

**SECTION G:**

**DISASTER RECOVERY PLAN**

**DISASTER RECOVERY PLAN**

**TABLE OF CONTENTS**

Recovery Plan Overview.....

Damage and Operational Assessments.....

    Facility System Status Report.....

    Recovery Checklist .....

    Department Rapid Assessment Form .....

Full Recovery .....

    Structure .....

    Utilities .....

    Dining Services .....

    Resident Services .....

    Information Technology.....

    Staffing .....

## SECTION G: DISASTER RECOVERY PLAN

---

### RECOVERY PLAN OVERVIEW

The three stages of Disaster Recovery contained within the Emergency Operations Plan include:

- **Immediate Recovery:** Comprised of the internal actions taken until external services can reach the facility.
- **Long Term Temporary Recovery:** Considered to be the actions and equipment that allow the facility to operate at some level until operations return to pre-disaster conditions.
- **Full Recovery:** The return of the facility to its pre-disaster conditions.

Generalized actions for the Recovery Plan reside in each disaster-specific procedure. The Recovery Plan is supported by the Emergency Resources and Lists found in Section F.

The facility Command Center will manage the recovery process through the use of the Incident Command System.

#### Plan of Action:

- Follow guidelines for specific disasters, such as loss of utilities, located in Section E – Emergency Procedures for Specific Events.
- Complete an assessment (*See Department Rapid Assessment*) of your department's operational ability and report the status to the Command Center.

## SECTION G: DISASTER RECOVERY PLAN

---

### **DAMAGE AND OPERATIONAL ASSESSMENTS (Including Checklists)**

Maintenance, with special expertise support (i.e.: Architect and/or Structural Engineering), will evaluate structure and utilities.

Department Heads should assess their own areas and provide a report to the Command Center via the *Department Rapid Assessment Form*.

The following assessment priority should be considered:

- Structural and utility stability
- Life support functions
- Food and liquids
- Infection control ability
- Pharmaceuticals/Medications
- Electronic and Information Systems
- Vital consumable materials
- Staff housing
- Other areas, as time allows

This information will allow the Incident Commander to make a decision to sustain operations within the facility or conduct a full or partial evacuation.

Note: If the facility is severely damaged, residents may have to be relocated / evacuated to allow the facility to recover fully.

# SECTION G: DISASTER RECOVERY PLAN

FACILITY SYSTEM STATUS REPORT			
1. Operational Period Date/Time	2. Date Prepared	3. Time Prepared	4. Building Name:
<b>5. SYSTEM STATUS CHECKLIST</b>			
COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)	
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Information Technology System (email/resident records/time card system/intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Paging - Public Address	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Satellite TV System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, AT&T / Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Telephone System, Shoretel (Campus)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Video-Television-Internet-Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)	
Campus Roadways	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Fire Detection/Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		
Structural Components (building integrity: columns, beams, walls, ceiling, roof)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional		

## SECTION G: DISASTER RECOVERY PLAN

Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>RESIDENT CARE SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Isolation Rooms (positive/negative air)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>SECURITY SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Door Lockdown Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>UTILITIES, EXTERNAL SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Electrical Power-Primary Service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Supplies: Domestic	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Natural Gas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>UTILITIES, INTERNAL SYSTEM</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS</b> (If not fully operational/functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Electrical Power, Backup Generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Fuel status)
Elevators, Life Center, 500/600, 700/800, 1000, 1200 buildings	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

## SECTION G: DISASTER RECOVERY PLAN

---

Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	(Reserve supply status)
Well Water System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Heater and Circulators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Areas: Internal Command Center	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other Areas: Medical Director's Office	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
<b>6. CERTIFYING OFFICER</b>		
<b>7. FACILITY NAME</b>		

## SECTION G: DISASTER RECOVERY PLAN

### Recovery Checklist

This document is a checklist of potential issues to review after a disaster, to assist facilities in maintaining a safe environment of care.

ISSUE	ACTION ITEMS	YES/NO Initials
<b>Access</b>	1. Safe access and egress is assured to/from buildings for people and supply deliveries.	
	2. Safe access and egress is assured for ambulances.	
<i>Comments:</i>		
<b>Building(s)</b>	1. Building(s), or parts of building(s) in use, have been declared safe for their intended use by appropriate governmental/regulatory agencies for fire; environmental (water and air quality); engineering (Life Safety Code, structural and electrical integrity, environmental controls); etc., as appropriate, prior to their use.	
	2. Community fire fighting services available.	
	3. Appropriate plan for pest control and/or containment.	
	4. Adequate staff and resources to maintain facilities (buildings and facility equipment) currently in use.	
	5. Adequate environmental control systems in place.	
<i>Comments:</i>		
<b>Communication: Internal</b>	1. Adequate call system enabling residents to summon staff for assistance.	
	2. Functional system in place for internal communication with all areas of the facility.	
	3. Emergency call system functional to summon assistance to a specific area (i.e. cardiac arrest, fire or security emergency).	
	4. Functional fire alarm system for receiving manual (pull station) or automatic (e.g., smoke/heat detectors, waterflow, etc.) inputs and issuing appropriate automatic outputs (visual and audible annunciators, elevator recall, HVAC shutdown, signal to fire department or central station alarm monitoring service, etc.).	
	5. Notification to staff of what is operational, what is not operational, and alternate means of communications in place.	
<i>Comments:</i>		



## SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
<b>Communication Systems: External</b>	1. Communication system functional to summon outside assistance for police, fire department, and other community resources.	
<i>Comments:</i>		
<b>Food Services</b>	1. Adequate facilities, personnel, and supplies onsite to meet the nutritional needs of residents (and personnel as necessary).	
	2. Adequate equipment and facilities, including refrigeration, for storage of foods and dietary supplies.	
	3. Adequate storage for all prepared food to ensure appropriate temperature and sanitation.	
	4. Food approved for re-use by appropriate governmental agencies if applicable.	
<i>Comments:</i>		
<b>Electrical Systems</b>	1. Vaults <ul style="list-style-type: none"> <li>• Main switches operational.</li> <li>• Utilities transfer switches operational.</li> </ul>	
	2. Distribution Panels <ul style="list-style-type: none"> <li>• Fuses operational.</li> <li>• Breakers operational.</li> </ul>	
	3. Transformers reviewed.	
	4. Emergency generators, backup batteries, and fuel available for any location where residents are incapable of self-preservation, as well as other critical areas. Transfer switches in working order. Sufficient fuel for generators.	
	5. Test equipment for confirming voltage and amperage.	
<i>Comments:</i>		
<b>Emergency Preparedness and Management</b>	1. Disaster plan in place for timely evacuation of residents to a safe location for internal and external disasters and plan is adequate to address the safety of residents and/or staff.	
	2. The facility should be enabled to address subsequent emergency	

## SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
	situations, indicating the establishment of a functional all hazards command structure and the replenishment of emergency supplies and other equipment.	
	3. Adequate equipment and supplies on site (including oxygen) for planned services.	
	4. Equipment is inspected and cleared for resident use prior to use.	
	5. Mechanism in place for replenishing supplies.	
	6. Ability to maintain resident care equipment that is in use.	
	7. Ability to provide oxygen in a safe manner, indicating the presence of materials such as: E and H containers.	
	8. Flashlights and batteries (including radio and ventilator batteries) available.	
<i>Comments:</i>		
<b>Maintenance</b>	1. Cooling Plant <ul style="list-style-type: none"> <li>• Chiller/DX/absorption unit operational.</li> <li>• Pumps operational.</li> <li>• Valves and controls operational.</li> <li>• Cooling towers operational.</li> <li>• Fan coil units operational.</li> </ul>	
	2. Heating Plant <ul style="list-style-type: none"> <li>• Boiler system operational.</li> <li>• Support systems (feedwater pumps, diesel tank, etc.) operational.</li> <li>• Heating system (converters, valves, etc.) operational.</li> <li>• Process steam (sterilizers, general building systems, etc.) operational.</li> <li>• Diesel tank re-filled. Diesel Vendor operational.</li> </ul>	
	3. Distribution System <ul style="list-style-type: none"> <li>• Ductwork, including functional smoke detection / alarm capability and dampers, operational.</li> <li>• Piping operational.</li> <li>• Valves and controls, including functional emergency fan shutdown tied into fire alarm system and emergency smoke purge capability, operational.</li> <li>• Risers operational.</li> <li>• Filtration operational.</li> <li>• Negative pressure (ability to maintain CDC-compliant air exchanges) operational.</li> </ul>	
	4. Treatment Chemicals <ul style="list-style-type: none"> <li>• Water / Boiler treatment</li> </ul>	
<i>Comments:</i>		

## SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
<b>Infection Control</b>	1. Procedures in place to prevent, identify, and contain infections and communicable diseases.	
	2. Procedures and mechanisms in place to isolate and prevent contamination from any unused portions of facility.	
	3. Adequate personnel and resources to maintain a sanitary environment.	
	4. Process in place to segregate until discarded previously contaminated supplies, medications, etc., prior to reopening of facility.	
<i>Comments:</i>		
<b>Information Technology / Medical Records</b>	1. Ensure that all usual internal and external systems, backup systems, clinical systems, medical information systems, and resident registration systems are functional, or there is an alternate method for capturing the information.	
	2. System in place to maintain a medical record for each resident served.	
	3. Storage space to ensure security and maintain integrity of medical records (i.e., protection from fire, environmental hazards, unauthorized access).	
	4. System in place to ensure medical records are readily accessible and promptly retrievable when needed.	
<i>Comments:</i>		
<b>Management</b>	1. Resources and capability to deliver services assured by management prior to initiation of services.	
	2. Management staff onsite to ensure the health and safety of residents and staff.	
	3. Adequate resources, personnel and supplies onsite to meet the needs of residents for the services offered.	
	4. Adequate arrangements for care and services of individuals whose condition exceeds the capability of the facility have been established.	

## SECTION G: DISASTER RECOVERY PLAN

ISSUE	ACTION ITEMS	YES/NO Initials
	5. All initial services and each expansion of services approved by applicable government authorities prior to location being used and initiation of services.	
<i>Comments:</i>		
<b>Morgue</b>	1. Adequate arrangements for storage and management of deceased individuals.	
<i>Comments:</i>		
<b>Personnel</b>	1. Adequate types and numbers of personnel onsite for services.	
	2. Adequate staffing plan to maintain personnel (e.g., transportation, meals and lodging, laundry, etc.).	
	3. Any non-facility employed staff comply with State licensure requirements.	
<i>Comments:</i>		
<b>Pharmaceuticals / Medications</b>	1. Adequate facilities, equipment, supplies, and appropriate staff to meet the pharmaceutical needs of residents.	
	2. Adequate equipment and facilities, including refrigeration for storage of drugs.	
	3. Remove any unsafe/damaged medications from medication rooms and/or and residents.	
<i>Comments:</i>		
<b>Security</b>	1. A system of security in place to ensure the safety of residents, visitors, and staff, including access control, securing sensitive areas, protection of property, processing identification cards, locks, and keys.	
	2. Outside law enforcement personnel conferred with regarding appropriate facility security, if necessary.	
<i>Comments:</i>		

## SECTION G: DISASTER RECOVERY PLAN

---

ISSUE	ACTION ITEMS	YES/NO Initials
<b>Sterile Procedures Systems, as applicable</b>	1. Systems for sterile procedures (steam, gas, cold) are functional.	
<i>Comments:</i>		
ISSUE	ACTION ITEMS	YES/NO Initials
<b>Vendors</b>	1. Ensure all vendors are operational and supplies are available.	
<i>Comments:</i>		
<b>Waste Management</b>	1. System in place for trash handling (e.g., conveyors, compactors, etc.) and removal (solid and liquid).	
	2. System in place for regulated medical and hazardous waste storage and removal.	
<i>Comments:</i>		
<b>Water Systems</b>	1. Potable water for drinking, bathing, food service, and for all planned resident services.	
	2. Distribution pumps operational.	
	3. Water towers/tanks operational.	
	4. Sewer Systems <ul style="list-style-type: none"> <li>• Sanitary</li> <li>• Storm</li> </ul>	
	5. Fire suppression (fire pumps, sprinkler risers and lines, standpipes, and waterflow detection/alarm capability) operational.	
<i>Comments:</i>		

**SECTION G: DISASTER RECOVERY PLAN**

---

<b>ISSUE</b>	<b>ACTION ITEMS</b>	<b>YES/NO Initials</b>

# SECTION G: DISASTER RECOVERY PLAN

<b>MOUNT MIGUEL COVENANT VILLAGE</b>	<b>Form 301 - Department Rapid Assessment Form</b>
--------------------------------------	--

**THIS IS A TWO PAGE FORM**

**Sections to be filled out determined by Incident Commander**

Instructions: Immediately, when **Code GREEN** is announced, the person in charge in each unit/department shall complete the appropriate sections of this form and deliver it to the Command Center.

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)
------	------	----------------------------	--

**1. Staffing** Show total staff presently on duty by title/position

Are you staffed at a safe minimal level for the disaster? **Yes / No** If no, do you need to recall staff from home? **Yes / No**

Type of Position	Number Present	Available for the Labor Pool (if needed)

**2. Total Unit Resident Census:** \_\_\_\_\_ **3. Total Residents for Discharge to Home:** \_\_\_\_\_

**4. Full Evacuation – Note type of vehicles needed to transport residents to another facility**

*Enter total number of residents per category to assist in determining transportation requirements*

<b>Ambulance:</b>	<b>Wheelchair Van:</b>	<b>Ambulatory -Van /Bus:</b>
-------------------	------------------------	------------------------------

**5. Resource Status**

Show status of major equipment or critical supplies on unit, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)

Resource	Quantity On Hand	Available for Deployment	Resource	Quantity On Hand	Available for Deployment
Wheelchairs			Geriatric Chairs		
IV pumps			Resident lifts		
BP machines			Other:		
AED					
Oxygen tanks					
Oxygen Concentrators					
Oxygen regulators					

**6. Technology/Utility Systems Status**

Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, computers, heat, AC, water)

Technology Item	Status (OK or Not Working – Explain status if necessary)
Lighting/Electricity	
Telephones	
Fax Machine/Line	
Red Outlets (emergency) power	
Nurse Call System	
Computers	
Heat / AC	
Water	

## SECTION G: DISASTER RECOVERY PLAN

---

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)
------	------	----------------------------	--

**7. Operational Status** Are you fully operational, limited capability, non-operational (**describe**). Describe any other issues or problems in your dept. (e.g., need staff, staff needs relief; cleanup necessary)

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited Capability	<input type="checkbox"/> Non-operational

**8. Additional Information: The following information should be provided following the initial rapid assessment, if requested: If additional information is necessary, please send on a separate sheet.**

**STAFFING:** If off-duty staff cannot come in, how long can you operate?


**SUPPLIES:** List how long (# of hours) can you operate with present supply of vital consumable materials? After you determine your present status, please give your most accurate estimation on the status of your unit/ department as time progresses (explain below what could enable you to extend your operating capability):

- 8 hours: \_\_\_\_\_
- 12 hours: \_\_\_\_\_
- 24 hours: \_\_\_\_\_
- 48 hours: \_\_\_\_\_
- 72 hours: \_\_\_\_\_
- 96 hours: \_\_\_\_\_


**OTHER RECOVERY ISSUES:** What services need to be resumed or recovered first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?




## SECTION G: DISASTER RECOVERY PLAN

---

### FULL RECOVERY

**Full Recovery:** This is the return of the facility and its operations to pre-disaster conditions.

The following information must be completed by applicable regulatory agencies such as local/state health or other noted individuals.

### Structure

**Structure** has been surveyed by the following individuals and has been declared safe to be occupied, or is fully recovered.

	Areas Surveyed	Areas Approved	Signature of Health Department Surveyor
Architect			
Structural Engineer			
General Construction			

## SECTION G: DISASTER RECOVERY PLAN

---

### Utilities

Utilities have been returned to normal operation.

	<b>Internal Equipment (Contractors)</b>	<b>Public Utility Company</b>	<b>Signature of Health Department Surveyor</b>
Power			
Gas			
Water			
Communication Systems			
HVAC System			
Fire Alarm System			
Nurse Call			

## SECTION G: DISASTER RECOVERY PLAN

---

### Food Services

**Food Services** have been inventoried and foods and liquids have been found to be adequately stocked and able to return to normal operation:

Areas Surveyed	Areas Approved	Signature of Health Department Surveyor

## SECTION G: DISASTER RECOVERY PLAN

---

### Resident Services

**Resident Services** have been reviewed by the following individuals and have returned to normal operation.

	Areas Surveyed	Areas Approved	Signature of Health Department Surveyor
Pharmaceutical/ Medication Storage			
Clinical Supplies			
General Resident Areas			

## SECTION G: DISASTER RECOVERY PLAN

---

### Information Technology

**Information Technology** has been reviewed by the following individuals and has been approved to return to normal operation.

Systems Reviewed	Approved By

## SECTION G: DISASTER RECOVERY PLAN

---

### Staffing

**Staffing** has been reviewed by the following individuals and has been found adequate to return to normal operation.

	Areas Surveyed	Areas Approved	Signature of Internal Surveyor	Signature of Health Department Surveyor
Nursing				
Support Services				
Office / Clerical Staff				