

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

FIRE & EMERGENCY PROCEDURE MANUAL

**Idaho State
Veterans Home
Boise**

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Contents

General Statement3

Fire and Safety Committee3

Emergency Telephone Call Tree4

General Emergency Information.....5

Evacuations6

 General Evacuation Procedures 6

 After-Hours Evacuations 8

 Evacuation Center Receiving Plan..... 8

Fire Safety9

 Fire Procedures 9

 Fire Alarm Procedure..... 10

 Fire and Safety Plan for Dietary Department 10

 Fire Reporting 11

 Fire Drills 11

 Smoking Regulations 12

 Combustible/Flammable Materials Procedure..... 13

 Fire Watch..... 14

Flood14

 Flood Preparation..... 14

 Flooding 15

 After Flooding Occurs 16

Earthquake16

Tornado/High Winds17

Wandering / Elopement Protocol.....18

 Elopement Check List..... 19

Suspicious Leaks, Spills and Odors20

 Accident Scene Response 20

Crime in Progress.....21

Armed Intruder.....22

Visitor Altercation/Hostile Physical Contact.....23

Facility Policy Regarding Guests/Visitors Entering the23

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Idaho State Veterans Home – Boise	23
Serious Injury	24
Bomb Threat Procedure	24
Emergency Communication Procedures	26
Emerging Diseases Procedure.....	28
Appendices.....	33
Facility Fire Incident Report.....	34
Emergency Menu	35
Bomb Threat Checklist	36
Fire Watch Log	37
Fire Drill Evaluation Form.....	39
Emergency Bus Transportation.....	40
Emergency Water.....	40
Resident Tracking Log – Emergency Evacuations	42

Revised and approved by Administrator on 3-9-2020

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

General Statement

The Idaho State Veterans Home-Boise (ISVH-B) will comply with all federal, state and local laws and regulations regarding safety standards.

The Home meets safety standards as defined in the Life Safety Code. The Home is regularly inspected by state and federal agencies.

Fire protection equipment, fire alarm and sprinkler systems are installed throughout the building and are regularly inspected and properly maintained. Portable fire extinguishers are located throughout the building and regularly tested and recharged as necessary in compliance with regulations. Exits are clearly marked and comply with Life Safety Code.

This fire/emergency procedure manual has been distributed throughout the facility, specifically at each nurses' station and in the business office. Discipline team leaders are responsible for ensuring this manual is readily accessible.

All employees will be trained on the proper use of fire safety equipment in a timely manner (See "Fire Safety Instructions for New Employees").

Mandatory Fire Safety/Disaster Response training sessions, which include, but are not limited to, the use of fire extinguishers, methods of emergency removal of residents and fire prevention are conducted by the Maintenance and Operations Supervisor. This training is documented for each employee.

Fire drills, both announced and unannounced, are conducted at required intervals. The Maintenance and Operations Supervisor conducts and documents these drills.

Fire and Safety Committee

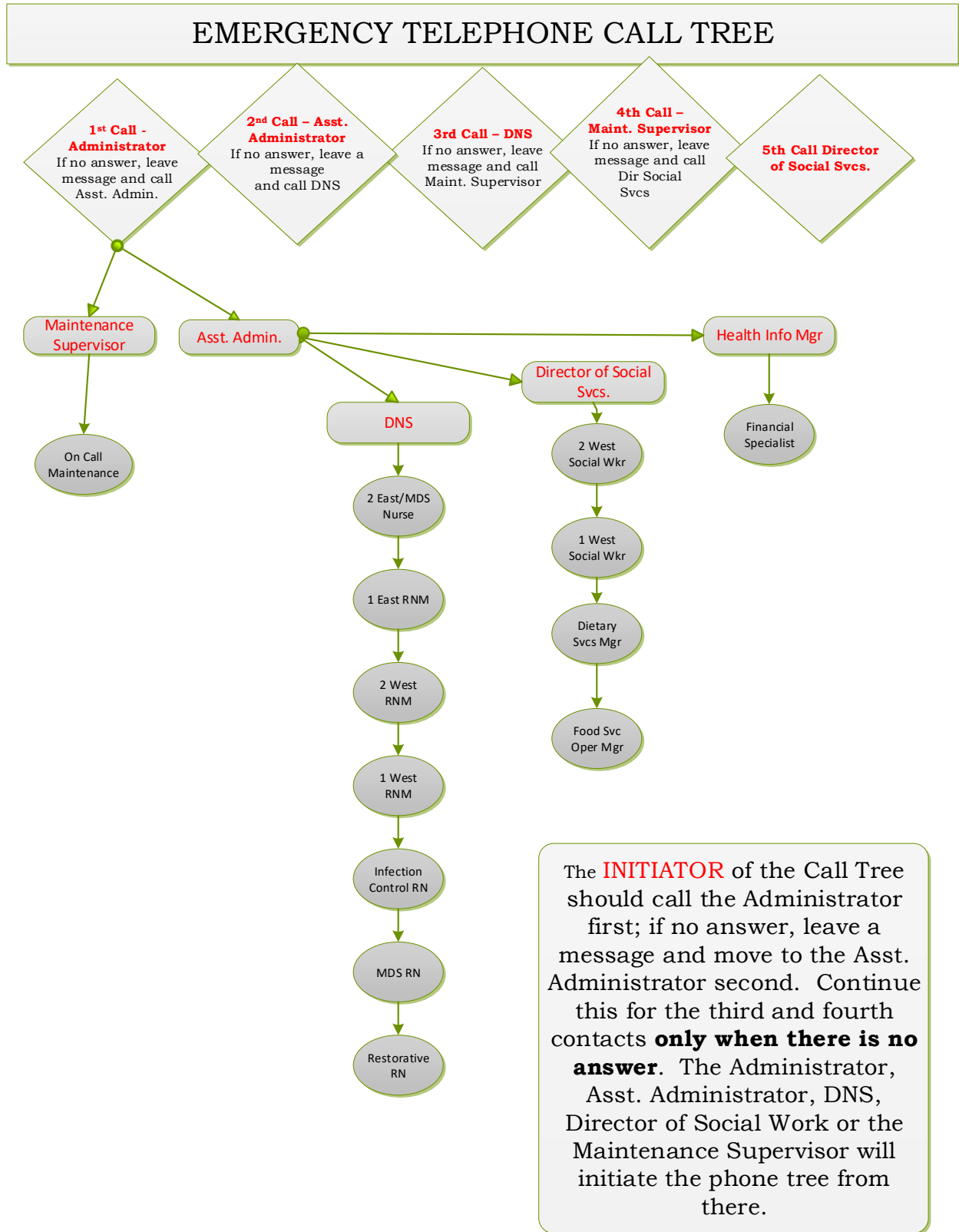
The Fire and Safety Committee will meet quarterly to review policies and procedures, records of fire drills held, training of new employees, incident/accident reports, in-service planning, and other pertinent matters.

The Fire and Safety Committee is comprised of:

- Administrator
- Assistant Administrator
- Director of Nursing Services
- Maintenance and Operations Supervisor
- Dietary Services Manager
- Social Services Director
- Human Resource Associate
- Other Staff as Requested

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Emergency Telephone Call Tree



**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

General Emergency Information

1. **Reporting:** The registered nurse, licensed nurse or department head present will call the 911 emergency number.
 - a. The Ada County emergency dispatcher will communicate all the information provided to the appropriate agencies (i.e., fire department, emergency, ambulance service, police department).
 - b. If an emergency occurs, including Fire, Flood, Earth Quake, Tornado, or any other event that causes major damage to the building, between the hours of 1700 and 0800 (5:00 pm and 8:00 am), the registered nurse, licensed nurse or department head will initiate the EMERGENCY TELEPHONE CALL TREE.**
2. **Assistance:**
 - a. The evacuation center for this facility is the Veterans Affairs Medical Center (208-422-1000). The VAMC will assist the Idaho State Veterans Home by:
 - 1). Helping evacuate residents from the building, **if requested (and when possible)**.
 - 2). Providing transportation if necessary; and
 - 3). Opening their facility and providing beds if possible.
 - b. The Police/Sheriff Department will assist by providing security and traffic control; setting up mobile communication unit if necessary.
 - c. The Fire Department will assist in fire control and evacuation of residents in case of fire.
 - d. The Red Cross can be contacted to provide volunteers to help in the evacuation center or to serve refreshments or meals to residents if needed. (208-947-4357).
 - 1). Volunteer assistance will be accepted when feasible.
 - 2). Volunteers will follow instructions of person in charge.
3. **Equipment & Supplies:** The Maintenance & Operations Supervisor will maintain a list of support agencies that can be called upon to assist with emergency equipment repair or obtaining supplies during an emergency. If heating, cooking or other vital equipment is damaged during or after an earthquake, Maintenance, with approval of the Home Administrator or designee (if possible), will take immediate action to get it repaired or replaced.
4. **Emergency Power:**
 - a. Ensure beds, concentrators, and emergency life support equipment are ALWAYS plugged into red emergency outlets.**
 - b. Keep flashlights readily available. Check flashlight batteries every six (6) months. Flashlights and batteries are also available through central supply.
 - c. If the normal power supply is disrupted the emergency generator should automatically activate the emergency lights, life support systems, call system, telephones and fire alarm system, etc. The generator is supplied with a 600-gallon fuel tank and can operate in excess of 96 hours.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

- d. In the event of a utility outage, contact:
 - 1). The Maintenance and Operations Supervisor to ensure back-up generator is working correctly.
 - 2). The Home Administrator for further instruction if evacuation is necessary.
5. Floor Plans: A floor plan has been posted at all duty sections. All personnel will familiarize themselves with the building layout in their section.
6. Building Searches:
 - a. If injured persons might be trapped under storm debris, in a damaged building, etc., the Administrator will initiate a search as soon as possible.
 - b. If outside agencies are assisting with a search of the Home, particularly in the case of a bomb threat, the Administrator or designee will:
 - 1). Assist search personnel during the search since their knowledge of the keys and floor area can be used to expedite the search.
 - 2). Make keys to locked rooms available to search parties.
7. Damage to the Facility: If necessary, the Maintenance and Operations Supervisor, along with personnel from Division of Public Works (DPW), will inspect the building for gas and water leaks; structural damage and falling wires, etc., as soon as possible after the disaster occurs. They will report all findings to the Home Administrator or designee.
8. Emergency Food Service: If the facility becomes isolated the Dietary Department will provide/prepare emergency food rations. A sample meal plan is at Appendix 2.

Evacuations

General Evacuation Procedures

The following general procedures will apply during an evacuation for any reason (e.g., fire, flood, bomb threat, etc.).

1. Preparation: If time permits:
 - a. The Administrator or registered nurse, licensed nurse or department head present will:
 - 1). Set up a command post in the Business Office. If the Business Office is in the area that must be evacuated the command post will be established in the Maintenance and Operations Office or at the Central Support Office.
 - 2). Direct activities of unassigned personnel. All administrative/non-nursing staff members will report to the command post for instructions prior to evacuation.
 - b. The Director of Nursing Services and the RN Managers will ensure:
 - 1). All nursing care residents are identified with a wristband or tag that lists their name and specific medical needs (i.e., diabetic, oxygen, nitroglycerine, etc.).
 - 2). The Evacuation Center Receiving Plan is initiated.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

- 3). Nursing care residents remain in their rooms until time for evacuation. If residents' rooms are damaged or unsafe keep residents in central area until transfer is made.

2. When ordered to evacuate

- a. Close all doors and windows and leave all lights on.
- b. The Director of Nursing Services and the RN Managers will ensure all medical records, medications and treatment devices/equipment are evacuated with the nursing care residents.
- c. Evacuate the building through the designated route and assemble in the designated area

3. Evacuation Routes:

ELEVATORS WILL NOT BE USED DURING EVACUATIONS.

a. Nursing Care

- 1). Evacuation routes are posted at each Nurses' Station.

b. Domiciliary/Residential Care (2 East):

- 1). Residents will exit the building immediately through the East stairwell, across the street to the area near the VA eye clinic.

- c. **Business office/Administrative staff** will exit out the front of the building, checking for residents that may need assistance in the Canteen and atrium areas, assisting the residents who need help evacuating.

- d. **Dietary staff** will exit out the back of the building, across the street to the area near the VA eye clinic.

- e. **Custodial staff** will exit out of the building, across the street to the area near the VA eye clinic.

4. Direct care staff, maintenance staff, or Emergency First Responders will check all rooms to ensure they have been evacuated.

5. Assembly areas:

- a. Nursing care residents and staff members with direct patient care responsibilities will assemble at the VA eye clinic in the parking lot across the street by the VA eye clinic.

- b. Domiciliary/Residential Care Residents will assemble in the parking lot across the street by the VA eye clinic.

- c. Administrative/non-nursing staff members will:

- 1). Report to the command post if it has been established.

- 2). If the evacuation was immediate and a command post has not been established, assemble in the parking lot across the street by the VA eye clinic and wait for instructions from the Administrator.

- d. Residents and staff members will not leave their designated assembly area until ordered to do so by the Administrator or designee.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

- e. The Administrator or designee will ensure all residents and staff members are accounted for.
6. Staying at the Facility:
 - a. If conditions warrant, the Home Administrator may allow personnel to remain at the facility during an evacuation.
 - b. Staff members staying at the facility will have work schedules arranged to ensure they receive proper rest and meal breaks.
7. Do not return to the building until the “**ALL CLEAR**” has been given.

After-Hours Evacuations

If evacuation is necessary between the hours of 1700 and 0800 (5:00 pm and 8:00 am):

1. The registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Assistant Administrator, if unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.
2. All personnel notified by the telephone coordinator will consider themselves on duty. They will report to the Command Post and follow the **General Evacuation Procedures**.

Evacuation Center Receiving Plan

1. If total evacuation is deemed necessary by the Administrator, licensed nurse(s) and/or local emergency personnel, the evacuation center will be organized using the following:
 - a. Evacuation will be to the VAMC across the street. If the VAMC is also affected by the reason for evacuation the Administrator or designee will be responsible for finding an alternate location.
 - a. If possible, notify the VAMC in advance that transfers are being made.
 - b. If available, members of the nursing staff will go to the evacuation center to receive residents.
 - c. A facility-employee nurse is to be in charge of each tour of duty while residents are at the evacuation center.
2. There shall be two designated resident areas. Residents will be assigned to one of these areas upon arrival from the Veterans Home.
 - a. One area for residents requiring minimal care.
 - b. One area for residents requiring maximum care.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

3. A nurses' station will be set up adjacent to both areas.
4. A listing of all residents will be provided to both areas by the Administrator or designee.

Fire Safety

Fire Procedures

If a fire occurs, follow the **SIX-STEP FIRE PROCEDURE:**

Ask for assistance from staff members in the area to ensure the safety of the residents, staff and visitors.

1. Remove residents in immediate danger, while repeatedly calling out the code phrase DOCTOR RED IN (Location). If the fire is in a resident's room, evacuate that room and the rooms on either side. **ALL PERSONS REMOVED FROM THE FIRE AREA MUST BE MOVED TO THE OTHER SIDE OF THE NEAREST FIRE DOORS.**
2. a. Immediately pull the fire alarm nearest the fire and announce over the P.A. system, DOCTOR RED IN (Location)
b. If the alarm is sounding and no page has been heard, check the annunciator panel to locate the fire.
3. Report fire to supervisor, who will call 911 to verify the Fire Department is on the way.
4. Ensure all doors in Fire Area are closed.
5. Evacuate any residents from the smoke compartment where the fire is located.

Employees evacuating residents must ensure there are no residents in the room and must go into the adjoining bathroom to ensure there are no residents in that area.

6. Return to Fire Area and attempt to extinguish the fire only if you can do so safely. Using the fire extinguisher, follow the P.A.S.S. guidelines:

Pull  Aim  Squeeze  Sweep

In the event of an actual fire, the registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Assistant Administrator, if unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.

Nursing, Social Services, & Activities staff members:

If the fire is in the immediate area, follow the Six-Step Fire Procedure.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

If it can be done SAFELY, these staff members will remain on or return to their assigned floors and report to their respective Nurses' Station for instructions.

Domiciliary/Residential Care Residents (2 East):

If the fire is on 2 East, residents, with staff assistance, will follow the Six-Step Fire Procedure.

If the fire is not on 2 East, residents will take the following actions:

- a. Residents in the common areas will proceed immediately to their rooms, close the corridor door, remain in the room and await further instructions.
- b. Residents in their rooms will remain there and await further instructions.
- c. Residents in other areas of the facility will follow instructions given by staff in that area.

Mealtime Procedures:

If the fire is in the kitchen or one of the dining rooms, Dietary Staff members will assist nursing staff with evacuating residents.

If the fire is not in the kitchen or one of the dining rooms, Residents will remain in the dining room. Nursing staff members in the dining room will remain there and will ensure all doors are closed.

If ordered to evacuate, all residents, staff members, volunteers and visitors will follow the General Evacuation Procedures.

**ELEVATORS WILL NOT BE USED DURING ANY EMERGENCY
EVACUATION**

Do not re-enter the building until the "ALL CLEAR" signal has been given.

Fire Alarm Procedure

Immediately Determine the location of the alarm from the remote Annunciator Panel

(located at nurses' station on each unit):

Determine if there is indeed a fire.

If there is a fire, follow the Fire Procedure on the previous page.

IN CASE OF A FALSE ALARM call the On-Call Maintenance phone (208) 971-0655.

Fire and Safety Plan for Dietary Department

If the fire alarm sounds the Senior Cook or Cook-in-Charge will immediately check with the Business Office and find out if it is sounding for a drill or for an actual fire.

If there is an actual fire the Senior Cook or Cook-in-Charge will ensure that Food Service personnel:

IDAHO STATE VETERANS HOME-BOISE FIRE/EMERGENCY PROCEDURE MANUAL

- a. Turn off equipment at the electrical panel.
- b. Close all doors
- c. Turn on all lights.
- d. Between the hours of 1700 – 0800 (5:00 pm and 8:00 am), the registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Assistant Administrator, if unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.

If the fire is in the Kitchen or Dining Room the Senior Cook or Cook-in-Charge will ensure Food Service personnel follow the Six-Step Fire Procedure and the **General Evacuation Procedures**.

Fire Reporting

After any fire has occurred, regardless of the severity or size, the Maintenance and Operations Supervisor will interview appropriate personnel to determine details surrounding the fire and will generate a Facility Fire Incident Report using the form at Appendix 1.

The Administrator will file the report with the Idaho Bureau of Facilities Standards.

Fire Drills

The Idaho State Veterans Home – Boise will conduct a minimum of one fire drill per shift each quarter, as required by State and Federal regulations.

1. The fire drill will be coordinated by the following individuals:
 - a. Maintenance & Operations Supervisor
 - b. Home Administrator
 - c. Director of Nursing Services
 - d. Others as necessary
2. The drill procedure is the same as that for a real fire. The drill will terminate after the following activities have been accomplished.
 - a. Call the code Dr. Red over the intercom.
 - b. Pulling the fire alarm box.
 - c. Closing the room door to confine the fire.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

- d. Calling the Fire Department at 911.
 - e. All nursing personnel have reported to the nurses' station for instructions.
 - f. All doors have been closed and residents and visitors in rooms have been advised to remain in room until drill is completed.
3. After each fire drill
- a. Nurse Managers will provide a list of self-closing doors that did not operate properly to Maintenance. The Maintenance and Operations Supervisor will ensure all doors are repaired as soon as possible.
 - b. The Administrator, Director of Nursing Services and/or Maintenance & Operations Supervisor will complete a Fire Drill Evaluation form. This form will be kept as part of the Home's permanent records.

Smoking Regulations

- 1. Smoking is only allowed in designated areas.**
2. Smoking in residents' rooms is strictly prohibited. If someone is smoking in a room, employees or residents who observe them doing so will report them to Social Services.
3. Smoking is not allowed in any area where flammable liquids, combustible gases or oxygen are used or stored, or in any other potentially hazardous locations. There are "NO SMOKING" signs posted in these areas.
4. Residents classified as not responsible shall be prohibited unless the resident is under direct supervision.
5. Ashtrays of noncombustible material and safe design are available in areas where smoking is permitted. Other ashtrays or means of cigarette disposal will not be used.
6. Ashtrays will not be emptied into wastebaskets. Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available in all areas where smoking is permitted.
7. All staff members are responsible for ensuring these procedures are enforced at all times.

It is the intent of the Division of Veterans Services to protect the public health, comfort and environment and the rights of nonsmokers to breathe clean air.

Employees who spend time smoking away from the work station will only do so during their designated rest breaks. All rest breaks are discretionary and are governed by IDVS personnel

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

policy. This policy allows a maximum of fifteen minutes during the first and last four hours of any work shift.

The areas of ISVH-B that are designated as **resident smoking areas** are subject to change by the Administrator at any time.

All employees, residents and visitors will adhere to this policy.

Residents or employees who choose to not follow this policy will be subject to progressive disciplinary action up to and including discharge or dismissal.

Combustible/Flammable Materials Procedure

Residents are prohibited from storing flammable or combustible materials in the Home or on Home grounds.

Flammable or combustible materials include, but are not limited to, the following items:

- Acetone
- Aerosol paint
- Brake fluid
- Butane
- Gasoline
- Lacquer
- Oil-based paint
- Paint thinner
- Solvent
- Turpentine

Any product with an original container that warns the contents are flammable.

Residents with questions as to whether or not a product is combustible, or flammable should check with the Home's Maintenance & Operations Supervisor for approval to store it.

Unauthorized storage of combustible or flammable materials will result in disciplinary action, up to and including discharge from the home.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Fire Watch

If the fire alarm system will be inoperable for four hours or more or automatic fire extinguishing system is or will be inoperable for ten hours or more the Idaho State Veterans Home – Boise will institute Fire Watch procedures.

Notification:

The Maintenance and Operations Supervisor will:

1. Call the Fire Department Non-Emergency Dispatch at 208-377-7351 and the Idaho Department of Health and Welfare, Bureau of Facility Standards, Facility Fire Safety and Construction Section at 208-334-6626. He or she will tell them:
 - a. Which system is inoperable
 - b. When we expect to get the system back in service.
2. Call the Fire Department and Bureau of Facility Standards when we have the system back in operation.

Patrol, Prevention & Communicating an Alarm

1. The Maintenance and Operations Supervisor will assign competent and reliable staff members, who have been trained in fire prevention and notification procedures, to patrol the facility.
2. The Maintenance and Operations Supervisor will ensure staff members assigned to Fire Watch are trained to identify fire hazards and control fires.
3. The Fire Watch will pay particular attention to those areas where fires are most likely to occur or that would be vital during a fire, including storage areas, kitchens, resident's rooms, employee break rooms and exit corridors.
4. Staff members assigned to Fire Watch duties will have no other duties while the Fire Watch is active.

Documentation

Staff members assigned to Fire Watch will keep the log at Appendix 4.

Flood

Flood Preparation

When necessary, the senior employee present will monitor the weather conditions. The first warning the Weather Bureau will issue is a Flood "Watch" which means that conditions are developing that might cause a storm that could create flash flooding – somewhere. Based on this information, the Maintenance and Operations Supervisor or the senior employee present determines if the home is in the area that may be affected by this storm. If it is the managing

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Assistant Administrator, if unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.

The following actions will be taken:

1. The registered nurse, licensed nurse or department head present will continue to monitor weather conditions and update the Home Administrator or person who was reachable.
2. When a Flood “Warning” is issued the Administrator will initiate the Emergency Telephone Call Tree and any other staff members the Administrator, Assistant Administrator or the DNS consider necessary.
3. When a Flood “Watch” is issued the Maintenance staff will:
 - a. Install plywood on windows at east end of building.
 - b. Install plywood on door at east end of building and sandbag base to hold plywood in place.
 - c. Construct sandbag or other barriers at exterior entries to Activity Room and southeast wing therapy area.
 - d. Place plastic sheeting over fresh-air intake behind pad-mounted transformer by therapy area (southeast wing). Stack sandbags around intake to hold plastic in place.
 - e. In the mechanical room stairwell roll down plastic sheeting over fresh-air intake. Sandbag base of plastic sheeting to hold it in place. Close mechanical room entrance door and sandbag bottom of door. Sandbag top stair to top of curb. Drop in plywood barricade at top of sandbags. Complete sandbagging of plywood barricade.
 - f. Relocate sandbags from around basement stairwell to seal off the area from the end of the sandbags at the southeast wing to the curb arc in front of the gas meter.
 - g. Place plastic sheeting and sandbags over parking lot drainage catch basins at various places around the facility.

The Home Administrator and Maintenance & Operations Supervisor will monitor the situation. If it is deemed necessary by the Home Administrator or Assistant Administrator and the DNS, additional staff will be called in. As staff arrives, they should park on the hill at the VAMC. The Home Administrator will be in contact with the VAMC Administrator and Division of Veterans Services Administrator.

Flooding

If water enters the building or grounds, the Home Administrator or the managing registered nurse, licensed nurse or department head present should utilize the following procedure.

1. Alert 911.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

2. The registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Assistant Administrator, if unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.
3. If it is deemed necessary by the Home Administrator and the DNS, additional staff will be called in. As staff arrives, they should park on the hill at the VAMC.
4. If water is entering the building, the Maintenance & Operations Supervisor will assemble a work party that will attempt to divert the flow of water away from the building. If possible, this work party will, as a minimum:
 - a. Fill sandbags and place where water is about to enter the building.
 - b. Place sandbags end to end tightly for a good seal.
5. If the first floor is in danger of flooding, the Home Administrator or designee will order evacuation of affected residents, all medical records, medications and treatment devices/equipment to the second floor.

After Flooding Occurs

Maintenance & Operations Supervisor and the maintenance staff will carefully check for structural damage before allowing the residents to return. Personnel from the Division of Public Works will assist in this check.

If there is flood water in the facility that cannot be removed with facility equipment, the Maintenance & Operations Supervisor will call the Fire Department and request assistance.

Earthquake

Since earthquakes are virtually impossible to predict, this plan covers procedures to be followed during and after the earthquake.

1. During the Shaking:
 - a. If inside, remain inside. Do not run outside. Stay away from windows.
 - b. Take cover under beds, tables, against inside walls, etc.
 - c. If outside, move away from the building and utility wires. Stay outside until the shaking stops.
 - d. Do not run through or near the buildings. The greatest danger from falling debris is just outside the doorway and near the outer walls.
2. After the Shaking:
 - a. Between the hours of 1700 – 0800 (5:00 pm and 8:00 am), the registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Assistant Administrator, if unavailable leave a message and call

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.

- b. Check for injuries and follow treatment procedures as instructed by RN in charge, which could include calling **9-1-1** as needed.
 - c. Maintenance will check the building for broken water lines, gas lines, fallen wires, etc.
3. Fires:
- a. Fires caused by earthquakes can be more dangerous than the earthquake itself because fire system equipment and water lines may be destroyed or damaged.
 - b. During and after an earthquake be especially alert for fires or leaking gas lines.
 - 1). If gas is detected, open windows and make sure the gas main is shut off. (Located at back of building in the center by stairwell to basement.)
 - 2). Use only battery powered lights.
 - 3). Do not use any open flame devices (candles, matches, etc.).
 - 4). Do not use telephone except for emergencies.
 - c. If a fire occurs, follow the procedures for Fire Emergency.
4. Patient Transfers:
- a. Within the facility:
 - 1). Move all residents to a central area.
 - 2). Issue extra blankets to all residents.
 - 3). Close all doors to the central area including the fire and smoke barrier doors.
 - 4). Use only battery powered lights.
 - b. If the Home Administrator orders an evacuation, follow **General Evacuation Procedures**.

Tornado/High Winds

A tornado/high winds warning means that a tornado has been sighted in the immediate area, or that high winds are rapidly approaching the area.

1. When a Tornado/High Winds **Warning** has been issued the following procedures will be implemented:
 - a. Move all residents into hallways. If you cannot move a resident, move their bed to a wall away from a window.
 - b. Close all doors to residents' rooms.
 - c. Have ambulatory and wheelchair residents sit against hallway wall. Keep away from windows.
 - d. Give each resident a blanket for warmth and protection from flying glass.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

- e. Open all outside exit doors. Make sure exits are clear. Open all outer wall windows to equalize negative pressure and prevent implosion.
 - f. Remain in hallways and do not return residents to their living or sleeping areas until an “ALL CLEAR” has been sounded by the person in charge.
2. Evacuation Procedures:
- a. Once the storm has passed and injuries have been reported, it may be necessary to evacuate the facility. If evacuation is ordered, follow the **General Evacuation Procedures**.

Wandering / Elopement Protocol

If a nursing care resident cannot be located, the following steps will be immediately initiated:

1. The licensed nurse will be notified.
2. The licensed nurse or designee will overhead page the Resident.
 - a. To overhead page: Pick up phone and press the PAGE button. Speaking slowly and distinctly (using the resident's full name) three times, on the overhead pager, requesting the resident to come to the nurse's station.
3. The Licensed Nurse will initiate a search of the facility using the Elopement Check List.
4. The Licensed Nurse will call the RN Manager of the unit to report the incident.
5. If the resident has not been located after the above steps have been completed, the licensed nurse on the unit will notify the resident's family, DNS, Maintenance Op. Supervisor, IT department, Home Administrator, Director of Nursing Services, Social Services Director and the Ada County Dispatcher (208-377-6790).
6. If the resident has not been located after 15 minutes, the IT department will be requested to look at the surveillance system to help locate the missing resident and what they were wearing at the time they left the building. The Administrator or IT will review the footage.
7. The Social Services Director may call the following:

ISVH Call List	All cab companies
Local bus dispatch	Greyhound bus depot
Community House	Rescue Mission and other homeless shelters
Surrounding motels	Local bars
St. Luke's Hospital	St. Alphonsus Regional Medical Center
VA Medical Center	

The search will continue until law enforcement and the Home Administrator call it off.

6. When a departing individual returns to the facility, the Director of Nursing Services or Charge Nurse shall:
 - a. Examine the resident for injuries;
 - b. Notify the Attending Physician;
 - c. Notify the resident’s legal representative (sponsor) of the incident;
 - d. Complete and file Report of Incident/Accident; and
 - e. Document the event in the resident’s medical record.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Elopement Check List

1. Ensure the resident is not on an activity away from the nursing unit or on leave from the facility:

- Activities
- Family
- On outing
- Appointment

2. Institute a thorough search of the entire unit.

- Check all resident rooms on both halls to include resident bathrooms
- Shower Rooms
- Utility and storage rooms
- Common areas
- Unit balconies
- Nursing station
- Staff break room
- Offices

3. Call all other nursing units and the Dom/Residential care unit and describe the resident. Each unit (1 East, 2 East, 1 West and 2 West) will search their entire unit to include:

- Check all resident rooms on both halls to include resident bathrooms
- Shower Rooms
- Utility and storage rooms
- Common areas
- Unit balconies
- Nursing station
- Staff break room
- Offices

4. Send a caregiver, on the zone where the resident is missing, to look on the Main floor in all hallways and common areas, including but not limited to:

- Dining Room
- Lobby/Canteen
- Library/Activity Room
- All Stair Wells
- Kitchen
- Therapy Gym
- Chapel

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

- Court yards
 - Smoke Room
 - Beauty Shop
 - Business office and other offices
 - Bathrooms
5. Two caregivers will be sent to walk around the perimeter of the Idaho State Veterans Home
6. Seek assistance from the security contractor, M & T Patrol Services 208-376-6853, available between the hours of 2030 and 0430) to search the VA and grounds.
7. Call the RN Manager of the unit to report the incident.
8. If the resident has not been located after the above steps have been completed the licensed nurse on the unit will notify:
- Resident's family
 - Director of Nursing
 - Maintenance & Operations Supervisor
 - IT Department
 - Home Administrator
 - Social Services Director
 - Ada County Dispatch (208-377-6790)

Suspicious Leaks, Spills and Odors

If a container containing chemical products is found to be leaking and could potentially jeopardize the quality of the air, ground or water or resident safety, immediately notify the Maintenance Department. Between 1700 – 0800 (5:00 pm and 8:00 am), notify Maintenance On-Call (208-971-0655).

Accident Scene Response

In the event that an employee encounters a situation involving significant amounts of blood or other bodily fluids, the employee shall immediately secure the contaminated area (i.e. closing off the area, posting sign, etc.) and notify the Maintenance and Operations Supervisor.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Crime in Progress

1. Do not attempt to interfere or apprehend the perpetrator except in the case of self-protection.
2. If it is safe to do so, note a good description of the perpetrator:
 - Height
 - Weight
 - Sex
 - Color
 - Approximate age
 - Clothing
 - Method and direction of travel
 - Name (if known)
 - Any other distinguishing characteristics
3. If the perpetrator enters a vehicle, note:
 - License plate number
 - Make, model and color of vehicle
 - Any other characteristics of the vehicle
4. Call 911, giving them your name and location: **320 Collins Road, Boise**. Remain calm and inform them of the situation. Do not hang up until told to do so.
5. **Do not pull the fire alarm.**
6. Notify Maintenance/Operations Supervisor or the Administrator.
7. The registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Assistant Administrator, if unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree.
8. In the event of a civil disturbance, continue with routine duties if possible. If the disturbance is outside, stay away from doors and windows. Do not interfere with any persons creating the disturbance or with authorities on the scene.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Armed Intruder

If an armed intruder comes on the property or in the facility it is very important for staff to take action to protect the residents, volunteers, visitors and themselves. The following procedures will be followed in response to an armed intruder.

1. Any staff person can call 911. Do not assume someone else has called 911. Give the dispatcher the location of the intruder; number of intruders, if more than one; a physical description of intruder(s), try to be as detailed as possible:
 - include sex
 - race
 - approximate age
 - clothing description
 - height
 - weight
 - hair color
 - any other distinguishing characteristicsand the number and/or types of weapons held by the intruder. If it is unsafe to remain on the line with the 911 dispatcher **DO NOT HANG UP**, leave the phone in an area where the dispatcher can hear what is going on.
2. Secure residents, volunteers, visitors and yourself in a safe area if possible so you are out of view of the intruder (i.e. resident rooms, offices, store rooms). If doors will not lock, blockade the doors with furniture.
3. Individuals should be positioned out of sight and behind items that might offer additional protection such as walls, desks, filing cabinets, etc.
4. Turn off any source of noise (i.e. televisions, radios, cell phones). Remain quiet.
5. If you are in an area where you can evacuate the facility with or without residents safely then do so. Do not take any belongings. Keep your hands visible to responding police.
6. In case of an immediate life-threatening event, each individual should take whatever action is necessary to protect his/her own life and the lives of the residents.
7. Do not attempt to move wounded people.
8. Do not leave your secure area or let residents leave until you hear an all clear from emergency personnel.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Responding officers will move quickly through the facility. Remain calm and follow the officers' instructions. Avoid making quick movements towards officers such as attempting to hold on to them for safety. Keep your hands visible at all times. Responding officers must identify the assailant and determine that you are not involved in the situation.

Notify the Administrator or the Director of Nursing as soon as it is safe to do so.

Visitor Altercation/Hostile Physical Contact

1. Call a co-worker and discreetly alert them of the situation. Request that they come assist you. Have them alert others of the situation. Attempt to diffuse the situation.
2. Call M & T Patrol Service 208-376-6853 or 911 if you feel that the individual may be a threat or pose physical harm.
 - a. Report the individual's behavior and location.
 - b. The address of this building is: **320 Collins Road, Boise.**
3. Notify the Administrator if the situation calls for a quiet evacuation of the area.
4. **Do not pull the fire alarm.**

**Facility Policy Regarding Guests/Visitors Entering the
Idaho State Veterans Home – Boise**

TO: Idaho State Veterans Home-Boise Employees and Volunteers

FROM: Rick Holloway, Administrator

DATE: December 1, 2017

Purpose

It is the policy of the Idaho State Veterans Home, Boise to expect "Reasonable Civility" from any guest/visitor including family members who enter the facility or grounds. Reasonable Civility is defined as good order, peace, safety, and lack of infringement on the rights of others.

If a department head deems that a significant disruption in Reasonable Civility has occurred, the department head has the authority to request that the guest/visitor leave the premises. The facility staff will then contact the guest at a later time to review the situation and develop a plan to prevent future disruptions.

Potential violations of Reasonable Civility would include but not be limited to:

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

1. Interfering with the good order and operation of the home.
2. Interfering with medically necessary cares for a resident.
3. Exploitation of a resident.
4. Abusive language or violent actions directed toward residents, staff or other guests of the Idaho State Veteran's Home, Boise.
5. Disruptions in the Dining Room environment.
6. Any other disruptive activities that interferes with the rights and safety of residents, staff and/or other guests.

If a guest or visitor does not comply with the above policy, the Facility Administrator or their designee shall have the authority to request that a guest/visitor leave the facility and grounds.

Individuals refusing to leave the premises upon the request of the Administrator, or their designee will be reported to local law enforcement.

If there is a reasonable suspicion of abuse and/or exploitation of a resident perpetrated by any person on the premises, that person will be reported to law enforcement and will be asked to leave the facility and grounds.

These requirements are effective as of December 1, 2017 and apply to all employees of the Idaho State Veterans Home-Boise.

Serious Injury

1. If you are not a member of the nursing staff, announce over the intercom that a nurse is needed in the area immediately.
2. Call 911 and give as much information as possible to the dispatcher. Include the name and location of the victim. The address of this building is: 320 Collins Road, Boise.
3. Stay with the victim and keep him/her as calm as possible. Do not move a seriously injured person unless there is a life-threatening situation. Begin CPR if necessary.
4. If possible, send another person to notify the Home Administrator and then to assist the medical response team in locating the injured person.

Bomb Threat Procedure

1. If a bomb threat is received by telephone, the person taking the call will immediately institute the following procedures.

*****Use the Bomb Threat Call Checklist (Appendix 3) *****

All threats will be treated seriously.

- a. Keep the caller on the line as long as possible.
- b. Record, as near as possible, every word spoken by the person calling.
- c. If the caller does not give the location of the bomb, or when it is set to detonate, ask the caller to give you this information.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

- d. Tell the caller that the building is occupied, and serious injury or death could result if the information is not obtained.
 - e. Listen for any strange or unusual background noises such as music playing, motors running, traffic sound, etc., which might be helpful in providing clues to determine from where the call was made.
 - f. Determine whether the voice is male or female, familiar or unfamiliar, and listen for an accent, speech impairments, nervousness, etc.
 - g. Immediately after the caller hangs up, contact the Police Department (Phone 911) and relay as much information as possible.
 - h. Once the Police Department has been notified, contact the Home Administrator, or person in charge, and relay all information received and that the Police Department was notified.
2. Only the Home Administrator or designee will answer questions concerning a bomb threat or a suspected bomb, and only to those persons with a need to know.
3. Between the hours of 1700 – 0800 (5:00 pm and 8:00 am), the registered nurse, licensed nurse or department head on duty will call the Administrator, who will then initiate the Emergency Telephone Call Tree if appropriate. If the Administrator is unavailable leave a message and call the Director of Nursing Services, if unavailable leave a message and call the On-Call Maintenance person who will initiate the Emergency Telephone Call Tree if appropriate.
4. **Evacuation Procedure:**
- a. The Home Administrator or person in charge will decide whether or not to evacuate the facility. The decision not to evacuate the facility will be influenced by the advice received from local law enforcement agencies having jurisdiction over such matters. Their input will be given a great deal of consideration when the decision whether or not to evacuate becomes necessary.
 - b. When the decision has been made to evacuate, follow the **General Evacuation Procedures**, with the following exceptions:
 - 1). EXIT ROUTES will be inspected by Maintenance and declared safe. When evacuation has been ordered, only those EXITS declared SAFE will be used.
 - 2). During the evacuation procedures, leave all windows and doors open, this reduces damage if there is an explosion.
5. **Law Enforcement and Search Teams:**
- a. The local law enforcement agency having jurisdiction over such matters shall be responsible for the orderly search of the building and investigation of any bomb threats received. One or two officers will be at the facility command post to help identify the object, oversee the removal of the object and assist the person in charge in decisions concerning the residents' safety.
 - b. Home employees will be made available to assist the search commander, and the search commander may assign or designate them to assist in the search when deemed necessary.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

However, employees have the right to refrain from assisting in the search if they so choose.

- c. Any employees designated to assist in the search will provide any information the search commander requests.
 - d. Each search team shall have a law enforcement official designated as the team leader and all instructions issued by the team leader shall be followed completely.
 - e. During the search, particular attention shall be given to areas accessible to the general public, e.g., window ledges, behind shrubbery, platforms, lobbies, waste cans, rest rooms, stairways, computer telephone room, ceiling lights, vents, corridors, closet areas, etc.
 - f. If you locate a suspicious object **DO NOT MOVE, JAR, OR TOUCH THE OBJECT OR ANYTHING ATTACHED TO IT. LEAVE IT EXACTLY THE WAY YOU FOUND IT!**
 - g. Once the search commander or team leader has arrived at your location, the decision shall be made whether or not to continue searching for other objects.
 - h. If the decision is to continue searching, the area in which the object is located shall be roped off (if the object has not been removed) and only law enforcement officials shall remain or have access to the area.
6. **ALL CLEAR:**
- a. After the search has been completed and/or the suspicious object removed, the search commander will announce an “**ALL CLEAR.**”
 - b. No person shall be allowed to re-enter the facility for any reason until an “**ALL CLEAR**” signal has been issued.
 - c. If the facility is damaged by an explosion, the facility staff and local authorities involved will determine if the building can be safely occupied.

Emergency Communication Procedures

Policy:

To protect resident health and safety in the event of an emergency or disaster, resident care will be coordinated within the facility, across healthcare providers, and with health departments and emergency management agencies.

Policy Explanation and Compliance Guidelines:

1. The facility shall maintain accurate contact information for regular and contract staff, residents’ physicians, volunteers, and other long-term care facilities.
 - a. Each employee (regular or contract) is responsible for notifying the HR department and his/her supervisor of any changes in contact information, including changes in home address and telephone number(s).
 - b. Each department head is responsible for maintaining a list of current employees and contact information in the department.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

2. The facility shall maintain accurate contact information for federal state, tribal, regional, or local emergency preparedness staff; the State Licensing and Certification Agency; the Office of the State Long-Term Care Ombudsman, and other agencies or entities that may be sources of assistance to the facility during an emergency.
 - a. The Administrator, or designee, shall maintain a list of contact information for the above entities.
 - b. A copy of the list and contact information shall be placed in the emergency preparedness binder for easy access during an emergency.
 - c. The information shall be reviewed and updated at least annually, as evidenced by dating the review and each list.
3. The facility shall establish primary and alternate means of communicating with the facility's staff as well as with federal, state, tribal, regional, or local emergency management agencies.
 - a. Communication with staff members
 - i. The primary method of communication with staff members shall be made through facility telephone or cellular phones. The facility shall call the staff member's primary phone number as listed on file, followed by any secondary contact numbers.
 - ii. Alternative methods of communication with staff members shall include:
 1. Cellular phones for in-house communications when in-house phone lines and paging systems are out of order.
 2. Use of cellular phones to make relevant, outside phone calls or text messages.
 3. Email communication via personal email, if staff member has provided this information.
 - iii. The Incident Commander will make the final decision regarding communications with staff members during an emergency, including which staff to notify and by what means.
 - b. Communication with federal, state, tribal, regional, or local emergency management agencies
 - i. The Administrator, or Incident Commander, is responsible for communicating with the above entities and/or designating responsibility during the emergency.
 - ii. The primary method of communication with the above entities shall be made through facility telephone or cellular phones by calling the listed contact number.
 - iii. Alternative methods of communication with the above entities shall include:
 1. Email communication
 2. Radio system.
4. The facility shall develop a method for sharing information and medical documentation, protecting information as required under HIPAA, for residents under the facility's care during an emergency.
 - a. The facility will share information and medical documentation with other health care providers to maintain continuity of care.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

- i. Copies of face sheet information, advance directives, and physician orders shall be generated on a monthly basis and in the event of advance notice of weather events or evacuations. The copies shall be kept on the unit in which the resident resides.
 - ii. Face sheet information shall include at least the resident's name, age, DOB, allergies, medical diagnoses, current reason for admission, blood type, and next of kin/emergency contact information.
 - iii. Licensed staff will verify medical information is sent with each resident in the case of any transfer, discharge, or evacuation.
 - b. In the event of an evacuation, the facility shall release information in accordance with HIPAA privacy protections.
 - i. A recorded message from, or approved by, the Administrator shall be integrated into the facility's phone system alerting callers, such as family members and other interested parties, of the decision to evacuate and the location to which the residents will be evacuated.
 - ii. As time permits, business office personnel shall begin making phone calls to resident representatives to alert them of the decision to evacuate and the location to which the residents will be evacuated.
 - iii. A resident tracking log will be generated on each nursing unit, specifying the location of each resident, so that accurate information about the general condition and location of residents can be provided in a timely manner.
 - iv. HIPAA privacy protections are not waived in an emergency, so only minimum information necessary shall be disclosed.
5. The facility shall communicate information about the facility's occupancy, needs, and its ability to provide assistance to the authority having jurisdiction, the Incident Command Center, or designee in accordance with established procedures for the facility's Incident Command System.
6. The facility shall share information from the emergency plan with residents and their representatives in accordance with established procedures.
7. The facility shall review these communication procedures annually, and associated contact information, at least annually and revise as needed.

Emerging Diseases Procedure

(Excerpt from Boise Nursing Procedure Manual, Chapter 8, Pages 49-53)

Purpose:

Emerging infectious disease, diseases including pandemic influenza, and COVID-19 have been identified as a specific hazard that could disrupt the operations of the long-term community. It is the intent of this policy to protect residents, families and staff from harm resulting from exposure to an emergent infections disease, and to provide systems and resources both within the community and the Idaho State Veterans Home, to maintain essential functions during a pandemic.

At the Idaho State Veterans Home-Boise, we are at an increased risk of exposure to pathogens from the community related to the many volunteers who participate in our Activity program, and the students who study with us as part of their Nursing education. As part of the volunteer and

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

student orientation we provide general education about pathogen transmission, hand hygiene and cough etiquette. During community and or facility outbreaks we will post additional education at the entrance alerting all to the presence of a greater influx of influenza as well as requesting to avoid our facility if they are experiencing any illness.

1. General Preparedness for Emergent Infectious Diseases (EID)

- a. Idaho State Veterans Home's emergency operation program will include a response plan for a community-wide infectious disease outbreak such as pandemic influenza.

This plan will:

- i. Build on the workplace practices described in the infection prevention and control policies
 - ii. Include administrative controls (screening, isolation, visitor policies and employee absentee plans)
 - iii. Address environmental controls (isolation rooms, plastic parries, sanitation stations and special areas for contaminated wastes)
 - iv. Address human resource issues such as employee leave
 - v. Be compatible with the State of Idaho Division of Veterans Services Continuity of Operations Plan.
- b. Members of the EID planning committee will include but is not limited to:
- i. Administrator or designee
 - ii. Medical director
 - iii. DNS or designee
 - iv. Nurse Manager
 - v. IP Nurse or designee
 - vi. Housekeeping
 - vii. Maintenance services
 - viii. Pharmacy consult
- c. Clinical leadership will be vigilant and stay informed about EIDs around the world. IP nurse or designee will monitor facility infections and media for community infections and facilitate relationships with partner labs and the department of health and welfare epidemiologist. IP nurse and designee will also register with health alert network (HAN) at the department of health and welfare to receive community alerts.
- d. As part of the emergency operations plan, the facility will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, face shields, foot and head coverings, face masks, **assorted sizes of disposable N95 respirators**, and gloves. The amount that is stockpiled will minimally be enough for several days of home-wide care but will be determined based on storage space and cost.
- e. The facility will develop plans with their vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption of normal business including an EID outbreak.
- f. The facility will regularly train employees and practice the EID response plan through drills and exercises as part of the center's emergency preparedness training.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

2. Local Threat

- a. Once notified by the public health authorities at either the federal, state and/or local level that the EID is likely to or already has spread to the community, the facility will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and /or the local public health authorities.
- b. The facility's IP or designee will research the specific signs, symptoms, incubation period, and route of infections, the risks of exposure and the recommendations for skilled nursing care centers as provided by the CDC, Occupation Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.
- c. Working with advice from the facility's EID planning committee, local and state public health authorities, and others as appropriate, the IP or designee will review and revise internal policies and procedures, stock up on environmental cleaning agents, and PPE as indicated by the specific disease threat.
- d. Staff and contractors will be educated on the exposure risks, symptoms, and prevention of the EID. Special emphasis will be placed on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand hygiene.
- e. If EID is spreading through an airborne route, then the facility will activate its respiratory protection plan.
- f. Residents and families will be educated about the disease and the facility's response strategy at a level appropriate to the interests and need for information.
- g. Signs regarding hand hygiene and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the facility along with the instruction that anyone who suspects they are ill must not enter the building.
- h. To ensure that staff, volunteers, visitors, and/or new residents are not at risk of spreading the EID into the facility, screening for exposure risks and signs and symptoms may be performed.
- i. Self-screening: Staff will be educated on the facility's plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:
 - i. Reporting any suspected exposure to the EID while off duty to their supervisor and public health.
 - ii. Precautionary removal of employees who report an actual or suspected exposure to the EID.
 - iii. Self-screening for symptoms prior to reporting to work.
 - iv. Prohibiting staff from reporting to work if they are sick until cleared to do so.
- j. Self-isolating: in the event there are confirmed cases of the EID in the local community, the facility may consider ceasing all admissions, and limiting visitors based on the advice of local public health authorities.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

- k. Environmental cleaning: the facility will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.
 - l. Engineering controls: the facility will utilize appropriate physical plan alterations such as use of private rooms for high-risk residents, plastic barriers, sanitation stations and special areas for contaminated wastes as recommended by local, state and federal public health authorities.
3. Suspected care in the home
- a. Place a resident who exhibits symptoms of the EID in an isolation room and notify local public health authorities.
 - b. Under the guidance of the public health authorities, transfer of suspected infectious person to the appropriate acute care center will occur.
 - c. If the suspected infectious person requires care and transport, follow care center policies and CDC recommendations for isolation procedures, including all recommended PPE for staff at risk of exposure.
 - d. Keep the number of staffs assigned to enter the room of the isolated person to a minimum. Ideally, only specially trained staff and prepared (i.e. vaccinated) will enter the isolation room.
 - e. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposure individual, and monitoring for additional cases under the guidance of the local health authorities, and in keeping with guidance from the CDC.
 - f. Implement the isolation protocol in the facility (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the facility's infection prevention and control plan and/or recommended by local, state, or federal public health authorities and in keeping with CDC recommendations.
 - g. Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities and in keeping with guidance from the CDC.
4. Employer Considerations
- a. Management will consider its requirements under OSHA, Center for Medicare and Medicaid (CMS), state licensure, and other state or federal laws in determining the precautions it will take to protect its residents. Protecting the residents and employees shall be of paramount concern. Management will consider the following:
 - i. The degree of frailty of the residents in the home,
 - ii. The likelihood of the infectious disease being transmitted to the residents and employees,
 - iii. The method of spread of the disease (for example, through contact with bodily fluids, contaminated surfaces),
 - iv. The precautions which can be taken to prevent the spread of the infectious disease and

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

- v. Other relevant factors
- b. Once these factors are considered, management will weigh its options and determine the extent to which exposed employees, or those who are showing signs of the infectious disease, must be precluded from contact with residents or other employees.
- c. Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.
- d. Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed to and/or by an employee.
- e. Permit employees to use sick leave, vacation time and FMLA while they are out of work as applicable.
- f. Permit employees to return to work as applicable however, additional precautions may be taken to protect the residents.

References:

- a. Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. *State Operations Manual (SOM): Appendix Z Guidance to Surveyors for Long Term Care Facilities*. (March 2019 Revision) *Emergency Preparedness* 483.73.
- b. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*
<http://www.cdc.gov/infectioncontrol/guidelines/isolation>
- c. OSHA pandemic guidelines https://www.osha.gov/Publications/influenza_pandemic.html
- d. CDC- Pandemic Influenza (link: <https://www.cdc.gov/flu/pandemic-resources/index.htm>)
- e. CDC- Pandemic Influenza Plan- 2017 Update (<https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>)
- f. CDC- <https://www.cdc.gov/mmwr/PDF/rr/rr4305.pdf>
- g. CDC- Long-Term Care and other Residential Facilities Pandemic Influenza Planning Checklist (<https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>)

Added 3/2020

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Appendices

1. Facility Fire Incident Report
2. Emergency Food Menu
3. Bomb Threat Checklist
4. Fire Watch Log
5. Fire Drill Evaluation Form
6. Resident Tracking Log

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Facility Fire Incident Report

1. Facility _____
2. Date, Time and Day of Week Fire Discovered _____
3. Room of Fire Origin _____
4. Area Fire Covered _____
5. Area Smoke Covered _____
6. Initial Material Ignited _____
7. Probable Source of Ignition (if known) _____
8. Probable Cause of Fire (if known) _____
9. How was Fire Discovered? ___Staff ___ Resident ___ Detector ___ Sprinkler
___ Other (specify) _____
10. Was the fire alarm activated? ___Yes ___No.
If yes, How? ___Manually, ___ Detector, ___Sprinkler, ___Staff, ___ Resident,
___ other (specify) _____
11. Was the fire department notified? ___Yes ___No.
If yes, how? ___Phone ___ direct line, ____.
If no, why not? _____
12. Were Residents evacuated? ___ Yes, ___No.
If yes, ___from room of origin, ___through fire or smoke doors, ___outside the building.
13. How was the fire extinguished? _____
14. Extent of Injury (ies) if any: _____
15. \$ loss to building _____ \$ Loss to contents _____
16. Action taken to prevent recurrence: _____

16. Comments: _____

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Emergency Menu

1. Breakfast

Fruit Juice
Muffin
Cereal
Fruit
Instant Breakfast
Milk (Powdered)

Lunch

Deviled Ham
Bread
3 Bean Salad
Fruit
Milk (Powdered)

Supper

Chicken Salad Sandwich
Cheese Puffs
Pickled Beets
Assorted Beverages
Nutritional Supplement

2. Breakfast

Fruit Juice
Cereal
Donuts
Canned Fruit
Instant Breakfast
Milk (Powdered)

Lunch

PB & J
Cheese Puffs
Canned Fruit
Assorted Cookies
Milk (Powdered)

Supper

Tuna Salad Sandwich
Green Beans (Cold)
Canned Fruit
Assorted Beverages
Nutritional Supplement

3. Breakfast

Fruit Juice
Cereal Bar
Canned Fruit
Cereal
Instant Breakfast
Milk (Powdered)

Lunch

PB & J
Canned Fruit
Pudding
Milk (Powdered)

Supper

Deviled Ham Sandwich
Applesauce
Cheese Puffs
Assorted Cookies
Assorted Beverages
Nutritional Supplement

Cookies, Cereal Bars and Juices will be available at all times
The menu will repeat after three days.

Updated 8/17/18

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Bomb Threat Checklist

Date: _____ **Time of call:** _____

Ask the following questions:

- When will it go off? _____
- Where is it located? _____
- What room is it in? _____
- Why did you choose this building? _____
- What kind of bomb? _____
- What does the bomb look like? _____
- What will cause it to explode? _____
- Why are you doing this? _____
- What is your name? _____
- Where are you now? _____

Record exactly what the caller said in addition to the questions above:

Person on the phone:

Man _____ Woman _____ Teen _____ Child _____ Age _____

Voice of the person on the phone:

Accent: Local _____ Foreign _____ Race _____	Manner: Calm _____ Emotional _____ Rational _____ Angry _____ Laughing _____ Serious _____ Coherent _____ Irrational _____ Incoherent _____ Deliberate _____	Background Noise: Office _____ Voices _____ Factory _____ Music _____ Quiet _____ Traffic _____ Planes _____ Quiet _____ Animals _____ Party Noise _____
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A person receiving a letter or bomb threat will immediately notify his/her supervisor. The supervisor should contact the proper local authorities.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Fire Watch Log

Date: _____ Time: _____ System out of service: _____

Notifications:

System Inoperable:

Fire Department Date: _____ Time: _____ Initials: _____

Bureau of Facility Standards Date: _____ Time: _____ Initials: _____

System Repaired & Tested:

Fire Department Date: _____ Time: _____ Initials: _____

Bureau of Facility Standards Date: _____ Time: _____ Initials: _____

Shift Log

Name	Shift Start Time	Shift End Time	Notes	Initials

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Fire Watch Shift Log Continuation Sheet

Name	Shift Start Time	Shift End Time	Notes	Initials

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Fire Drill Evaluation Form

Date of drill _____ Time of drill _____ Time elapsed _____

Drill conducted by _____

	Yes	No
1. Alarm company and Fire Department alerted prior to Drill?	___	___
2. Method to initiate drill _____		
3. Was an evacuation completed?	___	___
Evacuation technique used _____		
4. All resident room doors closed?	___	___
5. Alarm box pulled in a timely manner?	___	___
6. Residents in resident wings placed behind closed doors?	___	___
7. Staff reacted to fire panel?	___	___
8. Did the fire alarm function properly?	___	___
9. Was 911 Call placed in a timely manner?	___	___

Individuals involved in drill: _____

Comments on drill: _____

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Emergency Bus Transportation



MUTUAL AID EMERGENCY TRANSPORTATION AGREEMENT


Between _____ Bureau, State Veterans Home, Boise _____ (Hereafter, "The Facility"), and Injury Care EMS and Resilient Transport Operated by Injury Care EMS (Hereafter, The Transportation Service").

The Facility is a residential housing facility that provides various levels of care (independent living, assisted living, skilled nursing). In the event of an emergency, such as fire, flooding, extended power outage, or weather-related event, evacuation of residents to other facilities or locations may be necessary.

This Transportation Service has various transportation assets (wheelchair, gurney, ambulances) available that may be used to assist with evacuation of The Facility's residents. This Transportation Service agrees to make transportation assets available to transport The Facility's residents, as able at the time. The Facility will, as able, send qualified staff with residents during the evacuation to assist with care.

The Facility agrees to reimburse The Transportation Service for reasonable and customary expenses related to the transportation of The Facility's residents.

This agreement will be forever in force and will be reviewed and/or updated at least annually. This agreement can be nullified by either of the undersigned with a thirty (30) day written notification.

Signed:	Signed: 
Printed Name:	Printed Name: R. RADNOVICH
Date:	Date: 20 NOV 18
Title:	Title: CEO
Facility:	Service: Injury Care EMS & Resilient Transport
Phone:	Phone: 208-914-3846 & 208-573-7607
Emergency Contact:	Emergency Contact: Richard Radnovich
Emergency Phone:	Emergency Phone: 208-861-9425

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Emergency Water



June 1, 2017

Rick Holloway , RHIT
Administrator
Idaho State Veterans Home
320 Collins Road
Boise, Idaho 83702

Dear Mr. Holloway ,

Per previous agreements, I am providing you this to confirm our understanding to provide emergency standby water for the Idaho State Veterans Home, located at 320 Collins Road, Boise ID 83702 (208-780-1600).

In case of an emergency situation that would require standby potable water, Idaho Milk Transport, Inc. will provide a 4000-8000 gallon refillable milk tanker of potable water. Idaho Milk Transport, INC. will take all reasonable steps to comply with health and safety standards for the water supplied. The water would be taken from state regulated drinking water facilities making for very high quality, state- certified drinking water. This service would also include at least 200 feet of sanitized hoses to keep the Idaho State Veterans Home running smoothly in the event that there is an interruption in the water supply. This service is available on an emergency on-call basis and is agreed that compensations for this service would be billed at the current mileage per-diem and hourly rate in effect at the time the service is provided.

Emergency Contacts and Phone numbers:

Robert Brice, CEO 208-878-5000 Ext. 212 or 208-312-5000
Kraig Franks, Operations 208-878-5000 Ext. 220 or 208-431-7359

I recommend, on an annual basis, that you contact us to confirm the continuance of this agreement, as well as to update contact names and phone numbers. Please call if you should have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be "Robert Brice", is written over a faint, illegible background.

CEO
Idaho Milk Transport, Inc.

**IDAHO STATE VETERANS HOME-BOISE
FIRE/EMERGENCY PROCEDURE MANUAL**

Resident Tracking Log – Emergency Evacuations

Date	Time	Resident Name	Discharged To:	Transported Via:	Staff Member Accompanying Resident	Medical Records	Medication	Equipment	Notes