	10. Medical Supplies	Assign staff to get needed supplies. (medications, bandages, oxygen, medical charts, etc.)		Colby Pharmacy 715-538-4947 Tri-County Hospital 715-538-4361
	11. Food / Drink	Bethany Knudtson 715-533-0897		Annette Sorenson 715-946-3450
	12. Bedding	Blankets, cots or beds, pillows (TCHCC, PFHCC, Emergency Govt.) Wisconsin Healthcare Emergency Preparedness Program 608-264-6060		
	13. Clothing	Own supply	Westrn DairyInd Community Action Agncy 715-985-2391	
	14. Other equipment and supplies	Paper products, personal items, water, flashlights, etc. From TCHCC, PFHCC, supply.		
	15. Assign person to phone.	Someone to stay by the phone for corresponding with emergency officials.		
	16. Building Re-Entry	To be determined by Administration and appropriate officials.		
	17. Notify Emergency Contacts	Inform of location of residents.		
	18. If within 24 hours re-entry is not possible.	Notify the Department of Quality Assurance for alternative placement of residents. 715-836-4752		

INTRUDER

Policy: Intended to prepare team members of the Trempealeau County Health Care Center for a potential intruder/active shooter incident, how to prevent such incidents from occurring, protecting oneself during an incident, protecting residents during an incident, reducing loss of life & property, responses of and to law enforcement and recovery from such incidents.

Purpose: To educate team members of TCHCC on ways they may prevent and respond to intruder incident, such that the loss of life is reduced as much as possible.

Definition: Law Enforcement defines three types of workplace violence:

1. **Employer directed:** violence against workplace authority
2. **Domestic directed:** spouse/significant other engages in violence against an employee
3. **Property directed:** Acts against any property that the employer owns.

Intruder: a person who intrudes into a building with criminal intent.

Active Shooter: an individual(s) who is actively engaged in killing or attempting to kill people in a confined and populated area.

Procedure:

There is no perfect response to an intruder. Delays will occur in remembering this procedure (and related training) and responses may be different depending on the circumstances an employee faces in their respective buildings/households. The ideas presented here are to provide team members with a foundation of information that can be used as a basis for action during an active shooter incident.

Employees are not expected to unnecessarily expose themselves to danger.

Contrary to a caregiver mindset, you must protect yourself first then protect the residents. If possible, page "Intruder" and the location of the intruder/shooter on the TCHCC communication devices/paging system. Do this if you feel it is safe to do so.

RUN – Run out of the facility or away from the area under attack. Move away as far as possible until you are in a safe location.

- Leave your belongings behind.
- Visualize escape routes, including those for residents and visitors, particularly those who may need assistance.
- Take other employees, residents or visitors with you, but do not stay behind if others will not go and need more assistance than you can provide given that your area is under or may come under attack.
- **Turn your telephone ringer off** so an active shooter cannot determine your location.

- Call 911 when it is safe to do so.
- Contact the Pigeon Falls Health Care Center, as they will keep a census of staff and residents. All other TCHCC facilities will use the TCHCC main office as their contact in the event of an active shooter is in their facility.

HIDE – If running is not an option, hide.

- Behind locked doors if possible
- Barricade door with furniture or a wedge under the door.
- Turn off lights, close window curtains or blinds.
- **Turn your cell phone ringer off / shut off vibration mode** so an active shooter cannot determine your location.
- Close resident's doors and silence TV or radios.
- Cover a resident whom is lying in bed by placing a sheet over the top of them.
- Remain silent
- Look for other ways of escape
- Identify items that could be used as weapons of opportunity.
- Remain in place until given an all clear by identifiable law enforcement.

FIGHT – This is a last resort, particularly when confronted by the shooter.

- Disrupt the shooter by throwing things at their head
- Incapacitate the shooter by using aggressive force and items in the environment kitchen implements, fire extinguishers, chairs. Remember there is strength in numbers when more than one person is confronting the shooter. Use **Surprise, Force, Aggression** and **Speed**.

Interacting with First Responders and Law Enforcement:

Respect Priorities of Law Enforcement: 57% of the time when an officer arrives at the scene there is still active shooting occurring and you cannot cling to or disrupt the actions of the officer(s).

- Keep hands clear of objects and where police can see them
- Follow their directions: You may be asked to get on the ground with your hands behind your back, or they may search individuals. Be respectful and compliant.
- Provide EMTs and paramedics with information they need to respond to residents, visitors or other team members.
- Be prepared to be interviewed by investigators and provide a description of the attacker(s), locations of attack, types of weapons used, comments made or information concerning any relevant video surveillance that might be available.
- Appoint someone in charge to handle directions from police and emergency responders on behalf of the facility until such time as the Administrator or designee arrives.

After An Intruder Incident:

1. Account for all individuals: Determine if anyone is missing and report. Check all buildings, houses and each room of each building as necessary. Coordinate any searches with emergency personnel.
 - a. Residents
 - b. Team Members
 - c. Visitors
 - d. Others
2. Notify families of individuals affected by the active shooter:
 - a. Including notification of casualties and deaths
 - b. Coordinate notifications with law enforcement
3. Assess need for recovery support:
 - a. Ensure access to resources including counselors
 - b. Employee assistance services
 - c. Distress help-lines
4. Assure equal access to residents or others who are deaf, blind, hearing impaired or have other communication disabilities to help them understand what happened and how you plan to help them.
5. Plan and activate an employee family unification plan, communicating this to employees and providing a safe place, away from the press to facilitate its execution whether on or off campus.
6. Plan and activate a resident family unification plan, communicating this information to families via various methods in consultation with law enforcement, county administration, etc. Prepare appropriate personnel to specific locations away from the press either on TCHCC campus or off-campus location to communicate with families.
7. When directed, secure all resident related records, physician orders, medication administration and treatment records, diet orders, clinical records, etc. and contain and secure all resident medications, equipment and HIPAA & PHI related information as is possible and appropriate. Appoint individuals to account for residents' records from each neighborhood.
8. Identify any critical gaps in operations of the facility and personnel that may be needed.
9. Determine when to resume full or normal services.
10. Contact the Wisconsin Division of Quality Assurance office to report the incident, seek direction and support.
11. Plan for an extended, evolving situation and consider activation of an evacuation of all or part of the campus as may be needed and to realize that some or many areas of the campus will be a crime scene for which team members will not be allowed to enter.
12. People may experience a broad range of reactions to such an event (e.g., physical, psychological, behavioral and spiritual). These reactions may interfere with adaptive coping. Recovery is helped by support from compassionate and caring responses to such disasters. Working together with our EAP, TCHCC will attempt to provide response teams that can help with the psychological first aid.

CHEMICAL SPILL / GAS SMELL

CHEMICAL SPILL

The possibility of a toxic chemical spill exists. This could happen in surrounding communities, the railroad tracks behind the main center, a truck transporting toxic chemicals could overturn close to one of the facility buildings.

Chemical Spill at TCHCC:

- Contact Maintenance of what, where, when and how much was spilled. Maintenance will determine if local fire department or Haz-Mat team is needed.
- Follow the Hazardous Communication Policy and Procedures.

Toxic Chemical Spill Outside of TCHCC:

- The Sheriff or local emergency personnel will communicate with Trempealeau County Health Care Center of the situation and be provided further direction/instructions.
- If staff notice a strange odor. Inform the nurse in charge. The nurse will contact Sheriff's Department and they will determine the cause of the odor and/or location of the spill (if any).

If evacuation is necessary:

1. Follow the evacuation procedures.

GAS SMELL

If there is a smell of natural gas:

1. Call the 24-hour gas leak line phone number:

Midwest Natural Gas 877-817-3119

The gas company will send their personnel to investigate the situation.

Trempealeau County Health Care Center
January 17, 2019
Facility Assessment-TCHCC Nursing Home

As required by the CMS Mega Rule the following is an assessment of the Trempealeau County Health Care Center Nursing Home (TCHCC). This is a 34-bed program. This program/facility is licensed as a HSS 132 Medicaid only nursing facility. The 34-bed nursing home is the only portion of TCHCC which is federally (Medicaid) certified. TCHCC does however include a 112 bed IMD in addition to the 34-bed nursing facility. The 34-bed nursing home remains close to 100% occupancy while the 112 bed IMD remains at approximately 95% occupancy. A current OSCAR/PASSR report is included for the typical health status of clients on these units.

I. Clients of TCHCC

The clients of TCHCC are characterized by severe and complicated mental health issues.

- Most have multiple mental health issues.
- Most can be described as chronologically ill or with disease.
- Many of the clients also possess a comorbidity with addictions and physical impairments due to age. This generally is the basis of our treatment process.
- The focus of care is then mixed aging and mental/psychiatric
- Dr. Moore is the supervising psychologist for the programs of the IMD. He notes the complex milieu of clients we see and goes on to describe the general nature of mental health needs. He notes that these clients are complex and with much need.
- Dr. Scott Persing is the primary MD Psychiatrist for treatment and care of these residents.

II. Staffing and staff competencies of TCHCC IMD.

Staffing is the most critical component of the care programs of TCHCC. This is true in terms of both the number of staff and the competency of each discipline of the staff composition for the entire facility. The 34-bed unit shares many staff of the TCHCC IMD unit. The staffing results in approximately 6.9 hours of care per resident day. This is the staffing levels that have been determined appropriate for the complexity and safety of the care of the TCHCC nursing home residents. A more detailed view of staffing discloses these many specialized and professional levels of staffing involved in the day to day operations:

- Two (2) NHA licenses.
- One (1) CPA license.
- One (1) Registered Dietician.
- Multiple QMHP.
- One (1) Psychology/Social Workers.
- One (1) MD Psychiatrists.
- One (1) Advanced Practice Nurse-Doctor of Psychiatry

- Many other persons of professional or para-professional status with skills in mental health care and the skilled nursing setting.

The TCHCC Nursing Home workforce provides a comprehensive skill set which our analysis shows covers the full and varied spectrum of mental health and physical needs our clients have. The team is resident centric and provides a continuous and aggressive care designed to accomplish a comprehensive maintenance of best function and highest ability within physical limits. As noted above, the staff hours per resident day would be in about the 90th percentile in staffing averages for the state of Wisconsin. Job Descriptions and other pertinent employment documents are maintained in the Human Resources Department which documents each employees' credentials for the position they hold, all related verifications and other required information for employment and lastly, maintains an individual record for each of the required and specialized trainings that each person has participated in. Competencies are addressed by each specific department and will be available upon request. These competencies will document the desired attributes of staff per discipline and document same via test or other method to verify competency. Ongoing trainings are provided in-house through Relias, by staff trainers, and outside trainings are provided as needed for specialized education needs. These are individual trainings specific to each field of practice for the staff. The organization also seeks and documents all required background checks and other licensing verifications and maintains a record of same in the personnel files of each employee and contractors. These will be located in each staff file maintained in the Human Resources Department.

III. Physical Environment/Equipment and Facility

TCHCC moved into a new 123,000 square foot facility on November 10, 2016. This facility was designed using contemporary standards of resident centric care models, privacy of space and sufficient space for the conduct of all disciplines of care. Additionally, the space was designed to provide for the highest levels of safety for both clients and staff in a mental health facility of high acuity mental disease and/or behavioral dysfunction. The buildings features include a dominance of private rooms. Through studies conducted in other behavioral care institutions we learned that a reduced length of stay occurred in the more private settings and further, that there were fewer negative peer to peer interactions also. The University of Wisconsin Milwaukee, School of Engineering studied this fact and concluded with an approximate reduction in average length of stay of fourteen (14%) percent.

This building is also designed to support a more congenial atmosphere with use of the neighborhood concept, recreation and relaxation lounges, and a more flexible and adaptive accommodation for each person's lifestyles. The move to the new building resulted in an average square footage per person of 842.5 square feet which increased from 643 square feet per person or a thirty-one (31%) percent increase. This space has all components of care built into each neighborhood, such as therapies, counseling and practitioner engagement. This new building is also built with contemporary and comprehensive standards of safety. This includes a comprehensive anti-ligature focus based upon mental

health care needs. Similarly, the furnishings, equipment and building fixtures all support client safety and anti-ligature considerations. The system of access control (doors) has 240 locked, monitored and controlled doors throughout the critical areas of the building and in the highest levels of security includes monitoring, and high impact safety features. Client safety and support remain of the highest concern during the recovery of clients with extreme mental health needs and the building is designed to maintain safety of the clients during their recovery.

In the highest security area, designated as Dignity, there are 4 monitored (visual and sound) suites which serve to allow for the highest level of client safety in the case of high agitation or extreme acting out. Doors are controlled by electronic locks and are monitored at all times.

Building systems also include substantial preventative practices and monitoring systems. The HVAC system is controlled by a computerized monitoring and control system. This allows the system to maintain set parameters at all times. It further allows for outside expertise to connect to the building to troubleshoot and/or make corrections to the system as needed. Contracts for maintenance support include the HVAC, the communications/nurse call, and the fire alarm systems. Contracts are available upon request to the Maintenance Director. In addition, a scheduled maintenance program is in place which includes a scheduled replacement of all air filtration systems. This program also includes a periodic testing of the fire alarm, the sprinkler, the duct systems, and related fire detection, suppression and alert systems. The Maintenance Director will provide a log of all such tests and results.

Appropriate insurance is maintained which includes full replacement costs for all buildings, equipment and fixtures. General Liability insurance is carried at statutory levels and the reader is reminded that as a county government agency there do exist various limits on this liability. Professional Liability insurance is maintained for all operations and where required, on individuals where a contractual and or professional separation from the facility is required. The facility maintains Workman's Compensation in combination with the full county employee, via a self-funded program, managed by Willis. Lastly all vehicles, out buildings and other are all insured for both full replacement and liability, comprehensive and collision coverage. All insurance documents are maintained by the Director of Finance and are available upon request.

IV. Financial

One important consideration must always be the ability of an organization to be perpetual and do so in relation to financial needs. As noted previously, TCHCC maintains relations with numerous counties as well as other payers. Ongoing viability not only assumes need for a service but also that it must be affordable. From an assessment basis, we feel that the ongoing viability of TCHCC nursing facility is strong based upon several indices. First, in performing market comparisons, TCHCC current rate is at \$210 per day. Several other area nursing homes comparable with TCHCC are privately (NFP) owned and operated. Their costs per day at these facilities are about \$250 per day. Our second measure is the cost for an alternate placement. This could entail something other than an IMD but would need to be priced similar and meet the basic needs of the client.

In some cases, the alternate placement is prison, and in others it would be most likely be an Adult Family home of a high care level. Based upon the industry this type of program would generally cost between \$300 to \$400 per day. In then comparing these options with the TCHCC NH rate, net of state funds, it appears the TCHCC NH is a very competitive cost. This strength would then also suggest the perpetuity of TCHCC is positive and necessary. Given the shared building relationship with the IMD the ability to cost shift is also present and will insure the financial success of both programs. This writer would also assess the strength as very positive.

It should be further noted that the TCHCC, and all its services and programs function as a separate business arm of the County of Trempealeau. This is referred to as an "enterprise". This separation of function and management creates a positive environment for all services to operate. If however the "enterprise" were to fail or fall short of its required operating needs, the full support and financial strength of the county is available to meet any unmet needs. This provides substantial assurances that the facility will be able to appropriately meet its needs and even in a time of shortfalls or catastrophe would be able to recover and maintain operations. We view this as a major strength of the organization.

V. Services

All services as required by the clients/residents are provided for within the building by facility staff or by contract services, or the resident is transported to the facility of their choice for those services which must be secured outside of the facility. Medical ancillary services to the extent of Medicaid coverage are part of the contractual relationship and various arrangements with providers are available and all have been schooled on the principle of the Wisconsin Allowable Cost Manual and Medicaid billings. Clients together with their payers are provided with available services who will meet these requirements and transportation is provided when needed for any needed outside services. All programs and outside services are verified for proper credentialing, licensure and compliance with other regulatory requirements. As noted above they are also aware that their billing practices are governed by the requirements of the CMS programs and the Wisconsin Allowable Cost Manual.

TCHCC maintains contracts with approximately 68 counties and numerous other agencies including multiple MCOs under the Family Care Program of the state. These contracts all contain provisions of compliance including HIPPA, HITECH, CMS, Business Associate, Civil Rights, Non-discrimination, appropriate licensure and all other compliance items which would be required and supported in the contract language.

TCHCC uses an electronically supported medical record system which like the above maintains a high level of security and privacy consistent with these requirements. The network uses multiple layers of security and encryption as necessary. TCHCC has a backup process in the event the system is unavailable for whatever reason. Appropriate staff are versed in this system and the related attributes.

VI. Facility Based Control Programs

TCHCC and all its programs practices contemporary standards of practice in the work and functions it performs. The TCHCC practices Antibiotic Stewardship, Infection Control, and maintains a pharmaceutical oversight and review process. To begin, by the type of programs, there is very little antibiotic usage. When an antibiotic is determined appropriate the facility uses the McGeer's and LOBE criteria for practice purposes which assures only minimal usage and only in a bona fide need criteria. The facility also maintains contract with a consultant Pharmacist who performs drug reviews and consultation on usage. As previously noted the facility also performs a quarterly QI/QA meetings with ongoing activities for the promotion of quality improvement. Several staff members are QAPI trained and they provide part of the ongoing program of QA/QA and Risk Management.

VII. Emergency Preparedness

To begin this section, TCHCC is licensed under the HSS 132 code as a nursing home. It presently maintains certification for Medicaid services. As evidenced by its ongoing licensure, it continues to meet the requirements of this code and its components. Part of this requires preparedness in the event of any type of emergency. We have used the HAZARD VULNERABILITY ASSESSMENT TOOL to review our potential risks of hazard by both natural and man-made hazards. Copies of this assessment are also included with this report. The reader will note that natural disasters of blizzard, cold, ice and heat appear on the natural disasters. Given our location in Midwest Wisconsin, there are internally HVAC systems to control climate for these extremes and for snow, ice and blizzard, there are very high capabilities of snow removal, salting and otherwise which handle these events routinely without problem. We feel those are mitigated very adequately by systems in place. The one hazard which is more non-routine is a tornado. These are more destructive and depending on the damage inflicted represent the primary concern of natural disasters. As noted below, there is a very capable set of support and back available for these relatively infrequent events. Of note also, our buildings are built in a manner which our contractors indicate should withstand even a category 5 level of tornado. If roads are blocked and we are "cut off" from the outside, there are a number of support mechanisms which we believe would not only mitigate these conditions but would also be able to provide supply and service around them via 4 wheeled and other heavy equipment. In addition, communication systems noted should be able to secure contact with the outside world to assure continuity of service and needed supplies.

We next look at man-made scenarios and find power outage, communication outage and water supply the highest risks. As again noted below, we have full back up power to all our main facilities. We have contracts with supplies for back up fuel if needed. We have AMPI would could provide potable water as a backup as needed. Lastly, we have our own data center that daily backs up our electronic medical records and could upon outside failure, bring up the back up and proceed with a hand generated, paper based process until the main system would be restored. In review of these

The facility is fully sprinkled and alarmed. It maintains a system of nurse call, with added feature of SARA or remote monitoring of the primary building

functions. The facility maintains a full bank of emergency power generation. These function by natural gas but can be augmented to Propane should the natural gas flow be interrupted. There is also a propane provider on call for emergency supply if needed. Several small portable generators are also present at a backup for the backup. The power back up will maintain facility functions together with heat and light as needed. Backup water supply is provided first by the water tower located just above the facility approximately one block away. Secondly an arrangement is present with the Whitehall Fire Department that if the water main goes down, they will bring a pumper/tanker truck in and hook to the fire hydrants present to pressurize and cover the fire protection of building. The AMPI is also on contract to bring in milk trucks with potable water should emergency need occur for drinking water. An approximate one (1) week of food supply is always present in the facility and a food store is available one mile away if needed.

The location geographically of the facility precludes disasters of flood, hurricane and earthquake. They would include power outages and tornados. In the event of a tornado, the facility maintains contracts with several other facilities with large buildings that could temporarily house residents. The nature of any disaster would dictate further actions at that time. In the event of a tornado with roads being blocked, the facility would contact the Whitehall Fire Department who have several ATV vehicles, which could be used and a secondary relationship with the Central Pioneers ATV club which would access about 30 ATVs and other four wheeled drive vehicles for access and support with road closures and impasses. The backup for Whitehall Fire Department is the Independence Fire Department. The facility also maintains multiple two-way radios which could communicate with fire and law support. Additionally, the local hospital (about 1 mile away) maintains a satellite link for emergencies and the TCHCC maintains a relationship with a HAM radio operator if other communications would be lost.

An inventory of all equipment is maintained with the maintenance department and the accounting/administrative offices if reference is needed for location and device.

Using the above noted resources, in the time of a disaster, staff could be transported into and out of the facility using ATV during non-snow events and snowmobile during a possible snow event. The facility is part of Trempealeau County and the Trempealeau county Highway Department is also approximately a block away from this entity. For snow and/or other natural disasters, the department maintains heavy equipment for snow removal, road repairs, road opening and other related function. Given the proximity, it is felt that most events could be handled within reasonably short periods of time. We believe the above would constitute the most probably disasters to be faced in our geographic location. All contracts for the services noted are maintained both in paper form by the Assistant Director of Finance and additionally in electronic form on the I drive of the master IT system of the facility. Related policy and procedure which cover all of these attributes also are maintained in both paper and electronic form and are available to staff in multiple locations should a need ever arise for their implementation and activation.

TREMPEALEAU COUNTY HEALTH CARE CENTER

As noted above, the organization as an entity of the County of Trempealeau also enjoys the relationship of the Sheriff, County Emergency Government and other services which might be required in an type of need, emergency or disaster.

Respectfully Submitted.