# COMMUNICATION PLAN

# STAFF EMERGENCY CONTACT LIST

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| **TITLE** | **NAME** | **DEPARTMENT** | **OFFICE LOCATION** | **PHONE** | **24/7 Contact Number** |
| CEO |  |  |  |  |  |
| Administrator |  |  |  |  |  |
| CFO |  |  |  |  |  |
| Director of Nursing |  |  |  |  |  |
| Quality Coordinator |  |  |  |  |  |
| MDS Coordinator |  |  |  |  |  |
| Activity Director |  |  |  |  |  |
| Admissions Director |  |  |  |  |  |
| Chaplain |  |  |  |  |  |
| Clinical Dietary Director |  |  |  |  |  |
| Dietary Manager |  |  |  |  |  |
| Environmental Services |  |  |  |  |  |
| Health Information Manager |  |  |  |  |  |
| Human Resources Director (payroll, etc.) |  |  |  |  |  |
| Social Services |  |  |  |  |  |
| Volunteer Coordinator |  |  |  |  |  |
| Staff Development Director |  |  |  |  |  |
| Health Unit Coordinators |  |  |  |  |  |
| Contract Staff |  |  |  |  |  |
| Medical Director |  |  |  |  |  |
| Pharmacy Consultant |  |  |  |  |  |
| Housekeeping Manager |  |  |  |  |  |

# EMERGENCY RESOURCE CALL LIST

***(External Contacts)***

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| **Contact** | **Name** | **Number** | **24/7 Contact Information** |
| ***Local*** |  |
| Boiler Repair |  |  |  |
| Clinics |  |  |  |
| Computer Repair |  |  |  |
| Dialysis |  |  |  |
| Electric Power Provider |  | Include emergency reporting number and business office number. |  |
| Electrician |  |  |  |
| Elevator Repair |  |  |  |
| Emergency Medical Service |  | 911 or |  |
| Fire Alarm Repair |  |  |  |
| Fire Alarm System |  |  |  |
| Fire Department |  | 911 or |  |
| Fire Marshall |  |  |  |
| Fire Sprinkler System |  |  |  |
| Food Supply |  |  |  |
| Hospice Services |  |  |  |
| Housekeeping |  |  |  |
| Hospitals | General Number: |  |  |
|  | Emergency Room: |  |  |
|  | Med. Surg. |  |  |
|  | Long Term Care |  |  |
| Linens/Towels |  |  |  |
| Lock Smith |  |  |  |
| Medical Director |  |  |  |
| Medical, Incontinent Products |  |  |  |
| Natural Gas Supplier |  |  |  |
| Oxygen |  |  |  |
| Pharmacy |  |  |  |
| Plumbing |  |  |  |
| Police |  | 911 or |  |
| Port A Potty (portable toilets) |  |  |  |
| Resident Call System |  |  |  |
| Sewer/Drain Clean out |  |  |  |
| Sheriff Department |  |  |  |
| Telephone Company |  |  |  |
| Transfer Agreement |  |  |  |
| Transportation Agreement |  |  |  |
| Water Backup |  |  |  |
| Water Department |  |  |  |
| ***Regional/State*** |  |
| Aging Services of Minnesota |  |  |  |
| City/County Emergency Management |  |  |  |
| Coroner |  |  |  |
| County Public Health |  |  |  |
| Local Red Cross Office |  |  |  |
| MNDepartment of Health |  | 651-201-4989Communications Office |  |
| MN Homeland Security and Emergency Management |  |  |  |
| MN OSHA |  | 651-284-5050 |  |
| Regional Healthcare Multi-Agency Coordination Center (HMACC) |  | 855-606-5458 | 855-606-5458 (24/7 number) |
| Regional Ombudsman | [Regional Ombudsman directory](https://mn.gov/dhs/people-we-serve/seniors/services/ombudsman/contact-us/regional-ombudsman-directory.jsp) |  |  |
| Sister Facilities |  |  |  |
| ***Federal*** |  |
| FEMA | Our process to contact FEMA would go through our local emergency manager.  |  |  |
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### Primary and Alternate Means of Communication

This grid is an example of the type of tool LTC facilities may create to document primary and alternate means of communication with relevant individuals/partners. LTC facilities should have at least two methods of communicating with staff and relevant partners. The alternate method should be easily accessible, in the event that the primary method becomes unavailable, and should be agreeable to both the LTC facility and the entity they are communicating with. Primary and alternate methods of communication may vary based on who the LTC facility is trying to contact (for example, primary and alternate methods of communication may be different for staff than they are for state emergency management staff), but should be decided and documented before emergency events occur so that communication expectations are clear in emergency events.

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| **Means of Communication** |
| **Contact** | **Primary Method** | **Alternate Method** |
| Staff |  |  |
| Local Emergency Management Staff |  |  |
| Local Public Health Department  |  |  |
| SEMN Disaster Health Coalition  |  |  |
| State Emergency Management Staff |  |  |
| State Public Health Department (Emergency Preparedness) |  |  |
| State Public Health Department (Division of Quality Assurance) |  |  |
| Tribal Emergency Preparedness/ Emergency Management Staff |  |  |

### Volunteer Contact Information

This grid is an example of the type of tool LTC facilities may create to maintain contact information for volunteers. LTC facilities should be able to contact volunteers during emergencies. Reasons for contact may include cancelling shifts, determining which volunteers are actually on duty or on site, or reaching out to volunteers to help with surge needs. It should be decided whether roles for volunteers will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

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| **Volunteer Emergency Contact Roster** |
| **Name** | **Department** | **Phone** | **Email Address** | **Emergency Staffing Role** |
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### Residents’ Physicians’ Contact Information

This grid is an example of the type of tool LTC facilities may create to maintain contact information for their residents’ physicians. LTC facilities should be able to contact residents’ physicians in a timely manner during emergency events. LTC facilities should maintain updated contact information for physicians and include multiple ways to reach their residents’ physicians.

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| **Resident Physician Emergency Contact Roster** |
| **Name** | **Department** | **Phone** | **Pager** | **Email Address** |
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## Revision History

Updates should be made at least quarterly for any related contact lists and other items that change on a more frequent basis. The entire plan will be reviewed on an annual basis.

| **Date** | **Synopsis of Change** |
| --- | --- |
| xx/xx/xxxx | Plan Established |
| xx/xx/xxxx | [Describe updates; indicated approved by] |

### HIPAA Decision Flowchart

HIPAA is not waived in emergency events, LTC facilities should be aware of the need to protect resident information at all times. However, certain information can be shared during emergency events if the protected health information is disclosed for public health emergency preparedness purposes. The At-A-Glance Disclosure Decision Flowchart (linked below) can help LTC facilities make choices about disclosing protected health information. If there is uncertainty about the appropriateness of disclosing information, LTC facilities should err on the side of caution or contact appropriate authorities for guidance.

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

### LTC Facility Information

Below are some questions to consider when developing communication plans pertaining to sharing LTC facility information. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the communication plan.

* How does the facility determine which authorities to notify in the event of an emergency?
* How do the authorities vary in different types of emergency situations?
* How are occupancy levels communicated to local and state authorities during an emergency?
* How are supply and other needs communicated to local and state authorities during an emergency?
* How does the facility convey to local and state authorities their ability to help others?
* How might the means of communication differ depending on the emergency or the authorities being notified?
* What redundant means of communication exist for providing this information?

### Sharing Emergency Plan Information

Below are some questions to consider when developing communication plans pertaining to sharing emergency plan information. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the communication plan.

* What information from the emergency plan will be shared with residents and families/representatives?
* Who will make the decision about the type of information provided?
* In what format will this information be provided (e.g., fact sheet, brochure, website)?
* Will the information be reviewed with residents and families/representatives?
* When will this information be provided to residents and families?
* Is there a system for reissuing this information when it is updated?

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| **Communication Plan** | **Resource** |
| Be required to develop and maintain an emergency preparedness communication plan that complies with local, state, and federal law and required to review and update the communication plan at least annually. | Template |
| As part of its communication plan include in its plan the names and contact information for staff; entities providing services under arrangement; residents’ physicians; other LTC facilities; and volunteers. | Template |
| Require contact information for federal, state, tribal, regional, or local emergency preparedness staff and other sources of assistance. | Template |
| Include primary and alternate means for communicating with LTC facility staff and federal, state, tribal, regional, and local emergency management agencies. | Template |
| Include a method for sharing information and medical documentation for residents under the LTC facility’s care, as necessary, with other health care providers to maintain continuity of care. |  |
| Have a means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510. |  |
| Have a means of providing information about the general condition and location of residents under the facility’s care, as permitted under 45 CFR 164.510(b)(4). |  |
| Have a means of providing information about the LTC facility’s occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee. |  |
| Have a method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives. |  |