

TREMPEALEAU COUNTY HEALTH CARE CENTER

Pigeon Falls Health Care Center / Country Ridge RCAC

EMERGENCY PREPAREDNESS PLAN

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Introduction

The Health Care Center 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 clients.

This plan is communicated and periodically reviewed with all staff through regular in service training. The plan is readily available to all staff and necessary emergency officials.

The local ***Pigeon Falls Volunteer Department*** is acquainted with the Fire Safety Program and physical plant of the Pigeon Falls Health Care Center and is encouraged by Administration to actively participate in all formal and informal fire safety planning and programs.

Residents, who are able, are encouraged to actively participate in the Fire Safety Program and the fire procedure is 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. Total evacuation drills are held to not only rehearse for fire, but also for other disasters such as tornadoes, chemical spills, etc.

Special provisions are provided for evacuation of clients with physical disabilities. All evacuation drills are documented and evaluations completed. Corrective action is taken whenever a problem is identified.

This plan is reviewed regularly by the Pigeon Falls Health Care Center Safety Committee and The Trempealeau County Health Care Center Safety Committee as appropriate. It reflects suggestions and actions recommended by the staff and administration of TCHCC.

Any recommendations regarding the content or format of the plan should be directed to Becky Meyer, D.O.N., the Safety Committee Chairperson or any member of the Safety Committee.

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

Pigeon Falls Fire Chief

Date

Jerry Deetz Date
Executive Director, TCHCC

Rosemarie Thesing, Administrator
Administrator, PFHCC/Country Ridge

Date

SAFETY/RISK MANAGEMENT COMMITTEE

The Pigeon Falls Health Care Center has an established Safety Committee. This committee consists of the Administrator, Director of Nursing, and key personnel 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 least 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

1. Rosemarie Thesing, Administrator
2. Cheryl Marsolek, D.O.N.
3. John Spencer, MDS Coordinator
4. Jenn Humphries, Nutritional Services
5. Kari Olstad, Lead Housekeeper
6. Matt Bloom, Maintenance

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 of the facility, then proceed to the nurse’s station or command center for further instructions.

The Nurse in Charge or Designee is to call the top row of “Immediate Contact Persons”.

Each person is to call the person directly under his/her name. If there is no answer or an answering machine – go to the next number, speak to the staff directly.

Emergency Call Chart is kept in a file in the nurses’ station and in the reception office.

EMERGENCY PHONE NUMBERS

Administration:	
Rosemarie Thesing	(c) 715-299-0773
Jerry Deetz	© 715-533-1758
Cheryl Marsolek	(C) 715-530-2039
Emergency	911
DHFS 24 hour Emergency Access Security/Wright Hennepin Response	(608)258-0099 (Administrator notify about fire within 72 hrs) 1-800-858-7811
Emergency Call Chart	Located: In Nurses’ Station
Emergency Water Supply	
Nietzel Trucking	608-685-3556 (supplier)
Whitehall City Pump House	538-4666 or 538-4351 (emergency)
Poison Control Center	Madison 1-800-815-8855
Transportation: Pape Bus Service	985-3688 (garage) 985-3067 (home) (715)797-2578 (cell)
Gundersen Tri-County Hospital	538-4361
WI Emergency Management Hotline	(800)943-0003, (608)242-3232 (administrator call only)
Village Maintenance Supervisor	983-2214 (work/community center)

PFHCC 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 for additional help. Staff who respond should use “CODE RED” to get onto the grounds of the facility, then proceed to the nurse’s station or command center for further instructions.

The Nurse in charge initiates the call chart by calling the top row or immediate contact persons. Each person is to call the person directly under his/her name. If there is no answer or you get an answering machine, go to the next number; speak to the staff person directly.

IMMEDIATE CONTACT PERSONS

Administration Rosemarie Thesing Work Cell: 715-299-0773	Nursing Cheryl Marsolek Cell: 715-530-2039	Unit Nurse <u>John Spencer</u> Cell: 715-533-0811
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SECONDARY CONTACT PERSONS

Jeanene Bishop 608-317-3086	Kari Olstad 608-864-0680	Matt Bloom 507-458-6369
Kari Dodge 715-533-1952	Vicki Maciosek 715-985-3217	Nate Olson 715-299-5357
Ronni Brown 715-896-1222	Kim Catt 715-983-5694 Cell 715-530-1667	Lindsey Gilbertson 715-533-0545
Courtney Laufenberg 715-299-4412	Melissa Chamberlain	Cassandra Hanson 608-433-1308
Sue Stenberg 715-299-2728	Jessica Glosky 715-533-3312	Debbie Stenberg
Autumn Senn 608-498-5887	Jill Nichols 715-530-1228	Jean Spencer 715-533-4845
Kayle Curtice 715-538-5130	Marsha Nyen 608-864-1347	Amy Conant 715-896-9979
Jennifer Guza 608-864-0446	Cindy Herried 715-538-4011	Karine Zinn 608-323-0251
Jodell Olson 715-984-2279	Bonnie Keeler 715-530-1125	Savilla Davis 608-864-0162
Mandy Brazee 608-525-0499	Laura Weitzel 715-530-5025	Megan Humphrys 715-533-8256
Aaliyah Macharia 608-864-3097	Alyssa Shank 608-418-0253	Bethany Halama 715-695-3339

PFHCC/COUNTRY RIDGE
EVACUATION

I. TYPES OF EVACUATION

→ **TOTAL EVACUATION**: Take residents out of building and a safe distance away from the building. Meeting location is the southwest corner of the Visitors Parking Lot, closest to the Main entrance (next to light pole).

→ **INTERIOR EVACUATION**: Take residents to a “Safe Area” in the building. This could be to the end of the wing (close to an EXIT door) and beyond smoke doors.

II. DUTIES

- ⇒ C.N.A.’s use list of resident names to make sure everyone is out and safe.
- ⇒ Evacuate Country Ridge Tenants the same as residents for PFHCC.
- ⇒ Nurse verifies that all are accounted for.
- ⇒ Nurse must keep contact with the fire chief.
- ⇒ **Arriving staff** are to check in with charge nurse, (or designee), and go where needed to help care for residents or as directed.
- ⇒ **IN A TOTAL EVACUATION: 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 – Section 9 of this manual.**

III. ORDER OF EVACUATION

→ Evacuate from the Section where the fire / danger is:
Order of evacuation should be determined by the resident’s physical condition or proximity to the fire area or other danger.

1st AMBULATORY RESIDENTS– Staff will lead residents to the safest part of the same wing (toward an exit). **DO NOT LEAVE AMBULATORY RESIDENTS WITHOUT GUIDANCE FOR FEAR OF PANIC.**

2nd WHEELCHAIR OR SEMI-AMBULATORY– Remove residents with wheelchairs or walkers with help to a safe place.

3rd BEDRIDDEN OR HELPLESS – Residents unable to walk, or evacuate with a wheel chair should be evacuated using an evacuation carry.

EVACUATION (continued)

IV. INTERIOR EVACUATION ROUTES

Fire / danger in this area:

Evacuate to this area:

East Wing.....	West Wing Willow Heights Dining Room or North Wing
North Wing.....	West Wing, Willow Heights Dining Room or East Wing, Hickory heights
Central Core/Hickory Heights/West Wing.....	East or North Wings
Country Ridge	Nearest exit or behind west fire door
Adult Day Services/Rehab.....	Willow Heights dining room

V. Total Evacuation – When Weather is Unsafe for Residents

- Nurse is to Notify Administration.
- Begin Use of the **Disaster Plan** – Section 9 of this manual.
- Take residents to farthest exits away from the fire and prepare for exiting building when transportation arrives. Immediate evacuation may be necessary.

MAPS

Red binders have maps included.

Electronic maps can be found in:
Policy/Procedure under Emergency Preparedness/Maps/PFHCC

CORRECT ACTION TO TAKE IN CASE OF FIRE

R.....RESCUE &

**SEAL OFF
THE FIRE**

A.....ALARM

C.....CONTAIN

**E.....EVACUATE ZONE
/EXTINGUISH FIRE**

EXTINGUISHER PROCEDURE

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 PROCEDURE

If you suspect a fire:

- ⇒ Implement **R.A.C.E.** – **R**escue, remove residents from area and seal off area, sound the fire **A**larm (done by the person discovering the fire or suspecting the fire), **C**ontain the fire by closing all fire doors, **E**vacuate the zone by removing all residents from the area.
- ⇒ Immediately report it to the nurse. If a quick investigation does not determine the source and offer assurance that a fire does **NOT** exist, the nurse should direct staff to treat it as though there is an actual fire.

If the alarm sounds:

- ⇒ Go directly to the Nurses' Station as soon as you can. Get directions from the nurse.
- ⇒ The nurse will tell you where to go and what to do. When you are finished, report back to the nurse for another task.

If the fire alarm sounds and no one reports the location of the fire:

- ⇒ Go to Mechanical Room and look at the Fire Panel.
- ⇒ Look at the Fire Panel and a zone will be lit up. The area affected will be written next to the zone that is lit up.
- ⇒ Go to that area of the building to determine cause of alarm and follow fire procedures as usual.
- ⇒ If there is no fire (i.e. resident pulled an alarm), first re-set the pull station, then push the reset button on the control panel.
- ⇒ Follow usual procedure for notifying Access – Wright Hennepin Response of false alarms or of actual fires. They should call you when the alarm goes off to find out if the fire dept. needs to come. If you do not hear from them right away, you need to call them.

GUIDELINES:

1. Whenever in doubt, proceed as if there is a fire and follow **R.A.C.E.**
2. Assure each resident if it is a fire drill or if there is an actual fire. Keep calm. Try to keep residents calm.
3. Close all doors and windows as you assist residents to reduce spread of fire and smoke.
4. Residents must be quickly removed from the fire areas and directed to an area away from the fire and behind fire doors. Check rooms for residents, close the door to the room and place a pillow or some other article outside the door to let others know the room has been checked.
5. Wet towels/washcloths can be used at base of doors and over nose and mouth to subdue smoke conditions. Crouch low to avoid smoke and heat.
6. If necessary, use emergency carries or move the bed with the resident in it to safety.
7. Do not ask visitors to assist with resident evacuation. Visitors are to be evacuated along with residents by staff.
8. Never open a door if it feels warm or if there is smoke coming from under it.
9. Upon hearing the fire alarm, assist residents nearest the fire first. Then evacuate according to the evacuation procedure. Evacuate residents to an exit or beyond fire doors.
10. Bring extra blankets and wheelchairs for use by residents.
11. Once the Fire Department arrives, they are in charge.
12. Do not touch any electrical appliances in fire areas.
13. Always stay between fire and a way out to safety.
14. **All smoke and fire must be reported to Administration immediately.**

PFHCC/COUNTRY RIDGE

NURSES DUTIES

Person in Charge:

- ⇒The Nurse in charge is designated to be in charge of drills or actual emergencies.
- ⇒If the Nurse in charge is unable to take charge, then she/he can designate another staff person to assume these duties.
- ⇒Go directly to the fire panel or enunciator panel as soon as you hear the fire alarm.
- ⇒Read the fire panel or enunciator panel to determine cause of fire alarm.
- ⇒Begin completing the Fire Checklist.
- ⇒The Nurse in charge will make the determination on evacuation.
- ⇒Delegate responsibilities to staff. Staff should be directed to the areas in greatest potential danger first. Whenever possible, each group of residents should have at least one staff member present.
- ⇒The decision to shut off the main electrical switch will be done jointly by the Fire Chief and the Administrator or the nurse in charge.

The Nurse in Charge will assess any fire or suspected fire in the building.

Nurse Should Always Be Accompanied By A Staff Member Who Is Carrying An Extinguisher.

⇒ **TELL** The Access/Wright Hennepin Response Caller which area is involved in a Fire.

A.M. SHIFT.....Report Assessment to TCHCC Main Office.

P.M. SHIFT/NIGHT/WEEKENDS.....

Report Assessment to **Access/Wright Hennepin Response**

- Once the residents are moved to safety, the fire is assessed and all other precautions have been taken....if the nurse feels that the staff can safely extinguish the fire s/he is free to make this judgment. It is important to weigh all factors.
- Remember – touch the door and door handle before entering the fire area. If the door or handle feels warm to the touch.....**DO NOT ENTER IN ANY CIRCUMSTANCES!!!** Have the fire department come.
- If entry is possible, you will need at least one other person to assist.
- **DO NOT STAND IN FRONT OF THE DOOR.** Stand to the side of the door and open it slowly. If there is a lot of smoke, close the door and call the fire department.
- If room is entered, crouch low to avoid the gathering smoke.
- **NEVER FIGHT A FIRE UNLESS YOU ARE SURE YOU CAN DO SO SAFELY.**
- Keep in touch with fire department command post in situations of total evacuation.
- Make sure materials involved in fire are removed by the fire department and the building is safe.
- Nurse and staff are in charge of the residents. The fire department is in charge of the building and the fire situation.

IF EMERGENCY SITUATION EXISTS THAT REQUIRES MORE STAFF, THE NURSE IN CHARGE IS TO USE **EMERGENCY CALL CHART** TO CALL OFF- DUTY STAFF. **This is located in section 1 of this manual.**

GOOD COMMUNICATION IS VERY IMPORTANT IN FIRE AND EMERGENCY SITUATIONS.....WITH STAFF AND WITH FIRE AND EMERGENCY CREWS

PROCEDURE FOR WORKING WITH VOLUNTEER FIRE DEPARTMENT

The fire protection system includes a digital communicator. Whenever the fire alarm sounds, the system automatically transmits the fire alarm to Access Security/Wright Hennepin Response who immediately calls the Pigeon Falls Fire Department. Access Security/Wright Hennepin Response will call PFHCC to confirm that the fire department has been called. If no response from PFHCC, Access Security/Wright Hennepin Response will contact:

1. Rosemarie Thesing – Cell-715-299-0773
2. Jerry Deetz Cell-715-533-1758
3. Cheryl Marsolek – 715-530- 2039 Cell
4. Kari Olstad – 608-864-0680 (cell)

ACCIDENTAL FIRE ALARM

If a fire alarm is accidentally pulled these steps should be followed by the nurse on duty.

1. Go to the fire alarm pull station that was activated, open pull by using hex key or screwdriver as required for that pull. Push switch downward. Close pull. Screwdriver and key are hanging next to the control panel box (in the mechanical room).
2. Next push the reset button on the control panel (in the mechanical room).
3. Only the green Normal Light will be on.
4. Notify Access Security/Wright Hennepin Response Company of the false alarm.
Account # SS6557 Password: Code Red

These instructions are posted in the mechanical room near the control panel box.

**IF YOU NEED TO CALL ACCESS SECURITY/Wright Hennepin Response
Digital Communicator for Fire Alarm/Acct #SS6557
(Caller must have approved password) = Code Red**

1-800-858-7811

PFHCC/COUNTRY RIDGE

Fire Procedure Check List

ALWAYS ASSUME THERE IS A FIRE!

All smoke & fire must be reported to the administration within 24 hrs.

Check off each item as completed. This sheet must be retained with the fire records.

Name of Person Completing Checklist: _____

Date: _____

Time: _____

Checklist:	Check off item
1. Examine fire site with person who has fire extinguisher.	
2. Person(s) removed from FIRE site and doors closed.	
3. Announce Location of Fire and give evacuation directions.	
4. Assign someone to monitor the phone, extension 4012 during business hours, call group during non-business hours.	
5. Report to person on phone with Access Security/Wright Hennepin Response where the fire is, the conditions found and what needs are. During business hours, also report this to TCHCC Main Office.	
6. If don't hear from Access Security/Wright Hennepin Response immediately, dial 911 and say "Pigeon Falls Health Care Center and Country Ridge Residential Care Apartment Complex" and give location in an actual fire situation.	
7. Assign OXYGEN removal if on wing of FIRE sight.	
8. Follow evacuation procedures for interior and total evacuation (section 2 of this plan). Make sure residents/tenants are behind fire doors and in safe areas.	
9. Check all rooms and place pillow or other item outside door once checked.	
10. Emergency call list started (section 1 of this plan).	
11. Census Check done (both PFHCC and Country Ridge) Must ensure all residents are accounted for!	
12. In total evacuation – safely check building with fire chief for safe re-entry and removal of materials involved in fire.	
13. Put disaster plan in effect (section 9) with assist of Administration.	
14. Keep in touch with fire department.	
15. For drills or malfunctions the Nurse must call Access Security/Wright Hennepin Response to notify when drill is completed or problem solved. (1-800-858-7811)	

PFHCC/COUNTRY RIDGE

DRILLS

Fire drills (full drills or silent drills) are held at irregular intervals at least four times a year on each shift. The plan is reviewed and modified as necessary. Records of drills and dates of the drills are maintained. Fire Drills are held in order to give all employees and residents practice in the actual procedure to be followed in case of an actual fire.

Drills will be initiated in the following way:

A. FULL ACTIVE DRILL

1. A (red pillow) representing a fire will be placed in some area of the facility.
2. Whoever finds the "fire" responds to the fire by following R.A.C.E.
3. Continue to follow the fire procedure for an actual fire.

B. SILENT DRILL

1. The words "Silent Drill" will designate a simulated, silent fire drill. Silent drills may be held between 6:00 p.m. and 6:00 a.m. in place of a full drill.
2. The difference between a full drill and a silent drill include:
 - a. The red fire pillow will be labeled "Silent Drill".
 - b. The staff members are to simulate or pretend to do each step instead of actually doing a full evacuation.
 - c. The employee would call out verbally "Silent Drill Room ____" instead of the actual alarm sounding.
3. The employee finding the "Silent Drill" pillow should proceed with R.A.C.E. – simulating each step.
4. Other staff on duty when hearing someone call "Silent Drill" should account for resident's safety and report to the Nurse immediately for further instructions.
5. The nurse will use the Fire checklist with the following differences.
 - a. Use the initials SD (Silent Drill) before all checks where applicable.
 - b. Pick up the phone and pretend to talk to Access Security and report fire drill.
 - c. Pretend to start the call list.
 - d. Instruct staff to check and account for residents in rooms in the silent drill area. Close the door as they leave. Report to nurse's station after each room is checked and read out loud or check off the names of the residents accounted for.
 - e. When all residents in the Silent Drill Area have been accounted for, the nurse will instruct staff to each take an area and account for all other residents. When the complete count is in, drill is over.

PFHCC/COUNTRY RIDGE

FIRE EXTINGUISHERS

All fire equipment is maintained in readily usable condition and inspected regularly. Stove hood fire suppression system is checked semi-annually. Fire extinguishers are inspected annually and tagged with the date of inspection. On fire extinguisher – hydrostatic test is done as required for type BC and ABC.

- Manual fire suppression should be done by staff only after the fire department has been called and residents are taken to a safe area.

Type of Extinguishers Used at Pigeon Falls Health Care Center

Type ABC or Dry Chemical for all types of fires.

To Operate: Use upright, pull out pin, squeeze operating lever, and discharge at base of fire with side to side motion.

Location of Fire Extinguishers at Pigeon Falls Health Care Center

Kitchen, Dining Area:	1 – 5 lb. ABC 1 – 5 lb. ABC (dining room) *Stove hood suppression system
South and West Wings:	1 – 10 lb. ABC 1 – 10 lb. ABC 1 – 5 lb. ABC (nurses' station)
East:	1 – 5 lb. ABC
North:	1 – 10 lb. ABC
Resident Storage:	1 – 10 lb. ABC
R.C.A.C.	3 – 10 lb. ABC (sunroom, office area, east exit)

***Stove Hood Fire Suppression System**

This fire suppression system is located above the range in the kitchen and is activated in event of a fire on the range. It can also be activated manually. The mechanism for manual operation is located at eye level on the kitchen wall to the right of the door going into the hall to the storeroom. To trip the system you pull the pin, grab the handle and pull hard. This system is tested twice a year.

FIRE WATCH

In the event the Sprinkler System and / or the Fire Alarm System are not in working order, after the system is down for more than 4 hours in a 24 hour period, the nurse in charge must implement a **FIRE WATCH**. The FIRE WATCH must continue until the system/s are back in working order.

1. The nurse in charge for the shift will assign a staff person that is not currently working (a staff member called into help) to walk through the facility to investigate for some and/or fire.
2. The nurse in charge for the shift will contact the local fire department at 911 and the State of Wisconsin Department of Health Services at 608-226-9675 to report the system is down for more than 4 hours in a 24 hour period.
3. The person assigned to do the FIRE WATCH will take a FIRE WATCH checklist with him/her to document the checks. A FIRE WATCH checklist follows this sheet. There are also copies of the FIRE WATCH checklist in a file in the nurse's station.
4. At the end of each shift, the FIRE WATCH checklist will be given to the nurse in charge. This nurse will then give it to the next non-scheduled staff person on the next shift to continue the FIRE WATCH. This process will be done until the SPRINKLER SYSTEM AND FIRE ALARM SYSTEM are back in working order.
5. Maintenance staff will provide additional fire extinguishers if the sprinkler system and/or fire alarm system are not operational.

6. The FIRE WATCH checklist will be turned into THE FIRE SAFETY CHAIRPERSON for evaluation and filing.

PFHCC/COUNTRY RIDGE

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. Once you are satisfied there is no fire or smoke, sign the form next to the time you did the checks. **FIRE WATCH checks must be done.**

AREAS THAT MUST BE CHECKED:

- **West Wing, Center Core Area:** Sun room, Willow dining room, Whirlpool & Bathroom, Janitor's Closet, Laundry, Med. Room, Nursing Office, Hickory dining room, Mechanical Room, staff bathroom, Linen Storage/Shower/scale area.
- **East Wing:** Rooms 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, and storage closet.
- **North Wing:** Exit hall to staff parking, Rooms 115, 116, 117, 118, 119, 120, back room storage/housekeeping, Suite 1 & 2, suite family room, 121, 122, 123, 124, 125, and 126.
- **R.C.A.C.-** All Resident Apartments, Laundry, Mechanical, Beauty Shop, Bathroom, Break Room, Dining Room, Lounge, All Offices and Reception area.
- **Adult Day Services** area and Therapy room
- **Laundry Shed and Oxygen Storage**
- **Notes:**
- ➔ Staff need to check all areas of building, where there may be combustible material including the mechanical room, housekeeping and oxygen room.
- ➔ At night, staff do not need to go into each resident's room to check, but do need to go down each hallway.

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

Re-Setting the Fire Pull Station

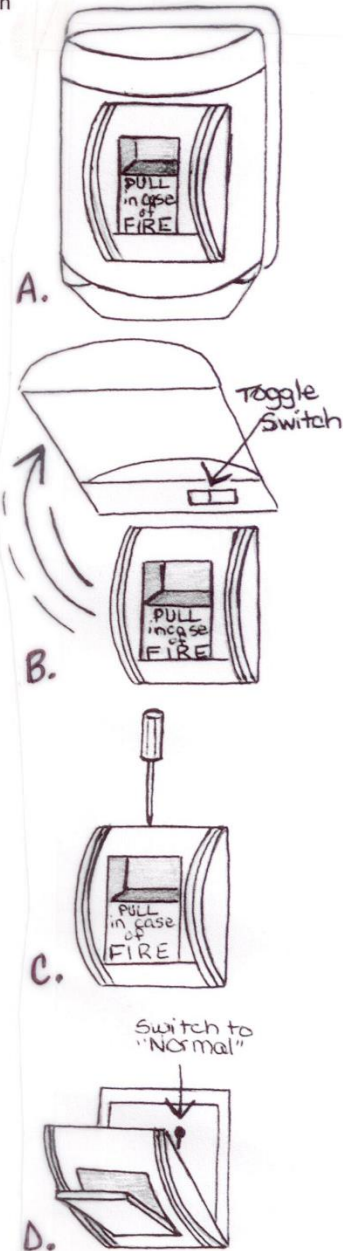
Note: This procedure must be accomplished BEFORE the enunciator panel can be re-set. Following a fire or a fire drill when a pull station has been activated, the following procedure must be completed:

Procedure: (Figure A is normal position)

1. Retrieve a flathead screwdriver from the nurse's station.
2. Inside the clear cover, move the toggle switch to shut the sound off. (Figure B)
3. Use the screwdriver to open the pull alarm by loosening the screw. (Figure C)
4. Move the switch inside the alarm pull box to "Normal". (Figure D)
5. Push the alarm back into position.
6. Inside the clear cover, move the toggle switch to reactivate the alarm sound & quickly push the cover back over the pull alarm. The sound should stop. The alarm should look like **Figure A** once again.

Now you can re-set the enunciator panel!

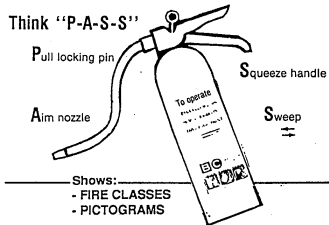
REV. 2014



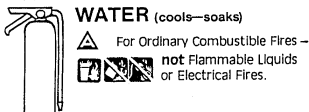
TO OPERATE ...

Read instructions - some vary

Think "P-A-S-S"



Types:



WATER (cools—soaks)

△ For Ordinary Combustible Fires —
not Flammable Liquids or Electrical Fires.



DRY CHEMICAL (smothers)

BC REGULAR TYPE — For Flammable Liquids, Electrical — not Ordinary Combustibles.

ABC MULTI-PURPOSE TYPE — For Ordinary Combustibles, Flammable Liquids and Electrical Fires



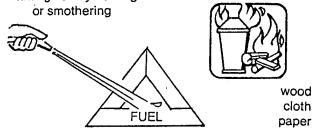
CARBON DIOXIDE — CO₂ (smothers)

BC For Flammable Liquids, Electrical — not Ordinary Combustibles.

WHAT'S BURNING?

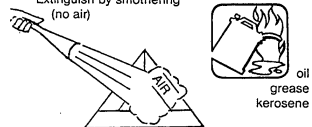
ORDINARY COMBUSTIBLES ^{CLASS A}

Extinguish by cooling or smothering



FLAMMABLE LIQUIDS ^{CLASS B}

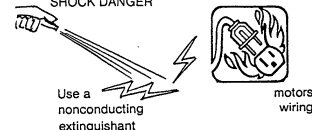
Extinguish by smothering (no air)



Don't use water —splashes fire.

LIVE ELECTRICAL ^{CLASS C}

SHOCK DANGER

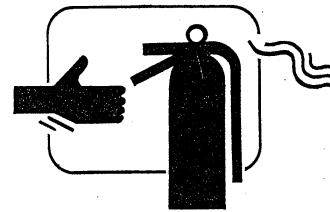


Use a nonconducting extinguishant

Common "Fire Classes" are: **A B C**

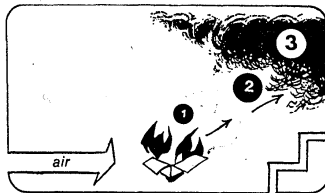
Reproduction rights granted to customer of record per license

FIRE EXTINGUISHER

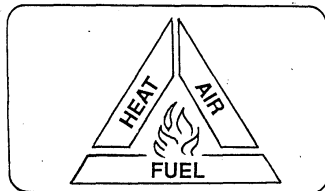


In case of a FIRE — what is your **reaction time** to use that fire extinguisher?

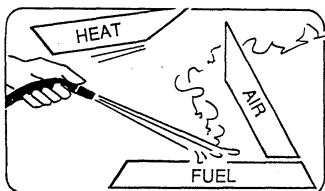
PREPLAN ...



See how a fire grows 1-2-3. If you get there with a fire extinguisher right off, you can put it out in seconds. But, you've got to know how and be ready to act ... FAST.

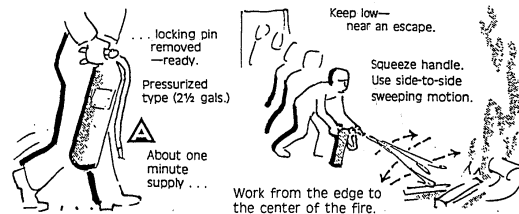


This is the "fire triangle"—
FUEL, AIR and HEAT ... all together.



To extinguish a fire — you take away any one side of the "fire triangle." Example: water takes away the HEAT. Extinguished!

ATTACK: by WATER

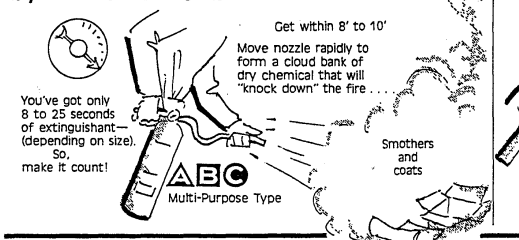


After fire is out, break apart, soak.

Beware — fire may be deep-seated or spread out of sight behind walls, boxes, etc.

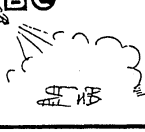


by DRY CHEMICAL

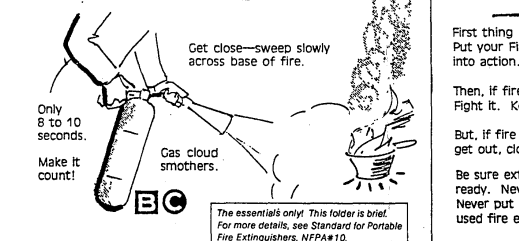


After fire is out—continue discharge. This powder forms a fire retardant coating—to help prevent reflash.

BC Regular Type



by GAS — Carbon Dioxide (CO₂)



First thing ... give the ALARM. Put your Fire Emergency Plan into action. Life safety first!

Then, if fire is still small ... Fight it. Keep near an escape.

But, if fire gets LARGE ... get out, close door to confine.

Be sure extinguishers are ready. Never block them. Never put back a part-used fire extinguisher.



SEVERE THUNDERSTORM and TORNADO POLICY & PROCEDURES

PURPOSE:

To provide staff a course of action to follow in the event of severe weather.

PROCEDURE:

As Follows:

WATCH !!!

Conditions are favorable for a Severe Thunderstorm or Tornado to develop staff will prepare as usual for the possibility of the WARNING.

ANNOUNCE "CODE Gray – Watch (either thunderstorm watch or tornado watch)" This can be communicated by word of mouth &/or use the Communication Devices. Watches can last for several hours.

Nurse is to follow the Thunderstorm/Tornado Watch Checklist (located on next page of this manual).

SPOTTER Watch skies – Usually Southwest

INSIDE Remove and store small objects and objects that could penetrate the body.

- CLOSE ALL BLINDS
- CLOSE ALL DOORS as directed by Nurse in Charge.
- DISCONNECT ELECTRICAL APPLIANCES as directed by Nurse in Charge.
- HAVE AVAILABLE:
 - ✓ flashlights
 - ✓ any needed medications
 - ✓ census list

WARNING !!!

THIS MEANS A THUNDERSTORM OR TORNADO HAS BEEN SIGHTED !!

ANNOUNCE "CODE Gray – Warning (either thunderstorm or tornado)". This can be communicated by word of mouth &/or use the Communication Devices.

Nurse is to follow the Thunderstorm/Tornado Warning Checklist in this manual –next page.

General Information:

1. If only one wing is damaged, transport residents to undamaged wing.
2. All persons seriously injured should be identified and tagged.
3. All assist with first aid and clean up.
4. Annual participation in Statewide Tornado Drill occurs early in the Spring.
5. Implement Disaster Plan if needed – section 9 of this manual.

THUNDERSTORM / TORNADO WATCH / WARNING CHECK LIST

When a Thunderstorm or Tornado Watch is Received:

- _____ 1. Nurse alert staff of watch using wireless radio and call dietary (4018,4020) (time) administration (4011,4019) and Adult Day Services (4158). Staff notify tenants / residents of watch.
- _____ 2. Get flashlights out (In Nurse's Station), gather any needed medications, census list.
- _____ 3. Close blinds in all rooms
- _____ 4. Notify Staff / tenants when watch is over.
(time)

Nurse's Signature _____ **Date** _____

When Thunderstorm or Tornado Warning is Received:

- _____ 1. Nurse takes charge.
- _____ 2. Announce Thunderstorm or Tornado Warning to alert all staff.
(time)
- _____ 3. Call the Kitchen staff (ext. 4018,4020) and Adult Day Services(ext 4158)
- _____ 4. Evacuate Hickory, Willow dining areas, and Sunroom
- _____ 5. Take residents to the nursing home North and East wings. Place in hallway with comforter and pillow from bed for protection – close room doors. Remove tenants from apartments to east wing of Country Ridge with comforter from bed for protection. Tenants can go to North or East wings of the nursing home if they wish.
- _____ 6. Use check list to account for all residents / tenants.
- _____ 7. Assign staff to monitor each wing where residents are located. Staff take flashlights along and portable radio. If regular phones are down – Nurse (or designee) are to use emergency powerfail phone on the fax machine in nurses station. Do NOT need to dial 9.
- _____ 8. Each staff grab pillow and a blanket for self from linen room.
- _____ 9. If time permits nurse take resident roster along to evacuation location.
- _____ 10. If time permits, disconnect all electrical appliances

Nurse Signature: _____ **Date:** _____

When complete put form in Administrator's mail box.

PFHCC/COUNTRY RIDGE

"Code Blue"

Subject: Code Blue

Purpose: 1) To obtain personnel in an emergency situation.
2) Provide for health and safety of residents and staff.
3) Crisis Intervention

Procedure:

- 1) Orient all new employees to "Code Blue".
- 2) In an emergency when more staff are needed quickly to assist with a resident, use the portable walkie talkie device and page "CODE BLUE" and give location. This is to be repeated 3 times.
- 3) Nursing and treatment staff on duty are to respond immediately and go to location paged.
- 4) If there is a medical emergency in any department, call for a nurse to respond to your area.

Example:

"CODE BLUE room 101, CODE BLUE room 101, CODE BLUE room 101."

PFHCC/COUNTRY RIDGE
Missing Resident

WANDERING RESIDENT POLICY

It is the policy of the Pigeon Falls Health Care Center to identify all residents with any history, past or present, of confusion with associated wandering. This information is obtained during pre-admission, admission, or care plan review conferences with the resident and family, and a plan of care for this problem is developed and implemented.

The Plan of Care for each wandering resident is developed with specific approaches and time-measured goals. This is reviewed as needed and at least quarterly. All instances of wandering are documented in the Medical record and Safety Checks are documented.

An approach of the Plan of Care may include putting the resident's name on the Wandering Resident Alert List. This list is posted in the Staff Room, in all departments, to alert all staff about residents identified with a current real potential to wander outside of the building or grounds. Wandering residents have pictures in their charts.

All facility staff (including dietary, housekeeping, maintenance, etc.) are responsible for knowing whose names are on the list and they must be able to recognize the identified residents and be able to intervene as the Care Plan indicates. Staff members are assigned responsibility for supervision of any residents identified as wandering or elopement risk.

Exit monitoring devices are kept operational 24 hours a day and routinely scheduled for maintenance checks. The magnetic door lock system is utilized for those residents who are considered wanderers or elopement risks.

A procedure regarding lost residents is followed if a resident is believed missing. This is on the LOST RESIDENT CHECKLIST located in the Nurses Station in the Emergency Preparedness Manual. (The Procedure also follows this page).

PFHCC/COUNTRY RIDGE
Code Green

LOST RESIDENT CHECKLIST

Do each step in order without hesitation or delay.

Phase 1:

When a resident is believed to be missing –

1. Staff nurse notified at once by: _____
Time notified: _____ (Time #1)
Resident's Name _____
Time Resident last seen: _____
By whom? _____
Where? _____
Activity doing? _____

Get Out Resident's Chart to Use as Needed:

2. Call and note time called in the following order:
911 _____ (time)
Director of Nursing Notified _____ (time)
Administrator Notified _____ (time)
Family Notified _____ (time)
Maintenance or Pigeon Falls Lead Housekeeping _____ (time)
3. Time Sheriff or representative arrived at Nursing Home _____ (time)
Assist Sheriff's Department with search of the local area.
4. Suggest Sheriff call dogs to stand-by and prepare for search;

If resident is missing:

In cold/winter weather (15 minutes + time from #1 (_____) = _____
(time to suggest)

In warm weather (30 minutes + time from #1(_____) = _____
(time to suggest)

5. Suggest Sheriff call dogs to do search;

If resident missing:

In cold/winter weather (30 minutes + time from #1 (_____) = _____
(time to suggest)

In warm weather (2 hours + time from #1(_____) = _____
(time to suggest)

PFHCC/COUNTRY RIDGE

PHASE 2:

6. Assign staff member to call places resident has a habit of going to, or would maybe consider going to:

Assigned To: _____

Time Assigned: _____

Report received: _____ (time) as follows:

Places Called:

Name _____

Phone # _____

Time Called _____

Name _____

Phone # _____

Time Called _____

Name _____

Phone # _____

Time Called _____

Name _____

Phone # _____

Time Called _____

7. If police desire, call 4-5 employees to assist – use call list for numbers.

1. Name _____ Time Called _____

2. Name _____ Time Called _____

3. Name _____ Time Called _____

4. Name _____ Time Called _____

5. Name _____ Time Called _____

8. Staff Nurse receive Search Reports and log in Phone Log _____(X)

Assign Employee to man phone as needed.

Employee name: _____

Time Assigned: _____

9. Search Completed _____ (X) Time _____

Condition of resident: Chart in Medical Record along with Summary of Search.

Signature of Staff Nurse (s): _____

Date: _____

10. Attach copy of Phone Log Record to Checklist and file in Administrator's Office.

Signature of Administrator: _____

Date: _____

DOOR HOLD SYSTEM (Access Security/Status Solutions)

Procedure:

- 1) Team identify clients/resident needing Co-Tag System.
 - 2) Social Worker and DON follow policy as to criteria.
 - 3) DON or Nurse in charge notify staff to place a co-tag on resident. (Make sure the co-tag has been activated).
 - 4) Depending on the situation, checks are instituted as necessary by charge nurse.
 - 5) Charge nurses add names of clients/residents wearing co-tags to wandering/elopement list (as a separate category).
 - 6) Licensed nursing staff assign staff to monitor magnetically held doors during fire drills/alarms.
 - 7) Night Nurse turns doors to Night "Locked" mode at start of shift using code at keypad across hall from med room.
 - 8) Night Nurse returns doors to Daytime or "Unlocked" mode at end of shift using code at keypad located across hall from med room.
- ➡ Licensed Nurse is assigned to test a co-tag to lock the doors, to alarm daily, and document on Medication Administration Record.

PFHCC/COUNTRY RIDGE

NIGHT MODE SYSTEM

This system has a night mode, which locks the code alert doors. Located in the center “Hub” area to the left of the Janitor’s closet door, there is a keypad. By pressing “4568*” at the keypad, this will turn on the Red “Armed” light and lock the doors. If anyone tries to open one of the doors when in the night mode, it will set off the door alarm. To exit/enter these doors when in the night mode, press code 4568. This will give you time to exit.

Note: All doors will unlock during a Fire Alarm.

Wandering Procedure

1. Door Alarming Method

- A. Local Pager Unit alerts nurse the resident has exited from an exit door (Status Solutions)
- B. Door alarms at the door the resident is exiting, and will be indicated at the computer in the nurse's station (Status Solutions).

2. Page All Staff

- A. Nurse with the LPU or 1st responder to alarm will immediately page via wireless communication device to identify what exit door the resident has exited.
- B. Nurse will assign staff to locate all residents on the wander list.

3. Staff Respond

- A. Staff responds immediately to the exit door identified. Once the resident is located, the staff person signals an all clear via the wireless communication device.

4. Missing Person

- A. If a resident exits the building and is not located immediately, the nurse initiates the "Missing Person Procedure" (Located in Red Emergency Preparedness Manual).

PROCEDURE FOR TESTING DOOR

1. Licensed nurse to take the "test" co-tag to make sure the three doors highlighted in blue: (1) Lock with the Status Solutions system (2) Alarm when door is opened and (3) The system pages the pager. (Document the completion of the test in EMAR).
2. Licensed nurse to check the six doors highlighted in yellow to make sure the doors remain locked. Document completion of test in EMAR.
3. Licensed nurse to check the Status Solutions monitor.
4. Any problems identified with the Status Solutions system have to be corrected ASAP.

BOMB THREAT POLICY & PROCEDURE

PURPOSE:

To provide staff a course of action to follow in the event of a bomb threat.

PROCEDURE:

When a phone call is received regarding a bomb threat – follow the following procedure.

I. “THE CALL”

- A. Stay Calm
- B. Keep the caller on the phone line as long as possible. Get as much information as possible.
- C. Be alert for distinguishing background noises, such as music, voices, aircraft, Church bells, etc.
- D. Note distinguishing voice characteristics.
- E. Ask where the bomb will explode, and at what time.
- F. Try keeping the caller on the phone line, and alert another staff member so he/she can notify **Key Personnel**:
 - Immediately notify the nurse.
 - Nurse or designee is to CALL 911
 - Nurse or designee is to NOTIFY ADMINISTRATION -
Rosemarie Thesing 715-299-0773 cell

THE CALL IS OFTEN THE KEY TO SUCCESS IN HANDLING A BOMB THREAT

- G. Write down information. If you don't have pencil and paper, as soon as you hang up the phone – find pencil and paper and write down all of the information you received.
 - H. If the caller indicates the bomb is in a specific area, that area should receive immediate attention. If what appears to be a bomb is found, **DO NOT TOUCH IT!** Clear residents and staff from this area and move them behind fire doors.
- II. NOTIFY THE STAFF:**
Notify staff of the bomb threat by word of mouth and/or use of wireless Communication System. Evacuate the building if so directed by Administration, Supervising nurse or fire department/police. **(Refer to section 2 of this manual for evacuation procedures.)**
“CODE ORANGE EVACUATE THE BUILDING
CODE ORANGE EVACUATE THE BUILDING
CODE ORANGE EVACUATE THE BUILDING”
- III.** The nurse may implement the emergency call chart if more staff are needed.
 - IV.** Staff are to follow the fire department or sheriff's instructions once they arrive.
 - V.** **Use Disaster Plan – Section 9 of this manual** – if residents cannot return to the building per directive by administration.

BOMB THREAT CHECK LIST

If you receive a bomb threat on the telephone, keep as CALM as you can and use this sheet to help identify the bomber and minimize danger.

Complete the following:

Date: _____ Time: _____ Your name: _____

Listen for any background noise: _____ Description of background noise: _____

Check if heard:

Music	_____	_____
People talking	_____	_____
Cars or trucks	_____	_____
Children or babies	_____	_____
Machine noise	_____	_____
Typing	_____	_____
Other	_____	_____

Ask: _____ Information received from caller: _____

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?	_____
Why did you set the bomb?	_____

Judge the voice: Man___ Woman___ Child___ Age:___ Drinking: Yes___ No___

Other comments: _____

“CODE PURPLE”

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.

Procedure: 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.)
- Utilize the Disaster Plan Checklist.
- Implement emergency call chart as needed.
- Contact the cooperating agencies to inform them of the necessity of evacuation and transfer.
- Monitor and coordinate response.
- Update notification of staff as possible.
- Assign Staff duties as needed.

PFHCC/COUNTRY RIDGE
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>	Rosemarie Thesing Cell-715-299-0773	Jerry Deetz Cell-715-533-1758	Terrie Sommer Cell-715-210-5415
		Monica Sobotta 507-273-7249 Amber Smith 608-864-1528		Cheryl Marsolek Cell 715-530-2039
	2. Implement Emerg. Call Chart	Located in the nurse's station.		
	3. Notify TCHCC	538-4312	Evacuation Site if needed.	Have TCHCC send available staff with vans immediately.
	4. Call for Other Emergency Services	911	Sheriff's Department 538-2311 (ext. 361)	Highway Department 538-2221 (if roads are bad)
	5. Inform Staff and Residents/Tenant	Page "Code Purple" plus additional instructions using the portable Communication System. Or notify each unit by phone or verbally.		
	6. Assess for injuries.	Nurse in Charge.		Transport to hospital as needed.
	7. Evacuate Tenants.	Follow evacuation procedure. (Section 2 of this manual)	Before Evacuation-assign a staff person to: <ul style="list-style-type: none"> • Tag with name tag. • Check tenant off list. • Send Charts & Meds (if able) • Send 1 or 2 staff with each load of tenants. 	
	8. Arrange Transportation	TCHCC Vehicles.	Pape Bus Service 985-3688 (garage) 985-3067(home) (715) 797-2578 (cell)	Tri-County Memorial Hospital Van
	9. Arrange Housing	TCHCC 538-4312	Business office 715-538-9494	Tri-County Mem. Hospital 538-4361
		Pigeon Falls Community Center MOU	Whitehall City Center 538-4353	Whitehall High School 538-4364 Our Saviour's Lutheran Church 538-4334
	10. Medical Supplies	Assign staff to get needed supplies. (Medications, bandages, oxygen, medical charts, etc.)		Colby Pharmacy 538-4947 Gundersen Tri-County Hospital 538-4361
	11. Food / Drink	Bethany Halama 715-695-3339		Jenn Humphries
	12. Bedding	Blankets, cots or beds, pillows (TCHCC, PFHCC, Emerg. Govt.)		
	13. Clothing	Own supply.	Western Dairyland Community Action Agency 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. Re-Entry to the Building	To be determined by Administration and Appropriate Officials.		
	17. Notify Emergency Contacts	Inform of location of residents / tenants.		
	18. If within 24 hours re-entry is not possible.	Notify the department of Health and Social Services for alternative placement of residents / tenants. 715-836-4752		

Electrical System/Emergency Generator

ELECTRICAL INFORMATION

CALL MAINTENANCE STAFF IMMEDIATELY!!!

One phase or electrical line is connected to the generator.
Equipment run by the generator include:

- Any outlet with a red dot
- Fire alarm system
- Exit lights
- Nurse call system
- Two outside light by each exit
- Night lights next to ceiling in the halls
- One center light at nurse's station
- Every other fluorescent light in halls
- Some lights in Dietary
- Air compressor
- Two staff exit lights
- Smoke compartment doors
- Door alarms
- Two emergency outlets on North and East halls (one on each side)
- Status Solutions Wander System
- Dietary freezer

1. Call maintenance Staff

Ensure generator works properly. Generator runs on Natural Gas; ensure it has proper lubrication.

REMEMBER THERE IS A POWER OUTAGE CHECKLIST TO FOLLOW.

Power Outage Checklist

Continued on next page...

	4-Emergency Equipment	<p><u>STORED</u></p> <p>Found in 2 covered plastic pails in the North Hall Storage closet.</p>	<p><u>EQUIPMENT INCLUDES</u></p> <ul style="list-style-type: none"> -Long extension cords for oxygen or suction machine -Short extension cords for fans -Multiple outlet converter plugs (use a straight screw driver & remove outlet plate cover from wall. Plug multiple converter plug into outlet, using the straight screw driver, screw converter plug to wall securely.) -Straight screw driver -Tape (Tape extension cords to floor in all walk ways)
	5-Special Procedures	<p><u>COLD WEATHER</u></p> <p>A—Transfer all residents to the Willow heights. KEEP DOOR CLOSED!</p> <ul style="list-style-type: none"> --Dress residents warmly, including shoes. --Bring a coat, hat, and blanket for each resident. <p>B—Refer to Disaster Plan & Evacuation Plan as needed.</p>	<p><u>WARM WEATHER</u></p> <p>A—Do not open windows until building has heated up which will preserve the air conditioning as long as possible.</p> <p>B—Close window blinds.</p>
	6-Other Options	<p><u>PORTABLE GENERATOR</u></p> <p>--A portable generator may be borrowed from TCHCC, the PF Fire Department, or Whitehall Fire Department. They need an extension cord with a converter plug.</p>	

Loss of Telephone Service Policy & Procedure

Purpose:

In the event that there is a power outage, or other circumstances in which the facility is out of telephone service.

Procedures:

1. In the event that telephone service is lost due to outside causes, the telephone company must be notified immediately.
2. The phone on the fax machine in the nurse's station is to be used in the event of a power outage. We have a cell phone that can be used.
3. If the Emergency Phone does not work, the nurse will designate a staff person to go to the nearest operating telephone available in order to report the loss, and as much information concerning the outage as possible.
4. If the telephone service is anticipated to be out for an indefinite period of time, the shift charge nurse shall contact the local radio station to inform them of the phone outage so that weather and other major announcements can be relayed to the facility during the telephone outage.
5. A designated person and vehicle must be ready at all times to depart in an emergency in order to report any disaster requiring emergency services from the police, fire department, or ambulance.

CODE YELLOW

Emergency Chemical Spill Clean-Up

1. Individual departments are responsible for spill cleanup.
2. Identify chemical spilled.
3. Refer to Safety Data Sheet (SDS) for spill clean-up procedure.
4. Evacuate all personnel and secure area.
5. If fire – refer to CODE RED (section 4) and pull alarm.
6. If assistance is necessary, call maintenance and confine area.
7. Inform Maintenance of what, where, when and how much was spilled.

Maintenance will call local fire department or Haz-Mat team if needed.

8. Refer to Safety Data Sheet (SDS) for proper disposal.
9. Fill out incident report and send to the Human Resource Department.
10. For small spills, clean-up and complete an incident report.

CODE YELLOW

TOXIC CHEMICAL SPILLS OUTSIDE OF PFHCC

Purpose:

To inform staff of action to be taken in the event of an outdoor chemical spill.

How would staff know that a threatening toxic spill has occurred?

- Law enforcement or local emergency services will contact the facility and advise.
- However, it could happen that you may notice a strange odor (could smell like chlorine) before the facility receives notification.

What should you do if you notice a strange odor?

- Inform the nurse in charge. The nurse will contact Sheriff's Department (911) immediately. They will come and determine the cause of the odor and location of the spill, if any.
- Direct staff to follow the procedures as described below.

Once a determination has been made that there is a toxic situation:

- The Sheriff or Emergency Government will inform PFHCC of the situation and determine if additional staff would be allowed to enter the area. If additional staff can enter the area, begin the Emergency Call Chart.
- Direct staff to follow the procedures as described below.

If evacuation is necessary:

- Follow the evacuation procedures (section 2) and the Disaster Procedures (section 9).
- It may be necessary to evacuate for several miles depending on the chemical spill.
- Follow directions from emergency government.

Procedure:

The following action will be taken in the event of an outdoor chemical spill.

1. Keep residents inside.
2. Pull Fire alarm: Ventilation intakes will close
3. Close all doors to the outside and close and lock all windows.
4. Call the Maintenance Department
5. Turn off all heating systems.
6. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.
7. Turn off all exhaust fans in kitchens and bathrooms.
8. Close all doors to the outside and close and lock all windows. Close as many internal doors as possible in the building.
9. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
10. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you. For a higher degree of protection, go into the bathroom, close the door and turn on the shower in a strong spray to wash the air.
11. If an explosion is possible outdoors, close drapes, curtains or shades over windows. Stay away from external windows to prevent injury from flying glass.
12. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.

Gas Smell Policy Applicable for PFHCC

Highlights	Policy Statement
<p>Contact WE Energies</p> <p>Evacuation</p>	<p>Should a natural gas smell occur call the 24-hour gas leak line.</p>
	<p style="text-align: center;">Policy Interpretation and Implementation</p>
	<p>Should a natural gas smell occur call the 24-hour gas leak line phone number—WE Energies 800-261-5325. Then call maintenance personnel on the call list.</p> <p>The gas company will dispatch a troubleshooter. Should an actual leak be found, we will be informed as to using our evacuation procedures, if needed.</p>
Regulatory Reference Sources and Revision Dates	
OBRA Regulatory Reference Numbers	
Survey Tag Numbers	
Policy/Procedures Reviewed/Revised	<p>Date: 11-20-18 _____ R Thesing _____</p> <p>Date: _____ 12/19 R Thesing____</p> <p>Date: _____ 11/2020 C. Johnson _</p> <p>Date:12/21 R Thesing __ _____</p>

Heat & Humidity Policy and Procedure

Purpose:

To provide precautionary and preventative measures for our residents during the hot and humid summer months. Elderly people are extremely vulnerable to heat related disorders.

Precautionary Procedures:

1. Draw all the shades and curtains in the rooms that are exposed to direct sunlight.
2. Keep outdoor activities to a minimum.
3. Dress the residents appropriately with light weight clothes, loose fitting, preferably cotton fabric. Bed confined residents shall have their sheets changed frequently. Cover the residents lightly at nap times and bedtime.
4. Encourage and offer fluids to the residents frequently.
5. Report any changes in the resident's condition such as edema, shortness of breath, the skin being hot or dry.
6. Watch for signs and symptoms of heat exhaustion and heat stroke.

Procedure if Air Conditioner malfunctions:

1. Keep the air circulating.
2. Remove the residents from areas that are exposed to direct sunlight. Relocate the residents to cooler areas in the building during the daytime hours.
3. Give frequent baths.
4. Place fans in hallways to get air circulating.

Definitions:

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 also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, 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.

Winter Safety Policy and Procedure

Purpose:

The purpose of these winter safety precautions is to inform staff of measures that should be taken during severe winter weather. The following winter safety precautions have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, sleet and /or extreme cold temperatures.

Precautionary Procedures:

1. Encourage residents to eat well-balanced meals, avoid alcoholic beverages (or limit), and drink warm beverages.
2. When the weather is extremely cold, especially if there are high winds, encourage residents to stay indoors or make any trips outside as brief as possible.
3. Advise residents how to dress safely for winter weather, even when indoors, as hypothermia can also occur indoors among individuals who are at risk. Wear several layers of loose-fitting clothing, a hat and scarf to cover one's face and mouth, mittens, and water-resistant coat and shoes.
4. Help residents understand wind chill – as the speed of the wind increases, it can carry heat away from the body more quickly.
5. Keep outdoor sidewalks well salted. Advise residents to watch for icy patches.
6. Advise residents to watch for signs of cold-weather health problems such as hypothermia and frostbite for themselves and their neighbors.
7. In case of accidental hypothermia and / or frostbite treatment must begin immediately. The nurse must take quick appropriate action. The symptoms of hypothermia may not be obvious, but can occur in a very few minutes, especially if the person is elderly, frail or poorly dressed. A victim is often unaware of frostbite until someone else points it out because frozen tissue is numb.

Definitions:

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 in adults 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 – frostbite may be beginning. Any of the following signs may indicate frostbite: a 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.

Water / Plumbing System

WATER PIPES – PREVENT FREEZING

Water must be run (hot and cold) **any time** the temperature is **+10 degrees (with wind-chill)** or below in the following areas:

- Room 134
- Room 135
- Visitor Bathroom
- Medication Room
- Room 106
- Room 107
- Scale room sink

A lead thin stream can be achieved by turning on the hot water faucet to a steady drip, then turn on the cold water faucet until there is a stream of water the size of the lead of a pencil.

EXTREMELY COLD weather (30 degrees below zero – wind chill), these areas are also to be run:

- Rooms 101, 103, 110 & 112
- Room 116
- Room 120
- Room 121
- Room 126
- Willow Heights sink (run only at night - cold water only)

The nurse will assign a staff to do hourly checks to make sure the water is running in all required areas during the required temperatures.

WATER SHUT-OFF INFORMATION

URGENT REMINDER TO ALL LICENSED NURSES

FROZEN OR BROKEN WATER PIPES

1. Call **MAINTENANCE** Staff First!
2. Stepladder in Mechanical Room
3. Master Plan for water shut-off valves attached to this page.
 - A) Main Water Shut-Off Valves:
 - 1) North Wing in the end Storage room (back room) There is a Main Shut-off Valve that shuts water off to the entire building.
 - 2) Janitor's Closet by Hub/Nurses Station area – There are 3 shut off valves located on wall and behind water heater. Shut off all 3 valves if have broken pipes.
 - B) If you have a room with frozen water or water pipe has broken, find the water shut-off valve for the affected area on the Master Plan, and shut off the valve.

PFHCC/COUNTRY RIDGE

RUNNING WATER CHECKLIST – To Prevent Pipes from Freezing

The staff person assigned to do RUNNING WATER checks is to go to all areas specified and make sure the water (hot and cold) is running. **RUNNING WATER checks must be done every HOUR.**

Water must be run (hot and cold) any time the temperature is +10 degrees (with wind-chill) or below in the following areas:

- Room 134 & 135
- Visitor Bathroom
- Med. Room
- Room 106 & 107
- Bathroom by Clean Utility/Linen Room
- Scale room sink

A lead thin stream can be achieved by turning on the hot water faucet to a steady drip, then turn on the cold water faucet until there is a stream of water the size of the lead of a pencil.

EXTREMELY COLD weather (30 degrees below zero – wind chill), these areas are also to be run:

- Rooms 101, 103, 110 & 112
- Room 116
- Rooms 120-121
- Room 126
- Willow heights Sink (run only at night - cold water only)

DATE: _____

Signature of Staff Doing RUNNING WATER checks	Signature of Staff Doing RUNNING WATER checks
0100	1300
0200	1400
0300	1500
0400	1600
0500	1700
0600	1800
0700	1900
0800	2000
0900	2100
1000	2200
1100	2300
1200	2400

MASTER PLAN FOR WATER SHUT-OFF VALVES

VALVE NUMBER	LOCATION	VALVES	CONTROLS:
1	Medicine Room	1	Cold water to sinks in Med Room & Office
2	Room 102 Closet	2	Cold water to Rooms 101 & 102
3			Hot water to Rooms 101 & 102
4	Water Closet Between Rooms 103 & 104	1	Hot & cold water to Rooms 103 & 104 and outdoor faucet
5	Room 106 Closet	2	Cold water to Rooms 107 & 108
6			Hot water to Rooms 107 & 108
7	Room 107 Closet	2	Cold water to Rooms 107 & 108
8			Hot water to Rooms 107 & 108
9	Water Closet Between Rooms 109 & 110	2	Hot & cold water to Rooms 109 & 110
10			And outdoor faucet Hot water for Rooms 111 & 112
11	Clean Utility	2	Cold water to sink & toilet only in clean utility
12			Hot water to sink in clean utility
13	Whirlpool	1	*****MAIN***** Controls--All water in: Whirlpool Shower in clean util. Hot water in Public Restrooms
14	Room 125 Closet	2	Hot water in Rooms 125 & 126
15			Cold water in Rooms 125 & 126
16	Water Closet Between Rooms 123 & 124	2	Hot water in Rooms 123 & 124
17			Cold water for Rooms 123 & 124 and outdoor water faucet
18	Room 121 Closet	2	Hot water for Rooms 121 & 122
19			Cold water for Rooms 121 & 122
20	Right By Main	1	Outdoor faucet

(continued)

VALVE NUMBER	LOCATION	VALVES	CONTROLS:
21 21.63		2	Hot water for Rooms 119 & 120 Cold water for Rooms 119 & 120
22 23	Water Closet Between Rooms 117 & 118	2	Hot water for Rooms 117 & 118 Cold water for Rooms 117 & 118 and outdoor faucet
24 25	Supply Closet	2	Hot water for Room 116 & Staff Room Cold water for Room 116 & Staff Room
26	Beauty Shop	1	Hot water to sinks in Beauty Shop and extra sink in soiled utility
27 28	Room 135 Closet	2	Hot water for Rooms 135 & 136 Cold water for Rooms 135 & 136
29 30	Room 134 Closet	2	Hot water to Rooms 133 & 134 Cold water to Rooms 133 & 134
31 32 33 34	Janitor Closet	4	Hot water for Soiled Utility's 2 sinks, bath Tub in Beauty Shop & Janitor's Closet *****MAIN***** Controls-All Water in: -Laundry Room -Office -Medicine Room & Soiled Utility and Hot water in: -Janitor's Closet -Small sink in Soiled Utility & Beauty Shop Whirlpool Cold water to Soiled Utility & Beauty Shop

(Continued)

REV: 12/2021

VALVE NUMBER	LOCATION	VALVES	CONTROLS:
35 36 37	KITCHEN AREA Above small sink	3	Cold water to small Sink & outdoor faucet (South side) Outdoor faucet (North side) *****MAIN***** Controlling all water in Kitchen area except the above-listed ones
38	On wall by Dining Rm.	1	Outdoor faucet (shuts Off water without Shutting off small sink's cold water) as Valve No. 35 does
39 40	Under Dishwasher	2 2	Hot water to dish-Washer and sink Cold water to dish-Washer and sink
41 42	Room 112 Closet	2	Hot water to Rooms 111 & 112 Cold water to Rooms 111 & 112
43	Mechanical Room	1	Cold water to Public Restrooms

ORIENTATION / TRAINING

EMERGENCY HEATING SYSTEM IF ELECTRICITY FAILS

In the event of an electrical power failure, emergency heat would be arranged under the direction of the Administrator or Maintenance department. If the emergency indicated the need for prompt evacuation, the Administrator (or Director of Nursing or Nurse on Duty) would follow the Evacuation Policy.

EXIT DOOR SAFETY SYSTEM

There are seven main exits, numbered as follows: (see scale plan, too)

1. East
2. Staff
3. North
4. Northwest
5. Dining
6. Family Room West
7. Family Room South

Each door has an electrical buzzer alarm that sounds as the door is opened. This door monitoring system helps to ensure the safety of the residents.

A copy of the policy and procedure for this exit safety system "Supervision of Exits" is attached.

All double doors (East, North and Northwest exits) are equipped with panic hardware, so residents and staff may freely exit during an emergency when building has been secured at night. A copy of the "Building Security" policy-procedures follows. The smoke doors on North an East wing close automatically with fire alarms. The door from West Wing into dining room also closes automatically with fire alarms.

Exit door alarms are checked quarterly to make sure they are all working.

EMERGENCY WATER SUPPLY

The village of Pigeon Falls is the prime supplier of water. If an emergency should cause the primary water supply system to fail, PFHCC has an agreement with a private supplier to provide an emergency supply of water from his source and deliver to Pigeon Falls Health Care Center. The emergency water supply agreement can be found in the Environmental Services Policy book, and emergency number is listed on the Emergency phone number list at the Nurse's Station.

SMOKING REGULATIONS

Pigeon Falls is a smoke free campus. No smoking allowed on grounds.

SPRINKLER SYSTEM

Pigeon Falls Health Care Center is a fully sprinklered physical plant. A qualified individual inspects and tests these systems at least annually. Record of this is documented an on file at PFHCC.

EMERGENCY GENERATOR SYSTEM

In the event of an electrical power failure, the emergency generator system immediately operates the following systems: Emergency lighting, fire alarms, smoke doors, door alarms, air compressor, Nurse Call System and 2 outlets on North and East wing hallways.

BASEBOARD HEATERS

Baseboard heaters are a potential hazard. All staff should be watchful for any combustibles.

VENTILATION SYSTEM

This is operated only by authorized staff members. The Nurse's handbook in med. room has ventilation operation procedure.

EIGHT-FOOT-WIDE HALLS

This is a safety feature of our building. The width of the hall must be kept open to eight feet at all times to permit free use of all eight feet of the hall. HALLWAYS ARE TO REMAIN CLEAR AT ALL TIMES as much as possible. When articles are temporarily parked in the hallway, use the LEFT side of the North Wing and the RIGHT side of the East Wing (looking from the Nurses' Station). The hand railings need to be free for resident use. Also, passage for beds and wheelchairs is important. NEVER park anything under a fire extinguisher or fire alarm. Residents who cannot propel wheelchairs are not to be placed in hallway.

MAIN VALVE FOR WATER SUPPLY

This is located on the west wall about a yard from the main valve for the sprinkler system, in the sprinkler storage room, on the far north end of the north hall. All staff members know where it is and how to close it in the event of an emergency.

KEYS

Keys for hazardous areas such as the Med. Room and Housekeeping Storage area must be kept on the person of each staff member responsible to promote safety for all residents. The Sprinkler Room, electrical breaker panels, Mechanical Room, and Resident Storage area and personal laundry room are also locked at all times. Dietary department is locked whenever staff are not in the kitchen.

FLOORSPILLS

Liquid or any foreign object on the floor must be wiped or picked up immediately by the person who sees the area first!!! The janitor closet by the nurses' station has a mop and rags.

POWDER

Use of body dusting powder is prohibited unless ordered by a physician and carefully applied by a qualified staff. Floors become very slippery if powder is spilled on them and increase the possibility of falls.

LIGHTS

Flame lights are not permitted.

SCATTER RUGS AND SLIPPERY FLOORS

Scatter rugs and highly polished, slippery floors are prohibited. All floor coverings and edgings shall be securely fastened to the floor or so constructed that they are free of hazards such as curled and broken edges.

ROADS AND SIDEWALKS

Ambulatory and vehicular accesses to PFHCC are kept passable and open at all times of the year. Sidewalk, drives, fire escapes and entrances are kept free of ice, snow and other obstructions.

TEMPORARY DECORATIONS

All temporary decoration materials are flame retardant, constructed and installed so as not to constitute a fire, electrical or safety hazard.

GLASS AND SHARP OBJECT DISPOSAL

All discarded or broken glass and sharp objects (except needles) should be disposed of in the covered metal can provided for that purpose. This can is kept in soiled utility room. Needles, syringes, lancets and sharp objects that were exposed to blood are disposed of separately in a red sharps container kept in the medication room.

ELECTRICAL SAFETY OUTLETS – (GFI)

Ground fault indicator outlets (located by sinks) are checked monthly to insure they are working properly. Any outlets that do not work properly are replaced by maintenance.

TAMPER BOXES

These are located over the fire pull stations on West, North and East halls. This will not trip the fire alarm but will alert staff that one is about to be pulled. When tamper cover is opened, alarm horn will sound in the cover. Move switch on inside cover to off position, when ready to replace move to on position when put back on unit will silence.

ACCIDENTAL FIRE ALARM

If a fire alarm is accidentally pulled these steps should be followed by the nurse on duty.

11. Go to mechanical room and disable (shut off) zone with red light lit by sliding zone disable switch downward.
12. Go to the fire alarm pull station that was activated, open pull by using hex key or screwdriver as required for that pull. Push switch downward. Close pull. Screwdriver and key are hanging on red box with instructions.
13. Return to mechanical room and reset the control panel by depressing the system reset switch. Red light will go off.
14. Slide zone disable switch upward. Trouble silence light and noise will stop.
15. Only green light at top of box will be lit when system is ready to go.
16. Notify Access Security of the false alarm.

These instructions are posted in the mechanical room near the control panel box.

SAFETY – INFECTION CONTROL

- I. Standard Precautions
PFHCC follows “Standard Precautions” for dealing with human blood and certain body fluids. Policy and procedure can be found in the Nursing Policies online and also in the Infection Control Manual in the Nurse’s Office. Staff are instructed during orientation and in-service programs about universal precautions and necessary supplies available.
- II. Infectious Waste Handling and Disposal
PFHCC maintains an agreement with an authorized licensed hazardous / medical waste disposal company to pick up, transport, and dispose of through incineration, all infectious or pathological waste. All employees are instructed on what is considered an infectious waste and how to properly handle this. Procedures for handling of infectious waste can be found in the Nurses’ Procedure Manual, and the Infection Control Manual in the Nurses’ Office.

MAINTENANCE REQUESTS ON LINE

There is a maintenance request on line under employee services. When something needs fixing, you need to fill out the request on line. This is everyone's responsibility. When there is a need or problem that needs immediate attention, call maintenance, this must ALSO be immediately reported to the Nurse on duty and the necessary steps taken.

EQUIPMENT USE

Each department utilizes various pieces of equipment to improve efficiency and enhance the care and safety of the residents and staff. Some examples include the Hoyer lift, floor buffer, electric knife and many others.

All employees are required to be instructed on the proper use and handling of any piece of equipment before they are permitted to use that equipment. This instruction must be given by a qualified person and will be reviewed with each staff as needed.

Careless use of equipment or failure to use as directed may result in disciplinary action.

When admitted to PFHCC, the resident agrees to obtain approval prior to bringing any electrical appliances on the premises in order to ensure the safety of all residents in the facility. The resident and/or family are instructed to bring any electrical appliance to the nurse who will arrange for a safety check by maintenance and if approved, will ensure the item is labeled and marked on the resident's inventory.

HOT WATER TEMPERATURE

Water temperatures must NOT exceed 110°F. in any room accessible to residents. Water temperatures are checked monthly in all these areas and this is recorded in the preventative maintenance book. Some areas are checked weekly.

CAUTION: Water temperature in all Dietary Department sinks range between 130°F to 160°F in order to maintain dishwasher at proper temperatures of not below 120°F. and not above 164°F. This is monitored by checking dishwashing temperatures before and after doing dishes for each meal.

EMERGENCY CARE OF RESIDENTS

Pigeon Falls Health Care Center has written policies and procedures for personnel to follow to ensure that prompt and appropriate medical and other health professional services are provided during emergencies.

A listing of names and current telephone numbers of physicians to be called in case of emergencies is posted at each telephone.

The name and telephone number of the resident's next of kin or other responsible person and responsible agency, if applicable; to be contacted in emergency is in the resident's record. The resident's legal representative or designated family member is notified of any significant change in condition.

A written report is required on any incident or accident involving a resident that occurs on the premises. This report includes the name of the resident, witnesses if indicated, date, time, location, description of the accident or incident and any injury that occurred and the action taken. All accidents and incidents are reviewed by the Medical Director to identify hazards to health and safety. Information from incident / accident report is reviewed by the Quality Improvement Committee to develop and implement appropriate plans of action to correct identified quality deficiencies.

An emergency medication kit, and contingency medication supply, the contents of which have been determined on the advice of a physician, a pharmacist and a registered nurse, is maintained in a locked compartment. The registered nurse is permitted to use the contents of these kits in an emergency, as directed by the physician.

Resident Education

Fire drill procedures are discussed as able and appropriate with residents so that they are accustomed to reacting effectively to the drills.

Emergency Call System

The call system for systemically notifying all employees in the event of a disaster is constantly in effect. The nurse is responsible for initiating the call system. A copy of the emergency call chart is located by each phone, at each employee's phone and at the appropriate fire stations.

Fire Alarms

A designated staff member individually tests fire alarms on a regular basis. Record of this testing is documented and readily available at PFHCC. Each alarm is tested at least once per month.

Smoke Detectors

Smoke detectors are located in Nurse's Station area, North, East and West Hallway ceilings. These are checked semi-annually.

Fusible Links

Fusible link fire dampers (in ceiling venting diffusers) are checked annually.

Digital Communicator

PFHCC fire protection system includes a digital communicator. Whenever the fire alarm sounds, the system automatically transmits our fire alarm to Henepin Response Center who immediately calls the Pigeon Falls Fire Dept.

Fire Inspections

PFHCC receives continuing fire protection service from the local Fire Department. The fire inspection authorities do at least semi-annual inspection. Signed certificates of such inspections are kept on file at PFHCC. Certification by the local fire authority as to the adequacy of the written fire plan for orderly evacuation of residents and the fire safety of PFHCC is made and kept on file.

Fire Reports

All incidents of occurrence of fire shall be reported to the department within 72 hours. It is understood that "department" means the Department of Health and Social Services. All smoke and fire is to be reported to Administration within 24 hours.

Fire Equipment

All fire protection equipment is maintained in readily useable condition and inspected annually. A fire extinguisher suitable for grease fires is provided in or adjacent to the kitchen. Each extinguisher is provided with a tag for the date of inspection.

SAFETY PRECAUTIONS WITH OXYGEN USE

In the event of an actual fire in a wing where oxygen tank (compressed Gas) is being used, immediately assign someone to remove the oxygen through the outside door of the affected wing and transport it around the outside of the building to the area the residents have been evacuated to, so it could be put back into use for a resident in need of oxygen. Oxygen concentrator if in use should be unplugged and moved to a safe area.

Oxygen is available by two methods, and any of these may be in use in PFHCC. The two are High-pressure gas cylinders, and oxygen concentrators.

Oxygen is considered a drug and can only be administered with a Doctor's order. The rate of oxygen flow is set as order by the Doctor.

The following safety precautions must be followed:

1. A sign "Caution Oxygen in Use – No Smoking" is posted by the door into the room and on the wall above the resident's bed. To alert visitors about precautions.
2. Store cylinder or unit away from heat, open flames, or electrical equipment, and in well ventilated area.
3. Never grease or oil Oxygen equipment. Keep cylinders or units away from all flammable materials such as oil, grease, Vaseline, hair lubricants, hand lotions and aerosol sprays.
4. DO NOT permit smoking within the same room as your oxygen equipment.
5. DO NOT allow oxygen tubing to come in contact with any stoves or space heaters.
6. Avoid contact with the liquid oxygen, the cold gas or any frosted part of the liquid unit. The liquid oxygen is chilled to -297° F., so it can cause burns. If contact occurs, flush affected area generously with cold water.
7. Avoid plugging concentrators into outlets that have other major appliances plugged in.
8. All oxygen must be immediately portable (on wheels).

Emergency Carries

Types of carries that may be used during an emergency evacuation include:

THE UNIVERSAL CARRY OR “BLANKET CARRY”

The universal carry (blanket carry) is a method of removing a person from the bed onto a blanket on the floor. It is a quick and effective method for moving a person who is in immediate danger. This carry can be used by anyone, regardless of the size of the person.

1. When you approach the bed, stay low because if there is a smoke condition, the smoke will tend to rise. By staying close to the floor, you will not have to breathe in the smoke and heat.
2. Now spread the blanket or sheet out on the floor, place one third of the blanket under the bed...leave about eight inches above the person's head.
3. Grasp the person's ankles and move the legs until they drop over the bed at the bend in the knees.
4. Place your hands in each shoulder of the patient. Slowly pull your hands toward you until the person is in a sitting position.
5. Encircle the person with your arms, place your arms underneath the person's armpits and lock your hands together in front of the person.
6. Slide the person slowly to the edge of the bed and lower to the blanket...if the bed is in a high position allow the person to slide down one of your legs.
7. Always protect the person's head.
8. Gently lower the head to the blanket...wrap the blanket around the person.
9. At the person's head, grip the blanket with your hands above each shoulder of the person...be careful not to let their head fall backwards.
10. Place the person in a half-sitting position and pull the blanket towards you. The blanket will slide easily on the floor allowing you to move the person to safety.

1. The cradle drop is a person removal that may be used with success provided that you are similar of larger in size than the person.
2. If there is smoke or heat, stay close to the floor.
3. With the blanket on the floor, one third of it under the bed...
4. Slide one of your arms under the person's head and grasp the opposite shoulder.
5. Position your other arm under the person's legs at a point midway between their knees and body.
6. Pull the person to the edge of the bed.
7. Gently pull the person toward you, rocking back into a sitting position and lowering to the blanket.
8. Protect the person's head, by lowering this part of the blanket last.
9. Wrap the blanket around the person.
10. Grasp the blanket above the shoulder of the person.
11. Protect the person's head.
12. Place the person in a half-sitting position and pull the blanket toward you.

DOUBLE CRADLE DROP

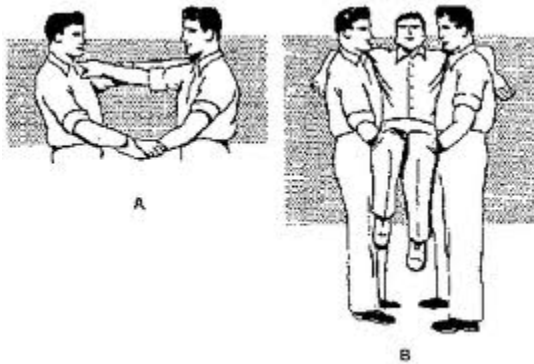
cannot sit up, or where one staff cannot handle the person by themselves.

1. If there is smoke or heat stay close to the floor.
2. With the blanket on the floor...place one third of it under the bed and leave about eight inches above the person's head.
3. The staff who will handle the top half of the person will be referred to as "A" and the staff who will be handling the lower half of the person will be referred to as "B".
4. "A", slide your arm under the person's head and grasps the opposite shoulder. Your other arm goes completely under the body at the waistline.
5. "B", slide your arms under the legs on both sides of the person's knees and extends through...to support this half firmly.
6. Together, gently pull the person toward you by rocking back into a sitting position and lowering to the blanket.
7. Always protect the person's head by lowering this part to the blanket last. Wrap the blanket around the person.
8. Together, move the person's head; grasp the blanket above the shoulders. Be careful to support the head.
9. Leave the person in a prone position and pull the blanket toward you.

TWO-PERSON SEAT CARRY OR SWING CARRY

If you have a second staff to help, you can carry a person who can't walk. The two-person seat carry (swing carry) provides a secure way for two people to carry a person.

1. If the person is in bed, grasp the ankles and move the legs off the bed. Assist the person to a sitting position. Continue to move the legs out until they are at a right angle to the bed.
- 2.
3. The two staff face each other and interlocks their arms, each with one arm under the person's thighs and one arm behind the person's back.
4. The person is lifted by the seat formed by the staff.



SIDE ASSIST HOLD

A person may be able to walk but normally he/she walks at a very slow shuffle. In an emergency this person may need some assistance to move quickly.

1. In the side assist hold, you approach the standing person from the side...take the person's arm and place it around your neck.
2. Hold this arm in place with your hand.
3. Support the person with your other arm around his/her waist.
4. If you have another person to help you, he/she can support the person the same way on the other side.



1

BEAR-HUG HOLD

If the exit path is narrow, or the person is disturbed emotionally, it may be your advantage to use the bear-hug assist with the person.

1. Approach the standing person from the rear.
2. Place your hands between the person's body and arms...take hold of the wrists, keep your hands on top, your thumbs inside.
3. Fold your arms to encircle the person around the chest.
4. Your arms will now be in the bear-hug position.
5. Be sure to keep your head to one side of the person's head so that he/she cannot head butt you.

VERTICAL EVACUATION

It may be necessary to move residents down the stairways. A helpless person may be taken downstairs by one person if necessary.

1. With the person wrapped in a blanket, drag him/her head first to the top of the stairs.
2. It is important that the blanket be wrapped tightly to protect the resident. It will make the descent easier.
3. Take position on the stairs...one, two, or three steps lower than the person. This will vary depending on the height of the person and yourself.
4. Place your arms under the person's armpits and join hands in front of him/her.
5. Back slowly down the stairs and maintain close contact at all times with one of your legs against the person's back.
6. The person's lower body will be on an incline with the stairs as you descend the stairway.

BLANKET STRETCHER

This takes six (6) or more staff to do. Move person feet-first. Can use blanket or sheet the person is laying on in a bed to carry him/her on.

DECEMBER 2019

Facility Assessment-PFHCC Nursing Home

As required by the CMS Mega Rule the following is an assessment of the Pigeon Falls Health Care Center Nursing Home (PFHCC). This is a 37-bed program. This program/facility is licensed as a Medicare and Medicaid nursing home.

I. Clients of PFHCC

The clients of PFHCC are characterized by aging infirmities, rehabilitation needs and other crippling health issues.

- Most can be described as chronologically ill or with diseases of aging.
- Many of the clients also possess a comorbidity with 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 in the form of Alzheimer's and another dementia.

II. Staffing and staff competencies of PFHCC.

Staffing is the most critical component of the care programs of PFHCC. This is true in terms of both the number of staff and the competency of each discipline of the staff for this facility. The 37-bed unit shares certain staff of the system to provide optimal coverage and flexibility during staff absences. The staffing results in approximately 5.7 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 PFHCC nursing home residents. A more detailed view of staffing discloses specialized and professional levels of staffing involved in the day-to-day operations:

- One (1) NHA licenses.
- One (1) CPA license.
- One (1) Registered Dietician.
- Multiple QMHP.
- One (1) Psychology/Social Workers.
- One (1) MD
- One (1) PA-c
- Many other persons of professional or para-professional status with skills in general medicine and the skilled nursing cares.

The PFHCC Nursing Home workforce provides a comprehensive skill set which our analysis shows, covers the full and varied spectrum of aging, mental health and physical needs our clients have. The team uses a resident centric care model 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 80th percentile in staffing averages. 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. Ongoing trainings are provided in-house through Relias 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.

III. Physical Environment/Equipment and Facility

PFHCC renovated and expanded its facility in 2010/2011. This renovation/expansion added space of Physical, Occupational and Speech Therapies and added 5 rooms which became private versus the previous semi-private. Two neighborhoods were created for dining/activities and other social events for residents. 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 nursing care facility. The buildings features include large double and remainder of private rooms. 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. This building also includes a contemporary and comprehensive set of equipment for the aged and infirm including sit to stand lifts, regular Hoyer style lifts and other assistive devices. Similarly, the furnishings, equipment and building fixtures all support client safety considerations. The system of access control (doors) includes wander management, nurse call by Status solutions, SARA. Client safety and support remain of the highest concern during the recovery of clients during their recovery.

IV. Financial

Another important consideration must always be the ability of an organization to be perpetual and do so in relation to financial needs. As noted previously, PFHCC maintains its ongoing viability with close attention to resident needs, and maintenance of a high occupancy percentage. In performing market comparisons, PFHCC current rate is at \$240 per day. Several other area nursing homes comparable with PFHCC are privately (NFP) owned and operated. Their costs per day at these facilities are about \$250 per day. This helps PFHCC maintain a high census and approximately a 97% occupancy ongoing. This strength would then also suggest the perpetuity of PFHCC is positive and necessary. Given the shared staffing relationship with the other TCHCC services, the ability to cost shift is also present and will ensure the financial success of the

PF facility. The PFHCC also provides services of Adult Day Care and an eight-bed senior living RCAC. This writer would also assess the strength as positive.

V. Services

All services as required by the clients/residents are provided within the building by facility staff or by contract staff, 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. Everyone has been schooled on the principles of the Wisconsin Allowable Cost Manual and Medicaid/Medicare billings. Clients together with their payers are provided with available services which 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 regulatory requirements. As noted above they are also made aware that their billing practices are governed by the requirements of the CMS programs and the Wisconsin Allowable Cost Manual.

PFHCC maintains contracts with approximately five (5) MCOs under the Family Care Program of the state and several area Medicare Advantage programs. 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.

PFHCC uses an electronically supported medical record system (Matrix) and nursing support (Care Tracker) 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. PFHCC 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

PFHCC and its programs; practices contemporary standards, of practice in the work and functions it performs. The PFHCC practices Antibiotic Stewardship, Infection Control, and maintains a pharmaceutical oversight and review process. To begin, by the type of programs, there is appropriate antibiotic usage. When an antibiotic is determined appropriate the facility uses the McGeer's criteria for practice purposes which assures only minimal usage and only in a bona fide need criterion. The facility also maintains contract with a consultant Pharmacist who performs drug reviews, interactions considerations and consultation on usage. As previously noted, the facility also performs a quarterly QAPI 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, PFHCC is licensed under the HSS 132 code as a nursing home. It presently maintains certification for Medicare and 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. If roads are blocked and we are "cut off" from the outside, there are several 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 noted below, we have full back up power to all our main facilities. We have contracts with supplies for back up fuel when needed. We have AMPI (contract) who 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 (and record) until the main system would be restored. In review of these risks, we would conclude these are adequately covered for either natural or man-made disasters.

The facility is fully sprinkled and alarmed. It maintains a system of nurse call, with added features: SARA or remote monitoring of the primary building functions. The facility maintains a full bank of emergency power generation. These generators function by diesel fuel. There is also a fuel provider on call for emergency supply if needed. Several small portable generators are also present as a backup. The power back up will maintain facility functions together with heat and light as needed. Backup water supply is provided by an arrangement 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 an 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 seven miles 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 Pigeon Falls Fire Department (one block away) would have several ATV vehicles, which could be used, and a secondary relationship is present 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 Pigeon Falls Fire Department is the Whitehall Fire Department. The facility also maintains multiple two-way radios which could communicate with fire and law support. Additionally, the local hospital (about 7 miles away) maintains a satellite link for emergencies.

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. 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 functions. 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 probable 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 these attributes also are maintained in both paper and electronic form and are available to staff in multiple locations should a need arise for their implementation and activation.

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 any type of need, emergency or disaster.

Respectfully Submitted.

Memorandums of understanding for emergency evacuations are in the red emergency binder and in the survey binder in the administrator's office.

