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ANDREW RESIDENCE

EMERGENCY PREPAREDNESS AND COORDINATION MANAGEMENT PLAN

PURPOSE

Andrew Residence is aware that an emergency beyond our control can occur at any time. For the purposes of this plan, an "emergency" is defined as a "natural or man-made event that significantly disrupts our ability to function in the normal day to day manner". The Emergency Preparedness and Coordination Management Plan coordinates existing procedures to respond to all manners of emergencies. These procedures were developed based on regulatory requirements, needs identified from prior experiences, areas identified by the annual Hazard Vulnerability Analysis Tool, NFPA 99 Risk Assessment, review of the Facility Risk Assessment and Vulnerable Adult Agency Abuse Prevention Plan and good management practices. The Emergency Preparedness and Coordination Management Plan is reviewed during the annual review of the Environment of Care compliance, and the annual review of the Hazard Vulnerability Analysis Tool.

Andrew Residence is licensed by Minnesota Department of Health as a 212 bed Boarding Care Home and as a Residential Facility for Adults with Mental Illness by the Minnesota Department of Human Services. The Facility is certified by the federal Department of Health and Human Services Center for Medicare and Medicaid Services for 212 Nursing Facility II beds.

As a Boarding Care Home and Nursing Facility II, Andrew Residence does not have residents whose medical needs are dependent on electrical or gas systems to sustain life, a Category 1 situation described by the NFPA 99 requirements.

On average the facility cares for fewer than twenty residents who may use an Oxygen Concentrator, Bi-Pap or C-Pap machines although none of these residents are dependent on such devices to sustain life. In the event that there is a power outage, the emergency generator provides adequate power to the facility, including these devices. The Facilities Category 2 situations as defined by NFPA 99 situations are limited.

Category 3 and 4 situations are possible but as noted by NFPA 99 definitions, these situations may cause minor injury or discomfort to residents. Applicable procedures are in place to manage these possibilities.

The Facility Assessment and Vulnerable Adult Agency Abuse Prevention Plan identifies our current population by diagnosis, including physical health issues, race and cultural preferences. This plan also describes an overview of the education and backgrounds of our staff.

The COVID-19 pandemic that started in 2020 necessitates close collaboration with the Minnesota Department of Heath for instituting best infection control practices, training for use of personal protective equipment (PPE) and use of mass communication systems and social media platforms to keep staff and family apprised of the status of operations during the pandemic.

Andrew Residence operates in a leased building, owned by a Real-Estate Investment Trust (REIT). The Executive Director manages the facility under a lease. The Executive Director has on-going discussion, as needed with representatives of the REIT concerning Emergency Preparedness. The succession plan for Andrew Residence includes two leadership staff members who are licensed long term care administrators.

The Executive Director has assigned the Environmental Services Director/Fire and Safety Director to coordinate emergency preparedness in conjunction with the members of Leadership Team, Supervisors, and the interdisciplinary Safety/Risk Management Committee. The Executive Director reserves final approval of procedures.

SCOPE OF THE PLAN

Andrew Residence recognizes that both external and internal disasters and emergencies can impact the operation of the facility and that processes must be defined and implemented which address the following issues:

- specific responses to various disasters
- notifying external authorities of emergencies as needed
- notifying personnel when emergency measures are implemented
- implementation of the Communication Plan
- personnel management during an emergency response, including use of Volunteer/Interns in an emergency
- resources management (e.g. sufficient inventory of Personal Protective Equipment) during an emergency response
- provision of essential resident care such as medications and care to provide a safe and secure environment
- protection and retention of records
- provision of essential services such as food, heat, and water
- facility evacuation and provision of alternative sites to provide adequate resident care
- resident management specifically scheduling, modification, or discontinuation of services, resident information control and resident transportation.
- staff and resident orientation and education

In addition to insurance policies required by Federal and State laws, Andrew Residence maintains coverage for continuation of business operations during and after an emergency and cyber attack insurance.

Andrew Residence coordinates care with other health care facilities by utilizing the MNTrac system. MNTrac (Minnesota system for Tracking Resources, Alerts and Communication) is a web application designed to track bed capacity including National Disaster Medical System (NDMS) responses and pharmaceuticals and resources from all hospitals within the state to support surge capacity needs. Additionally, hospital diversion status, emergency incident planning, emergency communication, and alert notifications are supported in real time. The MNTrac currently includes: Hospitals, Emergency Medical Services (EMS), Local Public Health (LPH), Emergency Management (EM), regional caches, Medical Resource Control Centers (MRCC), Poison Control, Minnesota Department of Health (MDH), Emergency Medical Services Regulatory Board (EMSRB) and Skilled Nursing Facilities (SNF). Additional agencies may be added to MNTrac based on need and system capabilities. The system allows for inter-facility virtual communication and tracking of residents/patients, bed capacity, pharmaceuticals and

resources (e.g., personal protective and decontamination equipment). Hospital bed diversion status, emergency event planning, emergency chat, and alert notifications are supported in real time. Information is aggregated from all facilities and can be transported to other systems and agencies to improve communications and share pertinent information. Standard and ad hoc reports can also be generated to turn data into useful information.

Andrew Residence is also a member of the Metro Health and Medical Preparedness Coalition. The goal of the Coalition is to facilitate integrated planning, response and recovery activities critical to an effective response to an event or emergency with public health and medical implications in the metro area.

When the Minneapolis Police Department or the Minneapolis Fire Department is called to the facility, and the situation warrants additional resources, the Police and/or Fire Captain will assume command to coordinate these resources.

IMPLEMENTATION OF THE PLAN

The Executive Director/Administrator is ultimately responsible to coordinate and manage emergency situations. If the Executive Director is not within the area whereby they are unable to return to the facility within one hour, they will officially designate the Director of Operations, also a licensed Administrator to assume these responsibilities. The Executive Director/designee may provide direction via the telephone when appropriate.

When the Executive Director is not on the premises an Authorized Person-In-Charge is designated according to the AUTHORIZED DESIGNATED PERSON-IN CHARGE procedure. According to the Rules and Regulations established by the Minnesota State Board of Health for Boarding Care Homes, "The administrator or person in charge shall not leave the premises without giving information as to where he can be reached and without delegating authority to a person who is at least 21 years of age, physically able, competent and capable of acting in an emergency. At no time shall a home be left without competent supervision. The person in charge shall have the authority and competency to act in an emergency. The name of the person in charge at the time shall be posted at the main entrance."

The PERSON-IN-CHARGE RESPONSIBILITES procedure outlines the principal responsibilities assigned to this person in the areas of (A) Report and Floor Coverage, (B) General Responsibilities, (C) Safety, and (D) Emergencies.

The Person-In-Charge shall notify staff within the facility that there is an emergency situation via the internal telephone system or when necessary utilizing a building-wide page. At the resolution of an acute emergency situation, the Person-In-Charge or designee will announce "Emergency all clear", repeating three times via overhead paging system.

In the event that the designated Person-In-Charge determines that outside resources are needed, they shall contact the Minneapolis Police Department, Minneapolis Fire Department and/or other agencies.

The Person-In-Charge shall also consult with the Charge Nurse, and the persons on-call for Nursing, Administrative, Maintenance departments, and Clinical Leadership. The Executive Director, Director of Operations, Environmental Services Director/Fire and Safety Director, Director of Clinical Services, Director of Nursing Services, Director of Human Resources, and

other Administrative/Supervisory staff shall also be contacted and shall return to the facility depending on the scope of the emergency. The person with the highest level of authority within the organization shall take control of the emergency response upon arrival at the facility.

Ongoing monitoring of emergency preparedness is implemented in many ways at Andrew. The Quality Assurance Monitoring Systems, maintained by the Director of Clinical Services, contains an Emergency Preparedness section. The Environmental Services Director/Fire and Safety Director ensures quality monitoring tools are being completed as specified. Safety/Risk Management Meeting minutes will document any interventions implemented, anticipated results, and date resolved for any quality issues.

TRAINING AND TESTING

Through initial orientation and ongoing in-service programs all staff are trained in emergency procedures. Associates who are trained to be the designated Person-In-Charge receive additional and more intense training prior to being assigned to this responsibility. On-going training and review is provided through quarterly Person-In-Charge meetings coordinated by a clinical manager. Documentation of training is maintained in the facility.

The facility conducts annual drills to provide staff with the opportunity to practice emergency procedures. The effectiveness of the emergency drills are critiqued and improvement plans initiated when needed. The facility also conducts table top exercises and full-scale exercises with the community and implements changes in procedures if improvements are needed. Documentation of these exercises is maintained in the facility.

REVIEW OF THE PLAN

The ANDREW RESIDENCE EMERGENCY PREPAREDNESS AND COORDINATION MANAGEMENT PLAN and all relevant Andrew policies and procedures are reviewed annually for accuracy by the Environmental Services Director/Fire and Safety Director, with revisions made as needed and as approved by the Executive Director. Emergency preparedness management procedures are located primarily in the Administrative, Emergency and Fire/Safety sections Volume I of the Andrew Policy and Procedure Manual. (See Appendix)

Appendix

The following procedures relate to the ANDREW RESIDENCE EMERGENCY PREPAREDNESS AND MANAGEMENT COORDINATION PLAN and they are contained in the following volumes and sections as noted.

VOLUME I, SECTIONS:

ADMINISTRATION

1135 Waiver for Andrew Residence, Alternative Care Sites, and Use of Volunteers (Appendix Z E0026) Procedure
Andrew Residence Organizational Chart
Andrew Advisory Committee
Authorized Designated Person-In-Charge
Review of Andrew Policies and Procedures
Quality Assessment and Assurance Committee
Andrew Leadership Team
Quality Assurance Monitoring System
Quality Assurance Systems Form
Hazardous Materials Management Plan
Hazardous Pharmaceutical Waste Management Plan
Information Management Plan
Medical Equipment Management Plan
Safety Management Plan
Security Management Plan
Utility Systems Management Plan
HIPPA Privacy Rule Training Policy
Hazard Vulnerability Analysis Procedure
Hazard Vulnerability Analysis Tool (Form)
Business Associate Agreement
Sentinel Event Policy
Follow-Up Procedure After Possible Exposure to HIV/HBV
Competency Assessment Procedure
Privacy Officer Responsibilities

INFECTION CONTROL

Water Management Plan for Andrew Residence
COVID-19 Infection Prevention and Control Comprehensive Procedure
Andrew Residence Respiratory Protection Program
Reporting of Unusual Diseases, Conditions and Related Deaths to the Minnesota Department of Health

EMERGENCY

Emergency Telephone Numbers/Emergency Preparedness Contacts
Andrew Emergency On-Call Procedure
Nurse On-Call
Accident, Suicide Attempt and Suicide
C.P.R.
Automated External Defibrillator (AED)
Emergency Use of Police Department Services

Use of 24-Hour Emergency Services for Medical or Psychiatric Concerns
Procedure For Residents Expressing Homicidal Ideation
Procedure For Assessing Suicidal And Self-Injurious Behavior/Precaution Checks
Emergency Release Of Information About Andrew Residents Procedure
Accessing Community Outreach for Psychiatric Emergencies (COPE)
Media Response-Visitation From Print And/Or Television Reporters
Emergency Eyewash Procedure
Elevator Use In An Emergency
Elevator Emergency Telephone Use
Emergency Staffing Plan
Communication Plan
Emergency Water Procedure
Emergency Use of Oxygen
Missing Resident Procedure
Transferring Residents In Need of a Higher Level of Care
Utility / Emergency Power and Heating Capabilities
Procedure at Time of Death

FIRE AND SAFETY

Andrew Fire Emergency ("Code Red") Procedure
Fire Drill/Actual Fire Summary Form-I
Fire Drill/Actual Fire Summary Form-II
Fire Drill Procedure
Natural Disaster
Natural Disaster Summary Form (Form)
Notification of Blind/Deaf/Physically Disabled Persons In Case Of Disaster
Emergency Water Procedure
Utility Emergency/Emergency Power and Heating Capabilities
Housekeeping and Laundry Disaster Plan
Andrew Safety/Risk Management Committee
Infection Control Program Committee
Incident/Accident Report Form Procedure
Incident/Accident Report Form (Form)
Reporting Of Unusual Occurrences To The Minnesota Department of Health
Vulnerable Adult Reporting Policy and Procedure
Andrew Vulnerable Adult Policy
Facility Assessment and Vulnerable Adult Agency Abuse Prevention Plan
Vulnerable Adult Procedure for New Residents
Vulnerable Adult Policy At Andrew Residence Notice (Form)
Evacuation Procedure / Shelter In-Place and Guidelines for Emergency Shelter Upon Evacuation
Disaster Plan
Food Service Disaster Plan
Documentation Of Rounds Procedure
Documentation Of Rounds Form
Hazardous Materials Management Plan
Disposal of Hazardous Material
Sharps Procedure
Sharps Injury Report (Form)
Post Exposure Procedure
Procedure for Contact With And Disposal Of Body Fluids, Sharps, And Contaminated Materials

Procedure On Human Immunodeficiency Virus And AIDS-Related Health Problems
Vulnerability Assessment Procedure
Vulnerability Assessment (Form)
Individual Vulnerability Assessment Summary/Abuse and Prevention Plan Procedure
Individual Vulnerability Assessment Summary/Abuse and Prevention Plan (Form)
Reporting Incidents of Death or Serious Injury to the Office of Ombudsman for Mental Health and Developmental Disabilities and Hennepin County Housing Support
Food Service Safety Program
Employee Right-to-Know Law Procedure/Hazard Communication Procedure
Follow-Up Procedure after Possible Exposure to HIV/HBV
Safety Personnel Schedule
Safety Personnel/Person-In-Charge Coordination
Charge Nurse Emergency Key Access
Reporting Death, Serious Injury, or Serious Illness Due to Medical Devices Procedure
Use of Magnetic Gate-Locking System
Personal Alert System
Lock-Out/Tag-Out Procedure
AWAIR Procedure
Personal Protective Equipment (PPE) Procedure
Personal Protective Equipment (PPE) Assessment Certification (Form)
Personal Protective Equipment (PPE) Training Verification Form (Form)
Falls Prevention Management Program Policy
Fall Incident Report (UDA)
Fall Team Review Form (Form)
Emergency Call Monitoring System
Interim Life Safety Measures
Safety Hazards for Residents Management Plan
Security Incident (Activity Shooter)
Maintenance Safety Program
Power Failure Procedure
Procedure for Emergency Generator Remote Shut-Off at the Receptionist Desk
Sentinel Event Policy
Snow / Blizzard /Ice Storm Event Emergency

VOLUME IV:

PERSONNEL-GENERAL
Direct Service Staff Scheduling
Floor Coverage Staffing Pattern
Staff Orientation Procedure
Staff Orientation Checklist/Schedule Procedure
Direct Service Staff Orientation Checklist (Form)
Direct Care Staffing Ratio and Scheduling Pattern
Competency Assessment Procedure
Code of Conduct Policy
Person-In-Charge Training Procedure
Person-In-Charge Training Checklist (Form)
Casual Mental Health Workers
Verification of Education/Licensure Procedure
Volunteer/Intern Supervision

Workers' Compensation Procedure
Supervisor's Accident Investigation Report Employee Accidents Only (Form)
Order for Medical Treatment (Form)
To Report Workers' Compensation injuries (Form)

VOLUME V:

NURSING – MEDICATIONS
Medication Supply Procurement
Oxygen Therapy Administration
Care of the Dying
Transmission Based Precautions

CONTINGENCY PLANNING ADDENDUM

Purpose

This Contingency Planning Addendum supplements the Andrew Residence Emergency Preparedness and Coordination Management Plan and is intended to satisfy contractual requirements related to continuity of operations during emergencies, disasters, and public health emergencies. This addendum identifies Priority 1 and Priority 2 operational functions, establishes responsibility for emergency preparedness coordination, and outlines activation and recovery procedures.

Emergency Preparedness Response Coordinator (EPRC)

The Director of Environmental Services / Fire and Safety Director (DES/FSD) is designated as the Emergency Preparedness Response Coordinator (EPRC).
Responsibilities include:

- Coordinating emergency preparedness activities.
- Monitoring emergency situations and communicating with leadership.
- Activating the contingency plan when necessary.
- Coordinating with local, state, and federal emergency management agencies.
- Monitoring continuity of Priority 1 and Priority 2 functions.
- Coordinating return-to-normal operations.
- Maintaining and reviewing emergency preparedness documentation.

Activation of the Contingency Plan

The contingency plan may be activated when an emergency, disaster, utility interruption, infectious disease outbreak, staffing emergency, or other event significantly disrupts normal facility operations.
Activation may be initiated by:

- Executive Director
- Director of Operations
- Environmental Services Director / Fire and Safety Director (EPRC)
- Person-In-Charge during an emergency

Priority Functions

Andrew Residence has identified the following Priority 1 and Priority 2 functions necessary to maintain resident health, safety, regulatory compliance, and continuity of operations during an emergency or disaster. Priority 1 functions must continue uninterrupted or be restored within hours. Priority 2 functions should be restored within 24 hours to 5 days.

For Priority 1 functions for which the Director of Clinical Services (DCS) is the Primary Responsible Position and is unavailable, the Person-In-Charge (PIC) shall assume responsibility for those functions in consultation with the DCS and/or the on-call Clinical Leader (CL), as available.

For Priority 1 functions for which the Director of Nursing (DON) is the Primary Responsible Position and is unavailable, the Charge Nurse (CN) shall assume responsibility for those functions in consultation with the DON and/or the on-call Nurse, as available.

Priority	Critical Function	Primary Responsible Position	Backup Responsible Position	Recovery Objective
1	Resident Supervision and Safety	DCS/PIC	On-call CL	Continuous
1	Nursing Assessment and Treatment Services	DON/CN	On-call Nurse	Continuous
1	Medication Administration	DON/CN	On-call Nurse	Continuous
1	Emergency Medical Response	DON/CN	On-call Nurse	Continuous
1	Food and Hydration Services	Director of Food and Nutrition Services	Integrated Health and Nutrition Coordinator	Continuous
1	Infection Prevention and Control	Infection Preventionist	DON	Continuous
1	Emergency Staffing Coverage	DCS/PIC	On-call CL	Continuous
1	Emergency Communications (Residents, Staff, Families, Agencies)	DCS/PIC	On-call CL	Immediate
1	Facility Security and Access Control	DES/FSD	CE/S	Continuous
1	Utility Services (Electricity, Water, Heat, HVAC)	DES/FSD	CE/S	Less than 4 Hours
1	Emergency Power Systems	DES/FSD	CE/S	Immediate
1	Resident Records and Essential Clinical Documentation	DCS/PIC	On-call CL	Less than 8 Hours
1	Information Technology and Communication Systems	DES/FSD	Director of Operations	Less than 8 Hours
1	Emergency Preparedness Coordination (EPRC)	DES/FSD	PIC	Immediate
1	Regulatory Reporting Related to Resident Health and Safety	DCS/PIC	On-call CL	As Required
1	Evacuation, Shelter-in-Place, and Resident Relocation Activities	DCS/PIC	DES/FSD	Immediate
1	Pharmaceutical Access and Medication Supply Management	DON/CN	NM	Less than 24 Hours
1	Environmental Services Necessary for Resident Health and Safety	DES/FSD	On-call maintenance	Continuous
2	Group Programming	DCS	On-call CL	1–5 Days
2	Admissions	Admissions Coordinator	Clinical Coordinator	1–5 Days
2	Discharge Planning	Clinical Coordinator	Clinical Development Coordinator	1–5 Days
2	Human Resources Functions	DHR	HRISM	1–5 Days
2	Payroll Processing	HRISM	Director of Human Resources	Next Payroll Cycle

Priority	Critical Function	Primary Responsible Position	Backup Responsible Position	Recovery Objective
2	Accounts Payable and Purchasing Functions	Financial Accounts Manager	Accounts Manager	1–5 Days
2	Staff Orientation and Training Activities	Director of Human Resources	Clinical Development Coordinator	3–5 Days
2	Quality Assurance and Performance Improvement (QAPI) Activities	DCS	Clinical Development Coordinator	5 Days
2	Routine Audits and Monitoring Activities	Leadership Team	Leadership Team	5 Days
2	Committee Meetings	Leadership Team	Leadership Team	As Operations Stabilize
2	Resident Council Support	Clinical Coordinator	Vocational Employment and Training Specialist	5 Days
2	Community Outings and Non-Essential Activities	DCS	Clinical Development Coordinator	As Operations Stabilize
2	Routine Administrative Projects and Initiatives	Director of Human Resources	Office Operations Coordinator	As Operations Stabilize

Continuity of Operations
The facility will utilize existing emergency preparedness, staffing, communication, evacuation, shelter-in-place, utility failure, infection control, and disaster response procedures to maintain Priority 1 functions and restore Priority 2 functions. Specific operational procedures are contained within the Emergency Preparedness and Coordination Management Plan and related departmental policies.

Return to Normal Operations
The EPRC, in consultation with facility leadership, will coordinate restoration of normal operations.

Recovery activities may include:

- Damage assessment.
- Restoration of utilities and services.
- Re-establishment of staffing patterns.
- Resident and family communication.
- Regulatory notifications as required.
- After-action review and quality improvement activities.

Review
This addendum shall be reviewed annually in conjunction with the Emergency Preparedness and Coordination Management Plan and revised as necessary.